



# NATIONAL PROGRAM HEALTH NUTRITION

2019-2023





*Improve everyone's health  
through diet and physical activity,  
a major public health issue.*

“Manger bouger” are two verbs which follow each other and which combine with the imperative of prevention. The French are well aware of this and are ready to engage in this approach. As soon as I arrived at the Ministry of Solidarity and Health, I gave priority to prevention. Nutrition is an essential pillar from childhood to old age. Despite the progress recorded over the past twenty years in the fight against the spread of pathologies linked to nutrition, it is essential to strengthen actions to reverse the trends, reduce the frequency of obesity and undernutrition, and limit that of arterial hypertension and its cardiovascular consequences or the occurrence of type 2 diabetes and cancers linked to poor nutrition.

In France, nearly half of adults and 17% of children are overweight or obese. Social and territorial inequalities are growing and nutrition is an implacable indicator. Thus, nearly a quarter of children whose parents have a diploma below the baccalaureate are overweight, while they are only 10% of parents whose diploma is equivalent to at least a bachelor's degree.

In addition, an estimated 2 million people suffer from undernutrition, including the elderly in institutions and a large number at home, which affects and accelerates the process of dependence. These figures are unacceptable and I do not accept them.

This is why we must set ourselves objectives that are equal to the challenges of public health. This is the challenge of this<sup>4</sup> National Health Nutrition Program (PNNS4), whose ambitions aim to increase physical activity and reduce sedentary lifestyle, improve food consumption and nutritional intake while taking into account the challenges of sustainable development, because our eating habits have a role in the fight against climate change.

The objectives of this plan are, in particular, to reduce the frequency of overweight and obesity in children and adolescents by 20%, to stabilize the overweight of adults and to reduce their obesity by 15% or even to reduce 30% the percentage of undernourished elderly over 80 years.

It also provides for a reduction in excess sedentary lifestyle linked to screens in extra-professional contexts, and an increase in the practice of physical activity so that each adult has sufficient activity. It is also about developing the practice of physical activity adapted for people with chronic diseases.

It is essential to support the French to facilitate their food choices and to encourage the economic actors who prepare food and market it to improve their recipes, to make clear, easily interpretable and transparent information available to all, to reduce food consumption. advertising of foods whose consumption should be restricted.

The PNNS4 will therefore develop the use of the Nutri-Score already approved by our fellow citizens, by ensuring transparency on the nutritional quality of the recipes of food products presented in stores. One of the first measures to improve the food supply will be to reduce salt consumption by 30%, primarily by acting on bread, which represents nearly 25% of the daily salt intake of the French. .

We must also allow everyone to find the taste and pleasure of walking or cycling, in an environment which, thanks to local interventions, makes the practice of a pleasant, easy and safe physical activity favorable.

I know the commitment of professionals to advise their patients in a unique dialogue. We need this mobilization to advance health.

The renewed governance of the health policy has made it possible to give overall coherence to this new PNNS, which is part of a broader government policy on food and nutrition. A special effort has been made to ensure consistency of action between the PNNS and the national food program piloted by the Ministry of Agriculture and Food, the national health sports strategy jointly supported by the Ministry of Solidarity and of Health and the Ministry of Sports and the obesity management roadmap.

The health issues were recalled. Meeting them requires everyone's commitment. You can count on it, which will be total, because France must not miss this great meeting with prevention.

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## CONTEXT

Nutrition is a major determinant of health. From a public health perspective, it integrates diet and physical activity. Adequate nutrition at all stages of life contributes to the maintenance of good health. Conversely, inadequate nutrition, in the sense that it deviates from the recommendations defined by groups of scientific experts, is a risk factor for the main chronic diseases from which the French population suffers at the start of the 21st century: obesity, cardiovascular disease, cancer, type 2 diabetes or undernutrition.

### On a national level

Since 2001, France has had a National Health Nutrition Program (PNNS) which aims to improve the health of the entire population by improving nutrition. This program is included in the public health code (article L 3231-1) as a five-year government program, linked to the National Food Program (PNA) (article L.1 of the rural and maritime fisheries code), implemented since 2010.

***In the field of nutrition, the situation is changing because it is linked to daily behavior.***

Annex 2 presents the nutritional situation, food consumption, prevalence and incidence of major pathologies linked to nutrition in the French population.

Certain indicators show that the situation has stabilized or even improved a little. This has been the case since the mid-2000s with the prevalence of overweight and obesity in both adults and children. This stabilization is occurring at a level which, although less bad compared to many other European countries, remains too high. Other indicators are not evolving favorably. The growth in the prevalence of type 2 diabetes continues; the practice of physical activity tends to decrease, particularly among women and children, and remains very insufficient. Sedentary behaviors have sharply increased over the past ten years. Salt consumption, after having decreased in the early 2000s, has stagnated at a much too high level, that of sugars is too important while the consumption of fruits and vegetables and fibers is much too low. Alcohol consumption, although in decline for many years, remains far too high. In addition, systematic folate supplementation of all women who wish to conceive (4 weeks before conception and 8 weeks after) is insufficiently implemented. Despite the lack of precise data on this subject, the prevalence of undernutrition remains high, especially among the elderly. systematic folate supplementation of all women who wish to conceive (4 weeks before conception and 8 weeks after) is insufficiently implemented. Despite the lack of precise data on this subject, the prevalence of undernutrition remains high, especially among the elderly. systematic folate supplementation of all women who wish to conceive (4 weeks before conception and 8 weeks after) is insufficiently implemented. Despite the lack of precise data on this subject, the prevalence of undernutrition remains high, especially among the elderly.



***The persistence of social inequalities in nutrition remains the main challenge.***

The most notable phenomenon, however, remains the increase in social inequalities in the field of nutrition. For example, the frequency of obesity has fallen in wealthier populations and continues to increase slightly among more disadvantaged populations, despite an objective posted in the PNNS 2011-2015 to reduce these inequalities.

Nutrition constitutes a social marker as shown by the intake of fruits and vegetables or higher fish in populations of high socio-economic level and the higher intakes of fat, sugary products or cold cuts in those of low socio-economic level. economic. The proportion of adults reporting a "moderate" or "high" level of physical activity is equivalent, regardless of the level of the diploma. The daily time spent in front of a screen has increased in 10 years for the whole adult population and for all degree classes, with an accentuation of the differences between individuals of different educational level, the less graduates watching more screens. In children, the situation is contrasted according to the age group (see appendix 2).

***Diet and physical activity, both sources of pleasure and health factors, concern daily life and are subject to contradictory influences; environments condition choices.***

Food is a major element of everyone's culture and identity and an essential moment of sharing, with family, at work, with friends ...

Culinary practices, food supply, recourse to collective catering, consumption patterns... are changing very rapidly. The same is true of the use of screens of all types which lead their users to significantly reduce their physical activity and to significantly increase the time spent inactive, in particular in the young population. Daily physical activity is constantly challenged by technical progress (mechanical stairs, cars, communication technologies, etc.). Better knowing, understanding and acting on these various components is and remains a major challenge.

- From a biological standpoint, nutrition remains a complex subject where a satisfactory diet, limited sedentary behavior and sufficient physical activity greatly reduce the probability of the occurrence of chronic pathologies which are multifactorial. However, this does not completely guarantee the absence of the occurrence of chronic diseases. This notion of probability is complex for individuals to grasp. On the other hand, unlike genetic factors affecting the risk of developing chronic diseases on which it is not possible to intervene, nutritional factors are determinants on which it is possible to act at the individual or societal level.
- A subject of major interest to many, the French are still confronted with a very wide variety of messages regarding food and physical activity in their relationship with health. In 2001, the PNNS expressed a desire to provide a "Health Nutrition" message based on scientific knowledge that is as up-to-date as possible, analyzed by groups of independent experts with links of commercial interest and disseminated through communication channels where the logo of the PNNS was to be the vector of credibility. A large number of documents have been produced by Public Health France (formerly INPES). The website [www.mangerbouger.fr](http://www.mangerbouger.fr) has seen its audience grow significantly, as has its notoriety.

However, contradictory messages from multiple sources sow doubt, transmitting erroneous or unvalidated information, which, with recent food scandals involving food safety issues, limits the support of the population.

- Food and physical environments, including communication technologies, are changing rapidly. This speed is one of the factors that leaves out groups that have more difficulty adapting. Acting so that environments facilitate daily, for everyone and especially those who need it most, the implementation of eating behaviors and physical activity favorable to health must be a requirement and a priority of health policies.
- The conditions of production, processing, distribution, promotion, marketing and consumption of food determine food intake. A global approach based on an analysis of food systems is essential and implies the necessary coordination of public policies, since they make it possible to act on this major determinant of the state of health, which is nutrition (appendix 4: diagram analysis).
- The working conditions, the offer, the incentives and the securing of active individual or collective trips, the modes of urbanization condition the level of daily physical activity, as the structuring of the offer facilitates or not the practice of sport.

## At an international level

The World Health Organization (WHO) has recommended urgent action by governments to achieve the targets defined in the 2013-2020 Global Action Plan for the prevention and control of noncommunicable diseases, which are the leading causes of mortality in the world. WHO has also launched a 2018-2030 global action plan for physical activity and health and a European strategy for physical activity 2016-2025 has been put in place by the WHO European office. The European Union also defines intervention frameworks for public policies to promote physical activity. A European Action Plan for a Food and Nutrition Policy 2015-2020 has been developed and encourages a whole-of-government “health in all policies” approach.

In addition, the European Commission has established an Action Plan to Combat Childhood Obesity (2014-2020), the objective of which is to guide the commitment of the Member States to priority actions aimed at halting the increase obesity in children and youth. A wide range of measures is proposed in these different plans and contributes to the orientations of this National Health Nutrition Program.

# A RENEWED HEALTH POLICY AROUND PREVENTION

In December 2017, France adopted the 2018-2022 national health strategy (SNS). The promotion of health and prevention are at the heart of this strategy. A healthy diet and regular physical activity are part of these preventive actions. The SNS underlines the importance and the need for an intersectoral approach to preventive action. It presents the necessary links between identification, screening, early management of chronic diseases. It aims to fight against social and territorial inequalities in access to health while guaranteeing the safety and relevance of care for the benefit of the population.

The National Public Health Plan (PNSP) or "Priority prevention: stay in good health throughout your life", launched by the Prime Minister with the Minister of Solidarity and Health, retains the essential measures to be implemented, in a vision multi-sectoral approach to materialize the prevention option put forward by the national health strategy (Annex 1).

In this renewed global context, the PNNS 2019-2023, coordinated by the Ministry of Solidarity and Health, is essentially focused on the promotion of satisfactory nutrition for all population groups, with particular emphasis on disadvantaged groups. at a lower level of education. It is part of the overall framework of France's contribution to achieving the objectives of sustainable development. It is articulated with other plans, programs or strategies implemented by the government, which complement it, accompany it, amplify it or enter into synergy with it. These tools contribute to the achievement of the objective of improving the health of the entire population in the field of nutrition.

- Food approach: National Food Program; Ecoantibio Plan Approach through
- physical activity: National health sport strategy; Cycling plan Pathology-based
- approach: Obesity roadmap; Cancer plan
- Approach by population: "poverty" strategy; Perinatal roadmap
- Environmental approach
  - Contaminants: PNSE, Ecophyto, Action plan on plant protection products, National strategy on endocrine disruptors
  - Sustainability: Plan Ambition Bio; Biodiversity plan
- Overseas specificities: Overseas Blue Book; Chlordecone plan

Led by the ministries responsible for health and food, the National Food and Nutrition Program (PNAN) sets the course for the government's food and nutrition policy for the next five years. Its objective, in line with the States General on Food and the National Health Strategy, is to promote choices favorable to health and respectful of the environment while reducing inequalities in access to sustainable food and quality.

**The National Food Program (PNA)** aims to promote safe, healthy, sustainable and accessible food for all. It is in line with the objectives defined by the food policy roadmap through its thematic axes - food education for young people, the fight against food waste, social justice and its two transversal axes - territorial food projects and collective catering.

**The National Sport Health Strategy (SNSS)** is fully in line with the orientations of the National Health Strategy and the National Public Health Plan. Its ambition is to promote physical and sporting activity as a determining element, in its own right, of health and well-being, for all, throughout life. It also aims to develop the use of adapted physical activity for therapeutic support purposes, as well as to better protect the health of athletes and strengthen the safety of practices.

Certain fields in interaction with the objectives of the PNNS are covered by other plans and not taken into account in the PNNS:

- Food allergies, the PNNS only tackling this subject from a research perspective;
- Microbiological and contaminant-related risks, the PNNS only addressing these risks through nutritional recommendations, health messages and also from a research perspective;
- The PNNS takes into account the consumption benchmark relating to alcohol among all the food consumption recommendations, which include drinks. Alcohol consumption is a major public health issue in France with a level of consumption that remains one of the highest in the OECD. It is estimated to lead to 49,000 annual deaths, the second leading cause of preventable death after tobacco. Five million people would encounter medical, social or other difficulties related to alcohol. In this perspective, the Priority prevention plan and the national plan to mobilize against addictions take specific measures on this subject, aiming in particular to provide better information on the risks and to strengthen the support and care offer, in particular by youth leadership;
- The actions of the PNNS contribute to the promotion of health and the prevention of multiple pathologies which have a "nutritional" determinant;
- The general objective of the PNNS remains: to improve the state of health of the entire population by acting on the determinant nutrition, that is to say diet and physical activity.

The PNNS is based, on the one hand, on an analysis of the nutritional situation of the French population and its evolution, as it emerges from recent studies, such as the INCA3 and Esteban studies implemented respectively by ANSES. and Public Health France and, on the other hand, with the aim of giving priority to the reduction of social inequalities in this area, over the quantified objectives of the PNNS 2019-2023, updated by the High Council of Public Health. These objectives are presented in appendix 3. They will make it possible, on the basis of the indicators resulting from the objectives, to analyze, during studies carried out at the end of the program, the level of their achievement.

They are ambitious and aim to leave no one behind. The PNNS is also based on the analysis of the implementation of the previous PNNS, carried out by the IGAS and the HCSP, as well as on the opinions provided by the National Food Council (Annex 5).

# OBJECTIVES AND PRINCIPLES CROSS-CUTTING OF PNNS

## General objective of the PNNS

*"Improve the state of health of the entire population, by acting on one of its major determinants, nutrition. "*

### Focus on nutritional status and physical activity:

(2014-2015 data Esteban and INCA 3 studies)

- The prevalence of overweight and obesity was 54% in men and 44% in women in 2015, i.e. **49% overweight including 17% obesity** without distinction between men and women. Furthermore, **3.2%** of adults were **thinness**.
- In children aged 6 to 17 years, in 2015, the prevalences observed were **17% overweight including 4% obesity**. Furthermore, **11%** of children were in a situation of **thinness**.
- Studies in the elderly show prevalences of **undernutrition** variables depending on whether the person lives at home (**4%**), in an institution (**15 to 38%**) or the hospital (**50 to 60%**).

### The public health nutritional objectives of the PNNS are set by the High Council for Public Health (HCSP)

The mission of the HCSP is in particular to "contribute to the definition of multiannual public health objectives, to assess the achievement of national public health objectives and to contribute to annual monitoring". In its opinion on the quantified public health objectives for the public health nutrition policy (PNNS) 2018-2022 of February 9, 2018, it defined **objectives intended to steer and evaluate the nutritional policy, in terms of improving the quality of the health of the population and reducing the levels of exposure to various risks**.

These nutritional objectives structure the strategic orientations and serve as a basis for defining the actions of the PNNS. All the actions of the PNNS contribute to the achievement of these objectives.

### Focus on achieving the objectives of PNNS 3 between 2006 and 2015:

- The prevalence of **overweight and obesity** at the **adults remained stable** (around 49%). The influence of the diploma on the prevalence of overweight (obesity included) has been maintained; this difference has even widened among men.
- At the **children, the prevalence of overweight (obesity included) has remained stable** (18% in 2006 versus 17% in 2015; obesity alone going from 3% to 4%). The prevalence of overweight (obesity included) remained higher among children from less educated households.

The quantified objectives of PNNS 4, defined by the HCSP, have been grouped into five classes:

- Objectives relating to nutritional status (overweight and obesity, undernutrition)

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### Focus on PNNS 4 objectives relating to nutritional status

#### Overweight and obesity

Reduce the prevalence of obesity and stabilize overweight in adults so as to:

- Reduce the prevalence of obesity in adults by 15%;
- Stabilize the prevalence of overweight in adults;
- Stabilize the prevalence of obesity, among women of low socio-economic level; Stabilize the
- prevalence of morbid obesity through prevention (excluding bariatric surgery).

