



Meeting of Counterparts on Nutrition and Food Safety

Brussels, 22–23 September 2008

Abstract

Nutrition and food safety counterparts from 42 Member States of the WHO European Region, representatives of selected nongovernmental and intergovernmental organizations, experts in nutrition and food safety, and staff from WHO headquarters and the WHO Regional Office for Europe met in Brussels on 22 and 23 September 2008 to discuss the status and progress of national and Region-wide actions to tackle nutrition and food-related diseases. The Belgian Federal Public Service for Public Health, Food Chain Safety and the Environment hosted the meeting, which was organized by the Noncommunicable Diseases and Environment unit at the Regional Office. The main aim of this meeting was to review the actions that have been taken throughout the Region following the approval of the WHO European Action Plan for Food and Nutrition Policy 2007–2012 by the WHO Regional Committee for Europe in 2007.

Keywords

NUTRITION
FOOD
SAFETY MANAGEMENT
NATIONAL HEALTH PROGRAMS
PROGRAM EVALUATION
EUROPE

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the WHO/Europe web site at <http://www.euro.who.int/pubrequest>.

© World Health Organization 2009

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

| | |
|---|----|
| List of abbreviations | 5 |
| Acknowledgements | 6 |
| Introduction | 6 |
| Opening of the meeting | 7 |
| Nutrition policy development..... | 7 |
| Tools..... | 8 |
| European Member States action networks | 9 |
| Overview of food safety | 9 |
| Regional action..... | 10 |
| INFOSAN..... | 10 |
| Five keys to safer food | 11 |
| WHO European childhood obesity surveillance initiative..... | 12 |
| Joint WHO/EC project on monitoring progress on improving nutrition and physical activity and preventing obesity in the EU | 12 |
| Progress in nutrition policy and activities in Belgium | 13 |
| Progress on food safety policy and activities in Belgium | 14 |
| Country presentations on nutrition and food safety | 15 |
| Belarus..... | 15 |
| Bulgaria | 15 |
| Croatia | 16 |
| Cyprus | 17 |
| Finland..... | 17 |
| France | 17 |
| Georgia | 18 |
| Iceland | 18 |
| Ireland..... | 18 |
| Kazakhstan | 19 |
| Malta..... | 19 |
| Netherlands..... | 19 |
| Portugal | 20 |
| Republic of Moldova..... | 20 |
| Romania | 20 |
| Russian Federation | 21 |
| Serbia..... | 21 |
| Slovenia..... | 22 |
| Sweden | 22 |
| Tajikistan..... | 22 |
| The former Yugoslav Republic of Macedonia..... | 23 |
| Uzbekistan..... | 23 |
| Flour Fortification Initiative..... | 23 |
| Salt iodization..... | 24 |
| Food prices: a panel discussion on the consequences of food prices, food policies and inequalities in health..... | 25 |
| Influence on food consumption..... | 25 |
| Obesity and socioeconomic issues | 26 |
| Programmes and policies to address socioeconomic inequalities..... | 26 |
| Food security and environmental change: impact on food safety | 27 |

| | |
|--|----|
| Hospital Nutrition Network..... | 27 |
| South-eastern Europe food safety and nutrition network..... | 28 |
| Surveillance of microbiological foodborne diseases and monitoring of microbial contamination in the food-chain..... | 29 |
| EC activities in the nutrition and food safety area | 30 |
| WHO Regional Office for Europe: work plan and expectations | 31 |
| Nutrition – priorities for the biennium 2008–2009 | 31 |
| Food safety – priorities for the biennium 2008–2009 | 31 |
| Conclusions and recommendations | 32 |
| References | 33 |
| ANNEX 1. List of participants..... | 34 |
| ANNEX 2. Programme | 44 |

List of abbreviations

The following abbreviations are used in this report.

| | |
|---------|---|
| DAFNE | Data food networking |
| EC | European Commission |
| ECDC | European Centre for Disease prevention and Control |
| EFSA | European Food Safety Authority |
| EU | European Union |
| EURRECA | European micronutrient recommendations aligned |
| FFI | Flour fortification initiative |
| HACCP | Hazard analysis and critical control points |
| IHR | International health regulations |
| INFOSAN | International Food safety Authorities Network |
| IDD | Iodine deficiency disorders |
| IQ | Intelligence quotient |
| NAP | National Action Plan against poverty and social exclusion |
| NFHP | National food and health plan in Belgium |
| PCBs | Polychlorinated biphenyls |
| SEE | south-eastern Europe |
| VTEC | Verotoxigenic <i>Escherichia coli</i> |
| WHO | World Health Organization |

Acknowledgements

WHO is grateful to the Belgian Federal Public Service for Public Health, Food Chain Safety and Environment for supporting and hosting this meeting. WHO expresses gratitude to the European Commission (EC) for providing excellent meeting facilities and interpretation. Grateful thanks are extended to Dr Isabelle Laquiere, Belgian Federal Public Service for Public Health, Food Chain Safety and the Environment for chairing the meeting and to Dr Eva Martos, National Institute of Food Safety and Nutrition, Hungary, for acting as rapporteur. Sincere appreciation is expressed to the participants who contributed to a very positive and enthusiastic atmosphere during this meeting and for their country reviews, interventions and commitments. Many thanks are also due to Ms Trudy Wijnhoven and Dr Hilde Kruse of the WHO Regional Office for Europe for their overall coordination and technical contributions as well as to Ms Sally Charnley and Ms Helena Shkarubo for their administrative support. The technical input and support given by Ms Lideke Middelbeek, Ms Ursula Truebswasser, Dr Zulfia Atadjanova, Dr Khadicha Boymatova, Dr Francesco Branca and Ms Françoise Fontannaz is very much appreciated. The report was written by Ms Lideke Middelbeek of the Regional Office and edited by Mr Frank Theakston.

Introduction

Nutrition and food safety counterparts from 42 Member States of the WHO European Region, representatives of selected nongovernmental and intergovernmental organizations, experts in nutrition and food safety, and staff from WHO headquarters and the Regional Office for Europe met in Brussels on 22 and 23 September 2008 to discuss the status and progress of national and Region-wide actions to tackle nutrition and food-related diseases. The Belgian Federal Public Service for Public Health, Food Chain Safety and the Environment hosted the meeting, which was organized by the Noncommunicable Diseases and Environment unit at the Regional Office. The main aim of this meeting was to review the actions that have been taken throughout the Region following the approval of the WHO European Action Plan for Food and Nutrition Policy 2007–2012 (1) by the WHO Regional Committee for Europe in 2007. For the list of participants and an overview of the full programme, see Annexes 1 and 2.

Member States were reporting on their activities and actions over the past year in the area of nutrition and food safety, as well as on their expectations and plans. The programme also included an overview of several newly established action networks in the area of nutrition. These networks have been set up and are led by Member States to support the implementation of specific actions in a group of countries. Norway leads the action network on the marketing of food and beverages to children, the United Kingdom leads that concerned with reducing salt intake in the population and Portugal has supported the WHO European childhood obesity surveillance initiative. Denmark is planning to propose establishing an action network on hospital nutrition.

The programme also included several presentations on regional action in the area of nutrition and food safety, such as: WHO's Nutrition-Friendly Schools Initiative, the International Food Safety Authorities Network (INFOSAN), WHO's Five keys to safer food initiative (2), the Flour

Fortification Initiative (FFI), the World Food Programme's salt iodization initiative and the South-eastern Europe food safety and nutrition network.

The European Commission (EC) provided an update on policy developments and activities in the nutrition and food safety area. The European Food Safety Authority (EFSA) presented food safety monitoring and surveillance activities in the European Union (EU).

Counterparts were furthermore introduced to a new joint WHO/EC project on monitoring progress on improving nutrition and physical activity and preventing obesity in the EU. Rising food prices and the consequences on food policies and inequalities in health were discussed during a panel forum.

The meeting also provided an opportunity to introduce the current work plan for nutrition and food safety of the WHO Regional Office for Europe and the network of WHO European collaborating centres, and to illustrate current partnerships with different organizations and civil society.

Opening of the meeting

The chair, Isabelle Laquiere, opened the meeting by welcoming the participants and introduced Pierre Duville, who represented the Belgian Federal Minister of Public Health. In his speech, Pierre Duville pointed out that a great part of the Belgian population has unhealthy eating habits and is not sufficiently active. In response to that, the Belgian Ministry of Health has developed a National Food and Health Plan including a variety of actions in order to promote healthy eating habits and physical activity.

Hilde Kruse, Regional Adviser, Food Safety, welcomed the nutrition and food safety counterparts on behalf of the Regional Office. WHO thanked the Belgian health ministry for hosting this meeting as well as for the local organization and financial support. WHO also thanked the European Commission for kindly providing excellent meeting facilities and interpretation. The meeting serves as a platform for sharing experiences and for further interaction, networking and collaboration in nutrition and food safety.

Philippe Roux, Deputy Head of the Health Determinants Unit, welcomed the participants on behalf of the EC and gave a short introduction on EC activities related to nutrition and food safety. The EC considered the meeting to be an important opportunity for sharing information about EC activities and as a basis for future interaction.

Nutrition policy development

A lot of action has been undertaken throughout the European Region with regard to nutrition policy development, and the achievements in Europe can serve as a good example for other regions. For example, previously where increasing trends in obesity in Sweden are levelling off and Finland indicates a reduction in salt intake.

Nevertheless, there are still new and continuing challenges in the European Region. For example, new data from the Russian Federation on overweight indicate a prevalence among women of over 50%. Another emerging challenge is the global food crisis. The dramatic rise in food prices shortages of food stocks, seeds, fertilizers and finance and high fuel prices are a serious threat to global food and nutrition security, and in turn create humanitarian, human rights, socioeconomic, health and political challenges. The rise in prices is not due to any specific climatic or other emergency, but results from cumulative effects of long-term trends, such as a lack of investment in the agricultural sector, the rising demand for food due to economic growth, trade-distorting subsidies and the advent of biofuels. In response, WHO and other United Nations agencies have developed a comprehensive framework for action. Its main aims are to improve access to food and take immediate steps to increase food availability and to contribute to longer-term food security by addressing the underlying factors.

