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HEALTHY NUTRITION PLAN OF ACTION TO DEVELOP REGIONAL PROGRAMMES IN THE RUSSIAN FEDERATION

Report on a Meeting
Arkhangelsk, Russian Federation
19-20 September 2000

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ABSTRACT

As nutrition is one of the important factors affecting public health, food and nutrition policies and plans of action are needed. Inadequate nutrition plays a key role in the development of many diseases. Both deficiency and excess of food leads to health disorders. Therefore, healthy nutrition action plans should be developed to prevent disease and promote health. According to epidemiological studies, nutritional problems, including overweight, call for action. Measures have therefore been taken, both at national and regional levels in the Russian Federation. One of the key tools to support the implementation of Regional action in the Russian Federation is development of a Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Programmes in The Russian Federation". The purpose of this meeting in Arkhangelsk, September 2000, was to present the Guidebook and invite comments and recommendations before finalization. The "Arkhangelsk Declaration" was adopted endorsing the Guidebook.

Keywords

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Contents

Health Cooperation Programme in the Barents Euro-Artic Region.....	5
1999-2002 Norway	5
The Arkhangelsk Declaration.....	6
The relevance of healthy nutrition.....	7
The purpose of the Meeting	7
The need to develop a healthy nutrition policy	8
Stages of developing the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Nutrition Programmes in The Russian Federation"	9
WHO Regional Office for Europe input to the project.....	10
The experience of nutrition programmes in Europe and in the USA.....	11
The experience of developing healthy nutrition programmes in the	13
Russian Federation.....	13
The problem of micronutrient deficiency and ways of resolving it.....	15
A citizens' initiative to grow vegetables in St. Petersburg.....	16
Discussion of the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Programmes in The Russian Federation"	16
Recommendations of the Meeting concerning some of the chapters	17
of the Guidebook	17
Annex 1 Agenda	21
Annex 2 List of participants	22
Annex 3 Poster Presentations	26
Annex 4 List of WHO documents distributed to participants	27
Annex 5 Travel Report by Dr Elisabet Helsing, Norway.....	29

Health Cooperation Programme in the Barents Euro-Artic Region 1999-2002 Norway

The Barents Health Cooperation Programme

This is a funding programme which focuses on development and implementation of health projects in countries in the Barents Region.

WHO project background

Financial support from the Norwegian government has enabled the WHO Regional Office for Europe Nutrition Programme to carry out a project to improve public health, especially of women and children, in the north west of Russia to ensure the health of future generations. Via workshops providing technical know-how, the project aims to improve the understanding of public health nutrition amongst health professionals in order to lower the susceptibility of the population to communicable diseases, such as food-borne diseases, and non-communicable diseases, such as nutrient deficiencies and cardiovascular diseases. Such workshops were held in Arkhangelsk and Murmansk in 1999.

The WHO project is assisting health professionals in the Russian Federation to transform international nutrition theories into practice and to develop strategies which protect and sustain the health of women and children. WHO Consultants are assisting in the development of Regional Food and Nutrition policies for both Arkhangelsk and Murmansk which will create the basis of future activities in the Region and assist in resource mobilization.

“Guidebook on Healthy Nutrition for Women and their Families”

WHO Consultants provided the tools and advice to enable health professionals to start the development of a Guidebook on Healthy Nutrition for Women and their Families. With assistance from the Institute of Preventive Medicine and the Institute of Nutrition in Moscow, several workshops were held on Intersectoral Development of Food and Nutrition Action Plans. The Guidebook underwent several developmental phases culminating in a final document presented at the meeting in Arkhangelsk, 19-20 September 2000. The final Guidebook provides information on how to develop regional Food and Nutrition Action Plans and will be distributed to all Regions of the Russian Federation by the Institute of Preventive Medicine. WHO consultants have also assisted in the development of dietary guidelines for the Barents Region which is part of the implementation of the Guidebook.

Future activities within the WHO project

The WHO project continues with financial support from the Norwegian Government and the next stage is to carry out nutritional surveys in the Arkhangelsk and Murmansk Regions. This will provide nutritional data to support development and implementation of nutrition action plans. Workshops to provide technical know-how will be carried out with support from WHO Consultants to facilitate data collection and analysis on nutritional health of women and young children in North West Russia.

The Arkhangelsk Declaration

Healthy Nutrition: Plan of Action to Develop Regional Programmes in the Russian Federation

Nutrition plays a very important role in public health in the Russian Federation. The National Healthy Nutrition Policy of the Russian Federation was adopted by the government in 2000 until 2005. There is therefore a need for action at the Regional and local levels to implement this national policy. Thus a team of Russian and international experts, with WHO support, drafted a guidebook on the development and implementation of Regional Nutrition Programmes in the Russian Federation. The Guidebook was endorsed at a Meeting in Arkhangelsk on 19-20 September 2000. The Meeting was attended by 80 participants representing 18 Regions of Russia, along with representatives from USA, Norway and Latvia. Among the participants were representatives of the Ministry of Health of the Russian Federation, The State Committee for Statistics, The World Health Organisation and UNICEF. The drafting of the Guidebook was carried out in parallel with the development of the Food and Nutrition Action Plan for the WHO European Region 2000-2005.

The Guidebook outlines key issues which should be considered when Regions develop their nutrition policy:

- Building a coalition and local partnerships;
- adopting legislation and regulations;
- teaching the general public the principles of healthy eating;
- training specialists in healthy nutrition;
- strengthening the different roles of health services, citizens' organisations, food production and processing industries, food trade authorities and public catering;
- Promoting breastfeeding

At the Meeting the Guidebook was endorsed as extremely relevant and approved. The Guidebook was recommended by the participants as a guide for developing and implementing healthy nutrition programmes within the different Regions of the Russian Federation.”

The relevance of healthy nutrition

Nutrition is one of the important factors affecting public health. Inadequate nutrition plays a key role in the development of many diseases. Both deficiency and excess of food leads to health disorders. Therefore, healthy nutrition programmes should be developed to prevent non-communicable disease and promote health.

For healthy nutrition programmes to be successful in Regions, several factors should be taken into account. These include:

- accessibility of food;
- availability of foods that keep people healthy;
- accessibility of information to the general public.

According to epidemiological studies, there are a number of problems in the nutrition of the population of The Russian Federation. Sugar consumption is high, whereas the consumption of vegetables and fruit is insufficient. Bread and potatoes are the principal sources of dietary energy of the population, providing 45 percent of energy. Fat consumption has reduced in recent years and is around 33 percent of total energy intake. Protein consumption has also decreased from previously high intake levels.

Overweight is a major problem in the adult population. At the same time, studies of low-income families have shown that 14 percent of adults are underweight and have a low body-mass index below 18.5; anaemia is more prevalent among pregnant women. Studies show that by the age of 15-17 consumption of milk and kefir, vegetables and fruit have decreased, although this is the age at which the peak energy requirements occur.

There is also the problem of micronutrient deficiencies leading to a high prevalence of anaemia and iodine-deficiency disorders.

Inadequate intake of vitamins is observed in the population. Thus, 80 to 90 percent consume less than adequate quantities of ascorbic acid; 40 to 60 percent of the population are estimated to have deficient intakes of B vitamins, while pregnant women suffer from iron and folic acid deficiency.

