



Nutrition, physical activity and the prevention of obesity

Policy developments in the
WHO European Region

ABSTRACT

The aim of this report is to highlight policy developments in the area of nutrition, physical activity and the prevention of obesity in the Member States of the WHO European Region. The report was prepared in relation to and as background material for the WHO European Ministerial Conference on Counteracting Obesity, which took place in Istanbul, Turkey, on 15-17 November 2006. It was compiled on the basis of material used during the pre-conference process and updated after the Conference to include information received from national and international counterparts and other sources up to January 2007.

The report contains information on national policy developments and examples of programmes, which have been implemented or are ongoing in the area of nutrition, physical activity and the prevention of obesity at the national and local levels in 48 countries of the WHO European Region.

The report is intended to support ongoing policy development, action and exchange of experience in this increasingly important area of public health.

Keywords

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Introduction

The aim of this report is to highlight policy developments in the area of nutrition, physical activity and the prevention of obesity in the Member States of the World Health Organization (WHO) European Region. It is intended to support ongoing policy development, action and exchange of experience in this increasingly important area of public health. It contains information on national policy developments and examples of implemented and ongoing programmes at the national and local levels in 48 countries of the WHO European Region.

The report is the result of a review of the information contained in relevant national policy documents available in English, web sites of ministries of health, the environment and transport and national public health institutions, recent publications, databases, reports of relevant WHO meetings held since 2002, and information provided by WHO programmes.

The report was presented in draft form at the Preparatory meeting for the WHO European Ministerial Conference on Counteracting Obesity, Noordwijk, Netherlands, 28-30 June 2006. Comments received after the meeting from 23 national delegations and representatives of WHO country offices were reflected in an updated draft presented at the European Ministerial Conference on Counteracting Obesity, Istanbul, Turkey, 15-17 November 2006. The report has since been updated to include information collected up to January 2007.

Summary of recent policy developments

Most countries in the WHO European Region have developed nutrition action plans or public health strategies to deal with obesity risk factors. Only a few of these include physical activity. Country policies recognize the importance of an environmental approach to improving health, the need to act at the national, regional, community and individual levels, and the need to involve stakeholders in implementing policy.

Policy documents relating to food and nutrition are widely distributed in the European Region. However, the main focus of these documents is not always nutrition but can be physical activity, cardiovascular disease prevention, public health, sustainable development or environmental health. Obesity prevention can be tackled within a specific obesity action plan, as is the case in the Czech Republic, Denmark, Ireland, Poland, Portugal, Slovakia and Spain, or as part of a nutrition action plan or a public health strategy, such as in Belgium, Bulgaria, France, Georgia and Sweden. In Estonia, Finland, the Netherlands, Norway, Slovakia, Slovenia and the United Kingdom, physical activity is dealt with in a separate policy document. In the Russian Federation the development of an action plan on physical activity is under consideration.

In Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Tajikistan, there is a strong focus on nutrition and food safety in **strategies** contained in national documentation or in separate projects relating, for example, to the prevention of micronutrient deficiency or the promotion of breastfeeding. The promotion of physical activity and the prevention of obesity are often included in these strategies.

Besides making statements on general objectives, many countries set specific **numerical dietary goals**, although few have defined quantifiable goals for overweight and obesity and physical activity. The United Kingdom, for example, has set the goal of preventing an increase in the prevalence of obesity among children younger than 11 years by 2010. Action to this end will be taken jointly by the departments responsible for health, education and media, culture and sport.

Bulgaria and France aim to reduce the overweight and obesity rates by 10% and 20% respectively.

Most strategies identify stakeholders. Measures to involve stakeholders include creating **partnerships**, networks or platforms, or securing their commitment through signed agreements. Examples of partnerships and networks are: the Interministerial Commission (Armenia), the Health Promoting Networks (Estonia), the Platform for Diet and Physical Activity (Germany), the Platform for Action on Diet, Physical Activity and Health (Poland), the Covenant on Overweight and Obesity (Netherlands), and the Network for Health and Physical Activity (Switzerland). There are also several public–private partnerships at national or local level, for example, in Denmark, Greece and the United Kingdom.

In Denmark, Finland, Ireland, Italy, Norway, Spain, Sweden and the United Kingdom, specific policy has been developed on **action** involving multiple settings (schools, workplaces, health care services), various sectors of government (environment, agriculture, sport, research, housing) at all levels (national, regional and local).