For the WHO European Region, the WHO European Action Plan for Food and Nutrition Policy 2007–2012 (1) is the most recent response to nutrition challenges in the Region. The Action Plan addresses nutrition, food safety and food security goals and aims to achieve them through a set of actions in the following areas:

1. supporting a healthy start;
2. ensuring a safe, healthy and sustainable food supply;
3. providing comprehensive information and education to consumers;
4. implementing integrated action to address related determinants;
5. strengthening nutrition and food safety in the health sector; and
6. monitoring, evaluation and research.

The various actors, including governments, economic operators, civil society and professional networks, have different roles in the implementation of the Action Plan. WHO's role in ensuring its implementation includes advocacy, building partnerships, guiding international action, ensuring a critical mass for action, surveillance, policy analysis, and defining good practice in programmes and policies. Surveillance is an important instrument for WHO in monitoring implementation of the Action Plan and developments in nutrition policy. WHO makes use of the following tools and action networks to support the implementation of the Action Plan.

Tools

- Nutrition-Friendly Schools Initiative
- Nutrition profiles for use in labelling, marketing, economic tools and food procurement
- Food procurement in public institutions
- Labelling recommendations
- Good practices in programmes and policies
- Cost-effectiveness tool.

European Member States action networks

- Reducing the pressure of marketing food and non-alcoholic beverages to children
- Reducing salt intake in the population
- WHO European childhood obesity surveillance initiative.

Overview of food safety

Foodborne diseases represent a considerable burden to public health. It is estimated that there are annually 1.8 million deaths worldwide due to diarrhoea, and that each year 30% of the population in industrialized countries suffer from a foodborne illness. Children are at particular risk. Foodborne diseases result from the ingestion of contaminated foods and comprise a broad group of illnesses caused by pathogens, chemicals and parasites entering food at different points of the food-chain. Zoonotic diseases such as salmonellosis and campylobacteriosis cause huge public health problems. Another increasing food safety concern is antimicrobial resistance. Foodborne viruses are increasingly recognized as a significant cause of foodborne disease. Chemical hazards such as pesticides, mycotoxins and dioxins are also a concern. Further, food allergies are increasing in the population. Although often considered as mild and self-limiting, foodborne diseases can have considerable health implications, including long-term serious disease and death. In addition, foodborne diseases have developmental and economic consequences at both community and national level.

Although the EU has strengthened food safety systems considerably in recent years, the reported incidence of foodborne disease is still quite high, with campylobacteriosis and salmonellosis being the most frequently reported zoonotic foodborne diseases. Fewer data are available from the eastern part of the European Region.

The WHO European Action Plan for Food and Nutrition Policy 2007–2012 (1) highlights important action areas for improving both the food safety and nutrition situation. Action area 1 addresses “A healthy start”, including school and preschool food safety. In many countries, there are good initiatives addressing both nutrition and food hygiene in the school system.

Action area 2 aims at ensuring a safe food supply and stresses the importance of establishing holistic intersectoral food safety systems “from farm to fork”, which includes implementing HACCP systems¹ and improving surveillance systems for foodborne disease and monitoring systems for microbial and chemical food contamination in the food-chain. Most countries have many activities directed towards this field, partly encouraged by legal requirements. In general, there is a considerable improvement, but there is still a need for more and continuous work in this core area of food safety.

¹ HACCP (Hazard Analysis and Critical Control Point) is a systematic preventive approach to food safety and pharmaceutical safety that addresses physical, chemical and biological hazards as a means of prevention rather than finished product inspection. HACCP is used in the food industry to identify potential food safety hazards, so that key actions can be taken to reduce or eliminate the risk of the hazards being realized.

Action area 3 covers the importance of tailored food safety communication activities to the general public as well as specific subpopulations. WHO's "Five keys to safer food" initiative (2) comprises five simple messages to the general public that, if applied, would prevent a large proportion of foodborne diseases. Many countries have now translated the five keys to their own language, and have initiated various promotional activities. An increasing number of countries have become members of INFOSAN, which aims to ensure the intercountry sharing of food safety information and thereby help prevent and control food safety incidents.

Action area 4 highlights the importance of ensuring the provision of safe water in the food processing chain. Furthermore, it is stressed that reducing environmental contamination of the food-chain is crucial for food safety. There is a need for better linking of food safety to environment and health.

Although improvements have occurred in the food safety field in many countries in the Region, there is still a need for improvement everywhere and for constant preparedness and alertness. The Action Plan can assist countries in developing appropriate national policies and strategies for prevention and control, and in implementing relevant measures. The Regional Office supports the countries in their capacity-building endeavours and offers assistance in food safety emergency situations.

Regional action

INFOSAN

Food safety authorities all over the world have acknowledged that food safety must not only be tackled at the national level but also through closer linkages among national food safety authorities internationally. Food safety problems discovered and managed in one country are often of interest to other countries and through sharing information and experiences, food safety issues can be managed more effectively and efficiently.

INFOSAN was developed by WHO in cooperation with the Food and Agriculture Organization of the United Nations to facilitate the exchange among countries of information and experiences on both routine and emerging food safety issues. Currently, 167 countries are members of INFOSAN. The network has an advisory group of ten members from national food safety authorities across the world.

INFOSAN works with focal points nominated by countries to facilitate two-way sharing of routine information. Several focal points may be identified in a country if the food safety authorities are located in several agencies.

INFOSAN information notes are developed to provide key information on emerging or topical food safety issues. These notes are made available to the network 6–12 times per year in six languages. In addition, members receive guidelines, questionnaires and the WHO newsletter *Food safety news*. Focal points are expected to disseminate this information to counterparts, stakeholders and other interested parties in their country. The focal point also needs to be in a

position to consolidate comments from counterparts and return to the network secretariat a single response reflecting the national collective view.

Part of the network is INFOSAN Emergency, which manages food safety events of international concern. Each country participating in the network has one emergency contact point that is expected to notify INFOSAN of relevant food safety events and to facilitate the communication of urgent messages during food safety events. INFOSAN Emergency generally responds to information about food contamination and foodborne disease events of international concern by sending emergency alert messages to the emergency contact points in the affected countries. The emergency contact points are also expected to ensure appropriate national response to these alerts. Responses may include food recalls, imported food restrictions or consumer announcements. Another function of the emergency contact point is to request assistance from WHO through the INFOSAN secretariat to respond to national food safety events, if necessary.

With the entering into force of the International Health Regulations (2005) (IHR) in 2007, INFOSAN Emergency facilitates the identification, assessment and management of food safety events under the IHR.

The purpose and scope of the IHR are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and that avoid unnecessary interference with international traffic and trade. Within the very wide scope of IHR, certain food safety events – including both food contamination and foodborne disease events with international implications – require action under the legal provisions included in the IHR. To facilitate this process, the INFOSAN Emergency Contact Point should work in collaboration with the National IHR Focal Point.

INFOSAN also links with the Global Early Warning and Response System for Major Animal Diseases including Zoonoses to ensure that routine and emerging information is shared among partners to promote seamless action throughout the food-chain.

Five keys to safer food

In the early 1990s, WHO developed the Ten Golden Rules for Safe Food Preparation, which were widely translated and reproduced. However, it became obvious that something simpler and more generally applicable was needed. After nearly a year of consultation with food safety experts and risk communicators, WHO introduced the “Five keys to safer food” poster in 2001 (2). The poster incorporates all the messages of the Ten Golden Rules under simpler headings that are more easily remembered, and also provides more details on the reasoning behind the suggested measures.

The core messages of the Five keys to safer food are:

1. keep clean
2. separate raw and cooked
3. cook thoroughly
4. keep food at safe temperatures

5. use safe water and raw materials.

WHO European childhood obesity surveillance initiative

The Regional Office is establishing a standardized surveillance system to fill the current gap in comparable intercountry data available on the nutritional status of primary-school children (6–9 years) and to routinely monitor the policy response to the emerging obesity epidemic.

The first data collection round took place during the school year 2007/2008 and will be followed by further rounds at two-year intervals. The following countries participated in the first round: Belgium, Bulgaria, Cyprus, the Czech Republic, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Portugal, Slovenia and Sweden. The second round is envisaged for the school year 2009/2010 and other countries are invited to join.

There has been no intention to replace countries' existing or planned health, anthropometric and dietary surveillance systems. Each country was free to develop a system that fitted its local circumstances. Nevertheless, it was imperative that data were collected according to a common agreed protocol and contained the following core items: child's body weight and height; frequency of physical education lessons, availability of school playgrounds, possibility of obtaining a number of listed foods and drinks on the school premises, and existence of school initiatives organized to promote a healthy lifestyle. Additional indicators were collected on a voluntary basis: child's waist and hip circumference, dietary intake patterns, physical activity/inactivity patterns, and information within the school setting (the availability of safe school routes, transport to school, the school curriculum, school meals and the availability of vending machines and of fruit/vegetables/milk schemes).

Each country was responsible for its national data collection funded by local resources, and had to identify the institute to be responsible for the overall national coordination. WHO was responsible for developing the protocols, international coordination of the surveillance initiative and facilitating meetings of investigators.

Joint WHO/EC project on monitoring progress on improving nutrition and physical activity and preventing obesity in the EU

At the WHO European Ministerial Conference on Counteracting Obesity (15–17 November 2006 in Istanbul) (3), Member States adopted the European Charter on Counteracting Obesity, which lists guiding principles and action areas. It also highlights the need to perform “regular evaluation and review of policies and actions” and to provide “three-year progress reports” at the WHO European level. In May 2007, the EC adopted a White Paper on a Strategy for Europe on nutrition, overweight and obesity related health issues (4), which also stresses the need for monitoring. In September 2007, the WHO Regional Committee for Europe approved resolution EUR/RC57/R4 endorsing the WHO European Action Plan for Food and Nutrition Policy 2007–2012 (1) and calling on Member States to develop and implement food and nutrition policies.

