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REGIONAL OFFICE FOR EUROPE

EUR/02/5041545
ORIGINAL: ENGLISH
UNEDITED
E79354

DEVELOPMENT OF FOOD AND NUTRITION ACTION PLANS IN COUNTRIES OF SOUTH-EAST EUROPE

Report on a Third Workshop

Brijuni, Croatia
12 September 2002

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2002

ABSTRACT

The purpose of the workshop was to follow-up on the progress of the South-East European countries in their development of food and nutrition action plans. This initiative builds on the natural advantages and the geo-economic position of the region in relation to food and nutrition policy, promotes sustainable development in the region and improves skills needed to develop intersectoral policies in relation to food and nutrition. The workshop on Development of Food and Nutrition Action Plans in Countries of South-East Europe took place on 12 September 2002 in Brijuni, Croatia. Participating countries presented their progress in developing action plans followed by discussion on priorities for implementing national food and nutrition action plans, the Stability Pact Initiative and UNICEF work in the South-East European region. The participants expressed their interest, support and continued involvement in the project.

Keywords

NUTRITION POLICY
REGIONAL HEALTH PLANNING
PROGRAM DEVELOPMENT
SUSTAINABILITY
INTERSECTORAL COOPERATION
UNICEF
EUROPE, EASTERN
EUROPE, SOUTHERN

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Acknowledgements

The Workshop was supported by WHO Regional Office for Europe. Grateful thanks are extended to Associate Professor Antoinette Kaic-Rak, WHO Liaison Officer Croatia, and Ms Katica Antonic-Degac, the Nutrition Counterpart for Croatia, for both their technical input and critical role in the local organization. Grateful thanks are also extended to Professor Antonia Trichopoulou, for her active and constructive participation during workshop. We wish to thank the Croatian Academy of Medical Sciences and their representatives, especially Associate Professor Marija Strnad and Dr Inge Heim, for their participation and support in the technical organization. We would also like to extend thanks to Dr Vlasta Hrabak Zerjavic, Acting Director of the Croatian National Institute of Public Health. Gratitude is also expressed to those representatives who participated in the workshop from UNICEF including Ms Marty Rajandran, Ms Tanja Radocaj and Mr Oliver Petrovic.

The enthusiastic participation of all the professionals from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Romania, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia and Yugoslavia who attended the consultation was greatly appreciated.

Finally, sincere thanks are due to Dr Zrinka Petrovic, Human Nutrition Department, Croatian National Institute of Public Health, for agreeing to act as the Rapporteur to the workshop.

1. Foreword

This report summarizes the proceedings of a South-East European workshop, held in September 2002 at Hotel Neptune, National Park Brijuni, Croatia. The workshop was organized by the Nutrition and Food Security at the WHO Regional Office for Europe. Arrangements at the course site were coordinated by Dr Antoinette Kaic-Rak, WHO Liaison Officer for Croatia.

The purpose of the consultation was to hear about and document the South-East European countries' progress in the continuation of the development of their food and nutrition action plans. This consultation was a follow-up to the previous two workshops (held in Slovenia 2000 and Bulgaria 2001) on intersectoral development of food and nutrition policies.

The purpose of bringing together countries of the South-East European region in this initiative is to:

- build on natural advantages and the geo-economic position of the South-Eastern European region in relation to food and nutrition policy;
- promote sustainable development in the South-Eastern European region as well as regional cohesion through the development of food and nutrition policies and action plans; and
- improve skills needed to develop intersectoral policies in relation to food and nutrition.

The 17 participants came from 12 countries and represented the Nutrition and Food Safety sectors. There were also 3 representatives of UNICEF. WHO representatives were Professor Antonia Trichopolou and Associate Professor Antoinette Kaic-Rak.

All participants attended the one-day workshop and they all had active and constructive roles during the workshop.

Dr Aileen Robertson
Regional Adviser for Nutrition
WHO Regional Office for Europe
Copenhagen

2. Opening

Associate Professor Antoinette Kaic–Rak, WHO Liaison Officer for Croatia

Associate Professor Antoinette Kaic-Rak welcomed participants on behalf of the Regional Adviser for Nutrition and Food Security, Dr Aileen Robertson and read the letter which Dr Robertson had sent to the participants of the workshop:

I would like to express my deep disappointment that I cannot be with you all to share the time in Brijuni. I am sure you will have a good meeting and that I will not be missed from the technical point of view but I am sorry not to be together with all my good friends. Please tell everyone I had to attend a meeting organized by the European Commission and the Danish government (who have the EU Presidency) on Obesity – but I would much rather be with all of you instead. The obesity meeting will be attended by all the high-level policy people from ministries of health in the EU Member States (and accession countries) and so I will be trying to ensure that we keep “nutrition” on the political agenda in Europe. Lots of love to everyone and I look forward to seeing you all in Greece in February where Antonia is helping to organize the 2nd National Nutrition Counterpart meeting in Athens. Thank you very much again, Antoinette, for your help and encouragement with the meeting in Brijuni. We really appreciate you very much indeed! Good luck and best wishes for a successful meeting and I look forward to hearing how it went and to seeing everyone in February.

Warmest greetings
Aileen Robertson

Associate Professor Antoinette Kaic-Rak proceeded to give the introduction to the workshop and she reminded participants of the WHO First Action Plan for Food and Nutrition Policy as follows:

WHO Food and Nutrition Action Plan

The WHO First Action Plan for Food and Nutrition Policy for the WHO European Region 2000–2005 has been developed jointly by the WHO programmes for Environmental Health, CINDI, Child Health and Development, Food Safety and for the Nutrition Policy, Infant Feeding and Food Security.

The Action Plan promotes, on the basis of current scientific evidence, the following strategies which reduce levels of noncommunicable disease, protect health of adults and children and assist Member States to develop the most effective systems needed to deal with food and nutrition issues.

Progression steps

An in-depth consultation process took place during 1999 including a meeting involving all WHO European Member States which was held in Malta in November 1999 entitled “Development of the First Food and Nutrition Action Plan for the WHO European Region”.

WHO Regional Committee Resolution EUR/RC/R8

At the WHO Regional Committee for Europe in September 2000, Member States (51) unanimously supported the First Food and Nutrition Action Plan for the WHO European Region.

The Regional Committee endorsed Resolution No. 8 regarding the First Action Plan for Food and Nutrition Policy, confirming that there will be a WHO ministerial conference in 2005. This conference will provide the opportunity to assess the progress made during the next five years by the WHO Regional Office for Europe and Member States.

Developing national food and nutrition action plans

South-East Europe:

Food and Nutrition Action Plans in South-East Europe: a workshop for policy-makers.
Kranj, Slovenia, 1–3 June 2002.

Second Workshop on Development of Food And Nutrition Action Plans in South-East Europe.
Sofia, Bulgaria, 8–11 October 2001 (report in preparation).

Third Workshop on Development of Food and Nutrition Action Plans in South-East Europe.
Brijuni, Croatia, 12 September 2002.

Baltic countries:

Similarly, workshops for participants from the Baltic countries, Estonia, Latvia and Lithuania took place as follows:

Intersectoral Food and Nutrition Policy Development: a Workshop for Decision-Makers.
Sigulda, Latvia, 29–31 August.

(The second workshop: included the Nordic countries (Denmark, Finland, Iceland, Norway and Sweden) with the aim to support the Baltic countries and look into the possibility of setting up a Nordic/Baltic nutrition network.)

Development of Food And Nutrition Action Plans in the Baltic Countries.
Second Consultation. Riga, Latvia 19–20 June 2001.

(A third workshop took place in Parnu, Estonia in June 2002 when Estonia, Latvia and Lithuania presented their final food and nutrition action plans.)

Development of Food And Nutrition Action Plans in the Baltic Countries.
Third Workshop. Parnu, Estonia, 10–12 June 2002.

Southern Europe:

A first workshop for countries in southern Europe (Andorra, Greece, Israel, Italy, Malta, Portugal, Spain, Turkey) took place in Rome, Italy, 20–23 March 2002.

World Health Assembly 55: Resolution on Diet, Physical Activity and Health

The Resolution stated that the rapidly increasing burden of noncommunicable diseases is a key determinant of global public health and proposed that WHO take steps to formulate a global strategy on diet, physical activity and health.

Documents

Childhood Nutrition and Progress in Implementing the International Code of Marketing of Breastmilk Substitutes.

Infant and young child nutrition.

Associate Professor Antoinette Kaic-Rak further thanked Professor Antonia Trichopoulou for her presence and support during the workshop. She also emphasized the importance of the presence of both the Croatian Academy of Medical Sciences and the Croatian National Institute of Public Health with the support of the Croatian Ministries of Health and, Agriculture and Fisheries.

Professor Antonia Trichopoulou, Temporary Adviser, University of Athens Medical School, Dept. of Hygiene and Epidemiology, WHO Collaborating Centre for Nutrition

Professor Trichopoulou welcomed the participants and expressed pleasure for having the opportunity to provide help and advice during the workshop. She also highlighted some main points to be emphasized during the workshop and country presentations: those were Goals, Actions, Responsibilities, Partners, Timing and Resources. At the end, she reminded participants that the most important part of the workshop is discussion and expressed her hope for constructive discussion.

Dr Zuzana Brazdova, Nutrition Counterpart for Czech Republic

Dr Brazdova expressed pleasure for being in Croatia and welcomed the participants. She also emphasized the importance of this workshop and expressed her hope for having a constructive workshop.

Dr Stefka Petrova, Nutrition Counterpart for Bulgaria.

Dr Petrova expressed pleasure for having this opportunity to meet other participants and also to exchange new information concerning progress made in other countries.

3. Country Presentations

3.1 Albania

Presented by Dr Marita Afezolli

Report on the development of a Food and Nutrition Action Plan – Steps undertaken to develop Albanian Food and Nutrition Action Plan.

- On 25 June 2000 the Order on “the Preparation of the National Food and Nutrition Action Plan” (FNAP) was signed by the Minister of Health.
- Based on this Order, a working group was set up. The working group on the Development of FNAP comprises specialists from the Department of Primary Health Care in the Ministry of Health and the Institute of Public Health. Other Ministries were also invited to participate in this process.
- On 15 September 2000 the Order of the Minister of Health Nr 2909/1 was signed, “To create and set up the National Committee on following Iodine Deficiency Disorders (IDD)

in the country. (The representatives from the Ministry of Health, Institute of Public Health and the Hospital Centre of the University, are members of the group).

- On 27 September 2000 the meeting of the IDD National Committee was organized. The strengthening of the Committee and the invitation of some representatives from other economic sectors and different organizations such as UNICEF, NGOs etc., was recommended.
- On 19 January 2001 the First Meetings of the working group in charge of the development of FNAP were organized, chaired by the Director of the Primary Health Care Department in the Ministry of Health. In this meeting the need for the development of the National Action Plan was stressed.
- On 22 February 2001, the Second Meeting of the working group was organized.
- The members of the working group had been involved in preparing the specific chapters of the document.
- During the year 2001, the members of the working group sent the prepared materials to the Ministry of Health (the Secretariat).
- In May 2001, the Ministry of Health and WHO organized a one-week seminar on HACCP System with the inspectors of the food safety control from the Ministry of Health and the Ministry of Agriculture and Food.
- In June 2001, the Guidelines on HACCP and their application in the control practice on food safety were prepared.
- In July 2001, the HACCP Guidelines were delivered to all districts of the country.
- In December 2001, the Memorandum of Understanding, “The Elimination of IDD” was adopted by the Ministry of Health, Ministry of Public Economy and Privatization and UNICEF.
- During the last two years we have worked with the base material. Time after time some part of the document was amended and the Analyses of the Situation of Food and Nutrition in the country was updated.
- In 21–22 September 2001, the International Conference “On Food Safety and Quality” was organized in Tirana by the Ministry of Agriculture and Food, the Research Institute of Veterinary, the Research Institute of Food, the Institute of Public Health, and other Italian and Greek institutions in the Region. Different donors including USAID, GTZ, EU and the World Bank sponsored this Conference.
- On 25 October 2001, the Minister of Health signed Order Nr. 417, “On Reorganization of the working group in charge of the preparation of the National Food and Nutrition Action Plan”. The aim has been to strengthen the working group and to involve other representatives from different interested institutions in the process.

The members of the working group are representatives from the Ministry of Health, Institute of Public Health, Directorate of Public Health of Tirana, Ministry of Economy, Ministry of Finance, Ministry of Food and Agriculture, Ministry of Territory Planning and Tourism, Ministry of Work and Social Affairs, Ministry of Education and Science, UNICEF, and INSTAT.

- In January 2002, the European FNAP was translated into Albanian language.

- In January 2002, the European FNAP was delivered to the members of the working group in charge of development of National Food and Nutrition Action Plan.
- Last year we were in touch with all the representatives of other Ministries, and have discussed and improved specific parts of the prepared document.
- On 19 April 2002, we discussed with and received data from UNICEF. The data was based on the latest studies.
- In July 2002, the first draft of the Food and Nutrition Action Plan was finalized, and forwarded to all members of the group in charge of the Action Plan preparation. They were asked for suggestions, and recommendations to improve the document.

Iodine Deficiency Disorders (IDD) in Albania

The Albanian Ministry of Health is very interested in pushing the process of eradication of IDD forward in the country. This problem was discussed and has been included in the process of the National Food and Nutrition Action Plan preparation.

No permanent data exist related to the prevalence of IDD in our country. An epidemiological study was carried out during the year 1993, by the Institute of Public Health and UNICEF in 32 areas of the country in children between 8–10 years old.

63% of this age group showed a grave form of this deficiency. Another study in newborn babies showed the same results.

The 1994 study showed that 28.4% of the children in the northeast part of the country were suffering from goitre.

Some steps have been undertaken in recent years. From a legal point of view, the Government adopted the Decision Nr 549 date 27/11/1997 “on the Import of Iodized Salt and its production in the country”.

The Order of the Minister of Health Nr 2901/1 was signed dated 15/09/2000 to set up the National Committee on IDD, and to follow the process of the eradication of IDD in the country, and the implementation of the Decision of the Government.

In December 2001, the Memorandum of Understanding was signed, “On the elimination of Iodine Deficiency Disorders”, by the Ministry of Health, Ministry of Public Economy and Privatization, and UNICEF.

According to the memorandum, all parties are obliged to fulfil the duties, to improve the legal framework, to take the necessary actions, and to increase the awareness of the public on this issue.

The Ministry of Health has some priorities regarding IDD ranked as follows:

- developing the strategy on the eradication of IDD;
- strengthening intersectoral collaboration on following the IDD issues, by involving other sectors of industry, education, NGOs and international institutions such as WHO, UNICEF and ICCIDD, in the process;

- implementing the Decision of the Council of Ministers on importing the iodized salt and producing the iodized salt in the country;
- organizing training courses for food inspectors and the specialists of Public Health Laboratories, for the control of the iodine in salt;
- monitoring of the iodine in the salt;
- improving the control of inspectors in the custom;
- promoting and raising awareness on using the iodized salt;
- collaborating with media on promoting the use of iodized salt.

3.2 Bosnia and Herzegovina **Presented by Dr Aida Filipovic-Hadziomeragic**

Development of the Food and Nutrition Action Plan – Progress Report

- In October 2001, the Federal Ministry of Health of Federation of Bosnia and Herzegovina assigned group consisted of representatives (from the Institute of Public Health of Federation BH, Ministry of Health of Federation of BH, Ministry of Health of Canton Tuzla and WHO Liaison Office) with the expertise in food safety, nutrition and sanitary inspection in order to work on the development of the FNAP.
- In November 2001, an arrangement was made with WHO and Federal Public Health Institute for financial support in development and printing of Federation of BH FNAP.
- In December 2002, collaborators from other institutions such as Federal Ministry of Agriculture, Ministry of Environment, Veterinary Faculty, food industry, Pediatric Clinic, Primary Health Care, NGOs (IBFAN) were informed and invited to participate in development of FNAP as associated members.
- The group is meeting on a monthly bases and has had six meetings so far.
 - Translated European FNAP Action Plan has been distributed to group members and associated members.
 - Presentation on the form and structure of FNAPs of other South-East European Countries was made to group members by WHO Liaison Office staff and entity nutrition counterpart.
 - Written suggestions by group members on approach to development of FNAP have been prepared.
 - Form (policy) and structure of Federation BH FNAP have been agreed.
 - Situation analyses including nutritional status, micronutrient deficiencies, food habits and food intake, food safety and sustainable food production issues have been prepared.
 - Preparation of recommendations and action plan is in progress waiting for WHO Liaison Office input.
 - Republika Srpska nutrition counterpart contacted and consulted in relation to harmonization of documents.
- Finalization of document and translation in English planed for the end of 2002.

Activities related to Food and Nutrition Policy

- Reorganization of state borders and custom under way.
- Federal Ministry of Health nominated working group for revision of the Law Safety and Quality of Foodstuffs and its harmonization with EU. Start of work planned for October 2002.
- Accreditation of laboratories related to food quality and safety control in process.
- Decree on change of iodization technology issued by the Ministry of Energy, Industry and Mining.
- Seminar on EU Legislation on Food Safety for food safety and quality laboratory staff have been organized.
- National Environmental Health Action Plan completed and submitted to Government Parliament for further procedure.
- Integrated Plan of Public Health completed, waits to be submitted to Parliament.
- Preliminary results of CINDI survey ready, publication of final report expected by the end of year.
- Surveys “Risk Factor in Development of Chronic Noncommunicable diseases” and “Health Behaviour of School Children” under way.
- Project Management and Lobby Training for IBFAN NGOs from Balkan Region conducted.
- Participation at International Seminar on Nutrition of School Children, Radenci, Slovenia.