Most countries have an **institutional structure**, such as a food and nutrition council or an institute for public health, with responsibilities ranging from technical support to counselling in connection with planning and implementing strategies. Some countries have established a specific obesity institution for policy development, such as the Czech National Council for Obesity, the Danish Association for the Study of Obesity, the Portuguese Society for the Study of Obesity, and the obesity task forces in Ireland and Israel. Policy councils have a long history in some countries, especially the Nordic countries. Recent examples of newly created institutions responsible for advising about and ensuring coordination among the sectors are the Nutrition Council in Latvia, the Food and Nutrition Committee in Turkey and the Centre for Nutrition and Diet in The former Yugoslav Republic of Macedonia. These may have a limited lifetime (for example, the task force in Ireland) or may operate on a continuous basis (for example, the Obesity Observatory in Spain).

All policy strategies identify **target groups** according to the life-course approach. Other target groups include individuals of low socioeconomic status, distressed persons, the chronically ill, people with disabilities, ethnic minorities, immigrants and those with limited education.

Most interventions take place in the **school setting**, the common goal being to change the school environment by providing a good framework for physical activity and for strengthening health education. Many countries aim at improving the food provided in school canteens, as is the case in Hungary and the Netherlands where there are national school canteen programmes, and in Estonia where free school meals are provided to children up to the ninth grade and those attending vocational schools. In Norway, a project on physical activity and healthy meals was piloted in 2006 with the aim of disseminating models of good practice and advising local school authorities on key success factors. Vending machines are a controversial issue in national interventions, which aim either to eliminate them or to optimize their content. In France, for instance, a law has been introduced banning vending machines from schools. In France, Latvia, the Netherlands, Norway and the United Kingdom an attempt is being made to provide fruit free of charge in schools or to make it easily accessible.

Action in the **workplace** setting includes the introduction of flexible working hours, reduced gym membership rates, incentives for cycling or walking to work, access to showers and changing facilities, improved canteen facilities and the promotion of healthy nutrition and lifestyles. To promote cycling to and from the workplace, Austria and Sweden have initiated competitions among companies. In Norway, a new working environment law obliges employers to consider physical activity for the employees as a part of their responsibility.

Some policy documents take **capacity-building** into account. This includes the need to train health workers, teachers involved in food, nutrition and physical education, child-care workers and others delivering health promotion strategies. It also covers the need to provide training in the inspection of services, such as schools and child-care centres, where health policies are required. Ireland suggests the need to develop education and training programmes for health professionals in the appropriate and sensitive management of overweight and obesity. Furthermore, Denmark emphasizes the need for psychological insight in and practical knowledge of this area. Introducing health impact assessment in the curricula of medical courses is proposed in Norway.

In connection with **urban planning**, most countries focus on active transport through, for instance, the construction of safe walking and cycling paths. The Czech Republic, Denmark, Finland, France, Germany, Norway and the United Kingdom all have national cycling strategies. Initiatives to discourage driving children to school by car and to encourage them to go on foot have been promoted in Italy, Malta and the United Kingdom. In Malta, a Transport and Environment Committee was created to promote safe transport, including walking and cycling to school. In Finland there is a programme focusing on pedestrians and cyclists. In the United Kingdom, a series of measures to be taken at national and local government levels is outlined in an action plan dealing with travel to school.

Mass **physical activity** events, where the whole population is motivated to engage in some sort of physical activity on a specific day, have taken place in Kazakhstan and Switzerland.

As part of the proposed action plan for healthy dietary habits and increased physical activity, Sweden has introduced **housing policy** measures in an effort to create environments that support a physically-active lifestyle. In Norway, the planning and building legislation is under revision to reflect the importance of creating more activity-enhancing surroundings.

There are several examples of **projects at the local level**. Belgium, the Russian Federation and the United Kingdom, for instance, have regional policies and programmes in addition to national strategies.

Several countries use or are considering **fiscal measures**, such as levying taxes on unhealthy foods and providing incentives to encourage the supply and consumption of healthy foods or access to physical activity. However, the purpose is more often to raise revenue rather than to promote health. The Norwegian Council for Nutrition suggests specifically lowering the prices of fruit and vegetables and subsidizing their distribution to remote areas, as well as raising taxes on energy-dense and nutrient-poor foods. In Switzerland, a proposal to tax energy-dense foods was recently discussed but will not be implemented at present.

Several countries have initiated a dialogue with the food industry on revising **food product design**. The Government of the United Kingdom is aiming to reduce the amounts of added salt, sugar and fat in processed food and will further develop and publish guidance on portion sizes. In the Czech Republic, a technology platform has been established by the Federation of the Food and Drink Industries. In Greece, a platform for collaboration between the food industry and the Ministry of Health is currently under development.