Decrease the prevalence of overweight and obesity in children and adolescents in order to:

- Decrease by 20% the prevalence of overweight and obesity in children and adolescents (whose tendency was to stabilize in recent years);
- Reduce by 10% the prevalence of overweight and obesity in children and adolescents from disadvantaged families (whose trend has been increasing in recent years).

#### Undernutrition

Reduce the percentage of undernourished elderly people living at home or in institutions:

- at least 15% for those > 60 years old;
- at least 30% for those > 80 years old.

Reduce by at least 20% the percentage of undernourished hospital patients on discharge from hospital.

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- Goals related to physical activity and sedentary lifestyle

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### Focus on PNNS 4 objectives relating to physical activity and sedentary lifestyle

**Increase physical activity (PA)** in the adult population so that:

- **80%** of the adult population achieve a level of physical activity **at least moderate** (at least 30 minutes of moderate to vigorous intensity endurance physical activity at least 5 times per week or at least 3 days with intense physical activity of at least 25 minutes per day).

**Decrease sedentary lifestyle** in the population so as to:

- **Reduce by 20%** the number of adults passing **more than three hours a day in front of a screen** outside of their professional activity.
-



● Objectives relating to food consumption

**Focus on PNNS 4 objectives relating to food consumption**

The HCSP has defined **13 objectives** figures relating to food consumption (fruits and vegetables, meat, fish, legumes, etc.) and nutritional intake (salt, sugar).

Example of the quantified objective on salt:

**Decrease salt intake** in the population so that:

- **90%** of adults consume less than **7.5g of salt per day**;
- **100%** of adults consume less than **10g of salt per day**.

● Objectives relating to cross-cutting benchmarks

**Focus on PNNS 4 objectives relating to transversal benchmarks**

Raw products - ultra-processed products

- **Interrupt growth** consumption of **ultra-processed products** (according to the NOVA classification) and **reduce the consumption of these products by 20%** over the period between 2018 and 2021.

Organic products

Increase the consumption of **organic products** in the population so that:

- **100% of the population consume at least 20%** of their consumption of fruits and vegetables, cereal products and legumes from organic products per week.

● Breastfeeding Goals

**Focus on PNNS 4 objectives relating to breastfeeding**

Promote breastfeeding, while respecting the woman's decision, so as to:

- Increase **At least 15%, the percentage of infants breastfed at birth** to achieve a rate of 75% of infants breastfed at birth;
- **Lengthen by 2 weeks**, the median duration of total breastfeeding (whatever its type), i.e. to increase it from 15 to 17 weeks.

The nutritional public health objectives set by the High Council for Public Health, detailed and quantified, are detailed in appendix 3.

The achievement of these objectives will be assessed at the end of the plan by the study on food consumption and the nutritional status of the French population conducted by Public Health France and ANSES.

## Cross-cutting principles

The PNNS 2019-2023 is in line with the orientations of the national health strategy, the national public health plan “prevention priority: stay in good health throughout one's life” of the government.

Improving the nutritional situation and achieving PNNS objectives require:

- To give a major accent to the **prevention**, in order to maintain good nutritional status throughout life, from the intrauterine period;
- To respond to the challenge of **reduction of social inequalities, which includes** the fight against precariousness. Almost 8 million people declared in 2014-2015 that they could not eat properly, qualitatively and / or quantitatively, for financial reasons. About 5 million are registered for food aid and can thus benefit from a distribution of foodstuffs accompanied by the proposal of social support;
- Of **identify risks early and take charge of** nutrition-related pathologies in the healthcare system, as well as the nutritional issue in pathologies.

The PNNS is based on general principles:

The **reduction of social inequalities in health** in the field of diet and physical activity underlies any action developed by the PNNS, seeking the implementation of the principle **proportionate universalism**. This principle aims to ensure that the actions implemented act on everyone and more strongly on the most disadvantaged populations in order to reduce social gaps.

The PNNS is based on **recommendations from international bodies** validated and on a **scientific expertise** ensuring the independence of experts. It promotes the **dialogue with all stakeholders** on the basis of its objectives.

The PNNS is the reference program for the health component of all plans, programs, roadmaps, actions implemented by the public sector or the private sector and which cover the field of nutrition and / or physical and sports activity.

The PNNS applies to everyone in **metropolis and overseas**. An “Overseas” component comprising territorial specificities will complete the PNNS applicable elsewhere throughout the national territory (including the overseas departments).

The practice of a daily physical activity, and the reduction of sedentary behaviors, as well as the quality and the balance of the diet, over a day, a week, a year, a life is an essential condition to the preservation of good health. **A healthy diet takes into account the food culture, taste, the pleasure of eating and the conviviality of a shared meal.**

The PNNS dietary recommendations open up a wide range of possibilities reflecting this principle and limiting the injunctions of multiple dietary promotions for the consumption of too fatty, salty or sweet products. Any restrictive diet can only be implemented under strict medical supervision.

The PNNS aims in particular at the implementation of preventive measures concerning **children**, from the prenatal period to adolescence, which constitute a priority target because the behaviors acquired in childhood most often persist in adulthood. Thus, if the overweight and obesity of children aged 6 to 17 stabilized during PNNS 3, they nevertheless remain high with **17% of overweight children including 4% obese**. In addition, social inequalities are very marked, the child of a worker will be 4 times more likely to be obese than a child of an executive.

#### Cross-cutting principles broken down into 5 axes:

A major emphasis is given to improving the environments that condition the choices of the population in order to **to make the healthier choice easier**, whether in terms of physical activity or diet. "Societal" prevention, which does not require a reasoned choice at every moment, is thus promoted. This is expected to have an impact on reducing social inequalities in nutrition (Axis 1).

The development of validated and adapted means and tools aimed at helping the various population groups to make individual choices favorable to health is also an essential axis of the PNNS, with a view to "individual" prevention (Axis 2).

The management of pathologies linked to nutrition is mainly the responsibility of the organization of the health care system. (Axis 3).

Encouraging actors to act at their level and to register their action within the coherence framework proposed by the PNNS constitutes a flagship axis of the PNNS: reaching the entire population requires this close work with professionals, organizations, institutions that act as close as possible to the population (Axis 4).

Research, surveillance and expertise are also one of the major axes of the PNNS, and are essential areas for monitoring changes in the nutritional status of the population, orienting public policies and anticipating new issues in order to prepare for the future (Axis 5).

# GOVERNANCE

The governance of the national health nutrition program ensures:

- The necessary intersectorality of the PNNS in order, on the one hand, to integrate the objective of improving the nutritional status of the population into all public policies and, on the other hand, to better coordinate the PNNS with the policies developed by the various ministries at national, regional and local level, in particular through plans, programs and strategies likely to have an impact on nutrition in its health dimension, in order to act in coherence and synergy;
- The expression of the various stakeholders in the nutritional policy;
- The monitoring and achievement of the objectives of the plan with the rapid implementation of corrective measures for the smooth running of the program and the possible reorientation or complement of it.

## On a national level

**The Interministerial Committee for Health** created by Decree No. 2014-629 of June 18, 2014 is the body responsible for monitoring the smooth running of the program, deciding on reorientation within the framework of the interministerial coordination that it represents. Unless necessary, it is entered once a year and is based on **the preparatory work of the Select Standing Committee created by this same decree.**

**A steering committee** meets at least twice a year. It includes administrations at a sub-director level, representatives of regional health agencies at a director level of public health (or health promotion) and the agencies involved in the implementation of PNNS actions as well as health insurance. .

Each year, it draws up a technical report which is presented to the Select Standing Committee.

Prior to the session of the Select Standing Committee, with a view to gathering opinions and suggestions, the major elements of the assessment are presented to the National Food Council.

**A monitoring committee** meets regularly 3 to 4 times a year. Its agenda, drawn up by the DGS with the institutional partners, should allow:

- To collect the opinions of these actors on the orientations, the additional needs, the difficulties;
- To inform about the actions carried out and to come in the following months.

Its composition is adapted according to the agenda and may include, in addition to the representatives of the ministries concerned and the National Food Council, health agencies, local authorities, representatives of the medical and scientific world, of the private sector. associative or for-profit.

It is not intended to deal with scientific orientations. These will be processed by the scientists of the Monitoring Committee in a multidisciplinary scientific support group which meets as needed and is made up of independent figures from the human and social sciences, nutrition, food, sciences and techniques of physical and sporting activities (STAPS), public health and epidemiology.

Global coordination at the regional level is ensured by the national level.

## At regional level

At the regional level, the ARS ensures, in conjunction with the other regional administrations, the animation and coordination of action in terms of prevention and care in the field of nutrition. It allows the inclusion of these actions in the national objectives of the PNNS, consistency with elements from the loco-national level (this includes the various tools and mechanisms produced within the framework of the PNNS). In loco-regional actions, it ensures the priority given to reducing social inequalities in nutrition. According to the Regional Health Plan, the ARS defines priorities.

In line with the principles of the national health strategy, the PNNS promotes the adaptation of action strategies to the specificities of each territory (in particular rural areas and priority districts of the city policy) in order to limit social and territorial inequalities of health.



## THE 10 KEY MEASURES OF THE PNNS

1

### **Promote new nutritional recommendations:**

enable all French people to learn about the right eating habits and physical activity for their health by updating, from 2019, the manger-bouger site and the menu factory to facilitate the implementation for all of new dietary recommendations, physical activity and sedentary lifestyle.

2

### **Increase fiber, reduce the amounts of salt, sugars and fats in everyday foods through a firm commitment from economic players in 2020 and promote the Nutri-Score, aiming to make it compulsory at the level**

**European**, in order to improve the nutritional quality of all processed foods by promoting voluntary approaches by professionals.

3

**Reduce salt consumption by 30% by 2025** (engagement of France to the WHO). For bread, which represents around 25% of the daily salt intake of the French, discussions will be initiated in 2019 with professionals in order to determine the target rate and the actions to be taken to achieve it.

4

### **Protect children and adolescents from exposure to advertisements for non-recommended foods and beverages:**

Encourage the establishment of codes of conduct based on the new European provisions on audiovisual media services.



5

**Allow everyone to benefit from quality collective catering in complete transparency:** ensure the upscaling of collective catering by supplying 50% of organic, sustainable and quality products by 2022 and promoting Nutri-Score in this sector.

6

**Extend food education from kindergarten to high school:** educational tools for food education will be made available in 2019 to cover all ages such as a vademecum and an educational toolbox on the “food” portal of the Eduscol website and deployment of taste classes.

7

**Develop the practice of Adapted Physical Activity for people with chronic diseases,** and study the possibility of extending the APA system to patients with chronic diseases outside of ALD presenting risk factors (arterial hypertension, obesity, etc.).

8

**Strengthen the prescription of Adapted Physical Activity by doctors :** by 2020, making tools available to doctors to support prescription and medical decisions.

9

**Ensure the diet of our elders:** prevent undernutrition by raising awareness among the general public and professionals in the health and social sector by setting up a “national malnutrition week” every year.

10

**Promote and share at the national level innovative local actions, sources of creativity:** in each department, by 2023, these initiatives will be promoted within the framework of the “local authorities and active companies of the PNNS” and an annual conference will be organized.



# AXIS 1

**Improve for all  
the food and physical  
environment to make it  
more favorable to health**

- Interventions geared towards improving the environment that conditions individual behavior make it easier for everyone to make healthy choices. In the absence of such
- interventions The reduction of social inequalities in nutrition, a major challenge for the National Nutrition and Health Program, is illusory.
- 
- 
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## OBJECTIVE 1: IMPROVE THE NUTRITIONAL QUALITY OF FOOD

Reformulation of processed foods (by eliminating trans fatty acids of industrial origin, by reducing salt, fats, saturated fatty acids, sugars, or increasing fiber, omega3 fatty acids, from fruits and vegetables, legumes and nuts) or the substitution of certain foods with others of better nutritional quality is an essential strategy for improving the nutritional intake of the population and reducing social and territorial inequalities. The PNNS nutritional progress charters and the PNA collective agreements have shown that progress is possible. However, the drying up since 2015 of new proposals from economic players has led to the proposal of new intervention methods,

To ensure this improvement in the nutritional quality of the food supply, a new generation of voluntary commitments will be put in place. It will include a review clause within a limited timeframe. Failure to achieve the objectives set may lead to the implementation of regulations.

### **1. Action:**

Increase fiber, reduce the amounts of salt, sugars and fats in everyday foods through a firm commitment from economic players from 2020¶

Renew **voluntary commitments** reformulation to combine the efforts of companies from homogeneous sectors, with a priority, from 2020, for sectors with the highest contributors of salt, sugars and fats. Objectives for improving the nutritional quality of foods by increasing fiber can also be set.



To ensure an impact commensurate with the public health challenges, prior expertise work will be carried out on the basis of an analysis of Oqali data with the aim of setting reformulation targets by category or family of foods. realistic and achievable within a maximum period of 3 years. This expertise process will be transparent, by inviting representatives of consumer associations and food chains.

The reduction of additives will be part of the possibilities of voluntary commitments.

- Setting reformulation targets: refer to ANSES to help set reformulation targets.

The voluntary non-achievement of the objectives set in the defined timetable will lead to regulation by regulatory means.

Pilot: DGS

Actors: DGS - DGAL - Oqali (Anses - INRA) - economic operators - consumer associations Indicators: document presenting the reformulation targets by food categories and families, number of food categories and families concerned

- Establishment and monitoring of voluntary commitments: sign a framework agreement between the State and representatives of agrifood companies for an annual commitment and monitoring over the duration of the PNA and PNNS to achieve the reformulation targets.
- Renewed collective agreements will take up these targets by major product families.

Pilots: DGAL

Actors: DGS - DGAL - Oqali (Anses - INRA) - economic operators - consumer associations Indicators: number of sectors engaged in defined improvement, evolution of the nutritional quality of food by Oqali sector, number of food categories / families for which the targets are achieved on a voluntary basis, within the set deadlines



## 2. Action: Reduce salt consumption by 30% by 2025¶

Reducing salt consumption by 30% is France's commitment to the WHO.

For bread, which represents around 25% of the daily salt intake of French adults and 15 to 19% of children and adolescents, discussions will be initiated in 2019 with professionals in order to determine the target rate and the actions to be taken to achieve this.

With regard to the objective of reducing the consumption of salt and, more particularly in the French overseas territories, of sugar, the action to be carried out in 2019 will favor consultation with professionals. But if it does not make it possible to achieve the objectives pursued, the regulatory route will have to be implemented.

Pilot: DGS - DGAL

Actors: DGS - DGAL - Oqali (Anses - INRA) - economic operators - consumer associations Indicator: salt content in bread flour

## 3. Action: Evaluate the impact of taxation on sugary drinks

Various parliamentary reports have underlined the interest of modulating and simplifying the taxation of foodstuffs to help orient choices towards products that are more favorable to health. Such a measure constitutes, for companies in the sector, an important incentive to reformulate existing products or to place on the market products that are more satisfactory for the overall diet. The tax on sugars and sweetened drinks introduced in 2012 has been amended to take into account the amount of sugars added to these drinks.

An evaluation of the impact of this measure on the diversification of the offer, on sales and food choices is necessary to learn the lessons of this type of strategy.

Evaluate the impact of taxation on the sales of sugary drinks and their reformulation according to their sugar content.

Pilots: DGS - DSS

Actors: ANSES - INRA - HCSP - research organizations - France Agrimer

Indicateurs: publication of the study report

#### 4. **Action:**

Encourage the improvement of industrial practices by drawing on the results of research on processed and ultra-processed foods

The Nutri-Net Santé study suggested an association between the consumption of ultra-processed products (according to the NOVA definition) and the risk of developing chronic diseases. Studies must be continued, in particular to characterize ultra-processed foods, draw up an inventory of the use of additives in foods and establish the links between the occurrence of a particular additive in foods and its impact on the health.

Any relevant action should be considered on the basis of these results in order to encourage manufacturers to reduce the number of additives in their foodstuffs as soon as scientific evidence reveals an undesirable effect on health.

Characterize ultra-processed foods and prioritize actions to be taken.

Pilot: MEF / DGCCRF

Actors: DGS - DGAL - economic actors

Indicators: Oqali report

#### 5. **Action:**

Strengthen the role of Oqali as a tool for monitoring policies and encouraging improvement in nutritional quality

The nutritional section of the food observatory (Oqali) implemented by ANSES and INRA is the public body responsible for collecting, processing and transmitting nutritional data in order to monitor the improvement of the food supply and to allow the orientation of policies in this area.

This observatory, the strengthening of which is provided for by the draft law resulting from the EGA, will see its missions extended in accordance with the recommendations of the interministerial mission on the future of the food observatory (February 2018). In order to guarantee the quality and transparency of the data and to facilitate its use, food producers will be encouraged to transmit useful data to Oqali in digital format. In order to standardize the data, it will be necessary to define the types of information to be transmitted systematically as well as the means of this transmission.

