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DEVELOPMENT OF FOOD AND NUTRITION ACTION PLANS IN SOUTHERN EUROPEAN COUNTRIES

Report on a WHO Workshop

Rome, Italy
21 – 23 March 2002

2002

ABSTRACT

Following a consultation in Malta in November 1999, attended by representatives of most of the 51 Member States of the WHO European Region, the Regional Office began a process to help develop food and nutrition action plans throughout the Region. The participants in the present workshop were from countries of Southern Europe. They met to improve the skills needed to develop intersectoral policies in relation to food and nutrition, and to establish a food and nutrition network for Southern Europe. This will enable them to promote sustainable development as well as regional cohesion and stability through the development of food and nutrition action plans. The 30 participants came from 6 countries and represented many different sectors related to food and agriculture including public health, food control, food safety, consumer protection boards, ministries of agriculture, social affairs and health, nutrition councils and universities. This show of interest and commitment across sectors demonstrates that the vital cross-sectoral links between nutrition, food safety and social concerns are being recognised and acted upon by policy makers.

KEYWORDS

NUTRITION POLICY
PROGRAM DEVELOPMENT
REGIONAL HEALTH PLANNING
STRATEGIC PLANNING
INTERNATIONAL COOPERATION
INTERSECTORAL COOPERATION
EUROPE, SOUTHERN

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Acknowledgements

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Much appreciation is extended to the Italian Government for their support and for the participation of representatives from the Ministry of Health and the Ministry of Agriculture and Food Policies.

Many thanks are also due to the Food and Agriculture Organization (FAO), Rome office, and in particular Dr Valeria Menza, for their assistance, technical collaboration and support of the participation of representatives from the agricultural sector.

Sincere appreciation is expressed to Professor Tim Lang who developed this successful workshop with the help of Dr Martin Caraher, Dr Charlie Clutterbuck and Dr Chizuru Nishida. Gratitude is also extended to Professor Zuzana Brazdova who acted as the Rapporteur and to Ms Angela Towers and Ms Tiina Mutru for their support and assistance throughout the workshop.

Finally, the enthusiastic participation of all the professionals from Greece, Israel, Italy, Malta, Portugal and Turkey who attended the consultation is greatly appreciated.



Participants at the WHO/FAO Workshop: Development of Food and Nutrition Action Plans in Southern European Countries. Rome, Italy, 21-23 March 2002

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Foreword

This report summarizes the proceedings of South European countries consultation, held in March 2002 at the National Research Institute for Food and Nutrition (INRAN) in Rome, Italy. The workshop was jointly organized by WHO Regional Office for Europe and FAO, Rome Office.

The training manual *Food and nutrition action plans. A manual for policy-makers* is being developed by Professor Tim Lang, with the support of Dr Martin Caraher, Dr Charlie Clutterbuck and Dr Chizuru Nishida.

The purpose of the workshop was to bring together participants from professional and organizational backgrounds to explore current policy related to food and nutrition; to develop an intersectoral food safety, nutrition and supply chain action plan; and to evaluate current policies in the light of new objectives and changing circumstances. The workshop sessions were accompanied by working groups at which participants were set a series of activities aimed at contributing to the elaboration of a strategy to develop and implement a national food and nutrition action plan.

The purpose of bringing together countries of Southern Europe in this initiative was to:

- build on natural advantages and geo-economic position of Southern European countries in relation to food and nutrition policy;
- promote sustainable development in Southern Europe as well as regional cohesion and stability through development of food and nutrition and action plans;
- improve skills needed to develop intersectoral policies in relation to food and nutrition;
- establish a Southern European Food and Nutrition Network.

The 30 participants came from 6 different countries (see participants list, Annex 2) and represented a variety of sectors. The show of interest and commitment across sectors was especially gratifying as it demonstrated that the vital cross-sectoral links on the topics of nutrition, food safety and sustainable development and social concerns are being recognized and acted upon at the policy level.

The majority of participants attended the whole workshop (see Programme, Annex 1) and completed pre-questionnaires before and evaluation forms at the end of the workshop. Everyone gave constructive and mainly positive feedback, both formally and informally, on the relevance, usefulness and quality of the workshop. The feedback from participants will be used to further develop and improve the tool “Intersectoral Policy Development for Decision-makers”.

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Background

Since the report of the International Conference on Nutrition was launched in 1992, it has served as a motivating force around the world, for helping countries to develop and implement food and nutrition policies.

Food and nutrition policy is important at all levels ranging from global/international through regional to the local level. Once higher-level decision-makers have been sensitised to the importance of food and nutrition policies, the importance of an interagency approach and the changes necessary to attain it, they will be more likely to encourage and support the continuing education needs of mid-level and local professionals. Those who know how to work with personnel and budgets and how to initiate institutional change will need to be convinced of the long-term value and benefits to society.

This course has been designed as a multidisciplinary one, intended for those able to influence policies related to food and nutrition. The participants can come from a range of backgrounds such as policy-making, health, academia, agriculture, environment, education, social welfare, finance, the food industry and the nongovernmental sector. Any healthy food and nutrition policy needs to involve all the sectors and key players in its remit. Food and nutrition policy is not just the concern of governments and health professionals, but also consumers and food producers and industry. Because of the changing nature of food safety and security it is imperative that the participants represent as many sectors as possible. The course lasts 3 days and in a practical way addresses specific topics relevant to food and nutrition policy, the public health implications of food security and safety, how to address common barriers to change, and how to develop a food and nutrition action plan.

Introduction to the workshop

The WHO Regional Office for Europe began a process to help develop Food and Nutrition Action Plans throughout the Region following a consultation in Malta in November 1999¹ attended by most of the 51 Member States. The strategy is based upon WHO's policy and action plan of delivering food-related public health by using three core subjects: nutrition, food safety and sustainable development.

The objectives of this workshop were to:

- encourage debate over a range of issues related to food and nutrition policy;
- identify local, national and international forces which are barriers to change and those which are helping forces;
- help participants gain knowledge, skills and confidence about latest developments in food and nutrition policy; and apply those to their situation;
- clarify directions for the future, both for participants and the policy process;
- identify actions that the participants can take following the course, to begin to influence food and nutrition policy;
- begin to develop an intersectoral action plan and an agreed schedule of action which participants can go away with and begin to put into action;
- help participants identify missing gaps in their repertoire of skills, necessary to successfully implement such an action plan.

Workshop description

The workshop was attended by 30 participants from countries of Southern Europe representing many different sectors related to food and agriculture including public health, food control, food safety, consumer protection boards, ministries of agriculture, social affairs and health, nutrition councils and universities (list of participants, Annex 2)

The workshop comprised 10 sessions presented over a period of two and a half days (prefaced by the completion of a pre-course questionnaire which served as baseline information to compare with the evaluation information given in the final session of the course).

In total, 17 pre-course questionnaires were returned. For detailed responses, please turn to Annex 3. Most participants came from organizations that had been officially designated responsibility for developing a national food and nutrition action plan. Examples given in the pre-course questionnaire of positive initiatives towards food and nutrition action plan development included harmonization of legislation, health promotion and consumer protection programmes, and food safety analyses. The most common difficulties was said to be lack of resources and political will and poor intersectoral coordination.

Expectations from the workshop included:

- raising awareness among policy-makers and pushing the issue onto the political agenda;
- create a national group for the development of a FNAP;
- achieve sustainable collaboration with other countries;

¹ Consultation on the Development of the First Food and Nutrition Action Plan for the WHO European Region, Malta, 8-10 November 1999.

- making comparisons with those countries already having experience in developing food and nutrition action plans.

Each session was organized using the same basic format, with a session cover sheet providing a brief overview of the whole session, namely:

- Aims of the session
- Time the session should last
- Teaching methods, such as activity, lecture, small group work
- Plan which provides an overview of what the session does
- Outcomes that will tell the course coordinator what participants should have by the end of the session.