Changes in **food labelling** are under consideration in most countries. The trend is towards improving the information given on labels and ensuring that it is easily understood. Examples of such labelling are the keyhole symbols used on the Swedish food labels, which identify the content as low in fat, sugar or salt or high in dietary fibre, and the traffic light system of the United Kingdom that highlights fat, saturated fat, sugar and salt content with red, amber or green flags, showing high, medium or low levels, respectively.

Marketing food and beverages to children is a major issue in Europe. Some countries, such as Norway and Sweden, have introduced statutory regulations that ban this form of advertising. Non-statutory guidelines that impose some limitations exist in Finland and Ireland. Other countries, such as the Netherlands, Portugal and Spain, rely on self-regulation by the advertising and media industries. In France, all television advertising and other forms of marketing processed foods and food or drink containing added fats, sweeteners or salt must be accompanied by a health warning on the principles of dietary education as approved by the National Institute of Health Education. Alternatively, the advertiser must contribute a tax (1.5% of the annual expenditure on the advertisement in question) to the funding of nutritional information and education campaigns.

Involving the **fashion industry** in healthy weight promotion is at a very early stage but attempts are being made in Israel and Scotland.

Albania

The Albanian Ministry of Health has published two national documents relating to nutrition: *Towards a healthy country with healthy people – public health and health promotion strategy, 2002–2010*; and *Analyses of the situation and national action plan on food and nutrition for Albania, 2003–2008 (1)*.

The promotion of healthy nutrition in accordance with WHO recommendations is one of the priorities of the *National action plan on food and nutrition*. Activities include initiatives to prevent malnutrition in children and the development of food guides. The *WHO Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) dietary guidelines* have already been translated into Albanian (2).

In 1999, a law was adopted with the aim of protecting and promoting breastfeeding and controlling the use of breast-milk substitutes.

The prevention of iodine deficiency disorders (IDD) is also a focus of the action plan. In December 2001, a memorandum of understanding on IDD was signed by the Ministry of Health, the food industry and the United Nations Children's Fund (UNICEF). An IDD Committee was set up with the participation of different ministries and UNICEF (2).

Workshops for food control inspectors were organized in 2003.

During 2003, a strategy on public health and health promotion was developed in collaboration with the World Bank to improve the education of the population on nutrition through the health promotion network, schools and different community interventions. Nutrition education for children is a major focus of Albanian nutrition policy and therefore many programmes address kindergarten children with the aim of establishing healthy eating habits at an early stage in life (3).

In 2005, Albania joined the Data Food Networking (DAFNE)–West Balkan Countries Project, which is now in the process of statistically analysing the available household budget survey data (www.nut.uoa.gr/english).

Armenia

Armenia already has several documents on nutrition, one being the *National policy on food provision* developed by the Intersectoral Commission and adopted at a government meeting in January 2005 (1). The Commission included representatives of the Ministries of Agriculture, Finance and Economics, Trade and Economic Development, Health, Employment and Social Issues, and Ecology.

The *National policy on food provision* is based on WHO approaches and recommendations in the area of nutrition and food safety and includes the following objectives: prevention of enteric infections and poisoning caused by contaminated food; prevention of health disorders and diseases caused by specific micronutrient deficiencies (iodine, iron); ensuring accessibility to a sufficient quantity of varied and healthy food; improvement of legislation on food safety in accordance with international/European requirements; promotion of breastfeeding.

In 2005, a list of activities was developed for the implementation of the *National policy on food provision* during the period 2005–2007.

The Ministry of Health is currently focusing on food provision policy in relation to socioeconomic development programmes.

At the end of 2005, with the support of UNICEF, the Maternal and Child Health Department at the Ministry of Health developed a national strategy on maternal and child nutrition.

Austria

In 2002, the Government introduced the *Austrian Strategy for sustainable development (4)*, which focuses, inter alia, on food security, agriculture and sustainability, food variety and quality, organically-grown food and the prevention of diseases.

The Fund for a Healthy Austria (FGÖ) (www.fgoe.org) was created on the basis of the Health Promotion Act passed by the Parliament in 1998. It embraces the holistic concept of health set out in the Ottawa Charter for Health Promotion (1986) as a way of promoting healthier lifestyles among the population of Austria. The Fund's major task is to support practical and research projects, structural development, continuous education, networking and information campaigns in the field of health promotion.

In 2006, major emphasis was placed on projects concerned with nutrition and physical activity. Under the umbrella concept entitled "Fit for Austria", a framework contract was drawn up between the FGÖ and the Austrian Organization for Sport, with the aim of submitting and carrying through health promotion projects based on physical activity proposed in 2005 and 2006.