In addition, the extension of the Oqali methodology will be encouraged at European level as part of the work in progress (in particular JANPA2), to promote the comparability of the nutritional quality of products between the Member States.

Pilot: DGS - DGAL

Actors: Oqali - food producers

Indicator: data transmission according to the criteria selected



## OBJECTIVE 2: EAT BETTER IN OUT-OF-HOME CATERING

With more than 3.5 billion services provided each year, collective catering represents nearly half of out-of-home catering. It must meet the physiological and nutritional needs of the guests, and therefore provide them with safe, healthy food in sufficient quantity and to their taste, within a controlled budget and a limited time.

It must adapt to a wide variety of situations and needs, from nursery schools to businesses, including schools and universities.

The implementation of the principle of proportional universalism, a transversal principle of the PNNS, for the reduction of social inequalities in health, is de facto applicable in collective catering.

The National Council for Collective Catering (CNRC), created in accordance with the 2018-2022 Food Policy Roadmap, is responsible, in particular, for developing recommendations to improve the nutritional quality of meals served in collective catering.

### 6. *Action:*

Develop, publish and disseminate new  
nutritional recommendations in collective  
catering, particularly in schools

ANSES published scientific opinions and reports in January 2017 with a view to drawing up the updated PNNS food consumption recommendations for the adult population. They served as a basis for the High Council of Public Health which defined the benchmarks and then for Public Health France to formulate messages intended for the general public. A similar process is underway, when the PNNS4 is being drawn up, for updating the recommendations for specific populations such as infants, children and the elderly.

These reports and opinions will make it possible to update the nutritional recommendations in collective catering intended for early childhood, the elderly (including people in nursing homes), the school environment and adults in business, within the framework of the work of the National Council of collective catering. These recommendations will be based on the work of a college of experts unrelated to this economic activity.

For school catering, the order of September 30, 2011 relating to the nutritional quality of meals served as part of school catering will be reviewed on the basis of the new dietary recommendations.

Pilot: DGS (nutritional recommendations)

Actors: ANSES - CNRC - DGAL - DGESCO - DGS - Agencies

Indicator: publication of official recommendations



### 7. Action:

#### Adapt the Nutri-Score to collective and commercial catering¶

The Nutri-Score is a logo on the front of food packaging. It provides information on the nutritional quality of food products. It is complementary to the mandatory nutritional declaration set by European regulations. It currently applies to processed foods and non-alcoholic beverages. Its affixing allows producers to reformulate recipes or design new ones in order to improve the classification on this scale of products offered for sale. It thus contributes to improving the food supply for all.

The implementation of the Nutri-Score logo in the context of out-of-home catering aims to better inform guests about the nutritional quality of foods (dishes and menus) offered in collective and commercial catering to facilitate their choice in order to reduce salt intake, , sugars, fats and to increase the intakes of fibers, fruits and vegetables.

Extending the Nutri-Score to collective and commercial catering requires, beforehand, to test, in the various types of catering, the feasibility of such an extension and the impact of the logo in the conditions of the food supply in catering.

Pilot: DGS

Actors: DGS - DGAL - CNRC - agencies - experts

Indicators: number of collective and commercial catering companies that have implemented the NutriScore

## 8. **Action:** Implement a choice of guided menus in secondary

In France, 17% of children are obese or overweight, this proportion still increasing among children from disadvantaged backgrounds. However, school catering occupies an important place in the food of the pupils and their food and nutritional education.

In 2011, a regulation on the nutritional quality of restoring school meals was implemented. The meals consumed by primary school children generally correspond to these texts. Those consumed by secondary school students, because of the multiple choices offered to them in the context of self-service, have difficulty reaching the nutritional objectives defined by the regulations.

In fact, the pupils are then likely to orient their choices towards foods with more calories, salty, sweet, fatty, to the detriment of foods of better nutritional quality (raw vegetables, fresh fruits, fish, legumes, etc.). Thus, for example, raw vegetables present at the choice for the starter are abandoned in favor of delicacies or cold meats also presented. For desserts, fresh fruit competes with sweet desserts such as cakes or ice cream.

Lamesure therefore aims to implement a controlled choice in secondary schools by giving choices of equivalent nutritional values.

Pilot: DGAL

Actors: DGS - DGAL - CNRC - Agencies - Departmental Council - Regional Council

Indicators: establishment of official recommendations, changes in regulations, changes in attendance at school restaurants

## 9. **Action:** Encourage managers of vending machines in public spaces to offer healthier foods and drinks

The use of vending machines corresponds to an impulse purchase implemented outside the context of a meal and generally corresponding to a snacking of very fatty, salty or sweet products. It will be proposed to health, social, higher education establishments, sports clubs, as well as to managers of stations, subways, airports, etc. to include in the contracts concluded with the managers of vending machines, conditions relating to the nutritional quality of the products. food and drinks offered. A framework specifications will be drawn up in this perspective on the basis of the work of the HCSP.

Pilot: DGS

Actors: DGS - HCSP - the operators

Indicators:

- publication of framework specifications for the federations and organizations concerned;
- number of commitments to implement these specifications.

**10. Action:**

Support communities and economic actors to move towards the substitution of plastic in central kitchens

Plastics are made from many chemicals, some of which are suspected of being endocrine disruptors and can have an impact on health and the environment.

The EGALIM law provides for the ban from 2025 on plastic cooking and reheating food containers. Actions have already been put in place at the local level to reduce the use of plastics in certain sectors, particularly in collective catering.

The action aims, from 2019, to support the preparation of a white paper on the substitution of plastic in central kitchens to help communities and economic players.

Pilot: MTES / DGPR

Actors: communities and economic actors

Indicators: drafting of a white paper on plastic substitution in central kitchens

## OBJECTIVE 3: REDUCE PRESSURE MARKETING

**11. Action:**

Protect children and adolescents from exposure to advertisements for non-recommended foods and beverages



Among the major strategies advocated at the international level to limit the prevalence of obesity in children, reducing food marketing has an essential place. The aim is to reduce the exposure of children and adolescents to inducements to consume certain types of food the consumption of which is not promoted in the health objective.

The new European directive on audiovisual media services of November 2018, must be transposed by September 2020 at the latest. It provides for the encouragement of codes of conduct which aim to effectively reduce the exposure of children to audiovisual commercial communications relating to these services. foods and beverages and to ensure that they do not highlight the positive side of the nutritional aspects of such foods and beverages.

The transposition of this directive within the framework of the bill on the reform of public broadcasting will make it possible, through co-regulation, to better regulate the exposure of young people to advertising.

Pilot: DGS - DGMIC - DGAL

Actor: CSA - SPF

Indicators: publication of a co-regulation guide, study allowing the assessment of children's exposure to advertisements for fatty, sweet and salty products

## 12. **Action:** Regulate the promotion of free samples during sporting events

National or local sporting events can be the support of sponsorship or even promotion by samples or snacks given to participants and to the public for food or drink products whose composition cannot be promoted from a public health perspective. There is then a contradiction between the health message conveyed by sport and the dietary practice proposed. Such a situation comes up against the sums committed by the sponsors which allow the holding of these popular events.

A debate must be organized with all stakeholders, families, consumers, sports and health so that recommendations can be formulated and taken into account in 2022, before the holding of the World Rugby Cup in 2023 and the Olympic and Paralympic Summer Games in Paris in 2024.

More quickly, an exclusion of samples or snacks with a high sugar, fat or salt content distributed free of charge during these events will be offered to their organizers, in particular to local authorities and associations organizing such events. The limits of these levels will be fixed by referral to the HCSP.

Pilot: DGS

Actors: Local authorities - associations - HCSP - CNA

Indicators: recommendations for the promotion of free samples during sporting events, number of local authorities, sports associations following recommendations

## OBJECTIVE 4: ENCOURAGING ACTIVE MOBILITY

Carrying out actions to promote active mobility in a secure environment is a key element in the development of the practice of daily non-sporting physical activity, during transport or leisure time for all and at any age and does not require specific supervision.

Changing the behavior of the French in a sustainable manner with regard to their habits and choice of transport modalities is a major challenge. The mobility orientation bill, under discussion when the PNNS4 is being drawn up, will define a framework for the development of infrastructure and change in user behavior.

The actions that will be deployed within the framework of the mobility orientation law, as well as in the Cycling Plan, will contribute to the achievement of objective 4 of PNNS4 "Encourage active mobility".

### 13. *Action:*

#### Promote local interventions making the practice of physical activity easy, enjoyable and safe

A large number of local players, in particular local authorities, develop equipment, facilitate initiatives and set up communication actions which contribute to the active movement of various population groups. These actions often have the protection of the environment, the reduction of pollution and the decongestion of cities as their primary objective. The implementation of these actions contributes to the achievement of the nutritional objective pursued in the PNNS.

The actors who are the local authorities and the companies will be encouraged to develop actions and promote them within the framework of the PNNS (cf. axis 4 actions 37 and 38).

Some examples :

- Integration into urban plans of green spaces, leisure and recreation infrastructure and safe and accessible traffic routes, etc. ;
- Securing lanes by public lighting, design of a sidewalk allowing the passage of strollers, installation of cycle lanes, adoption of pedestrian signage to promote walking, with the creation of time maps of the journey on foot or by bicycle;
- Establishment of so-called "sports" courses, installation of gymnastic equipment, such as apparatus, in public spaces;
- Development of "pedibus" and "vélobus" type itineraries (school pick-up on foot or by bicycle); development of playgrounds with adapted games;
- Provision of bicycles by companies for their employees, development of plans to reduce sedentary lifestyle at work or business mobility plans.



Various tools are available for local authorities to facilitate the decision and the implementation of these actions:

- A guide with concepts and tools in order to act for an urban planning favorable to health, was developed by the EHESP and the DGS;
- Tools developed by the WHO "HEAT" (Health Economic Assessment Tool), relayed by the French Network of Healthy Cities of the WHO (RFVS) which allow the assessment on its territory of the health and economic benefits of the practice of walking and cycling;
- Tools developed by the SFSP such as the Framework for the Analysis of Local Policies for Physical Activity - Health (CAPLA-Health); its role is to identify health-promoting physical activity policies at the local level and to help construct these policies.

Pilots: DGS

Actors: Employers - local authorities - French network of healthy cities of the WHO Indicators: assessment of the charters of local authorities and active companies of the PNNS, number of evaluations carried out with the WHO "HEAT" tool

## 14. **Action:** Promote active mobility for daily commuting

The government's Legacy Program for the Paris 2024 Olympic and Paralympic Games has set a target of tripling (from 3% to 9%) the modal share of daily trips made by bicycle by 2024. This is a measure aimed at to promote cycling by integrating an "active modes" component into all travel plans, including a master plan for cycling facilities.

LePlan Vélo, announced on September 14, 2018, must contribute to this. It provides, among other measures, for the development of cycling facilities, with the creation of a national "active mobility" fund.

The future mobility orientation law should also strengthen the content relating to active mobility in town planning documents. This law should include the implementation of the "sustainable mobility package". This measure consists of making it possible for employers to take charge, under the same conditions as for public transport and self-service bicycle subscriptions, a share of the costs incurred by employees using a bicycle to get to work. staff. The expected impact of this measure is over 300,000 cyclists daily.

Pilots: DGITM - DGS - DS

Actors: Employers - social partners - professional branches - sports federations - ADEME - DGT

Indicators: number of branch agreements integrating the physical and sporting activity dimension at work, modal share of cycling and walking, number of employees covered by the "sustainable mobility package" measure, number of territories, cities and administrations involved

## OBJECTIVE 5: EAT BETTER IN FOOD INSECURE SITUATIONS

People in a situation of food insecurity are in difficulty to access a diet favorable to their health because they are, temporarily or not, in a situation of social or economic vulnerability.

Specific measures are necessary for these audiences. Particular attention must be paid to the situation of priority neighborhoods of city policy where the proportion of people living in poverty amounts to 42.6% and which include 25% of the poor.

The poverty strategy, local health contracts and the health component of the 435 city contracts constitute one of the frameworks for deploying this objective 5.

### 15. *Action:*

#### Improve access to healthy food for people in a food insecure situation

Access to a diet favorable for health is a basic condition necessary for the consumption of a diet in line with the food consumption recommendations of the PNNS. Various types of interventions, foreseen by the national strategy for prevention and fight against poverty or having demonstrated their interest during experiments will be deployed. Food aid is one of these interventions. Complementary, adapted interventions are necessary in order to promote healthy choices.

The national poverty reduction prevention strategy provides for access to food for all children and in particular:

- Set up a targeted offer of breakfasts at school;
- Encourage municipalities to offer social tariffs for school canteens;
- Generalize the program for access to infant feeding: Program Malin. It also aims to:
  - Provide people working with precarious populations with tools adapted to the fight against food insecurity and bearing the PNNS logo, in particular:
  - Provide social workers and volunteers with digital and interactive tools to better support people in precarious situations towards a healthy diet and daily physical activity while reducing sedentary behavior.
- Update the guide for designing balanced food packages in accordance with the new PNNS dietary recommendations and adapted to food aid.

- Support the distribution of food aid through social actions, promoting people's participation in decisions that affect them;
- Integrate the issue of access to food into departmental plans for the accessibility of services to the public;
- Engage in discussions with food aid actors on their food supply and associated logistical issues, with the objective of optimizing sources with regard to needs - particularly nutritional needs - and in conjunction with the pact to fight against food waste, the PNA and the FEAD.

Pilot: DGCS

Actors: DILPEJ - DGCS - DGAL - DGS - Public health France - local authorities - food aid associations - CGET - DGESCO - ARS

Indicators:

- Creation of nutritional education tools adapted to people in a situation of food insecurity;
- Number of departmental plans for the accessibility of services to the public including the issue of access to food;
- Indicators selected within the framework of the national strategy for the prevention and fight against poverty (section Guaranteeing access to food for all children).



## AXIS 2

**Encourage  
healthy behaviors**

- It is necessary to provide everyone living in France with the means to make healthy food and physical activity choices. A great diversity of constraints is exerted on each one and conditions these behaviors. Taking them into account is essential in order to reduce social inequalities in nutrition. These interventions are complementary to those targeted by axis 1 of the PNNS.

## OBJECTIVE 6: PROMOTE AND DEVELOP NUTRI-SCORE



The public authorities recommend affixing the Nutri-Score on the front of packaging. It makes nutritional information readable and understandable by all so that the nutritional quality of foods becomes an element of food choice at the time of purchase as well as price, brand, presentation or taste. The Nutri-Score is also an incentive for producers to improve the nutritional quality of their product portfolio. Its affixing is implemented on a voluntary basis in order to comply with European regulations.

### 16. *Action:*

#### Extend Nutri-Score to bulk products

Today, the Nutri-Score applies within the framework of regulation n ° 1169/2011 known as "INCO" to products with a nutritional declaration on their packaging. The objective of this action is to suggest to the economic actors concerned to use the Nutri-Score for foodstuffs sold in bulk and not prepackaged (cereals, cakes, sweets, bread, etc.) and for a gradual implementation from from 2020.

A reflection will be initiated beforehand to set the conditions for affixing the Nutri-Score on the sale of these foodstuffs sold in bulk and not pre-packaged.

Pilot: DGS

Actors: Public health France - economic operators - DGAL - DGCCRF

Indicators: establishment of recommendations for the implementation of the Nutri-Score on unpackaged products, implementation of the Nutri-Score on this type of products



### 17. *Action:* Continue the development of Nutri-Score in France

The Nutri-Score is intended to be implemented on as many prepackaged foods as possible for sale on the market in France.

Continue actions to promote Nutri-Score among the population and economic players using the appropriate communication channels (audiovisual media, Internet, networks, conferences, discussion meetings, etc.).

Provide regular information on the results of evaluations carried out by Oqali.

Leader: Public health France Actors:

DGS - DGAL - DGCCRF - Oqali

Indicators: number of companies having adhered to Nutri-Score, evolution of market shares concerned by food category, awareness of Nutri-Score and consumer support

## 18. **Action:** **Promote Nutri-Score internationally**

- Various graphic nutritional information systems have been set up in the different countries, both by the public authorities and by private actors.

Consumers, like economic actors, in the context of the movement of goods, want to minimize graphic labeling on product packaging.

France will continue to intervene at the European Commission and the Member States to promote the adoption and use of the Nutri-Score. The Commission report on the subject scheduled for early 2019 will serve as a basis for guiding France's European strategy.

A process will be launched with the European Commission and our partners to make the Nutri-Score compulsory.

- At the international level, France supports and coordinates, with Australia, the "Action Network on Nutrition Labelling" set up with the WHO Geneva. The objective is to promote dialogue between countries, to propose guidelines for the implementation of nutritional labeling on the front face. France will also contribute to the work of the Codex Alimentarius on the subject.