The joint WHO/EC project on monitoring progress on improving nutrition and physical activity and preventing obesity in the EU runs from 2008 to 2010. It aims to develop an information and reporting system to describe progress in strengthening the promotion of healthy nutrition and

physical activity, to reduce obesity and to illustrate good practices in Europe. Furthermore, an assessment tool will be developed to evaluate the stage of policy development and the quality of the implemented actions in various key areas, such as healthy and sustainable food supply, advertising and appropriate marketing practices, product reformulation, labelling of food products, surveillance systems, physical activity promotion and the built environment.

The project will be led by the Regional Office and is divided into seven work packages:

1. surveillance of nutritional status, dietary habits and physical activity patterns
2. national policies and actions
3. good practice in regional and local initiatives
4. establishment of the database and management
5. support to national surveillance and policy intelligence
6. coordination, management and reporting
7. dissemination of results.

The results and contents of the databases will be officially endorsed by Member States and be made publicly available thereafter.

Progress in nutrition policy and activities in Belgium

In April 2006, as a response to WHO's Global Strategy on Diet, Physical Activity and Health, the Federal Minister of Public Health launched a National Food and Health Plan, 2006–2010 (NFHP). The Plan is based on the results of the Belgian Food Consumption Survey conducted in 2004 among the Belgian population over 15 years of age. The NFHP aims at improving the food consumption patterns and increasing the physical activity levels of the Belgian population and is based on seven nutritional goals:

1. promotion of an adequate energy balance
2. increase in fruit and vegetable intake
3. reduction of fat intake
4. reduction of the intake of added sugar and increase in the intake of complex sugars
5. reduction of sodium intake and eradication of iodine deficiency
6. reduction of specific micronutrient deficiencies
7. increase in water intake.

The action plan is further structured into seven main strategic themes:

1. information and communication
2. creating an environment favouring better consumption patterns and physical activity
3. involving the private sector with regard to reformulation, marketing, labelling and information to consumers

4. breastfeeding and feeding of infants and young children and tackling micronutrient deficiencies
5. undernutrition in hospitals, nursing homes and home care
6. surveillance: Belgian Food Consumption Survey
7. scientific research in the domain of food, dietary behaviour and physical activity.

The NFHP provides guidance for the three Belgian communities (Flemish, French and German) on how to set up and implement a regional action plan.

In 2003, the Flemish Community defined a preventive health policy with the aim of obtaining health benefits and a better quality of life through disease prevention and health promotion. Measurable, realistic and generally accepted health targets were defined for nutrition. The Flemish Minister for Welfare, Public Health and the Family has signed a declaration with the Minister for Education, Sport and Agriculture to meet common goals.

On 23 October 2008, the Flemish Minister for Welfare, Public Health and the Family is organizing a health conference to launch an action plan on nutrition and physical activity. The health targets are for the first time expanded to include a physical activity target. The action plan consists of six strategies: local community, children and youth, school, work environment, health care, information and communication.

In the French Community, the National Food and Health Plan is implemented by the Plan for Healthy Behaviour (*Plan Attitudes Saines*), a collaborative programme between the health, education and sports ministries of the French Community. This Plan consists of 40 actions targeted to children aged up to 18 years and their parents, and focuses on different settings (families, schools and day-care facilities for infants and schoolchildren).

The German Community places a strong emphasis on reducing overweight and promoting healthy eating habits. Current activities include data collection on the body mass index of children aged 6, 12 and 15 years, promoting fruit consumption in schools (Tutti Frutti project), inspection of canteens in schools, education of school kitchen staff, and access to the “Viasano programme”. This programme focuses on local actors such as teachers, health professionals, child care workers, retailers and catering staff, and stimulates them to promote a healthy lifestyle in the community with a special focus on families.

Progress on food safety policy and activities in Belgium

Two main authorities in Belgium are involved in food safety: the Federal Agency for the Safety of the Food Chain is responsible for the control of the food-chain, while the Federal Public Service for Public Health, Food Chain Safety and Environment is responsible for all regulatory norms regarding food safety.

In the area of microbiological hazards, the following topics are focused on:

- the problem of *Campylobacter* in poultry meat products;

- vaccination campaign in breeding and laying hens to drastically reduce human *Salmonella enteritidis* infection;
- the risks of and measures to prevent infant diseases caused by *Enterobacter sakazakii* in powdered formulae and *Clostridium botulinum* in honey; and
- the setting and implementation of an improved disease surveillance system for foodborne toxic infections (Internet application).

Risks associated with *Bacillus cereus* implicated in food poisoning, viruses responsible for foodborne diseases and ready-to eat foods given light or moderate preservation treatment are part of ongoing and future work.

In the area of chemical hazards, Belgium has participated in the WHO survey on persistent organic pollutants in breast milk. A study on dioxins and polychlorinated biphenyls (PCBs) in non-commercial eggs from hens from “private owners” has also been finalized and the results and recommendations on “good practices” were disseminated to the public. A total diet study on dioxins and dioxin-like PCBs has been initiated to verify the current intake.

Country presentations on nutrition and food safety

During the meeting, country representatives were given the opportunity to report on national policy developments, activities carried out over the past year and future plans in the areas of nutrition, food safety and/or food security. Presentations were made on behalf of 22 countries. A brief summary of each presentation is given below.

Belarus

The main aim of government policy and activities in nutrition and food safety is to satisfy the public’s needs for quality and safe food by producing a sufficient quantity and assortment of foodstuffs for different groups of people. Belarus has achieved an increase in food production, which has positively influenced the market and opportunities for export.

Belarus reported two priority action areas regarding the promotion better nutrition and safer food: elimination of iodine deficiency disorders (IDD) and provision of good nutrition in schools.

A number of activities are being undertaken in 2008/2009, such as harmonizing legislation with the recommendations of World Trade organization, WHO and the EU, broadening the spectrum of control and surveillance, expanding the fortification of foods, and scaling up laboratory testing and quality control.

Bulgaria

With regard to action area 1 of the WHO European Action Plan for Food and Nutrition Policy 2007–2012 (1), Bulgaria promotes optimal fetal nutrition by educating pregnant women on breastfeeding through several activities, such as the establishment of a web site and providing a “hotline” for mothers in the city of Sofia; organizing a mothers’ support group and a national breastfeeding week; accreditation of several maternity facilities under the Baby Friendly

Hospital Initiative; and providing folic acid supplements for women before they become pregnant. Bulgaria is also acting to improve school nutrition, such as by assessing the quality of school nutrition and developing a national programme for a free school breakfast. Recent new legislation bans sugary products and soft drinks in schools.

Actions that focus on ensuring a safe, healthy and sustainable food supply include: reducing trade barriers to imported fruit and vegetables; participating in the European Member States Action Network on reducing salt intake in the population (the European Salt Action Network); and developing food standards for crèches, kindergartens and schools.

Bulgaria developed and promoted food-based dietary guidelines for adults in 2006, and the following year introduced those for children aged 3–6 years and children aged 7–18 years.

Bulgaria focuses strongly on awareness-creating activities, such as the organization of a national week on counteracting obesity, World Food Day and countrywide campaigns on physical activity. Actions in the health sector include the development of a manual for clinical nutrition, with recipes for hospitals, and training on the new WHO child growth standards and the food-based dietary guidelines.

Bulgaria also participates in the WHO European Childhood Obesity Surveillance Initiative. On a national level, Bulgaria has conducted two nutrition surveys (2007 and 2008) and performs annual monitoring activities in the area of foodborne diseases and food contaminants.

For 2009, Bulgaria is planning to implement a food fortification programme. Other planned actions for 2009 are the introduction of nutrition education in kindergartens and schools and new regulations for food in school canteens. Bulgaria will furthermore work more on food reformulation and improve risk analysis practices.

Croatia

In 2007, the Ministry of Health and Social Welfare launched a National Food and Nutrition Action Plan (2007–2012) and an Action Plan for Overweight and Obesity Prevention and Treatment (2007–2011). Croatia strongly focuses on the school setting with activities that include monitoring of nutritional status, Health Promoting Schools, the Nutrition-Friendly Schools Initiative, regulations for vending machines, nutritional standards, and norms for school menus and school gardens.

Several workshops have been planned for 2008/2009, including those on food safety risk communication during crises and outbreak situations, on promoting healthy nutrition in schools, on promoting food safety in schools using the WHO Five keys to safer food, and on a national food safety campaign for tourism.

The main action areas for the future are: to complete harmonization with EU legislation; to optimize the network of laboratories; to ensure the effectiveness of food inspection services and the Rapid Alert System for Food and Feed system; to strengthen the surveillance of foodborne diseases; to implement the HACCP system in the food industry; to develop food-based dietary

guidelines for children and adults; to develop a communication strategy aimed at informing consumers about food; to ensure appropriate marketing practices; and to develop labelling with recommended daily amounts. Besides these nutrition-related actions, physical activity is also high on the political agenda.

Cyprus

In May 2008, Cyprus launched national food-based dietary guidelines for adults and a few months later, in September 2008, similar guidelines were published and distributed for children up to 12 years of age. Other relevant activities on nutrition in 2008 included the formation of a committee on salt reduction in food, the publication of a leaflet on salt reduction and the collection of obesity data on children. As part of the promotion of physical activity, Cyprus organized a “Move for Health Day” on 10 May 2008.

In 2007, the Ministry of Health initiated and supported the following preventive programmes: the promotion of Mediterranean diet and healthy breakfast in schools; a “five fruits a day” campaign for schoolchildren; educating women from rural areas on healthy eating; Mediterranean festivals; a kindergarten programme; and a health week.

