

BOOK

ABSTRACT

# The healthy choice an easy choice

From nutrition science to consumer action



Unilever  
Health  
Institute



Unilever Health Institute Symposium

21 - 22 April 2004

Vlaardingen, The Netherlands

## Foreword

*We have great pleasure in welcoming you to the 5<sup>th</sup> Unilever Health Institute Symposium: The healthy choice an easy choice - from nutrition science to consumer action. We are particularly proud to welcome representatives from both UNICEF and WHO. This symposium series has the objective to discuss health-related scientific and communication issues with experts in the field. Previous topics were Cardiovascular Health, Child Health and Nutrition, Weight Management and Wellbeing and Performance.*

*Not only scientists, but many other experts and interest groups have a stake in people's health, such as (non)governmental organisations, health care professionals, professional and mass media and regulators. Strategies aimed at improving people's diet and lifestyle will be more effective if all stakeholders could agree with each other, and if they would contribute to a coherent communication cascade of scientific findings translated into simplified messages. Unilever is committed to play a positive role in this and wants to contribute to making the healthy choice an easy choice.*

*Raising awareness and interest in the health benefits of foods and drinks requires great tasting products, convincing evidence and effective communication. Consumer communication requires simplified messages. However, the relation of a simplified consumer message to the scientific basis should remain clear to the scientific world. It is the task of the industry to provide answers to scientists with critical questions about the composition or the claims of our products. In this process, there should be room for endorsement of messages based on available data by the scientific community.*

*Unilever, as one of the largest global food companies with experts on food technology, consumer understanding and marketing is obviously one key player in influencing people's health and vitality. Unilever has an R&D community of 200 'nutrition, health and vitality' experts, working in the Unilever Health Institute in Vlaardingen, its regional centres in Africa, Asia or Latin America, or as company nutritionists in Unilever's operating companies. The Unilever Vitality Mission and Nutrition Policy show our commitment to work together with other stakeholders in improving people's health and vitality.*

*The 5<sup>th</sup> Unilever Health Institute symposium brings together experts, health organisations and interest groups with Unilever management, scientists, technologists and consumer experts to discuss how the healthy choice can be turned into an easy choice for consumers. We hope you will find this event professionally and socially rewarding and wish you a very enjoyable symposium.*

*Jan Weststrate*

*Director Unilever R&D Laboratory Vlaardingen*

# PROGRAM

## The healthy choice an easy choice

From nutrition science to consumer action

08:30	Registration and coffee	Page
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09:10	Unilever's Mission – Vitality <i>Antony Burgmans, Unilever</i>	7

### Session 1 - Global Health Challenges

Chairman: **Dr. Jan Weststrate, Unilever R&D Vlaardingen**

21 April morning

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11:50	Dietary Advice and Practice <i>Prof. Penny Kris-Etherton, Pennsylvania State University, USA</i>	12
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### Session 2 - Developing Science & Technology

Chairman: **Prof. Ian Norton, Unilever R&D Colworth**

21 April afternoon

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14:40	Consensus and Controversies in Developing Science <i>Prof. Martijn Katan, Wageningen University, The Netherlands</i>	16
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### Session 3 - Consumer Taste for Health

Chairman: **Anthony Simon, Unilever Bestfoods**

21 April afternoon

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16:40	Consumer Influences <i>Linda Gilbert, Health Focus International, USA</i>	22
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# SYMPOSIUM 2004

22 April morning

## Session 4 - From Public Health to Consumer Action

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10:15	Introduction to Unilever Examples	
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11:40	From Public Health to Consumer Action: the Becel/Flora pro-activ Example <i>Matt Hill, Unilever Bestfoods</i>	34
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## Session 5 - Shared Goals & Complementary Strategies

Chairman: Patrick Cescau, Unilever Bestfoods

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14:15	How to Utilize Partnerships in Advancing the Health Status of Children <i>Rudolf Deutekom, UNICEF</i>	38
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15:10	Regulatory Challenges in the EU <i>Jean Martin, Confederation of the Food and Drink Industries in the EU (CIAA)</i>	40
15:35	Public Health & Food Industry: a Balanced Approach <i>Paulus Verschuren, Unilever Health Institute</i>	42
16:00	Round table discussion	
16:45	Wrap-up / Formal Closure <i>Dr. Jan Weststrate, Unilever R&amp;D Vlaardingen</i>	

22 April afternoon

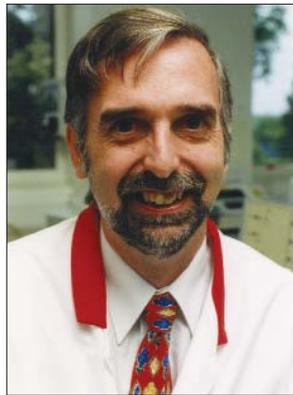
# Symposium Chairmen



**Dr. Eduard Veltkamp** is Senior Vice President Research & Development and member of the executive board of Unilever Bestfoods. He is responsible for the global R&D programme of Unilever Bestfoods.



**Dr. Jan Weststrate** is Director of Unilever Research and Development Laboratory in Vlaardingen, leading central food and nutrition research in Unilever.



**Prof. Ian Norton** is Chief Scientist for Unilever Bestfoods. He has led and currently leads research projects involving academia and other companies funded by the government and the EU.



**Anthony Simon** is President of Marketing of Unilever Bestfoods and member of the Unilever Bestfoods Board.



**Thomas Derville** is Senior Vice President Global Project Vitality. He has been in charge of the Vitality Vision for the Foods Division of Unilever, and he is responsible for the Path to Vitality strategy.



**Patrick Cescau** is Foods Director of Unilever. He is also a member of Unilever's Executive Committee and is Financial Director on the Board of Unilever.