Activities planned in 2002 within UNICEF programme:

- Continuation of BFH certification activities (four BFH hospitals in preparation).
- Celebration of World Breastfeeding Week planned for beginning of October.
- International Training in Code on Marketing of Breastmilk Substitutes for health authorities and NGOs planned for end of 2002.
- Printing of educational material on care and nutrition for further parents for Schools for Parents.
- Equipping of BFH for monitoring of antenatal care.
- Evaluation of impact of Law on Use of Iodized Salt.
- Training of 15 sanitary inspectors in control of quality, transport and storage of salt.
- Training of 150 health professionals in prevention of iodine deficiency disorders.
- Printing of educational material on prevention of IDD for 500 health professionals and 150 institutions.
- Provision of 30 TSH screening sets for monitoring and evaluation of level of TSH in newborn blood samples.
- Provision of equipment for improvement of iodization for salt factory in Tuzla and equipment for control of quality of salt for sanitary inspectors.
- Training of 400 health professionals in prevention of nutritional anaemia in children.

- Printing of educational material on prevention of nutritional anaemia in children for health professionals and parents.

Situation and strategy concerning the eradication of IDD in Bosnia and Herzegovina

In 1998, Ministry of Health of Bosnia and Herzegovina unofficially nominated working group for IDD. First task of the group was to carry out a comprehensive investigation with the aim of assessing the current status of iodine prophylaxis in Bosnia and Herzegovina. In the prospective survey carried out in Bosnia and Herzegovina in 1999, assessment of the status of iodine prophylaxis was studied in 5523 school children, randomly selected in all cantons in Bosnia and Herzegovina. Goitre prevalence was found to be 27.06%, meaning that Bosnia and Herzegovina is an iodine deficient area and that improvement of iodine prophylaxis is required. Therefore the recommendations of IDD working group were following:

- establishment of National Committee for IDD to develop detailed strategy for IDD management;
- iodization of salt with 20–30 mg/kg of iodine, using KJO₃;
- improvement of monitoring system;
- changing of dietary habits of population.

Strategy and activities:

- Decree on change of iodization technology issued by the Ministry of Energy, Industry and Mining.
- Evaluation of impact of Law on Use of Iodized Salt.
- Training of 15 sanitary inspectors in control of quality, transport and storage of salt.
- Training of 150 health professionals in prevention of iodine deficiency disorders.
- Printing of educational material on prevention of IDD for 500 health professionals and 150 health institutions.
- Provision of 30 TSH screening sets for monitoring and evaluation of level of TSH in newborn blood samples.
- Provision of equipment for improvement of iodization for salt factory in Tuzla and equipment for control of quality of salt for sanitary inspectors.

3.3 FNAP for Republika Srpska Presented by Dr Dragana Stoisavljevic

The basis for our work concerning the preparation of the FNAP is the document *Policy and Strategies for Health in Republic of Srpska by the Year 2010*, which had been prepared by Ministry of Health and Social Welfare.

WHO documents, especially the World Health Declaration, and the health policy document, called “Health 21” were used during the process of defining targets and measures of health policy in Republika Srpska.

The main and constant objective of health policy is the continuous improvement of the health status of the population, and improvement of conditions that influence health. All strategies, programmes and measures should be in the function of implementation of this goal.

Main strategies related to FNAP

Strategy 2 – Strategy for prevention and control of noncommunicable diseases.

Strategy 4 – Strategy for follow up and reduction of hazards of living and working environment and strengthening of infrastructure and functions of health care institutions.

Specific targets and measures of health policy related to FNAP

- Target 1. Healthy beginning of life
- Target 2. Health of the youth
- Target 3. Healthy ageing
- Target 5. Prevention and control of communicable diseases
- Target 6. Prevention and control of noncommunicable diseases
- Target 10. Development of scientific and research work in health care

Documents which are included in draft of FNAP are those which we prepared last year:

- NEHAP for Republika Srpska
- NEHAP for Bosnia and Herzegovina (RS and FBiH)
- Integrated Plan for Public Health for Bosnia and Herzegovina (RS and FBiH).

All of these documents have some of the same priority, and each of the documents has particular (pojedinačne) priority.

The Republika Srpska is one of a few European countries, which did not develop and adopt NEHAP. The first activities in NEHAP development started after the war, with significant progress made in the period 1996–1999, when the first NEHAP draft was made in Republika Srpska.

In the meantime, there have been several initiatives relevant to the reconstruction of the public health system and NEHAP such as:

- EU started the initiative for the development of a legal framework for environment, where the issue of delegation of responsibility between the environmental sector and public health is one of the key issues; NEHAP process will be used as an important instrument for addressing these issues, as well as for the development of relevant legal and institutional framework;
- EU/PHARE initiated the project: “Technical support to public health and environment and health”, with health and environment as the key components, whose planned activities can be closely linked to NEHAP/Republika Srpska and FBiH activities;
- World Bank is financing the project “Basic Health” with 4 main components, out of which “Public Health and disease control” can develop close cooperation with NEHAP;
- World Bank gave the grant for development of NEAP for BIH and it has been already established that this project can closely cooperate with NEHAP in many fields.

National Environment and Health Action Plan for Republika Srpska is a result of joint work by National Public Health Institute of Republika Srpska, Ministry of Health and Social Welfare, Ministry of Urbanism, Civil Engineering and Ecology, with the support of Ministry of Agriculture, Waterpower Engineering and Forestry and Ministry of Transport and Communications.

Main objective of NEHAP is:

- to provide the best possible mechanisms for identification of priority short-term, mid-term and long-term public health actions in the field of health and environment;
- to represent regulatory and institutional basis for the public health reform;
- to mobilize all external resources, including new initiative within the Stability Pact for reconstruction of infrastructure in the field of public health and environment;
- to serve as coordination mechanism in distribution of responsibilities among different public services, as well as among different authority levels;
- to inform and include the public in the decision-making process for decisions relevant for health and environment.

The Plan is flexible in the sense that it can dynamically, in each implementation phase, respond to the changes of circumstances and certain activities can be revised. This flexibility is inevitable due to the specific circumstances in Republika Srpska after the war and its relations with FBH, characterized by great dynamic changes, which is one of the specificities of Republika Srpska NEHAP.

Segments which are concerned with FNAP and are included this document are:

- Air Quality
- Water quality
- Quality and safety of food
- Waste
- Soil

These segments are still included in the NEAP and Integrated Plan of Public Health.

The work of the Coordination Board for the Environment has produced the Framework Law on Environmental Care, Law on Waste Management, Law on Nature Protection, Law on Air Protection, Law on Water Protection, that have been accepted by Parliament.

In the last two years we have completed two surveys of the CINDI Health Monitor Survey. One of the surveys took place on a demonstration area and the other on a national level, the results of which we will use in the period of finalization of the FNAP.

In this year we started the **Basic Health Project – Public Health and Disease Control Project** with subcomponent: Household Survey and included: Noncommunicable Risk Factors and Health Status, Health Needs and Utilization of Health Services.

The main objectives of the survey are:

- to make an assessment of the health status of the population with identification of leading health problems and risk factors; and

- to assess health needs and utilisation of health services, including satisfaction of health care users.

In 2001 Republika Srpska participated in the report of the WHO Surveillance for Control of Foodborne Infection and Intoxications in Europe. This year the Department of Epidemiology is working to prepare a new report.

IDD in Republika Srpska

In 1999 the first regular medical examination in the Republika Srpska was completed with respect to WHO and ICCIDD criteria. The goal of this research was the examination of goitre in children aged between 7–14 in Republika Srpska in order to suggest a strategy of further activities concerning the prevention of iodine deficiency disorders.

The working group preparing the FNAP includes professionals from different specialities and they are currently preparing the priorities for their area.

3.4 Croatia

Presented by Ms Katica Antonic Degac

Progress report on the development of the Croatian Food and Nutrition Action Plan

Goals 2005, specific objectives and targets:

1. **To increase by 20% the proportion of the population with an adequate body weight** (weight for height-BMI) in all age groups, which should result in a reduction of the number of under or overweight persons.
2. **To improve nutritional awareness** and achieve an early age knowledge about healthy nutrition and dietary requirements in all population segments.
3. **To modify dietary habits (dietary pattern)** in order to achieve:
 - a 20% reduction in salt consumption
 - 15% reduction in total fat consumption, (particularly a 25% reduction in animal fats)
 - reduction of refined carbohydrates
 - 25% increase in fresh fruit and vegetable consumption
 - 25% increase in milk and dairy produce consumption
 - higher consumption of fresh fish.
4. **To reduce by 20% the prevalence of iron deficiency anaemia**, particularly in the vulnerable population groups such as preschool and school children, pregnant and lactating women.
5. **To eliminate iodine deficiency.**
6. **To increase the percentage of mothers who exclusively breastfeed their children** up to the age of about 6 months from the present 30% to 50% or more.
7. **Decrease the incidence of tooth caries.**

Progress Report; Activities related to implementation of NFAP

- **Promotion of healthy lifestyles – promotion of healthy nutrition and physical activity** through different activities such as mass media campaigns, issuing dietary guidelines publication, collaboration with consumer protection associations. Initiation of activities aimed at improving quality of meals in touristic objects.
- **Continuation of the nutrition education** implemented by the schools participating in the WHO project – Health Promoting Schools.
- **Breastfeeding promotion and BFHI.**
- **Support to organized mass catering** in kindergartens and elementary schools. The milk industry agreed to support a dairy-based school lunch in the counties of special country protection.
- **Monitoring of the micronutrient deficiency programmes in Croatia** – national IDD elimination, prevention of iron deficiency anaemia among vulnerable groups.
- **Nutritional assessment of schoolchildren population.**

Meetings And Conferences Organized 2001–2002

- Mediterranean Diet – Protector of Health, Zagreb, 2001
- Carbohydrates in Diet and Dietotherapy, Osijek, 2002
- Genetically Modified Foods – Potential Risk To Health, Zagreb, 2001
- Family Medicine Conference – Obesity/Present Public Health Problem
- XXVII Technical Meeting; Environmental Health, Trogir, 2000
- Symposium “Anaemia In Childhood”, Skrad, 2001
- Symposium “Eating Disorders in Childhood”, Skrad, 2002

National programmes for the elimination of micronutrient deficiencies

- Elimination of Iodine Deficiency Disorders (IDD)
- Elimination of Iron Deficiency Anaemia (IDA)

Monitoring of the effectiveness of iodine prophylaxis (since 1996.)

- Monitoring of goitre prevalence among schoolchildren population aged 7–11 years
- Urine iodine excretion (schoolchildren, pregnant women)
- Neonatal TSH values
- Salt iodine content (salt samples from salt plants, households, market)
- (USI 1953–1996)= 10 mg KI/kg salt
- since 1996 = 25 mg \pm 5 mg KI/ kg salt
- household iodized salt use: over 90 %

Results of IDD monitoring

Figure 1. Goitre prevalence in a Croatian schoolchild population (7–11 years), 1997–2001

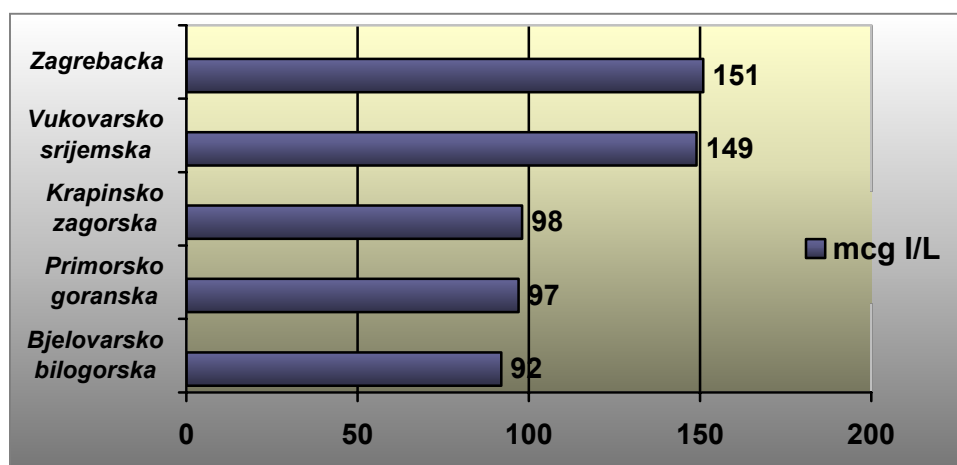
Year	Examined pupils aged 7-11 year N	Size of thyroid I i II total		Size of thyroid					
		N	%	N	%	1A N	1B %	II N	%
1997	547	101	18.5	60	11.0	36	6.6	5	0.9
1999	1871	272	14.5	200	10.7	67	3.6	5	0.3
2000	1540	242	15.7	203	13.1	35	2.3	4	0.3
2001	1725	271	15.7	216	12.5	45	2.6	10	0.6

Figure 2. Results of IDD monitoring in Croatia – TSH levels in the blood of newborns born during January 2001 in Croatia

County	% of TSH	
	> 5 mU/L	N
ZAGREBAČKA	4.8	1299
VIROVITIČKO-PODRAVSK	15.3	85
SPLITSKO-DALMATINSKA	1.9	484
DUBROVAČKO-NERETVANSKA	4.1	145
OSIJEČKO-BARANJSKA	5.9	351
ŠIBENSKO-KNINSKA	2.0	98
ZADARSKA	1.2	163
BJELOVARSKO-BILOGORSKA	18.6	59
KARLOVAČKA	3.3	92
KOPRIVNIČKO-KRIŽEVAČKA	2.4	124
KRAPINSKO-ZAGORSKA	38.3	73
POŽEŠKO-SLAVONSKA	3.0	99
SISAČKO-MOSLAVAČKA	5.2	96
VARAŽDINSKA	3.0	132
LIČKO-SENJSKA	7.4	27
ISTARSKA	4.6	130
VUKOVARSKO-SRIJEMSKA	3.9	179
BRODSKO-POSAVSKA	4.7	189
MEĐIMURSKA	1.0	101
PRIMORSKO-GORANSKA	8.0	299
Croatia (average)	5.2	4244

Analysis of urinary iodine excretion among pregnant women is conducted on a sample of 103 pregnant women at second and third trimester of pregnancy from 5 counties. Results correlate with TSH values indicating presents of mild IDD public health problem. (Figure 3)

Figure 3. Median values of urinary iodine excretion (UI) among pregnant women five counties



Results of IDA Monitoring

Figure 4. Anaemia Prevalence Among Schoolchildren of First Grade (6–7 years)

COUNTY	N	x	SD	H A E M O G L O B I N g/L					
				< 110		110-120		> 120	
				N	%	N	%	N	%
Istarska	105	126,9	9,16	2	1,9	18	17,1	85	81,0
Primorsko-goranska	76	125,0	8,76	2	2,6	19	25,0	55	72,4
Sisačko-moslavačka	55	128,7	7,47	0	0	7	12,7	48	87,3
Šibensko-kninska	97	139,5	4,95	3	3,1	7	7,1	88	89,8
Vukovarsko-srijemska	72	133,1	11,70	2	2,8	6	8,3	64	88,9
TOTAL	405	129,1	9,60	9	2,2	57	14,1	340	83,7

Figure 5. Anaemia Prevalence Among Schoolchildren of Seventh Grade (13–14 years)

COUNTY	N	x	SD	H A E M O G L O B I N g/L					
				< 110		110-119		> 120	
				N	%	N	%	N	%
Istarska	53	121,4	8,70	6	11,3	13	24,5	34	64,2
Krapinsko-zagorska	33	133,5	12,37	1	3,0	1	3,0	31	94,0
Primorsko-goranska	174	137,5	10,92	0	0	11	6,3	163	93,7
Sisačko-moslavačka	80	130,0	9,87	2	2,5	8	10,0	70	87,5
Šibensko-kninska	71	126,6	9,87	2	2,8	15	21,1	54	76,1
Vukovarsko-srijemska	71	121,8	9,50	6	8,4	27	38,0	38	53,6
TOTAL	482	130,3	12,00	17	3,5	75	15,6	390	80,9

Nutritional status of adult population aged 18–64 years

<u>BMI</u>	<u>M</u>	<u>F</u>
	%	%
≤ 18.5	0.1	0.2
18.5–24.99	21	50
25.0–29.99	48	35
≥ 30	31	15

Dietary pattern

HBS results: – proteins 12–15 % of TE;
 – carbohydrates 49–50 %;
 – fats 38–39 %

Average daily consumption

- Meat and meat products: meat 120 g + poultry 50 g + fish 20 g
- Milk and dairy products : milk 0.3 L+ cheese 20 g
- Cereals and potato: cereals 300 g + potato 180 g
- Fruits and vegetables: fruits 140 g + vegetables 160 g
- Fats: oils, lard 55 g
- Sugar 40 g

Nutrition Related Noncommunicable Diseases

1. **Diseases of Circulatory System:**
 - high prevalence, leading causes of death
(53,2% of all death- the main causes CHD, CVD)
2. **Malignancies:**
 - second cause of death (23% of all death)
 - significant increasing of morbidity/mortality rates of colon and breast cancer
3. **Diabetes Type II:**
 - morbidity rate: 2.3 % of population

Food safety situation in Croatia

Presented by Dr Krunoslav Capak

One of the country's top priorities is securing a sufficient food supply as well as ensuring thorough monitoring and control measures so that these foods do not threaten human health. The sanitary surveillance system for food production and marketing is regulated by the Infectious Diseases Act (Official Journal of the Republic of Croatia 60/92), Food and Object of Common Use Safety and Sanitary Surveillance Act and a number of bylaws. The medical surveillance of food handlers, laboratory control of raw food materials and final food products prior to marketing, laboratory testing for sanitary production conditions, and also the inspection control of manufacturing and marketing conditions and of food safety are all carried out under the above regulations. Whereas the monitoring of these conditions is carried out by the sanitary inspectorate, foods of animal origin at the production stage come under the competence of the veterinary inspection. While laboratory tests for hygienic quality are done by the Ministry of Health-certified Laboratories, food sanitary quality data are collected by the Croatian National

Institute of Public Health. At present, the country has 29 laboratories licensed for food analyses. In keeping with the above regulations, food samples are examined for a whole range of hygienic safety, sensory, microbiological and chemical parameters. Within the inspection system, five food samples per 1,000 inhabitants are assayed under the “Minimum Annual Food and Object of Common Use Sampling Schedule” prepared each year as required by law. Since local county budgets often fail to provide sufficient money for the plan of execution, funds need to be secured from the national budget in order for effective sanitary food monitoring to take place.

