



Better nutrition in Kazakhstan

A Key To Achieving the
Sustainable Development Goals





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Summary

Kazakhstan has made great progress in tackling some of the major nutritional challenges, and is on-track to achieve global goals relating to child wasting and stunting.

However, pockets of undernutrition remain and the growing burden of disease associated with unhealthy diets and overweight poses significant challenges. Kazakhstan, like other Central Asian Republics, has experienced a nutrition transition in recent decades and consumption of foods high in saturated fat, trans-fatty acids, free sugars and salt (HFSS foods) is widespread. Non-adherence to dietary recommendations in Kazakhstan, notably extremely high salt intake, contributes to hypertension and cardiovascular diseases, overweight/obesity, type 2 diabetes and some types of cancer. The premature death, morbidity and disability from these conditions have a negative impact on socioeconomic development and undermines progress towards achieving the Sustainable Development Goals (SDGs).

Despite this challenging backdrop, political opportunity to end all forms of malnutrition and tackle NCDs through multi-sectoral, multi-level approaches has never been greater. The SDGs and the UN Decade of Action on Nutrition 2016–2025 provide global and national impetus to address malnutrition, including unhealthy diet and obesity, through cross-government, comprehensive and integrated approaches. The Political Declaration adopted by the UN General Assembly at the 2018 High-Level Meeting on NCDs renewed focus and restated commitment to achieve health for all by combatting NCDs.

This factsheet reflects the findings from three ground-breaking studies in Kazakhstan looking at the food environment, dietary intake and nutritional status. The studies were carried out in 2016-2017 and result from collaboration between the WHO Regional Office for Europe, the Kazakh Academy of Nutrition, the National Center of Public Health Policy and WHO Collaborating Centres.

These studies show that:

- ▶ Almost 20% of 6-9 year old children in Kazakhstan have overweight or obesity, with higher rates observed among urban communities and among children who were never breastfed. School-aged children regularly consume sugar-sweetened soft drinks, with 49.7% consuming sugary soft drinks on a weekly basis. Only about 1 in 3 children consumed fresh fruit (33.3%) and vegetables (30.2%) on a daily basis.
- ▶ Salt intake in Kazakhstan is approximately 17g per day. This is almost four times the WHO recommended limit and is the highest known population salt intake in the world. Economic modelling indicates that a package of salt reduction would be the most cost-effective intervention in Kazakhstan to prevent NCDs.
- ▶ High levels of trans-fatty acids and salt are found in foods in Almaty, Aktau and Kyzlorda. Some products contained, per portion, more than 220% of the recommended maximum daily intake of trans fatty acids. The highest mean salt content per serving was found in homemade *lagman* (5.6g), *plov* (5.2g) and *doner kebab* (4.3g), with one portion corresponding to 112.4%, 104.2% and 85.4% of the recommended maximum daily intake for salt, respectively.
- ▶ 1 in 3 advertisements on TV in Kazakhstan is for food or beverages. The most popular category of foods advertised is sugar-sweetened beverages and 79% of advertised foods are classified as unhealthy according to the WHO European nutrient profile model. Exposure to food marketing influences children's dietary preferences and eating behaviours. Exposure is likely to be high in Kazakhstan, given that most children (72.5%) spend at least an hour per day watching television or using an electronic device.

From these results, it is clear that the promotion of healthy diets needs to be prioritized in Kazakhstan for sustainable development. Some policy solutions are readily available within the health sector, but others must be identified through effective collaboration with other sectors such as agriculture, education, media and culture.

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Nutrition and sustainable development

Better nutrition is central to the achievement of the Sustainable Development Goals (SDGs) of the 2030 Agenda¹. Nutrition is most explicitly addressed in SDG2 (“End hunger, achieve food security and improved nutrition, and promote sustainable agriculture”). This goal promotes action to end all forms of malnutrition and covers two forms of malnutrition:

- ▶ the first, widely referred to as “**undernutrition**”, includes stunting, wasting, underweight and micronutrient deficiencies; and
- ▶ the second group of conditions has been labelled “**over nutrition**” and covers overweight, obesity and diet-related NCDs such as heart disease, stroke, diabetes and cancer that result from excess intake of energy, saturated and trans-fatty acids, free sugars and/or salt²

The coexistence of undernutrition with overweight/obesity or nutrition-related NCDs within individuals, households and populations, and across the life-course, is known as the double burden of malnutrition³.



Nutrition is also a decisive enabler of SDG3 (“Ensure healthy lives and promote well-being for all at all ages”), which is particularly important for Kazakhstan where rates of premature mortality from NCDs and risk factors among the population, such as excess salt intake, remain high⁴.

At the same time, actions under other SDGs are important enablers of improved nutrition. For example, SDG 17 recognises that progress can only be achieved through effective partnerships and cooperation that share knowledge and foster innovation. Further, nutrition has important linkages to other aspects of sustainable development, such as inclusive economic growth, agriculture and rural development, education and social protection.

At least 12 of the other SDGs include targets and indicators relevant for better nutrition. These global targets are intended to set the course for country-specific nutrition-focused policies and programmatic actions to address all forms of malnutrition and set a better course for human and economic development for all.

Figure 1.
The Sustainable Development Goals are important enablers of improved nutrition.



SDG Vision: A world free of poverty, hunger, disease and want, where all life can thrive... with equitable and universal access to quality education at all levels, to health care and social protection, where physical and social well-being are assured... where food is sufficient, safe, affordable, healthy and nutritious and produced without harm to the planet.