## Unilever's Mission - Vitality

*Antony Burgmans*

*Chairman Unilever N.V. and vice chairman Unilever PLC*

Unilever aims to add Vitality to life – for our consumers, our employees, and for the communities and the environment in which we operate. Unilever’s mission is to meet everyday needs for nutrition, hygiene and personal care with brands that help people feel good, look good and get more out of life. Our focus will be on prevention, via lifestyle-related solutions.

In the last five years, we have become more focussed, concentrating on 400 leading brands. The time is now right to restate our mission. We believe many of the common issues around the world – ageing populations, urbanisation and nutrition and health – offer new opportunities for our brands to meet consumer needs in creative and useful ways.

Unilever is in a unique position to understand the relationships between nutrition, hygiene and personal care and turn this into meaningful Vitality innovations. We can do this thanks to our strong scientific and technological capabilities, our locally rooted consumer insight, our track record of coherent and responsible communication and our trusted brands. But, we cannot do this alone. Many organisations have a stake in people’s health and wellbeing. Only by mutual understanding and agreeing common approaches can lasting changes be achieved.

Unilever has been concerned with nutrition and health issues for many decades. Our Flora/Becel was a pioneer in the area of heart health. Our Annapurna brand in Africa and India has been directly serving consumers’ needs for health and nutrition. Our soap and toothpaste brands have contributed to hygiene and oral health since the company started. We could not have done this without learning from and co-operating with external partners.



*Antony Burgmans, Chairman of Unilever N.V., was born in Rotterdam on 13 February 1947. He studied at Nijenrode in the Netherlands before going on to study political and social sciences*

*at the University of Stockholm in Sweden. He then completed an MA at the University of Lancaster, UK. Burgmans joined Unilever in 1972, working as marketing assistant at Lever, Netherlands on the dishwasher detergent, SUN. Later, he held marketing and sales positions in the company's detergents businesses in Indonesia and the Netherlands. In 1982, he was appointed marketing and sales director of Lever in the Netherlands and in 1985, became marketing director of Lever Germany. Three years later, he was appointed chairman of PT Unilever Indonesia. In 1991, he became director of Unilever with responsibility for personal care products. Burgmans took over responsibility for Ice Cream and Frozen Foods - Europe in May 1994 and, later that year, was appointed chairman of the Europe Committee, which coordinates Unilever's European activities. In October 1998, he was appointed vice chairman of Unilever N.V. and became chairman of Unilever N.V. in May 1999.*

Vitality will be key to how we shape our portfolio and set priorities for the business as we move forward. It will also be the basis on which we look for new opportunities for consumers. This is a long-term journey, and we look forward to making many Vitality driven announcements over the coming years.

## Lifestyle and Noncommunicable Diseases

*Dr. Derek Yach  
Representative of the Director General  
World Health Organisation (WHO)*

The presentation will demonstrate that the health and economic impact of key noncommunicable diseases (NCDs) - cardiovascular disease, cancers, diabetes and chronic respiratory diseases - are growing in developing countries. Three major sets of causes drive the epidemics: tobacco, unhealthy diets and insufficient physical activity. They assert their impact from early in life and after decades of cumulative exposure to adverse risks, lead to premature death and to disease and disability. Broader societal forces related to demographic change influence these causes: globalisation, and the way in which health policies have developed over the last decades. Impediments to changes required to address NCDs globally will be summarised. New studies indicate that NCDs are preventable and controllable, and that they not impose increased morbidity in people as they grow older. Possible roles of industry in addressing NCDs are proposed.



*Dr. Derek Yach has initiated, managed and implemented several epidemiological and policy related research programs in priority public health areas at the national and international level. In South Africa in the late 1980s, whilst at the Medical Research Council, he established and directed the country's first national epidemiological centre. He joined WHO in 1995. His work involved conducting an assessment of the successes and failures of the Health for All (HFA) strategy, and execution of an extensive global consultative process to develop a "renewed" HFA policy. The World Health Assembly adopted this policy in May 1998. He then started work on WHO's first international treaty, the Framework Convention on Tobacco Control (FCTC), which was adopted in May 2003 by all WHO's 192 member states. Its implementation is underway. Over the last 3 years, he directed development of a Global Strategy for diet, physical activity and health, and managed the development and dissemination of WHO global reports on mental health, violence and chronic care. Currently, as Representative of the Director General, he has responsibility for developing a new NCD strategy for WHO.*



## Children's Health and Nutrition – A Global Overview

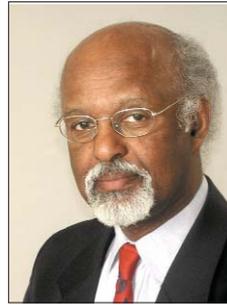
*Prof. dr. Mehari Gebre-Medhin*

*Professor and Head Research Group on Paediatric Nutrition*

*University Hospital*

*Uppsala, Sweden*

The health problems of children and their circumstances continue to dominate the global disease and nutrition panorama in the world today. Events in the newborn period, respiratory infections and diarrhoeal diseases constitute leading causes of years lost because of premature deaths in young children. In spite of the considerable achievements made in recent years, additional infections such as malaria and measles and a set of specific nutritional deficiency states continue to aggravate the scope and severity of the physical and mental disability seen among the survivors. The world community is still faced with the challenge that in every other death below the age of five years malnutrition is a causative or contributory factor. Some regions face both a rising prevalence of overweight and substantial stunting among their children and adolescents. All these events occur against the background of powerful factors that are operative in the society, both traditional and affluent, calling for some form of "nutrition throughout the life cycle" approach in setting priorities for future action.