Finland

In June 2008, the Government adopted a resolution on developing guidelines for health-enhancing physical activity and nutrition. This resolution includes a concrete action plan that runs until 2011 and endorses current recommendations on nutrition and physical activity, placing a special focus on health inequalities. The resolution was developed in wide consultation and cooperation with the public sector and various other stakeholders (nongovernmental organizations, the private sector and research institutes). Specific targets, priorities and actions address the promotion of physical activity and nutrition in different age groups and settings (workplaces and schools), supportive environments, physical activity and nutrition in decision-making at local level, and monitoring and research.

Some examples of current actions are: public campaigns to ensure resources for school meals; recommendations and national action plans on breastfeeding, food for the elderly and hospital nutrition; tools to improve the nutritional quality of food in canteens; projects to improve nutrition and physical activity among disadvantaged groups; participation in local and international networks; legislative proposals on health promotion; and ministers acting as role models for healthy behaviour.

France

France has had a national programme on nutrition since 2001, taking a multisectoral, holistic approach that addresses all population groups and various settings. Both nutrition and physical activity are defined as determinants of health and the document offers a continuum from primary prevention to rehabilitation. An evaluation of this programme was undertaken in 2006/2007 and shows a stabilization of childhood obesity and overweight but an increase in social inequalities.

In 2007, a charter of commitment to nutritional improvements was developed. It includes a framework for voluntary commitments by the private sector. For example, a soft drinks company

committed itself to reducing the content of added sugar in its products and two main companies producing vegetable fats reduced the total fat content and the amount of *trans* fatty acids.

In February 2008, the Minister of Health expressed her intention to introduce legislation on the nutritional quality of school meals; on limiting television advertising of unhealthy foods to children; and on limiting displays of sugary foods at supermarket checkouts.

Topics for future activities include the treatment of obesity and undernutrition (especially in the elderly) and on scaling up the physical activity component of the Second National Nutrition and Health Programme 2006–2010.

Georgia

Georgia is developing a food-based dietary guideline dissemination package, aimed at facilitating the implementation of food-based dietary recommendations. The document on dietary recommendations, entitled “Healthy eating – the main key to health”, is intended for both health professionals and the general public. The dissemination package will include facts and evidence for healthy eating, noncommunicable disease prevention and health promotion; recommendations for dietary counselling and assessment in primary care; food pyramid descriptions used in nutrition counselling and assessment; and recommendations for weight management.

Other nutrition-related activities in Georgia are involvement in the Nutrition-Friendly Schools Initiative, universal salt iodization and the scaling up of flour fortification.

Iceland

A new health promotion policy and action plan will be launched by the Ministry of Health in October 2008. The main targets of the plan are nutrition, physical activity and mental health. The plan has been developed in cooperation with municipalities, educational institutions, food producers and several interest groups. The project “Everything affects us, especially ourselves” has been evaluated and the results are taken into account in policy-making in municipalities. The programme promotes healthy lifestyles among children and their families by emphasizing the importance of eating a healthy diet and increasing the level of physical activity.

Another programme, “The 6 Hs of health”, is a health education programme for children addressing nutrition, physical activity, hygiene, mental health, tobacco, alcohol consumption and sex education.

Other ongoing projects are the National Dietary Survey 2009, a project on the salt content of food, new guidelines for canteen staff cooking for the elderly, and workplace health promotion.

Ireland

The national policy on nutrition is still under discussion with stakeholders and is due to be finalized at the end of 2008. At the moment, a national obesity campaign is running in Ireland; focusing on children, and will be evaluated at the end of 2008. Ireland has also initiated an annual breastfeeding campaign.

The Irish Food Safety Authority is involved in developing guidelines for infant formula and in a labelling survey. Ireland furthermore works on hospital nutrition and recently launched guidelines on undernutrition.

Ireland is also involved in European Salt Action Network and the WHO European Childhood Obesity Surveillance Initiative. With regard to reducing the pressure of marketing food and beverages to children, Ireland is in the process of drawing up legislation on restrictions.

Kazakhstan

Food safety legislations are currently under revision with a view to their harmonization with international standards. In January 2008, Kazakhstan adopted a law on the safety of food products, including regulative norms for controlling food safety.

In 2005, Kazakhstan began modernizing the equipment in food safety laboratories. During 2009–2010, 148 laboratories will be equipped and apply for international accreditation under the World Bank project.

Furthermore, the activities of the state epidemiological services will be improved and harmonized with international requirements. Actions on improving nutrition include population-wide food supplementation, such as salt iodization and flour fortification.

Malta

In 2007, Malta established an intersectoral committee on counteracting obesity. Several activities to create awareness have been carried out in the last year, such as a national anti-obesity campaign and the “Move for Health Day”. As a response to the increasing number of foodborne diseases in the home, Malta launched its first national food safety week in May 2007. Activities included television programmes and the dissemination of information through magazines and newspapers. A second national food safety week and Malta’s annual breastfeeding week are planned for the end of 2008.

Malta has furthermore been involved in the Data Food Networking (DAFNE V) project and in the WHO European Childhood Obesity Surveillance Initiative. Another action area is the promotion of fruit schemes in summer schools, whereby children learn about the nutritional benefits of fruit and vegetables. Malta has been running a programme offering free aerobic classes and will undertake an evaluation soon. With regard to legislation, Malta is working on a marketing codex of breast-milk substitutes.

Netherlands

In July 2008 the Netherlands launched a national food and nutrition action plan, based on new dietary guidelines published in 2007. Food safety activities are also considered very important; however, there is not much health gain to be achieved by improving food safety in the Netherlands, since the level of food safety is already quite high.

Nutrition activities mainly focus on making consumers aware of the healthy choice, education on healthy eating habits in schools, and collaboration with the private sector.

Two successful interventions were “Move on Prescription” a programme that aims to counsel diabetes patients, and the programme ‘Hello World’, in which pregnant women receive tailored information by e-mail.

The Netherlands has expressed interest in joining the European Salt Action Network.

Portugal

Portugal has a National Platform against Obesity for four years, focusing on the following action areas: (a) the development of food and nutrition recommendations; (b) nutritional profiles of food and action on labelling and marketing; (c) food in public institutions; (d) intersectoral measures; (e) healthy restaurant menus; (f) action in local councils and municipalities; (g) action regarding communication, information, training and education; and (h) care provision measures.

With regard to monitoring, Portugal is involved in the WHO European Childhood Obesity Surveillance Initiative and is in the last phase of preparing the implementation of a national food and nutrition survey. Also, nutrition data are collected on preschool children and adolescents.

Republic of Moldova

Nutrition and food safety are reflected in several national documents, such as the Food Law (2004), the National Health Policy (2007), the National Health Strategy and Action Plan (2007), the National Programme on Health Education and Promotion (2007), the ban on advertising energy-dense foods in schools (2007) and the Food Safety Strategy (to be approved). Key priorities in these documents are food safety, infant feeding, micronutrient deficiencies, food security, nutrition, promotion of physical activity, and the reduction and prevention of obesity.

The development of a national food and nutrition policy and action plan is one of the tasks planned for the coming years. Other future tasks focus on implementing the above-mentioned national documents, approving and promoting the Food Safety Strategy, improving intersectoral collaboration, and scaling up public nutrition education and health promotion activities.

Romania

Romania monitors the nutritional status and dietary habits of the population and regularly collects data on children’s body weight and height and the frequency of physical activity in schools. Other priority actions are the promotion of healthy nutrition in schools, for example through nutrition and health programmes in the school curriculum or through fruit schemes. Romania is furthermore committed to reducing the salt intake of the population, introducing flour fortification and improving the surveillance of microbiological foodborne diseases.

Regarding food safety, Romania has established a surveillance system for foodborne diseases, has implemented HACCP in the food industry, and has developed a national plan on food contaminants.

Romania expressed interest in joining the European Salt Action Network.

Russian Federation

In 1998, the Federal Government adopted a concept document on state policy in healthy nutrition, addressing obesity, undernutrition in low-income groups, micronutrient deficiencies, infant and child nutrition, food safety and education. This policy was jointly developed by the Ministries of Health, Science and Agriculture under the leadership of the Institute of Nutrition. As a result, monitoring of the nutritional status of the population has revealed problems of both obesity and undernutrition. A change in eating habits has been observed and more food items are being fortified. The prevalence of breastfeeding has increased, and many cities are providing educational programmes for pregnant women on healthy eating.

Over the past few years, a legislative and normative basis for the quality and safety of food has been established and food safety monitoring is being carried out. A President's decree has been issued on improving the food supply to the population. Current training and educational programmes on healthy nutrition do not cover all age groups and thus need to be developed further.

A draft document outlining nutrition goals and related policy measures to be achieved by 2020 has been submitted for approval to the Federal Government. It aims at increasing breastfeeding to 40–50%; reducing the number of children and adolescents with low body weight by 30–40%; reducing the prevalence of iodine deficiency in children by 50%; and reducing the prevalence of obesity in adults by 15–30%.

The main activities in the prevention of micronutrient deficiencies will include flour and milk fortification, whereas obesity prevention activities will aim on reducing fat and sugar intake.

Serbia

Noncommunicable diseases, obesity, micronutrient deficiencies and foodborne diseases are major issues in Serbia. Both the Ministry of Health and the Ministry of Agriculture are responsible for food safety in Serbia. Two draft documents presenting a law and strategy on food safety are in the process of adoption. The next steps will be to complete harmonization with EU legislation, to strengthen the system of surveillance of foodborne diseases, to improve communication among the various authorities, consumers and stakeholders, to strengthen research, training and capacity building, and to develop an integrated food safety and nutrition services system. Serbia is furthermore a member of INFOSAN.

Over the last year, Serbia has developed a draft food and nutrition action plan and a draft noncommunicable diseases strategy and action plan. Specific actions that are currently being undertaken focus on: improving the health of schoolchildren; healthy kindergartens; educational programmes in primary health care; nutrition-related guidelines; and child growth monitoring. Serbia is also involved in EU projects such as DAFNE and EURRECA (EUROpean micronutrient RECommendations Aligned).