The 10 sessions were the following:

1. Mapping yourself and work in the world of food.
2. The impact of food on public health.
3. The policy context: what is a food and nutrition policy? Why have one?
4. Links between nutrition and other international policy.
5. Examples of government food and nutrition policies in practice.
6. Campaigning for food and nutrition policy.
7. The WHO Food and Nutrition Action Plan for the European Region.
8. Identifying targets, actions and strategy.
9. Building partnerships for your new/existing food and nutrition action plan.
10. Review of course.

An informal, though important part of the workshop, were the social events, ranging from coffee breaks to receptions, during which participants met each other, exchanged ideas and information, and gave feedback to workshop facilitators. This was an integral part of the process to create dialogue between participants from different countries and sectors, and a sense of cohesion in the development of food and nutrition policy. The social and informal interaction is a vital part of establishing and maintaining a sustainable food and nutrition network in countries of Southern Europe. The creation of networks and team-building was also facilitated by the residential nature of the workshop.

The Programme of the workshop can be found in Annex 1.

Opening Speeches

CHAIR: Giuseppe Maiani, Director, Unit of Human Nutrition, INRAN

Professor Giancarlo Viglione, President of INRAN, opened the workshop with the following words:

Dear participants, it is an honour for INRAN to have been identified as the host for the workshop on the development of food and nutrition action plans in southern European countries and I wish to thank the WHO Regional Office for this choice.

INRAN is a public research institute and is a technical department of the Italian Ministry of Agriculture and Forestry Policies. Recently our name has changed from the National Institute of Nutrition, to the National Research Institute for Food and Nutrition. Our research activities cover many aspects of food and human nutrition, including research activities aimed at protecting the consumer and at improving the quality of food products. They are briefly described in the leaflet that has been prepared for this workshop.

A specific mission of INRAN is to promote and develop research activities on food quality and food safety, in cooperation with the Superior Institute of Health. Moreover, we aim to improve food and nutrition education and public awareness and dietary habits, by the regular publication of Italian Dietary Guidelines, Recommended Dietary Allowances and National Tables of Food Compositions. In February 2002 we held a large national conference on nutrition education, which was hosted by FAO. We also collaborate with the Ministry of Health in activities of nutrition surveillance.

All these activities provide a clear indication of the collaboration that already exists in Italy between the Health sector and the Agriculture sector. Food and nutrition policy would benefit from an even closer collaboration between these two sectors, both in Italy and in your countries.

Dr Gian Luigi Ferretti, Secretary General of the Italian Committee for FAO, Ministry of Agriculture, greeted the conference organizers and participants with the following words:

May I take this opportunity to bring greetings to you all from the Government, in particular from the Minister of Agriculture and Forestry Policies who could not be here.

Food and nutrition has become very important in many countries and it should be the most important argument for intervention on public health. Scientific research over the last few years has become very interesting as a way of dealing with health problems. The general public is now very involved in the importance of food and nutrition. Terms like antioxidants, fibre and fats are part of everyday language. But 'processes' can be very fragmented and consumers are now bombarded with information on healthy eating. There is confusion about what is a healthy diet. We need to find ways of informing consumers with clear information. At the same time consumers are more aware of their right to correct information. The politics of information is changing to the politics of formation of the consequences.

To achieve this we need to have a more strategic system. We need to identify critical points e.g. traceability and quality, and to educate consumers so that they can make their own informed choices.

On this basis, I wish you a good workshop.

Dr Francesco Cicogna, Senior Medical Officer, Directorate General for International Relations and Community Policies, Ministry of Health welcomed those present with the following words:

It is an honour and a privilege for me, on behalf of the Ministry of Health of Italy, to welcome you all and convey my best wishes for a productive and fruitful meeting. A particular thanks goes to the National Institute for Research on Food and Nutrition for hosting this very important event, as well as to the WHO Regional Office for Europe and FAO for organising the workshop.

The great importance of 'food and nutrition' worldwide is clearly shown by the WHO international agenda: both the last session of the WHO Executive Board, held in Geneva last January, and the next session of the World Assembly (to be held May 13th – 18th this year), have devoted particular attention to this field. They include in their respective agendas issues such as: infant and young child nutrition (with the global strategy for infant and young child feeding), food safety and health, and diet, physical activity and health.

Turning more to Europe, Target 11 of the document 'Health 21' – the health for all policy framework for the WHO European Region, adopted by the WHO Regional Committee for Europe in 1998 – states that "by the year 2015, people living across society should have adopted healthier patterns of living. And, in particular: healthier behaviour in such fields like nutrition should be substantially increased and there should be a substantial increase in the availability, affordability and accessibility of safe and healthy food".

In September 2000, the WHO Regional Committee for Europe endorsed the Action Plan for the European Region of WHO for 2000 – 2005, recommending – *inter alia* – that Member States take steps to carry out the Action Plan taking account of differences in their cultural, social, legal and economic environments. This is why we consider it very appropriate to have this workshop concerning the development of food and nutrition action plans in Southern European countries. Safe and healthy food is an important determinant for health, besides its accessibility being a fundamental human right.

Our Region still witnesses a great variety of severe health problems in relation to food and nutrition, such as:-

Foodborne disease

Low breastfeeding rates and poor weaning practices

Malnutrition

Obesity

Iodine deficiency disorders and iron deficient anaemia

We can also mention several diseases whose causes are multifactorial, but in many cases, the nutritional component plays an important part in their pathogenesis; cardiovascular diseases, hypertension, cancer and non-insulin dependent diabetes.

Thus, there is the need to develop and implement comprehensive and intersectoral food and nutrition policies, with the aim of protecting and promoting health and reducing the heavy burden of food-related diseases. In conclusion, let me stress again the importance of this timely and promising workshop, to which we wish a great success. Thank you.

Ms Camilla Sandvik, Detached National Expert, Directorate-General for Health Consumer Protection, European Commission, thanked the conference organizers on behalf on the European Commission for being invited to attend the workshop as follows:

Distinguished representatives, country representatives, ladies and gentlemen. On behalf of the European Commission I would like to express my gratitude for being invited to this important event. Within the Commission I work with the issue of public health nutrition, that is to say measures, policy development

and strategies to improve diet, promote a healthy lifestyle and in general working with nutrition as a key health determinant.

The European Commission has been, and is, continuing to work with the development of a more coherent and more consistent nutrition policy at European level. Therefore, I think I know some of the challenges lying ahead of you all in this process of developing national food and nutrition action plans, and some of the challenges in this intersectoral approach. I look forward to following the process during these three days, to following you developing your national plans, and especially I look forward to learning and gathering experience from this event.

Once more, thank you very much for the invitation and I would like to wish you every success with the workshop.

Dr Claude Forthomme, Regional Representative for Europe, welcomed participants and expressed her pleasure at seeing representatives of both sectors of health and agriculture present as follows:

Welcome to all colleagues. I am pleased to see both health and agriculture sectors represented at this workshop. Cooperation between these two sectors is very important, as is the joint working between WHO and FAO, in order that meaningful policies relating to food and nutrition can be developed.

The World Food Summit to be held in June this year will highlight the lack of progress in this field in the last 5 years. Food security, food safety and consumer protection are all high profile issues. All citizens are concerned about food safety and this is now a critical time in Europe.

At our recent conference on food safety and quality in Budapest where 47 countries were represented, 25 recommendations for the Ministry of Health and the Ministry of Agriculture were produced. These will be considered by a ministerial round tables at the FAO regional conference to be held in May and at the WHO regional meeting in September.

It is vital that the two sectors of health and agriculture work together for the benefit of the consumer.

I wish you all a good workshop.