*Prof. dr. Mehari Gebre-Medhin is a specialist in paediatrics. After his medical studies at Lund University, Sweden, he had appointments at the Ethiopian-Swedish Paediatric Clinic and the Ethiopian Nutrition Institute, Addis Abeba in the early 1970s. He completed studies in epidemiology and nutrition at Harvard University in 1971-72. In 1977 he received his degree of Doctor of Medical Science, and he became Associate Professor of Human Nutrition in 1978, then Consultant Paediatrician and Associate Professor of Paediatrics from 1983 to 1993, and eventually Professor of International Child Health from 1994 to 2003, all at Uppsala University, Sweden. Currently he is Professor and Head of the Research Group on Paediatric Nutrition at Uppsala University Children's Hospital.*



## Dietary Advice and Practice

*Prof. dr. Penny M. Kris-Etherton  
Department of Nutritional Sciences  
The Pennsylvania State University  
Pennsylvania, United States of America*

Diet is a key to the prevention of many chronic diseases. Consequently, dietary recommendations are made and continuously updated to promote health and reduce risk of chronic diseases. Recently, many government agencies and scientific societies have released dietary guidance that is both nutrient- and food-based. Food-based dietary guidance has been developed to facilitate public adoption of dietary guidelines. The recommendations made worldwide share many similarities, including reducing saturated fatty acids (SFA), *trans* fatty acids and dietary cholesterol within the context of a nutritionally adequate diet. Recommendations for polyunsaturated fatty acids (PUFA) vary more with North American groups recommending 5-10% of calories; European groups recommending 4-8% of calories (European Commission); and 6-10% of calories by WHO. In contrast, Japan advises PUFA intake be 3-4% of calories. N-3 fatty acid recommendations are approximately 1-2% of calories among most of the groups, whereas Japan recommends 50% of n-3 PUFA come from EPA and DHA. New recommendations for sodium are lower than previous recommendations. The new trend is to increase fibre intake to greater than 25 g/day. Specific recommendations for fatty fish (2 servings per week) have been made by the American Heart Association and the European Society for Cardiology. In addition, a high intake of fruits and vegetables is recommended. Educational programs that promote adoption of dietary guidance are central to reducing chronic disease risk.



*Prof. dr. Penny Kris-Etherton has been a member of the nutrition faculty at the Pennsylvania State University since 1979 and currently is Distinguished Professor of Nutrition and Chair of the General Clinical Research Center Advisory Committee at the University Park campus. Her research program focuses on the role of diet in the development of cardiovascular disease. Dr. Kris-Etherton is a fellow in two American Heart Association Councils and serves on the American Heart Association Nutrition Committee as the ADA Liaison. She served on the Dietary Reference Intakes for Macronutrients Committee of the Food and Nutrition Board of the National Academies as well as on the Committee on the Use of Dietary Reference Intakes in Nutrition Labelling. She is a member of the Pennsylvania Cardiovascular Health Consortium Executive Committee, a statewide effort to reduce coronary heart disease in the Commonwealth, and of the Dietary Guidelines Advisory Committee.*



## Milestones in Nutrition Science

*Prof. dr. Ibrahim Elmadfa  
Institute of Nutritional Sciences  
University of Vienna, Austria*

Early discoveries and developments in nutrition sciences helped to understand the essentiality of micronutrients and their mode of action. They lead to establishing nutrient based recommendations for an adequate nutrition. Major emphases of nutrition research in the last few decades were on a search for the molecular basis of the function of nutrients and the biologically active secondary plant-food components. The rapidly expanding understanding of the human genome is providing unexpected insight into biological mechanisms operating in health and disease. Research on the immunomodulating effect and therapeutic use of nutritional factors drew more attention to the health-promoting potential of the diet and single food components. The concept of traditional nutrition changed significantly from hunger satisfaction and survival to optimal nutrition enabling health promotion and reducing risk of chronic noncommunicable diseases. Adding nutrients to foods at physiological doses or at higher concentrations enabled the production of extrinsic functional foods and foods for particular nutritional use. Major innovations in this field are still to be expected through biofortification and modern biotechnology. With improved analytical methods the risk evaluation and nutritional assessment within the food sector was further developed. Modern and successful food safety policy should be based on this expertise, recognizing the linkages between nutrition of plants and animals and their impact on environment, quality of produced foods and consumer health.



*Prof. dr. Ibrahim Elmadfa is Director and Professor of the Institute of Nutritional Sciences at the University of Vienna, Austria and member of several international organisations /expert committees. He graduated in Nutritional Sciences and Food Technology, received his PhD in Human Nutrition in 1970, and is Professor of Human Nutrition since 1980 in Giessen and Vienna. He is author/co-author of several books in human nutrition, antioxidants, vitamin E, frying of foods, food composition and food fortification, of the Austrian Nutrition Report 1998 and 2003, and of more than 300 publications in international scientific journals and as submissions to scientific conferences. His main research focuses on nutrient requirements in health and disease, food safety and quality, bioavailability of nutrients (tocopherols, carotenoids, quinones), monitoring of nutritional and health status in Austria. He was vice-president of the Scientific Committee on Food of the European Commission from 1995 to 2000, member of the coordinating group for nutrient-based guidelines for the German speaking countries, and of Networks Nutrition Information and European Master Public Health Nutrition.*



## Consensus and Controversies in Developing Science

*Prof. dr. Martijn B. Katan  
Wageningen Centre for Food Sciences and  
Wageningen University  
Wageningen, The Netherlands*

Worldwide, different groups of independent experts usually come up with similar recommendations for a healthy diet: do not eat more calories than you use up, eat unsaturated instead of saturated and *trans* fats, avoid frequent intake of sugars, eat foods high in potassium such as fruits and vegetables, cut sodium intake, and get plenty of fibre. There is consensus on these and other items; the problem is to get them implemented. Controversies may be genuine but may also stem from commercial interests or attempts to exploit food safety scares for social causes. Genuine controversies arise when hard data are lacking. Large clinical trials provide hard data but they are expensive and therefore rare in nutrition. Test tube studies, epidemiology, and trials with surrogate end points each have their proponents but often provide conflicting evidence. Therefore, progress is slow.