Very often, public awareness of the issues of healthy nutrition is low. Thus, according to a survey conducted in Novosibirsk, only 3 percent of men follow the principles of healthy eating.

The problems mentioned above call for various measures, both at national and regional levels. It is for this purpose that the working group has drafted the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Programmes in The Russian Federation".

The purpose of the Meeting

The purpose of the Meeting was to present the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Programmes in The Russian Federation" to participants, to discuss and make improvements based on their comments and recommendations. In addition, a declaration was adopted concerning the Guidebook.

The need to develop a healthy nutrition policy

A policy of non-communicable disease prevention has been developing in The Russian Federation in recent years. Thus, in 1994, after a series of consultations conducted by leading public health decision-makers, scholars, and WHO experts dealing with health promotion and disease prevention, a document was developed "Towards a Healthy Russia. The Policy of Health Promotion and Disease Prevention: a Focus on the Major Non-Communicable Diseases". Work in that area continued in collaboration with colleagues from the Center for Disease Control (Atlanta, Ga., USA). The result of this cooperation was the Guidebook "Policy and Strategy of Prevention of Cardiovascular and other Non-Communicable Diseases in the Context of Health Care Reforms in The Russian Federation". This Guidebook was discussed at a national Meeting and circulated among all Regions of the Russian Federation.

A policy means agreement, a consensus among the partners as to what problems need to be addressed and by what strategies this should be done. To develop a common policy, partnership is needed between various services and organisations – government authorities, health care and non-medical institutions. Partnership should not be sponsorship. Rather, it is joining strengths to achieve a mutual benefit and attain the objective.

The CINDI programme provides a framework within which policies and strategies can be developed. CINDI has protocols, preventive modules and demonstration projects showing how prevention should be performed at various levels. At present, 17 regions in The Russian Federation participate in the CINDI programme.

The State Research Centre for Preventive Medicine (SRCPM) of the Ministry of Health of the RF is the focal point of the CINDI programme in The Russian Federation.

The present document, on healthy nutrition, has been developed in the context of the document of the WHO Regional Office for Europe "The impact of food and nutrition on public health. The case for a food and nutrition policy and action plan for the European Region of WHO for 2000-2005", the CINDI programme in The Russian Federation and the "Concept of the National Policy of Healthy Nutrition of the Population of The Russian Federation". This Guidebook is designed to help Regions by describing what needs to be done to resolve the problem of healthy nutrition at the regional level. To be successful, healthy nutrition programmes need support by both government authorities and non-governmental organisations. Meetings were held and work was conducted in the Regions in the course of drafting this document.

In developing a healthy nutrition policy, ways to achieve a consensus on goals have to be identified along with ways of attaining them (strategies, methods, priorities) and monitoring and evaluation techniques.

After achieving consensus, the regional policy can be implemented. In implementing the policy, it is necessary:

- to use the existing infrastructure and develop new ones, to create a network of collaborating Regions;
- to develop the existing specialities and health care services, and to build new ones;
- to work with the general public and raise their awareness.

A good example of a successful healthy nutrition programme exists in Electrostal. Here an effective breastfeeding promotion programme was implemented in 1992. During the period since 1992, the number of infants who are breastfed until 4 months of age has increased from 20 to 70 percent.

At the international level, the North Karelia project (Finland) is an example of success. One of the prevention projects was aimed at changing the population diet: reducing animal fat consumption which after 20 years, led to lower serum cholesterol levels and lower blood pressure in the population resulting in reduced mortality from cardio-vascular disease.

Many institutions in the Russian Federation could participate in nutrition programmes. For instance, the SanEpid Service could carry out nutrition assessment and monitoring, centres of medical prevention could engage in the promotion of healthy eating. But at present these institutions are not giving these matters sufficient attention. Curative and prevention services could work effectively at the individual and group level in healthy nutrition programmes. The focus on group level alone would prevent from reaching the entire population especially the most vulnerable. Other medical and non-medical institutions should be involved.

Stages of developing the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Nutrition Programmes in The Russian Federation"

The purpose of the Guidebook is to help Regions develop their own regional healthy nutrition programmes. This project is coordinated by the SRCPM and the Institute of Nutrition of the RAMS. Partners include representatives of health services of Arkhangelsk, Krasnodar, Murmansk, Perm, Chelyabinsk, Electrostal, as well the WHO, CINDI, the Confederation of Consumers' Societies of The Russian Federation, the regional NGO "Health Promotion".

The drafting of the documents went through several stages:

- a meeting in Moscow in April 1998;
- working meetings in Chelyabinsk in June 1998 and May 1999;
- a survey of the beliefs and pre-conceptions regarding nutrition, of the public and officials, carried out in 1999, was presented by representatives from Arkhangelsk and Murmansk involving also other Regions (Krasnodar, Perm, Chelyabinsk and Electrostal);
- a working meeting in Arkhangelsk in November 1999;
- a working meeting in Moscow in February 2000;
- a working meeting in Murmansk in June 2000.

The document took two years to develop. At the first stage, the problem of nutrition was studied using statistical and epidemiological data available. Analyses of data on health impact of nutrition, official statistics and of data of epidemiological studies were performed.

For the first time in The Russian Federation, a survey to identify the beliefs and preconceptions of the public and policymakers was undertaken in the area of nutrition in 5 regions to help develop the Guidebook.

The 12 steps to healthy eating proposed by the WHO/CINDI and shown graphically in the healthy eating pyramid (WHO/CINDI) served the basis for healthy nutrition recommendations.

The Guidebook has now been finalized and contains recommendations for the development of a regional policy of healthy nutrition:

- building a coalition, reaching a consensus, building a partnership;
- drafting legislation and administrative regulations;
- teaching the general public the principles of healthy eating;
- training healthy nutrition specialists;
- strengthening the role of the health care services;
- strengthening the role of citizens' organisations;
- involving food production and processing industries and food trade in healthy nutrition programmes;
- improving public catering;
- promoting breastfeeding programmes;
- developing monitoring and evaluation techniques.

WHO Regional Office for Europe input to the project

Access to a safe and healthy variety of food, as a fundamental human right, was stressed by the International Conference on Nutrition in 1992 and by the World Food Summit in 1996. A supply of nutritious and safe food is a prerequisite for health protection and promotion. In spite of commitments expressed and efforts made at national and international levels, there is still a need for policies which reduce the burden of food-related ill health and its cost to society and health services.

It is estimated that each year around 130 million Europeans are affected by episodes of food borne diseases. Diarrhoea, a major cause of death and growth retardation in young children, is the most common symptom of food borne illness. New pathogens are emerging, such as the agent of bovine spongiform encephalopathy. The use of antibiotics in animal husbandry and the possible transfer of antibiotic resistance to human pathogens are a major public health concern.

Low breastfeeding rates and poor weaning practices result in malnutrition and disorders such as growth retardation, poor cognitive development, and digestive and respiratory infections in young children. Iodine deficiency disorders affect around 16% of the European population and are a major cause of mental retardation. Iron deficiency anaemia affects millions of people and impairs cognitive development in children and, during pregnancy, increases the risk to women.