Dr Krasid Tontisirin, Director of Food and Nutrition Division, FAO welcomed everyone to the event:

Welcome everyone to this important workshop. This is an historic event, collaboration between FAO and WHO and the bringing together of health and agriculture sectors to develop intersectoral plans with regard to food and nutrition.

Nutrition is a fundamental part of enhancing our well-being. The International Conference on Nutrition in Rome in 1992 was the start of this process, which emphasises intersectoral collaboration. We must now review the process and assess political commitment in order that we can move forward.

Dr Aileen Robertson concluded the opening by adding that she was very pleased to hear that the environment in which such discussions are taking place are so friendly and that different government sectors are starting to take notice of an intersectoral approach. Dr Robertson stressed that public health needed holistic policies, that link Agenda 21 with Health 21 and called for political commitment from all sectors at a national level to take these processes forward.

The training workshop

Session 1. Mapping yourself and work in the world of food

Participants worked both in plenary and in small groups to place themselves in the food system and to determine the actors and influences on the food supply chain. The goals of the session were for participants to gain:

- an understanding of the food supply chain;
- a clear idea of where they and others fit into the food supply chain;
- an understanding of the factors determining what people eat;
- a good idea of how participants can influence the food supply chain, both in a professional capacity and as consumers.

Results of the group works:

It was proposed to add to the diagram of the food supply chain (Fig. 1 in the manual), by putting the consumer (well nourished and healthy) as a final part. The boxes listing the steps of the food supply chain should be complemented by categories such as “research”, “policy-making”, “monitoring” (dietary data collection, surveillance).

In principle, the participants agreed with the very basic model from the book, and suggested the addition of some other categories, such as research and education. The consumer should be the final and most important end of the food supply chain.

Other comments included: environmental sustainability should complement primary food production; domestic preparation should be followed by food consumption; all parts of the chain could be influenced by training.

It was suggested to put the consumer in the centre of the food supply chain, and to put around him a range of instruments of influence, such as training, advertising, marketing, research, education and other means of public influence.

It was also suggested to remove the Supply of Agricultural inputs and to split the secondary food processing to add aspects of "food for special needs", "Food supplements and nutrients" and to add risk management and nutrition assessment to the chain.

Session 2. The impact of food on public health

Participants considered the impact of food on public health and how a food and nutrition policy can limit the risks and damages, and support and promote the positive aspects. The goals of this session were for participants to:

- have an understanding of the impact of food and nutrition on health;
- be able to identify the need for a comprehensive food and nutrition policy;
- be aware that this policy has to operate within society-wide trends such as globalization.

For comments and results of the group work please see Annex 5, session 2.

Session 3. The policy context: What is a food and nutrition policy? Why have one?

The international and national contexts for food and nutrition policy and action plans were given to participants and a short discussion took place.

Session 4. Links between nutrition and other international policy

The aims of session 4 were to:

- link two strategies, food safety and nutrition, to a sustainable food supply;
- discuss the different settings where these strategies can be implemented;
- consider what governmental structures exist locally, nationally, and internationally to support development and implementation.

The participants were grouped by country and asked to map the international dimensions of a range of food 'crises' by drawing up a list of organizations at local, national, regional and international level that should be consulted to tackle the food problem effectively.

Countries were asked to map the different dimensions of specific food-related ill health. Five case studies of government food and nutrition policies in action were presented: Turkey, Greece, Malta/Israel, Portugal and Italy. See Annex 5, session 4.

Session 5. Examples of government food and nutrition policies in practice

The aims of session 5 were to:

- demonstrate government (national and local) policies in practice
- explore good practice
- inform participants about the diversity of initiatives.

The main factors for success were described as the following:

1. New perspective
2. Information
3. Teamwork
4. Multisectorality
5. Learning from others
6. Clarifying food practice
7. Imagination and feasibility.

Countries were invited to give examples of food and nutrition policies in practice. See Annex 5, session 5.

Discussion:

WHO EURO

Dr. Aileen Robertson mentioned the WHO EURO web site: <http://www.euro.who.int/Nutrition> which links to specific sources of information regarding nutrition.

FAO

Dr. Valeria Menza stressed the importance of nutrition education and other activities, which are all supported by FAO. She also stressed that all the issues discussed at the workshop were very important and needed more than 2.5 days discussion. She suggested further discussions should be developed by workshop participants.

Session 6. Campaigning for food and nutrition policy

The goals of the session were for the participants to identify:

- what nongovernmental organizations (NGOs) can do to help develop and implement food and nutrition policy;
- what makes campaigns successful;
- potential barriers to success.

Each country group was assigned a particular NGO and asked to examine its function and role, and some positive lessons and barriers to food and nutrition policy (see Annex 5, session 6).

Session 7. The WHO Food and Nutrition Action Plan for the European Region

Session 7 began with an introduction to the Food and Nutrition Action Plan (FNAP) and a discussion on how it can assist individual countries in formulating their own plans. The participants were then grouped by country (with the exception of Israel, Malta and Spain who formed one group) and were asked to start to outline the contents and priorities of their national food and nutrition policy action plans. The participants reported back in the plenary. For detailed information of the country presentations see Annex 5, session 7.

Discussion

Dr. Aileen Robertson, WHO, stated, that all groups worked very hard.

1. Turkey mentioned food composition tables. New food products and ingredients are constantly being introduced. Updating of these tables requires a huge investment and ongoing follow up. It may not be a priority for countries with a limited budget. Perhaps the FAO could help.
2. Portugal has brought up the issue of inequalities and poverty. This is a major problem that is going to increase in all countries as the inequalities gap widens. We must be aware of this issue from a food perspective. Regional Director at WHO is looking at case studies for eliminating poverty. National policy needs linking to poverty.
3. There are many complexities and contradictions e.g. Promoting breastfeeding versus the issue of pesticide residues in milk, as mentioned by Italy. We are all promoting eating more fruit and vegetables. The current upper limits for pesticide residues in fruit and vegetables are based on our current intake. As we consume more of these products should we revise the recommended upper limits? There is a conflict between food safety, environment and nutrition. Therefore, we need to work together.
In the ECC there is a project (700,000 Euros) to promote breastfeeding. Italy is the project leader. At the moment non European Union countries cannot participate, but WHO will assist in their involvement.
4. The Greek Ministry of Agriculture discussed the impact of agricultural policy and particularly its impact on health. We thank the representative from agriculture who boldly suggests decreasing milk and meat consumption.

Session 8. Identifying targets, actions and strategy

An introduction to session 8, the aims of which were to:

- develop a strategy for national food and nutrition action plan; and
- identify immediate actions by individuals.

Please refer to Annex 5, combined sessions 8 and 9 for the results of the group work.

Session 9. Building partnerships for your new/existing food and nutrition action plan

The aims of session 9 were to:

- identify key structural or corporate partners for your food and nutrition action plan;
- create strategies to implement the food and nutrition action plan;
- use or modify a checklist to help the process be successful.

In this session the participants had an opportunity to analyse their partnerships and develop or strengthen their national FNAP.

Please refer to Annex 5, combined sessions 8 and 9 for the results of the group work

Session 10. Review of course

The course was evaluated by round-table feedback and written evaluation forms at the end of the workshop (see Annex 4). On the last day a session was held in which participants and facilitators were invited to describe their experience of the course. They were asked to give both positive and negative experiences of the course. In addition, participants were asked to complete a written questionnaire.

Round-table evaluation

Participants expressed their gratitude and indicated the usefulness of the workshop and the lessons learned there. It was recommended that future workshops should include more instructive examples of countries with tradition of nutrition policy including more detailed information about how they overcame difficulties.

Some of the participants would appreciate more discussion about the possible trends and expected actions in the near future.