Future steps concentrate on implementing the food and nutrition action plan, developing food-based dietary and physical activity guidelines, monitoring child growth using the new WHO standards, and piloting the WHO Nutrition-Friendly Schools Initiative. Serbia is a member of the European Member States Action Network on reducing marketing pressure on children and has expressed interest in joining the European Salt Action Network.

Slovenia

In 2005, Slovenia developed a food and nutrition action plan with three pillars: nutrition, food safety and food security. The actions focus on: local, sustainable food supply chains; school fruit scheme models; quality standards for food procurement in the public sector; rural development and organic farming; guidelines for all adults and children; promotion of healthy eating habits in schools; salt reduction; development of an approach for reducing the marketing pressure on children; health topics in school curricula and the health system; and harmonization of food safety laws with EU legislation. The action plan will run till 2010 and, in that connection, Slovenia is preparing an overview of possible indicators for the evaluation of the action plan.

Slovenia conducts household budget surveys and a national nutrition survey among adults and is furthermore involved in the following international research projects: DAFNE; Health Behaviour in School-aged Children Survey; European Health Information Survey; the countrywide integrated noncommunicable diseases intervention programme and the WHO European Childhood Obesity Surveillance Initiative.

Slovenia has begun preparing a food and nutrition action plan for 2011–2015, which will be in line with WHO and EC recommendations and will give examples of best practice from other countries. It will focus strongly on reducing social inequalities, strengthening partnerships, building capacity and effective monitoring.

Sweden

Sweden has launched a nationwide initiative that aims to provide healthy options in restaurants. This programme is voluntary and the target for this year is to reach 1000 restaurants. The concept includes, for example, guidance on proportions and the use of less salt and fat, and also includes staff training and tips for serving and marketing. If a restaurant meets all the criteria set out in the framework of this initiative it will be certified with the “keyhole” label.

Tajikistan

In 2006, Tajikistan adopted a law on breastfeeding with the aim of protecting the health of mothers and children and ensuring good infant and child nutrition. In 2007, a pilot project begun on the optimization of complementary feeding through home fortification of food and nutrition education.

A law on salt iodization was endorsed in 2002. The production of fortified foodstuffs such as salt and flour are determined as priorities within the poverty reduction strategy paper. Tajikistan has also developed a healthy lifestyle strategy for primary and secondary schoolchildren and has begun an information campaign under the WHO Five keys to safer food initiative.

With regard to the promotion of physical activity, a comprehensive programme of physical training and sports has been developed for the period 2006–2010.

A protocol for the management of severe malnutrition is currently in the process of adoption and a malnutrition prevention programme has been initiated.

The former Yugoslav Republic of Macedonia

The former Yugoslav Republic of Macedonia has developed guidelines on food and nutrition for different population groups and plans to join the Baby Friendly Hospital Initiative. It has also begun implementing the WHO Five keys to safer food. Workshops have been organized to train teachers and health professionals in three pilot municipalities.

Uzbekistan

The Ministry of Health is responding to the increasing incidence of noncommunicable diseases by developing and implementing action aimed at reducing risk factors in the population.

In 2007 the Government developed a national plan on nutrition investment for the period of 2008–2012, focusing on flour fortification, salt iodization, communication and education.

To address the issue of malnutrition among children under two years of age, Uzbekistan with WHO support) conducted an assessment of complementary feeding practices and is currently developing national complementary feeding guidelines.

Several important activities are being undertaken in the area of food safety, including the development of regulations on the safety of food products and services, an assessment of the current food safety system by a joint WHO and World Bank team, and training of key officials in HACCP with particular emphasis on the dairy industry.

Regarding education and communication, the WHO Five keys to safer food materials have been printed in the Uzbek language and a national dissemination campaign is planned for 2009. The national food-based dietary guidelines have been revised and, in that connection, various educational materials have been developed.

Uzbekistan has expressed interest in joining the European Salt Action Network.

Flour Fortification Initiative

The FFI is a network of individuals and organizations working together to make the micronutrient fortification of flour produced by large roller mills standard practice. The network is composed of representatives of private, public and civil organizations who combine their resources and collaborate to foster flour fortification. The representatives are farmers, wheat procurement and marketing organizations, millers, mill manufacturers, producers and/or distributors of flour improvers and fortificants, food industries that use flour, nongovernmental organizations, United Nations agencies, government agencies and other national entities.

The mission of FFI is to stimulate interaction and partnership between the public and civic sectors and the grain and flour industries to inform and encourage these industries to make fortification of flour a normal part of flour production by large roller mills.

Fortification of a staple food is a highly effective way of improving public health. The success of the salt iodization efforts demonstrates what can be achieved when a product-specific industry assumes leadership in improving public health. Wheat flour fortification offers a tremendous opportunity to improve the vitamin and mineral status of populations, because more than 400 million tonnes of wheat is eaten each year, most of which is produced by large roller mills.

Members of the FFI network – and those whom they can reach and stimulate nationally – have the ability, resources and knowledge to advance the cause of flour fortification, help save lives, improve the health of millions of the world’s peoples, and remove a major obstacle to sustainable national development.

Salt iodization

Iodine is an essential nutrient for humans and animals and a deficiency of this mineral has a wide range of negative consequences, from abortion, stillbirth and congenital anomalies to brain damage resulting in the loss of up to 13.5 IQ points. The problem often seems invisible, but even in areas of mild iodine deficiency, schoolchildren have a lower level of educational achievement and fewer students go on to higher education. This has a considerable impact on the future productivity of a country.

Assuring adequate iodine intake can be achieved through the consumption of properly iodized salt. Universal salt iodization is the global strategy to eliminate IDD. It is recognized to be the most cost-effective of all micronutrient interventions and has been confirmed to be compatible with other strategies such as salt reduction.

Europe has a historic link to IDD, with the introduction of salt iodization by the French chemist Boussingault in the early nineteenth century. Switzerland was the first European country to introduce large-scale salt iodization to address iodine deficiency, but this approach has not been universally adopted by European countries. In fact, in a number of countries where IDD was thought to have been under control, there has been a re-emergence. Today, Europe has the highest prevalence of IDD and the lowest coverage with iodized salt in the world. Underlying this situation are a number of factors, including the variety of legislation on salt iodization among European countries, a lack of awareness among consumers about IDD and the benefits of iodine nutrition, the generally low priority given to IDD as it is assumed the problem has been “solved” and – perhaps related – a lack of data on the consumption of iodized salt as well as a lack of focus on monitoring iodine nutrition among specific risk groups.

The Network for Sustained Elimination of Iodine Deficiency is an alliance of organizations working internationally to harmonize activities that support countries in reaching the goal of sustained elimination of IDD through universal salt iodization. Members of the Network include United Nations agencies (WHO, the United Nations Children’s Fund and the World Food

Programme); international nongovernmental organizations (the Micronutrient Initiative and the Global Alliance for Improved Nutrition); medical and academic organizations (the International Council for the Control of Iodine Deficiency Disorders, the Centers for Disease Control and Prevention and Emory University); salt industry representatives (EU Salt, the Salt Institute and China National Salt Industry Corporation) and civic organizations (Kiwaniis International). Great progress has been made in eliminating iodine deficiency through salt iodization worldwide, yet Europe lags behind. Experience has shown that when oversight is relaxed, IDD resurface. This points out the need to bring Europe's attention back to iodine deficiency, the world's leading cause of preventable brain damage.

Food prices: a panel discussion on the consequences of food prices, food policies and inequalities in health

The discussion was chaired by Francesco Branca, Director, Nutrition for Health and Development, WHO headquarters. The panel members were Nicole Darmon, France; Ursula O'Dwyer, Ireland; Aileen Robertson, Denmark; and Antonia Trichopoulou, Greece.

The panel discussed how food insecurity has affected the population in countries and whether any urban/rural, ethnic, sex or age differences have been observed. The panel proposed policy options to improve access to healthy and safe food for vulnerable population groups, as a response to the food crisis. The meeting participants were also invited to comment.

Influence on food consumption

In Greece, the rise in food prices has so far not reduced the consumption of fruit and vegetables, which remain an important component of the Greek diet. The increased price of olive oil has led to a small decline in consumption. The consumption of soft drinks remains steady despite rising prices.

Over the last five years, the Russian Federation has seen an overall change in food consumption. In the last two years alone, the amount of fruit and vegetables consumed per person per day has doubled to 200 grams. Ordinary foodstuffs have become more available to both low- and high-income groups and differences in the diets of the two groups are disappearing. Nutrition is of course linked to economic issues, but also to tradition. In the Russian Federation it is mainly the rich that are overweight.

In the United Kingdom, the rise in food prices has led to people buying food at cheaper outlets. A healthy diet is more expensive than unhealthy options. Besides income, other factors such as knowledge and education strongly influence what people eat.

Tajikistan is currently facing a food crisis, partly due to the severe winter in 2007/2008 and an increase in food prices. The inflation in 2006 particularly affected fuel and wheat prices. The price of bread and cooking oil has doubled within the last two years, while that of other basic commodities has risen by 50%. A joint food security and nutrition assessment in April/May 2008 found that 2.2 million people are food-insecure, of which 12% are severely food-insecure, consuming less than 2100 kcal per day.

In France in 1997, food prices were already unfavourable for the promotion of a healthy diet. Between 2000 and 2006, average food prices increased by 14%, while that of fruit (20%) and vegetables (17%) increased more. In addition, some data suggest that the price increase was higher for low-cost foods than for A-brand foods. These rises in price have a greater impact on low-income groups. Even with optimal nutrition knowledge, choosing a healthy diet is impossible when the food budget is lower than the critical threshold. Delivering adequate food aid and/or food coupons are a necessity.

Many participants stressed the influence of tradition on dietary behaviour. In addition, education was mentioned as an important influencing factor.