The prevalence of obesity is up to 20–30% in adults, with escalating rates in children, increasing the risk of cardiovascular diseases, certain cancers and diabetes. Obesity is estimated to cost some health services about 7% of their total health care budget. Around one third of cardiovascular disease, the first cause of death in the Region, is related to unbalanced nutrition, and 30–40% of cancers could be prevented through better diet.

In countries of the European Union, a preliminary analysis from the Swedish Institute of Public Health suggests that 4.5% of disability-adjusted life years (DALYs) are lost due to poor nutrition, with an additional 3.7% and 1.4% due to obesity and physical inactivity. The total percentage of DALYs lost related to poor nutrition and physical inactivity is therefore 9.6%, compared with 9% due to smoking.

This document stresses the need to develop food and nutrition policies which protect and promote health and reduce the burden of food-related disease, while contributing to socio-economic development and a sustainable environment. It insists on the complementary roles played by different sectors in the formulation and implementation of such policies. It provides a framework within which Member States can begin to address the issue. The framework consists of three interrelated strategies:

1. A food safety strategy, highlighting the need to prevent contamination, both chemical and biological, at all stages of the food chain. The potential impact of unsafe food on human health is of great concern, and new food safety systems which take a “farm to fork” perspective are being developed.
2. A nutrition strategy geared to ensure optimal health, especially in low-income groups and during critical periods throughout life, such as infancy, childhood, pregnancy and lactation, and older age.
3. A sustainable food supply (food security) strategy to ensure enough food of good quality, while helping to stimulate rural economies and to promote the social and environmental aspects of sustainable development.

An action plan is proposed for the period 2000–2005, with approaches and activities to support Member States who wish to develop, implement and evaluate their food and nutrition policies.

The need for coordination between sectors and organizations will increase as ethics and human rights, in addition to science and economics, play a greater role in decision-making. Countries can consider which mechanisms are needed to facilitate better coordination between sectors and ensure that health and environmental concerns are considered when food and nutrition policies are made.

It is proposed to set up a food and nutrition task force, to facilitate coordination between the European Union, the Council of Europe, United Nations agencies (especially UNICEF and FAO) and environmental and other international, intergovernmental and nongovernmental organizations. The Regional Office is ready to ensure the secretariat of the task force

The experience of nutrition programmes in Europe and in the USA

The problem of healthy nutrition is relevant to many countries in the world. Certain steps have been taken in **Europe** to resolve the problem of healthy nutrition. A resolution has been taken on the need to develop a food and nutrition policy, and an action plan has been developed by the WHO Regional Office for Europe under the title " The impact of food and nutrition on public health. The case for a food and nutrition policy and action plan for the European Region of WHO 2000-2005". This action plan was approved in September 2000 by the health ministries of all 51 Member States of the WHO European Region. There are plans to hold a Ministerial Conference in 2005 at which the impact of this document will be evaluated.

The European Action Plan points to the need of healthy nutrition for all ages. The healthy nutrition strategy should be implemented throughout the whole human life-cycle - from birth to old age. In the life of every individual there are critical points where appropriate nutrition is particularly important. Thus, it is very important to develop breastfeeding programmes in accordance with the WHO recommendations. Such programmes are being effectively

implemented, for instance, in two maternity facilities in Murmansk and in one maternity in Arkhangelsk.

The first 3 years of life are of particular importance for growth and development. It is the period which determines the health of the entire generation, it is the period in which risk factors for cardio-vascular disease, such as obesity, develop. This is especially relevant for The Russian Federation where cardio-vascular disease is one of the principal causes of premature mortality.

It is to be regretted that the nutrient recommendations that are officially accepted in the Russian Federation do not conform to WHO recommendations. The Ministry of Health of the RF has been offered the WHO guidelines that are consistent with international nutrition standards.

To provide a visual image of healthy nutrition, WHO has developed and presented for practical use a Healthy Food Pyramid for adults that is shown in the Guidebook and on posters. The underlying principle of the food pyramid is the right distribution of foods, the need to eat more vegetables and fruit, and a reduced consumption of protein.

The American Experience

The USA is an example of a country where a healthy nutrition policy has been in place for a long time. The role of the government is very important. Issues of nutrition are dealt with by the Food and Drugs Administration, the Department of Agriculture, and the Department of Health and Human Services.

They identify 3 components in developing healthy nutrition programmes in the USA:

- research;
- policy development;
- monitoring.

The key nutrition policy areas in the USA are:

- developing nutrient standards, average nutrient intake;
- developing dietary guidelines;
- developing food guides.

The dietary guidelines are released every 5 years by the Department of Health and Human Services and the Department of Agriculture. The same agencies also determine all the activities in the area of healthy nutrition. The purpose of such guidelines is to identify the key issues in healthy nutrition, to raise awareness of the general public, and to change dietary habits.

The most recent guidelines released in 2000 contain recommendations not only for healthy eating, but also for food safety and increased physical activity. The Guidebook is intended for the general public, and is presented in the form of a pyramid reflecting recommended daily food intake.

The document "Healthy People" sets concrete targets and identifies areas of non-communicable disease prevention for a ten-year period. Here, targets in the area of healthy nutrition are also defined.

The development of the American nutrition strategy is mainly aimed at raising public awareness. Educational programmes are conducted at work, in supermarkets, at school. Product marketing is performed for this purpose. According to a survey, 50 percent of the population use the data on food components written on labels, while 40 percent buy healthy foods.

Various educational programmes exist in the USA. For instance, the "Five a Day" programme is aimed at increasing vegetable and fruit consumption. The LEAN programme is focused on teaching the public how to reduce animal fat intake.

The Doctors' Association is also implementing a programme aimed at raising public awareness of healthy nutrition and risk factors affecting the development of cardio-vascular disease.

Nutrient content and quality of food is controlled at the federal level. The "School Lunch" programme has been launched to ensure compliance with nutrient standards. The programme of aid for low-income categories provides one-third of the required nutrients and vitamins at the government's expense.

Monitoring is an essential component of the healthy nutrition programmes, and it is undertaken in several areas:

- assessment of nutrition in at-risk populations;
- progress in agricultural policies;
- evaluation of accomplishment of the targets as set in the guidelines;
- effectiveness of the current guidelines;
- food marketing and manufacturing.

Studies of dietary patterns in the USA show that fat accounted for not more than 30 percent of the daily energy intake over the past 20 years. More and more people eat vegetables and fruit and cereals. These changes have been brought about by educational programmes.

Lack of balance in the diet is a major problem in the USA. Energy expenditures are below energy intake and so a great number of people are overweight.

The healthy nutrition policy in the USA will be developed further, according to research, and nutrition-related morbidity.

The experience of developing healthy nutrition programmes in the Russian Federation

Several regions in The Russian Federation have already started to develop a healthy nutrition policy. Thus, with support from the Norwegian government, a healthy nutrition programme was adopted in Arkhangelsk at the city level in December 1999.

Experience shows that potential partners and allies should be identified for such programmes to be implemented. The city administration should be convinced of the need to develop such programmes.

Morbidity data were analysed. Dietary patterns were analysed in kindergartens from 1994. This analysis revealed that the consumption of sugar, cereals and pasta had increased, while that of vegetables and fruit was extremely low and below any standard. A high fat intake, deficiency of calcium, and a low vitamin consumption were also observed. These data provide proof of the need to develop healthy nutrition programmes for young people.