It was agreed to have a follow-up meeting/seminar during the nutrition counter part meeting in Athens, Greece, in February 2003.

Annex 1

Programme

Wednesday 20 March

1830-1930 Registration (Hotel)
1930 Welcome Reception

Thursday 21 march

0830 - 0900 Registration (INRAN)
0900 - 1000 Official welcome and opening of the Consultation
Prof Giancarlo Viglione, President, INRAN, Italy
Dr Gian Luigi Ferreti, Ministry of Agriculture, Italy
Dr Francesco Cicogna, Ministry of Health, Italy
Ms Camilla Sandvik, European Commission
Ms Claude Forthomme, Regional Representative for Europe, FAO, Rome,
Dr Kraissid Tontisirin, Director, Food and Nutrition Division, FAO, Rome
Dr Aileen Robertson, Nutrition and Food Security Programme, WHO, Copenhagen
1000 - 1100 Session 1: Mapping yourself and work in the world of food
1100 - 1130 *Coffee break*
1130 - 1330 Session 1 (continued)
1330-1430 *Lunch break*
1430 - 1600 Session 2: The impact of food on public health
1600 -1630 *Coffee break*
1630 - 1730 Session 3: The policy context: what is food and nutrition policy? Why have one?

Friday 22 March

0830 - 1030 Session 4: Links between nutrition and other international policy
1030-1100 *Coffee break*
1100 - 1230 Session 5: Examples of Government food and nutrition policies in practice
1230-1400 *Lunch break*
1400 - 1530 Session 6: Campaigning for food & nutrition policy
1530 - 1600 *Coffee break*
1600 - 1730 Session 7: The WHO Food and Nutrition Action Plan for the European Region
1730 - 1830 Session 8: Identifying Targets, Actions and Strategy

Saturday 23 March

0830 - 1030 Session 9: Building partnerships for your new/existing Food and Nutrition
Action Plan
1030-1100 *Coffee break*
1100 - 1230 Session 10: Review of course
1230-1400 *Lunch break*
Official Closing

Annex 2

Participants

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Rome, Italy, 21-23 March 2002

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Annex 3

Results from pre-course questionnaire

A total of 17 questionnaires were completed.

1. Key responsibilities related to food and nutrition:

Nutrition education
Nutrition Adviser of The Ministry of Health
Food consumption monitoring
Nutrition research
Food safety
Food security
Food and agriculture policy
Preparation of national development plans and annual government program policy formation and coordination activities
Food composition tables, dietary surveys
Dietary guidelines
FAO nutrition activities in CEEC's support
Health promotion

2. What is the status of your organization in relation to either the development or implementing of the national Food and Nutrition Action Plan?

Our organization has been officially designated responsibilities in relation to the food and nutrition action plan (10 out of 14).

Has not been involved in either the development or actioning of the food and nutrition initiative (2 out of 14).

Has received an invitation to become involved (1 out of 14).

Comments:

In relation to Health 21, 11 targets were specified for Turkey.

There is a newly established Greek Food Authority, related to Ministry of Development.

Annual Government Program of 2002 was given the responsibility to coordinate the preparation of NFNAP.

3. Please list and describe any positive changes that have been made by your organization to support the food and nutrition action plan.

Formulation of dietary guidelines for adults in Greece
Food consumption surveys in Greece
Food composition tables in Greece
FAO food and nutrition division collaboration with WHO
CINDI dietary guidelines in Malta
Drafting national legislation in accordance with EU
Training of health inspectorate with regards to HACCP
Studies on Turkish Food Codex
Legislation in Food safety and quality in Turkey

Community nutrition education in Turkey
Standardization of fruits and vegetables in the domestic market in Greece

4. What are the most important difficulties/challenges your facility still faces in supporting the food and nutrition action plan?

Lack of political will.
Priority is given to food safety issues above nutrition.
Lack of effective intersectoral coordination.
Lack of nation-wide food and nutrition data in Turkey.
Insufficient budget allocation in Turkey.
Inadequate infrastructure of test laboratories in Greece.

5. How could this workshop be most useful in helping you address these difficulties/challenges and in assisting your organization to fully support the development or the actions outlined in the food and nutrition action plan?

Learning about problems from experiences of other countries.
Learning how to obtain more political influence.
Understanding the needs.
Sharing other countries experience.
Creating network of people working in the same topic.
Bringing together representatives from different institutions and organizations.
Learning the most important methods and ways to overcome the difficulties in the preparation NFNAP's.
Connection of national representatives of food production and nutrition

6. Please list any other expectations you have of this workshop

Preparation of FNAP (Turkey).
Sustainable collaboration within South European countries.
Lessons learned from Food safety and Nutrition situation.
To meet the experts working in the topic.
To have answered the questions and doubts.
To acquire the clear picture of the nutrition policy components.
To learn about how to incorporate consumers into the policy.

Annex 4

Course evaluation by participants

Total evaluation forms completed and returned: 19

1. The time allotted to the session was:

Too short	About right	Too long	No answer
2	16	1	0

2. Was the course content relevant to your work?

Extremely relevant	Somewhat relevant	Not very relevant	Not at all relevant
13	6	0	0

3. Will it help make a contribution to the development or furthering of your food and nutrition action plan?

Very high	Somewhat high	Somewhat low	Very low
11	8	0	0

4. The quality of teaching was:

Very high	Somewhat high	Somewhat low	Very low
11	8	0	0

5. The quality of the facilitated discussion was:

Very high	Somewhat high	Somewhat low	Very low
9	9	1	0

6. Do you have any other comments and suggestions for improving the session?

Materials could be given to participants in advance.

The time format of the seminar could be 4 instead of 3 days.

Some social events could complement the work, eg. city tour.

The length of the course should be at least 3 full days.

Sessions 8, 9 should be performed by each country on its own, not jointly.

Avoid too much detail.

More plenary work, less group work.

After the seminar, we are waiting for constant feedback.

Hope that my name will be kept in the database for sending new information.

After every day to allocate half an hour for daily evaluation.

Try to reach greater commitment of all governments before the workshop.

Repeat in each country with other responsible people.

Looking forward to the following!

Annex 5

Working Group Presentations

Session 2. The impact of food on public health

Participants identified the following changes in respect of diet and foods in their countries:

Over the last 20/40 years :

- Less processed foods
- more home grown/made produce
- more food prepared at home
- more local (ethnic) foods
- less globalized diet
- less snack food (high salt, fat, less sugar)
- less food additives
- less exotic foods
- less hygienic control
- more grocery stores > supermarkets
- more seasonal produce
- less fruit and vegetables
- less malnutrition
- no fast food
- less eating out
- more inequalities in access to food

(In the case of Greece, the above seems to be changing in the opposite direction. Example given, more processed foods and less home grown/made produce has been available in the last 20/40 years.)

20 years from now participants are expecting:

- more bipolar foods: more globalized and more localized
- more Genetically Modified Organisms
- more organic foods
- more dietary supplements
- more functional foods
- increased awareness about the food and environment
- increased safety from the microbiological aspect
- reduced safety from the chemical aspect
- decline of micronutrient content in certain foods (eg. fruit and vegetable)
- more retail using Internet/IT
- protection of biodiversity
- more ready-made foods
- less natural foods (contradiction – some less, some more)
- water deficit
- less food from animal origin (less meat)
- more foods with longer shelf life (fresh,...)
- more enriched - fortified foods
- more “light” foods
- new packaging materials (intelligent materials)
- new contaminants, not only from the environment, but also from packaging materials
- more consumer’s advocacy
- more stratified society, also regarding food availability (more inequalities in food choice, and availability)
- more sedentary lifestyles, less physical activity, more obesity
- increase in single households

globalized culture versus atomised individuals
new diseases, new treatments
information explosion: information society
changes in rural/urban population
more leisure, more working hours

Among negative impacts, participants listed:

more cardiovascular (CVD) diseases due to changes in diet
more NIDDM
more obesity
increase in scale of mass production may lead to more food poisoning

Advocacy: Diseases such as CVD, cancers, anaemia, Iodine Deficiency Disorders, are relevant for public health, as they are a significant cause of premature death and they limit the quality of life.