Figure 6. Food safety surveillance system data 1997–2000

Food samples found to be unsafe on microbiological assay									
YEAR	LOCAL FOOD			IMPORTED FOOD			TOTAL		
	Total	Unsafe	%	Total	Unsafe	%	Total	Unsafe	%
1997	33624	3113	9.26	12402	314	2.53	46026	3427	7.44
1998	34389	3669	10.67	11136	296	2.66	45525	3965	8.71
1999	35405	2830	7.99	11417	186	1.63	46822	3260	6.96
2000	35241	2543	7.22	8614	706	8.20	43855	3249	7.41

Food samples found to be unsafe on chemical assay									
YEAR	LOCAL FOOD			IMPORTED FOOD			TOTAL		
	Total	Unsafe	%	Total	Unsafe	%	Total	Unsafe	%
1997	12382	755	6.10	16206	645	4.00	28588	1400	4.90
1998	13763	651	4.73	14667	525	3.58	28430	1176	4.14
1999	11636	512	4.40	14351	501	3.49	25987	1013	3.90
2000	16367	817	4.99	12242	268	2.19	28609	1085	3.79

Communicable diseases surveillance system data

Figure 7. Foodborne diseases; outbreaks and cases 1997–2001

Year	Outbreaks	Cases in outbreaks	Single cases	Total number of cases	Cases of salmonellosis
1997.	56	581	7660	8241	4204
1998.	65	1492	6828	8320	4288
1999.	66	1223	7021	8244	4120
2000.	79	1434	8678	10 112	5134
2001.	101	1108	8839	9947	5620

According to the data of the Health Ecology Service of Croatian National Institute of Public Health (the data of all laboratories that are certified to examine health safety for foods) during 2000, 43 855 food samples were microbiologically examined. Of these, 7.41% (3249 samples) were microbiologically unsafe or were not in compliance with standards (7.22% of domestic origin and 8.20% of imports). (Figure 6)

Considering the chemical parameters, 28 609 samples of food samples were examined. Of these, 3.79% were unwholesome (4.99% of domestic origin and 2.19% of imports).

The most common causes of microbiological unfitness were total counts of microorganism, enterobacteria, as also the finding of coagulase-positive staphylococci, E.coli and salmonella.

Of the chemical parameters, the most common causes of unwholesomeness were incorrect composition, inappropriate sensory properties and disallowed use of additives in certain foodstuffs and, in some cases, higher amount of additives. The levels of pesticides, heavy metals etc. more than their allowances, were very rarely the cause of unwholesomeness.

During 2001, according to the monitoring of infectious disease cases and deaths, 9947 cases of alimentary toxoinfections were notified to Epidemiology Service of Croatian National Institute of Public Health (bacterial infections or intoxication with bacterial toxins through foodstuff). 2000 = 10 112, 1999 = 8244, 1998 = 8320, 1997 = 8241.

Among the most common causes of outbreak was microbiological unfitness of foodstuffs. During 2001, the number of outbreak notifications was 101 with total of 1108 patients. The most common causes of bacterial outbreak were salmonella and toxin of staphylococci, and of parasite outbreaks – trichinella spiralis. During the past few years the number of outbreak notifications was usually between 56 and 101 annually (approximately 73), and number of patients was usually 581–1492 (approximately 1167).

Legislation activity

At present there are several food and nutrition legislation developments underway. Among the most important legislative acts are the Food Law, Consumer Protection Law and Regulatory act on GMO. Under the umbrella of Ministry of Agriculture and Forestry, a multidisciplinary expert group consisting of representatives of the Ministry of Health, Ministry of Agriculture and Forestry, Chamber of Commerce, Food Industry and Consumer Protection group have developed a draft version of Food Law. Due to the overlapping of different sectors, it has been decided to establish a National Food Safety Agency following the model of European Food Safety Authority. The next step would be the integration of food safety control activities as a part of regular Food Safety Agency work. Different policy options have been submitted to the government of Croatia and it is up to decision-makers to adopt the most appropriate solution. The Regulatory Act on GMO developed in line with EU Directives (219 and 220/90) and Cartagena Protocol is in the process of adoption.

3.5 Slovenia

Presented by Dr Mojca Gabrijelcic – Blenkus

Progress Report on FNAP, October 2001 – September 2002

Time-schedule:

1. 27 November 2001 – general Food and Nutrition Council meeting: beside other topics (reports of the working groups) the report on Bulgaria workshop was given;
2. December 2001 – January 2002: a period of intensive bilateral discussions between MoH and other sectors involved in preparation of FNAP;
3. 13 and 14 of February 2002 – workshop Otočec was prepared on the basis of the decisions of the Food and Nutrition Council and on the basis of conclusions of mentioned bilateral meetings (preparation of the draft text of the Slovenian FNAP, in Slovenian);
4. February – April 2002: draft text of the Slovenian FNAP was discussed, adjusted and developed;
5. 24 April 2002 – general Food and Nutrition Council meeting: a productive meeting with general discussion on proposed draft of the Slovenian FNAP together with the clarification of different positions of all involved sectors; a decision was taken to adopt an obligatory governmental document which would enable more coordinated activities in the preparation of the FNAP;

6. May – June 2002: preparation of the governmental material to give legal basis for the adoption of the FNAP (beside those in the framework Food law and National of Health Protection and Care 2000–2004) and preparation of more detailed analysis of health sector data;
7. 23 July 2002: the Government of the Republic of Slovenia discussed information concerning preparation of a national food policy and adopted a resolution.

Connected events:

- October 2002 – CVD preventive in primary health care was started;
- “Health Impact Assessment on Food, Nutrition and Agriculture in Slovenia” project, February 27 – March 1, 2002 (Rakičan – preliminary meeting), 22–23 April 2002 (Ljubljana), 22–23 May 2002 (Rome); the decision for HIA project was adopted after realizing the problems connected with harmonization of the food supply pillar in the FNAP, especially in the EU accession period; the aim of the project is also facilitation of the searching for common solutions with agricultural sector in Slovenia;
- 18–21 April 2002: International conference “Promoting Health through Physical Activity and Nutrition” where the “Radenci declaration” was adopted. Declaration was introduced to the Government of the Republic of Slovenia; Slovenian CINDI Health Monitor Study results were presented at the conference for the first time;
- 15 May 2002: adoption of the amendments of the framework Food Law with the legal basis for the establishment of the Food and Nutrition Office by MoH; it is foreseen that the office will start with the activity in January 2003; in the same period the vertical food legislation, harmonized with EU legislation was adopted (food hygiene with HACCP system, food inspection, labelling, foods for particular nutritional uses, novel and GM foods);
- August 2002: initiation of the research project (2002–2006) with the aim to re-establish nutrient based dietary guidelines and food based dietary guidelines for Slovenia; as a second part of the project, school meals (kindergarten and school catering), norms and standards for children and youths, together with recipes, will be developed.

IDD Programme

Endemic goitre is still present in most of the European countries and also in Slovenia.

- The most important measure to prevent endemic goitre is satisfactory supply with iodine.
- Salt iodination is mandatory in Slovenia (since 1999 25 (+/-5) mg KI/kg). All salt on the market shall be iodized (used in processed foods and salt for domestic use).
- Neonatal screening on TSH values in blood is in place in Slovenia.
- Inspection and palpatory screening on goitre is conducted at regular systematic preventive checks in the school population at 14 years age (screening system is under renovation in 2002).

The study “**Endemic goitre and supply with iodine in Slovenian children entering high school**” was initiated in September 2002 (to September 2005). Main goals of the study are:

- to study the prevalence of insufficient supply with iodine that is manifested as goitre, among children from 9 areas in Slovenia entering high school;

- to find out if there are areas in Slovenia with particularly insufficient iodine supply;
- to find out if nutritional habits (especially iodine supply) of children with goitre are significantly different to children without goitre, who live in the same community;
- to compare nutritional habits of Slovenian children entering high school with the newest Central European nutritional reference values.

3.6 The former Yugoslav Republic of Macedonia **Presented by Assistant Professor Vladimir Kendrovski**

Food and Nutrition Action Plan

Priorities:

1. To improve the quality of national diet according to WHO recommendations.

Activities:

Special attention should be given to the following issues:

- The reduction of total fat intake should be decreased from its high content of 30% of the total energetic intake.
 - The reduction of refined sugar intake.
 - The restriction of total salt up to 6 grams.
 - The increase of vegetable fibre intake.
 - The increase of cereals, palates, vegetables, fruit and fish consumption.
 - Use of low fat milk and dairy products content.
 - The decreasing use of butter and hard margarine.
2. Establishment of a national monitoring system for nutrition status, especially for vulnerable groups.

Activities:

- In primary health care, health professionals should prevent obesity by **determination of BMI**, the lipid status especially of some risk groups, the glicemia level, etc.
 - In preschool and school health centres childrens' nutrition status should be **monitored by anthropometrical and biochemical parameters** in the framework of regular checkups as well as early detection of symptoms and condition related to deficit diet.
3. The monitoring of morbidity and mortality rates for the nutrition related diseases and conditions.

Activities:

Regular monitoring of morbidity and mortality from communicable diseases related to food should continue by establishment of national registers.

The laboratory diagnostics improvement by setting the cause of the illness, according to the WHO recommendations for monitoring the communicable diseases, should continue.

4. To provide sufficient, safe and price accessible quality food.
 - Some strategies and programmes for providing food at national and household levels have been prepared in this area. The main objective is to provide sufficient, safe and low-cost quality food. Special attention should be paid to the same socio and economic vulnerable population groups as the elderly, large families, unemployed, rural families, etc.

Activities:

The availability of fruit and vegetables would be emphasized, as well as the promotion of domestic food production and increasing the food import by:

- Stimulation of domestic food production with technical and financial aids.
- Promotion of the consumption of domestic vegetables and fruit.

Local food produce increases food access and simultaneously reduces the price. This results in positive economic, social and environmental effects.

5. Continuing the activities of the National Committee for Breastfeeding.
 - Continue the activities for training and promotion of exclusive breastfeeding for health professionals: medical doctors, nurses, midwives in primary health care and in the maternity houses.
 - Certification of all maternity houses in the country as baby friendly hospitals.
 - Strict implementation of international code for the banning of marketing of mothers' milk substitutes, which has been adopted in national legislation.
 - Promotion of exclusive breastfeeding and discouragement of the early introduction of fluids by promoting the recommendations for complementary diet.

A new concept for the controlling system of food control in the former Yugoslav Republic of Macedonia

Priorities:

- Approximation of the national legislation with relevant international standards and harmonization of Codex Alimentarius standards and EU Directives. Strengthening, rationalization and definition of competencies and responsibilities in the system of food control;
- Establishment of proper conditions for safe food production, processing, distribution and consumption;
- Development of a concept for the monitoring of the status of productive land, as basic means for primary plants production in terms of application of chemicals, taking into consideration production characteristics and traditions in each production region;
- Cooperation with nongovernmental organizations and public information media with regard to safe food and nutrition.

Activities:

Establishment of a Food Agency under the control of the Ministry of Health as a modern pattern of a system for food control, by means of adopting laws and other legal acts, approximated with

international recommendations, regulations and standards (Codex of the WHO/FAO; EC, ISO, etc.), by clearly delegated responsibilities between relevant ministries; establishment of a Head Office as an intersectoral service for fast and effective control over health safety for the food inspectorate on food, with full interdisciplinary staffing; completion of equipment in diagnostic laboratories and additional training of existing and employment of new staff, on the basis of defined sectional competencies, implementation of modern control system – HACCP, etc.

Progress Report

The First Draft of Macedonian Food and Nutrition Action Plan, has been prepared in April 2001, and translated into English.

The Macedonian Guideline for healthy diet with recommendation and servings according to Macedonian food pyramid has been published in December 2001, and translated into English.

The main goal during the process of the development of the Macedonian Food and Nutrition Action Plan was the adoption of the Macedonian Food Law in July 2002 by National Parliament. Now with its implementation and with earlier establishment of a new intersectoral body for Food and Nutrition under the control of the Ministry of Health, the majority of the outputs regarding food safety will have a legal base.

In the area of doctrinal and methodological implementation of food and nutrition policy the Minister of Health has established a National Committee for Codex Alimentarius and National Committee for Food and Nutrition as an expert advisory body by representatives from relevant scientific and professional institutions.

The Second Draft will be prepared quickly. The structure of the second draft of the National Action Plan for Food and Nutrition is based on the three fundamental columns regarding the strategies for nutrition, food safety and sustainable food supply.

Simultaneously, the expert group from the Medical Association of doctors and specialists for hygiene and nutrition in collaboration with the Department for Paediatrics from the Medical School has prepared the Guideline for nutritional physiological standards as recommended nutrition allowances regarding individual forms of catering and different types of consumers for the population of the Republic of Macedonia. This Guideline is based on the WHO-CINDI Dietary Guide and Macedonian Guideline for healthy diet.

3.7 Yugoslavia **Presented by Dr Ljiljana Trajkovic-Pavlovic**

Activities towards the development of the first food and nutrition action plan

In October 2001, for the Second WHO/FAO/UNICEF Workshop for countries of South-East Europe, the Federal Institute of Public Health, together with the Institute of Public Health of Serbia, Institute for Health, Podgorica and UNICEF Office, Belgrade, prepared a paper called “Food, Nutrition and Nutrition Related Diseases in the Federal Republic of Yugoslavia”. The purpose of the paper was to present the official health statistics data and the data obtained through epidemiological and clinical investigations on nutrition related diseases in the country. Activities that aim to support nutrition improvement demand an assessment of the extent of the magnitude of the food and nutrition problems, identification of the priorities, identification of the population groups and planning and development of the programmes.

In November 2001, the paper “Food, Nutrition and Nutrition Related Diseases in the Federal Republic Yugoslavia” was considered by the Federal Commission on Nutrition/FCON and concluded:

1. Persistence of inequalities in food supply – some food items have become unaffordable for low income segments of the population.
2. Global burden of nutrition-related diseases in the country was high. The main problems were: the number of malnourished children, although not over the number of the referral population, it is increased; high prevalence of some micronutrient deficiency disorders – sideropenic anaemia and rickets and osteoporosis; high prevalence and a persistence of increasing slope of the mortality rate of the over-nutrition related diseases – stroke, ischaemic heart diseases, diabetes mellitus, colorectal cancer etc.
3. Programmes were going on i.e. for IDD Elimination and for Breast Feeding Promotion, strongly, supported by UNICEF and WHO, and had brought very beneficial effects.
4. Morbidity rate due to foodborne diseases had an increasing tendency.
5. There was a need to create and establish the National Food and Nutrition Action Plan. The first step should be the preparation of an Information for the Federal Secretariat for Labour, Health and Social Welfare. The information was prepared and in August 2002 the Federal Secretariat for Labour, Health and Social Welfare took the position that the “Recommendations for the Development of the First Food and Nutrition Action Plan” should be prepared”.

Food Supply

Data on food supply of the population and nutritional value of average daily meal of an average inhabitant are provided by the Household Budget Survey.