Monitoring is an essential component of preventive programmes. Unfortunately in Arkhangelsk, there has been no nutrition monitoring so far, although the SanEpid Service could perform it if they had the necessary technical skills.

The programme of healthy nutrition developed for Arkhangelsk includes the following components:

- public education and awareness-raising;
- monitoring and evaluation;
- care for vulnerable groups;
- training professionals;
- increasing local food production;
- promoting breastfeeding;
- providing dietary supplementation (iodine, dietary fibre);
- increasing food resources.

A policy of healthy nutrition is also being developed in Murmansk

In 1994, work was started to promote breastfeeding in close cooperation with the WHO and with the support from the Government of Norway. A series of workshops have been conducted during this period, and 2 maternity homes have been awarded the title "Baby-Friendly Hospital". At present, maternity home No.3 serves a base for the training and consulting centre "Mother and Family" that provides training for health professionals in new approaches to breastfeeding, training and consulting for pregnant and lactating women, as well as members of their families.

From 1998, all obstetrical establishments in the region have been working under the Baby-Friendly Hospital Programme. However, for this work to be effective, the attitude of the general public needs to be changed through better education and awareness-raising.

In the autumn of 1999, a WHO workshop "Nutrition of pregnant and lactating women and their families" was held in Murmansk within the framework of partnership with Norway. An action plan was adopted at the workshop to improve nutrition of the population of the region. The meeting was attended by representative of various health care institutions, and a decision was taken to develop a healthy nutrition policy for the region.

In June 2000, a meeting "Healthy Nutrition: the Role of Women and the Family" was held in Murmansk again with support from Norway. A draft healthy nutrition programme for the region was presented. The development of the healthy nutrition policy had been preceded by an assessment of the regional characteristics of food patterns in Murmansk. It has been

suggested that sub-optimal diets, deficient in vitamins of groups C and B, folic acid, iron and iodine prevailed in the population.

A coalition has been created in the course of developing the healthy nutrition programme, which included the SanEpid Service, the Centre for Medical Prevention, the Centre "Mother and Family", the regional committee for public education, representatives of children's pre-school establishments, Goskomstat, commercial banks, and the media.

A number of programmes are already being implemented: the programme of preventing micronutrient deficiencies, the breastfeeding programme, the programme of nutrition for pregnant and lactating women.

The work on the draft programme still continues, and the document is now at the stage of approval by the legislature.

The problem of micronutrient deficiency and ways of resolving it

The problem of elimination of iodine-deficiency disorders is equal in importance to the elimination of smallpox and poliomyelitis. At present, 72 percent of the world's population are using iodised salt. Studies have shown that there is no region in The Russian Federation that is free from the problem of iodine deficiency. The WHO recommendation is to iodise salt and use iodised salt in food manufacturing and cooking. There is a possibility to manufacture such foods in The Russian Federation today, as 90 percent of all salt in the country is produced by 4 enterprises. The output of iodised salt increased sharply between 1997 and 1999 – from 5 to 85 tonnes, but for a country like The Russian Federation this is not enough. New standards have now been developed, making it possible to improve the quality of iodised salt, i.e. to extend shelf life from 3 to 9-12 months and to increase iodine content.

At present, nearly 25 percent of the population are using iodised salt, and 40 percent use it occasionally.

To further advance the programme of preventing iodine-deficiency disorders, it is recommended:

- to enforce universal salt iodisation;
- to develop a partnership between manufacturers, wholesalers, the SanEpid Service and health authorities.

Centre for Disease Control (CDC), Atlanta, Georgia, USA

Iron deficiency leading to anaemia in the population is another urgent problem in The Russian Federation. A survey has been carried out in the Ivanovo Oblast within the framework of Russian-American co-operation, which showed that the prevalence of anaemia was 40% among children under 2 years of age, 25% among pregnant and 18.5% among non-pregnant women.

To resolve the problem, it was decided to use foods fortified with iron and other essential micronutrients. To this end, domestic food supplements "Vetoron" and "Fortamin" were used, and bread was fortified with iron in the Ivanovo Oblast.

Mass media and the management of enterprises were involved in providing the public with better information on the programme that was being carried out. When a second survey was undertaken, the population that had been using iron-fortified products showed a small reduction in the prevalence of anaemia.

To prevent iron-deficiency disorders, it is necessary:

- to promote production of foods fortified with iron;
- to focus on the nutrition of pregnant and lactating women, recommending them to consume iron-fortified foods and iron supplements;
- to train local paediatricians in methods of monitoring the adequacy of children's nutrition, and to use iron-fortified foods in children's nutrition;
- to monitor the effectiveness of the measures being taken.

A citizens' initiative to grow vegetables in St. Petersburg

In 1993, the Centre of Russian-American Civil Initiatives, supported by the US Fund for Supporting Civil Initiatives, launched a project of growing vegetables on the roofs of buildings in St. Petersburg. Citizens of St. Petersburg were offered to try and use the roofs of dwelling houses to grow vegetables using special techniques under the programme "Agroinitiative". A citizens' organisation in the city took up the project. In 1993, the roof of one of the buildings was selected as a demonstration site and used as a kitchen-garden. The technical aspects of using the roof of a residential building were agreed with the municipal services.

Several other experimental kitchen-gardens were started in the city over the next few years.

Experience shows that one can grow on the roof many kinds of vegetables and greens, as well as strawberries, bushes of gooseberry and currant, and raspberry. Products thus grown are environmentally clean, free of heavy metals and nitrates, while the production cost of such products is low. Thus, the residents of the city who have no land of their own may provide themselves with the much-needed vegetables and berries grown on their own roof.

The example of this project proved the feasibility of gardening in a city. This provided prospects for initiatives by residents, enterprise managers, educational institutions, hospitals, children's homes, - all those who have roofs, loggias, or balconies at their disposal.

The advantages include providing city residents with fresh vegetables and the opportunity of providing employment for citizens, especially pensioners.

Discussion of the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Programmes in The Russian Federation"

The main conclusion during the Meeting was that all the participants approved the Guidebook "Healthy Nutrition: Plan of Action to Develop Regional Programmes in The Russian Federation". The participants also agreed that the document was timely, interesting and useful. The Regions need this document to develop their own healthy nutrition regional programmes. It was agreed that the Guidebook will enable representatives of various sectors to join forces.

The formal opinion of the Meeting participants regarding this Guidebook is expressed in the resolution of the Meeting that was adopted by the participants and is enclosed with the present report.

This Guidebook is a plan of action. The document is intended for those who work in the area of health promotion and disease prevention. It is more important to develop such programmes at the regional rather than national level, and to spread the programmes to other regions. In view of the need for educational programmes, the Meeting participants appealed to Dr. Aileen Robertson of the WHO Regional Office for Europe for support in developing educational programmes in the area of nutrition.

A further plan of action to promote the Guidebook will include:

- elaboration and development of healthy nutrition programmes in various regions, oblasts and cities;
- elaboration of indicators for programme evaluation jointly with the WHO Regional Office for Europe;
- development of a training programme and infrastructure for teaching, and making use of trained specialists.

After all the suggestions and comments are considered, the final version of the Guidebook will be mailed to members of the working group for approval, and will then be published.