Among positive impacts participants listed:

improved cognitive functions during ageing
better musculoskeletal functions
improved variety of foods (Fruit +Vegetables)

Advocacy: It is necessary to raise awareness to politicians about the possibility of making relatively cheap, but effective campaigns and the importance of long-term and sustainable missions. The global burden of disease concept, due from the London School of Hygiene and Tropical Medicine (M. McKee, W.P.T. James et al.), mentions obesity, Fruit +Vegetable consumption, lipoproteins.

Group work – Identifying government action

Participants considered how governments could act to have an impact on food supply, with reference to health. There are three headings – nutrition, food safety and sustainable food supply. These are the three main public health strategies underpinning the WHO Food and Nutrition Policy and Action Plan for the WHO European region.

Nutrition

- Common Agricultural Policy (CAP) has huge influence on price control in some countries –this affects access and availability of food
- Need for more education – basic nutrition awareness in schools
- Increased media control with regard to children
- Better school meals programmes
- Marketing - tighter control of health claims
- Clearer food labelling
- Problem descriptions are needed – these should match population needs, match national guidelines and match national production
- Education
- Health and nutritional impact assessment of agricultural policy
- Enrichment/fortification

Food safety:

- More research on pesticide use
- Better control on pesticide use
- Education for farmers
- Increased surveillance
- More regulation regarding food supplements
- Increased traceability
- Monitor storage in shops
- Food safety and hygiene education in relation to cooking skills

- HACCP (Hazard Analysis and Critical Control Point) systems
- Risk management
- Risk assessment

Sustainable food supply:

- Subsidies for small and local producers
- Subsidies for organic production
- Limit packaging
- Training for farmers
- Waste management
- Incentives for waste segregation, recycling
- Protect local food production
- Education on production methods etc
- Organic farming as part of agriculture policy
- Price policy
- Ensure nutritional needs of all socio-economic groups are met
- Protect traditional foods
- Genetically Modified Organism (GMO) free foods?
- Waste - packaging and recycling

Lifestyles:

- Environmental management
- Education for lifestyles

Psychological aspects

Session 4. Links between nutrition and other international policy

Results from the group work (by countries):

Greece - Strategy to tackle the problem of high prevalence of obesity and related diseases

The problem was identified based on evidence from DAFNE² (household food availability) and EPIC³ (prospective study). The aim was to inform the public about the importance of total energy (calorie) intake, the type of lipids consumed and physical activity. Education was based on the guidelines for Greek adults which are different from CINDI⁴ dietary guidelines used and designed for Europe, regarding concern of total calories and lipid intake. The Mediterranean Greek diet pyramid places more emphasis on total calories and the type of lipid, rather than total fat intake. The intersectoral action plan would include collaboration between the Ministry of Health, Hellenic Food Authority, consumers and the Ministry of Agriculture (through promoting the cultivation of wild greens, developing traditional Greek types of fast food, promoting the production of nuts, olives and specific domestic breeds of cattle with the aim to produce low fat meat). The Ministry of Education is recommended to promote physical activity and health education, as well as nutrition education (within cooking classes). Nutritional advice should be given to food suppliers for army, hospitals, nurseries, kindergarten, universities and food advertising should respect the overall dietary guidelines as much as possible. Campaigns oriented to food industry and food market education are needed.

² DAFNE – Data Food Networking (www.nut.uoa.gr) Antonia Trichopoulou and Androniki Naska (eds). The DAFNE Initiative. Assessment of dietary patterns across Europe using household budget survey data A European Commission supported project. Public Health Nutrition, October 2001; 4(5B) pp. 72.

³ EPIC. European Prospective Investigation into Cancer and Nutrition. Riboli E. (1992) 'Nutrition and cancer, background and rationale of the European Prospective Investigation into Cancer and Nutrition (EPIC) Ann Oncol, Dec 3 (10), 783-91.

⁴ Countrywide Integrated Non-communicable Disease Intervention

Turkey - Strategy to eradicate Iodine Deficiency Disorders

Iodine deficiency is an important public health problem. There is a cycle of iodine in nature. Leached iodine from the surface soil (eg rain, snow, wind, floods usually due to deforestation) is carried into the sea by erosion. Iodide ions are oxidized by sunlight to iodine, which is volatile. The iodine in air is returned to the soil by rain. In this way, the cycle is completed. Subsequent erosions ensure iodine deficiency in soil. All crops grown in these soils will be iodine-deficient. As a result, human and animal populations, dependent on food grown in iodine-deficient soil, become iodine-deficient. Reproductive failure, absence of wool growth and other products such as egg, reduced body weight occur in animals. Iodine deficiency will persist unless a supplement is provided or diversification of the diet occurs, from food sources outside the iodine-deficient area. Iodization of salt has been the major method used for the correction of iodine deficiency. Action recommended at different levels of food supply chain: farm supply industry – additional iodised salt to animal feed; agriculture – aqua-culture products; food processing – fortification, education of processors, labelling; distribution/retailing – availability, education; catering -healthy preparation, education, iodised salt use; marketing – education, labelling; media – information, education, health promotion. Regarding nutrition, it is recommended to provide surveillance and monitoring within prevention programme. Non Government Organisations (NGO's) are recommended to increase their awareness, similar to the consumers, who have to be educated. Food safety should be controlled and promoted by monitoring the system. Among the most important actors and agencies are the Ministry of Agriculture and Rural Affairs, Ministry of Environment, Ministry of Health, industries, universities, municipalities, salt producers, consumers committees, NGO's.

Italy – strategy to address the health of elderly people suffering from the food situation

Problems identified included: low level of physical activity, vulnerable in terms of malnutrition, low income, inadequate storage.

Health problems include: malnutrition, obesity, high susceptibility to food borne diseases.

Recommendations for action:

- No special need is identified regarding primary food production (eg. functional foods etc.).
- Food processing: single portion foods (to prevent storage problems of single people)
- Distribution: friendly way to provide access to healthy food
- Catering: door to door food provision
- Media: specific public information
- Research: assessment of special nutritional needs of elderly people.

Malta and Israel – strategy to address food poverty: inadequate access to healthy diet

(food quality, food web, octane fuel)

Problems: Micronutrient deficiencies

High risk groups: Arab Israelis, Orthodox Jews, foreign workers, low income and less-educated groups

Life cycle stages: institutionalized people, infants, pregnant women

Ministries involved: Ministry of Health, Ministry of Interior, of Welfare and Labour, prime minister's office, NGO's,

Action: Nutrition assessment, monitoring of at-risk sectors

Who is in charge of what?

Take home message: Same partners - different leaders!

Portugal – strategy to improving educational performance of school children through provision of safe and nutritious food and promotion of physical activity

Start: assessment of the nutritional status and social environment of students, evaluation of facilities for cooking and for physical activity.

Intervention: school canteens (promoting traditional and seasonal foods), bars (availability of healthy foods and if possible price policy in favor of healthy choices)

Education and training: teachers (guidelines), food handlers (short courses and in service training), students/parents (school curricula and school activities – cooking etc.).

Intersectoral activities, involving municipalities, health centres, agriculture departments, local media (radios), parents associations, NGOs.

Message: reduce sugar, fat and salt; reduce, reuse and recycle waste.