Obesity and socioeconomic issues

Another topic of discussion was the relationship between obesity and socioeconomic status. In most countries, the highest obesity prevalence is found among low-income groups but in some, for example the Russian Federation, there is a higher level of obesity among higher-income groups. Social inequalities exist throughout Europe but are more evident in the Mediterranean countries such as France, Italy and Spain.

France reports that the proportion of obese people increases with diminishing income. Study results show that over the past decade, obesity increased in all socioeconomic groups. The gap in prevalence of obesity between the highest and lowest socioeconomic groups increased in France from 1.3 in 1997 to 1:4 in 2006.

Programmes and policies to address socioeconomic inequalities

All EU Member States have a National Action Plan against Poverty and Social Exclusion (NAP), yet in 2007 only five addressed nutrition in both their NAP and their health inequality policies.

In the countries where nutrition is mentioned in the social policy, actions are very vague and no specific programmes have been developed. Ireland, for example, has included sections on health and nutrition in its NAP. Countries should investigate into how to best address social inequalities and food in their social policies.

The United Kingdom has recently implemented a programme entitled “A healthy start”. Low-income families with a newborn child receive vouchers worth £6 per week that can be used to buy fruit, vegetables and milk. Once the child is over one year of age, families receive £3 per week.

A recent study on food aid in France showed that it is mostly starchy food that is handed out and that very little in the way of fruit and vegetables is provided. Almost one third of those who receive food aid suffer from anaemia.

Belarus monitors the price of the shopping basket and social security levels are adjusted accordingly. This ensures that people are able to buy the basic foods.

Food security and environmental change: impact on food safety

Problems with food security automatically cause nutritional challenges, but they also create food safety challenges. There is a vicious circle between foodborne disease and malnutrition: malnutrition augments the risks of foodborne disease and foodborne diseases augment malnutrition. Shortage of food, depending on other social and economic factors, can result in various problems, including the consumption of unsafe food, the use of unsafe water in the food processing chain, the use of contaminated feed in food production, and less than optimal behaviour in food preparation. Further, concurrent epidemics augment food safety risks owing to the greater risk of infections spreading throughout the food-chain.

Environmental factors can influence food safety at various stages of the food-chain and increase the risk of foodborne disease. Pollution of water, air, soil or feed with heavy metals, persistent organic pollutants or pathogens can cause contamination of the food supply. During production, food can be contaminated by chemicals or microbes through the use of unsafe irrigation water, fertilizers, pesticides and antibiotics. Contaminated animal feed can also increase food safety risks. Further, both industrialized and organic farming represent different types of food safety risk, as does urbanization. A longer food-chain increases the risk of food adulteration and food contamination and can create favourable conditions for pathogens to grow and survive. Demographics and human behaviour also affect food safety.

Ecological changes, including climate change, have an effect on food safety risks. High temperatures, storms, flooding, droughts and population displacement can increase the risk of spread of foodborne pathogens such as *Salmonella*, *Vibrio cholerae*, protozoa, mycotoxins and biotoxins (algal blooms).

Prevention of foodborne diseases, including those stemming from food security problems and environmental contamination, requires holistic, interdisciplinary food safety systems that address the entire food-chain and take account of environmental aspects. There is also a need for effective surveillance of foodborne disease and monitoring of food contamination. Targeted and tailored risk communication is crucial. Last but not least, international coordination and collaboration are essential for detecting, assessing and responding to food safety risks.

Hospital Nutrition Network

The nutritional status of people suffering from illness and the problem of undernutrition in hospitals are for several reasons receiving greater attention. In Denmark, approximately one third of hospital patients are estimated to be undernourished, while only a quarter have their nutritional requirements met. Similar figures are seen in many other countries. There is substantial evidence to suggest that targeted nutritional interventions improve the clinical course of treatment. Beside health benefits for the individual, this results in savings for the hospital owing to shorter stays and reduced bed-day costs.

Recommendations for action on nutritional care in hospitals have been described in Council of Europe resolution ResAP(2003)3 on food and nutritional care in hospitals (5), the WHO

European Action Plan for Food and Nutrition Policy 2007–2012 (1) and the EU White Paper on a Strategy for Europe on nutrition, overweight and obesity related health issues (4).

The establishment of a hospital nutrition action network is a follow-up to these recommendations. The network will be led by the National Board of Health in Denmark and the WHO Regional Office for Europe. The European Nutrition for Health Alliance, which works to raise awareness of malnutrition and appropriate nutritional care, will join the network as observer.

The purpose of the network will be to:

- establish a network of WHO European Member States committed to improving nutritional care in hospitals;
- exchange information and experience on hospital meals, and examples for staff on serving and presenting meals;
- exchange information and experience regarding assessment tools for screening and treating patients at nutritional risk, and
- exchange information and experience on best practices.

Proposed actions comprise:

- establishing the network;
- clarifying the status of countries in terms of hospital nutrition;
- reporting on the state of the art in member countries; and
- meetings for network participants.

All Member States were invited to express their interest in joining the network.

South-eastern Europe food safety and nutrition network

The countries of south-eastern Europe (SEE) have experienced important changes in the past two decades. New social, political and economic challenges have appeared, and the move from centralized to market-based economies has affected the health system in its entirety, leaving populations increasingly exposed to health threats.

The SEE countries are now at different stages of strengthening their food safety and nutrition services. The SEE food safety and nutrition project aims at strengthening the public health approach to food safety and nutrition in these countries and at increasing the effectiveness of activities to promote health and reduce the burden of foodborne and nutrition-related diseases.

Since food moves between countries and populations, the project also aims at building the essential network to ensure safety along the food-chain. The network provides a forum to ensure a safe, healthy and sustainable food supply and to assess the effectiveness of governments in addressing these issues “from farm to fork”. The network also develops recommendations to call

for change and to move towards more effective food safety and healthy nutrition systems, and at the same time provides a common framework for constructive and lasting regional cooperation.

To date, the following countries are part of the network: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia.

Surveillance of microbiological foodborne diseases and monitoring of microbial contamination in the food-chain

Directive 2003/99/EC obliges the EU Member States to collect data on zoonoses, zoonotic agents, antimicrobial resistance and foodborne disease outbreaks. EFSA has been assigned to examine these data and is responsible for the Community summary report (6), which is prepared in collaboration with the European Centre for Disease Prevention and Control (ECDC) and EFSA's Zoonoses Collaboration Centre at the Technical University of Denmark. Information on zoonoses cases in humans is derived from the Communicable Disease Networks coordinated by ECDC.

Member States have to report annually on *Brucella*, *Campylobacter*, *Salmonella*, *Listeria*, *Trichinella*, *Mycobacterium bovis*, verotoxigenic *Escherichia coli* (VTEC) and *Echinococcus*, as well as foodborne outbreaks. Other agents, such as *Yersinia*, are included according to the epidemiological situation in each country.

Another system for collecting data is the fully harmonized EU-wide baseline surveys that are coordinated by the EC and analysed by EFSA. The surveys have so far included baseline studies on *Salmonella*, *Campylobacter*, *Listeria* and methicillin-resistant *Staphylococcus aureus* in food and animals.

Substantial quantities of data are reported annually by the Member States. These data derive mainly from official controls and specific control and monitoring programmes. The data are analysed using descriptive and statistical epidemiological methods, with particular attention to trends over time.

The data from the years 2004–2006 demonstrates that campylobacteriosis and salmonellosis are by far the most frequently reported zoonoses in humans. The numbers of salmonellosis cases have been decreasing, while reported listeriosis cases have been increasing. The most often reported cause of foodborne disease outbreaks has been *Salmonella* followed by viruses and *Campylobacter*.

Campylobacter is most often detected in fresh poultry meat and in living animals. The *Campylobacter* isolates from, for example, poultry, pigs and cattle often have a high level of resistance to antibiotics.

Salmonella is most often reported in fresh poultry and pig meat, while in other food products it is found only infrequently. In animals, *Salmonella* is most frequently detected in poultry. *Listeria*

monocytogenes is mainly reported above the legal safety limit (100 cfu/g) from ready-to-eat fishery products, followed by cheeses and other ready-to-eat products. *Yersinia* and VTEC bacteria are reported mainly from cattle, pigs and their products, while *Trichinella* and *Echinococcus* parasites are mainly isolated from wildlife. In the EU, the occurrence of bovine tuberculosis has slightly increased, whereas bovine and sheep/goat brucellosis shows a small decline.

Analyses of the EU-wide baseline surveys on *Salmonella* in poultry and pig populations have revealed great variations in specific prevalence among Member States.

EFSA is working together with the Member States to further harmonize the data collection and monitoring, which will improve the possibilities of analysing the information at Community level.

EC activities in the nutrition and food safety area

Nutrition, physical activity and obesity are key priorities in the EU public health policy and are taken up by the public health action programme (2008–2013).

In May 2007, The Commission established a coherent and comprehensive Community strategy to address the issues of overweight and obesity, by adopting the White Paper on a Strategy for Europe on nutrition, overweight and obesity related health issues (4). The White Paper focuses on actions that can be taken at local, regional, national and European levels to reduce the risks associated with poor nutrition and limited physical exercise, while addressing the issue of inequalities across Member States.

The White Paper includes a range of policy actions and activities aiming at improving nutrition and preventing overweight and obesity. These actions focus on, for example, agriculture, urban development, the encouragement of sport and physical activity, food labelling and research activities. The White Paper strongly focuses on more action-oriented partnerships across the EU, involving key stakeholders working in the field of nutrition: the private sector, Member States, the EC and WHO. The White Paper furthermore sets out a series of challenges for relevant stakeholders at all levels, notably the food industry, civil society and the media, by calling for widespread food reformulation schemes and responsible advertising. Finally it sets out the Commission's plans to strengthen monitoring and reporting of the situation, in collaboration with WHO.

Actions outlined in the strategy are based on scientific evidence showing relationships between certain dietary and physical activity patterns and risk factors for certain noncommunicable diseases. However, the strategy also outlines the need for further research in this area, and moreover underlines the central role of the Commission in facilitating partnerships and taking the lead in establishing a common framework for action.