The following controversies will be discussed:

- Can we prevent obesity? Can we treat it?
- Do extra B-vitamins protect the heart, the brain and the large gut?
- Do fish fatty acids prevent cardiac death?
- Sterols reduce cholesterol, but do they reduce heart disease?
- Where do antioxidants stand after their failure in clinical trials?
- Should we add vitamin D to foods? Or vitamin B-12? Potassium? Selenium?



*Prof. dr. Martijn B. Katan graduated cum laude in chemistry and biochemistry from Amsterdam University in 1972, and he received a PhD in molecular biology from Amsterdam University in 1977 (Supervisor: Professor Piet Borst). He then joined the Division of Human Nutrition of Wageningen University, where he studied diet and risk factors for cardiovascular disease. From 1985 to 1998 Martijn Katan was also the Nutrition Foundation professor of Human Nutrition at Nijmegen University. At present he is a Distinguished Scientist at the Wageningen Centre for Food Sciences, and a Professor at the Division of Human Nutrition of Wageningen University. Professor Katan is a member of the Editorial Board of the American Journal of Clinical Nutrition, Atherosclerosis, and the Medical journal of the Netherlands. He is also a member of the Dutch Health Council, a governmental advisory body, and of the Royal Netherlands Academy of Sciences. He has published more than 250 papers in peer-reviewed journals, and is frequently invited to write editorials and reviews, and to give lectures at international conferences.*



## From Breakthrough Science to Health Claims

*Dr. Gert W. Meijer  
Director of the Unilever Health Institute  
Vlaardingen, The Netherlands*

Possible "breakthroughs" in Nutrition Science typically deal with the discovery of new components in the diet and/or their (new) benefits. Breakthrough science may also be required to provide excellent taste to products with nutritional benefits. The new benefits need to be communicated to consumers, which is typically done using claims. Claims should be clear to consumers to enable them to make informed food choices and achieve their dietary goals. Consequently, claims require strong scientific substantiation and should only be made for (nutritionally) appropriate products. External experts need to endorse the underpinning evidence for claims, and health care professionals need to be convinced of the relevance of proven claims. Currently, the claim approval processes are highly variable across the world, causing long "lag times" between nutritional breakthroughs and approved (health) claims. Nutrition is at the forefront of the fight against noncommunicable diseases. We need a transparent and efficient claim approval system to encourage investment in research into nutrition and health benefits.



*Dr. Gert Meijer is the Director of the Unilever Health Institute in Vlaardingen, The Netherlands. He received his BSc and MSc, cum laude, in Human*

*Nutrition from the Agricultural University in Wageningen, and his PhD, cum laude, in 1991, at the University of Utrecht in The Netherlands. Dr. Meijer worked at the National Institute of Public Health in The Netherlands, from 1991 to 1994. In 1994 he joined the Unilever Nutrition Centre in Vlaardingen. Before his transfer to the USA in 1999, he coordinated the program of clinical studies to establish the cholesterol-lowering efficacy of plant sterol esters. Until September 2003, dr. Meijer was the Director of Nutrition Science for Unilever Bestfoods North America. Dr. Meijer is the (co-) author of over 65 peer-reviewed full papers and more than 40 abstracts on lipid metabolism.*



## Consumer Needs and Wants

*Prof. dr. Hans C.M. van Trijp  
Marketing and Consumer Behaviour Group  
Wageningen University, The Netherlands*

There is consensus that health is a key driver for consumer behaviour for foods, among other important drivers such as convenience and taste / pleasure. However, health as a consumer need and want holds a special position as consumers usually cannot personally verify the health benefit of food products. Consumers have a need for information on the health qualities of the food. Nutrition and health claims are an important tool in the communication of health qualities of food products. To be an effective tool in the long term in food marketing and public health policy, health claims need to meet three important criteria: (1) they should be trustworthy and not misleading, (2) they should be motivating to the consumer, and (3) they should conform to legal requirements. The topic of most of the available scientific consumer research on health claims has been on the extent to which health claims may mislead consumers. Focus has been on inappropriate product inferences (e.g. healthiness), incorrect disease state inferences (e.g. reduce risk for osteoporosis) and biased information search behaviour (e.g. ignore Nutrition Facts Panel). During the presentation, a concise overview will be presented of the scientific consumer research on health claim perceptions. Also, results from a recent multi-country consumer study on health claim perception will be discussed.



*Hans van Trijp is Professor of Marketing and Consumer Behaviour at Wageningen University in the Netherlands. In addition he holds a part-time affiliation with the Unilever Health*

*Institute in Vlaardingen, The Netherlands as Senior Scientist in consumer behaviour. He holds a degree in Human Nutrition with a specialisation in Marketing and Marketing Research and Psychophysics. The academic interests of Hans van Trijp focus around marketing strategy and consumer behaviour in relation to the food and agribusiness. Some of the recently initiated research projects focus on interactive consumer interfaces for personalised food advice, consumer perception of trust and confidence in food safety and innovative market- and consumer research methods to assess future demand of nutrigenomics-based products and services. The work of Professor Van Trijp appeared in scientific journals both in the food and marketing areas.*



## Consumer Influences

*Linda C. Gilbert  
President of HealthFocus®, Inc.,  
United States of America*

Cross-cultural marketing poses many challenges and many opportunities. HealthFocus® International has created the first ever multi-country quantitative survey that answers many of the questions functional food companies need to know in order to market successfully in diverse countries across the globe. Based on the HealthFocus International Trend Survey learnings, it is important to remember the following when marketing functional foods and beverages:

- Taste is King;
- Know Your Target. The HealthFocus segmentation identifies 6 primary consumer target segments for health and nutrition products: Disciples, Managers, Investors, Healers, Strugglers, and Unmotivateds;
- Remove the Barriers to Desirable Behaviour;
- Give Them Useful Information. Shoppers want to learn more about foods that enhance health, reduce the risk of disease, boost the immune system, and about cancer preventing chemicals in fruits, vegetables and grains;
- Speak to Benefits. Shoppers find positive communications more compelling than negative communications;
- Look for Value;
- Beware of 'One-Size Fits All' Nutritional Recommendations;
- Give Them Credit and Reinforcement;
- Develop Knowledge Based Marketing Solutions. Surround your target with a simple, consistent message coming from their entire portfolio of information sources;
- Be a Solution Developer, Not a Product Developer. Consumers are looking for meaningful solutions to help them to improve the healthfulness of their (family's) diet.



*Ms. Linda C. Gilbert is President of HealthFocus®, Inc., a marketing research and consulting firm specializing in trends and opportunities for healthy food, beverage and supplement products. With twenty years of experience, Ms. Gilbert is an authoritative resource for companies who need to understand consumer attitudes and behavior toward health and nutrition choices. Ms. Gilbert developed and manages the syndicated national consumer survey HealthFocus National Study of Public Attitudes and Actions Toward Shopping and Eating. This biennial survey is the longest running study of consumer attitudes and actions toward health and nutrition choices in the USA. It is now being conducted internationally.*



## Changing Consumer Behaviour: Barriers and Triggers

*Prof. dr. Hans Brug*

*Professor of Determinants of Public Health*

*Erasmus University Medical Centre*

*Rotterdam, The Netherlands*

Dietary habits are associated with the most important burdens of disease world wide, and dietary change may help to reduce the risk for obesity, heart disease, different cancers and diabetes. Therefore, effective healthy diet promotion interventions are needed and it is especially since the publication of the Precede-Proceed model of Green & Kreuter that nutrition educators have recognized the importance of careful theory-based planning for such intervention development.

The present presentation uses the model of planned health education to:

1. Briefly discuss the most eminent dietary change goals in present day 'Western' societies: overweight and obesity, high saturated fat intakes and lack of fruit and vegetable consumption;
2. Describe and discuss the most important biological, ecological and cognitive determinants of dietary behaviour such as taste preferences, social learning, availability of health dietary choices and motivational stages of change;
3. Describe promising nutrition education techniques that are tailored to the most important and changeable determinants, including (computer-) tailored nutrition education and interventions that aim to improve the availability and accessibility of healthy nutrition;
4. Discuss the most prominent actors in healthy diet promotion such as parents, schools, health authorities as well as the food industry.



*Prof. dr. Johannes Brug is*

*Professor of Determinants*

*of Public Health at the*

*Department of Public*

*Health, Erasmus University*

*Medical Centre in*

*Rotterdam, The Netherlands. He is also Professor of Nutrition Education at the Department of Health Education and Health Promotion, Maastricht University. Prof. Brug holds degrees in Human Nutrition, Epidemiology, and Public Health. He worked for the TNO-nutrition Institute, the Dutch Cancer Society, and the Netherlands Open University where he was Dean of the Faculty of Social Sciences. His main research interests are the development and evaluation of health promotion and nutrition education interventions. Prof. Brug is a consultant for the Netherlands Nutrition Centre and the Netherlands Institute for Health Promotion and Disease Prevention and was a member of different Health Council committees. He is a member of the International Society of Behavioural Nutrition and Physical Activity. He is the editor of the Dutch handbook on health education and is a member of the editorial board of the Journal of Nutrition Education and Behaviour.*



## Experience from the Public Health Level - Finland

*Prof. dr. Erkki Vartiainen  
National Public Health Institute  
Helsinki, Finland*

Ischemic heart disease (IHD) mortality in Finland in the 1960's was extremely high in young men and in the eastern part of the country, North Karelia. The North Karelia project was started in 1972 to test whether risk factor reduction would reduce cardiovascular mortality. Population surveys were conducted in five-year intervals, from 1982 to 1992 in connection with the WHO MONICA project, and from 1997 to 2002 as the National FINRISK Study. National antismoking legislation was launched in 1977. Nutrition guidelines and recommendations for the general population were implemented in the 1980's. Serum cholesterol levels have decreased significantly from 1972 to 1997 both among men and women. From 1997 to 2002, the decrease has levelled off. Blood pressure levels have decreased significantly both among men and women from 1972 to 2002. Smoking rates have decreased significantly among Finnish men from 1972 to 1997. Between 1997 and 2002, smoking rate increased again, among both men and women. IHD mortality has reduced with 80%. The entire decline in the 1970's could be explained by a reduction in serum cholesterol, smoking and blood pressure. In the 1980's and 1990's, about 50% of the mortality decline was explained by risk factors and 25% by new treatment.