A nation-wide information campaign aims at motivating the population to become more active and improve their dietary habits. The main areas of action include nutrition, physical activity, and stress and accident prevention. One of the outcomes was a health campaign entitled "Don't forget – eat vegetables!", which was launched by the Ministry of Health and Women in collaboration with the food industry and public television. It is an annual initiative during which the nationwide "vegetable day" is the highlight and primary schools are provided with an educational package.

Furthermore, a weight reduction campaign was launched at the beginning of 2006, motivating people to lose weight through an interactive Internet-based programme.

"Vienna, healthy city" is one example of the numerous local activities being carried out. It is part of the WHO Healthy Cities project and started in 2001 as a pilot project in a district of Vienna. The aim is to create a health-promoting environment by establishing local health networks and thus use existing resources in the health and social sectors. Providing people with the relevant information and education is also part of the activity (www.wien.gv.at/who/who.htm).

Another programme in Vienna focuses on women's health. This is carried out through an annual information campaign entitled "Women's Health Day", and a specific project on women's health, which addresses cardiovascular diseases especially in socially-disadvantaged women and migrants. The project offers information in different languages on activities in the areas of

nutrition, physical activity and stress reduction. More information on these activities and other projects can be found at www.fsw.at.

As regards agricultural policy, ecological farming is a high priority in Austria. Some 13% of the agricultural land is organically farmed. An action programme, Ecological Farming 2003–2004, created by the Ministry of Agriculture, Forestry, Environment and Water Management, emphasized the need to create a network involving various ministries, the Austrian Agency for Health and Food Safety, the University of Natural Resources and Applied Life Sciences, as well as research and marketing agencies. Projects involving schools and canteens are also part of this programme (lebensmittel.lebensministerium.at/article/articleview/44927/1/8381/).

Another initiative taken by the Ministry of Agriculture, Forestry, Environment and Water Management, in collaboration with the Federal Economics Chamber, is “Bike2business”, a contest to find the most bicycle-friendly company (www.bike2business.at).

Azerbaijan

Although Azerbaijan does not yet have a national nutrition policy, a programme is in place focusing mainly on iron deficiency anaemia and breastfeeding (1). The Ministry of Health, in collaboration with the Ministry of Youth and Sport, has drafted a programme aiming at the healthy development of young people in Azerbaijan.

Salt iodization and flour fortification programmes are being implemented in collaboration with UNICEF and the Asian Development Bank. Moreover, a national plan on monitoring fortified food products and a law on flour fortification are under development (2).

Belarus

The Law on Public Health passed in 2002 determines national policy in the field of health protection, provides the legal and economic basis for the activities of the public health system, and regulates public initiatives in relation to the health care of the population. The Law on the Quality and Safety of Raw Food Materials and Food Products for Human Life and Health was passed in 2003 (1).

The national programme, *Health of the People*, was adopted in 1999 for implementation in the period 1999–2005. The programme covers health and lifestyle, maternal and child care, health and labour, human health and the environment, optimization of diet, and priorities in the provision of medical care.

A document entitled *Concept of the development of public health for 2003–2007* was approved by the Council of Ministers in 2003.

In addition, there is a national programme on the creation of healthy lifestyles covering the period 2002–2006 and a resolution on informing consumers of the presence of genetically modified components and food supplements in raw food materials and food products.

Belgium

In 2004, the Federal Minister of Health took the decision to support proposals suggested by an expert group created on the initiative of the Federal Public Health Service. One of the first tasks of this group was to evaluate the proposed framework for a national nutrition and health plan, inspired by the *WHO global strategy on diet, physical activity and health* (5). Seven objectives relating to nutrition were proposed covering: the balance between energy intake and physical activity; increased consumption of fruit and vegetables; limitation of fat intake; consumption of carbohydrates and dietary fibre; reduction of salt intake; correction of certain micronutrient deficiencies; and increased water intake (6).

In addition to these objectives, the proposed framework for the plan included seven proposed strategic axes including information and communication, measures for the creation of favourable environments and the engagement of the private sector. From January to June 2005, members of ten working groups (totalling about 250 stakeholders, including health professionals and representatives of the community, federal government, health promotion centres and consumer groups) examined the framework document under the guidance of the expert group. The preliminary results of the first national food consumption survey were taken into account when drafting the final version of the plan.

Subsequently, the *National plan for nutrition and health* (7) was launched in April 2006 covering the period 2006–2010. It focuses strongly on communication and has its own logo, web site, television spot and food guides. The food guides are tailored to different target age groups. The plan emphasizes the need to create an environment that stimulates healthy eating habits and physical activity by improving education on food and nutrition and involving a number of stakeholders. For instance, in collaboration with the private sector, the plan aims to increase the availability of foods that comprise a healthy diet and to improve the nutritional composition of foods (3).