Recommendations of the Meeting concerning some of the chapters of the Guidebook

After the presentations and the general discussion, the Meeting participants discussed chapters 6 and 7 of the Guidebook. In order to consider these chapters in greater detail, the participants split into 5 working groups.

The Meeting participants approved the latest version of the document. Comments and suggestions to be further discussed and finalised are given below.

Editorial changes that did not need discussion were introduced in the text of the document.

Coalition. Reaching a consensus. Building partnerships (section 6.1)

Chapter 6 provides quite a complete review of the possible partners, but in Fig. 6 "Partnership in the regional policy of healthy nutrition" the principal partner at whom the entire programme is targeted – the general public, should be mentioned, and the health authorities should be shown separately. It was also proposed that an additional empty wheel be added to the diagram, since new partners that are not included may appear in the course of work.

An example of a successful coalition exists in the Tver regional programme "Healthy Nutrition" involving 26 partners, with a Coordination Council set up to implement the healthy nutrition policy in the region.

Another example of a body to coordinate healthy nutrition policy exists in Murmansk where they have set up a Council for health education of the population based on the intersectoral cooperation, which effectively handles issues of healthy nutrition. In St. Petersburg, a council

has been set up at the health committee of the city legislature, and in Arkhangelsk – at the mayor's office.

Legislation. Administrative regulation (section 6.2)

Order by Prime-Minister M. Kasyanov No. 1202-R dated August 31, 2000 "The Concept of Public Health Care in the RF for the Period up to 2005" should be added to the statutory acts listed in this section.

It was proposed to add the following examples of resolving nutrition problems at the regional level:

- an order by the director of a large industrial enterprise in the city of Verkhnyaya Salda to implement a healthy nutrition programme at the enterprise and to stimulate workers consuming healthy foods by subsidising lunch;
- an ordinance by the governor of the Murmansk Oblast on developing social programmes for low-income populations, namely, "less expensive fish", "less expensive bread", "less expensive milk".

Public awareness of the principles of healthy eating (section 6.3)

Public education through the media

A good example of educating the public through the media is the Tver TV which provides the public with information on healthy eating every month in a series of broadcasts on health and NCD prevention. In the city of Tomsk a regional reference book for the general public "Healthy Nutrition for Tomsk" has been published.

As regards educating the journalists in the issues of nutrition, it was proposed that the health sector and the media participate on an equal basis in focused round table discussions.

Public education through the health-care community and non-medical agencies

The experience of St. Petersburg was suggested as an example illustrating the role of the doctor in educating the public. Studies in the town of Pontonny showed that the patients whose cholesterol level had been tested and who followed the principles of healthy eating, changed their dietary habit twice as frequently as those who had not consulted the doctor.

Breastfeeding (section 6.4)

There was a lively debate on this subject, with the working group concluding at the end that the section was not consistent with the overall style of the document. It was recommended to rewrite this section, as it only contained examples and no recommendations. Examples should be given in smaller characters, as elsewhere in the text, and the diagrams should be deleted.

The source of the data quoted in this section should also be mentioned.

This section could be placed after section 6.9.

In view of the fact that transition from breastfeeding to complementary feeding is very important for the baby, it was recommended that the WHO's 5 principles of feeding during this "critical (transitional) age" be described:

1. Physiological adequacy.
2. Balanced diet.
3. Energy adequacy.
4. Secure supply of food (planning of feeding for the periods of intensive growth of the child).
5. Nutritional unity between the mother and the baby.

Teaching healthy nutrition to professionals (section 6.5)

It was recommended to add to this section some possible channels of communicating nutrition information to health professionals. These include special medical publications ("Paediatrics", "Therapeutic archives", etc.), and incorporation of a cycle of lectures on nutrition into the course of graduate and postgraduate training of students. A good example here is Tver State Medical Academy, where lectures on healthy nutrition are delivered, and a course "Rational nutrition as the basis for primary, secondary and tertiary prevention of NCD" is conducted by the chair of preventive medicine.

Examples of cities where Schools of Public Health already exist are Chelyabinsk and St. Petersburg.

The role of health services (section 6.6)

It was proposed to add the paediatric service, as well as health centres and rehabilitation centres to the scheme in Fig. 9 where the district and family health services are shown.

The role of citizens' organisations (section 6.7)

As all the participants in the working group noted, this section did not need any amendments. As an example, the experience of Orenburg could be mentioned where the Regional Branch of the Russian Public Health Association organised a school of public health on the premises of the centre for medical prevention, providing training for various professional groups (health workers, teachers, parents, students, public catering personnel, mass media, directors of schools, kindergartens, health centres).

Food production and processing. Food trade (section 6.8)

The Meeting participants recommended the following:

to provide a reference to the source of data given in the section;
to include the example of food production and processing in Tver.

Public catering (section 6.9)

It was proposed to use the examples of Tver (a programme in kindergartens), Vologda (a healthy nutrition programme at schools), and Verkhnyaya Salda (controlling the quality and assortment of products in factory canteens).

Monitoring and evaluation (section 6.10)

The Meeting participants recommended the following:

- to define more clearly what the intermediate outcomes are and what the indicators are;
- to elaborate on each strategy (not more than a paragraph for each one), as this document does not contain a detailed description of strategies, so it could be difficult for lay people to understand what is what;
- to enable monitoring of the programme implementation and evaluation of the programme, to add a section on research;
- to provide an example of how a strategy should be selected in the recommendations.

Annex 1

Agenda

Tuesday 19 September

Chairpersons: Dr Aileen Robertson, Dr R. Oganov

09.00–09.20	Opening: Welcome address by the Administrations of the Arkhangelsk Oblast and City and by the State Research Centre for Preventive Medicine (Dr R Oganov)
09.20–09.35	Non-Communicable Diseases in the Russian Federation and the Role of Nutrition by Dr R. Oganov.
09.35–09.40	<i>Discussion</i>
09.40–10.00	The WHO First Food and Nutrition Action Plan and it's Relevance to the Development of a Regional Policy of Healthy Nutrition of the Population of the Russian Federation by Dr Aileen Robertson
10.00–10.10	<i>Discussion</i>
10.10–10.25	Food Intake of the Population of Russian Federation by Professor A. Baturin
10.25–10.30	<i>Discussion</i>
10.30–10.45	The Need to Develop a Policy of Prevention by Professor I. Glasunov
10.45–10.50	<i>Discussion</i>
10.50–11.10	The Policy of Nutrition of the United States of America by Dr H. Zabina
11.10–11.15	<i>Discussion</i>
11.15–11.40	<i>Break</i>
11.40–11.55	Plan of Action to Develop a Regional Policy of Healthy Nutrition of the Population of the Russian Federation by Dr Tatyana Kamardina
11.55–12.00	<i>Discussion</i>
12.00–14.00	<i>Lunch</i>
14.00–14.20	Experience of Developing a Regional Policy of Healthy Nutrition for the Population:
	<ul style="list-style-type: none">• Arkhangelsk: Dr L. Koudrya, Dr L. Sokolova, Professor N. Kondakova• Murmansk: Dr T. Dinekina
14.20–14.30	<i>Discussion</i>
14.30–14.45	Prevention of Iodine-Deficiency Disorders in the Russian Federation by Dr G. Gerasimov
14.45–14.50	<i>Discussion</i>
14.50–15.10	Prevention of Anaemia in the Ivanovo Oblast by Dr V. Gubernatorova, Dr H. Zabina
15.10–15.20	<i>Discussion</i>
15.20–15.35	Growing Vegetables and Fruit in a Large City by Dr A. Sokol
15.35–15.40	<i>Discussion</i>
15.40–16.00	<i>Break</i>
16.00–18.00	Working group session: Discussion on the Guidebook “Healthy Nutrition: Plan of Action to Develop Regional Programmes in the Russian Federation”. What needs to be amended in chapters: <ul style="list-style-type: none">• Recommendations Concerning the Development of a Regional Policy of Healthy Nutrition of the Population (Chapter 6)• Monitoring and Evaluation (Chapter 7)