Nutritional value of average daily meal:

Average Daily Meal/Inhabitant/Day

- Insufficient content of: Fe, Ca, Carbohydrates
- Sufficient content of: Proteins, Thiamine, Ribophlavine, Nicotinic Acid, Retinol
- Excessive content of: Total fats, Saturated Fatty Acids, Unsaturated Fatty Acids, Cholesterol

Disorders related to malnutrition

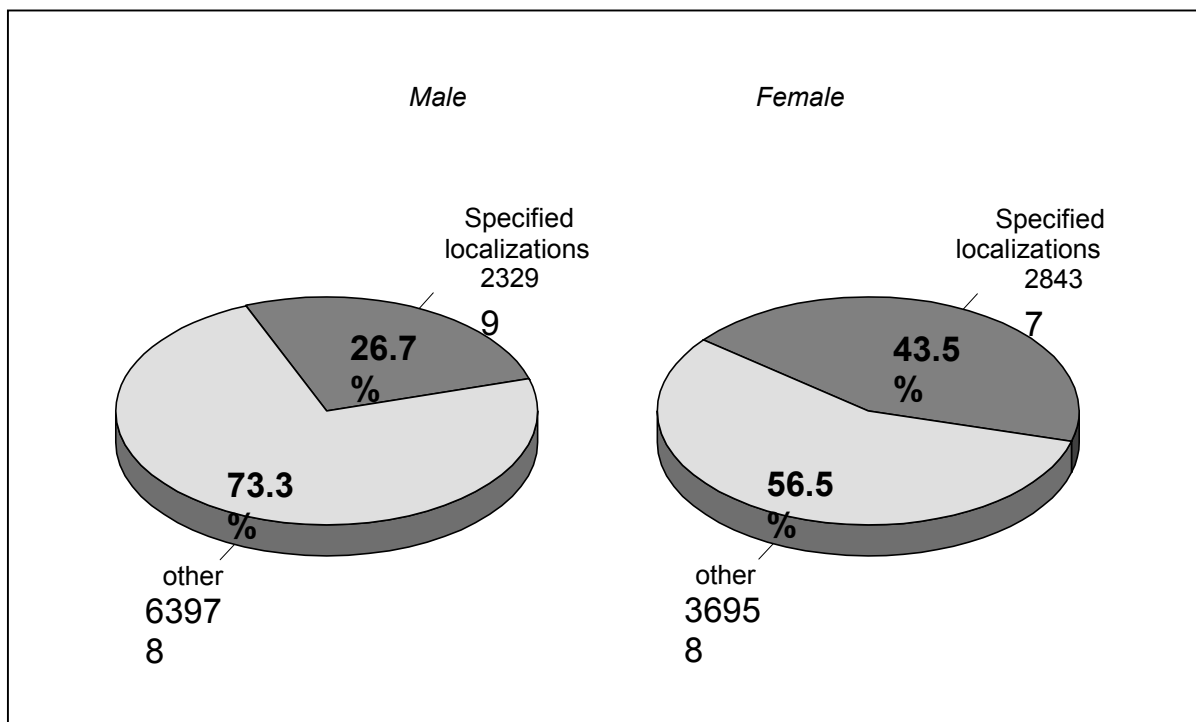
- Prevalence of malnutrition among children under five, not over the referent population.
- Prevalence of iron deficiency anaemia among children under five, around 30%.
- Prevalence of iron deficiency anaemia among women of 15–49, around 26%.
- Prevalence of rickets among children – not known, hospital information system data register around 50–100 hospitalized children per year due to skeletal deformations caused by rickets.

Overweight and related diseases

- Prevalence of overweight among children under five, around 14%

- Prevalence of overweight among adults, Novi Sad, males 45%, females 32%

Total number of cases died due to certain malignant neoplasmas 1985–1995
Number % vice total number of malignant neoplasmas
Yugoslavia



Food Safety

Table 1. Registered outbreaks of foodborne diseases in Yugoslavia, period 1988–1999

Year	Number of registered outbreaks	Number of registered outbreaks with bacterial laboratory confirmation	% of registered outbreaks with bacterial laboratory confirmation
1988	76	72	94.74
1989	85	81	95.29
1990	97	71	73.20
1991	107	102	95.33
1992	127	119	93.70
1993	119	106	89.08
1994	152	124	81.58
1995	349	263	75.36
1996	234	191	81.62
1997	257	177	68.87
1998	256	242	94.53
1999	246	241	97.97
Total	2105	1789	84.99

Number of registered outbreaks according to laboratory confirmed causes in 1999

confirmed causes	Number of registered outbreaks	%	Total numbers of diseased
Salmonellae	147	59.76	1060
Trichinella spiralis	46	18.70	686
Alim.bact.intoxications	36	14.63	501
Shigela	7	2.85	104
unknown cause	5	2.03	1432
Bact.intest.infections	3	1.22	18
Cl. botulinum	2	0.81	6
Total	246	100.00	3807

Table 2. Number of registered outbreaks according to place of occurrence in 1998

Place of occurrence	Number of registered outbreaks	Numbers of diseased	%
Households	206	1444	80.47
Hotels, etc	13	112	5.08
Restaurants in factories	12	233	4.69
Preschool institutions, schools	7	373	2.73
Restaurants	5	202	1.95
Candy shops.	5	31	1.95
Unknown	4	755	1.56
Social welfare institutions	2	61	0.78
Hospitals	2	11	0.78
TOTAL :	256	3222	100.00

Table 3. Number of registered outbreaks caused by salmonellas in 1999

Salmonella serotypes	Number of outbreaks
1. S. enteritidis	135
2. S. typhimurium	2
3. S. infantis	2
4. S. bredneu	1
5. S. unclassified	7
TOTAL:	147

Programmes Going On In Yugoslavia

- on elimination of iodine deficiency disorders as a public health problem
- Promotion of breastfeeding

Programmes are supported by UNICEF

Progress towards elimination IDD as a Public Health Problem in Yugoslavia

ICC IDD indicators

Completely met indicators:

- established national body, the Federal Commission on IDD Prevention, responsible to the Government for the national for the elimination of IDD;
- appointed responsible executive officer for the IDD elimination;
- existence of a strong legislation on universal salt iodization;
- regular data on urinary iodine in school aged children, with appropriate sampling for high-risk areas.

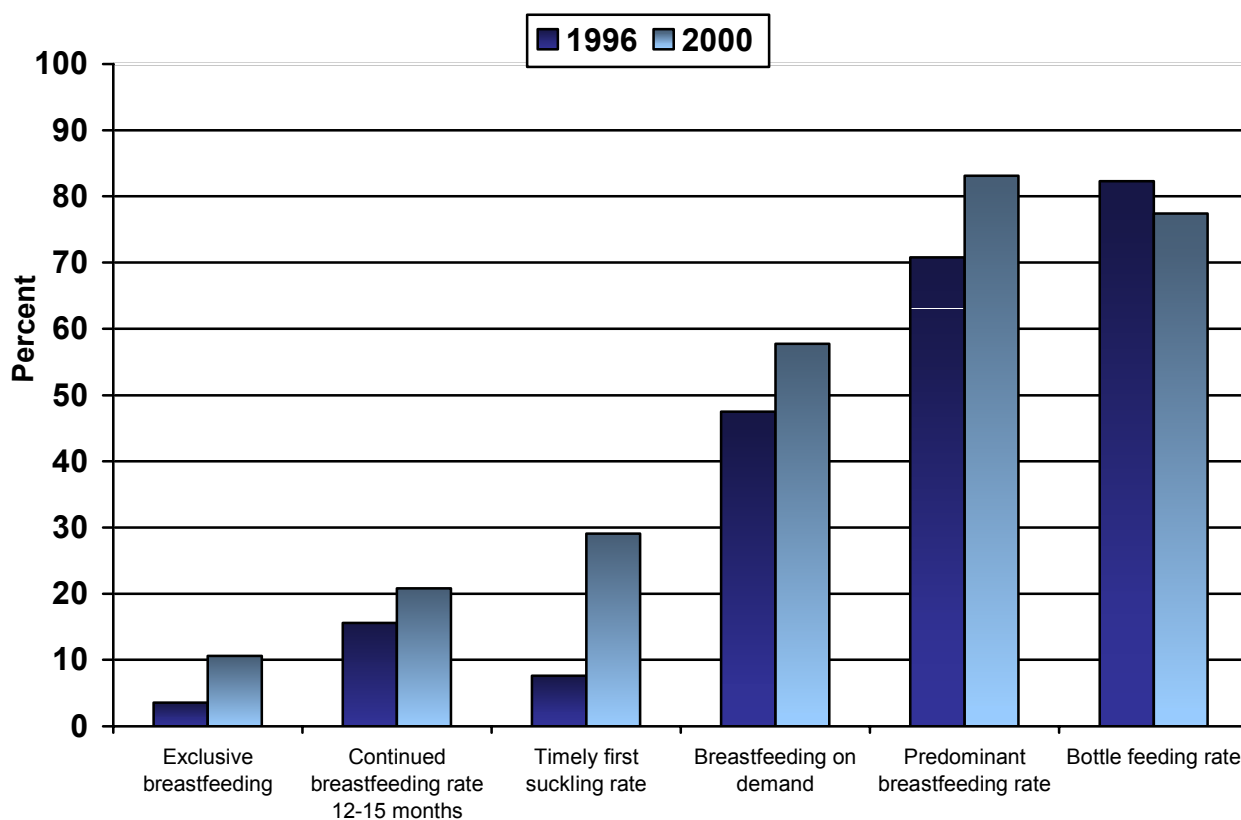
Partly met indicators:

- a national laboratory to provide accurate data on salt and urinary iodine is almost adequately equipped and staffed;
- there is a political readiness to support the programme, but the governmental plan of action has not been adopted;
- the cooperation from the salt industry in maintenance of quality control;
- activities started on social mobilization and public awareness of the problem.

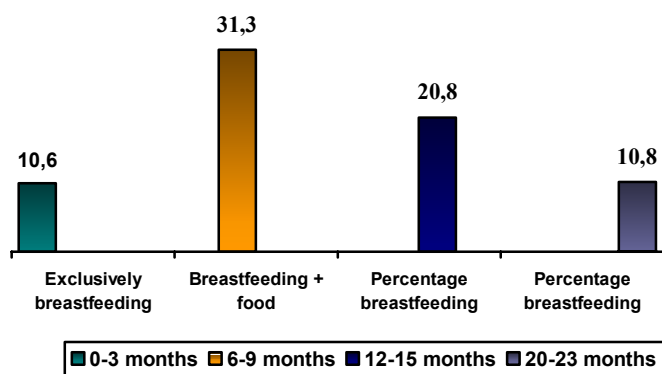
Indicators that are going to be met:

- There is no established regular monitoring system of salt iodine at the factories, retailers and household level;
- There is no established information system for regular data collecting on salt iodine, urinary iodine, neonatal TSH with mandatory public reporting.

Progress in major breastfeeding indicators since MICS 1996



Breastfeeding as the child ages



Priorities for further work in Developing the First Food and Action Plan

The Federal Commission on Nutrition considered data relating to the period of the last 10 years established national priorities that would be the scope for further activities.

These activities should be shared by all responsible authorities. The first step should be political commitment. A national committee composed by the members of the Commission and other experts designed by the relevant ministries from the federal and republic level should provide technical support. This national body should make a draft of a model for developing the First Food and Nutrition Action Plan. The close cooperation with WHO Regional Office for Europe is necessary.

3.8 Bulgaria Presented by Professor Stefka Petrova

Development of Bulgarian Food and Nutrition Action Plan, 2002

In 2002 the progress related to the development of the Bulgarian Food and Nutrition Action Plan is as follows:

- the structure of the national FNAP was developed;
- main current problems in the field of food safety, nutrition and food security were outlined on the basis of situation analyses;
- purpose, main objectives, specific objectives in each of the three aspects of FNAP as well as objectives that are public health priorities were identified;
- strategies of FNAP were determined;
- areas of measures and activities were defined;
- the programmes to be developed or strengthened were determined. Requirements and structure according the development of the programmes were defined.

By the end of the year it is imperative:

- to develop the defined strategies: Multisectoral integrated approach (mechanisms of cooperation and coordination); Partnership at different levels; Ensuring political commitment (mechanisms); Financial provision of the programmes; Progress measurement and evaluation (indicators);
- to define general activities of every sector, in every sector the institutions to be involved and their responsibilities;
- to develop/strengthen the planned programmes at FNAP;
- to define the organization of FNAP implementation.

Current activities related to Food and Nutrition Policy

- The National Food Safety Council is functioning and 5 expert groups at the Council were established in 2002.
- Information system under Ministry of Health for data on food sector, including Register of food products was developed and its implementation is under way.

- In 2002 extensive work was performed in the field of food related legislation: 19 new regulations under Food Law were developed and harmonized with the corresponding EC directives, their adoption is ongoing and has to be finalized by the end of the year.
- Accreditation of laboratories related to food quality and safety control is under way.
- The national programme for IDD Control is continuing to be successfully implemented.
- CINDI Programme is being implemented already in 7 regions of the country.
- The implementation of the Decree related to improvement of nutrition of schoolchildren through mass catering (school canteens and refreshment bars) published in the end of 2000 is ongoing.
- Organization and preparation of a national survey on dietary intakes and anthropometric nutritional status of the Bulgarian population aged over 1 year has started.

The Future

- Draft of the Bulgarian Food and Nutrition Action Plan – by the end of 2002;
- Discussions in related sectors and in the community – during the winter of 2003;
- Revision, edition, translation, coordination with international organizations – during the spring/summer of 2003;
- Endorsement by the Council of Ministers and Parliament – by the end of 2003.

Development of Food and Nutrition Action Plan – Bulgaria, 2003–2008

The structure and some parts of the national FNAP were developed.

Introduction

- The impact of food and nutrition on public health
- Why is Food and Nutrition Action Plan necessary?
- What is Food and Nutrition Policy?

Background – written

1. Situation analysis – main current problems in Bulgaria related to foods and nutrition

1.1 Food Safety – main problems

- Microbiological contamination of foods
- Chemical contamination of foods
- Food Safety Control
- Risk Assessment

1.2 Nutrition – main problems

- Malnutrition – risk groups
- Noncommunicable diseases related to nutrition
- Unfavorable characteristics of the current diet

1.3 Food Security – main problems

- Agricultural production, the stock of animal and the production of animal products
- Health considerations in agriculture and food production policies
- Urban agriculture

2. Current Food and Nutrition Policy

2.1 Food Safety

- National Council on Food Safety at the MoH
- Programmes
- Monitoring activities
- Strengthening of State Sanitary Control
- Training

2.2 Nutrition

- Legislation
- Programmes
- Structure reform and training activities
- Promotion activities

2.3 Food security

- Legislation
- Agricultural support policies
- Urban Agriculture project

Purpose And Objectives Of The National FNAP

The overall purpose is to protect and promote public health through improvement of the nutritional wellbeing and decrease the burden of food-related diseases.

Main Objectives

- To reduce the risk of foodborne diseases.
- To promote positive changes in the national dietary pattern in order to reduce the risk for nutrient deficiencies and noncommunicable diseases.
- To improve the availability and access to healthy food.

Main Objective 1: Objectives which are priorities for public health

- To build up legislation, harmonized with EU acquis, directives and regulations which cover all aspects of food safety at all stages of the food chain;
- To establish a unified national system for monitoring, assessment and control of food quality and safety;
- To implement the risk assessment approach;
- To improve organization and work efficiency of Food Control Institutions;
- To strengthen the institutional and management capacity related to Food Control.

Main Objective 1: Specific Objectives

- Strengthening and upgrading of the laboratories at the Food Control Institutions and staff training in new working procedures;
- Upgrading of border veterinary control;
- Monitoring of pesticide residues;
- Monitoring of heavy metals with special reference to the highly toxic and cumulative cadmium, lead and mercury;
- Monitoring of the content of mycotoxins in food;
- Monitoring of radiobiological food contamination;
- To establish control of the use of food additives and flavorings and their health claims;
- Assessment and control of novel foods and food ingredients with special reference to GMOs;
- Strengthening the control on food quality and safety in food industry and mass catering through implementation of HACCP System.

Main Objective 2: Nutritional objectives which are priorities for public health

- To restrict food poverty and to reduce by 25% the population with inadequate micronutrient intakes;
- To increase consumption of fruits and vegetables in winter and spring seasons by at least 50%;
- To reduce the prevalence of people with underweight by 50%;
- To reduce the average contribution of total fat intakes to less than 32% of the total energy content of the diet with a reduction by 30% of the population with average consumption of saturated fatty acids over 10% of daily energy intake;
- To reduce salt content of the average diet to no more than 7 g per person per day;
- To reduce the prevalence of overweight and obesity by 25%;
- To reduce the prevalence of adults with high blood cholesterol level by 25%;
- To reduce the prevalence of adults with high blood pressure by 25%.

Main Objective 2: Specific nutritional objectives

- To reduce anaemia among pregnant women and young children by 20%;
- To improve folate intake of women of reproductive age, particularly in those planning pregnancy, in order to reduce by 25% the women having folate intakes below the reference intake values;
- To reduce rate of low birth weights by 10%;
- To promote breastfeeding;
- To improve complementary feeding of infants and young children;
- To increase calcium intake of children, adolescents and menopausal women by 20%;

- To restrict malnutrition and to reduce risk for vitamin and mineral deficiencies among low-income and socially deprived people;
- To improve nutrition in kindergartens, school canteens and refreshment bars;
- To improve nutrition in orphanages and homes for elderly, and disabled people;
- To improve awareness of population and especially vulnerable groups concerning healthy foods, balanced diet and physical activity;
- To provide regularly adequate and reliable data to assess nutrition situation and to evaluate the progress of implementation of intervention.

Strategies –under discussion

Multisectorial Integrated Approach – to define mechanisms of cooperation and coordination

Financial provision of the programmes – to define the sources

Progress measurement and evaluation – to define indicators

Areas Of Measures And Activities – under discussion

Areas of measures

- Legislation and Control
- Surveillance and Monitoring
- Information and Education
- Economic measures

Participation of different sectors – under discussion

To define general activities of every sector, in every sector the institutions to be involved and their responsibilities.