The nutrition transition in Central Asian Countries

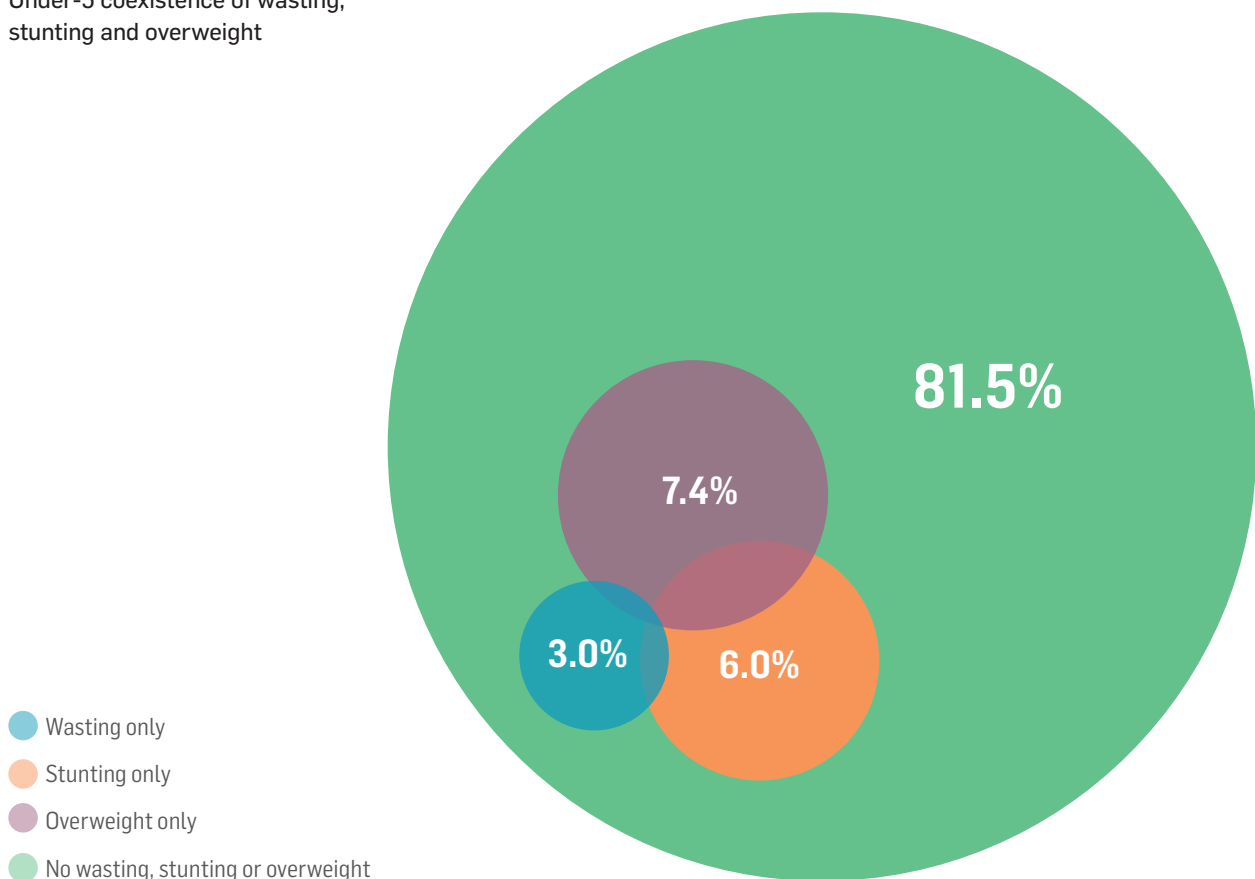
Kazakhstan has made great progress in tackling some of the major nutritional challenges, and is on-track to achieve global goals relating to child wasting and stunting⁵. However, the rising prevalence of overweight, obesity and diet-related NCDs is rapidly changing the picture, and poses new challenges^{6 7}.

Central Asian countries, including Kazakhstan, have experienced a nutritional transition in recent decades, reflecting growing urbanization and the globalization of the processed food supply chain⁸. The associated dietary changes include lower consumption of foods rich in fibre, such as legumes, fruits, vegetables and whole grains, and more frequent intake of processed foods that are energy-dense and rich in fats, sugar and salt⁹. These are known to be associated with weight gain and a greater frequency of NCDs¹⁰. In particular, there is consistent evidence that excess intake of trans-fatty acids and sodium increases the risk of cardiovascular diseases^{11 12}.

Pockets of undernutrition persist among some groups, in some parts of the country¹³. However, prevalence of under nutrition among under-5s, children and adolescents is now low and declining. Recent estimates for wasting (3.1%) and

Figure 2.
The co-existence of wasting, stunting and overweight among children under the age of five years. This figure is reproduced from the Global Nutrition Report, using data for Kazakhstan courtesy of UNICEF.