Wednesday 20 September

Chairpersons: Dr A. Baturin, Professor I. Glasunov

10.00–11.00	Presentation of results of the working group session.
11.00–11.30	<i>Break</i>
11.30–13.00	General discussion of the Guidebook “Healthy Nutrition: Plan of Action to Develop Regional Programmes in the Russian Federation”.
13.00–14.00	Plan for further action to promote the Guidebook at Federal and Regional levels. Adoption of the Arkhangelsk Declaration

Annex 2

List of participants

1.	Lyubov Alexeyeva	SanEpid Centre, head of the department of nutrition hygiene	163061, Arkhangelsk, Troitsky pr., 164, block 1
2.	Polina Andreyeva	Head of the gastroenterological dept., 1 st clinical hospital	Arkhangelsk
3.	Nadezhda Antipina	Regional Centre of Preventive Medicine	Murmansk
4.	Pavel Balakshin	The Mayor of Arkhangelsk	Arkhangelsk
5.	Alexander Baturin	Research Institute of Nutrition of the RAMS, professor	Moscow
6.	Viktor Belozerov	Head of the children's gastroenterological centre	Arkhangelsk
7.	Svetlana Blumental	Head of the child development centre	183038, Molochny, Kolski District, Murmansk Oblast
8.	Margarita Borovikova	Deputy head of department of health and provision of drugs of the Kaluga Oblast, in charge of maternity and child care	Kaluga
9.	Lena Buraya	SanEpid Centre in the Murmansk Oblast	Murmansk
10.	Nina Baranchik	Chief therapist of the Arkhangelsk Oblast	Arkhangelsk
11.	Viktor Bogdanov	General Services Department, the Arkhangelsk Oblast administration	Arkhangelsk
12.	Emilia Volkova	Ural State Medical Academy of Further Education	Chelyabinsk
13.	Natalia Vartapetova	The American International Health Alliance, Director of Programmes	Moscow
14.	Tatyana Gnevysheva	Chief paediatrician of the Arkhangelsk Oblast	Arkhangelsk
15.	Igor Glasunov	State Research Centre for Preventive Medicine of the Ministry of Health of the Russian Federation, head of the department of NCD prevention and public health promotion policies, professor	Moscow
16.	Tamara Gumina	Pittkäranta central district hospital	Republic of Karelia, 186810 Pittkäranta, ul. Gorkogo, 49
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18.	Grigori Guerasimov	UNICEF	Moscow
19.	Valentina Gubernatorova	Chief state sanitary medical officer of the Ivanovo Oblast	Ivanovo
20.	Nikolai Danchin	Regional Centre for Preventive Medicine, chief medical officer	Krasnodar
21.	Tatyana Dinekina	Maternity home No.3, Murmansk, head of the medical service	Murmansk
22.	Vladimir Dotsenko	Chief dietarian of St.Petersburg	St.Petersburg
23.	Galena Yevstifeyeva	Orenburg medical institute	Orenburg
24.	Galina Yermokhina	Acting director of the health department of the Arkhangelsk Oblast administration	Arkhangelsk
25.	Anatoly Yefremov	Head of the Arkhangelsk Oblast administration	Arkhangelsk
26.	Nina Kondakova	Arkhangelsk State Medical Academy	Arkhangelsk
27.	Lyudmila Konovalova	Chief specialist in adult medical care and disease prevention, department of health and social protection of the population	Arkhangelsk
28.	Olga Kuznetsova	Deputy vice-chancellor of the Medical Academy, department of family medicine	St. Petersburg

29.	Vyacheslav Kabakov	Head of the division of maternity and child care, Department of Health of the Arkhangelsk Oblast administration	Arkhangelsk
30.	Irina Konobeyevskaya	Senior research associate, department of preventive cardiology, Research Institute of Cardiology at the Tomsk branch of the Siberian Division of the Russian Academy of Medical Sciences	Tomsk
31.	Lyudmila Katelnitskaya	Head of department of therapy No.4. professor, Medical Institute	Rostov upon Don
32.	Lyudmila Koudrya	Arkhangelsk Medical Academy, assistant professor at the department of nutrition hygiene, medical ecology and epidemiology	Arkhangelsk
33.	Oleg Kalev	Deputy vice-chancellor for curative activities and international links, professor, Chelyabinsk State Medical Academy	Chelyabinsk
34.	Tatyana Kamardina	State Research Centre for Preventive Medicine, leading research associate, department of NCD prevention and public health promotion policies	Moscow
35.	Svetlana Konstantinova	State Research Centre for Preventive Medicine, research associate, department of NCD prevention and public health promotion policies	Moscow
36.	Regina Korotenkova	Head of department of trade and public services, Arkhangelsk	Arkhangelsk
37.	Yelena Kotsuro	Head of the regional centre for antenatal preparation, Women's Consultation No.5	Tver
38.	Serguei Levashov	Assistant professor, Ural State Medical Academy of Further Education	Chelyabinsk
39.	Yuri Lebedev	Chairman of the Regional Consumers' Alliance of the Arkhangelsk Oblast	Arkhangelsk
40.	O. Lookoots	Research Institute of Cardiology at the Tomsk Branch of the Siberian Division of the Russian Academy of Medical Sciences	Tomsk
41.	Stanislav Mazanov	Curative and preventive complex, Verkhniaya Salda	Verkhniaya Salda, Sverdlovsk Oblast
42.	Valery Medik	Director of the Novgorod Scientific Centre	Veliki Novgorod
43.	Yuri Nikitin	Chairman of the Trade Union Council of the Arkhangelsk Oblast	Arkhangelsk
44.	Yuri Nikitin	Director of the Institute of Therapy at the Siberian Division of the Russian Academy of Medical Sciences, academician	Novosibirsk
45.	Yuri Nikolayev	Senior research worker, Institute of General Pathology and Human Ecology at the Siberian Division of the RAMS	Novosibirsk
46.	Rafael Oganov	State Research Centre for Preventive Medicine, academician	Moscow
47.	V. Pankratyev	Chief physician of the Regional Centre for Preventive Medicine	Murmansk
48.	Lyudmila Pestoun	Elektrostal Central City Hospital, deputy chief physician	Elektrostal
49.	Marina Popovich	State Research Centre for Preventive Medicine, senior research associate, department of NCD prevention and public health promotion policies	Moscow
50.	Igor Petrookhin	Head of the department of polyclinical therapy, professor, Tver Medical Institute	Tver
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52.	Alexander Reshetov	Interpreter	Minsk
53.	Serguei Ryabov	Head of the department of health of the Dubna city administration	Dubna, Moscow Oblast