3.9 The Czech Republic Presented by Dr Zuzana Brazdova

Czech Republic's progress in developing a food and nutrition action plan (year 2002)

During the year 2002, ten basic objectives as priorities for public health were set, which had been discussed broadly at the academic and state levels (National Health Institute):

- to increase consumption of fruits and vegetables (to reduce number of people consuming less than 200 g per day by at least 20%);
- to reduce total fat intake to 25–30% of daily energy (to reduce number of people consuming more than 34% of daily energy from fat by at least 25 %);
- to reduce alcohol intake among those who consume alcoholic drinks with upper limit of 20 g of pure alcohol per day (to reduce absolute number of people who drink more than 210 g per week among men and 140 g per week among women). This recommendation is targeted towards general healthy population – people with problems with alcohol need to be taken care of specifically;
- to increase consumption of carbohydrates to more than 50% of daily energy, increasing starchy carbohydrates by 50% and reducing simple sugars by 25%;

- to increase calcium intake (to reduce number of those whose intake is below recommended daily amount by 25%);
- to increase physical activity (to increase number of people doing equivalent of at least half an hour of fast walking per day by >25%);
- to reduce prevalence of overweight and obesity (BMI >25) in adults by 20% and to stop the increase of prevalence of obesity in children;
- to promote exclusive breastfeeding during first 6 months of age;
- to control iodine intake particularly in children and pregnant and lactating women;
- to prevent micro-nutrient deficiencies especially among vulnerable population groups.

In April 2002, the Czech government released a part of the state budget assigned to the health sector for national programmes support (50 millions CZK~ US \$1.6 million), such as BF support, cancer prevention programme and ID prevention programme.

After summer floods a new task was established by the Czech Ministry of Health: to create a comprehensive system with special respect to food security and food safety during emergency situations. (The current estimate in the Czech economy caused by floods is estimated to be around US \$2 billion).

At the beginning of the year 2002, a system of nutrition counselling was started on a regular basis in the frame of “state hygienic stations” – institutions governed by the National Health Institute. Three major Czech cities were involved (Brno, Prague, Pilsen) where schools of medicine are located and where graduates from medical schools and from human nutrition programmes spend their internship (counselling is either free of charge – sponsored by universities, or covered by health insurance companies).

Since January 2002, the committee working at the acceptance of EU standards in food industry regularly consults the Ministry of Health.

The next steps of Czech FNAP are expected in September/October, after establishing the new management of Ministry of Health, which changed after elections in June 2002.

Czech Republic's strategy towards prevention Iodine Deficiency Disorders

In 1995, the intersectoral committee for eradication of IDD started to work focusing on 4 basic objectives: to increase consumption of natural sources of iodine, to fortify appropriate foods with iodine, to supplement vulnerable groups with iodine and to eliminate factors which interfere with iodine bioavailability. This committee is governed by National Health Institute and cooperates with food producers, legislators, hygienic stations, research institutes etc.

During 2001–2002, a study was carried out to analyse food sources of iodine in the principal 146 food items frequently consumed by the Czech population. Recommended iodine intake was officially set in 2002 as follows: children 7–10 years 140 ug, 11–14 years 180 ug, 15–18 years 200 ug, 19–59 years 200 ug, >60 years 180 ug, pregnant women 230 ug, lactating women 260 ug.

Since 1998, iodine intake has been monitored in the Czech population and is found to be in the average range of between 160 and 170 ug per day. However, no study was 100% representative.

Ioduria analyses were done in the years 2000–2001 among 11–13 years children. Results showed improved iodine saturation, with the mean 210 ug I/L, median 220 ugI/L, compared with results from 1995/6 (average 140 ug I/L, median 146 ug I/L).

Salt is iodized in the Czech republic with 20–34 mg/kg by KJO3 and iodization is not compulsory by law. The consumption of iodized salt is estimated to be 61% of households, while 25% do not know and 14 % do not care. Estimation of direct iodine consumption from salt is approximately 80 ug per day.

During 2001–2002 several intervention programmes were started, targeted to population groups (school aged children, pregnant and lactating women), to food producers, retailers and catering and to medical professionals. In following years an ioduria assessment is planned among infants, pregnant and lactating women. During the next year the working committee will prepare criteria for iodine fortification in the frame of the new legislation (Act No. 110).

3.10 Hungary **Presented by Dr Gabor Zajkas**

The Nutrition Action Plan has been included in the ***Public Health for the Healthy Nation as part of the 13. Sub-(Healthy nutrition)***. Additionally this year, the *Hungarian Food Safety Advisory Board* officially invited us to work together on the development of *National Food Safety* (the Advisory Board was established in 1997, it is working under the aegis of the Ministry of Health, collaborating with the Ministry of Agriculture; its main task is to give advice to those working in the food chain in the interest of food safety). We submitted a draft of our Nutrition Action Plan and we offered to formulate a common, *National Food and Nutrition Policy*. The suggestion was accepted and the collaboration has begun to elaborate the common plan by the end of October.

Draft of the current Food and Nutrition Action Plan

General objectives

- Decrease diet related diseases morbidity, mortality
- Improvement of the health status of the population by healthy nutrition

Principal objectives

- propagation of healthy nutrition
- production of appropriate agricultural row materials
- production of foods for healthy nutrition
- national and household food security

Strategies (sub-programmes)

Education sub-programme

- Exclusive breastfeeding for at least 6 months
- Correct complementary feeding of children
- Integration of healthy nutrition into school education

- Integration of healthy nutrition into the education of teachers, physicians, nurses agriculture and food industry experts etc.
- Continuous education of healthy nutrition for the general population.
- Publishing revised Dietary Guidelines every five years.

Food sub-programme

- Foods with better composition
- More information on labelling
- Introduction of a logo for healthy nutrition
- Changing in advertising policy

Mass Catering sub-programme

- Introduction of healthy nutrition in mass catering
- Introduction of chance of choice healthy menu

Information sub-programme

- Regular progress evaluation
- Regular micro statistic, household food surveys
- Regular dietary and nutritional status surveys

Sub-programme for preventing diet related diseases-

- Cardiovascular, cancer, 2 type DM, obesity, dental caries and oral cavity diseases, osteoporosis

Collaborations

National: Service of National Public Health and Medical Officers network; Public Health for the Healthy Nation; food industry and food safety organizations, education, civil organizations.

International: WHO, EU, scientific associations, universities, research institutes.

Condition of functioning of the NFNP

(Independent) Food and Nutrition Council.

Progress in the frame of the Healthy Nutrition sub-programme

- New Hungarian Food Based Dietary Guidelines – short and a detailed version
- Nutrition Education for students in fifth form of Primary School (125 000)
- Postgraduate education to the heads of mass catering
- Consultations with food industry experts on developing plan foods with better nutrient content

Regarding **13. Sub-programme** the Action to issue the **Hungarian Dietary Guidelines** was successfully realized and the first thousand copies have been distributed. The Action regarding the **nutrition education of primary school children** in the fifth form will commence in September of this year. The printing of the first two leaflets (125 000 copies) has been completed. One Action was directed towards **school catering**; it consists of two parts: one to control the menu plans for preparing meals, and the other to prepare ideal menu plans to offer those kitchens where the planning is not perfect. This work has begun, too. The Action for giving **postgraduate education to the heads of mass catering** was carried out: 6 regional, and 2 national postgraduate conferences were completed this year. Meetings with food **industry experts** and discussions on **developing plans of production foods with better nutrient content** has begun in two areas: bakeries and meat products with less salt, meat products with less fat.

Conferences

“Healthy living is good!” Conference on the Public Health for Healthy Nation, Healthy Nutrition Session, (6 presentations on the diet and health); Budapest, 4 April 2002; Organized by MOH.

1st Conference of Research Organization of Hungarian Family Physicians, Session on Priorities of the Public Health in the Beginning of the New Millennium; Pécs, 8–9 March 2002.

Inauguration Ceremony of the Institute of Human Nutrition and Dietetics, presentations on the importance of nutrition and food safety issues in the Public Health; Pécs, 3 May 2002, organized by the University of Pécs.

“Healthy Nutrition in Childhood” Session of Healthy Nutrition and the Public Health; Budapest, 16 May 2002; organized by the National Association of Dieticians, and the Society of the Hungarian Welfare Officers.

Hungarian situation and strategy concerning the eradication of IDD

Between 1990 and 1999 surveys were carried out on the iodine status of school children of 1st–4th form, investigating the iodine content of urine and the prevalence of goitre.

It revealed that in the sample of 10 000 children of the different parts of the country 30–80% of urine iodine content was below the cut off point, suggesting insufficient iodine status. The prevalence of goitre below the ideal 5% was found in two counties, between 5–10% in six counties, between 11–20% in nine counties and it was over 23% in one county. There were some settlements where goitre prevalence was over 30%. Actually only 16% of the estimated national salt amount is iodized.

The National Iodine Committee has elaborated a suggestion to the Ministry of Health on the eradication of IDD, as follows:

- At least 90% of the salt in the commercial circulation has to be iodized;
- The iodine content of salt must be 15 mg/kg (in form of $25,8 \pm 6$ mg/kg KIO_3 ; iodate);
- Importation of iodized salt with higher iodine content than 15 mg/kg is not suggested;
- Iodized salt be used freely by the food industry;
- The quality and the iodine content of the iodized salt should be checked from the production to the use;
- Surveys of iodine status and sampling of the population should be done regularly.

3.11 Poland

Presented by Ms Ewa Rychlik

- The document “Food Safety Strategy in Poland” is currently being prepared under the coordination of the Minister of Health. This document provides one of the foundations for preparing a new version of the Food and Nutrition Action Plan for Poland.
- Food safety strategy has a primary significance for the practical implementation of major multisectoral components of a population’s health protection system, in particular with regard to its preventive aspect.

Objectives of the food safety strategy:

- to ensure food safety throughout the food chain, starting with primary production and ending with food distribution and consumption;
- to reduce the risk of food poisoning and infections and diseases caused by consumption of microbiologically, chemically or physically contaminated food;
- to prevent biological food hazards in the event of a bioattack;
- to ensure that imported food meets the same quality norms and requirements as those applicable to domestically produced food;
- to ensure harmonization of the Polish food laws with the EU law and its effective implementation in practice;
- to ensure effective and efficient official control of the food chain;
- to ensure continuous information about food safety to the Government and the general public;
- to build the trust of domestic and foreign consumers in food safety and to establish proper conditions for Polish economic interests;
- to improve vocational training (including post-graduate education) for the staff of official food control bodies and representatives of food production, processing and trade companies.

The document “Food Safety Strategy in Poland” proposes a more comprehensive and complementary assessment of risks to the entire population than ever before.

According to the regulation signed by Prime Minister on 28 of July 2002, the Minister of Health is a coordinator of the activities related to ensuring food safety.

The “Food Safety Strategy” will become an integral part of the National Health Plan pursued under the leadership of the Minister of Health.

Works on the integration of ‘Food Safety Strategy in Poland’ are being realized with the previously prepared project of the Long-term Government “To improve the state of health of the population in Poland by enhancing the health quality of food and rationalizing dietary pattern”.

The project of the Long-term Government did not receive sufficient financial support. It was possible to realize it in some parts only.

Major objective of planned Long-term Government was to improve the state of health among Polish residents, to reduce the incidence of diseases, disability and mortality stemming from diseases whose high risk of occurrence and development is caused by improper nutrition of inadequate health quality of food.

The detailed objectives of the Long-term Government:

1. To elaborate scientific foundations for:

- A periodical monitoring system of food health quality, the dietary habits and nutritional status;
- An early detection system for the nutritional health risk factors;
- Methods of prevention, diagnosis and treatment of the diseased related to improper nutrition.

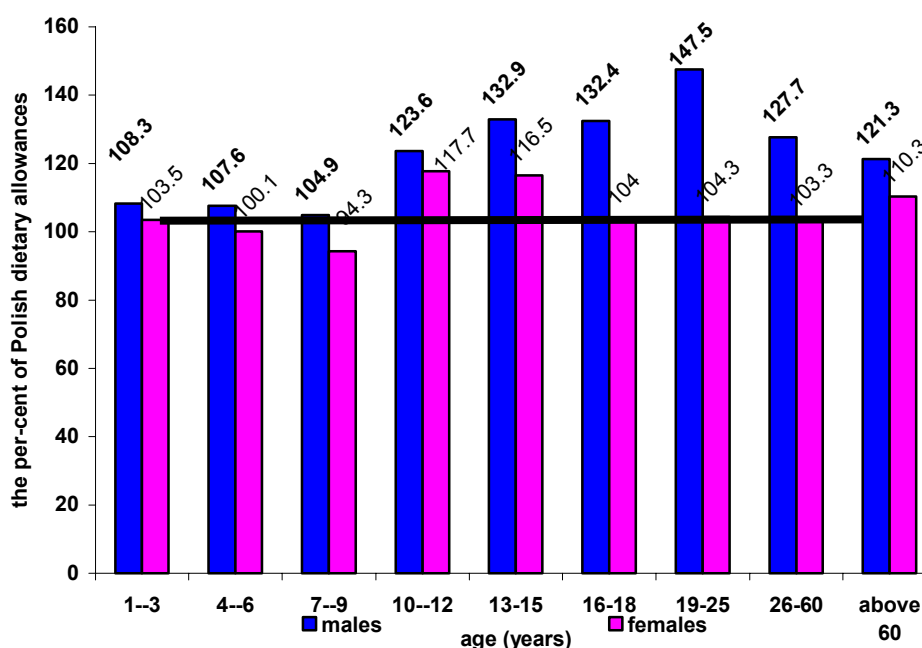
2. To specify the directions of changes in the existing pattern of food production and processing to influence a healthier dietary pattern.

3. To create of modern system of nutritional education for society that promotes a pro-health model of nutrition.

4. To draw up the scientific foundation to harmonize Polish food legislation with EU requirements in the area of food health quality and nutrition.

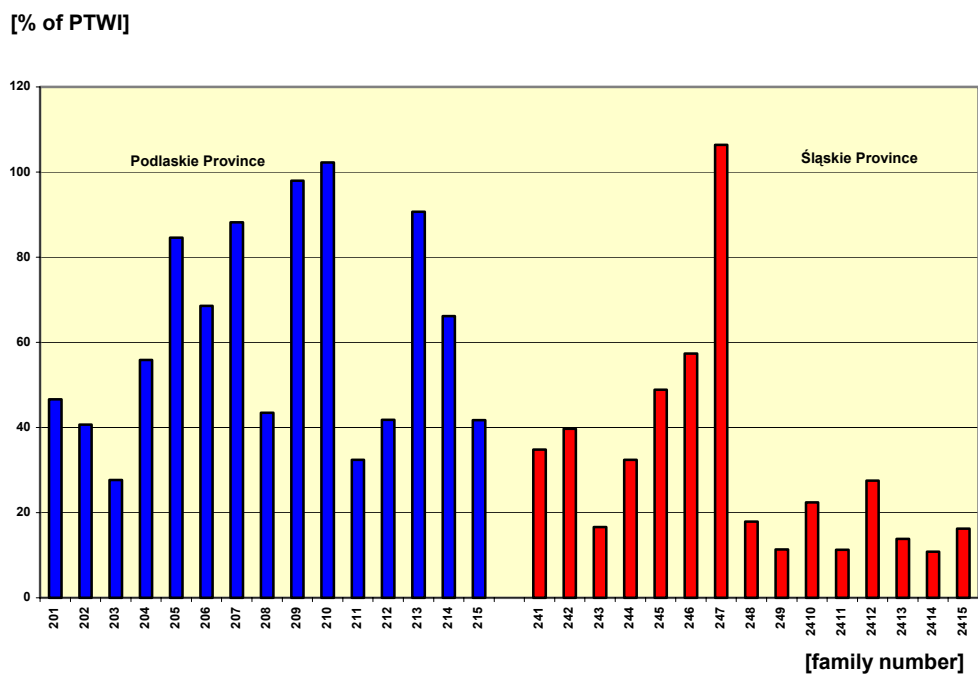
- One of the priorities is the activity to reduce the risk of the diet related diseases, among others, resulting from the consumption of the chemically contaminated food. This risk is related not only with the presence of contaminations in the food but it also results to a great extent from the amounts of their intake with daily diet.
- A new version of mentioned document “Food Safety Strategy in Poland” takes into account the term “wholesomeness of food”. This term includes probable numerous interactions, which could set between nutrients and food contaminants. These interactions influence essentially on amount of exposure for health risk factors, which could be contained in food.
- The countrywide monitoring of the quality of soil, plants, agricultural products and foodstuffs, covering the most important agricultural raw materials and foodstuffs has been carried out since 1995 in Poland.
- In the years 2000–2001 there was realized “Household Food Consumption and Anthropometric Survey”, which included the representative, on the scale of the whole country, surveys of dietary pattern and nutritional status of various groups of Polish population (4134 persons).