To increase the availability of information on nutritional composition, issues of food labelling and health claims are also dealt with in the plan. Advertising should be in line with the principles of the plan. The ethical code of conduct for marketing developed by the food industry will be thoroughly and objectively evaluated.

Further objectives include increasing the prevalence of breastfeeding and tackling undernutrition in hospitals and nursing homes and the deficiency of micronutrients, such as iodine, iron, folic acid, calcium and vitamin D.

An expert committee is responsible for implementing the Plan. Consultations with the stakeholders are held three times in each year. All actors can apply to use the logo of the *National nutrition and health plan*, which will enable the public to identify initiatives that are in line with its principles.

The results of the national food consumption survey are available on the web site of the Scientific Institute of Public Health at www.iph.fgov.be/epidemiologie/epiffr/foodfr/table04.htm. A thorough evaluation of the survey will be carried out. Further surveys are planned to address specific subpopulations, micronutrients, undernutrition and specific food components.

Health policy in the Flemish Community

Since 1997, healthy nutrition has been one of the five health targets of the preventive health policy of the Flemish Community. In reviewing these targets, it has been decided to address nutrition and physical activity together. These two topics together will form the theme of a health conference planned for 2008.

To realize these health targets, the existing structures are being subsidized to work together with several new structures that have been put in place to this end. The Flemish Institute for Health Promotion develops methods and materials, such as a Flemish food guide pyramid model for the public and other tools related to it. It also develops overall policies for implementation in specific settings, such as schools and companies. The health councils are responsible for the implementation of these policies at the local level (www.vig.be/homepage.asp).

Recent initiatives were the public campaign, “Vinnig Vlaanderen” (Fit Flanders), which combined the promotion of healthy nutrition and physical activity, and a project to provide fruit at schools at least once a week, which is still ongoing (www.vinnigvlaanderen.be).

To ensure the involvement of schools, the Flemish Minister of Health and the Flemish Minister of Education signed a declaration at the beginning of 2006 in which they pledged to address health in schools. A health coordinator for schools was assigned to develop a strategic and operational plan for the educational sector, together with both ministries. This should be the framework within which schools can develop their own health policies.

Health policy in the French Community

Promoting healthy behaviour and preventing health-related problems are priorities in the French Community in Belgium. In 2005, a plan to promote healthy nutrition and physical activity in children was approved and launched. The main goal is to reduce risk factors for cardiovascular diseases. The plan also aims to reduce the prevalence of obesity in young people by encouraging them to eat more healthily and to be more physically active. The message must be comprehensible for every environment in which children aged 0 to 18 years spend time: day care, school, leisure-time activity locations and the home.

The French Community plan to promote healthy nutrition and physical activity in children is based on various communication tools, including a web site, two posters and a journal for schools. It was established in accordance with the *National nutrition and health plan*. More information on the French Community plan can be found at www.mangerbouger.be.

Bosnia and Herzegovina

Several activities are taking place at national level, including a survey on IDD, the development of a national strategy on IDD, a survey on the nutritional status of children under five years, and the development of a food safety strategy. The development of a national food and nutrition action plan is planned.

Federation of Bosnia and Herzegovina

In 2003, the Federal Ministry of Health and the Institute of Public Health jointly issued a draft document on *Food and nutrition policy of the Federation of Bosnia and Herzegovina (8)*. The policy aims at reducing the prevalence of obesity and undernutrition, anaemia and IDD. Areas of action include education of health professionals, monitoring, promotion of breastfeeding and socioeconomic inequalities.

Objectives in the area of food safety include reducing the incidence of foodborne diseases, ensuring the safety of food throughout the entire food chain, and raising awareness.

As regards the food supply strategy, the objective is to promote sustainable (environmentally friendly) food production that will ensure enough food of good quality and, at the same time, stimulate rural economies and social cohesion within rural societies.

Implementation of the *Food and nutrition policy* is expected to cover a period of five years and comprise a number of activities. Those already carried out include the development of dietary guidelines for adults and for health professionals, and surveys on risk factors for noncommunicable diseases (NCD) and on health behaviour in schoolchildren. In 2005, a pilot project was initiated on the prevention of NCD risk factors in patients registered with family medical teams and in primary health care units.

Health workers and breastfeeding counsellors are being trained within a breastfeeding promotion programme, which targets health professionals and mothers through the training of health workers and breastfeeding counsellors. At present there are 18 officially certified baby-friendly hospitals. World Breastfeeding Week was celebrated in 2003 and 2004. A survey on breastfeeding is currently under development (2).