Under-5 coexistence of wasting, stunting and overweight

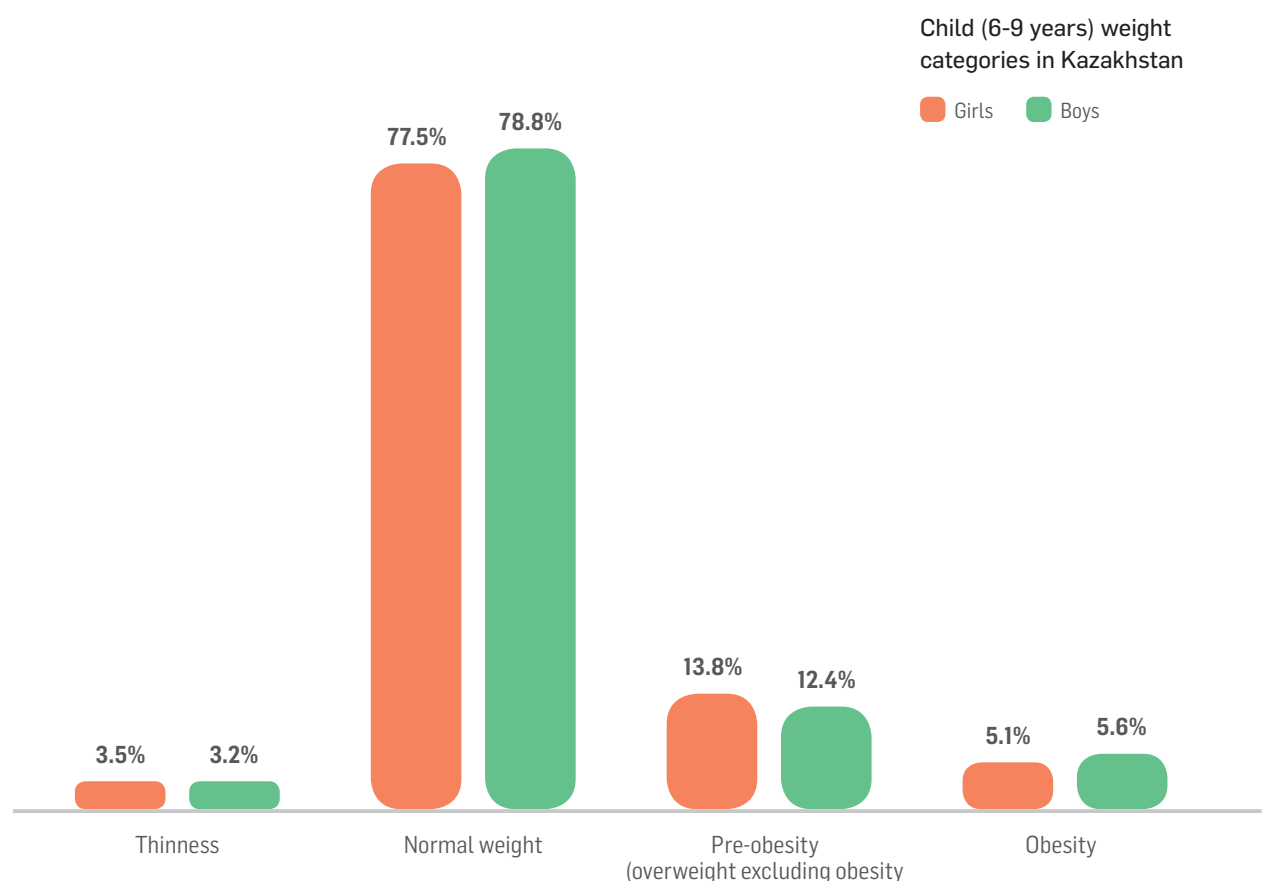


stunting (8%) among under the age of five years are testament to this. While trends in anemia among women of reproductive age are also on the decline, more work is needed to fully achieve global goals.

In contrast, NCDs such as cancer, cardiovascular diseases, diabetes and chronic respiratory diseases and their risk factors are an increasing public health and development challenge in Kazakhstan. The latest figures, from 2016, show that people in Kazakhstan have a 27% chance of dying prematurely – that is, before the age of 70 years – from one of the four main NCDs (cardiovascular disease (cardiovascular diseases), diabetes, chronic respiratory disease and cancer), with a significantly higher probability for men (37%) than women (19%)¹⁵. This highlights a significant opportunity to make progress on United Nations Sustainable Development Goal target 3.4, which aims to reduce premature mortality from NCDs by one third by 2030.

Age-standardized prevalence of overweight (BMI ≥ 25 kg/m²) among adults was 54% for men and 53% for women¹⁶. Further, 19% of men and 23% of women are obese (BMI ≥ 30 kg/m²)¹⁷. A study among primary school children 6-9 years of

Figure 3. Body weight categories by sex, according to data from the WHO European Childhood Obesity Surveillance Initiative.



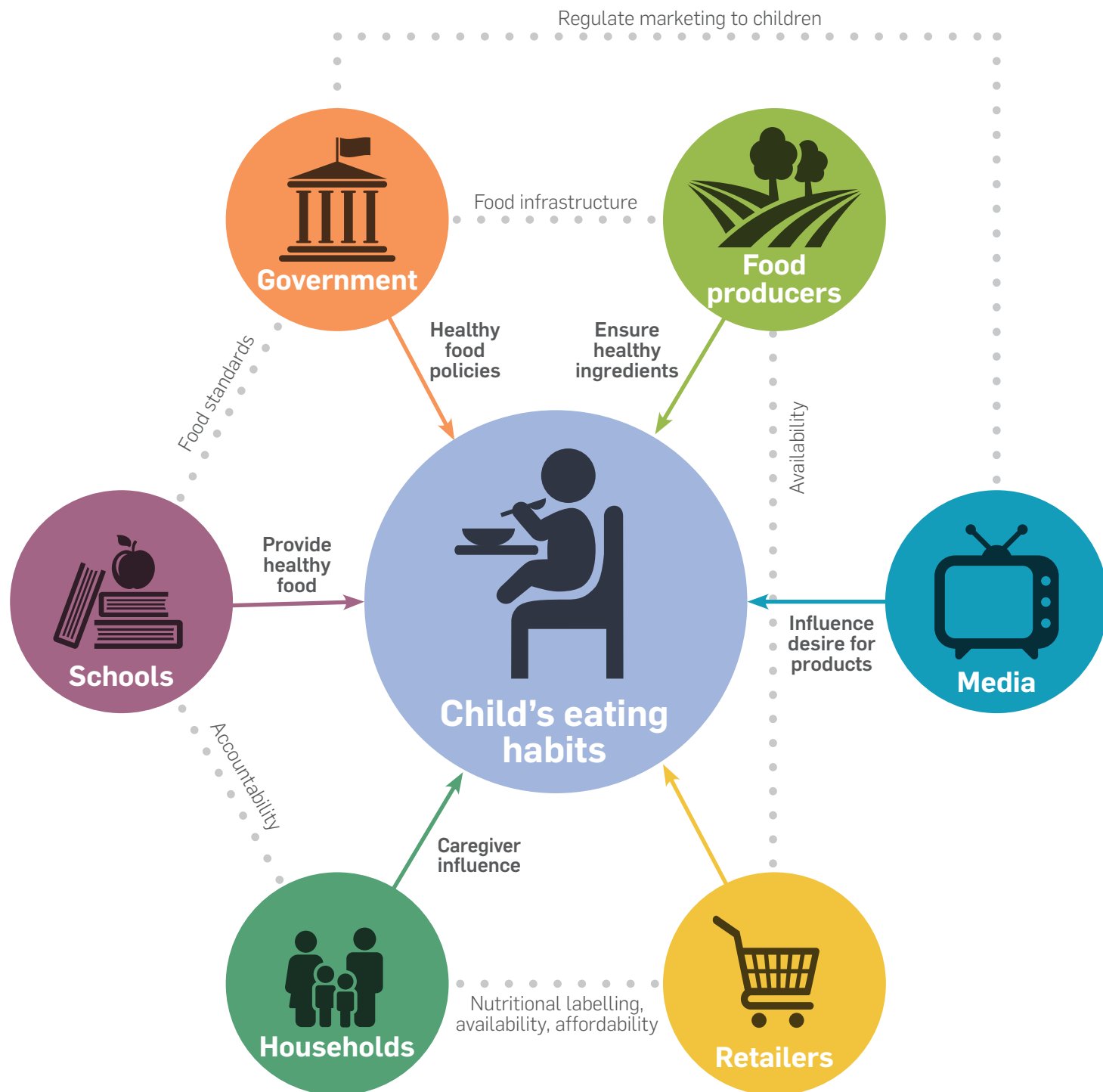


age conducted for the fourth round of the WHO European Childhood Obesity Surveillance Initiative in 2015–2016, which also revealed that the prevalence of overweight was 18.0% in boys and 18.9% in girls, and 5.6% of boys and 5.1% of girls had obesity, with higher rates in urban settings and among children who had never been breastfed¹⁸. About half (49.7%) of 6–9 year olds consumed sugary soft drinks at least once a week, and daily consumption of fresh fruits and vegetables was low, with just 33.3% reporting daily fresh fruit consumption and 30.2% reporting daily vegetable consumption¹⁹. As such, preventing obesity and tackling unhealthy diets is key to improving nutrition and achieving the SDGs.