Pilot: DGS

Actors: MAE - Public Health France

Indicators: development of guidelines, number of countries retaining the Nutri-Score, at European level, at global level

## OBJECTIVE 7: **PROMOTE THE NEW NUTRITIONAL RECOMMENDATIONS OF THE PNNS (DIET AND PHYSICAL ACTIVITY)**

PNNS recommendations relate to different food groups (fruits and vegetables, dairy products, etc.), physical activity and sedentary behaviors, with variations for specific populations (elderly people, children, adolescents, pregnant women and breastfeeding).

Developments in scientific data have made it necessary to revise these nutritional benchmarks. The updated recommendations will be progressively available for all population groups, between 2019 for the adult population and from 2021 for the other subgroups. However, knowledge of nutrition only partially influences food consumption.

Interventions should also aim to increase the skills and / or capacities of individuals in order to improve the quality of their diet, the practice of physical activity and to reduce sedentary behaviors.



**ZOOM**

## on the new recommendations on diet, physical activity and sedentary lifestyle:

These recommendations were published in January 2019. They aim to help people make better food choices and adopt a more active lifestyle.

These recommendations are based on a scientific approach, opinion of ANSES and the HCSP, and formulated by Public Health France which relied on a committee of experts and various qualitative and quantitative studies carried out with the general public and professionals.

The new recommendations are presented on two levels: simplified and detailed.

Among the novelties are the place given to certain foods such as pulses, nuts, whole starchy foods, the consideration of the impact of food on the environment and the emphasis on simplified nutritional labeling. Nutri-Score.

These new messages will be the subject of a communication campaign in 2019 for adults and from 2021 for children, pregnant and breastfeeding women and the elderly.

The details of the recommendations are available on [www.mangerbouger.fr](http://www.mangerbouger.fr)



### 19. Action:

#### Disseminate the new PNNS recommendations and facilitate their implementation¶

This involves designing, developing and disseminating useful tools (internet, posters, leaflets, digital, etc.) to improve knowledge of PNNS recommendations, including those relating to alcohol, and to develop skills allowing them to be put into practice. This will be done for the different population groups (pregnant and breastfeeding women, young children, children and adolescents, adults, seniors and elderly, etc.) taking into account the characteristics and constraints of each.

- Finalize the design of the formulation of updated recommendations for the various age and sex groups on the basis of the work of ANSES and the HCSP;
- Animate the site [mangerbouger.fr](http://mangerbouger.fr); update "La Fabrique à Menu"; update some existing tools; build on the growth of mobile applications;
- Adapt the design and dissemination of recommendations to people in precarious situations.

Leader: DGS - Public health France

Actors: DGAL - DGCS

Indicators:

- Online posting of updated recommendations on [manger-bouger.fr](http://manger-bouger.fr);
- Updating of La Fabrique à Menus, [demangerbouger.fr](http://demangerbouger.fr), of the site for [bienvieillir.fr](http://bienvieillir.fr) and integration of nutritional recommendations into the future "Agir pour bébé" site;
- Provision of various tools for disseminating PNNS recommendations.

## Feeding recommendations, physical activity and sedentary lifestyle

### TO AUGMENT



#### Dry vegetables

At least twice a week because they are naturally rich in fiber



#### Fresh, frozen or canned fruits & vegetables

At least 5 per day, for example 3 servings vegetables and 2 fruits



#### Nuts

A small handful a day because they are rich in omega 3



#### Physical activity

At least 30 minutes of dynamic physical activity per day



#### Home made

### MOVE TOWARDS



#### wholemeal bread whole pasta and rice, the whole semolina

At least 1 full starch per day because they are naturally rich in fiber



#### Seasonal foods and locally produced



#### A consumption of oily fish and fish lean alternately

2 times a week, including 1 fatty fish (sardine, mackerel, herring, salmon)



#### Organic



#### Rapeseed oil, walnuts and olive

The added fats can be consumed daily in small amounts.  
Prefer the oil of rapeseed, walnut and olive



#### Products dairy

Dairy products  
2 dairy products (milk, yoghurts, cottage cheese) per day

### REDUCE



#### The cold cuts

Limit the cold cuts to 150g per week



#### Sweet products fatty, salty

It is recommended to limit sugary drinks, fatty, sweet, salty and ultra-processed foods



#### Savory products

It is recommended to reduce his salt intake



#### The alcohol

To reduce the risks, it is recommended to limit your consumption to a maximum of two glasses per day and to do not consume alcohol all days



#### Meat (pork, beef, veal, mutton, lamb, offal)

Give preference to poultry, and limit other meats to 500g per week



#### Products with a Nutri-Score D and E



#### Time spent sitting

Don't sit too long, take the time to walk a bit every 2 hours

## 20. Action: Renew health messages on food promotion

Article L.2133-1 of the Public Health Code provides that advertising messages in favor of drinks with added sugar, salt or synthetic sweetener and manufactured food products contain health information. In the absence of the affixing of this health message, the advertiser or the promoter must pay a financial contribution, based on advertising expenses. The Inserm collective expertise (2017) "Acting on nutritional behavior" showed the need to improve the effectiveness of these health messages. The High Council for Public Health (HCSP) published in August 2018 an opinion on the evolution of health messages affixed to actions to promote economic actors within the framework of the PNNS4. Based on this expertise and prior scientific work testing various messages and dissemination methods, new messages will be developed taking into account the updating of nutritional recommendations. The regulations will be revised accordingly.

Pilot: DGS

Actors: Public health France - HCSP - DGAL

Indicators: publication of regulatory texts amending the texts in force, survey of the notoriety of messages



## 21. **Action:**

Update the PNNS logo attribution procedure in order to promote the supports and tools carrying health nutrition information and messages

The PNNS logo aims, through a trademark (registered with the INPI), to give consistency to the nutrition messages carried by various media, to promote the documents produced by various actors (associations, local authorities, public or private organizations, public or private companies), by offering them the possibility of recognizing their compliance with the PNNS, and thus limiting the dissemination of contradictory messages.

The signatories of the “PNNS active cities”, “PNNS active departments”, “PNNS active establishments” and “PNNS active companies” charters undertake to exclusively use the PNNS repositories and to distribute tools bearing the logo. of the PNNS (Axis 4 action 48).

A revised, simplified procedure for attributing the PNNS logo will be put in place. The PNNS collective mark and its usage regulations filed with the INPI will be renewed. This procedure will be linked to that provided for the attribution of the PNA logo.

Pilot: DGS

Actors: DGS - DGAL

Indicators: update of the logo allocation procedure, number of tools benefiting from the PNNS logo

## OBJECTIVE 8: FIGHT AGAINST SEDENTARY BEHAVIOR

## 22. **Action:**

Act on sedentary behaviors in everyday life for all and at any age

Sedentary lifestyle, or sedentary behavior, is distinguished from physical inactivity, and has deleterious effects independent of the latter on health. The percentage of individuals exhibiting sedentary behavior is alarming since half of adolescents aged 11 to 14, two thirds of adolescents aged 15 to 17 and more than 80% of adults aged 18 to 79 are affected. Thus, in seven years, between 2007 and 2014, the daily time spent in front of a screen, excluding working time, increased by an average of 20 minutes for children and an hour and 20 minutes for adults.

Actions:

- Reduce sedentary behavior by adapting interventions to different target populations;
- Deploy ICAPS-type programs “Intervention with middle school students centered on physical activity and sedentary lifestyle” to limit children's sedentary lifestyle during and outside school hours;
- Fight against a sedentary lifestyle at work, in particular by encouraging the development of “PNNS active companies” charters;

- For the elderly in establishments, include the fight against sedentary lifestyle in the establishment projects of independent residences and EHPADs.

Pilot: DGS

Actors: SpF - DGCS - DGT - DGESCO - CNAV - CNSA

Indicators:

- Number of "PNNS active companies" charters;
- Number of ICAPS type programs deployed;
- Number of EHPAD and autonomous residences which include in their establishment projects the fight against sedentary lifestyle

## OBJECTIVE 9: IMPROVE INFORMATION ON FOOD QUALITY

There is a very strong consumer demand for access to data on the multiple dimensions of food quality (nutritional quality, presence of additives, pesticides, from organic farming, short circuit products). More and more digital applications, classifying foodstuffs, are developing in order to meet this demand, without their quality being questioned.

### 23. *Action:*

**Make easily accessible to consumers the analyzes carried out by the Food Observatory (Oqali) on the composition of foods, beyond nutritional quality**

The obligatory information appearing on the labeling makes it possible to inform the consumer on the composition of food beyond the nutritional data synthesized by the Nutri-Score. It includes in particular additives (colorants, preservatives, antioxidants, etc.), flavors, allergens, GMOs, ingredients in the form of nanoparticles, etc.

The mission of the food observatory is to monitor the overall food supply of processed products on the French market by measuring changes in nutritional quality (nutritional composition and information on labeling). Each year, it publishes reports on the evolution of food quality according to the food sectors studied (biscuits, cereals, cold meats, jam, ice cream, bread, pizzas, etc.) as well as "cross-sectional" studies relating, for example, to ingredients including additives. This information, better valued, would allow the consumer to have visibility for example on the presence of additives, allergens in all foods at a given time and in particular on the largest contributors.

From 2020, the data processed by Oqali on the composition of food will be popularized and disseminated.

Pilot: DGS - DGAL

Actors: Oqali - food producers  
Indicator: communication documents disseminated

#### 24. **Action:**

### Ensure the quality and reliability of digital applications guiding consumers in their food choices

Food information applications available online or on smartphones are developing and enjoying growing success with consumers. It is necessary to ensure that these applications, when they guide consumers in their food choices, are based on solid foundations, allowing them to make fair and informed choices.

In consultation with the stakeholders within the framework of the CNC, the conditions making it possible to guarantee the consumer access to relevant and fair information when using these applications will be defined.

Pilot: DGCCRF

Actors: CNC - Public health France - Consumer associations - DGS - DGAL Indicator: publication of quality criteria

#### 25. **Action:**

### Promote consumer information on the different components (nutritional, health, environmental) of the quality of food products

Consumers are increasingly interested in information on the ecological footprint of products. To facilitate more favorable consumption for the health and the environment of the greatest number, it appears necessary to encourage and make clear the eco-design efforts of producers and distributors and to inform consumers in a clear, objective and easily understandable. It is important that this information be reliable, based on validated methods and take into account the various environmental issues. This is the purpose of the national environmental display system which has given rise to the development of a general reference system on food that can be broken down by sector and product. Work on environmental labeling is developing at national and European level.

The objective in 2020 is, after consultation with the CNA, to promote, in addition to NutriScore for the nutritional component, consumer information on the health and environmental components of the quality of food products.

From 2020, submit to a consultation group and public debate within the CNA the question of a communication on the different quality components of food products (nutritional, health, environmental) to consumers.

Way: incentive; public consultation-debate.

Pilot: METS / MAA

Actors: CNA - economic actors - DGPR - DGAL - DGS

Indicators: setting up of a group and consultation and public debate at the CNA

## OBJECTIVE 10: SUPPORTING WOMEN BEFORE, DURING AND AFTER PREGNANCY, AND DURING BREASTFEEDING

The first periods of life, from the pre-conceptual environment, pregnancy, until the end of very young childhood, the so-called "1000 days" period constitute a period of sensitivity during which the environment under all circumstances, its forms, whether nutritional, ecological, socio-economic and lifestyles have an impact on the development and future health of the child.

### 26. *Action:* Promote folic acid supplementation in women seeking pregnancy

Reducing the incidence of neural tube closure abnormalities requires improvement in folate status in women before and during early pregnancy. In addition to the promotion of a diet in accordance with the recommendations of the PNNS (in particular sufficient intakes of vegetables), a systematic supplementation of folate in a daily intake of 400 micrograms is recommended as soon as the woman wishes to become pregnant, at least 4 weeks before pregnancy and up to 12 weeks of gestation.

In France, according to ENNS data (2006-2007), nearly 7% of women of reproductive age (15-49 years) were at risk of folate deficiency status. The results of the 2016 National Perinatal Survey show that the proportion of women who started taking folic acid before their pregnancy increased between 2010 and 2016, from 14.8% to 23.2%. It remains much too limited.

Promotion of this supplementation to health professionals (in particular general practitioners, pharmacists, midwives, obstetrician gynecologists) as well as to women will be organized.

Pilot: DGS

Actors: Public health France - CNAM - DSS

Indicators:

- Trend in sales of 0.4 mg folate supplements, Proportion of pregnant women who took a supplement at the appropriate time;
- Online posting of updated recommendations on [manger-bouger.fr](http://manger-bouger.fr), Agirpourbébé, number of tools distributed.

## 27. Action: Promote breastfeeding

The practice of breastfeeding and its duration are, in France, among the lowest in Europe. The aim is both to encourage women to choose exclusive breastfeeding at the birth of their child, to help them overcome any difficulties in initiating breastfeeding and to facilitate its maintenance over time. .

### 1 / Act with healthcare professionals and in the care environment

- Develop recommendations for the support of women wishing to breastfeed during their stay in the maternity hospital in order to inform and provide practical support to parents, to ensure the updating of the teams' knowledge in terms of nutrition in the maternity ward. newborn, to disseminate good practices and to ensure that they are put in place. In addition, promote the establishment in maternity and neonatal services of conditions for the success of breastfeeding recognized by the WHO.

Pilot: DGOS - DGS

Actors: Learned societies - CNP - HAS

Indicators: Publication of recommendations

- Develop professional training and continuous professional development on breastfeeding for health professionals working in perinatal care in order to standardize practices.

Pilot: DGOS

Actors: CNP - DSS - DGS - OGDPC

Indicators: continuing training module in place

### 2 / Study the conditions for the success of actions aimed at women and those around them

- Experiment with telephone support for breastfeeding when returning home

For some women, a difficulty in setting up breastfeeding after returning from maternity causes them to abandon this practice. Support is then necessary to overcome this milestone and prolong breastfeeding. A free telephone number open to the general public will be tested in a region in order to help and advise women on breastfeeding outside the opening hours of consultation places (evenings and weekends). Training for listening professionals will be set up as well as a directory of local resources facilitating the orientation of women.

Pilot: DGS - ARS

Actors: perinatal health network - Public Health France

Indicators: number of calls

### 3 / Promote an environment favorable to breastfeeding by indicating the places that are committed to facilitating breastfeeding for women wishing to breastfeed outside their home

- In an experimental setting initially, on the basis of specifications, it will be offered to establishments welcoming the public (restaurants, cafes, shops, municipal, regional services, etc.) and committing to facilitate breastfeeding. affix a sticker to display on their window. The provision of this information in digital format will be encouraged to allow families to easily find these places.



Pilot: DGS

Actors: ARS - perinatal health networks - health promotion associations - breastfeeding support associations - Public Health France

Indicators: provision of information in digital form, number of locations registered on the application, number of active PNNS company charters including a breastfeeding component

- Design and develop communication via media (videos, images) aimed at health professionals and families, especially households where the practice is less:
  - on the benefits of breastfeeding, based on the most recent data;
  - on breastfeeding / feeding the newborn (breastfeeding positions, rhythm and frequency of feedings; use of the breast pump etc.)

Pilot: Public health France

Actors: DGS - Public health France - Anses - HCSP - HAS - associations

Indicators: type and number of tools disseminated, percentage of breastfeeding women, update of the mangerbouger and Agirpourbébé website

- Evaluate compliance with the International Code of Marketing of Breastmilk Substitutes

Action: An inspection mission will be carried out to assess compliance with the application of this code.

Pilot: DGS

Actors: IGAS

Indicators: letter of resignation, inspection report

## OBJECTIVE 11: PROMOTE HEALTH-FAVORABLE DIET AND PHYSICAL ACTIVITY WITH PARENTS OF YOUNG CHILDREN

The timing of intrauterine life and the first few years of life play a crucial role in future health. In addition to the promotion of breastfeeding, the development of interventions to reinforce eating and physical activity behaviors and to limit sedentary lifestyle during this period is particularly important.

### 28. **Action:**

Provide early childhood professionals and families with tools to promote the dissemination of favorable behaviors

It will be necessary to develop suitable tools and a training offer on diet, physical activity and sedentary lifestyle in e-learning for early childhood professionals on the basis of the updated recommendations of the PNNS.

Nutritional recommendations on early childhood will be made available to families.

Pilot: DGS

Actors: DGS - CNAM-ISTNA - Public health France - early childhood professionals - PMI Indicators:  
creation of adapted tools, number of training courses followed in e-learning

## OBJECTIVE 12: SUPPORT THE DEVELOPMENT OF NUTRITION EDUCATION AND PHYSICAL ACTIVITY IN SCHOOLS AS PART OF THE DEVELOPMENT OF SCHOOLS PROMOTING HEALTH

Introduced at the start of the 2016 school year, the health education program covers all school levels, from kindergarten to high school. It structures the presentation and groups together the measures which concern both the protection of the health of the pupils, the educational activities linked to the prevention of risky behavior and the educational activities implemented in the lessons with reference to the common base and to the programs. school.