54.	Irina Ryumina	WHO Liaison Office	Moscow
55.	Alla Sokol	Agroinitiative	St.Petersburg
56.	Lyubov Sokolova	SanEpid Centre in Arkhangelsk, chief physician	Arkhangelsk
57.	Irina Solovyova	State Research Centre for Preventive Medicine, senior research associate, department of NCD prevention and public health promotion policies	Moscow
58.	Andrei Solovyov	Director of the central research laboratory, professor of the department of psychiatry and narcology, Arkhangelsk State Medical Academy	Arkhangelsk
59.	Lyudmila Solovova	Department of statistics and population surveys	Moscow
60.	Galina Skvirskaya	Department of the population health care, head of division No. 3, Ministry of Health of the RF	Moscow
61.	Pavel Sidorov	Vice-chancellor of Arkhangelsk State Medical Academy	Arkhangelsk
62.	Alla Siaglova	Verkniaya Salda Health Centre, chief physician	Verkhiaya Salda
63.	Yevgueni Tkachenko	Chief gastroenterologist of St.Petersburg	St.Petersburg
64.	Mikhail Oukhanov	Chief physician of Pittkäranta central district hospital	Republic of Karelia, Pittkäranta
65.	Vera Fokeyeva	SanEpid Centre, deputy chief physician	Arkhangelsk
66.	Frolova Yelena	Head of the department of living standard statistics and population surveys	Moscow
67.	Yelena Frolova	Assistant professor of the department of family medicine at the Medical Academy of Post-Diploma Training	St. Petersburg
68.	Tatyana Khayretdinova	Professor, Bashkir State Medical Institute	Oufa
69.	Natalia Chekhonatskaya	Orenburg Medical Institute	Orenburg
70.	Natalya Tsimbalenko	Chief specialist in child health care and disease prevention	Arkhangelsk
71.	Lyudmila Shkolnikova	Deputy chief physician of the medical centre at the oleum plant	Bijsk, the Altai Territory
72.	Alexander Shabrov	Vice-chancellor of St. Petersburg Medical Academy	St. Petersburg
73.	Moisey Shraga	Arkhangelsk State Medical Academy. Professor of the department of hygiene, medical ecology and epidemiology	Arkhangelsk
74.	Tatyana Shchepina	SanEpid Centre, head of the department of children's and adolescents' hygiene	Arkhangelsk
75.	Serguei Emmanuilov	Durector of the department of health at the Arkhangelsk Oblast administration	Arkhangelsk
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Annex 3

Poster Presentations

Arkhangelsk

- Practical experience of the Centre of State Sanitary Epidemiological Surveillance in the city of Arkhangelsk in drafting the programme "Healthy Nutrition of the Population of the City of Arkhangelsk" for the period 2000-2002. By L. Sokolova
- Practical experience in drafting the programme "Healthy Nutrition of the Population of the City of Arkhangelsk" By L. Koudrya, L. Sokolova, N. Kondakova, M. Shraga
- Nutritional status and food consumption: assessment, monitoring, action plan. By L. Koudrya, M. Shraga

Ivanovo

Problems relating to iron deficiency in the population of the Ivanovo Oblast. By V. Gubernatorova, A. Zotov, L. Koulyova, A. Gubernatorova

Murmansk

The role of centers of medical prevention in providing information support to the regional policy of healthy nutrition of the population. By V. Pankratyev, N. Antipina

Orenburg

Healthy nutrition as part of the school preventive programme. By S. Lebedkova *et al.*

Perm

Assessment of the management of nutrition of students at schools of general education in the Perm Oblast.

Rostov-na-Donu

Nutritional status of miners in the coal mines of the Rostov Oblast. By L. Katelnitskaya *et al.*

Samara

The programme of healthy nutrition of children in the Samara Oblast. By L. Katkova, S. Gourvich

St. Petersburg

- Characteristics of nutrition and prevalence of risk factors in a St.Petersburg district. By Ye. Frolova *et al.*
- Current problems of the regional policy of healthy nutrition in the North-Western Region of Russia. By V. Dotsenko, A. Shabrov

Tver

Problems of healthy nutrition in the Tver Oblast. By V. Vinogradov *et al.*

The Tver regional policy of healthy nutrition. By V. Vinogradov, V. Vorobyov

Tomsk

- The need for developing and implementing a strategy of the healthy nutrition programme, and certain steps in implementing it in Tomsk. By I. Konobeyevskaya *et al.*
- On the importance of a continuous monitoring of nutritional regimen of patients with soft hypertension (the experience of the school of the hypertension patient). By A. Bryukhanov

Chelyabinsk

- The role of international co-operation in developing a regional nutrition policy. By E. Volkova, I. Glasunov, S. Levashov *et al.*
- The practice of teaching nutrition in the system of post-diploma training. S. Levashov, E. Volkova *et al.*
- Rapid assessment of dietary habits in implementing health promotion and disease prevention programmes. O. Kalev, I. Glasunov, N. Kaleva, L. Yashina