The underlying causes of the growing epidemic of obesity and unhealthy diets are multifactorial in nature²⁰. A person's nutritional status is not solely a matter of individual choice but is heavily influenced by a wide range of social and environmental factors affecting the availability, affordability and acceptability of different foods. The modern "food environments" in which we live, work and play have a major impact on our food choices²¹. Notably, the way in which producers, manufacturers, retailers and advertisers produce, sell and promote food has a big impact on the nutritional quality of our diets and health outcomes.

This transition led to calls for action to address all forms of malnutrition, including overweight and diet-related noncommunicable diseases. This approach was subsequently taken up by the SDGs, which called for action across all relevant sectors, including health, agriculture, trade and industry, the environment, labour and social protection and education

Figure 4.
Modern food environments influence
a child's eating habits



Three ground-breaking studies

In order to support Kazakhstan to better understand the nutritional situation in the country and to lay the ground for an effective policy response, the WHO Regional Office for Europe collaborated with national policy-makers and academics on a suite of studies. Covering nutritional intake, food composition and the food environment, the studies help to paint a better picture of the nutritional context in Kazakhstan and serve as the baseline to monitor progress in the coming years. Each of the studies was informed by WHO protocols and carried out in partnership with national partners. The rest of this factsheet describes the methods and key results of each of the studies. The findings underline how important the promotion of healthy diets is for Kazakhstan; a focus on salt and TFA would provide a strategic starting point, with the greatest potential return on investment. An effective response requires multiple policy interventions, delivered at scale by the full range of sectors in society in order to overcome the challenge and limit the damaging costs to the economy.



Where nutrition intersects with other sectors and goals

- ▶ **Social protection systems** help overcome economic barriers to healthy eating for poor and vulnerable households, while improved nutrition can help complement the investments in poverty reduction.
- ▶ **Education systems** provide a vehicle for nutrition-sensitive programmes, such as healthy school meals, food preparation skills and health literacy promotion. At the same time, improved nutrition ensures that all children, irrespective of income status, can take maximum advantages of the opportunities education offers.
- ▶ Improved nutrition is a vital precondition for **increased employment participation and sustainable economic growth**. Well-nourished populations spend less on health care, freeing resources for investment and growth.
- ▶ Underdevelopment of the food system and key value chains can threaten nutrition. The **agriculture sector** plays a key role in ensuring the increased availability of diverse, healthy foods to end all forms of malnutrition. In particular, support to agriculture can help reduce or stabilize food prices and extend the seasonal availability of nutrient-rich foods:
 - Investments in sustainable agriculture production are essential to increase harvest yields, including via improved methods and **use of technology**. Support to agriculture will also bring important benefit to farmers in countries where it serves as the main income source for a significant part of the population.
 - **Improving market access for smallholders and priority value chains**, such as vegetables, fruits, pulses and wholegrain can help to minimise exclusion of smallholders from markets, reduce post-harvest losses and facilitate access to nutritious foods.
- ▶ As the proportion of the population living in urban areas grows, and given the higher urban prevalence of child obesity, **cities** can ensure access to safe, nutritious and sufficient food in urban areas by adopting innovative policy measures that improve the food environment through:
 - increased access to healthy options (e.g. green markets);
 - restricting or disincentivising the availability of unhealthy foods and beverages (e.g. zoning policies around schools); and food procurement regulations for public institutions



Monitoring salt intake in the Kazakh population

As previously stated, excess salt intake causes raised blood pressure and increased cardiovascular disease (CVD) risk^{22,23,24,25}. While the substance of concern to health is sodium, strategies to reduce its intake are aimed at its main source in the diet – salt (sodium chloride) – used in industrial manufacture of foods or preparation of foods by cooks, vendors and at home. As such, guidelines and monitoring often discusses the issue in terms of salt (1g = 0.4g sodium).

WHO recommends a maximum daily intake of no more than 5g of salt (2g of sodium)²⁶. High salt consumption (>5g/day) is associated with increased blood pressure and increased risk of heart disease and stroke, which are the leading causes of death in Kazakhstan. Despite WHO recommendations, salt intake in almost all countries exceeds 5g per day and research has documented the wide availability of foods with excess salt content²⁷.

This study, led by the Kazakh Academy of Nutrition, aimed to estimate dietary salt intake as well as salt-related knowledge, attitudes and behaviours in two regions of Kazakhstan: Almaty City and Kyzylorda. The study measured salt intake using the gold-standard 24 hour urinary sodium excretion method in order to provide evidence for the importance of a national strategy to reduce salt intake and to establish comparative baseline to monitor the effect of future strategies.

Three hundred and forty people were randomly selected to participate in each survey in Almaty City and Kyzylorda and all 100% consented to participation. Eighteen participants in Almaty City and 36 participants from Kyzylorda were excluded because they did not meet the age criteria, were taking diuretics, pregnant or menstruating at the time of the interview. A further 28 participants (9%) and 120 participants (39%) from Almaty City and Kyzylorda respectively, were excluded based on suspected inaccurate 24 hour urine collection, leaving a total of 294 participants in Almaty City and 184 participants in Kyzylorda (Figure 1).

The weighted mean 24 hour urinary salt excretion was 17.2g in Almaty City and 18.8g in Kyzylorda. 100% and 97% of sampled men and women in Almaty and Kyzylorda, respectively, consumed more than the WHO recommended target of g/d.

Assessment of the study population's awareness, attitudes and behaviours towards salt indicates that the population is aware that high salt intake has adverse health effects; however only around 1 in 10 perceive that their salt intake is too high.

A national programme for reducing salt intake needs to be implemented through systematic efforts including food product reformulation, product labelling and public education involving the health sector and the food industry with the objective to achieve a 30% reduction in salt consumption by 2025²⁸.