Energy intake by sex and age as the percent of Policy dietary allowances in studies persons

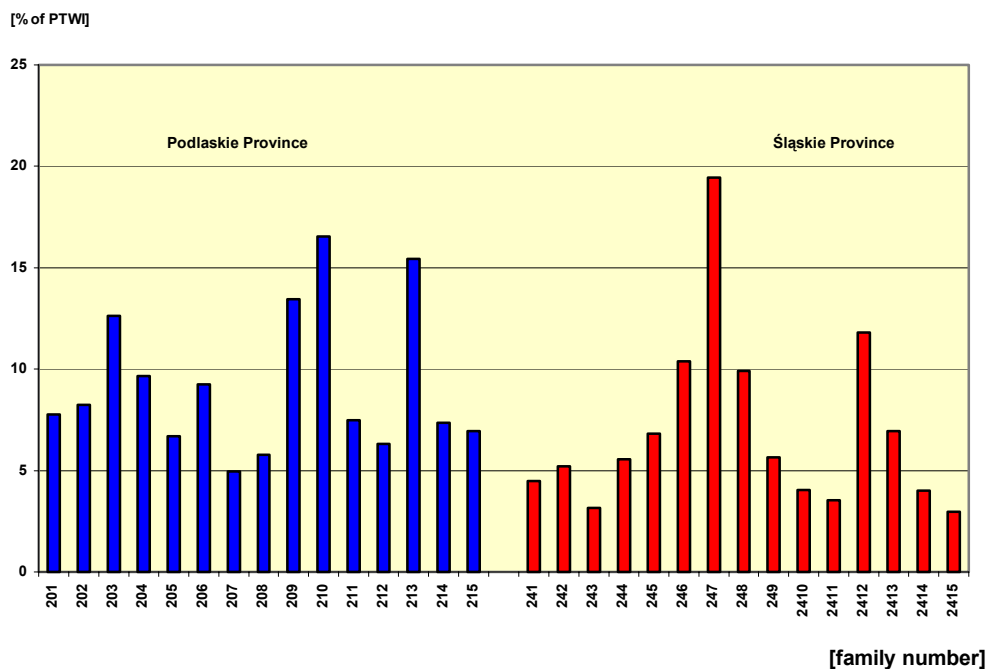


- The data on the actual food consumption will help to calculate the content of the contaminants in the diet (currently calculated on the basis of the household budgets surveys or the balance data).
- Susceptibility to the harmful effect of the contaminations present in the food differs for the particular persons and depends, among others, on the elements such as: age, sex, nutritional status and genetic factors. The estimation of the contamination contents in the diet, taking into account people in various groups of age and sex, allows a fuller assessment of the level of threat for the population resulting from the food contamination.
- The programme “Household Food and Anthropometric Survey” includes also the assessment of some contaminants intake in the selected families from 2 voivodships in Poland.
- The voivodships with potentially the lowest and highest levels of environmental pollution were the Podlaskie Province and the Śląskie Prorovince respectfully.
- In that survey average daily diets were sampled from 30 surveyed families (which have 127 members). In 30 daily diets taken from the surveyed families the level of cadmium, lead and mercury were determined using analytical tests.

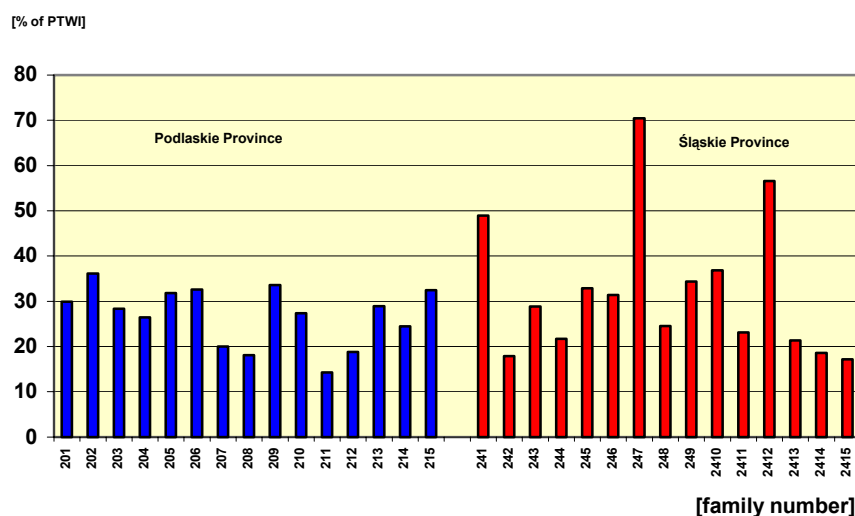
Percentage of tolerable weekly intake of cadmium with daily diets of studied families



Percent of tolerable weekly intake of lead with daily diets of studied families



Percent of tolerable weekly intake of mercury with daily diets of studied families



- The analysis of surveyed diets in terms of cadmium, lead and mercury contaminations showed that their quality in terms of such contaminations was satisfactory.
- A similar situation was recorded for nitrates and nitrites the content of which in the analysed diets was lower than the ADI value.
- Surveys of the actual consumption allow thus to determine precisely the quantities and the assortment of the products consumed and the meals prepared of them, which enables to carry out on the basis of the surveys of this kind an assessment of a more detailed level of the contamination intake.
- It is important to carry out the monitoring of the health quality of food and dietary pattern and nutritional status of the population which should be systematically repeated in the country, as well as the integration of actions taken within both monitoring surveys.
- Integration of activities in the food safety area and nutrition strategy with dietary prevention of diet-related diseases will increase the Minister of Health's ability to use all types of preventive measures to a much wider scale than presently.

Progress Report

While implementing the improvement of dietary pattern and nutritional status of the population, the state of food safety is of crucial importance, including the level of the chemical contamination thereof.

Currently, the Food Safety Strategy is being prepared in Poland under the coordination of the Minister of Health. This strategy aims at ensuring the food safety in the whole food chain "from field to table". One of the priorities is the activity to reduce the risk of diet related diseases, among others, resulting from the consumption of the chemically contaminated food. This risk is related not only with the presence of contaminations in the food but it also results to a great extent from the amounts of their intake with daily diet.

The countrywide monitoring of the quality of soil, plants, agricultural products and foodstuffs, covering the most important agricultural raw materials and foodstuffs has been carried out since 1995 in Poland. The monitoring surveys carried out allow specification of the average contamination with different contaminants of the food produced in Poland. These surveys enable epidemiological risk assessments to be carried out regarding the threat to health of consumers due to the presence or absence of food of inadequate quality. The findings currently obtained from the control or monitoring surveys of food contamination are referred to daily diet calculated on the basis of the household budgets surveys or the balance data. It appears, however, that the amount of contaminants intake estimated on the basis of the data of the household budgets and the food balances may be higher than their actual content in daily diet of an average Pole.

Due to the fact that in Poland during 2000–2001 the representative, on the scale of the whole country, surveys of dietary pattern and nutritional status of various groups of the population were carried out, it is anticipated that a reference point when calculating the content of the contaminants in the diet in the successive surveys will be the data on the actual food consumption. Susceptibility to the harmful effect of the contaminants present in the food differs for the particular persons and depends on elements including: age, sex, nutritional status and genetic factors. That is why the estimation of the contamination contents in the diet, taking into account people in various groups of age and sex, allows a fuller assessment of the level of threat for the population resulting from food contamination.

The level of the threat is also related to the level of consumption of food products constituting the source of contamination. Food consumption, including the products with a relatively high content of contaminants, in the particular sex and age groups, is differentiated. Due to the estimates based on the surveys of the individual nutrition patterns, taking into account the age, sex and the physiological state it is possible to determine which foodstuffs and groups of food pose potentially the highest risk connected with the intake of contaminants with food.

Due to the fact that in the course of the properly performed technological processing of food, a part of the chemical contamination is eliminated, apart from the surveys of the individual nutrition patterns and nutritional status, the average diets taken from the selected families from two voivodships, where the content of cadmium, lead, mercury, nitrates and nitrites was determined. This survey showed that the intake of the surveyed heavy metals did not exceed the PTWI value in any of the families surveyed. A similar situation was recorded for nitrates and nitrites the content of which in the analysed diets was lower than the ADI value.

Surveys of the actual consumption thus allow the determination of precisely the quantities and the assortment of the products consumed and the meals prepared of them, which enables to carry out on the basis of the surveys of this kind an assessment of a more detailed level of the contamination intake. This is why it is so important to carry out the monitoring of the health quality of food and dietary pattern and nutritional status of the population which should be systematically repeated in the country, as well as the integration of actions taken within both monitoring surveys.

Additionally, the data concerning the contamination intake obtained by the means of systematic monitoring of the individual nutrition patterns may be used as a reference point for the estimation of the exposure on the basis of the other methods in the years when such a monitoring is not carried out.

Eradication of IDD in Poland

- In the beginning of 1990 90% of Poland was classified as an area of moderate iodine deficiency and 10%, in the seaside area, as a mild iodine deficiency territory.
- In 1997 iodine prophylaxis was introduced, including obligatory iodination of household salt intended for direct consumption with addition of potassium iodide (30 ± 10 mg KI/kg) or potassium iodate (39 ± 13 mg KIO₃/kg).
- According to the study coordinated by Professor Z. Szybinski: between 1994 and 1999 goitre prevalence decreased from 48.4 to 7% and urinary iodine concentration increased from 60.4 to 96.2 g/l.
- According to data of National Food and Nutrition Institute: iodine content in average Polish daily diets (without iodine from kitchen salt) ranges from 40.4 to 50.7 g (37–52% of Polish RDA).
- The works to assess the iodine intake in different sex and age groups, including intake from kitchen salt are conducted in National Food and Nutrition Institute.

3.12 Romania

Presented by Dr Camelia Pervan

The National Action Programme for Health and Environment (adopted by government in 1998) included a section entitled Programme for Nutrition and Food Safety.

Activities in this programme include:

1. Surveillance of the health status and dietary habits of the population;
2. Monitoring programme regarding the quality of the most used foods in peoples' nutrition, milk and milk products, meat and meat products, bread and soft drinks;
3. Elaboration of new food composition tables;
4. Nutritional education of professionals and common people;
5. Support and training for food producers;
6. New food safety legislation harmonized with the EU directives;
7. Communication with mass media regarding food safety news;
8. Elimination of IDD;
9. Elimination of IDA;
10. Surveillance of foodborne diseases (participation in the WHO Surveillance for Control of Foodborne Diseases);
11. Research and development.

Surveillance of health status and dietary habits of the population

In the last 12 years our country has experienced profound socioeconomic and cultural changes, with implications on the population's eating habits. The need for knowledge about the health implications of new eating habits in the different segments of population seemed necessary. This complex study allows the identification of the correct dietary habits which might be encouraged,

but at the same time, highlights the errors and the discreetly and clearly manifested malnutrition which must be resolved.

In 2002 we started the Programme of Vulnerable Population Groups' Nutrition – suckling, babies, children up to 12 years old, teenagers, pregnant and lactating women and third-aged population.

New food safety legislation

The harmonization activity of the Romanian legislation with C.E. was made in collaboration with other ministries and institutions for the accurate adaptation of all the regulations that protect and influence the public health in the following areas:

- Food additives, flavourings
- Materials and articles coming in contact with foodstuffs
- Food contaminants
- Hygiene and official control
- Food for special purposes
- Food standards
- Food labelling

During 2002 we have published 5 common orders of the Ministries of Health and Agriculture regarding norms for:

- food flavourings
- food contaminants
- extracts solvents for foods
- food rated with ionization
- erucic acid

In addition, we have finished 5 projects, which will be published at the end of this year:

1. Project – Common Order of Ministry of Health and Ministry of Agriculture regarding norms for food additives;
2. Project of Ministry of Health and Ministry of Agriculture Order regarding norms for food for special purpose;
3. Project of Ministry of Health and Ministry of Agriculture Order regarding norms for materials and articles intending to come into contact with foodstuffs;
4. Project of Ministry of Health and Ministry of Agriculture Order regarding norms for official control;
5. Project of Ministry of Health and Ministry of Agriculture Order regarding norms for food hygiene;

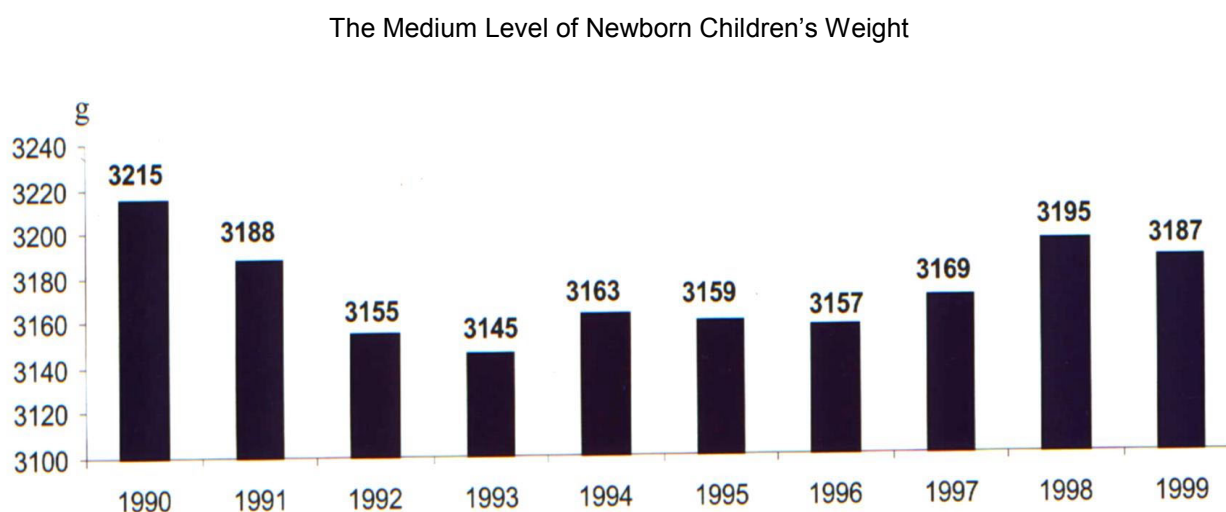
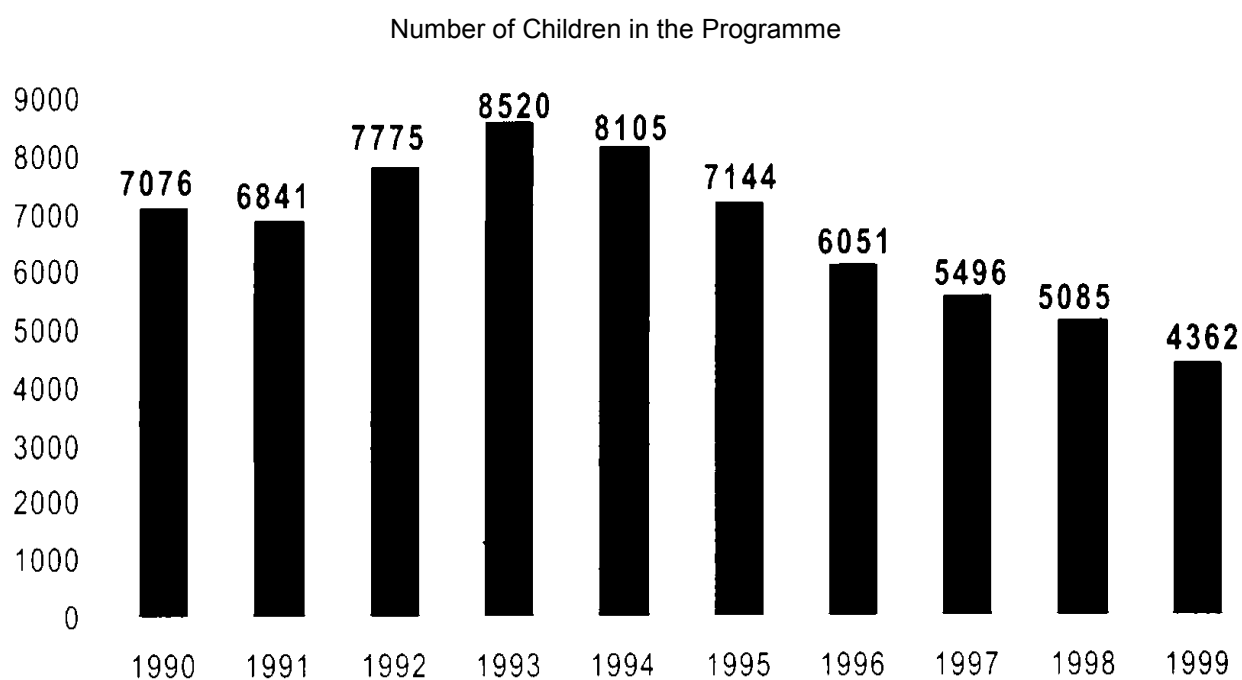
Meetings

During 2002 we reorganized our National Council for Food and Nutrition having experts from:

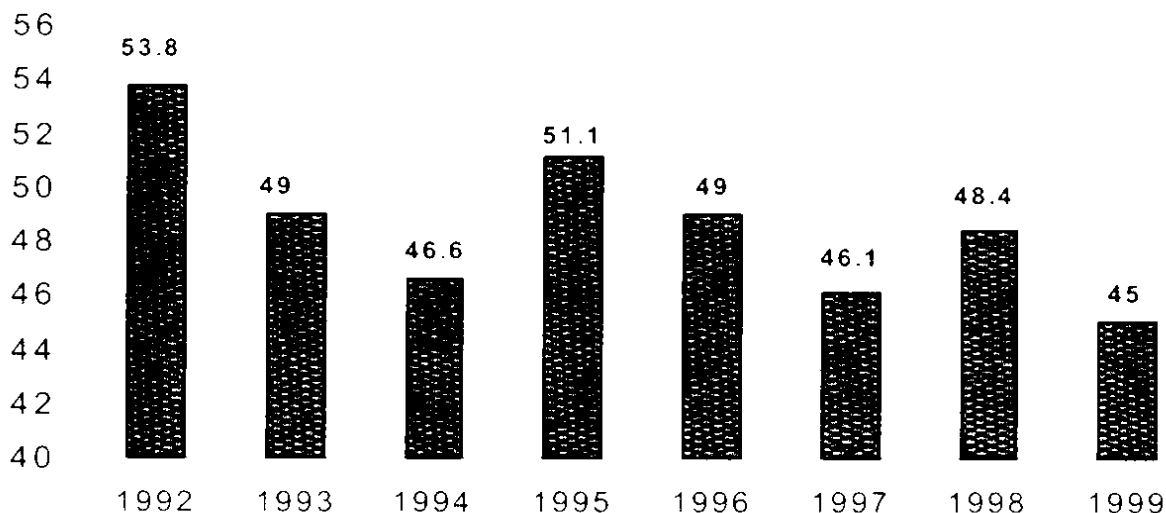
1. Ministry of Health and Family
2. Ministry of Agriculture, Food and Forestry
3. Institute of Public Health
4. Institute of Food Research

5. Ministry of Education and Research
6. Ministry of Labour and Social Affairs
7. Institute for Mother and Child
8. Ministry of Economy
9. Academy of Agriculture Sciences

They have started to review and update our NFNAP made in 1998 together with experts. In 2002 they had four meetings regarding IDD and have finalized the new legislation regarding universal iodination of salt, which has been published, and two meetings for children's nutrition in which a project to provide one meal in primary schools (milk and croissant) was formulated.