Monitoring and evaluation (schools, students, community)

Session 5. Examples of government food and nutrition policies in practice

Country examples:

Turkey

Joint meetings were organized by the State Planning Organization to prepare the National Food and Nutrition Action Plan with special regard to strategy. The Ministry of Health have produced 'Health for All', including nutrition and food safety strategies with the participation of relevant sectors and ministries. MARA produced a Food Safety Action Plan. Universities collaborate with ministries and agencies.

Greece

The web site for DAFNE is available with information about the dietary guidelines, dietary data etc., at www.nut.uoa.gr. Representatives of Greece noted the differences between the CINDI dietary guidelines and the Greek dietary guidelines.

Italy

The Ministry of Health published the guidelines for the prevention of CVD, malnutrition, and osteoporosis, they are available at web pages www.sanita.it. INRAN has published dietary guidelines regularly since 1986. A national conference on nutrition education was organized in February 2001, where guidelines for nutrition education were produced.

Portugal

The Food and Nutrition Council has produced materials regarding the national dietary guidelines, which are available in Portuguese (Recomendações para a educação alimentar da população Portuguesa).

Malta

Food and Health Report 1992. Malta has its Food and Nutrition policy (endorsed by Government) and although its Intersectoral Committee was set up, it later became redundant. Various campaigns were initiated between 1992-2002, to highlight aspects of the policy. A breastfeeding policy (2000) and a committee for breastfeeding were established. Guidelines for Mediterranean diet for Malta (Maltese language) are available.

Israel

In process of organizing the structure. Web sites: dietary guidelines (in Hebrew) for children and for the elderly. Nutrition survey, which helped to design the guidelines. The concept of fat intake is different from the European guidelines. Several lectures on nutrition are available on the web site of the Hebrew university (www.health.gov.il).

Session 6. Campaigning for food and nutrition policy

Results of group work (by countries):

Italy - European Public Health Alliance (EPHA) (An alliance of more than 70 NGO's.)

Problems: NGO's are usually in contact with associations at the European level, not at the national level. There is a lack of common strategy on how to promote the health of European consumers.

Price paid for this activity: public expenditure, environmental degradation, ill health, rural exodus, loss of social cohesion.

Popular issues and priorities: GMO, pesticides, HACCP, animal feeding

Discussion:

Dr. Aileen Robertson indicated that the concept of a health NGO is a new concept. Some environmental NGO's are very powerful at the European level. WHO supports the government to work with sustainable

NGO's. The health sector should support the development of NGO's at a national level and not see them as a threat.

Spain/Israel/Malta - Breastfeeding and NGO's

Goal: to promote breastfeeding

Assessment of breastfeeding rates

Instruments: education of professionals, information, legislation, training, policy, fathers, BFHI code, media, leaders

Funding: A cost effective analysis should first be carried out. Funding to be sought from the Ministry of Health and a compulsory contribution from the Infant formula industry to be introduced

Effectiveness: intersectoral, "mother to mother" networking

Skills: support, alliance, education, communication, good training, role model

Obstacles: over doing - fanatics, work, MD's and professionals, formula industry, myths and fears

Lessons learned: it is a long-term project.

Greece - Food labelling and European network

Policies: regulations, campaigns, education

Problems: focus only on processed food, no regulations regarding non processed foods

Different nutritional claims, different national regulations

NGO The European Heart Network

Research, educational programs

Goals: to achieve concerted action on CVD in 24 countries

Skills: pressure, funds for research , greater scientific evidence, lobbying (joint forces with consumers international).

Turkey - Pesticides Action Network

(pesticides residues in agriculture)

Action: recommendations given during legislation process, raising awareness. Workshops, courses, leaflets, booklets, meetings and demonstrations.

NGO's: Chamber of engineers etc., consumer's NGOs.

Funding: member fees, activities, advertisement income, limited budget from government.

Effectiveness: not satisfactorily effective

Skills: knowledge, scientific manpower, experience

The main goal: easy pressure, obtaining public support, lobbying.

Obstacles: new, not known properly, not active as required, not dealing with relevant topics.

Lessons learned: collaboration, experience, how to react.

Portugal - Food security campaigns

Mapping poverty and at risk groups

Promote the creation of a forum: same partners, different leaders according with the activities

Short term:

- Food campaigns
- Promote access to low cost meals (canteens for low income people)
- Promote door to door catering (or free foods)

Long term:

- Nutrition information/education
- Breastfeeding promotion
- Income policy
- Employment policy

Identified Risk Groups:

Low-income families

Unemployed

Homeless

Immigrants/refugees (Ukraine, Africa)

Children

Elderly
Addicts (drugs, alcoholic beverages, etc.)

Funding streams:
Government
Donations
Campaigns
International agencies

Activities Monitoring – outcome evaluation.

Session 7. The WHO Food and Nutrition Action Plan for the European Region

Participants were grouped according to country (with the exception of Israel, Malta and Spain who formed one group) and were asked to start to outline the contents and priorities of their national food and nutrition policy action plans.

Turkey

National Food and Nutrition Survey:
Need: information, trends, sustainable food supply.
1974 - survey was nationwide.
1984 – only 3 provinces surveyed (no health data). Regional survey.
Gaps: Financial, Inflation rate, Big sample size

Data information pool

Need: To collect data to form an information pool for nutrition, food safety, health, etc. Need accurate and reliable data, reanalyzed and used.
Gaps: No system in place. Who will collect the data? Cost?

Dietary Guidelines

Need: Update of dietary guidelines and development of new guidelines.
Gap: Who will do it? Who will approve it? Multiple guidelines needed.

Food composition tables

Need: National food composition tables.
Gap: Finance, Laboratory.

Nutrition education

Need: Expanded public and consumer nutrition education and increased awareness.
Gaps: Lots of mixed messages given by different organizations, not simple, not relevant, training material is not standardized, lacking in evaluation, lack of updates.

Nutrition Training

Need: Food, nutrition and health should be incorporated in the syllabus of primary, secondary, graduate and medical schools.
Gap: Should be expanded.

Food fortification

Need: Fortification of foods
Gaps: Research, lack of regulations

Promotion of breastfeeding

Need: Promotion of breastfeeding, application of international code of marketing of breast milk substitutes
Gap: Need support groups, lack of knowledge, national code of marketing

Promotion of healthy lifestyles

Need: Promotion of healthy lifestyles, increased awareness

Gap: Lack of exercise, smoking, pollution

Nutrition in emergency situations

Need: Management of nutrition and food safety in emergency, establishment of an organization or a centre

Gap: Collaboration, lack of material.

Diet-related diseases

Need: Prevention of diet-related diseases

Gap: Lack of surveillance/coordination, awareness of public

Food safety:

1. Improvement of food control system.
2. Improvement of food inspection.
3. Training for food controllers.
4. Training of food preparing personnel.
5. Establishment of food safety system based on risk analysis.
6. Monitoring of additives, residues and contaminants.
7. Studies on food codex.
8. Strengthening of cooperation and coordination between ministries.
9. Scientific recommendations, guides and directions of international organizations will be followed.

Food Security:

1. Improvement of quality and productivity using environmentally friendly production methods.
2. Rationalize agricultural policies and investments concerning agricultural infrastructure.

Gaps: Budget, personnel and education, equipment.

Portugal

Nutrition Strategy

- Universal
Nutrition and food safety education
Iodized salt
Reduce salt intake
Reduce alcohol intake
- Special target groups
Folate (women)
Iron/Folate (pregnant women)
Breastfeeding (infants)
Health promoting schools (children)

Food safety strategy

- Improve coordination between services involved in risk management
- Improve surveillance of food borne diseases

Sustainable food supply strategy

- Promote good agricultural practices
- Promote traditional food production
- Improve water management
- Improve waste management
- Improve waste-water management
- Promote biodiversity

Italy

Priorities for developing a food and nutrition policy: -

Food based dietary guidelines

Revision in 2002 on basis of EURODIET, with national group of aspects from health, nutrition research and food safety.