Figure 5.
The weighted mean 24 hour urinary
salt excretion in Almaty City and in
Kyzylorda

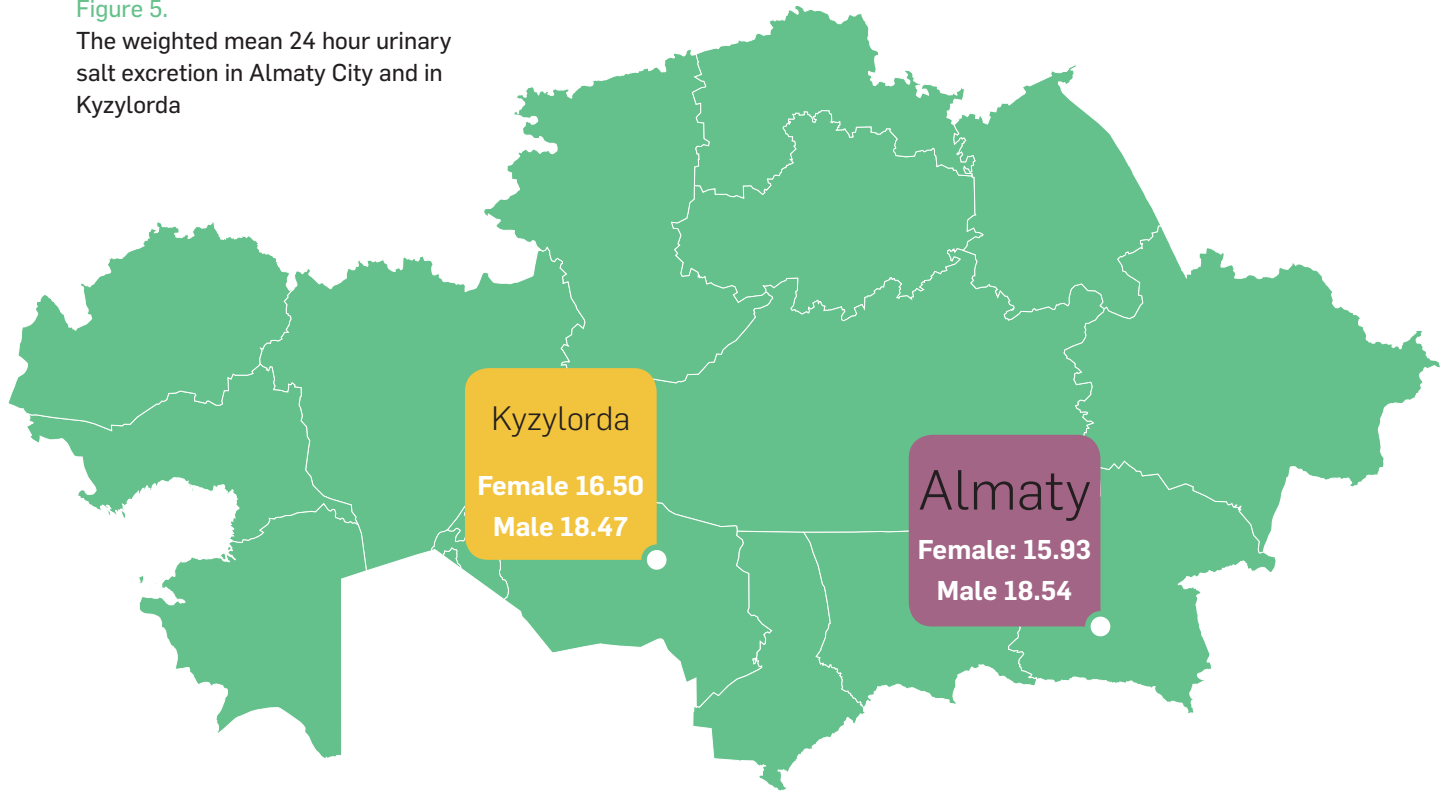


Figure 6.
Portions of sampled men and women in Almaty and Kyzylorda that consumed more than the WHO recommended
target of 5g/day

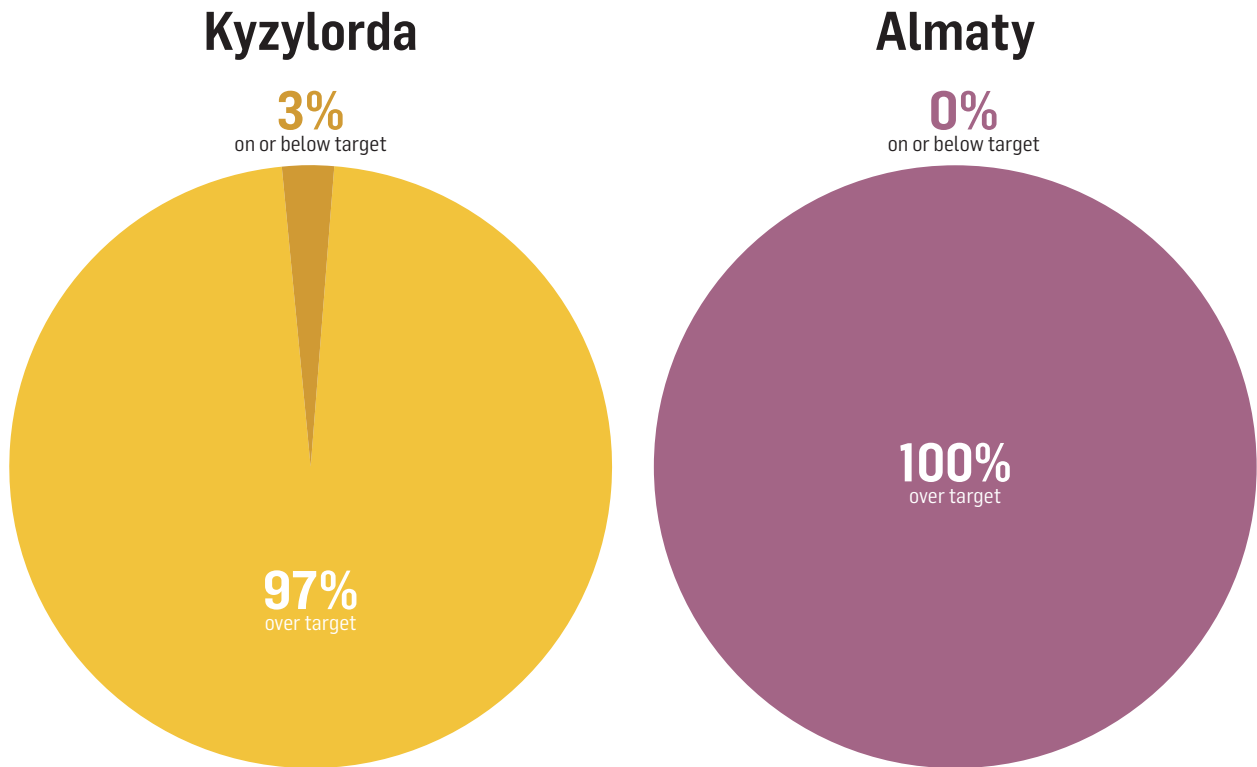


Figure 7.