The White Paper builds on recent initiatives undertaken by the Commission, in particular the EU Platform for Action on Diet, Physical Activity and Health, set up in March 2005 with the

purpose of creating a forum for actors at European level willing to commit themselves to engaging in concrete actions designed to contain or reverse current trends. A High Level Group on Nutrition and Physical Activity has been established to strengthen the role of governments in counteracting overweight and obesity.

WHO Regional Office for Europe: work plan and expectations

Nutrition – priorities for the biennium 2008–2009

The following priorities are specified:

- further implementation of the European Charter on Counteracting Obesity and the WHO European Action Plan for Food and Nutrition Policy 2007–2012, including the following contributing actions:
 - monitoring of progress in the development and implementation of policy on improving nutrition and physical activity and preventing obesity;
 - the WHO European Childhood Obesity Surveillance Initiative; and
 - the Nutrition-Friendly Schools Initiative;
- technical support to Member States on policy guidance, implementation and good practice relating to WHO global strategies;
- developing references and guidelines for food production, retailing, marketing and trade;
- facilitating the establishment of new Member States action networks;
- strengthening partnerships among United Nations and other intergovernmental organizations to promote the implementation of nutrition policy;
- strengthening dialogue with nongovernmental organizations and the private sector; and
- strengthening the network of WHO collaborating centres and dialogue with academic institutions.

Food safety – priorities for the biennium 2008–2009

The following priorities are specified:

- capacity-building activities regarding:
 - food safety systems;
 - the issue of food safety in the school system, both in the provision of food and water and with regard to the school curriculum;
 - the possible linking of food safety to the Nutrition-Friendly Schools Initiative, so that nutrition and food safety messages are integrated;
 - improved surveillance and monitoring;
 - implementation of HACCP;
 - the WHO Global Salmonella Surveillance training courses; and
 - risk communication including promotion of the Five keys to safer food;

- assistance in food safety emergencies, collaboration with ECDC, and promotion of the IHR and INFOSAN;
- more emphasis on food safety in relation to environment and health issues, including climate change, such as more paying attention to the impact of climate change on food safety risks; and
- more attention to antimicrobial resistance as a food safety problem (7,8).

Conclusions and recommendations

The meeting provided an excellent opportunity for networking and mutual sharing of information and experiences and for further promoting specific activities in the area of nutrition and food safety, including further developing the area-specific Member States action networks. The meeting served as a platform for further strengthening of collaboration and showed that the Regional Office's current work plans and expectations in these fields are in line with the ongoing work and strategies in Member States. There are many activities ongoing in Member States that aim at improving the nutrition and food safety situation at national level.

In the food safety area, in addition to further strengthening work on food safety systems, including monitoring and surveillance activities, HACCP implementation and risk communication, Member States are encouraged to better address food safety in relation to environment and health, and antimicrobial resistance as a food safety problem.

In the nutrition area, to ensure the implementation of the actions set out in the WHO European Action Plan for Food and Nutrition Policy 2007–2012, it is recommended that country representatives document and share in more detail ongoing policy development and implementation as well as success stories in Member States. The existing Member States action networks feed into this process, as does the joint WHO/EC project on monitoring progress on improving nutrition and physical activity and preventing obesity in the EU.

The Regional Office aims to organize the next meeting of nutrition and food safety counterparts in 2010.

References

1. *WHO European Action Plan for Food and Nutrition Policy 2007–2012*. Copenhagen, WHO Regional Office for Europe, 2008 (<http://www.euro.who.int/Document/E91153.pdf>, accessed 12 October 2009).
2. *Prevention of foodborne disease: Five keys to safer food*. Geneva, World Health Organization, 2009 (<http://www.who.int/foodsafety/consumer/5keys/en/index.html>, accessed 12 October 2009).
3. *WHO European Ministerial Conference on Counteracting Obesity. Conference Report*. Copenhagen, WHO Regional Office for Europe, 2007 (<http://www.euro.who.int/document/E90143.pdf>, accessed 9 September 2009).
4. *White Paper on a Strategy for Europe on nutrition, overweight and obesity related health issues*. Brussels, European Commission, 2007 (http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf, accessed 9 September 2009).
5. Committee of Ministers. *Resolution ResAP(2003)3 on food and nutritional care in hospitals*. Strasbourg, Council of Europe, 2003 (<https://wcd.coe.int/ViewDoc.jsp?id=85747>, accessed 15 October 2009).
6. *The Community summary report on trends and sources of zoonoses, zoonotic agents, antimicrobial resistance and foodborne outbreaks in the European Union in 2006*. Parma, European Food Safety Authority, 2007 (http://www.efsa.europa.eu/cs/BlobServer/DocumentSet/Zoon_report_2006_en,0.pdf?ssbinary=true, accessed 12 October 2009).
7. *Joint FAO/OIE/WHO Expert Workshop on Non-Human Antimicrobial Usage and Antimicrobial Resistance: Scientific Assessment, 1–5 December 2003*. Geneva, World Health Organization, 2004 (<http://www.who.int/foodsafety/publications/micro/en/report.pdf>, accessed 12 October 2009).
8. *Second Joint FAO/OIE/WHO Workshop on Non-Human Antimicrobial Usage and Antimicrobial Resistance: Management Options, 15–18 March 2004, Oslo, Norway*. Geneva, World Health Organization, 2004 (http://www.who.int/foodsafety/publications/micro/en/oslo_report.pdf, accessed 12 October 2009).

ANNEX 1. List of participants

Country Representatives

Albania

Dr Marita Afezolli (Selfo)
Head, Hygiene and Epidemiology Sector
Department of Primary Health Care
Ministry of Health
Tirana

Austria

Dr Fritz Wagner
Deputy Director, Disease Prevention and Health Promotion
Federal Ministry of Health, Family and Youth
Vienna

Azerbaijan

Dr Ibrahim Ahmadov
Head, Nutrition and Communal Hygiene
Ministry of Health
Baku

Belarus

Dr Valentina Kachan
Deputy Minister
Ministry of Health
Minsk

Belgium

Dr Isabelle Laquiere
Food Expert
Safety of the Food Chain and Environment
Ministry of Public Health
Brussels

Bosnia and Herzegovina

Dr Aida Filipovic-Hadziomeragic
Head, Hygiene Unit
Institute of Public Health of the Federation of Bosnia and Herzegovina
Sarajevo

Dr Dragana Stoisavljevic
Public Health Institute
Republika Srpska
Banjaluka

Bulgaria

Professor Stefka Petrova
Head, Food and Nutrition
National Centre for Public Health
Sofia

Croatia

Dr Zrinka Laido
Head, Human Nutrition Department
National Institute of Public Health
Zagreb

Cyprus

Ms Eliza Markidou
Clinical Dietician
Department of Nutrition
Ministry of Health
Nicosia

Denmark

Ms. Nina Mourier
Danish Food Administration
Søborg

Estonia

Ms Anneli Sammel
Head, Department for the Prevention of Noncommunicable Diseases
National Health Development Institute
Tallinn

Ms Olga Volkova
Chief Specialist
Health Protection Inspectorate
Ministry of Social Affairs
Tallinn

Finland

Ms Sirpa Sarlio-Lähtenkorva
Ministerial Adviser
Ministry of Social Affairs and Health
Helsinki

France

Dr Michel Chauliac
Programme National Nutrition Santé
Direction Générale de la Santé
Paris

Georgia

Dr Levan Baramidze
Head, Public Health Department
Ministry of Labour, Health and Social Affairs
Tbilisi

Dr Akaki Gamkrelidze
National Centre for Disease Control and Public Health
Tbilisi
Georgia

Germany

Dr Ute Winkler
Head of Division
Basic Issues of Prevention, Self-help and Environmental Health Protection
Federal Ministry of Health
Berlin

Greece

Professor Antonia Trichopoulou
Department of Hygiene and Epidemiology
University of Athens School of Medicine
Athens

Hungary

Dr Eva Martos
Director-General, National Institute of Food Safety and Nutrition
Budapest

Dr Maria Szeitzne Szabo
Director, General Hungarian Food Safety Office
Budapest

Iceland

Ms Holmfrídur Thorgeirsdóttir
Project Manager, Nutrition
Public Health Institute of Iceland
Reykjavik

Ireland

Ms Ursula O'Dwyer
National Nutrition Policy Adviser
Health Promotion Policy Unit
Department of Health and Children
Dublin

Italy

Dr Lucia Guidarelli
Senior Medical Officer
Directorate-General for Food Safety and Nutrition
Ministry of Health
Rome

Kazakhstan

Dr Bakhtygul Tleubekova
Head of Department
Division of Sanitary and Hygienic Control
Ministry of Health
Astana

Kyrgyzstan

Ms Ljudmila Davydova
Chief, State Sanitary Control Unit
Department of State Sanitary and Epidemiological Surveillance
Ministry of Health
Bishkek

Latvia

Dr Ilze Straume
Deputy Head, Unit of Nutrition
Department of Public Health
Ministry of Health
Riga

Lithuania

Dr Almantas Kranauskas
Deputy Director, National Nutrition Centre
Ministry of Health
Vilnius

Luxembourg

Mr Sven Majerus
Master of Public Health
Sécrétariat Général Direction de la Santé
Ministère de la Santé
Luxembourg

Malta

Ms Lucienne Pace
Scientific Officer (Nutrition)
Health Promotion Department
Ministry of Health
Msida

Netherlands

Ms Mariska Janssen
Ministry of Health, Welfare and Sport
The Hague

Dr Inge Stoelhorst
Nutrition, Health Protection and Prevention Department
Ministry of Health, Welfare and Sport
The Hague

Norway

Ms Bodil Blaker
Adviser, Department of Public Health
Ministry of Health and Care Services
Oslo