*Prof. dr. Erkki Vartiainen is Professor and Director of the Department of Epidemiology and Health Promotion, National Public Health Institute, Helsinki, Finland. He became Doctor of Medicine at the University of Kuopio in 1981, received his PhD in Public Health at this University in 1983, and became Docent in Public Health in 1985. From 1981 to 1993, he was a Senior Researcher at the Department of Epidemiology of the National Public Health Institute in Helsinki. In that period, he left the country for a year for a Visiting Scientist position at the Centers for Disease Control in Atlanta, USA. In 1992, he was appointed Acting Senior Medical Officer at the Ministry of Social Affairs and Health. From 1993 to 2000, he was Head of Laboratory, Department of Epidemiology, National Public Health Institute, Helsinki. He was Visiting Professor at the Department of Community Health Sciences, University of Edinburgh from 2000 to 2003. Prof. Vartiainen's main research interests are epidemiology of cardiovascular disease, risk factors and their prevention in children and adults. He has been a consultant for the World Bank, WHO and the European Union in cardiovascular and other chronic diseases prevention and health promotion in several developed and developing countries.*



## Experience with the Food Pyramid

*Prof. dr. Johanna T. Dwyer  
Office of Dietary Supplements, National Institutes  
of Health  
Bethesda, MD, United States of America*

The food group Pyramid, developed in 1992 by the US Department of Agriculture (USDA), provides a graphic to assist Americans select an adequate, varied, balanced and moderate total food based eating pattern meeting their health needs. It is widely used in nutrition education, universally recognized, and one of the Dietary Guidelines for Americans. Although 33% of Americans eat from each of the Pyramid food groups each day, only 1-3% achieve the recommended number of servings. Yet, dietary excess is common; 65% of adult Americans are overweight or obese. Other diet quality measures that score in the 60's (perfect score 100) also suggest much room for improvement. The 2004 Pyramid update reflects the nutrient and food goals of the new Dietary Reference Intakes and the Dietary Guidelines. Energy levels are addressed. High nutrient density choices are emphasized. For the sedentary, nutrient-dense choices within each food group are vital. More food and a wider choice of foods are possible for the physically active. Pyramid food groups have been being updated to reflect recent changes in food consumption, and nutrient goals are being translated into realistic food selection recommendations. The Pyramid is also being revised to make it more understandable, useful, realistic, practical, flexible and acceptable to consumers. Many alternative pyramids exist, but all of the pyramids differ markedly from present eating patterns, and so consumers need encouragement to adopt them.



*Prof. dr. Johanna T. Dwyer is Senior Nutrition Scientist in the Office of Dietary Supplements, National Institutes of Health where she works on improving databases and estimates of dietary supplement intakes in national surveys, and on evidence-based approaches to evaluating the effects of dietary supplements. She is also Professor of Medicine and Community Health at the Friedman School of Nutrition and the School of Medicine at Tufts University and a Senior Scientist at the Human Nutrition Research Center on Aging there. She directs the Frances Stern Nutrition Center at Tufts-New England Medical Center Hospital. Prior government service has included a year as a Robert Wood Johnson Health Policy Fellow in the US Congress, Assistant Administrator for Human Nutrition in the Agricultural Research Service, US Department of Agriculture during 2001-2002, and numerous boards and committee. She is the author of over 400 research papers and reviews on various nutrition topics. A past president of the American Society for Nutrition Sciences and the Society for Nutrition Education, she is a member of the Institute of Medicine, National Academy of Sciences.*



## Introduction to Unilever Examples: the Annapurna Example

*Raphael da Silva  
Africa Regional Group Brand Director Annapurna  
Unilever Bestfoods*

In 1999, the Unilever Africa Regional Group created a separate business unit, called Popular Foods Africa. Popular Foods targets the mass-market consumer with nutritious and popular "Centre of Plate" foods and snacks at affordable prices. In September 2000, Unilever launched its first product in Ghana, Annapurna Refined Iodised Salt. Four key success factors (Appealing Product, Awareness, Availability and Affordability) have contributed to Annapurna's success. In particular, Popular Foods' partnership with local entrepreneurs to manufacture the product and with the public sector (Unicef and government) to raise awareness about iodine deficiency have contributed to the products affordability and mass-awareness. Currently, Unilever is the market leader in salt in Ghana and in-home-penetration of iodised salt has increased from 28% in 1998 to over 50% in 2002. Following the success of Annapurna iodised salt, Unilever used the same business model to launch Annapurna Krrunchy, biscuits fortified with vitamin A and zinc to boost children's immune system.



*Raphael da Silva is the Africa Regional Group Brand Director for Annapurna, a brand, which is part of Unilever's Kids and Family Nutrition business. He has been leading the Popular Foods business unit since 1999. In September 2000, Raphael and his team launched Popular Foods' first product, refined iodised salt, in Ghana. In 2004, the Popular Foods business will be present in five countries in Africa and competing in four different product categories – salt, biscuits, rice and porridges. A fourth generation Ugandan, Raphael has worked and travelled extensively across Africa. He joined Unilever in 1992 and has studied journalism, political science and international relations in both Canada and South Africa.*



## Weight Control in the Real World - the Slim-Fast Example

*Emma Woods  
European Marketing Director Slim-Fast  
Unilever Bestfoods*

Since snake oil was invented, the diet industry has been a metaphor for exaggeration, delusion and dishonesty, promising enormous weight loss and impossible glamour for no effort. Slimming marketing is defined by the cult of thinness. Women (mostly) are fooled into believing counter-intuitive claims and are set up to fail again and again. Legitimate weight management programmes face a communications dilemma – sell the story like it is and the consumer may look away, join the fraudsters and consumers will be disappointed. So how can we offer healthy, easy choices to the too heavy, which they will listen to? There is a need for a radically different conversation with the consumer about weight loss and subsequent management. We will discuss our thoughts on the role Slim-Fast can play in a different conversation - the need for us to offer more than tested product solutions and product claims, and to face up to the inherent difficulties in weight loss and keeping it off with advice, support and education. But challenging the communication codes of an industry is not something any one brand can do alone. We will raise the need for partnership between regulators, industry, consumers and health experts to set the parameters for communication that informs the consumer without alarming them, and motivates realistically without making false promises.