Results from an assessment of the population's awareness, attitudes and behaviours toward salt

Questions		Almaty (%)	Kyzylorda (%)
KNOWLEDGE	Aware of the adverse health effects of salt	77	79
	Aware it causes high blood pressure	36	48
	Thought it is necessary to limit salt consumption	67	77
ATTITUDE	Perceived salt intake		
	Too much	13	12
	Importance of salt reduction		
	Very important	23	34
	Somewhat important, Not very important or don't know	79	65
	Want to receive informationa about role of nutrition in prevention of CVDs	94	81
BEHAVIOUR	How often do you add salt to your meal at the table?		
	Always or often	12	4
	Took measures to reduce salt intake	28	52

Studying urban food environments in Kazakhstan

Figure 8.

Food markets can be a source of fruit and vegetables, along with energy-dense foods rich in saturated fat, trans-fat, free sugars and salt. Photo courtesy of Kremlin Wickramasinghe.

Food markets and street vending sites have traditionally played an important role in the food culture in Central Asian Republics, offering a diverse range of fruits, vegetables and ready-to-eat meals²⁹. They have long provided an accessible and inexpensive food source and are essential to ensure availability of fruit and vegetables to urban populations³⁰.

At the same time, studies have suggested that they are also a source of energy-dense foods rich in saturated fat, trans-fats, free sugars and salt³¹. Previous research on street food has mainly focused on food safety and rarely examined its potential contribution and influence on the diet of the population³². There is also very little information available on the nutritional composition of commonly available foods in these settings. As such, the FEEDCities project aims to fill this knowledge gap, characterize the food environment in major urban centres of the region, understand the composition of foods and help governments to formulate an appropriate policy response. The findings reflect the results of the study conducted in Almaty, Aktau and Kyzlorda in 2017.

FEEDCities Kazakhstan

The FEEDCities study protocol was applied in Kazakhstan in 2017 as a collaboration between WHO and the Kazakh Academy of Nutrition. The objectives of the study were to:

- 1. Describe the characteristics of the vending sites in Almaty, Aktau and Kyzlorda**
- 2. Characterize the food offered at selected vending sites;**
- 3. Sample products in order to assess their composition, specifically looking at mineral (sodium/salt, potassium) and trans-fat content.**

Using cross-sectional methods for the field work, the most commonly available food items in Almaty were identified – both homemade and industrially-produced. Using random and systematic sampling procedures, 120 samples were collected from 10 different food markets. Samples of the same foods were also collected from Aktau and Kyzlorda.





Results

Salt

A significant proportion of salt in the diet comes from processed foods and salt added by the cook/vendor during the preparation of food. The findings of this study in Kazakhstan echo international research that indicates that commonly available food products can contain very high amounts of salt. This makes it hard for the public to adhere to dietary guidelines, and underscores the importance of policies that encourage or mandate food producers to use less salt. The results for Kazakhstan show that, for a number of products, just one serving alone can provide more than or close to the WHO's recommended maximum daily salt intake WHO (i.e. an individual eating this product would have consumed the maximum recommended amount of salt in one meal). The figures below provide an overview of the results for salt in food per serving from the study.

Trans fatty acids

Trans fatty acids are a type of unsaturated fatty acid that can be found in food naturally or as a result of industrial processes. Industrial trans fatty acids represent the major source of trans fat intake globally and, in many countries, are still present in processed foods, such as cookies, pastries, fast food, savoury snacks and margarines³³. Excess trans fats consumption has been shown to significantly increase the risk of coronary heart disease (CHD) and should be limited in the diet³⁴. Trans fatty acids have no nutritional benefit and WHO recommends that industrial trans fats are removed from the food supply so that trans fat contribute no more than 1% of total energy intake across the day³⁵.

The FEEDCities research in Kazakhstan revealed alarmingly high levels of TFAs in food products. The highest values have been found in cookies and wafers. Internationally, foods containing more than 2g per 100g of total fat are considered to be high in trans fat and many countries have established legal limits at this threshold.

Salt content in industrial food samples from Almaty, Aktau and Kyzylorda
mg/serving

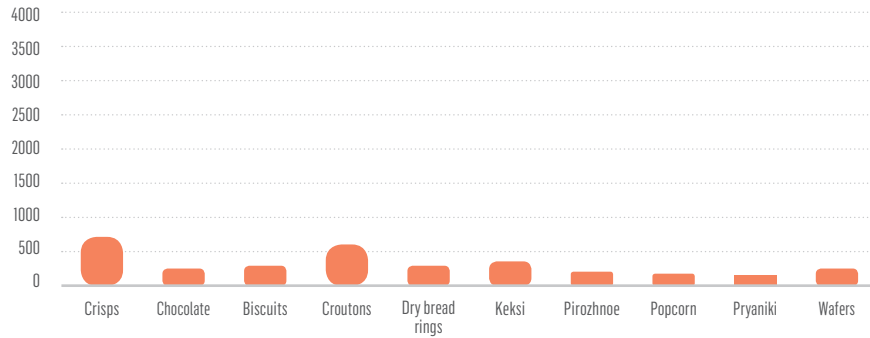


Figure 9. Salt content (mg/serving) in industrial food samples from Almaty, Aktau and Kyzylorda

Salt content in homemade food samples from Almaty, Aktau and Kyzylorda
mg/serving

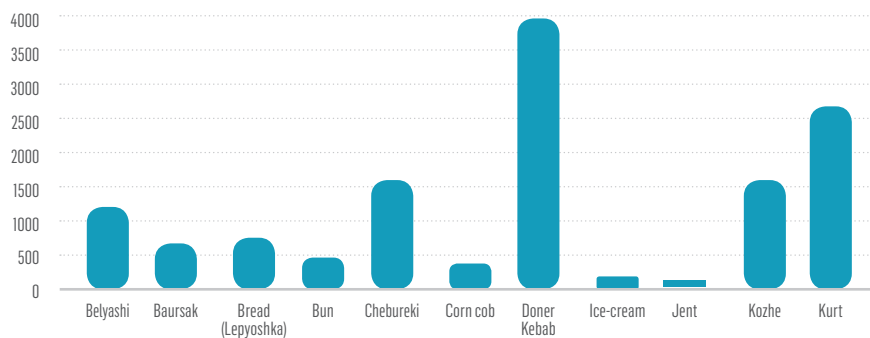


Figure 10. Salt content (mg/serving) in home-made food samples from Almaty, Aktau and Kyzylorda