The Percentage of Children with Anaemia



3.13 Slovakia

Presented by Dr Kristina Holčíkova

The Slovak Food and Nutrition Action Plan has been approved by the government in 1992 and updated in 1995 as the “Programme for Nutrition Improvement of the Slovak Population” which was created in accordance with the National Health Support. This action plan was explained by the Director of Food Research Institute, Dr Milan Kovac, during the 2nd workshop on the Intersectoral Development of Food and Nutrition Action Plans in South-East Europe, Bulgaria 2001.

Progress which has been made since the last meeting:

- Education of the Slovak population: Efficiency of media (newspapers, electronic media, TV, broadcast etc.) has been increased. Utilization of existing materials such as Flair-Flow (booklets translated into the Slovak language) and EU projects. The window for consumer has been created on the website of our Food Research Institute (FRI). Periodical “Trends” published by FRI in print as well as in electronic form brings useful information for food producers, etc.
- Novelization of the Slovak Food Legislation (Slovak Food Codex) with regard to Food Safety, Food Quality and Nutrition Labelling in relationship to European Union – valid from January 1, 2002. With regard to recommendation for nutrition labelling, recently (July 2002) Supplement of Slovak Food Codex has been authorized.
- System of Food Control has been changed (not only food safety, but also nutrition points of view are taken into consideration). State Veterinary and Food Administration has been created (hygienic service is oriented above all on the area of mass catering and the area of special diet (e.g. baby formulas etc.)).
- Health Protection Law specifies special nutrition requirements.

- Canadian-Slovak project “Heart Healthy Food”: The aim of the project is to help consumers utilize the food market and to implement principles of healthy nutrition into their daily lives. Criteria system for foodstuffs with “Heart healthy” nutrient composition and rules of procedures for the certification have been formulated. At the present time 35 products are certified, 50 are expected to have been certified by the end of the year.
- Nutritional software ALIMENTA 3 has been distributed to about 40 working places of the State Health Institute; it is also used for evaluation of several types of mass catering (e.g. school catering etc.).
- CEECFOODS network (Central and Eastern European Countries Food Data Systems) on food composition associates 10 countries from the subregion. Food Database Centre is located on the Food Research Institute Bratislava. Unified nutritional software (multilingual version ALIMENTA 4) can be used in whole subregion for models of healthy diet.
- Role of the nongovernmental organizations – Association for Healthy Nutrition, several Cardioclubs and several foundations gradually increase their activity in education of the Slovak population in the sphere of healthy nutrition.
- Health advisory services aim their work on health promotion by nutrition.
- New influence of market chain on nutrition of population has appeared. It can be positive (e.g. propagation of healthy products declared by logo), but also negative (sales).
- Slovak government enables financial means for realization of National Health Support Programme projects. They have been opened in summer 2002 for 3 years.

National Health Support Programme is evaluated every year by the Slovak government. Mandate to prepare this evaluation has the State Health Institute – its department National Centre of Health Support – from its position of institute of Ministry of Health in cooperation with institutes from further branches (agriculture, education, economy etc.).

Meetings

- Seminary “Scientific research and practice of healthy nutrition” co-organized by Food Research Institute, Košice, 20 September 2001;
- Seminary “Food, Nutrition and Health” organized by Foundation of handicapped people, Piešťany, 26 September 2001;
- Seminary “Rational Nutrition”, organized by National Centre of Health Support, Bratislava, 18 October 2001;
- Seminary “Fats in human nutrition”, organized by Association for Healthy Nutrition, Bratislava, 28 November 2001;
- Seminary “Healthy Nutrition for Healthy Heart”, organized by Cardioclub at Slovak Institute of cardiovascular diseases, Bratislava, 14 March 2002;
- Seminary “Healthy Nutrition for Healthy Heart”, organized by Foundation of handicapped people, Bratislava, 13 June 2002;
- 5th Conference “Nutrition - Foods – Legislation”, organized by Slovak Society for Nutrition and Ministry of agriculture SR”, Detva, 17–19 June 2002;

- Several presentations in the Slovak Broadcast and the Slovak Television and 10 press briefings.

Iodine Deficiency Disorders- Slovakia

The Slovak Republic has a long and successful tradition in iodine prophylaxis. Iodination of table salt has been obligatory for more than 50 years. An International study “Standardized evaluation of iodine deficiency in Europe” (“European ThyroMobil Campaign 94/95”), in which 12 European countries took part, reviewed our iodine prophylaxis and indicated that Slovakia belongs among the top European countries.

The situation has been changed from 1990 when imported non-iodinized table salt appeared on the food market. This initialized the creation of the Slovak National IDD Board composite from prominent specialists which acts as the advisory committee of the Slovak Ministry of Health. Its principal role is:

1. To prepare special materials on the IDD problematics for Ministry of Health SR.
2. To formulate iodine prophylaxis’ role for further resorts (agriculture, education etc.).
3. To coordinate work on:
 - Estimation of iodine intake of individual population groups by means of clinical studies;
 - Monitoring of iodine content in inputs for food industry;
 - Medialization of iodine deficiency problematics and education of the population.
4. To propose actualization of existing normatives as well as creation of new normatives which provide sufficient iodine intake for the Slovak population, above all for risk groups such as children and pregnant women.
5. To provide realization of tasks which results for Slovakia from international agreements, resolutions of WHO as well as further organizations which also work in the area of iodine prophylaxis.
6. To prepare information for the General Hygienist SR on the status of solution iodine prophylaxis problematics in Slovakia.

4. Stability Pact Initiative – Priorities for Implementing National Food and Nutrition Action Plans

brief overview of progress presented by Associated Professor Antoinette Kaic-Rak (WHO, Liaison Officer, Croatia) on behalf of Dr Maria Haralanova

Focus should be on:

- The historical background and the rationale
- Stability Pact
- Health in SEE
- Joint CoE/WHO action
- The Dubrovnik Pledge
- Achievements and lessons learned
- Joint WHO/CoE Multicountry Public Health Initiative 2002–2003

1. The historical background and rationale:

WHO EURO Developments:

SEE Countries' Request for WHO Support
New WHO Country Strategy
WHO/EU and Council of Europe Partnership

Stability Pact Process:

Health, peace and development
Health: Catalyst for regional cooperation
Geographic focus
Health: Quick results and long-term benefits; Sustainable development

2. Stability Pact

COLOGNE, June 1999
SARAJEVO, July 1999
ZAGREB, November 2000

- New conflict prevention instrument
- Political declaration of commitment
- Regional dimension of development (peace, democracy, economic growth and prosperity, internal and external security)
- Not a new international organization
- Not a funding institution
- No implementing structures
- Regional Funding Conferences

The European Perspective:

Stabilization and Association process: SAAs
CARDS = 44.65 billion Euros for 2000/2006

Social Cohesion Action Plan

Areas of Concern:

Access to social rights and infrastructure

- Social protection
- HEALTH
- Housing
- Employment and vocational training
- Social partnership

Methods

- Raising awareness
- Needs analysis and community involvement
- Standards setting
- Legislative and policy reforms in all relevant fields

- Integrated multidisciplinary projects
- Pilot projects
- Regional networking of projects at level of design and implementation
- Monitoring and evaluation

Intervention strategy

- Capacity building;
- Information sharing and dissemination
- Institution building and service delivery
- Community development

3. Health in SEE:

Diverse group
Specific changes
Widening health gap

The Challenge:

Bridging the gap between health care reforms and public health

Common trends:

- Communicable diseases, TB, STDs and AIDS
- Child, maternal and reproductive health
- Mental health
- Effective, affordable and accessible primary and secondary health care
- Cardiovascular diseases
- Tobacco
- Nutrition/food safety

4. Joint WHO/CE Action

Objectives:

SEE health needs
Promote health on Stability Pact agenda
Mobilize resources for health development in SEE
Develop partnerships

Main lines of activities:

WHO Regular Activities
Partnership with CoE Strategic Health Review SEE Health Network
Stability Pact Social Cohesion Initiative

Roles in the Stability Pact Process:

Adviser to the Stability Pact Working Table II through the Social Cohesion Initiative
Leader in health
Promoter for investment projects in health

Lessons learned

- Understanding the cultural dimension of our partners abolishes many hurdles.
- Give ownership of work back to the country while providing it with unbiased expertise and motivation to build self-confidence.
- Work in broader strategic lines as entry points for introducing health, i.e. “peace and health”; “poverty and health”; “economic development and health”.
- Focus on policy and politics and look for the spin-off effects of implementation from other sources better than us.
- Partnerships should have well-defined interests, values, policies and capacities.
- Working as a team proved to be possible by building up on the capacities, skills and mutual genuine interest and contributions of all.

Objectives

To provide a framework within which health related initiatives jointly implemented by SEE member states can develop.

Continuous support to sustain health on the agenda of the Stability Pact.

Principles

1. SEE Member States ownership
2. Partnership approach
3. Equal involvement of Member States
4. Equal distribution of activities and resources
5. Sustainability
6. Complementary and continuity
7. Up to 30% of funds allocation to management
8. Rotation of MS in hosting activities
9. Decentralization of resources

Dr Djordje Stojiljkovic reminded participants on the first two steps of the Stability Pact Project. Step one – preparation of questionnaires – WHO for project manager and second step – meeting of all managers.

Associate Professor Antoinette Kac-Rak presented another project proposal titled: *Developing and Strengthening Food and Nutrition Strategies to prevent cardiovascular diseases in South-East Europe.*

The Project mentioned above should be focused on *Eastern European* Countries – Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Romania, Yugoslavia and Slovenia. Strategies include six main strands that are: strengthening information systems; developing a comprehensive and integrated food and nutrition policy targeted at the most vulnerable; designing cost-effective intervention programmes for the most vulnerable; strengthening the capacity of health professionals to practice primary prevention of cardiovascular diseases; strengthening the capacity of maternal and child care services to promote health and prevent death from cardiovascular diseases in adult life and improving public participation; and the ability of civil society to improve social cohesion.

Anticipated results for the first two years are:

1. Development of a comprehensive and integrated Food and Nutrition Policy in each of the seven countries.
2. A situation analysis of the dietary risk factors contributing to the high prevalence of cardiovascular diseases for each country.
3. Comparative analysis of the different dietary risk factors in each country compared with EU countries.
4. Trained trainers in primary health care who can improve the practice of primary prevention of cardiovascular diseases.
5. Trained trainers to strengthen the capacity of maternal and child care services to promote health and prevent death from cardiovascular diseases in adult life.
6. Improve public participation and the ability of civil society to improve social cohesion through the development of media campaigns, health education materials and the establishment of NGOs.

Total project should result with:

- Reduction in prevalence of cardiovascular diseases and premature mortality.
- Reduction in medicines needed to treat cardiovascular diseases.
- Increased local job opportunities through the promotion of locally produced, processed and retailed healthy foods to help prevent cardiovascular diseases.
- Improved social cohesion between urban and rural communities through the promotion of locally produced healthy foods retailed through local farmers markets.
- Improved trading of healthy food between neighbouring countries and SE Europe.

Short-term objectives of the project are:

1. Development of a national comprehensive and integrated Food and Nutrition Policy in each of the seven countries.
2. A situation analysis of the dietary risk factors contributing to the high prevalence of cardiovascular diseases in each country.
3. A report comparing the dietary risk factors in each country with those in the EU Countries.
4. Ten trained trainers in primary health care in each country who can improve the practice of primary prevention of cardiovascular diseases.
5. Ten trained trainers to strengthen the capacity of maternal and child care in each country to promote health and prevent death from cardiovascular diseases in adult life.
6. Development of a media campaign in each country, health education materials.

Long-term objectives of the project are:

1. A 20% reduction in prevalence of cardiovascular diseases and premature mortality.
2. A 30% reduction in medicines needed to treat cardiovascular diseases.
3. A 10% decrease in unemployment.

4. A stabilization of the numbers of people living in the rural areas with less moving to urban areas to seek jobs.
5. An increased number of local farmers markets.
6. An increase in trading of food between neighboring countries and South-East Europe.
7. Improved quality of life, security, peace and stability in the region through food and nutrition policy.

According to the objectives and the anticipated results, this project has next sub-tasks:

1. Development of a comprehensive and integrated Food and Nutrition Policy.
2. A situation analysis of the dietary risk factors contributing to the high prevalence of cardiovascular diseases.
3. Trained trainers in primary health care who can improve the practice of primary prevention of cardiovascular diseases.
4. Trained trainers to strengthen the capacity of maternal and child care services to promote health and prevent death from cardiovascular diseases in adult life.
5. Improve public participation and the ability of civil society to improve social cohesion through the development of media campaigns, health education materials and the establishment of NGOs.

Professor Antonia Trichopolou suggested a proposal for the extension of the DAFNE Project to other countries: *The European Food Availability Databank Based On Household Budget Surveys, DAFNE IV Project.*

Objectives

1. To expand the DAFNE databank to include food data from consecutive HBS of 14 European countries (13 EU Member States and Norway).
2. To develop the methodology for estimating the daily availability of macro and selected micronutrients, using food data from the national HBS.
3. To develop an EU-applicable protocol for collecting information, in the context of the HBS, on meals taken outside the household.

The Dafne IV Participants:

Austria – Institute of Nutritional Sciences, University of Vienna

Professor Imbrahim Elmadfa

Ms Brigitte Wasserbacher

Finland – Consumption Research Unit, Statistics Finland

Dr Mari-Anna Berg

Dr Liisa Valsta (National Public Health Institute)

Dr Marja-Leena Ovaskainen (National Public Health Institute)

Germany – Institut für Sozialökonomik des Haushalts, Munich.

Professor Georg Karg

Dr Kurt Gedrich

Greece – Medical School, University of Athens (Coordinating Centre)

Dr A. Naska

Portugal – University of Porto

Dr M. D. Vaz de Almeida
Ms S. Rodrigues
Sweden – Unit for Preventive Nutrition, Karolinska Institutet
Dr M. Sjostrom
Dr E. Prootvliet

The DAFNE Project:

Countries	Years of HBS Data
Austria	In process
Belgium	1987/1988, 1996/1997, 1999
Finland	In process
France	1985, 1991, 1995
Germany	1988, in process
Greece	1981, 1987/1988, 1993/1994, 1998/1999
Hungary	1991
Ireland	1987, 1994, 1999
Italy	1990, 1993, 1996
Malta	1994
Norway	1986–1988, 1992–1994
Poland	1988
Portugal	1989/1990, 1994/1995, in process
Spain	1980/1981, 1990/1991, 1998/1999
Sweden	In process
United Kingdom	1985–1999 (15 surveys)

Standard procedures: data collection

1. General information:
 - household identification number
 - trimester of participation
2. Nutritional information:
 - food code
 - total food expenditure
 - expenditure per food item
 - amounts per food item
3. Socioeconomic information:
 - degree of urbanization of household (urban, rural, semi-urban)
 - name of geographical area where the household is situated
 - household size
 - household composition
 - age and gender of household head and members
 - relationship of household members with the household head
 - household disposable income (net income)
 - household total expenditure
 - occupation/employment status/economic activity of household head and members
 - education of household head and members
 - income of household head
 - medical expenses data

Standard procedures: Food groupings

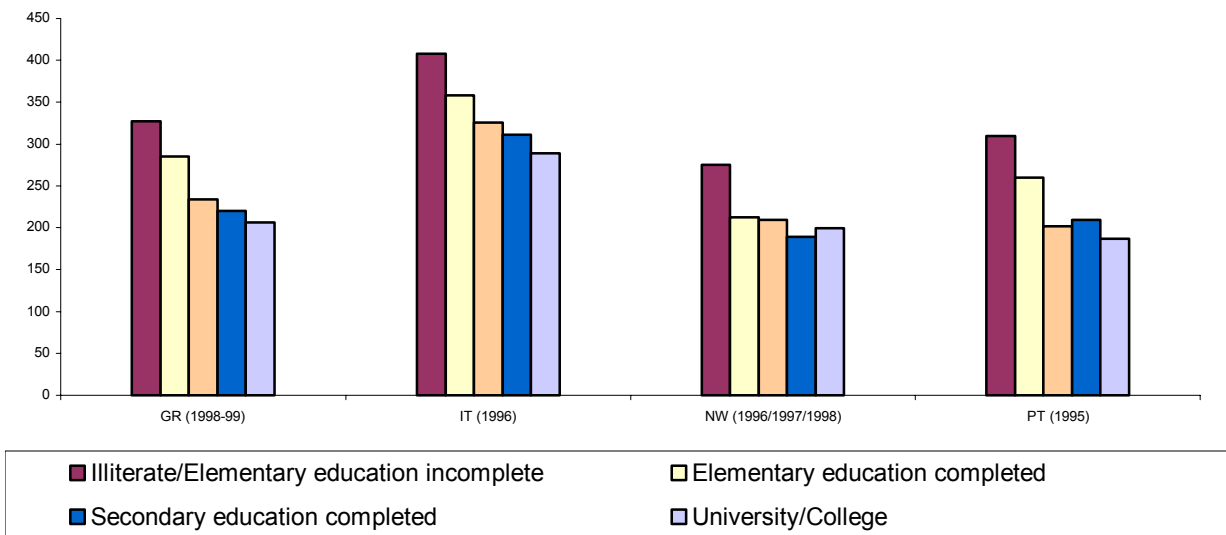
The DAFNE Food Classification Scheme

- Allows the classification of food items recorded in the national HBS, in common between countries food groups;
- Aggregation level ranges from 56 analytical groupings to 15 main food groups;
- Forms the basis of standardized classification systems, developed to be used in national and Europe-wide dietary surveys.