Additional courses were conducted for parents and health professionals on the prevention and management of nutritional anaemia, diarrhoea and acute respiratory infections in children, and a number of activities related to IDD prevention were carried out. A survey conducted in 2005 revealed an improvement in the IDD status.

Srpska Republika

The *National Environment and Health Plan* for the Srpska Republika was adopted in December 2002. At the same time, the *Food and nutrition action plan* was finalized. The following activities have been carried out or are being implemented within the framework of the Plan (2):

- finalization of the report on the CINDI Health Monitoring Survey carried out in December 2002;
- publication of *Health and risk factors in the adult population in the Srpska Republika*;
- surveillance of the health status and dietary habits of the population and implementation of programmes on the detection and reduction of risk factors for cardiovascular diseases, cancers and other NCD (2002);
- a pilot project on the anthropometric characteristics of primary-school children in the municipality of Banja Luka (2004);
- development of guidelines for family doctors on the early detection, control and reduction of risk factors for NCD (2003);

- NCD prevention in primary health care, registration and prevention of obesity through determination of body mass index (BMI), hypertension and blood lipid status, especially in some specific risk groups (2004);
- development of dietary guidelines on healthy eating for health professionals and the general public (2004);
- development of educational materials for the promotion of breastfeeding;
- training of sanitary inspectors involved in the quality control, transport and storage of salt;
- accreditation of food safety laboratories (in preparation).

Bulgaria

A multisectoral working group was established to develop the *National food and nutrition action plan (9)*. A situation analysis relating to nutrition, food safety and food security, identified the main current problems, population risk groups and major factors contributing to the unhealthy dietary pattern. This formed the basis for the development of the draft action plan. All governmental and local institutions related to food and nutrition, children's health, youth and sport were involved, as well as representatives of the food industry and nongovernmental organizations. The action plan was launched in December 2004 and adopted by the Council of Ministers in August 2005. Covering the period 2005–2010, its strategic goal is to enhance the health of the Bulgarian population by improving nutrition and reducing the risk of foodborne diseases and diet-related chronic diseases.

The action plan covers three strategic areas: nutrition, food safety and food security. It aims at a multisectoral approach involving the private sector and nongovernmental organizations, and includes activities addressing people of low socioeconomic status. Other activities targeting overweight and obesity relate to the development of new standards for the nutritional content, labelling and marketing of foods, incentives to encourage the production and sale of healthier foods, and the training of health professionals.

The CINDI programme was launched in Bulgaria in 1994 and is now implemented in eight regions of the country (10). Programme councils, public health coalitions, clubs, etc., have been organized at local level to support the aims of the programme. Training is organized for medical staff, local authorities and nongovernmental organizations on the promotion of healthy lifestyles, including nutrition and physical activity. The Regional Inspectorate for the Control and Protection of Public Health actively participates in a number of information and training campaigns for the population. Food producers are also involved by improving the quality of their foods and producing healthier foods with reduced salt, fat and sugar content.

The National Centre of Public Health Protection and regional public health inspection offices recently carried out a public information and education campaign on the principles of healthy nutrition. There was a large range of activities, such as the inclusion of information materials in newspapers and magazines, press conferences on the current aspects of healthy nutrition and problems relating to nutrition, interviews in the electronic media, lectures for schools and medical professionals, and courses for specialists in nutrition, nurses in kindergartens and crèches, etc.

Since 1997, three national surveys have been conducted on the diet and nutritional status of the population older than one year, as well as of specific risk groups. Special software was developed to monitor foods consumed and calculate intake of energy and nutrients at individual and population levels.

In 2005, food-based dietary guidelines were developed with the overall recommendation to maintain a healthy body weight and be physically active every day.

Initiatives to promote physical activity in children and adolescents include the national programmes, Education through Sport (2004) and Sport at School (2006), the production of a national sports calendar for schoolchildren in grades 1–12 and various sporting events held during “Challenge Days” (11).

Croatia

In 1999, the Ministry of Health and Social Welfare and the Croatian National Institute of Public Health developed the *Croatian food and nutrition policy* (12). One of its priority objectives is the promotion of an adequate (healthy) diet, physical activity and healthy lifestyles, along with a 20% reduction in the prevalence of overweight and obesity. This was also retained as the main goal of the *National food and nutrition action plan for 2000–2005*. It includes, inter alia, health promotion and health education, monitoring of the nutritional status of the population, IDD intervention and the promotion of breastfeeding.