Acids in industrial food samples from Almaty, Aktau and Kyzylorda
g/serving

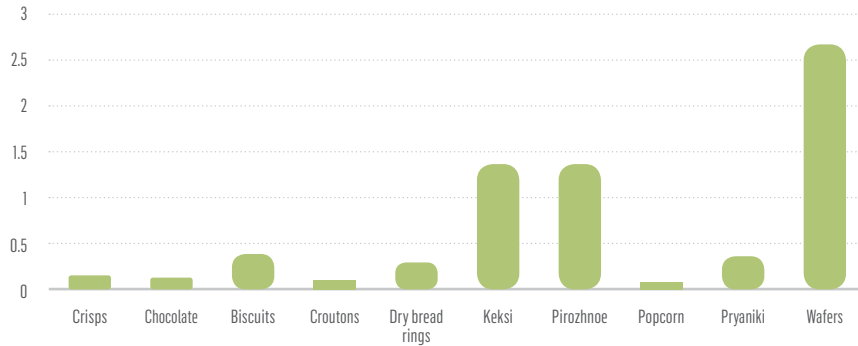


Figure 11. Trans fatty acids in industrial food samples from Almaty, Aktau and Kyzylorda

Acids in homemade food samples from Almaty, Aktau and Kyzylorda
g/serving

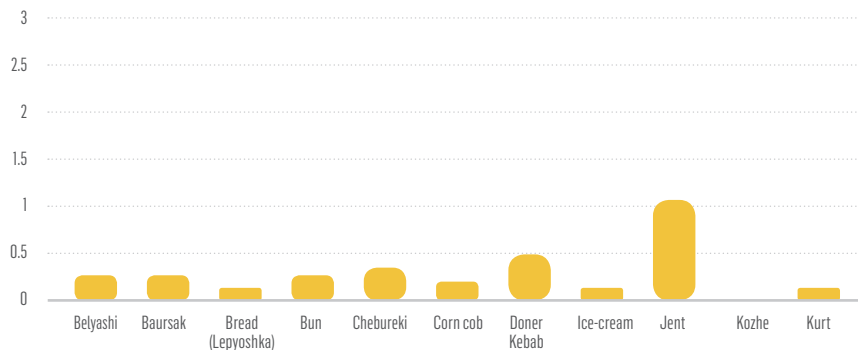


Figure 12. Trans fatty acids in homemade food samples from Almaty, Aktau and Kyzylorda

Restricting food marketing to children

Food marketing is an important part of the obesogenic environment that promotes unhealthy diets by influencing food preferences, purchase and consumption patterns³⁶. Children (including adolescents) are often the target of food industry marketing strategies and they are frequently exposed to advertising that promotes HFSS products, such as sugary soft drinks, confectionery, fast food and breakfast cereals³⁷.

Recognizing the harmful impact of food marketing on children, WHO developed a *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*³⁸. The recommendations serve as a guideline for Member States when developing and/or strengthening policies to protect children from exposure to marketing of HFSS foods and beverages. They call for measures to limit exposure (coverage, frequency, reach) and power (content, appeals, various techniques that increase attractiveness) of the marketing strategies used by the food industry.

Children are often exposed to marketing via television and electronic devices. Findings from the COSI study in Kazakhstan indicated that 65.5% of 6-9 year olds spend at least an hour watching TV or using electronic devices on weekdays and 80.5% spend at least an hour watching TV or using electronic devices on weekends³⁹.

In Kazakhstan, specific measures to restrict advertising of HFSS foods to children do not exist. No studies of TV marketing of foods to children had previously been conducted in Kazakhstan. The purpose of this study was therefore to monitor and evaluate the extent and nature of food marketing on TV in order to inform policy discussion around possible measures to limit children's exposure to HFSS food marketing.

The study was conducted by the National Center for Public Health and WHO using an adaptation of the WHO Regional Office for Europe protocol "Monitoring food and beverage marketing to children via television and the Internet"⁴⁰. For the 5 most popular TV channels among children and adolescents, TV broadcasts were recorded for 2 weekdays and 2 weekends between 06.00-22.00 hours. All television data were screened for advertisements. The coding categorization of the food and drink advertisements was carried out in accordance with WHO Regional Office for Europe Nutrient Profile Model⁴¹.

Results

The study revealed that children in Kazakhstan are exposed to a high volume of marketing of HFSS foods. Soft drinks with added sugar and chocolate/sugar confectionery are the dominant products in TV food advertising. The study reveals a high frequency of food advertisements, which rises during peak TV viewing time. Persuasive factors or "appeals" such as taste, pleasure, health, new product launches and offers of rewards or competitions, are widely used to increase the attractiveness of advertised products. The study demonstrates a need to consider policies to restrict children's exposure to unhealthy food advertising on television in Kazakhstan.