The health education path is structured around three axes:

- ◆ Health education, based on the development of psychosocial skills in connection with the common base of knowledge, skills and culture;
- ◆ Prevention: risky behavior, addictive behavior, etc. ;
- ◆ Health protection: an environment conducive to health and well-being.

This course supports the development of health-promoting schools, an approach aimed at developing schools, colleges and high schools systematically integrating a plan for the health and well-being of students in order to promote a benevolent environment, a climate of trust and success. and develop psychosocial skills to make informed health choices.



### 29. **Action:**

Extend nutrition education and physical and sports activity from kindergarten to high school¶

As part of the health education program (PES), in its diet and physical activity components, the following actions will be carried out:

- ◆ Provide teachers with tools to facilitate education in nutrition and physical and sports activity as part of the health education path. For this, it is planned:
  - Providing the educational community with a food education vade-mecum for the next school year;
  - Once this document has been distributed, the food education portal on the Eduscol site will be updated, in connection with the guide, and an educational toolbox will be distributed;
- ◆ Support the development of physical and sports activity programs during and outside school time - ICAPS type programs "Intervention with college students focused on physical activity and sedentary lifestyle";
- ◆ Experiment with monitoring the physical capacity of children in college by the physical education and sports teacher, allowing the proposed practice to be adapted.

Pilot: DGESCO

Actors: DGAL - Santé publique France - DGS - DGER - DS - rectorates and educational community

Indicators: updating of the portal, production and publication of a vade-mecum, implementation of the experiment

## GOAL 13: BETTER TRAINING PROFESSIONALS WORKING IN THE FIELD OF NUTRITION TO STRENGTHEN THEIR SKILLS IN PREVENTION IN THIS FIELD

### 30. *Action:*

#### Initiate a reflection on the training of dietitians

A health professional specializing in nutrition, the dietitian is a key player in this field. In France, dietitian training takes 2 years of study, unlike other European countries where training is at least 3 years. There are currently 2 different courses of study allowing access to the profession of dietitian: the BTS in dietetics and the DUT Biological engineering option dietetics.

The disparity of training, the evolution of the profession of dietitian with regard to the complexity of the subject of nutrition should lead to questioning the needs in terms of skills to be acquired by these professionals.

In order to take stock of the current situation, compare it at European level and draw up recommendations to improve dietitian training, a mission will be entrusted to the general inspectorate of the administration of national education and research (IGAENR) and the General Inspectorate of Social Affairs (IGAS).

Pilot: DGOS - Ministry responsible for higher education

Actors: IGAS - IGAENR - AFDN - other representatives of dietitians

Indicators: letter of resignation to inspections, submission of a report, decisions following this report

### 31. *Action:*

#### Provide a training kit on food insecurity for professionals in the social field

As intermediary actors, equipping professionals in the social field is essential to encourage people in precarious situations to adopt nutritional behaviors favorable to their health.

A training kit targeting the 13 social work professions will make it possible to define the role of the social worker in the fight against food insecurity and to better identify the people concerned. Health nutrition, the social dimension of food and the difficulty of accessing food due to a lack of information or means will be addressed. This kit will be made available to social worker training organizations and will constitute an educational source of training-information-awareness by providing content that they can adapt to their own educational tools.

This training kit responds to the orientations of the “social precariousness” axis appearing in the national guidelines for continuing training of social workers and in the State policy in the field of the prevention of social precariousness included in the national strategy of prevention and fight against poverty. It is also fully in line with the “investing in people and their skills from an early age” component of this strategy, in particular through access to a balanced diet for all.

Pilot: DGCS

Actors: training organizations for social workers - employers' federations

Indicators: number of training organizations having the training kit

### 32. **Action:**

#### Continue the implementation of the training of PNNS trainers and exchange workshops and update e-learning training modules

- Knowledge of the scientific bases, objectives, strategies, mechanisms and tools developed by the National Nutrition and Health Program as well as the project methodology is necessary for actors who develop interventions throughout the national territory. The aim is to promote overall consistency in order to achieve the objectives of the PNNS. For many years, training of PNNS trainers has been provided. This action will be continued, the content updated, the professionals trained in previous years invited to exchange and upgrade days. Workshops in the regions enabling professionals to exchange views on intervention practices will also be continued.
- Several e-learning training modules meeting the specific needs of certain players have been developed in recent years, within the framework of the PNNS. These will be updated according to the new orientations of the PNNS:
  - a) for promoters of actions at territorial level;
  - b) for childminders;
  - c) for HR managers and company employees.

New e-learning training modules can be designed and offered according to identified needs.

Pilot: DGS

Actors: CNAM-ISTNA - ARS

Indicators:

- number of updated, created modules;
- number of training sessions implemented / workshops implemented;
- number of professionals trained;
- rate of follow-up of the different modules, duration / connection time, level of knowledge T0 vs T1 for e-learning;
- number of projects presented and number of speakers and participants for the exchange workshops

## OBJECTIVE 14: PROMOTING THE VARIETY OF BODY IMAGES

The body image conveyed in the media corresponds to an ideal of thinness far removed from the reality of bodies in the population. Exposure, via various media, to images representing thin bodies is associated with a devaluation of one's own body image in exposed individuals, which is significantly greater than during exposure to images representing bodies of "normal" build. .

The effects of this exposure lead to body dissatisfaction leading to repeated diets or even eating disorders (bulimia and anorexia nervosa). The perception of thinness as the norm in society reinforces the stereotypes associated with obesity and the stigmatization of people in a situation of obesity. This stigma is also present among health professionals. In the media, it is accompanied by representations of obese bodies in an exaggerated or degrading way.

This stigmatization of obese people leads to a worsening of the disease, with behaviors of avoidance of care. However, a more positive representation of people with obesity in the media is likely to reduce negative attitudes towards these people, limiting the scope of this stigmatization.

Finally, the pressure around an ideal of the thin body is reinforced by the dissemination in the media of campaigns to promote weight loss diets, and weight loss products (food supplements, meal replacements, specific products).

### 33. *Action:*

Provide information on the risks associated with diets, the consumption of weight loss products or devices outside a medical setting

This action aims to:

- Promote a word of reference on this societal subject;
- Inform the population and healthcare professionals about the risks of diets, products or weight loss devices based on the opinion of ANSES (2011) and the ANSM report (2015) to be updated;
- Propose mechanisms to regulate the promotion of these products.

Pilot: DGS

Actors: DGS - ANSP - Anses - ANSM - Associations - Health professionals

Indicators: communication actions deployed

### 34. **Action:**

#### Ensure variety of body images in the media

- ◆ Integrate the monitoring of the variety of body images in the diversity barometer carried out by the CSA, in order to have factual elements on the stigmatizing representations conveyed in the television media.
- ◆ Develop and make available a public image bank, free of rights, representing people, whatever their BMI, in positive and rewarding situations, in several dimensions of their daily life: family life, diet, physical activity and professional life.

Pilot: DGS

Actors: CSA

Indicators: integration of the monitoring of the variety of body images in the CSA barometer, Provision of an image bank of overweight or obese people in positive and rewarding situations.

## GOAL 15: SUPPORT THE DEVELOPMENT OF FOOD EDUCATION IN PRISON

### 35. **Action:**

#### Promote nutrition education for detainees

The health strategy for people under judicial supervision published in April 2017 as well as the national public health plan ("prevention priority") have made the development of health promotion a priority for detained persons. Educational actions in health promotion can notably take the form of the development of nutritional education which is essential to improving the health and well-being of this precarious and sedentary population.

As such, the following actions will be implemented:

- ◆ Organization of a symposium on the promotion of health in prison in September 2019;
- ◆ Launch of a call for projects on the promotion of health in prisons in 2019. 49 projects were received.

Pilot: DAP

Indicators:

- Organization of the conference;
- Projects selected as part of the call for projects





## AXIS 3

**Better care for  
overweight,  
undernourished or  
chronically ill people**

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  -
- When pathologies linked to the determinant of "nutrition" develop, screening as early as possible and enrolling in a care path adapted to each individual makes it possible to limit the deleterious consequences. In view of the epidemiological situation, special attention towards people from disadvantaged social groups is necessary.

## GOAL 16: DETECT AND CARE FOR OBESE PEOPLE IN THE CARE SYSTEM

Once the disease has started, screening and management, including, where appropriate, the use of bariatric surgery, adapted to each individual, coordinated between professionals, taking into account age, degree and age of overweight and obesity, comorbidities, will be proposed in the different territories.

### 36. **Action:** Implement the obesity roadmap

An obesity roadmap is being drawn up by the Ministry of Health and Solidarity under the coordination of the DGOS. The implementation of this roadmap will improve the care of people with obesity.

Pilot: DGOS

Actors: CNAM- HAS - DGS - DSS

Indicators: obesity roadmap

## OBJECTIVE 17: PREVENT UNDERNUTRITION

Undernutrition is a pathological condition linked to reduced food intake, increased metabolic needs, or a combination of these two factors. Undernutrition is characterized by a loss of lean mass and adipose tissue, and induces changes in physiological bodily functions. It is life-threatening, delays the healing of a causal disease and increases postoperative morbidity and mortality.

In France in 2018, an estimated 2 million people were suffering from undernutrition. The prevalence of undernutrition increases with advancing age, and therefore affects older people more. Due to the demographic evolution of the population and the increase in chronic pathologies, a significant increase in the number of people affected by undernutrition is to be feared in the coming years.

### 37. **Action:**

Prevent undernutrition by raising awareness among the general public and professionals in the health and social sectors by setting up each year "a national week of undernutrition"¶

Undernutrition remains largely unrecognized, which is an obstacle to early treatment, a guarantee of effectiveness. The objective is to sensitize the population and health and social sector professionals to the importance of early detection of undernutrition.

**Set up a national week of undernutrition in order to improve knowledge of this pathology throughout France, and develop this national week locally.**

Propose during this national week communication and information actions aimed at the general public, health professionals and the social sector in order to:

- Design appropriate tools to deploy information actions among the population and health professionals;
- Organize the weigh-in at the volunteer pharmacists;
- Mobilize professionals and volunteers to lead meetings in order to raise awareness and inform the population on this topic, allow them to have time for discussions and advice with professionals including dietitians and pharmacists (taking stock of food balance, calculating their body mass index, participating in tasting workshops, etc.) ;
- Raise awareness of identification and prevention measures (importance of good oral hygiene, assessment of food intake, help with meals with setting up meals if necessary, adaptation of meals to the person's tastes, development of knowledge and use of validated digital tools), in particular for caregivers and people interacting with the elderly at home.

Various actions from this week will be extended throughout the year according to regional priorities.



Pilot: DGS - Public health France

Actors: Public health France - Associations

Indicators: number of tools produced or validated by Public Health France, number of copies distributed by Public Health France, number of visits to the site [www.mangerbouger.fr](http://www.mangerbouger.fr) section eat better seniors and move more seniors, and [www.pourbienvieillir.fr](http://www.pourbienvieillir.fr)

**Make available and promote validated training tools, in particular, as part of the continuing professional development (CPD) of health professionals.**

Pilot: DGOS

Actors: Learned societies - CNP

Indicators: number of training tools made available, number of professionals who have followed training as part of a CPD

**Develop a system of systematic assessment of the nutritional state of the patient with cancer in the course of care** in order to facilitate and guide the initiation of a nutritional prevention approach adapted to the person in an oncology care pathway with the aim of reducing morbidity and mortality, the side effects of treatments and improving the quality of life of patients . This is an action included in the Cancer Plan.

Pilot: INCa

Actors: INCa - HAS

Indicators: publication of the repository, application to healthcare professionals

**Set up workshops** on diet and physical activity within social or medico-social structures open to the city.

Pilot: DGCS

Indicator: number of structures having organized operations around undernutrition

### 38. *Action:* Promote early detection of undernutrition among seniors

In addition to action 29 and specifically for the population of this age group (people over 70), it will be:

- Update the definition of undernutrition (HAS)
- During and after hospitalization:
  - systematize the weighing at the entry and discharge of hospitalization, and require the mention of these two weights in the discharge letter;
  - mobilize resources such as the Territorial Support Platforms (PTA) to secure the patient's return home after hospitalization and prevent situations at risk of undernutrition;
  - promote the development of balancing chairs to allow the weight of all patients.
- At the attending physician:
  - indicate in the shared medical file the patient's height and weight and make this data accessible to all nursing staff
- Develop digital prevention and screening tools with mutual funds, the National Old Age Insurance Fund, dentists and pharmacists.

Pilot: DGOS - DGCS

Actors: ARS - CNAM - HAS - DSS

Indicators: achievement of the quality criteria defined by the HAS in the Management Strategy for protein-energy undernutrition in the elderly

## GOAL 18: DEVELOP SCREENING, PREVENTION AND MONITORING ACTIONS OF THE NUTRITIONAL STATUS OF PEOPLE IN SITUATION OF VULNERABILITY IN MEDICO-SOCIAL ESTABLISHMENTS

### 39. *Action:*

Promote the National Charter for responsible and sustainable food in medico-social establishments

Improving nutrition is a major health issue in the medico-social environment which must be part of the discussions of the actors concerned in order to promote the health and well-being of the people received; hence the importance of developing a philosophy of "prevention" through quality of life, including food, to reduce the risk of undernutrition.

This major issue of nutrition in medico-social establishments was taken into account by the signing in 2017 of a "national charter for responsible and sustainable food in medico-social establishments" between the Minister of Social Affairs and health and the minister of agriculture. This charter is consistent with the actions of the PNNS and the PNA. It aims to promote pleasure at the table, to improve the diet of the people received for their health and well-being, to fight against food waste and to guarantee a local and quality supply.

The text of the charter may be revised in order to take into account in particular the question of the duration of the young nocturnal as well as a minimum caloric and protein intake.

Pilot: DGCS

Actors: DGCS - DGAL - DGS Indicators:  
number of charters signed

### 40. *Action:*

Improve the initial and continuing training of professionals working in medico-social establishments

Food indeed plays a central role in preventing loss of autonomy. It allows people accommodated in establishments to feel good and to limit the phenomena of undernutrition.

Eating well is one of the pleasures that social and medico-social establishments must take into account in their establishment plan to promote the health and well-being of those accommodated and fight against food waste.

Meals are also occasions for sharing and conviviality. Animations around meals are factors of social integration and as links between residents and staff (culinary workshops, vegetable gardens in nursing homes, organization of thematic events, etc.).

This is why raising the awareness of all professionals in the medico-social field, caregivers and people receiving assistance to the issue of undernutrition among the elderly, people with disabilities and vulnerable populations is a priority objective in terms of improvement. the quality of life of these people.

This involves ensuring, in connection with the development of professions, the adaptation of initial and continuing training for professionals in the social, medico-social and paramedical field working in medico-social establishments:

- ◆ supervisory staff (caregivers, guides, etc.); technical
- ◆ staff (cooks, buyers, etc.); directors of medico-social
- ◆ establishments.

Pilot: DGCS

Actors: DGAL - CNSA - DGS

Indicators: signature of a national partnership agreement between the Minister of Solidarity and Health, the Secretary of State to the Prime Minister, in charge of disabled people and the Minister of Agriculture and Food; update of initial and continuing training

## OBJECTIVE 19: DEVELOP THE OFFER AND USE OF ADAPTED PHYSICAL ACTIVITY (APA) FOR THERAPEUTIC SUPPORT PURPOSES

Today in France there are more than 11 million people covered by Health Insurance under the Long Term Affections (ALD) system. This does not include all the chronically ill (nearly 20 million people). Physical activity, long ignored or even banned, shows its beneficial effects, complementary to a drug therapy, to prevent the worsening and / or recurrence of a large part of chronic diseases.

A methodological guide from the Haute Autorité de Santé (HAS) relating to the prescription of physical activity, published on October 17, 2018, provides useful information for physicians to guide their patients towards appropriate physical activity and an APA worker according to their needs.

A report from the High Council of Public Health on the role of healthcare providers in prevention, published on September 24, 2018, recommends the role of hospitals and healthcare providers in the implementation of appropriate physical activity.

Registering physical activity as a non-drug therapy for these pathologies mobilizes a large number of professionals and actors in the health, social and sports fields. Doctors must be informed and trained in the prescription of appropriate physical activity in order to be able to refer patients. Each profession has a specific role to play, depending on its skills, in supporting patients with chronic diseases towards the

resumption or maintenance of an adapted physical activity. In accordance with the regulations, it is necessary to create a new offer or to optimize the existing offer to meet the needs of a sustainable and autonomous adapted physical activity.