In order to fight obesity, a growing public health problem in Croatia, at the beginning of 2006 the Ministry of Health and Social Welfare developed a proposal for a national strategy and action plan against obesity. The *WHO global strategy on diet, physical activity and health* (5) and other WHO initiatives at the European level served as guidelines for developing the national strategy and action plan for the period 2007–2011. The main elements of the action plan are: an evaluation of the prevalence of overweight and obesity; a situation analysis related to nutrition and the causes and consequences of obesity; an overview of prevention and treatment initiatives and their effects; and about 60 recommendations and proposals for action aimed at different target groups and areas.

In March 2006, the Ministry of Health and Social Welfare, as the coordinating body for the national strategy and action plan, established an intersectoral working group. Besides representatives of the health sector (specialists from several areas of medicine and nutrition, as well as public health experts and school nurses), representatives of areas such as education, sport, research, health insurance, finance, housing, transport and agriculture, the media, the food industry and nongovernmental organizations are also involved in health promotion and the prevention of obesity.

The working group has stated that the national strategy and action plan should be harmonized with other national documents, health programmes and action plans that already include measures and activities related to the prevention of obesity. This is especially true of the *Food and nutrition action plan 2006–2010*, since it focuses not only on nutrition but also on physical activity with the overall objective of preventing obesity.

Meanwhile, other activities have been initiated relating, for example, to laws pertaining to food, consumer protection and health promotion, harmonization of national food safety regulations

with those of the European Union (EU), the establishment of different nutrition committees at the Ministry of Health, and strengthening collaboration with the food industry on the production of healthier foods.

The National Institute of Public Health has launched a web site called “Health”, which offers a wide range of information concerning nutrition and health. Dietary guidelines for adults and schoolchildren have been produced and are also available on the Internet.

A project entitled Whole School Approach to Healthy Eating was launched in 2004, starting with workshops in schools. A situation analysis was carried out covering curricula, mass catering and school canteens, and the dietary habits and lifestyles of schoolchildren. It will serve as a basis for developing the project and for implementing it in other schools in the future. Project activities include educational workshops for nurses and the development and dissemination of educational materials and dietary guidelines to all elementary schools. Parents are also included in the workshops and activities (6).

There are several other national health programmes in which the regulation of body mass is an important issue and in which the prevention of overweight and obesity is included as a main objective.

The current National Programme for Health Protection Measures includes plans to monitor the nutritional status of the population and proposals of ways to reduce obesity.

In 2005, Croatia joined the DAFNE-West Balkan Countries project, which is now in the process of statistically analysing the available household budget survey data (www.nut.uoa.gr/english).

Cyprus

The *National nutrition action plan* was finalized in 2005, and resulted in several activities initiated by the Ministry of Health to motivate the population towards a healthier lifestyle. Examples of these activities follow (3, 6).

- The Healthy Children Programme, a preventive programme the main components of which are education in general and healthy nutrition and nutritional habits in particular.
- Educational programmes on healthy nutrition and the promotion of the Mediterranean diet organized on a monthly basis by the Ministry of Agriculture of Natural Resources and Environment for women in rural areas. The objective is to increase awareness about the value of a healthy diet and the link between unhealthy diet and disease.
- A community educational programme involving the preparation of recipes based on the Mediterranean diet pyramid.
- An educational programme organized in collaboration with the Ministry of Education through which a healthy breakfast of cereals and low-fat milk or a sandwich with wholesome bread and low-fat cheese and milk is offered to students.
- Taking steps to change the types of food sold in school canteens and the legislation on food sold in canteens according to a decision made jointly with the Ministry of Education.
- A programme organized by the Ministry of Health whereby the population is invited to participate in physical activities in neighbourhood parks.

- Events organized during “Annual Diet Week”, such as a press conference to actively involve the media and the distribution of information to citizens via street kiosks, schools and other settings.
- A programme for schools entitled Mediterranean Diet – Back to our Tradition, recently launched to teach children the principles of a healthy diet. Children cook for their parents and invite them to taste the Mediterranean diet.
- The “Five minutes for five fruits” initiative whereby, once a week, school lessons are interrupted for five minutes, during which time the students eat fruit and discuss its benefits.

Czech Republic

In the late 1990s, the *National Environmental Health Plan* was published and became the basis for intersectoral collaboration.

In 2002, the Government accepted the long-term Programme for Improving the Health of the Population of the Czech Republic and the Council for Health and the Environment was established. The Council is responsible for ensuring that the activities stemming from the Programme are carried out (1).

At the beginning of 2002, a system of regular nutrition counselling was initiated under the auspices of the Regional Public Health Institutes in Brno, Prague and Pilsen involving graduates of medical schools and human nutrition programmes who were carrying out internships at the medical schools of these cities (13).