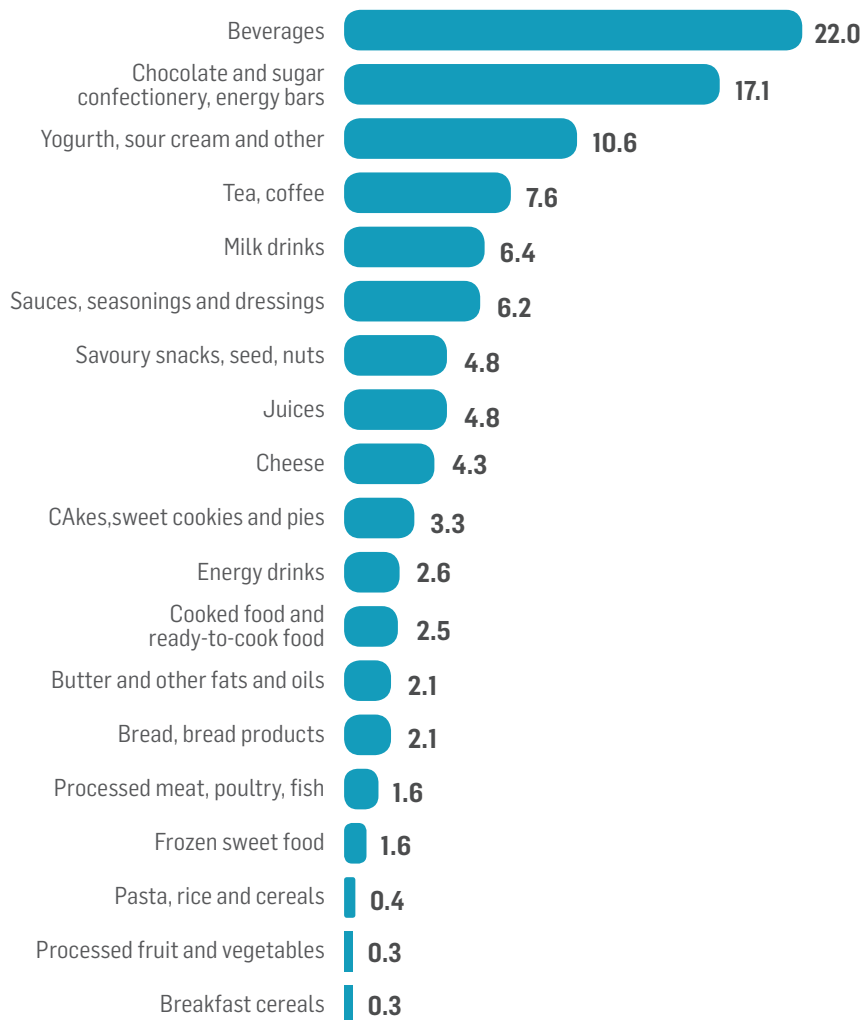


Figure 13. Proportion of advertisements, according to food category, among the most popular TV channels for children and adolescents.

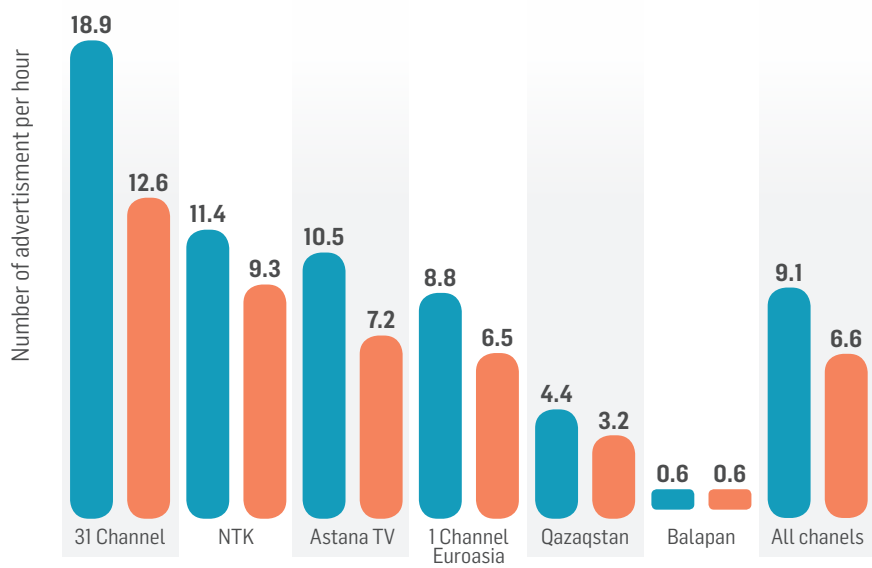


Figure 14. Number of advertisements per hour on the most popular TV channels for children and adolescents

Conclusions: towards multi-sectoral action for nutrition and SDGs


Multi-sectoral and multi-level action for nutrition will be essential if the SDGs are to be achieved in Kazakhstan. Given the broad range of factors influencing nutrition (agriculture; rural development; trade; education; social security; media) such an approach is necessary. In addition, by working with other sectors, nutrition actors can identify shared interests and co-benefits – what might be called win-wins of collaboration.

Underneath the umbrella of the SDGs and the Decade of Action on Nutrition, WHO has called on countries to halt the rise in obesity, work towards a 30% reduction in sodium intake, and eliminate the use of industrial trans-fatty acids in foods. Full achievement of these goals will not be possible without collaborating with other sectors, but what could this look like in Kazakhstan?

The majority of sodium and trans-fatty acids in the diets come from processed foods and foods consumed out of the home – foods available or purchased in the school-setting, workplace, restaurants and supermarket. As such, multi-pronged salt reduction and trans-fat elimination initiatives are needed in Kazakhstan, with a focus on statutory bans for certain ingredients, product reformulation, standards for public provision of food, public awareness and improved rules for product labelling. In addition, restricting food marketing to children requires regulations that apply to TV and other media channels. Not all of these (regulatory) levers lie with the health sector.

On the other hand, there is a need to increase the availability of fresh vegetables, fruits, whole grains and better fats. This requires a different approach. Investing in agriculture can encourage crop diversification, enhance harvests, including for smallholders, and improve the logistics and supply to urban populations. Together this will ensure that fresh, nutritious products reach the market in good time, without post-harvest loss. This, in turn, will lead to reduced prices greater availability, and wider offer of healthier food options. Again, few – if any – of these policy levers lie with the health sector.

As such Kazakhstan needs an active coordinating mechanism to bring all stakeholders relevant to nutrition and NCDs around the same table. Managing multiple (and sometimes opposing) interests from different sectors can be a challenge to policy development for nutrition. However, with the SDG agenda and faced with the growing challenge of NCDs and obesity, there is renewed opportunity for interministerial work and partnerships that identifies overarching objectives for nutrition and co-benefits for sectors like agriculture, education, and economic development. Every ministry can benefit from the increased productivity and economic gains of a healthier population.



Such an integrated healthy eating strategy could lead to substantial positive changes to the diet and health in Kazakhstan. Possible priorities for consideration include:

- 1.** Implement a trans-fat ban to address its use in production and excess consumption. Consider establishing a maximum limit of <2g trans fat per 100g of total fat to ensure its virtual elimination from the food supply.
- 2.** Enforce maximum salt content limits in certain food product categories to put downward pressure on salt in food and to respond to the excess salt consumption. Such legislation would ensure compliance and create a level playing field for producers.
- 3.** Mandate nutrition declarations on all packaged foods and require labelling of salt/sodium, total and saturated fat, and total sugars. Consider implementing front of pack labelling, including warning labels for high salt foods.
- 4.** Restrict the marketing of HFSS to children on TV, Internet and in the vicinity of schools
- 5.** Raise awareness among the public of the harmful effects of excess salt and trans fat intake, including by highlighting foods that typically contain high amounts of these nutrients.
- 6.** Provide incentives for the vendors to use healthier ingredients and train them to limit the amount of salt and unhealthy fats in cooking.
- 7.** Encourage the continuing availability of fresh fruits and vegetables in food markets, food courts and schools.
- 8.** Enforce nutrition standards in schools, restricting the availability of HFSS foods and ensuring the availability of healthy foods and clean drinking water.
- 9.** Introduce routine monitoring of nutritional status and dietary intake of the public, as well as food composition of both local and imported food.

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