The establishment of sports-health centers throughout the country will also help to develop the orientation of patients with chronic illnesses through physical activity.

Actions to develop the offer and use of adapted physical activity for therapeutic support purposes are steered by the DGS within the framework of the National Sport and Health Strategy (SNSS) 2019-2024 and fully contribute to the achievement of PNNS objectives.

#### 41. **Action:** Identify and promote the ABS offer

In order to promote the use of the prescription and dispensation of physical activity adapted to the clinical condition of patients with long-term illnesses (ALD), it is essential for patients and for all professionals in the care (prescribing doctors as well as health and sports professionals responsible for providing APA to patients) to have better visibility and readability of the local APA offer.

In addition, it is important to ensure the quality of the referral of patients with regard to their capacities, needs and preferences, to ensure the proximity and the quality of the offers and this according to their capacities and the resources of the territory. .

For this, it is necessary:

- identify the existing offer in the territories by carrying out a census survey;
- provide tools to make this offer visible and readable for patients, as well as for health and sports professionals;
- to reference the actions and mechanisms for patient care as part of a process shared at national level.

Driver (s): DGS - DSS - DS

Actors: ARS - decentralized sports ministry services - associated operators (ONAPS, PRN SSBE, etc.) - CNOSF - sports federations and decentralized sports movement structures (CROS, CDOS, CTOS)

Indicators:

- Methodological document for the referencing of the offer and census form;
- Number and types of tools making the offer visible (e.g. directories, accessible website / Internet platform, possibly integrated into a site or "space" dedicated to health professionals, depending on local initiatives (SIG); mobile application ; etc.);
- Number of standard census forms, filled in by the declarants;
- Number of systems put in place and / or referenced;
- Mapping of actors and programs created in response to different pathologies

#### 42. **Action:** Develop the practice of APA for people with chronic diseases¶

The objective is to increase the number of ALD patients who can benefit from the APA prescription and dispensing device and also to study the possibility of extending the APA device to patients with chronic diseases outside of ALD presenting risk factors (obesity, arterial hypertension, etc.) considering the impact of ABS and development





chronic pathologies, due in particular to the aging of the population. In the medium term, it is also a question of promoting the link with the actions of therapeutic education of the patient (ETP), within the framework of the course of care, coordinated by the attending physician and in accordance with the recommendations of the High Authority of Health (HAS).

The development of the practice of APA goes beyond that of the offer, relying in particular on the territorial network of the sports movement, associative actors involved in the deployment of APA as well as on care and rehabilitation services. and on health and medico-social establishments. It is up to the ARS and the decentralized services of the Ministry of Sports to support the deployment of the device and ensure its animation.

Regarding the possible link with therapeutic patient education (TPE), patients should be made aware of the offer of APA as part of the TTE sequence, program or targeted educational activities.

It will therefore be:

- Develop the APA offer for people with ALD as part of a coordinated care pathway and in accordance with HAS recommendations; in this context and from 2019, as part of the “relevance and quality” pathways set up in the “My Health 2022” strategy, the Ministry of Health will work with HAS, INCa and CNAM to develop an optimized, global pathway for women operated on for breast cancer, including in particular adapted physical activity;
- Launch an experiment to promote physical activity adapted to cardiac rehabilitation;

- Study the possibility of extending the APA system to people with chronic diseases outside of ALD and with risk factors - arterial hypertension, obesity, etc.;
- Promote the link with the actions of therapeutic patient education (ETP);
- Include the topic of ABS in the TVE sessions.

Driver (s): DGS - DS - DSS

Actors: ARS - decentralized sports ministry - CNAM - sports federations - CNOSF

- CROS - CDOS

Indicators:

- Number of structures (health, medico-social establishments, sports federations, local communities, associations, etc.) offering APA to patients with chronic diseases;
- Number of sports federations offering adapted physical and sports activity protocols (cf. Médicosport-santé tool developed by the CNOSF);
- Number of patients benefiting from the system Number of APA programs linking with TVE programs

### 43. **Action:** Develop the practice of ABS for detained persons

Detained persons accumulate a certain number of overexposures to health risks, generally existing before their entry into detention, and / or triggered or increased by the imprisonment itself. This overrepresentation of certain pathologies, particularly mental and infectious ones, is mainly due to the relative importance of the disadvantaged social categories accommodated in detention. Addictions, psychiatric, infectious and chronic pathologies are more frequent there than in the general population. Thus, for example, the prevalence of HIV or HCV infections are 6 times higher than in the general population. For mental health, more than half of people detained in France have a psychiatric history before entering detention. Prisoners aged 50 and over represent 11% of the prison population. Even if they remain in the minority, they present specific and complex health problems requiring special care.

In this context, the development of modules (or cycles) of physical activities adapted for the detained population very affected by long-term illnesses is of particular importance. The DAP has signed a "dependency agreement" with four sports federations (French Federation of Physical Education and Voluntary Gymnastics, Sports for All Federation, French Federation of Adapted Sport and the National Sports Union Léo Lagrange) nevertheless adapted physical activity is insufficiently developed in detention and the link between health professionals and sports associations working in detention remains to be built.

The following actions are therefore proposed:

- increase the number of penitentiary establishments in which slots for adapted physical activities are offered by strengthening the partnership with sports federations appearing on the list of federations of the decree of 8 November 2018 relating to the list of federal certifications authorizing the provision of adapted physical activity prescribed by the attending physician to patients with a long-term illness. For this, a DAP / DGS / DS meeting in the presence of the CNOSF and sports federations exercising in detention and able to offer adapted physical activity will be organized on the 2nd<sup>th</sup> semester 2019;

- develop guidance by health professionals in custody of detained persons with ALD towards associations offering adapted sport in detention. The DAP, the DGS and the DS will define a method of communication to the DISP, ARS and decentralized services of the sports ministry, to promote this orientation in 2020.

Drivers: DAP

Actors: DGS - DS - DISP - ARS - decentralized sports ministry - CROS / CDOS and sports federations

Indicators: number of penitentiaries offering ABS slots

#### 44. **Action:** Develop the use of the prescription of APA by physicians¶

The Haute Autorité de Santé (HAS) has produced recommendations for physicians relating to APA for the monitoring of chronic pathologies:

- prescription guidelines by pathologies (diabetes, obesity, neuro-cardiovascular pathologies - heart failure, coronary heart disease, stroke, high blood pressure, chronic obstructive pulmonary disease, cancer, depression);
- fitness assessment tools.

Beyond these recommendations, it will be necessary to examine whether other medical decision-making tools are necessary.

Support and assessment of the use by treating physicians of the prescription appear necessary before considering its extension.

##### **Various interventions will be implemented:**

- Ensure the distribution to physicians of prescription guidelines by pathology and tools for assessing physical condition;
- Assess the possibility of deploying APA prescription assistance training modules for physicians on the basis of HAS recommendations;
- Integrate the APA assessment and prescription guidelines into HAS decision support tools (memo sheets, recommendations) relating to pathologies and risk factors of non-communicable diseases;



- ◆ Develop patient physical condition assessment platforms to support physicians;
- ◆ Evaluate the use by treating physicians of the prescription of APA.

Driver (s): DGS - DS - DSS

Actors: ARS - decentralized services of the sports ministry - CNAM - HAS - INCa - National Council of the Order of Physicians (CNOM) - National College of General Teachers (CNGE) - Regional Unions of Health Professionals (URPS) - CNOSF - Mutualist networks

Indicators: number of digital prescription assistance tools created; number of patient fitness assessment platforms created; number of prescribing doctors; number of patients receiving APA prescription

#### 45. **Action:**

### Develop the skills of health and sports professionals and promote interdisciplinarity

The construction of a common base of knowledge for health and sports professionals is likely to encourage better consideration of the role and place of physical and sports activity in their practice. A rapprochement with teaching units, common between the "STAPS" sector and health sectors (medicine, masseur-physiotherapists, occupational therapists, psychomotor therapists, etc.), will be considered, taking inspiration from existing STAPS / Health conventions. It is also important to encourage the establishment of spaces for exchanges in favor of interdisciplinarity.

Developing the skills of professionals involves strengthening the training offer in ABS and prevention through physical and sports activity for health professionals. In addition, this offer must be open to sports professionals, in order to increase the skills of sports supervisors providing APA to patients with chronic diseases. As part of continuing education, continuing professional development (CPD), online courses such as Massive Open Online Course (MOOC) and university diplomas (DU) are avenues for training professionals concerned with the prescription and dispensing of adapted physical activity.

Pilot (s): DGS - DS - DGOS - DGEIP

Actors:

HAS - OG-DPC - conferences of deans of medical faculties - conference of directors and deans of STAPS - Training institutes for physiotherapists - National Council of the Order of Physicians (CNOM) - National Council of the Order of Masseurs -kinesitherapists - National College of General Teachers (CNGE) - Regional Unions of Health Professionals (URPS) - CNOSF - sports movement

Indicators: number of continuing education offers available, number of shared teaching units set up

#### 46. **Action:**

### Accompany and support the avenues of solvency of the existing ABS offer and explore new ones

The financial model for taking charge of APA must be able to guarantee the sustainability of the system, to ensure equitable deployment in the territory and with the population concerned, so as not to create social and territorial inequalities in health.

The development of the practice of ABS depends on the mobilization of actors proposing an offer and projects in this field, but also on the mobilization of funding.

At the regional level, the development of the offer, relying on existing solvency channels, must be supported.

In addition, funding for medico-economic studies is necessary in order to demonstrate, in the French context, that APA could generate in the short, medium and long terms, reductions in healthcare consumption (hospitalizations and outpatient care). ) and cost for health insurance.

To this end, the following actions will be carried out:

- Mobilize all the funders of the conference of funders for the prevention of loss of autonomy at the regional level around the steering committee set up by the ARS and the decentralized services of the sports ministry (animation, calls for projects, etc.);
- Encourage local authorities to include APA in local health contracts (CLS), in particular those comprising priority neighborhoods of city policy on their territory (134 CLS in 2017).

Driver (s): DGS - DS

Actors: DSS - ARS - decentralized sports ministry services - local authorities - other institutional partners at regional and departmental level (State services, representatives of the sports and health world, city policy, representatives of the medical sector social, representatives of adapted physical activity, representatives of users, mutual insurance companies and complementary health insurance) - conferences of funders for the prevention of loss of autonomy at departmental level

Indicators: number of calls for projects to finance ABS organized by the regional steering committee; number of structures offering an ABS offer that have received funding; number of local authorities integrating APA into their CLS and city contracts

In order to support the development of the APA offer and practice, new funding channels must be sought, in addition to the wider deployment of existing funding channels. Thus, studies, in particular for medico-economic purposes, will be carried out as part of the experiments permitted by article 51 of the French Social Security Financing Act (PLFSS) 2018.

In addition, other financing possibilities will be explored:

- Set up "APA" funders' conferences at the regional level Carry out work to assess the possibility of integrating the prescription and dispensing of APA, particularly in the care basket of patients with chronic diseases;
- Carry out medico-economic studies to determine a funding model for the prescription and dispensation of APA, based on cohorts of patients with particularly representative pathologies with the objective of supporting the gains for health insurance of the dispensation adapted physical activity.

Pilot (s): DGS - DGOS - DSS - DS

Actors:

The CNAM - ARS - decentralized services of the sports ministry - local authorities - Conferences of funders - other institutional partners at regional level (State services, representatives of the sports and health world, representatives of the medico-social sector, representatives of the adapted physical activity, local communities, user representatives, mutual insurance companies and complementary health insurance)

Indicators: number of funding conferences set up at regional level, number of medico-economic studies set up



## AXIS 4

**Boost a dynamic  
territorial**



These interventions, sometimes carried out by associative actors, benefit from various institutional and financial support: local authorities, regional health agencies, Regional Directorate for Youth, Sports and Social Cohesion, Ministry of Agriculture and Food , private sector, including various foundations, institutional funders at national or even European level ... Adapting to the specificities of territories, neighborhoods, social groups, allows, as close as possible to families and individuals, to take into account the issue of inequalities social health. Many communication and educational tools are produced to support these actions. Some are developed by the public authorities and in particular Public Health France. Others come from various origins: associations, economic actors ... and are likely to lead to a certain cacophony of messages reaching the population. Other tools can help in the analysis of local policies on physical activity related to health, such as the CAPLA-Santé tool developed by the SFSP.

The local and regional level can rely on mechanisms proposed by the national level in order to ensure the overall coherence of interventions. The quality of the actions developed in the territories must be questioned in order to improve their impact, in particular on the reduction of social inequalities in health, to contribute to the achievement of the objectives set by the PRS, the PNNS, the PNA and the SNSS.

In addition, the inclusion of these dynamics in territorial food projects (PAT) must be encouraged.



## OBJECTIVE 20: PROMOTE AND FACILITATE LOCAL INITIATIVES / ACTIONS

### 47. Action:

Develop, according to the orientations of the Regional Health Project, local actions in nutrition consistent with the orientations and the national reference framework defined by the National Health Nutrition Program

The ARS have defined regional health projects which provide for actions in the field of Nutrition. These actions will be implemented while ensuring consistency with national guidelines and promoting existing tools and mechanisms.

Pilot: ARS

### 48. Action:

Promote the commitment charters of local authorities and PNNS companies and mechanisms facilitating the development of local actions

**A national coherence framework:** The design and implementation of local actions fall within the framework of the Regional Health Plan drawn up by the ARS, according to the priorities defined during its development.



The PNNS determines national objectives, the national coherence framework in which the regional actions fit. It defines mechanisms facilitating the development of actions, elaborates the scientific basis which determines the messages intended for the various audiences, proposes the communication and educational tools which ensure the validity of the messages. It ensures interministerial coordination at the national level.

For the PNNS and in its articulation with the PNA and the SNSS, the objective is to support the dynamics of the actors by ensuring that the messages delivered are consistent with the PNNS.

The "PNNS" brand is the guarantor, both for institutional players, professionals and the population, of the validity and health benefits of what is offered.

- Promote the "active cities of the PNNS" and "active departments of the PNNS" charters, in particular among communities that have signed local health contracts.

- Promote the “Active establishments of the PNNS” charter. Signed by the director of the establishment and the DG ARS, they aim to set up actions to promote nutrition for the benefit of employees.
- Promote the inclusion of nutrition in the development of local health contracts and support the development of corresponding actions.
- Establish the “PNNS Active Company” Charter signed by the Minister of Solidarity and Health and the director of a company with establishments located throughout the country. They aim to set up actions to promote nutrition for the benefit of employees.

The active local authority charters of the PNNS and active companies of the PNNS aim to offer everyone the means to develop more physical activity, reduce sedentary behavior and improve their diet.

- Design a multi-party convention with stakeholders active at the regional level to share objectives and develop coordination of the various means available.
- Promote the development of actions relating to healthy food and its accessibility within the framework of PATs.

Pilot: DGS - ARS

Actors: DGS - ARS - Local authorities - Companies

Indicators: number of regional conventions signed; number of signatories of active PNNS city charters; number of signatories of active PNNS department charters; number of signatories of active PNNS establishment charters; number of signatories of active company charters of the PNNS; number of local health contracts signed including a nutrition component; number of PAT including actions on healthy diet

## 49. **Action:** Pool nutrition actions

Equipping actors in the field and working in a network are necessary conditions for the implementation of efficient and effective actions in the field of nutrition.

Regional health agencies are developing local nutrition actions within the framework of Regional Health Projects. In order to ensure consistency with the orientations and the national reference framework defined by the National Health Nutrition Program, actions will be shared.

Promoting, promoting, pooling actions and maintaining overall consistency and national leadership is an essential objective of the PNNS, which must be supported by the national level. For this, the following measures will be implemented:

- List the existing educational tools in nutrition and bear the PNNS logo and identify the major unmet needs for local actions to plan their design.
- Select the actions considered to be “good nutrition practices” for the development of loco-regional actions on the basis of shared quality criteria. Rely on the criteria adopted by the Inspire ID program and in particular on the register of evidential actions developed by Public Health France as well as the European JANPA program. Good practices will also be prioritized according to their feasibility.

Pilot: DGS

Actors: DGS - Public health France - ARS

Indicators: number of tools identified in nutrition, number of good practices identified

- Develop a network via a website facilitating the exchange of practices between the signatories of the various charters in order to publicize, promote and pool actions.

Pilot: DGS

Actors: CNAM-ISTNA - ARS - Communities - Establishments

Indicators: establishment of a website

- Regularly set up a national level conference to allow direct exchanges between stakeholders (every 2 years for active PNNS companies and active PNNS local authorities).