Annex 4

List of WHO documents distributed to participants

1. **Nutrition policy experiences in Northern Europe.** Report from a consultation on implementation of national food and nutrition policies, Copenhagen, January 1988. ICP/NUT 134.
2. **Planning and Management of Community Nutrition Work.** Manual for people working in community nutrition by Oshaug, A., WHO Collaborating Centre for Nutrition at the Nordic School of Nutrition at the University of Oslo, Norway. EUR/ICP/NUT 140. 1992.
3. **Food and Health Data: their use in nutrition policy-making.** Editors: Becker, W. and Helsing, E. WHO Regional Publications, European Series No. 34. 1991. ISBN 92 890 1125 4.
4. **Diet, Nutrition and the Prevention of Chronic Diseases.** WHO Technical Report Series 797. WHO Geneva. 1990. ISBN 92 4 120797 3.
5. **Comparative Analysis of Nutrition Policies in WHO European Member States.** A comparative analysis of food and nutrition policies and plans of action in WHO European Member States on the basis of reports submitted at a consultation, September 1996. EUR/ICPLVNG 01 02 01. 1998.
6. **Eating for Health.** A Diet Action Plan for Scotland, published by The Scottish Office Department of Health, July 1996. ISBN 0 7480 31383.
7. **Healthy Nutrition.** James W.P.T., Ferro-Luzzi A, Isaksson B. and Szostak W.B. WHO Regional Publications, European Series No. 24. ISBN 92 890 1115 7. 1988.
8. **Comparative Analysis of Elimination of Iodine Deficiency Diseases in the WHO European Region.** EU/ICP/LVNG 01 01 01. 1999.
9. **Urban Agriculture in St. Petersburg, Russian Federation.** Conducted by the Urban Gardening Club. Series on Urban Food Security - Case Study 1. EUR/00/5014688. April 2000.
10. **The role of public catering in improving the quality of food.** Report on a WHO consultation. Denmark, 1987.
11. **Social Marketing and Public Health Intervention.** R. Craig Lefebvre and June A. Flora, USA. Health Education Quarterly Vol. 15 (3). P299-315. 1988.
12. **Health Promotion Challenges for Countries of The Former Soviet Union: Results from Collaboration Between Estonia, Russian Karelia and Finland.** Pekka Puska, Division of Health and Chronic Diseases, National Public Health Institute, Helsinki, Finland. Health Promotion International Vol. 10. No. 3 1995.
13. **WHO Perspective on the Nutrition Situation in Europe.** Aileen Robertson and Tiina Mutru. September 1998.
14. **Contaminated Soil in Gardens.** Adapted from booklet produced by the Environmental Protection Agency Copenhagen. EUR/ICP/LVNG 03 01 02(A). 1999.
15. **Current Problems in Improving Diet and Health in Russia – Outline of a State Healthy Nutrition Policy in Russia for the Period to 2005.** By Knyazhev, Onishenko, Bolshakov, Baturin, Tutelyan. Institute of Nutrition, Moscow. Voprosy pitaniya (Food Issues) No. 8. 1998.
16. **Priorities for Eliminating IDD in CCEE and NIS.** Regional Conference on elimination of IDD in central and eastern Europe, the Commonwealth of Independent States & the Baltic States, Munich, September, 1999. Dr Aileen Robertson.
17. **Hygiene in nutrition services and at public catering facilities. Basic rules.** FAO/WHO.
18. **Protein Reference Values in The Russian Federation.** Development of a subsistence income level for the Russian Federation and the practical consequences of a high protein reference value (norm). Conclusions and recommendations by WHO. Popkin B., Mozhina C., Baturin A. 1992.
19. **Measuring Obesity: Classification and Description of Anthropometric Data.** Report on WHO consultation on the Epidemiology of Obesity, Warsaw, 21-23 October 1987.
20. **Healthy Food, and Nutrition for Women and Their Families.** A 3-day training course and workshop curriculum for health professionals. June 2001. EUR/5018052
21. **Comparative Analysis of Nutrition Policies in WHO European Member States.** A comparative analysis of food and nutrition policies and plans of action in WHO European Member States on the basis of reports submitted at a consultation, September 1996. EUR/ICPLVNG 01 02 01. 1998

22. **Comparative Analysis of Implementation of the Innocenti Declaration in the WHO European Region.** Monitoring Innocenti targets on the protection, promotion and support of breastfeeding. EU/ICP/LVNG 01 01 02. 1999.
23. **Mother's and child's health promotion: encouraging changes within the framework of the CARAK project.** Dr. Viviana Mangiaterra. Publication by the Inter-Departmental Breastfeeding Monitoring Group. 1997.
24. **Breastfeeding: How to Support Success.** A practical guide for health workers by Vinther, T. and Helsing, E. and edited by Palmer, G. Revised version. EUR/ICP/LVNG 010212. 1997.
25. **A garden on the roof.** A. Sokol. St. Petersburg, 1996.
26. **The First Action Plan for Food and Nutrition Policy, WHO European Region 2000-2005.** EUR/01/5026013. 2001
27. **Recommended nutrient intake values. A guidebook.** Jenny Salmon. London, 1999.
28. **The Law of Georgia on Protection and Promotion of Infants Natural Feeding and Controlled use of Artificial Feeding.** Parliament of Georgia, September, 1999.
29. **Key Issues in Nutrition.** Information for a training course for health professionals. Dr Tim Gill, Rowett Research Institute 1996
30. **Feeding and Nutrition of Infants and Young Children. Guidelines for the WHO European Region with Emphasis on the Former Soviet Countries.** ISBN 92 890 1354 0. 2000

Annex 5

Travel Report by Dr Elisabet Helsing, Norway

Introduction

The WHO Regional Office for Europe Nutrition Programme was at the centre of attention at the Regional Committee for Europe Meeting September 2000, when a Food and Nutrition Action Plan was endorsed by Member States. In order to get a better grip on the realities contained in the Action Plan, the idea behind travelling to Archangelsk was to judge how this plan will operate at a Regional level (and under materially difficult conditions). We used the occasion of the Arkhangelsk Regional Meeting mentioned below to do this. Due to her familiarity with WHO programmes, especially at the local Russian level, Dr Elisabet Helsing took on this task.

At the same time, it was felt that the “Family Centered care” programme was at a difficult juncture in the transition from breastfeeding to birthing care. It would be good to have a meeting with the Archangelsk Health authorities to get their views as to where and how this project ought to move. Using the occasion of the recent appointment of Dr V Kabakov to the position of Head, Women’s and Children’s Health at the Health Department, Eli Heiberg was able to proceed with the planning process in a very constructive way.

Summary of the Meeting in Arkhangelsk on Plan of Action to Develop Regional Policies on Healthy Nutrition in Russia

Responsible for organising the Meeting were the State Research Centre for Preventive Medicine of the Ministry of Health of the Russian Federation, in collaboration with the Regional Sanitary and Epidemiological Centre of Archangelsk. The Meeting was sponsored by the WHO Regional Office for Europe, and financed by the Norwegian Collaborative Programme on Health in the Barents Region. Since the WHO Nutrition Programme collaborates with the WHO CINDI programme, representatives from other parts of Russia where the CINDI Programme is active also took part, i.e. Perm, Chelyabinsk, Krasnodar, Murmansk and Elektrostal. There were about 70 participants in the meeting, and their task was to go through and reach consensus on a last draft of a “Regional Policy of Healthy Nutrition for the Population of Russia”.

The draft policy document, which was described as a “Guidebook”, was in good WHO style sent out well ahead of the meeting. It contains food-based dietary guidelines of a nature that in the Russian context must be felt as truly revolutionary. Here for the first time in a Russian public health context are modern nutrition concepts presented comprehensively. It has to be emphasised that the CINDI programme responsables, who “in former times” through their US connections were more advanced than most Soviet institutions when it comes to public nutrition, may have been a wise strategic choice of partnership on the part of WHO.

The policy document, which has been developed in collaboration with the local officials responsible for food and nutrition, especially the San-Epid Centres of the involved oblasts, is remarkably comprehensive. The WHO Regional Programme for Nutrition should be commended for getting acceptance and even enthusiasm for a programme of action that contradicts much of what in Russia used to be the conventional truth. The nutrition science as formerly practised in the Soviet Union used to be based on rather old-fashioned ideas about nutrition in a country that until 1990 had very little contact with modern nutrition research in Western academic institutions. Yet from the sounds of the working groups, and the statements heard in the plenary, participants felt true ownership of this revolutionary (after a fashion) policy document.

Still, there are details in the document that show that the way ahead is long and arduous. The complex issues of relatively low intakes of some vitamins and minerals are, apart from iodine, not necessarily best solved with food fortification, as is the suggestion repeated from time to time in the document. Much is made of the role of mothers, and women, in healthy nutrition in the country. It would seem even more problematic that the knowledge about nutrition among health professionals leaves much to be desired. Health workers are generally seen by the population and especially by the women as the guardians of healthy nutrition.

In fact, awareness about nutrition seems to have come a long way in a short time; in the past, dietary data on the population were state secrets, and food composition tables have been hard to come by and difficult to interpret to this day.

In conclusion, the WHO Nutrition Adviser has her work in Russia cut out for her, and, to this observer's judgement, is doing it very well.