Food tables - include recipes.

Promote physical activity

Within food based dietary guidelines.

Update the Italian country paper prepared in 1992 for ICN.

Involve Ministry of Environment and Ministry of Agriculture.

Update to state of the art and endorse final document together.

Iodized salt

Availability will be compulsory (now 6%).

Breast feeding

Ministry of Health – monitoring.

Need to monitor pesticides in human milk.

Education of children in relation to food.

Food Authority needs to be created.

Need to create it.

Need of permanent scientific staff and experts.

Involve environmental experts.

Greece

Common agricultural policy has main objectives: to produce enough food; to produce food of the best quality; to supply it in low cost for accessibility and to give the consumer the ability to choose (food label).

In Greece the view is to follow the preferences of the consumers. But issues like substituting tobacco crops with others (e.g. pulses, nuts) should be considered.

Actions:

Reducing obesity in childhood

Reducing meat consumption

Increasing consumption of vegetables and legumes

Reform food control system (2 year scope). (see action plan, page 35)

Israel, Spain and Malta

It was reiterated that the nutrition policy should be evidence-based. It is necessary to assess and identify current practice and information gaps.

Evidence Based:

National Health and Nutrition Survey

breastfeeding Survey

Etc...

Social Inequalities and Burden of Food-Related and Ill Health:

Food Safety

Food borne diseases – salmonella, shigellosis, campylobacter...

Contaminants: Drug residues, Heavy metals..

Life styles

Low breastfeeding rate

Lack of exercise

Nutrition

NCD's

Nutritional Deficiencies/sub optimal intake (folate, iron, B12, calcium, vitamin D)

Sustainable food supply

Food poverty (minorities)

Combined sessions 8 and 9: Identifying targets, actions and strategy. Building partnerships for your new/existing food and nutrition action plan.

1) Italy:

Goal	Action	Responsibility	Partners	Timing	Resources
Nutrition (including physical activity)	Dietary guidelines (2 sets are being prepared therefore coordination needed)	MoA (INRAN) MoH		2002	MoA MoH
	Food composition tables (updating)	INRAN		-	
	Promote iodized salt (household and industrial level & animal feeding)	MoH	Regional Authorities Salt producers	Hopefully 2002	No cost
	BF – surveillance system, need to design tools	MoH	Regional Health Authorities Research institutes	2000 onwards	No specific budget (low cost)
Nutrition and food safety	Stimulate creation of Food Agency (use models of other countries) - will include nutrition	MoH MoA Min. of Foreign Affairs Min. of Environment Min. of Industry	-	From now on	-
Nutrition, food safety, and sustainability	Update ICN country paper – all ministries involved	MoA MoH, Min. of Foreign Affairs Min. of Environment Min. of Industry		One year from now	MoA MoH Min. of Foreign Affairs Min. of Environ. Min. of Industry
Nutrition	Include nutrition education in school programmes	MoE	MoA INRAN	-	-
Nutrition food safety	Limit current duplication of efforts among institutions through better coordination	-		From now	

2) Portugal:

Goal	Action	Responsibility	Partners	Timing	Resources
Nutrition (healthy lifestyles)	Nutrition and food safety education and promotion of traditional foods	MoE MoH	Food and Nutrition Council MoA Min.of Environment Municipalities NGOs Media	Permanent	For most activities, resources are in current budget of MoH and MoE and Municipalities
	Health promoting schools (covers 30% of schools)	MoE MoH	Municipalities NGOs	Permanent	For most activities, resources are in current budget of MOH and MOE and Municipalities
	Iodized salt	Health services	Industry NGOs Food Agency	Short term, Permanent	+/- 0.1 Euro/per year/person (source:WHO)
	Home care (for the elderly) – can be improved, could be made larger to include local municipalities	Min. of Social Affairs	Local Health Services Churches NGOs volunteers	Short term, Permanent	Current budget of Min.of Social Affairs NGOs
Food Safety	Improve coordination between services	Food Agency (food quality and safety)	MoH MoA Min. of Environment Municipalities	Permanent	Resources are in the current budget of the involved institutions
	Improve surveillance of foodborne diseases	MoH is in charge through health authorities	Food Agency Local authorities Health services	Short term, Permanent	Resources are in the current budget of the involved institutions
Sustainable food supply strategy	Promote traditional food production	MoA	EU Min. of Environment MoH, Consumers NGOs (consumers, agriculture) NGO Municipalities	Short term, Permanent	EU and current budget of the involved institutions

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	Improve water management	MoA	Min. of Environment MoH NGOs (consumers, agriculture) Municipalities	Short term, Permanent	Current budget of involved institutions.
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Comments:

Most actions are already in place eg routine activities of professionals. Voluntary participation is need.
Resources: for education materials

3) Greece:

Goal	Action	Responsible	Partners	Timing	Resources
Action Plan for Nutritional Policy	Reduce obesity in childhood	MoH MoE	Medical associations (i.e. Society of Obesity, Nutrition Society, Society of Dieticians), NGOs (consumer associations), EFET (nutrition education) Social Marketing	6 months for prep work, 3 months for evaluation, 15 months for action	National funds Food Industry
	Increase vegetable consumption Increase legume consumption	MoA MoH	EFET (consumers, nutrition education) MoA - Directorate of Plant Production Univ. of Economics Federation of Restaurant Owners Chamber of SME	Timing more or less the same as above: 6 months prep, 3 months evaluation, 15 months implementation of Action Plan	National funds Vegetable retailers
	Reduce meat consumption – as a consequence possibly increase fish and legumes consumption	MoA MoH	EFET (consumers, nutrition education) MoA – Directorate of Animal Production Univ. of Economics Federation of Restaurants Owners Chamber of SME	Preparation of rationale 6 months Evaluation 3 months Implementation of Action Plan 15 months	National funds Fish Industry, Fish retailers, Vegetable retailers

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Reform food control system (2 year scope)	Legislation reform	Hellenic Food Authority – EFET	Centre of International and European Legislation Experts (Univ. Admin)	2 years	National Budget EU support framework
	Training of inspectors and professionals implicated in food chain	EFET	Uni. Experts National School of Public Admin. Regional Authorities	Permanent	Same as above
	Food Lab registration	EFET	Food-related labs (accredited labs – private, public) Regional Authorities	Permanent	Same as above
	Collaboration and support of small/medium-sized food establishments to adjust to new demands of hygiene and safety	Hellenic Food Authority – EFET	Food establishments Experts	Permanent (GGHP: Guidelines for Good Hygiene Practice)	Same as above
	Reorganisation of wholesale food markets and mass-catering	EFET	Professionals in food markets and catering services	2 years	Same as above
	Business Plan for Food Safety during the 2004 Olympic Games	Hellenic FA – EFET	MoA MoI Experts Athens 2004	Short-term	National Budget
	Reform of risk assessment system	EFET	Network of all food related scientific and research institutions (link with EFSA)	Permanent	National budget EU support framework

Comments: Reform food safety and to combine it with nutrition policy

There are bodies and committees which can support public health campaigns more easily than financial ministries (eg. Advice about meat consumption or recommendation of reducing meat consumption cannot be promoted through the Ministry of Development, but it is feasible through the cooperation of the Ministry of Health and the Hellenic Food Authority (Ministry of Development).

3) Turkey:

FNAP clarifying actions:

- Arrange a meeting to contact partners, arrange visits and prepare report of this workshop. This should aim to inform the Ministries and participants of the National Study Group.
- Reform in economic and social policies. Improvement of income distribution
- Man power: satisfactory amount, reorganization and cooperation
- WHO/FAO: monitoring and follow/up

What political and public health arguments can be used?