*Emma Woods has been the European Marketing Director for Slim-Fast since Unilever acquired the business. She has been interested in the psychology of weight*

*and body image since working on a dissertation in eating disorders, as part of an Experimental Psychology degree (Oxford University). Emma has worked for Unilever across a variety of foods brands since 1990. She is passionate about health choices not being boring or worthy choices. "We mustn't forget that consumers buy products they enjoy, not that they feel they should". Emma has two young girls. Her big hope is the diet and exercise approach that she is instilling as a parent will mean they will not end up struggling with their weight in the future.*



## From Public Health to Consumer Action: the Becel/Flora pro-activ Example

*Matt Hill*

*Vice President Marketing Unilever Bestfoods*

The launch of Flora/Becel pro-activ™ was a major development in the dietary management of cholesterol for health conscious consumers and for health professionals. Pro-activ™ is a low fat spread with an added cholesterol-lowering ingredient - natural plant sterols. Consumption of 2-3g of plant sterols per day is clinically proven to lower LDL cholesterol levels by around 10%. A spread provided a simple dietary mechanism to deliver daily consumption of plant sterols. Consumers are sceptical about health claims – establishing the credibility of our message was vital to the success of the launch. Two broad groups are key for building consumers trust: Key Opinion Formers and Consumer Influencers. To create a ‘climate of support’ in advance of the launch a programme of briefings, conferences, and clinical trial publication ensured a rich dialogue with these experts. The feedback received helped shape the marketing mix. By taking a responsible approach in marketing pro-activ™, Unilever won the support of many influential groups and word of mouth drove brand credibility. The Becel Institute funds Heart Health awareness and risk factor education activity in partnership with National Heart Associations and the World Heart Federation. Such partnerships potentially offer the ‘win:win’ of corporate funding for public health education, with business benefit through building brand credibility. Brands that consumers trust to provide heart healthy foods are an important part of making the heart healthy choice the easy choice.



*Matt Hill is Vice President Marketing at Unilever Bestfoods. Matt studied Economics at Warwick University, graduating in*

*1992. After spending a year in sports marketing, he joined Unilever in 1993. From 1995 to 1998, Matt was part of a business unit which turned around the Batchelors brand in the UK from decline to strong growth through consumer insight based innovation, and award winning advertising. From 1998 to 2003, he led the marketing mix development and global roll out of Flora/Becel pro-activ. A project he describes as "a once in a decade innovation, and a great example of teamwork". In April 2003, Matt took over his present role leading the Global Brand Team for Heart Health. Matt lives with his wife in the UK, commutes weekly to the Netherlands, and travels widely to support Unilever's heart health activities. Outside work, Matt is a keen golfer and cook.*



## Noncommunicable Diseases: the WHO Response to a Global Epidemic

*Dr. Colin Tukuitonga*

*Programme Advisor of the Assistant Director General*

*Noncommunicable Diseases and Mental Health  
World Health Organisation (WHO)*

Noncommunicable diseases (NCDs) are the leading causes of disability, disease and death in all WHO regions except Africa. Approximately, 60% of deaths and 50% of the global disease burden are attributable to NCDs. This is projected to increase to 75% of deaths and 60% of the disease burden in the 2020. Already, 80% of deaths due to NCDs are in the developing countries where resources for health are limited. Furthermore, risk factors for NCDs are continuing to rise rapidly in developing countries whereas there has been a sustained decline in selected NCD incidence and risk factor prevalence in many developed countries. WHO has adopted several resolutions in support of the global response to prevent, manage and control NCDs globally. However, in recognition of the escalation of global health problems caused by these diseases, member states requested WHO in 2002 to develop a Global Strategy on Diet, Physical Activity and Health. Over the last two years, WHO has consulted widely with member states, private sector, civil society, UN and Intergovernmental Agencies, and convened an expert Reference Group to assist itself to develop this strategy. The strategy will be presented for discussion and, if accepted, adopted at the World Health Assembly in May 2004. This presentation will discuss the overall WHO response to NCD prevention, management and control including the rationale and process for the development of the Global Strategy on Diet, Physical Activity and Health.



*Dr. Colin Tukuitonga is a medical graduate with a background in general practice and public health.*

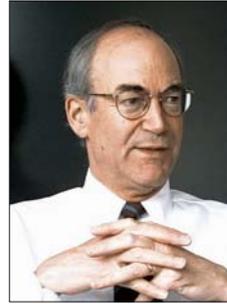
*Prior to joining the WHO, he was the Director of Public Health for the New Zealand Government where he was responsible for the full range of public health services. He was influential in the development of several national policies including a national cancer control strategy and Healthy Eating: Healthy Action and revision of the national Public Health Legislation relevant to public health risks. Before joining the New Zealand Ministry of Health, he was a Senior Lecturer in the University of Auckland and Director of the Pacific Health Research Centre in the University. In 2000/2001, dr. Tukuitonga was a Harkness Fellow in Health Care Policy in the United States. He is currently Policy/Programme Advisor to the Assistant Director General (ADG) - Noncommunicable Diseases and Mental Health, dr. Catherine Le Galès-Camus, and a member of the Global Strategy on Diet, Physical Activity and Health team.*



## How to Utilize Partnerships in Advancing the Health Status of Children

*Rudolf Deutekom  
Director of UNICEF 's Private Sector Division  
Geneva, Switzerland*

Obesity and malnutrition are related as a public health, socio-economic and ethical dilemma while both prove extremely hard to overcome. With the former on the incline, progress is not sufficient in containing the latter. Addressing obesity, however, while turning a blind eye on malnutrition, could come to haunt the food industry. Why is that? With Official Development Assistance (ODA) stagnating and social development agencies crunching for resources, the call for action to the world's leading multinational corporations (mnc's) is compelling. Stakeholders, ethical investors, NGOs – Human Rights watchdogs, all appeal for more responsible corporate behaviour. With 6 out of 8 UN Millennium goals related to children, UNICEF is keen to foster resource mobilization efforts directly benefiting children. E.g. stimulating, facilitating and leveraging partnerships that aim for improvements in the food supply chain in D&E countries, jointly with industry, governments and other (UN) partners. Long-term partnerships around the development and marketing of fortified staple foods (at affordable prices) could provide powerful new inroads in reducing the vicious circle of poverty – malnutrition. Cause-related marketing programmes linking consumers and stakeholders "North-South" could help overcome traditional hurdles of high upfront investments/low returns of investment applied by conventional marketeers. Successful corporate social responsibility (csr)-driven corporate strategies offer unique industry leadership for the most courageous, determined and resourceful of mnc – players.