Pilot: DGS - ARS

Actors: DGS - ARS - Territorial communities

Indicators: number of conference participants

## 50. **Action:** Develop tools at national level

In order to better equip the actors working in the field of nutrition, it will be necessary to:

- Promote and strengthen the Evalin site, the aim of which is to facilitate the evaluation of actions by actors in the field;
- Continue the dissemination of the PNNS News Letter on the website of the Ministry in charge of health and to the various stakeholder networks;
- Develop nutrition training for human resources managers and employees in companies.

Pilot: DGS

Actors: DGS - Territorial communities - CNAM-ISTNA - Nancy CHRU medical evaluation unit - ARS

Indicators: number of trainings in the EVALIN tool; number of training participants; number of tools developed by EVALIN; number of PNNS News Letters disseminated

## 51. **Action:** Mobilize funding for the deployment of preventive actions in nutrition by experimenting with a funding model based on public-private cooperation

In order to ensure the duration of nutrition interventions and to be able to improve the state of the nutritional situation in France, the search for additional, sustainable funding is necessary.

This measure thus aims to examine the financing mechanisms that could be put in place such as, for example, the establishment of a foundation, the creation of a specific fund for preventive actions in nutrition like the Fund. experimentation for young people (FEJ). In this context, an inventory of existing mechanisms will be carried out.

In a first experimental phase, the projects implemented could correspond to cities hosting events related to the 2024 Olympic Games.

Funding mechanisms based on cooperation with the private sector should ensure that there is no link between the private funders, the subjects of the actions financed and their choices. Private funders will be informed of the choices and involved in controls on the use of funds.

Pilot: Ministry of Solidarity and Health Actors:

economic actors - scientific actors

Indicator: inventory of financing mechanisms, types of financing mechanisms put in place, amount of funds raised; evolution of the fund; number of projects implemented and average amount

## OBJECTIVE 21: ADAPTING HEALTH-PROMOTING ACTIONS IN THE FIELD OF NUTRITION TO THE SPECIFICITIES OF ULTRA-MARINE TERRITORIES

The national health nutrition program applies to the whole of France, France, as overseas communities.

Nevertheless, the PNNS 4 will, like the previous program, include an overseas component in order to integrate the specificities of these territories.

This PNNS Overseas component will be based on:

- The specific provisions for the Overseas Territories of the National Health Strategy and the National Public Health Plan;
- The recommendations of the Overseas Blue Book;
- The conclusions of the collective expertise on nutrition in the French Overseas Territories (see below).

In particular, it will take into account questions relating to:

- the quality of food imported into the Outremers;
- limiting the sugar content of drinks and foods consumed;
- short circuits and local productions adapted to specificities and local consumption patterns;
- food education, an essential component of health education and health promotion in the Overseas Territories.

### 52. **Action:**

#### Conduct a collective expertise on nutrition overseas

The general objective of this collective expertise, steered by the IRD, on nutrition in the Overseas Territories (Martinique, Guadeloupe, Guyana, Réunion, Mayotte) is to "draw up an observation of the divergences and similarities in the Overseas Territories in order to 'guide public policies'".

For this, the expertise will aim to:

- To draw up an inventory of the nutritional status of overseas populations;
- To identify the points of convergence and the differences between the various overseas departments;
- To analyze:
  - the primary determinants of nutritional status according to socioeconomic level and socio-demographic characteristics, the impact of environmental pollution (chlordecone, mercury, lead);
  - The characteristics of the food supply;
  - The cultural conception of nutrition and the practice of eating.

The publication of the IRD nutrition collective expertise in Overseas Territories is scheduled for the first quarter of 2020.

Pilot: DGS

Actors: DGS - IRD - INRA

Indicators: publication of the IRD collective expertise

### 53. *Action:* Set up an infant flour manufacturing unit in Mayotte

To prevent the risks of child undernutrition, which are still high in Mayotte, one avenue for improvement is to promote access to porridge of nutritional and sanitary quality adapted to the needs and fragility of infants and young children. These porridge made from cereal-based preparations intended for infants and young children are foods that are given to children from 6 months in addition to breast milk up to 24 months. The action aims to draw up specifications defining the guidelines to be followed for the production in Mayotte of these preparations based on cereals or legumes (rice, soybeans, peas), sugar, oil and mineral and vitamin supplements intended for infants and toddlers.

Secondly, it is planned to develop an entrepreneurial phase, covering the finalization of the sizing of the transformation workshop, the business plan, the identification of project leaders and support at the start of the activity in order to make the project operational quickly.

Pilot: DGS

Actors: DGS - IRD - Technologies and Solidarity

Indicators:

Phase 1: Publication of the specifications of the guidelines Phase


2: Publication of the report on the entrepreneurial phase Phase 3:

Launch of the manufacturing unit



## AXIS 5

**Develop research,  
expertise and  
surveillance in support of  
nutritional policy**



The PNNS promotes research that primarily targets the implementation of public health actions making it possible to reach a large fraction of the population and reduce social inequalities in health.

Steering the PNNS requires the availability of data, at national and regional level, on the evolution of the situation, the level of achievement of the objectives set and the nutritional quality of the food supply. Harmonization of indicators allows the comparison of indicators in time and space. In order to fight against the cacophony that discredits health and nutrition messages to the population, the PNNS relies exclusively on expertise independent of economic interests, organized by the public authorities. Any advice from a group, including scientists, will be analyzed taking into account links of interest. The field of health nutrition is particularly dynamic in terms of research since research on animal models,

## OBJECTIVE 22: DEVELOP MONITORING OF THE NUTRITIONAL SITUATION, FOOD CONSUMPTION, SEDENTARY BEHAVIOR, PHYSICAL ACTIVITY PRACTICE AND THE NUTRITIONAL QUALITY OF FOOD PRODUCTS

In order to ensure the availability of data covering the diversity of populations for effective management of public action, several actions will be carried out. A systematic search for harmonization with the methods and indicators implemented in other European countries will be carried out.



## 54. **Action:** Set up various surveillance studies

### 1 - Estimate the level of achievement of the PNNS's quantified objectives

The PNNS sets quantified objectives which require an estimate of the level of their achievement. With this objective in mind, in 2006 and 2015, ANSES and InVS then Public Health France deployed the INCA 2 and INCA 3 studies on the one hand, and ENNS and Esteban (nutrition section) on the other.

These two studies make it possible to estimate the food consumption of the French, to measure their body size, certain biological markers of nutritional status, attitudes and behaviors, sedentary behaviors and the level of physical activity, by sex, age group, level. socioeconomic. As such, given the priorities, the results in terms of reducing health inequalities will be particularly monitored.

A single study will be conducted, in order to have the first results in 2026 to develop the following PNNS. The study will be designed to have data at the regional level.

Leader: ANSES, Public Health France

Actors: DGS - DGAL - DS

Indicators: availability of first results in 2026

### 2 - Have a regular estimate of the evolution of the declared prevalence of overweight and obesity in the French population

In the health barometer, regularly conducted by Public Health France with specific focuses, the data necessary for monitoring the declared body size will be systematically collected and analyzed, in particular estimating the evolution of social inequalities in nutrition and with an approximation down to the level regional.

Pilot: Public health France

Actors: DGS

Indicators: availability every 3 years

### 3 - Continuation of studies on specific populations

After the ABENA1 (2005) and ABENA2 (2012) studies: an ABENA3 study on the food consumption and nutritional status of beneficiaries of food aid will be carried out.

Pilot: Public health France

Actors: DGCS

Indicators: results transmitted within 15 months of the end of data collection

Following on from EPIFANE1 carried out in 2013, an EPIFANE2 study on the feeding of children under 1 year old (practices and duration of breastfeeding, introduction of complementary foods, use of breastmilk substitutes) will be repeated in 2021

Leader: Public health France

Actors: DGS - DREES - INSERM

Indicators: results transmitted within 15 months of the end of data collection

DREES studies, alternately every two years on children in the high section of kindergarten, CM2 and 3<sup>th</sup>, will be continued. They allow a follow-up of the corpulence of the children. The means of systematizing the use of health checks carried out in large nursery section by health professionals from the national education system in order to have more disaggregated data, at a regional or even sub-regional level, will be sought again.

Pilot: DREES

Actors: DGSCO - DGS

Indicators: results transmitted within 12 months of the end of data collection

After the studies of 2000, 2007, 2016, the study according to the COSI methodology recommended by the WHO and allowing a follow-up and a comparison between countries of the prevalence of obesity in children of CE1-CE2 will be repeated in 2021-2022.

Leader: Public health France

Actors: DGS - DGESCO

Indicators: first results transmitted within 18 months of the end of data collection

#### 4 - Implementation of studies on the nutritional status of the elderly

France has no data on food consumption, physical activity and nutritional status of people aged over 75-80 years. An estimate of these parameters will be carried out in people living at home.

Leader: Public health France

Actors: DGS - CNSA

Indicators: first results transmitted within 18 months of the end of data collection

#### 5 - Establishment of a monitoring system for out-of-home consumption

There are no satisfactory data on out-of-home consumption, which represents an increasingly large fraction of food consumption. The first elements will be drawn from the INCA and Esteban studies.

A reflection will be initiated in order to regularly have an estimate of the share of out-of-home catering in the contributions for the various population groups (children, adolescents, young people, working people, retirees, according to the social gradient, gender, urban / rural ...).

Pilot: DGS - DGAL

Actors: ANSES - INRA - Public health France - DREES

Indicators: inclusion of this item in food consumption monitoring studies

#### 6 - Monitoring the nutritional quality of foods, labeling

##### a) Improve the state of knowledge on the nutritional composition of foods

The objective is the continuation of the work of Ciqua, ensuring regular updates of the Ciqua table, the reference table on the nutritional composition of the foods most consumed by the French population (<https://ciqua.anses.fr/>). Ciqua must also continue to produce new nutritional composition data, as reliable as possible, from representative sampling plans (based on product sales volumes) and nutritional analyzes carried out by accredited service providers.

This Ciqua table provides information on a wide range of nutrients (details of fatty acids, vitamins, minerals, etc.), on raw or processed foods, as well as on foods as consumed (cooked, if applicable).

An essential tool for estimating the nutritional intake of the French population (food consumption studies such as INCA, Esteban, etc.), it is also widely used as a source of reference information for healthcare professionals, manufacturers and the general public. . This Ciqua table must therefore be updated regularly to:

- Integrate foods for which consumption is emerging;

- Extend the perimeter of the constituents covered;
- Improve the availability of representative values of French consumption for all nutrients;
- Incorporate the reformulations of the nutritional composition of processed foods, detected by Oqali.

Pilot: Anses

Actors: Anses

Indicators: Update of the Ciquat table of nutritional composition of foods

#### **b) Continue monitoring the nutritional quality of the food supply and labeling**

The objective is :

- The continuation of the work of the food observatory (Oqali).
- The maintenance of sector studies, according to the decisions of the steering committee, allowing an analysis:
  - the evolution of nutritional compositions by food families;
  - the use of additives;
  - the size of the portions (recommended or in sub-packages); by range;
  - according to market shares;
  - regular monitoring of the deployment of Nutri-Score, in particular market shares accumulated by companies that have opted for Nutri-Score.
- The production in October 2020 of an assessment report on the deployment of the Nutri-Score, provided for by decree 2016-980 of July 19, 2016, on the evolution of the nutritional quality of food products and the estimated impact on intakes nutrition of the population;
- Extension of the monitoring of the food offer to collective catering and Outremers;
- The strengthening of communication aimed at consumers with the aim of ensuring that the results contribute to the effort of improvement and reformulation by producers.

Pilot: DGS - DGAL - DGCCRF Actors:

Anses - INRA (Oqali) Indicators:

publication of reports

## **OBJECTIVE 23: SUPPORT THE PNNS ON INDEPENDENT EXPERTISE**

### **55. Action:** **Enter expertise agencies on priority topics**

It will be necessary to:

- Continue and finalize the work aimed at updating and disseminating the nutritional recommendations of the PNNS for various population groups by ANSES, the HCSP and Public Health France;

- Using Oqali data, define nutritional improvement objectives by family of food products, taking into account the sectors that contribute the most to nutrient intake (cf. action 1). Define the indicators making it possible to categorize foods according to their degree of processing in order to better study the relationships with behavior and health;
- Expertise is likely to be mobilized at any time in order to provide the scientific elements necessary for the deployment of public action. In addition to aspects relating to nutritional sciences, and the management of pathologies linked to nutrition, this expertise concerns the orientation of public health strategies with the axes of health promotion.

Pilot: DGS

Actors: ANSES - HCSP - Public health France - HAS - DGAL - INCa

Indicators: publication of reports after referrals

## OBJECTIVE 24: PROMOTE RESEARCH ORIENTED TOWARDS THE DEVELOPMENT OF PUBLIC HEALTH ACTIONS

The PNNS, a program geared towards the implementation of public health actions for the benefit of the population to achieve specific objectives, is based on independent research aimed at:

- to deepen knowledge of the multiple determinants of nutritional status and nutrition-health relationships (in particular the impact of new eating behaviors);
- to support advocacy for the establishment of national and regional resources for the benefit of interventions;
- to contribute, design and develop useful interventions to improve the situation and achieve the set objectives, avoiding dispersion;
- to prepare for the future.

The PNNS takes into account university research and research institutes (INRA and INSERM) which contribute to the design of public health actions. This part of the PNNS should also help promote French expertise at European and global level.

### 56. *Action:* develop lines of research in specific fields

#### **A) Develop research in the field of behavioral sciences and human and social sciences with a view to:**

- Identify “nudge” type actions promoting the implementation of behaviors favorable to health and lasting over time, in the fields of food,

physical activity and sedentary lifestyle, for various population groups, particularly the populations in greatest difficulty. This includes social networks, connected tools ...

- To understand, by mobilizing the SHS and health thematic network, the factors to be taken into account in order to adapt nutritional prevention strategies: acceptability factors, inter-temporal choices and ability to project oneself (eg: obesity, physical activity).

#### **B) Develop research on the links between consumption of processed foods and impact on health**

- Establish inter-alliance coordination on the quality and processing of food and the impact on public health. This coordination will aim to set up a methodology to analyze the link between processed foods and health, and to define a 1-year strategic research agenda with a prioritization of themes and actions to be carried out, and analytical support needs.
- Achieve an operational definition of the different classes of processed foods to better define the precise impact of certain transformations or combinations of transformations and possible risk classes of processed foods. It is necessary to go beyond the composition of elementary nutrients by showing the parameters linked to the transformation, so as to obtain an ontology for the subsequent analyzes in public health.
- Study the impact of consuming processed foods on health.

#### **C) Maintain the dynamism of large public health cohorts with nutrition components**

- By relying on these or by other methods: specify the relationships between maternal obesity and that of their descendants; prevalence, determinants, mechanisms of formation or prevention; study the health impact of emerging behaviors (organic, gluten-free, lactose-free, vegan consumption, etc.); mobilize cohorts on emerging topics.

**D) Create a database on food consumption and the degree of processing.** Actions must be taken with industrial players including collective catering to set up an updatable database on consumption information with sufficient grain for studies and research in health nutrition.

#### **E) Develop research in health economics with a nutritional perspective**

- Studying, in line with the process initiated by the OECD, the costs of obesity, including in children.
- Quantify the costs and benefits of intervention strategies. Support innovative nutrition intervention programs through research teams in order to identify the conditions for transferability.

The multidisciplinary scientific support group, bringing together independent experts in nutritional sciences, epidemiology, public health, human and social sciences, STAPS will contribute to this global and original reflection on knowledge needs, and will feed the orientations of the various bodies in charge of developing calls for projects.

Pilot: DGRI - DGS

Actors: universities - research organizations (INRA, etc.) - DGAL - INCa

Indicators: research reports



# APPENDICES

# APPENDIX 1: Nutrition in the SNS and the PNSP

## Measures of the National Health Strategy (SNS)

### Promote healthy eating

- Ensure the appropriation by all social groups of good dietary recommendations from childhood by associating parents as well as national education and early childhood professionals.
- Ensure access to healthy food, in sufficient quantity, produced under sustainable conditions, at an affordable price and of good taste and nutritional quality.
- Promote the deployment of clear and simple nutritional labeling on food products (Nutri-Score).
- Limit the influence of food advertising and marketing on children by regulating them and supervising the promotion of brands associated with nutritionally unfavorable foods.
- Bring together the policies carried out by the ministries responsible for agriculture and health.

### Promote regular physical activity

- Encourage the practice of physical activity at all stages of life, in particular through the development of the offer of practice, the development of public spaces favoring the time spent in natural spaces and the development of active mobility, including walking and cycling.
- Fight against sedentary behavior in everyday life (home, work, school, etc.).
- Support the deployment of the adapted physical activity prescribed in the treatment of certain pathologies.