- Countries with FNAP have: decreased nutrition problems, increased consumption of safe foods, an increase in life expectancy,

Nutrition:

- Establish food based dietary guidelines
- Improve cooking skills and traditional culinary habits
- Education and professionals (MOH, NGOs, education, media)
- Addition of micronutrients (MOH, Agriculture, Industry, NGOs, consumers)
- Emergency Nutrition (MOH, Interior)
- National food and nutrition survey
- To collect data to form an information pool for nutrition, food safety, health, etc.
- Food composition tables
- Public, health workers and consumer nutrition education
- Promotion of breastfeeding
- School nutrition programmes
- Food fortification programmes
- Food and Nutrition Council (MOH, Agriculture, industry, consumers)

Food Safety:

- Improvement of food control system
- Training (persons, workers, trainers)
- Risk analysis system
- Completion of legislation

Food Security

- Quality and productivity enhancement
- Rational and target oriented agricultural policies

Healthy life style:

- Physical activity
- Prevention of smoking

How to do it:

- Find political opportunities
- Learn from international experience
- Getting the right team
- Establishment of Food and Nutrition Council
- Determine how to put wheels on the chairs
- Find financial resources
- Timing

Funding:

- Funds, tax and donations from industry individuals and organizations
- EU
- Government and state funds
- Research grants
- Change in tax policies
- UN funds
- World Bank

Partners:

MoH, MARA, universities, institutions, municipalities, other ministries, NGOs, media, food industry, national and international organizations.

Resources:

Collaboration/cooperation: multisectoral/international/intersectoral. Prevent duplications. Save funds.

Legislation:

Identification of reference for professions. Completion of framework legislation. Make it operational.

4) Spain/Malta/Israel:

A Food and Nutrition Council (FNC) needs to be established. The council will include various representatives from different ministries (health, agriculture, education, environment, and tourism) and consumer's voice. The Council will be responsible for the co-ordination of the work from different sectors.

Goal for FNC:

To promote optimal health and to prevent diseases through nutrition and lifestyle

Nutrition

1. Action: Ongoing nutrition surveillance (health status and dietary intakes) and specific studies.
Responsible: Ministry of Health
Time frame: immediate and ongoing
2. Action: Food-based dietary guidelines
Responsible: Ministry of Health
Partners: Education, Academia, professional organizations and media
Time frame: immediate and ongoing.
3. Action: Education of professionals
Responsible: Ministry of Health
Partners: Academic, professional organizations
4. Action: Education of community
Responsible: Ministry of Health
Partners: Education, NGOs and media
5. Action: Addition of micronutrients (fortification)
Responsible: Ministry of Health
Partners: Agriculture, Industry, NGOs, and consumers
6. Action: Emergency nutrition
Responsible: Ministry of Health
Partners: Interior

Food Safety

1. Action: Food and Nutrition Agency
Responsible: Ministry of Health
Partners: Agriculture, industry and consumers
2. Action: Legislation according to EU and CODEX
Responsible: Ministry of Health
Partners: Agriculture, legislation and consumers
3. Actions: Monitoring and controlling; inspection of food services and premises; surveillance of food-borne diseases
Responsible: Ministry of Health
Partners: Agriculture, environment, consumers and media

Healthy Lifestyle

1. Action: Educational campaigns
Responsible: Ministry of Health
Partners: Media
2. Action: Create opportunities and facilities for physical activity and sports
Responsible: Ministry of Health, local municipalities, sports
Partners: Consumers

Funding

- Fund taxes and donations from industry, individuals and organizations
- EU
- Government and state funds
- Research grants
- Tourist tax

How to do it

- Political opportunities
- Learning from and of international experience
- Getting the right team
- Who has the money
- Timing

Annex 6

Documentation

Document	Distribution
General	
Provisional programme	All participants
Provisional list of participants	All participants
Information Circular	All participants
Intersectoral food and nutrition policy development: A manual for Decisionmakers	All participants
Pre-course questionnaire	All participants
Questionnaire on evaluation of sessions	All participants
Nutrition	
World Declaration and Plan of Action for Nutrition. FAO/WHO International Conference on Nutrition, Rome, December WHO/FAO 1992	All participants
Urban Food and Nutrition Action Plan. WHO Regional Office for Europe. October 2001	All participants
HEALTH21. WHO Regional Office for Europe. 1999	All participants
The First Action Plan for Food and Nutrition Policy, European Region of WHO 2000–2005. WHO Regional Office for Europe.	All participants
Food and Nutrition Action Plans in the Baltic Countries. Report on a WHO Workshop, Latvia 2000	All participants
Food and Nutrition Action Plans in the Baltic Countries. Report on a WHO Workshop, Latvia 2001	All participants
Food and Nutrition Action Plans in South-East Europe. Report on a WHO Workshop, Slovenia 2000	All participants
Comparative analysis of nutrition policies in WHO European Member States. WHO Regional Office for Europe, 1998 and 2001	All participants
Comparative analysis of elimination of iodine deficiency disorders in the WHO European Region. WHO Regional Office for Europe, 2000.	All participants
Elimination of IDD in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States, Munich, September 1997. ICCIDD and WHO	2 per group
Development of the First Food and Nutrition Action Plan for the WHO European Region. Report on a WHO Consultation, Malta, November 1999.	All participants
EUR/ICP/LVNG 01 02 10. WHO Regional Office for Europe, 2000	All participants
CINDI Dietary Guide. WHO Regional Office for Europe, 2000	All participants
CINDI posters	All participants
Prevention and Control of Iron Deficiency Anaemia in Women and Children. Report of UNICEF/WHO Regional Consultation. Geneva, 3–5 February 1999	2 per group
Healthy Living: what is a healthy lifestyle? WHO Regional Office for Europe, 1998	All participants
List of Nutrition and Food Safety documents and publications	All participants
Healthy Food and Nutrition for Women and their Families. Training manual for health professionals 2001	1 per group
Healthy English schoolchildren: a new approach to physical activity and food. W.P.T. James & K.A. McColl. Rowett Research Institute, Aberdeen. October 1997	1 per group
Health Behaviour Survey of Schoolchildren	1 per group
Schools project to increase vegetable and fruit intake, United Kingdom	1 per group
Agriculture, environment, rural development. Facts and figures. A challenge for agriculture. European Commission.	1 reference copy
A sustainable food supply chain. A Swedish case study. Swedish Environmental	

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Protection Agency	1 reference copy
Nutrition and Lifestyle in the Baltic Republics. EUR/ICP/LVNG 02 03 04. WHO Regional Office for Europe, 1999	All participants
United Kingdom dietary reference values	1 reference copy

Infant Feeding

Comparative analysis of implementation of the Innocenti Declaration in WHO European Member States 1999	All participants
Feeding and Nutrition of Infants and Young Children. Guidelines for the WHO European Region, with emphasis on the former Soviet countries.	1 per group
Healthy eating during pregnancy and breastfeeding	1 per group
Breastfeeding: How to support success. Manual for health professionals	1 per group
Evidence for the ten steps to successful breastfeeding. WHO headquarters	1 per group
Infant feeding in emergencies. Booklet for mothers	1 per group

Food Safety

WHO (1997). Food safety and globalisation of trade in food: a challenge to the public health sector. Geneva: World Health Organization (WHO/FSF/FOS/97.8)	2 per group
HACCP Introducing the hazard analysis and critical control point system, Food Safety Unit, WHO headquarters, Geneva WHO/FSF/FOS/97.2	2 per group
Guidelines for strengthening a national food safety programme, Food Safety Unit, WHO Headquarters, Geneva. WHO/FNU/FOS/96.2	2 per group
ICN: A challenge to the food safety community, Food Safety Unit, WHO Headquarters, Geneva. WHO/FNU/FOS/96.4	2 per group