Poland

Dr Mirosław Jarosz
Director, National Food and Nutrition Institute
Warsaw

Portugal

Dr João Breda
Divisional Head
Ministry of Health
Lisbon

Republic of Moldova

Mr Andrei Ciburciu
Doctor of Hygiene
Food Hygiene Department
National Centre for Preventive Medicine
Chisinau

Romania

Dr Camelia Parvan
Head, Food Hygiene Department
Institute of Public Health
Ministry of Public Health
Bucharest

Russian Federation

Dr Alexander K. Baturin
Deputy Director
Institute of Nutrition
Academy of Medical Sciences
Moscow

Serbia

Dr Dragana Jovic
Hygiene Specialist
Institute Public Health
Belgrade

Dr Aleksandra Makaj
Regional Project Manager
SEEHN Project on Food and Nutrition
Belgrade

Dr Mirjana Pavlovic
Associate Research Professor
Department of Nutrition and Metabolism
University of Belgrade
Belgrade

Dr Jelena Gudelj Rakic
Department of Food and Nutrition
Institute of Public Health
Belgrade

Professor Ivan Stankovic
Faculty of Pharmacology
Institute of Bromatology
University of Belgrade
Belgrade

Slovenia

Dr Mojca Gabrijelcic Blenkus
Head, Centre for Health Promotion
Institute of Public Health
Ljubljana

Spain

Mr Juan M Ballesteros Arribas
Special Adviser
Spanish Agency for Control of Processed Products
Ministry of Health and Consumer Affairs
Madrid

Dr Ana Troncoso
Executive Director, Spanish Food Safety and Nutrition Agency
Madrid

Sweden

Dr Lena Björck
Nutrition Department
Swedish National Food Administration
Uppsala

Tajikistan

Dr Ahludinsho Qandakov
State Epidemiological Surveillance Centre
Dushanbe

The former Yugoslav Republic of Macedonia

Professor Vladimir Kendrovski
Head of Sector, Environmental Health, Food Safety and Nutrition
Institute for Health Protection
Skopje

Turkmenistan

Dr Ylhamberdy Gayipov
Head, Food Quality and Licensing Department
State Sanitary Epidemiology Service
Ministry of Health and Medical Industry
Ashkhabat

United Kingdom

Dr Sheela Reddy
Principal Nutritionist
Health Improvement and Prevention
Department of Health
London

Uzbekistan

Professor Anatoliy Khudaiberganov
Specialist on Nutrition
Ministry of Health
Tashkent

Ms Natalia V. Sharipova
Chief, Department of State Sanitary and Epidemiological Surveillance
Ministry of Health
Tashkent

Temporary Advisers

Ms Lucie Bohac
Coordinator
Network for Sustained Elimination of Iodine Deficiency
Canada

Dr Nicole Darmon
Faculté de Médecine de la Timone
Universités Aix-Marseille I & II
Marseille
France

Ms Barbara Legowski
Senior Health Adviser, International Programme
Public Health Agency of Canada
Ottawa
Canada

Dr Aileen Robertson
Registered Public Health Nutritionist
Suhr's University College
Copenhagen
Denmark

Dr Anna Verster
The Hague
Netherlands

Observers

Belgium

Mrs Laurette Onkelinx
Federal Minister of Public Health

Mr Pierre Duville
Cabinet of the Federal Minister of Public Health

Mrs Laurence Doughan
Federal Public Service of Public Health

Mr Maxime Didat
Federal Public Service of Public Health

Mr Philippe Hocepid
Federal Public Service of Public Health

Mr Pascal Van Eeghem
Federal Public Service of Public Health

Mr Benoit Horion
Federal Public Service of Public Health

Mr Jean-Marie Greven
German Community

Mrs Machteld Wauters
Flemish Community

Dr Anne Boucquiau
French Community

Mrs Marie Thys
French Community

Representatives of International Organizations

Ms Stephanie Bodenbach
Directorate-General for Health and Consumer Protection
European Commission
Brussels
Belgium

Ms Aase Fulke
National Expert
Directorate-General for Health and Consumer Protection
European Commission
Luxembourg

Mr Philippe Roux
Public Health and Risk Assessment
Directorate-General for Health and Consumer Protection
European Commission
Luxembourg

Ms Caroline Bollars
Policy Officer
European Public Health Alliance
Brussels
Belgium

Dr Pia Mäkelä
Head of Unit on Zoonoses Data Collection
European Food Safety Authority
Parma
Italy

Mr Neville Rigby
Director of Policy and Public Affairs
International Obesity Task Force
International Association for the Study of Obesity
London
United Kingdom

Mr Nico van Belzen
International Life Sciences Institute Europe
Brussels
Belgium

Professor Kurt Widhalm
President, European Childhood Obesity Group
Medical University Vienna
Vienna
Austria

Mr Robert Pederson
European Health and Agriculture Consortium
Brussels
Belgium

Ms Hilde de Keyser
Policy Officer
International Federation for Spina Bifida and Hydrocephalus
Brussels
Belgium

World Health Organization

Regional Office for Europe

Ms Albena Arnaudova
Adviser, Communication
Brussels
Belgium

Dr Zulfia Atadjanova
National Technical Officer, Nutrition and Food Security
Tashkent
Uzbekistan

Dr Khadicha Boymatova
National Technical Officer, Nutrition
Dushanbe
Tajikistan

Dr Francois Decaillet
Senior Policy Adviser
Representative of the Regional Office to the European Union
Brussels
Belgium

Dr Sonja Kahlmeier
Technical Officer
Rome
Italy

Dr Hilde Kruse
Regional Adviser, Food Safety
Rome
Italy

Ms Lideke Middelbeek
Technical Officer, Diet and Physical Activity
Copenhagen
Denmark

Ms Ursula Truebswasser
Technical Officer, Infant and Child Nutrition
Dushanbe
Tajikistan

Ms Trudy Wijnhoven
Technical Officer, Nutrition Surveillance
Copenhagen
Denmark

WHO headquarters

Dr Francesco Branca
Director, Department of Nutrition for Health and Development

Mrs Françoise Fontannaz
Communication, Food Safety

Ms Regina Guthold
Surveillance Team

Administrative support

Ms Sally Charnley
Programme Assistant
Copenhagen
Denmark

Ms Helena Shkarubo
Secretary
Rome
Italy

ANNEX 2. Programme

Monday 22 September 2008

| | |
|-------------|---|
| 08.30–09.00 | Registration |
| 09.00–09.20 | Opening Federal Ministry of Public Health, Belgium (<i>Pierre Duville</i>) WHO Regional Office for Europe (<i>Hilde Kruse</i>) European Commission (<i>Philippe Roux</i>) |
| 09.20–10.00 | Nutrition policy development (<i>Francesco Branca</i>) Food safety overview (<i>Hilde Kruse</i>) |
| 10.00–10.45 | Regional actions: <ul style="list-style-type: none">• Salt network (<i>Mojca Gabrijelcic Blenkus</i>)• Marketing network (<i>Bodil Blaker</i>)• Nutrition-Friendly Schools Initiative (<i>Trudy Wijnhoven</i>) |
| 10.45–11.00 | Coffee break |
| 11.00–12.00 | Regional actions: <ul style="list-style-type: none">• INFOSAN (<i>Hilde Kruse</i>)• Five keys to safer food (<i>Françoise Fontannaz</i>)• European childhood obesity surveillance initiative (<i>Trudy Wijnhoven</i>)• Joint WHO/EC project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union (<i>Trudy Wijnhoven</i>) |
| 12.00–12.20 | Nutrition and food safety policy progress in Belgium (<i>Isabelle Laquiere</i>) |
| 12.20–13.00 | Country presentations on nutrition and food safety issues See guidelines – brief 5-minute presentations by countries |
| 13.00–14.00 | Lunch break |
| 14.00–16.00 | Country presentations on nutrition and food safety issues |
| 16.00–16.15 | Coffee break |
| 16.15–16.35 | Flour Fortification Initiative (<i>Anna Verster</i>) |
| 16.35–17.00 | Salt iodization (<i>Lucie Bohac</i>) |
| 17.00–18.30 | Food prices Panel discussion on the consequences of food prices on food policies and inequalities in health <i>Facilitator:</i> Francesco Branca <i>Discussants:</i> Nicole Darmon, Aileen Robertson, Ursula O’Dwyer, Antonia Trichopoulou |
| 19.00 | Dinner reception at Natural Science Museum |

Tuesday 23 September 2008

| | |
|--------------------|---|
| 08.30–08.45 | Food Security and environmental changes: impact on food safety <i>(Hilde Kruse)</i> |
| 08.45–09.00 | Hospital nutrition network <i>(Trudy Wijnhoven)</i> |
| 09.00–09.20 | South-eastern Europe food safety and nutrition network <i>(Aleksandra Makaj)</i> |
| 09.20–09.40 | Surveillance of microbiological foodborne disease and monitoring of microbial contamination in the food-chain (EFSA) <i>(Pia Makela)</i> |
| 09.40–10.00 | EC activities in the nutrition and food safety area <i>(Åse Fulke)</i> |
| 10.00–10.30 | WHO Regional Office for Europe workplan and expectations <i>(Hilde Kruse and Trudy Wijnhoven)</i> |
| 10.30–12.00 | Informal group discussions during extended coffee break <i>Please collect your coffee and join one or more of the following groups:</i> <ol style="list-style-type: none">1. Action network on reducing salt intake in the population2. Action network on reducing marketing pressure on children3. Action network on hospital nutrition4. European childhood obesity surveillance initiative5. Nutrition-Friendly Schools Initiative6. Food safety risk communication/WHO Five keys to safer food7. Systems for surveillance of foodborne disease and monitoring of food contamination in the food-chain |
| 12.00–12.30 | Feedback from group discussions |
| 12.30–13.00 | Conclusions and recommendations Presentation of draft conclusions and recommendations by the Rapporteur |
| 13.00 | Close |
| 13.00–14.00 | Lunch |