*Rudolf Deutekom is the Director of UNICEF's Private Sector Division (PSD), which in collaboration with 37 National Committees for UNICEF is responsible for contributing about one third (\$ 500 million) of UNICEF's annual funding needs. Contributions are generated through the sales of greeting cards and a variety of fundraising activities from the general public, corporations, etc. A graduate of Nijenrode, The Netherlands, and with a MBA from the University of Oregon (1967), Rudolf joined UNICEF in 1996 after close to 30 years in marketing and general management in the private sector. His career track includes UNILEVER (1967-72) (market research and brand management), LEVI – STRAUSS EUROPE (1972-89) (VP Marketing and CEO), plus consultancy private practice from 1989-96.*



## Regulatory Challenges in the EU

*Jean C. A. Martin*

*President of the Confederation of the Food and Drink Industries in the European Union (CIAA)  
Brussels, Belgium*

The CIAA has redefined its mission and has developed a Roadmap with five Key areas for action. One of them is the promotion of a competitive regulatory framework leaving more space for Industry's self-responsibility, soundly based on science, stimulating R&D investment, supportive of Innovation and capable of delivering a well functioning (enlarged) internal market. This is essential if the R&D Industry (the largest manufacturing industry of the EU) is to play its full role in the delivery of the Lisbon and Barcelona targets. Guiding principles for a competitive EU regulatory framework should be:

- less regulation in general;
- more self-regulation;
- early consultation with the Industry;
- objective impact assessment;
- science base;
- proportionality;
- subsidiarity;
- clarity;
- simplicity;
- EU centralised decision-making;
- effective and uniform implementation in the (enlarged) single market;
- streamlined, speedy, transparent, predictable processes.

A good example of how not to do it: the proposed regulation on "Nutrition and Health claims". Is Europe in danger of becoming "irrelevant" on the global stage?



*Jean Clément Adrien Martin is President of the Confederation of the Food & Drink Industry of the European Union (CIAA). He was born on the 19th of June 1944 in Moutier*

*d'Ahun, Creuse, France. After completion of his study at the ESSEC Business School and military service, he joined Unilever in France in July 1968. He fulfilled various jobs in the Finance/Commercial area in France, The Netherlands (1977 - 1980) and UK (1980 - 1983). From 1983 to 1986, he was Managing Director and Marketing Director at Astra-Calvé (Retail) in Paris. He subsequently was chairman of Blohorn, Côte d'Ivoire (1986 - 1989) and of Van den Bergh in Milan, Italy (1990 - 1992). Until 1996 he was Chief Executive Officer at Unilever Personal Products Europe in Paris. He then was appointed Business Group President for Unilever Central & Eastern Europe in Rotterdam, and he did this until 2000. From 2001 to 2002 he was Global Integration leader, in charge of the integration of Bestfoods (acquired in October 2000) into the newly created "Unilever Bestfoods" Division.*



## Public Health & Food Industry: a Balanced Approach

*Paulus M. Verschuren*

*Director External Relations Unilever Health Institute*

*Vlaardingen, The Netherlands*

The WHO through their global strategy on Diet, Physical Activity and Health has issued a "wake-up call" that has motivated the food sector to steer towards strategies compatible with public health needs. Unilever regards health and vitality a growth driver for its business. As a leader in the global food market, Unilever is committed to helping consumers to achieve nutritional balance leading to a vital and healthy life through the marketing of great tasting foods that will make the healthy choice an easy choice. The Unilever operations supported by the Unilever Health Institute are responsible for implementing a Nutrition Policy and for strengthening our continuing efforts to:

- Develop a deep understanding of consumers' nutrition and health needs and wants;
- Know the dietary role of our products and optimise the nutritional composition;
- Undertake scientific research to provide evidence for benefit claims to support new healthier options;
- Label our products in a consumer-friendly and meaningful way and ensure responsible communication to health care professionals and consumers;
- Seek external partnerships to develop mutual understanding and agree common approaches in nutrition and health programmes.

The strategic options to combat the public health issues require genuine commitment of all stakeholders involved. Unilever in its long term strategic planning is responding to this challenge by combining health, convenience and pleasure into healthier options that are attractive for the consumer.



*Paulus Verschuren is Director External Relations of the Unilever Health Institute since 2000. In addition to this position, he is Chairman of the Board of*

*Directors of the International Life Sciences Institute – ILSI Europe and member of the Board of Trustees of ILSI Global. A biologist from Utrecht University, The Netherlands, he joined the research group Biosciences, Nutrition and Safety of the Unilever Research Laboratory in Vlaardingen in 1981. In 1985, he became Section Manager of the section Pathology and Animal Care. During these years he carried out background and applied nutrition and toxicology research on a variety of issues related to diet and health such as cardiovascular disease, hypertension, cancer, and novel foods, and toxicological aspects of fats and fat processes. In 1989, he was transferred to Unilever Head Office in London (UK) where he was deputising the Head of Environmental Safety Assurance responsible for the overall Unilever Product Safety Assurance and the environment. From 1992 until 1996, he was the Executive Director of the European branch of the International Life Sciences Institute in Brussels. In 1996, he re-joined Unilever as Member of the Management Committee of the Unilever Nutrition Centre based at the Vlaardingen Laboratory.*