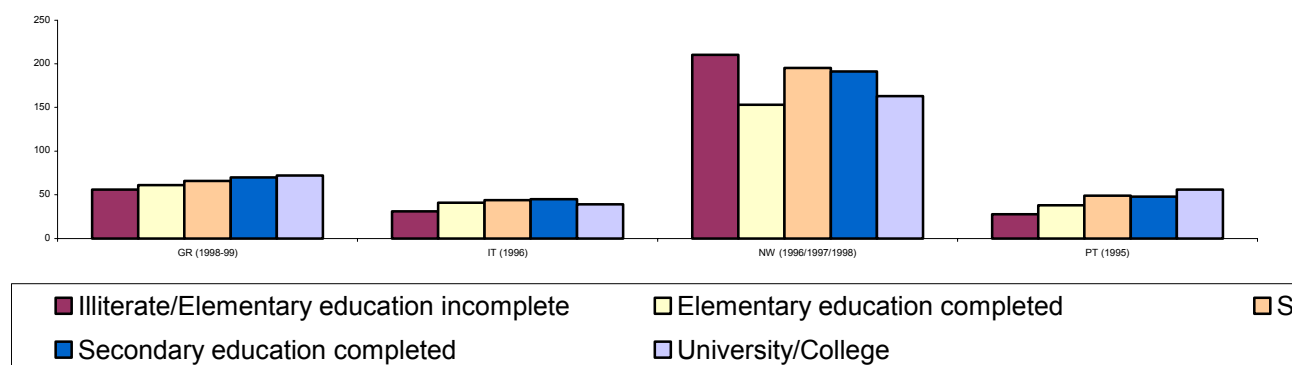
Countries:	Percentage of low consumers	
	Fruit < 150 g/p/day	Vegetable < 250 g/p/day
Belgium	68	76
France	59	71
Germany	45	88
Greece	30	50
Hungary	66	76
Italy	34	71
Luxembourg	41	83
Norway	69	93
Poland	81	75
Portugal	55	83
Rep. of Ireland	74	80
Spain	30	72
United Kingdom	70	78

Food availability by education:

Mean availability of cereals by education level of household head (g/person/day)

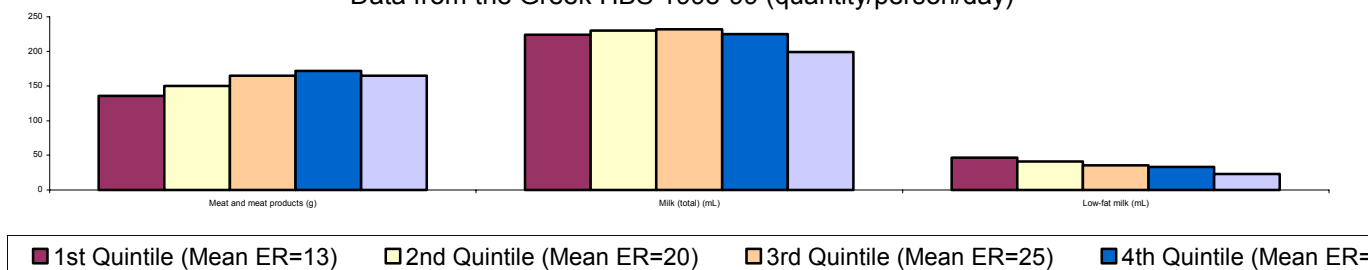


Mean availability of soft drinks by education level of household head (mL/person/day)

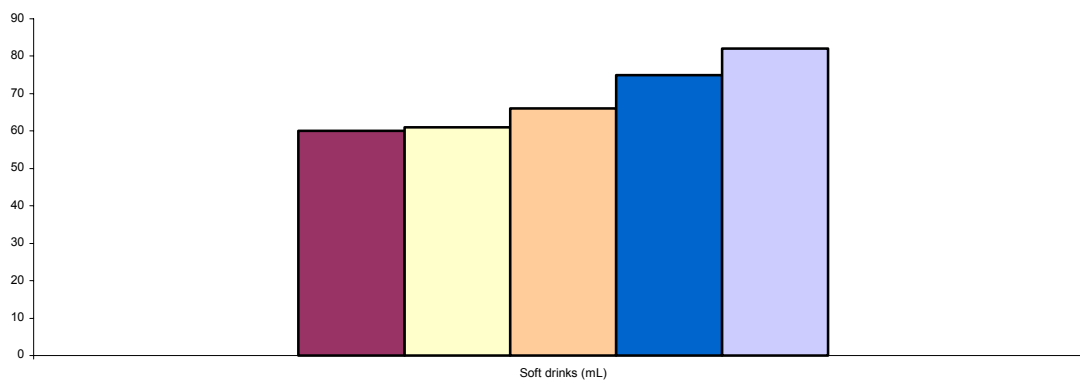


Food expenditure

Mean availability of meat and meat products, milk (total) and low-fat milk by quintiles of the households' food expenditure ratio.
Data from the Greek HBS 1998-99 (quantity/person/day)



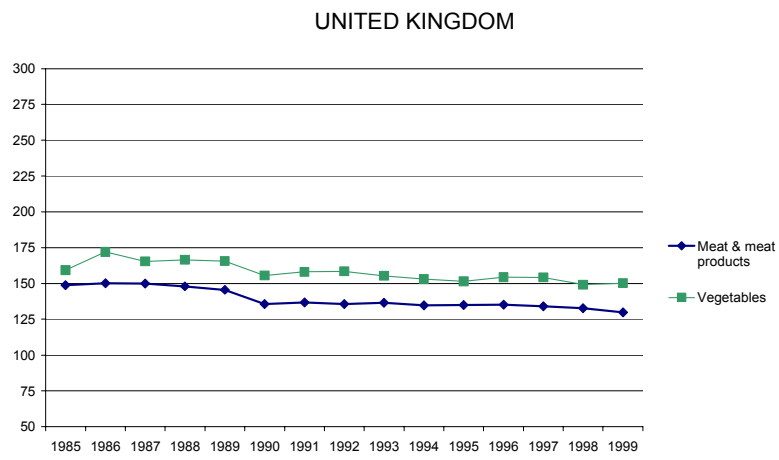
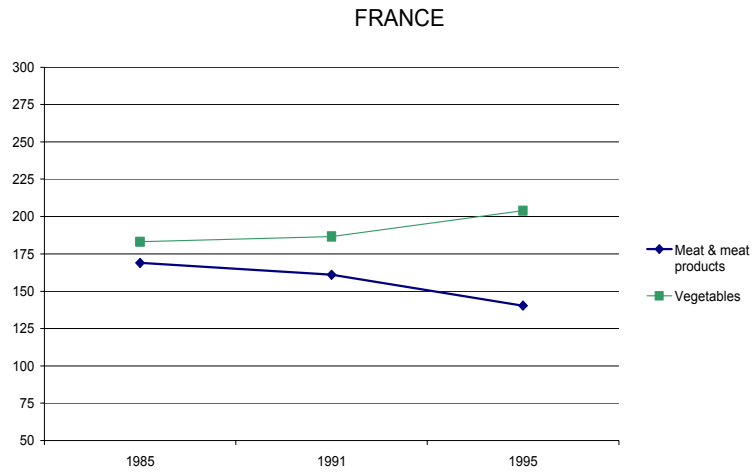
Mean availability of soft drinks by quintiles of the households' food expenditure ratio.
Data from the Greek HBS 1998-99 (mL/person/day)



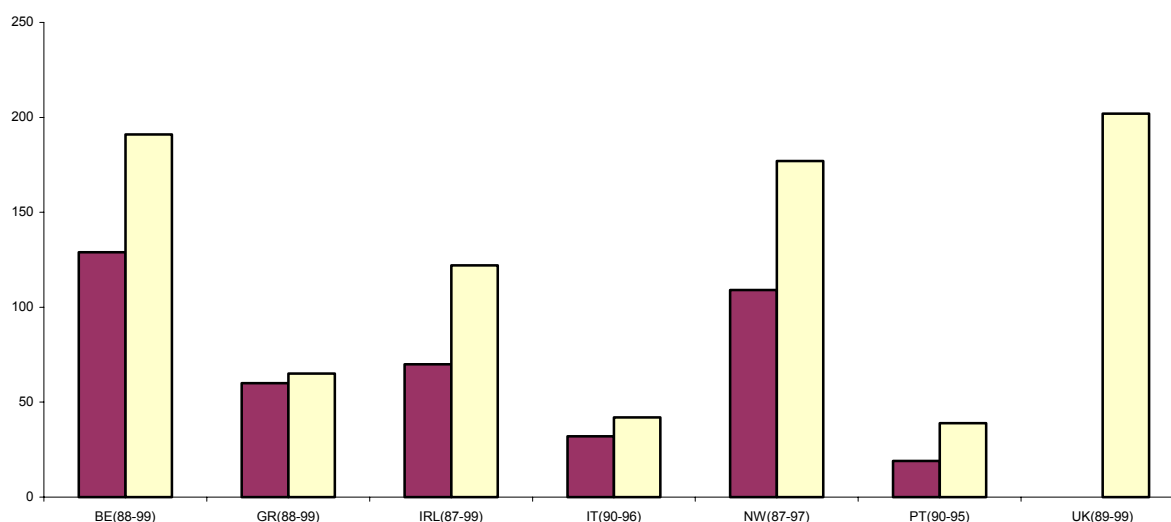
■ 1st Quintile (Mean ER=13) ■ 2nd Quintile (Mean ER=20) ■ 3rd Quintile (Mean ER=25) ■ 4th Quintile (Mean ER=30) ■ 5th Quintile (Mean ER=35)

Overtime trends

Overtime trends in the mean availability of meat and vegetables (g/person/day)
in two DAFNE countries



Mean availability (mL/person/day) of soft drinks by country and year.



5. UNICEF work in the countries of South-East Europe Ms Marty Rajandran

IDD Elimination through USI

Goal: sustainable elimination of IDD by 2005

Strategy: Universal Salt Iodization (USI) by end 2003

Key issues:

- Smart start for next generation
- Iodine needs to be provided to the entire population regularly and forever
- USI: 90% of households use iodized salt (IS)
- All salt for human and animal consumption
- Not to increase salt use but to use iodized

The Agreement: IDD Elimination through USI

- Special Session January 1994: Joint UNICEF/WHO Committee on Health Policy – UN Special Session on Children 2002, “A World Fit for Children”

IDD...A reminder

- From affected individuals to deficient populations: iodine deficiency affects the whole population
- Iodine = mental performance intelligence
- Iodine deficiency decreases IQ by 10-15 % of ALL individuals and all population groups
- In an iodine deficient population, goitre, cretinism, and mental or cognitive deficits coexist

Food and Nutrition Action Plan

- Recognize that IDD is a public health problem
- Goal: for IDD elimination through USI not clearly indicated in FNAPs
- Activities not sufficient to achieve goal, in time: targeted at: studied groups, groups with low Urinary Iodine
- Conduct more studies
- Decrease goitre %
- Monitor iodine deficiency in food
- Iodized salt for certain population groups

Suggestions for consideration:

- Scientific evidence exists that IDD is a public health problem in entire population and all population groups which requires population wide intervention
- IDD elimination by 2005 endorsed goal by all States in UN SSC 2002
- To achieve the goal, and in time: USI is the strategy to eliminate IDD
- Sustainability to be ensured through National Coalition with oversight function

UNICEF Cooperation – USI/IDD

Policy Development: NPAs

- Legislation for USI
- Advocacy and communications
- Studies: urinary, HH, KAP, packaging
- Capacity: training, iodization equipment, monitoring
- Partnerships: Government CSO, private sector

Breastfeeding and BFHI in FNAPs

Attention areas:

- Breastfeeding promotion and protection needs to be enforced
- The International Code to become part of health reform

Incorporate BFHI into the health system:

- expand BFHI to Primary Health Care level
- expand BFHI to all hospitals with maternity services

UNICEF Cooperation: BF/BFHI

Policy development: NPAs

- Capacity development: training, material development, NBFC, monitoring
- Advocacy: promotional campaigns, reports, monitoring the Code

- Advocacy for introduction of BFHI in health reforms/hospital certification process

CHALLENGE:

- Inclusion of USI towards IDD elimination by 2005 in each National Plan
- Inclusion of BF in each National Plan, within health reforms with BFHI and implementation of the Code as integral components

5.1 UNICEF took the opportunity to share their comments on the draft national action plans which included the following:

- Monitoring indicators and methodology was not always identified.
- Time targeting not noted in all plans.
- Reference to the global and national commitments would be useful as back ground statements, i.e. sustainable elimination of IDD (goal of World Fit for Children).
- Regarding exclusive breastfeeding up to 6 months – data was not always available on the current coverage and most food and nutrition action plans did not give meaningful targets (increase by ‘x’% but without referent to the current situation).
- Most of the countries in this meeting have substantial minority populations, including Roma. As the overall situation of the Roma community is one of risk, due to poverty, discrimination, low education, poor living environments, etc. the need to ensure appropriate planning, with the representatives of the Roma community, was urged as part of the plans.
- The issue of anaemia deficiency was noted by many of the participants as an area requiring further study, especially on the appropriate interventions, i.e. food fortification, among other options. A regional consultation on this was held a few years ago. It might be worth while to look again at the recommendations together.
- The process of involving civil society in the process of developing the food and nutrition action plans and implementation/monitoring were not noted by all countries. Among important partners would be consumer associations, IBFAN, National Breast Feeding Committee, NCCIDD, among others.

As UNICEF is phasing out of programme cooperation in the Czech Republic, (Estonia), Hungary, Poland and Slovakia as of 1 January 2003, it was suggested that the national WHO liaison offices be encouraged to continue advocacy on the above issues with Government. In each of these countries, UNICEF National Committees will continue to mobilize resources and advocate for child rights globally.

6. Next Steps – Nutrition Counterpart meeting in Greece, February 2003

Professor Antonia Trichopolou reminded participants that WHO Consultation on “Development of the first Food and Nutrition Action for the WHO European Region” will be organized from 28 February to 2 March 2003 in Athens, Greece. During the mentioned meeting it will be possible to assess how the 51 Member States are proceeding and to exchange information about the progress made in the South-East Europe Region.

7. Closing remarks

Conclusions and recommendations:

- At the end of the workshop, countries of the Stability Pact supported the initiative to submit the presented Project: Developing and Strengthening Food and Nutrition Strategies– South-East Europe for submission to the CARDS funding. All countries also expressed their interests in participation and involvement in the Project mentioned above.
- Professor Antonia Trichopolou expressed hope to meet the other participants in Athens in February 2003 and she also wished for the countries more progress and new results in development of Food and Nutrition Action Plans.
- Dr Antoinette Kaic-Rak thanked the participants for taking part in this important workshop. She was also very satisfied with exchange of information regarding the progress of development of the national action plan. She thanked WHO, UNICEF, Croatian National Institute of Public Health and Croatian Academy of Medical Sciences as well as the Ministry of health for the support and expressed hope that there will be more constructive meetings on this subject.

Annex 1

PROGRAMME OF THE MEETING

Thursday 12 September

0800–0830

Registration

0830–0900

Opening

Chairpersons:

Professor Antonia Trichopoulou, Greece

Dr Antoinette Kaic-Rak, WHO Croatia

Reporters: name Ms Zrinka Petrovic, with support from Professors Petrova and Brazdova.

0900–1100

Introductions

Country Presentations:

Chairperson: Professor Trichopoulou/Dr Kaic-Rak

Presentations of progress on development of Food and Nutrition Action Plans (each country: 10 minutes presentation and 5 minutes discussion)

Albania

Bosnia and Herzegovina

Croatia

Slovenia

The former Yugoslav Republic of Macedonia

Yugoslavia

Bulgaria

General discussion

1100–1115

Coffee break

1115–1300

The Czech Republic

Hungary

Poland

Romania

Slovakia

General Discussion

1300–1400

Lunch

1400–1530

Priorities for Implementing National Food and Nutrition Action Plans – the Stability Pact Initiative

Chairpersons Dr Kaic-Rak/Professor Trichopoulou

Presentation: Brief overview of progress – Dr Maria Haralanova, WHO Copenhagen

General discussion on content of latest draft of funding proposal

1530–1600

Coffee break

1600–1700

Stability Pact Initiative (continued)

1700–1730

UNICEF work in the countries of South-East Europe

Ms Marty Rajandran, UNICEF Regional Office for the CEE/CIS and Baltic States

1730–1800

Next steps – Nutrition Counterpart meeting in Greece, February 2003

Dr Kaic-Rak/Professor Trichopoulou

1800

Closing

1930

Farewell Dinner

Annex 2

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