## Measures of the National Public Health Plan (PNSP)

### 5 key measures in the field of nutrition

- Generalize vitamin B9 (folate) supplementation practices for pregnant women and women seeking motherhood.
- The health promoting school: generalize the health education path.
- Prevention of obesity in children.
- Reduce salt intake by 20%.
- Know the nutritional quality of food products: Nutri-Score.



Other PNSP actions:

### **A healthy pregnancy and the first 1000 days to follow**

- Facilitate the implementation of breastfeeding and "skin to skin" from childbirth by breastfeeding in the delivery room and in the operating room.

### **The health of children and youth**

- Update the rules governing the composition of school catering menus, taking into account the new recommendations and implement a guided choice of dishes and menus.
- Promote, in school-based restorations, foods acquired according to methods taking into account the cost of the product's life cycle or derived from organic farming or benefiting from other signs of quality.
- Promote healthy diets in the media based on updated PNNS nutritional recommendations.
- Support the health education path in its education component in diet, physical activity and sports during and outside school time (for example: ICAPS program "Intervention with college students centered on physical activity and sedentary lifestyle").
- Experiment with monitoring the physical capacity of children in college by the physical education and sports teacher, allowing the proposed practice to be adapted.
- Develop the CSA food charter on the health nutrition theme: programs and advertisements.
- Encourage the development of "know how to ride" for entry into 6<sup>th</sup>, from the start of the 2018 school year by relying on existing actions within the framework of the certificate of first road education (APER) and actions relating to cycling in school sport.
- Support municipalities in the development of secure bicycle lanes to promote bicycle travel.
- Mobilize and support sports federations, during events organized at all levels and more particularly within the framework of major international sporting events (Rugby World Cup (2023), Olympic and Paralympic Games (2024), 6 Nations Tournament, Roland Garros, Tour de France...) around the promotion of behaviors favorable to health and well-being and mainly of the four major risk factors for non-communicable diseases.

### **Adult health**

- Promote the marketing of a food offer of improved nutritional quality through a new voluntary commitment by economic players - cf. reduction of salt intake.
- Adapt the Nutri-Score to collective and commercial catering and to processed foods in bulk and not prepackaged.
- Set up 500 health centers open to sport throughout France, with priority given to priority areas of city policy.
- Fight against a sedentary lifestyle at work by encouraging the development of active PNNS companies.

- Contribute to the prevention of traumatic risks linked to repetitive and / or restrictive professional actions (chronic low back pain and MSDs in the broad sense) by promoting physical and sports activities.
- Support the development of safe cycling for adults by learning in a bicycle school or by supervising group trips.

### Aging well

- Offer each future retiree access to a retirement preparation session allowing them to reflect on their life project and inform them about the various structures or associations offering activities near their home (physical and sports activity and nutrition ).
- Deploy the national charter for responsible and sustainable food in nursing homes.
- Make seniors aware of the health benefits of physical activity and diet.
- Encourage physicians to integrate the assessment of physical condition and nutritional status in the follow-up of their patients on the basis of the recommendations of the HAS.
- Include adapted physical activity in the establishment projects of independent residences and EHPADs and facilitate access to these activities for the elderly residing in the territory.

### Overseas

- Develop an infant flour for children from 6 months to 3 years old in Mayotte.
- Support the development of school catering in Mayotte and Guyana.

## APPENDIX 2: Nutritional status, food consumption, level of physical activity, sedentary lifestyle and diet-related pathologies in France

### Summary of the "State of knowledge" section

#### Status report

Website of the Department of Solidarity and Health

<http://solidarites-sante.gouv.fr/prevention-en-sante/preserver-sa-sante/article/nutrition>

#### 1. Presentation of the INCA and Esteban studies

To. INCA studies

b. The ENNS (2006-2007) and Esteban (2014-2016) studies

#### 2. Prevalence of overweight and obesity: adults

#### 3. Prevalence of overweight and obesity: children

To. Results of the Esteban 2014-2015 and INCA3 2014-2015 studies National

b. surveys on the health of children and adolescents in school

#### 4. Undernutrition

#### 5. Physical activity (PA) and sedentary lifestyle: adults

To. Physical activity: results of the Esteban and ENNS studies

b. Sedentary lifestyle: results of the Esteban and ENNS studies

#### 6. Physical activity (PA) and sedentary lifestyle: children

To. Physical activity: results of the Esteban and ENNS studies

b. Sedentary lifestyle: results of the Esteban and ENNS studies

#### 7. Breastfeeding

To. Prevalence of initiation of breastfeeding

b. Duration of breastfeeding

**8. Eating behaviors and practices: adults aged 18 to 79**

- To. Occasions and places of consumption
- b. Characteristics and origins of foods

**9. Eating behaviors and practices: children from 1 to 17 years old**

- To. Occasions and places of consumption
- b. Characteristics and origins of foods

**10. Food consumption among adults in 2014-2015**

**11. Food consumption among children and adolescents in 2014-2015**

- To. Drinks
- b. Percentage of consumers by sex Consumption
- vs. according to the representative's level of education

**12. Food consumption in the general population in 2014-2015**

- To. Particularities linked to socio-economic status
- b. Regional particularities
- vs. Particularities according to the place or time of consumption
- d. 2006-2015 comparisons

**13. Nutritional intakes: energy, macronutrients, fatty acids, vitamins and minerals**

- To. Children and adolescents in 2014-2015
- b. Adults aged 18 to 79 in 2014-2015
- vs. Comparisons 2006-2015

**14. Food knowledge and attitudes**

- To. Knowledge of PNNS benchmarks
- b. Knowledge of PNNS benchmarks: evolution since 2008

**15. Pathologies linked to nutrition**

- To. The main causes of mortality in the world (WHO, 2018) The
- b. main causes of mortality in France
- vs. Cancers
- d. Cardiovascular diseases and risk factors
- e. Diabetes

## APPENDIX 3: Specific objectives of the 2019-2023 National Health Nutrition Program defined by the High Council for Public Health (opinion of February 9, 2018)

### Objectives relating to food consumption

#### Fruits and vegetables

Increase the consumption of fruits and vegetables in adults so that:

- At least 80% consume at least 3.5 servings of fruits and vegetables per day; At
- least 55% consume at least 5 servings of fruits and vegetables per day.

Increase the consumption of fruits and vegetables among adults living in poverty, so that:

- 100% of adults consume at least one fruit or vegetable per day;
- 50% of adults eat at least 3.5 fruits and vegetables per day.

#### Whole grain products

Improve the consumption profile of cereal products, in order to obtain in 5 years:

- 100% of the population \* with a whole and unrefined cereals / total cereal products ratio greater than 50%.

#### Legumes

Increase the consumption of legumes in the population so that:

- 100% of the population consumes at least one portion of legumes per week.

#### Added fat

Improve the consumption profile of added fats, so that:

- 100% of the population has a vegetable fat / total fat ratio greater than 50%;
- 100% of the population has a vegetable fat ratio rich in ALA (alpha linolenic acid) and olive oil / total vegetable fat greater than 50%.

### **Nuts without added salt**

Increase the consumption of nuts without added salt in the population so that:

- 100% of the population over 36 months consume at least one serving of nuts without added salt per week.

### **Dairy products**

Change the consumption of dairy products in adults so that:

- 100% of the population consumes at least one dairy product per day;
- 100% of the population consumes less than 4 dairy products per day.

### **Meat excluding poultry**

Reduce the consumption of "red" meat (beef, pork, veal, mutton, goat horse, wild boar, doe) in the population so that:

- 100% of the population consumes below the threshold of 500g of meat per week.

### **Fish**

Increase the consumption of fish in the population so that:

- 100% of the population consumes at least one serving of fish per week.

### **Deli**

Reduce the consumption of cold meats in the population so that:

- 100% of the population consumes below the threshold of 150g of cold meats per week.

### **Sugary drinks**

Reduce the consumption of sugary drinks in the population to achieve:

- 100% of the population consumes a maximum of one glass of sweetened drink per day (including fruit juice).

### **Alcohol**

Reduce alcohol consumption for the entire population in accordance with the recommendations of the PNNS proposed by Public Health France for adults so that a maximum of subjects consume less than 10 units of alcohol per week and do not practice bingedrinking behavior.

## **Objectives relating to nutritional intakes**

### **Salt**

Decrease salt intake in the population so that:

- 90% of adults consume less than 7.5g of salt per day;
- 100% of adults consume less than 10g of salt per day.

### Sugars

Reduce the average consumption of sugars (mono and disaccharides excluding lactose and galactose) and free sugars \* in the population so that:

- 100% of the population is below the threshold of 100g of sugars excluding lactose and galactose per day;
- 100% of the population is below the threshold of 10% of the total energy intake from free sugars per day.

*\* Free sugars, as defined by the WHO, include monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, as well as naturally occurring sugars found in honey, syrups, fruit juices and fruit juice concentrates.*

## Objectives relating to cross-cutting benchmarks

### Raw products - ultra-processed products

- Halt the growth in the consumption of ultra-processed products (according to the NOVA classification) and reduce the consumption of these products by 20% over the period between 2018 and 2021.

### Organic products

Increase the consumption of organic products in the population so that

- 100% of the population consume at least 20% of their consumption of fruits and vegetables, cereal products and legumes from organic products per week.

## Goals related to physical activity and sedentary lifestyle

Increase physical activity (PA) in the adult population so that:

- 80% of the adult population achieve at least moderate level of physical activity (at least 30 minutes of moderate to high intensity endurance physical activity at least 5 times per week or at least 3 days with intense physical activity of at least 25 minutes per day).

Reduce sedentary lifestyle in the population so as to:

- Reduce by 20% the number of adults spending more than three hours a day in front of a screen outside of their professional activity; The development of a sedentary lifestyle indicator that takes better account of the uses and methods of using screens, the types of sedentary activity and the intellectual activities resulting therefrom must be defined.



## Goals related to nutritional status

### Overweight and obesity

Reduce the prevalence of obesity and stabilize overweight in adults so as to:

- Reduce the prevalence of obesity in adults by 15%;
- Stabilize the prevalence of overweight in adults;
- Stabilize the prevalence of obesity, among women of low socio-economic level; Stabilize the prevalence of morbid obesity through prevention (excluding bariatric surgery).

Decrease the prevalence of overweight and obesity in children and adolescents by:

- Decrease by 20% the prevalence of overweight and obesity in children and adolescents (whose tendency was to stabilize in recent years);
- Reduce by 10% the prevalence of overweight and obesity in children and adolescents from disadvantaged families (whose trend has been increasing in recent years).

### Undernutrition

Reduce the percentage of undernourished elderly people living at home or in institutions:

- at least 15% for those > 60 years old;
- at least 30% for those > 80 years old.

Reduce by at least 20% the percentage of undernourished hospital patients on discharge from hospital.

## Breastfeeding Goals

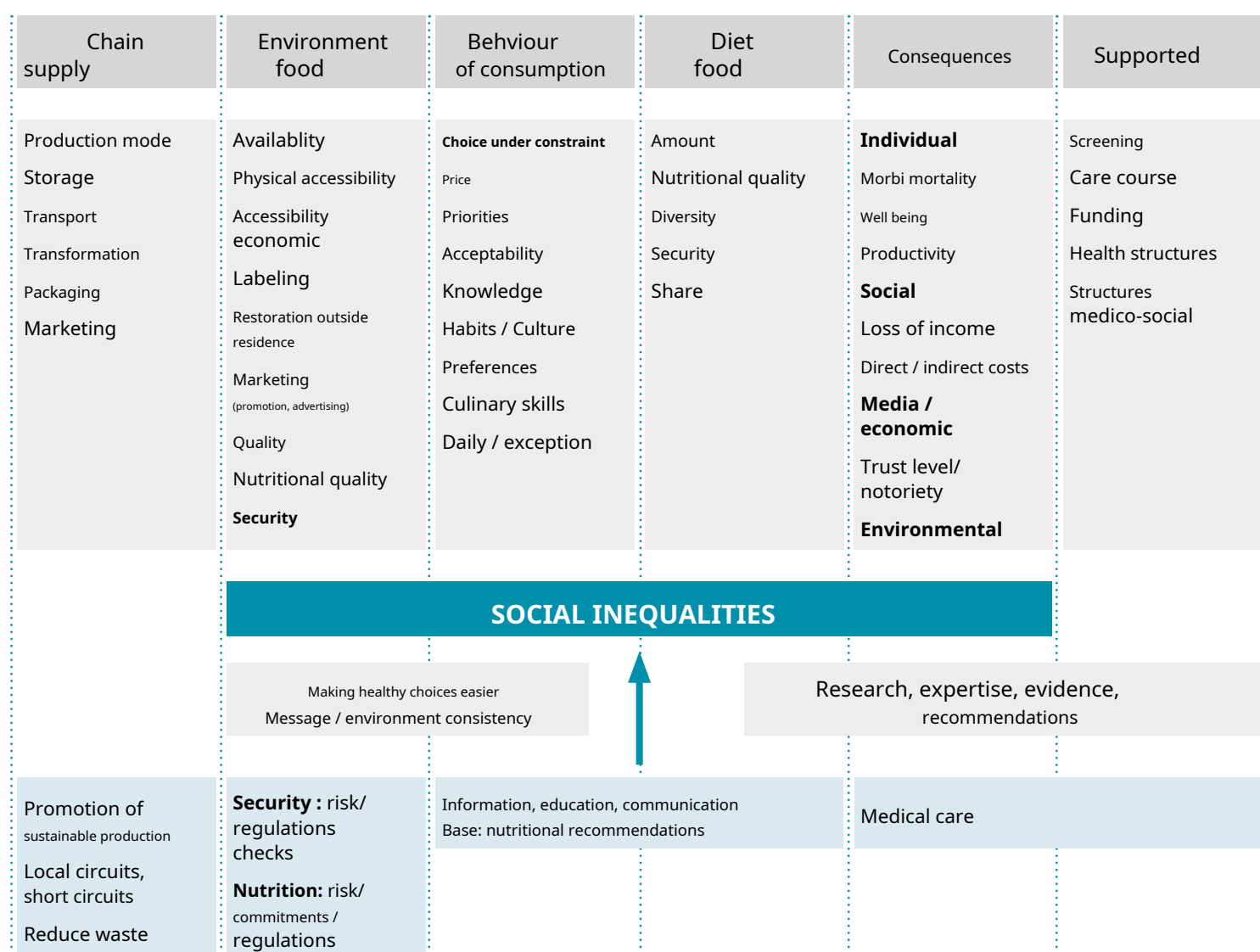
Promote breastfeeding, while respecting the woman's decision, so as to:

- Increase by at least 15% the percentage of infants breastfed at birth to reach a rate of 75% of infants breastfed at birth;
- Extend the median duration of total breastfeeding (whatever its type) by 2 weeks, i.e. from 15 to 17 weeks and at least 15% for those > 60 years old.

## APPENDIX 4: Diagram of the relationship between food and health

For a sustainable diet favorable for health. Analysis diagram to guide improvements

Availability > Accessibility > Use



Source: according to the 2017 World Food Security Committee

## APPENDIX 5: The National Food Council

**Presentation of the CNA** (*extract* <https://www.cna-alimentation.fr/>)

**The CNA is an independent consultative body, placed with the ministers responsible for the environment, consumption, health and agriculture.** It is consulted on the definition of food policy and issues opinions for the attention of public decision-makers and the various actors in the food chain on subjects such as food quality, consumer information, nutrition, etc. health security, access to food, crisis prevention.

Distributed in **8 colleges, its 62 members** nominated represent the main actors of the food chain: agricultural producers, processors and artisans, distributors, restaurateurs, associations of consumers and users of health systems, environmental protection, animal protection, food aid, unions of employees, as well as qualified personalities. Public research and scientific evaluation establishments as well as local authorities are also ex officio members of the ANC. In addition, the representatives of the ministries concerned attend the proceedings as of right. For the 2016-2019 mandate, the CNA is chaired by Mr. Guillaume GAROT, deputy for Mayenne and former minister responsible for agrifood.

Since its creation, the CNA has issued 83 opinions, intended for food stakeholders, in particular public authorities, in order to enrich public decision-making and integrate the opinions of the various stakeholders. Current work is taking place in consultation groups on the following themes:

- ◆ National abattoir ethics committee; Healthy food
- ◆ (follow-up to opinion 81); Experimentation with the
- ◆ labeling of farming methods; Other groups to come.
- ◆

### **Healthy food (opinion 81)**

In its opinion 81 adopted in September 2018, the ANC defined a healthy diet as follows:

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**A “healthy diet” contributes in a sustainable way to the physical, mental and social well-being of everyone. It must ensure food security and thus preserve the health of the population in its environment and its cultural context. Accessible to all, it requires a responsible commitment from all actors in the food chain and a permanent dialogue within society.**

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MINISTRY  
SOLIDARITIES  
AND HEALTH