In 2001-2002, several intervention programmes were started addressing specific population groups, food producers, retailers, and catering and medical professionals. In the following years an ioduria assessment was carried out, and a working group is expected to prepare criteria for iodine fortification within the framework of a new legislation.

In 2004, the Minister of Health established the National Council for Obesity as a permanent specialist advisory body to the Ministry of Health. The basic task of the Council is the design and implementation of the *National action plan against obesity*, based on the *WHO global strategy on diet, physical activity and health* (5). The Council comprises representatives of the Ministries of Health, Agriculture, Interior, Education, Youth and Physical Education, and Regional Development and of specialist institutions, health insurance companies, non-profit-making organizations and universities, whose work is related to the tasks set out in the action plan. Within the framework of the Council, working groups have been formed on nutrition and foodstuff, community programmes and education, child obesity, physical activity and treatment of obesity. Currently the Council is concerned in particular with defining the structure and the tasks of the action plan and in describing its objectives, target groups and levels of intervention (6).

Departments focusing specifically on nutrition and related issues have been established in regional public health institutes, which are governed by the Ministry of Health.

In 2005, a working group was established at the Ministry of Health to implement the *WHO Children’s environment and health action plan for Europe* (14). Members comprise representatives of the Ministry of Health, the Ministry of the Environment and the Ministry of

Education, Youth and Physical Education. The commitments of this action plan are included in the *National environment and health action plan*, a revision of which is planned.

New food-based dietary guidelines were published by the Ministry of Health in 2005.

The Technology Platform was established in 2006 by the Federation of the Food and Drink Industries of the Czech Republic. Four priorities were established – food safety, the quality and production of food, food and consumers, and food and health – and corresponding working groups created. The Ministry of Health cooperates closely with all of the working groups and participates actively in that which addresses food and health.

In 2006, a campaign entitled “Keep it balanced!” was initiated, focusing on motivating people to maintain a correct energy balance through a healthy diet and physical activity. The campaign is organized by the Ministry of Health in cooperation with the National Public Health Institute and is supported by the Federation of the Food and Drink Industries of the Czech Republic, the Czech Confederation of Commerce and Tourism, as well as several commercial bodies and health insurance companies (11).

The *National cycling strategy 2004 (15)* is tackling the majority of issues that were presented at the Velo-City Conference held in Dublin in 2005. The ministries involved have the role of coordinating the activities carried out within the framework of the strategy at the different levels, creating a systematic and financial basis, and including the development of cycling among the projects to be co-financed from European Union (EU) structural funds. The strategy is progressively recommended to regional and local governments, businesses and nongovernmental organizations for inclusion in their activities, programmes and documents.

Mechanisms have been created to ensure the successful implementation of the strategy: partnerships with various bodies; decentralization of implementation; raising public awareness through the mass media; and creating links with environmental, health and tourism issues and, in the broader context, with sustainable development. Cooperative financing will be developed progressively to cover project implementation and to make fund-raising more efficient.

Denmark

The Danish public health strategy, *Healthy throughout Life 2002–2010 (16)*, was published in 2002. The strategy addresses risk factors related to the major diseases and causes of death: unhealthy nutrition, physical inactivity and obesity.

A catalogue of indicators has been developed in connection with the strategy to ensure regular monitoring and documentation of trends in the health status and health behaviour of the population and efforts to promote health and prevent disease. Several initiatives were listed with the aim of increasing the commitment of specific actors. One of these was the creation of the *National action plan against obesity (17)* in 2003. Thus, through the National Board of Health, Denmark became the first country in the WHO European Region to launch a specific action plan to prevent the development of obesity and reduce its prevalence.

The action plan resulted in: an evaluation of the prevalence, causes and consequences of obesity; an overview of prevention and treatment initiatives and their effects; and 66 recommendations aimed at different target groups and areas. The recommendations cover: the development of

policies on key areas in different settings; the education and qualifications of professionals with respect to the prevention of overweight and treatment of obesity; information activities; and research on and development of prevention and treatment methodologies. In addition to the existing collaboration between national and local government institutions, partnerships were formed with key stakeholders, such as day-care institutions and schools, the leisure sector, voluntary bodies, workplaces, the food, drink and pharmaceutical industries, bodies influencing traffic and town planning, private obesity management organizations, and health and welfare institutions.

Since the launch of the action plan in 2003, the National Board of Health has initiated a series of projects covering the period 2005–2008. For instance, together with the Ministry of Health, a cross-ministerial coordination group was established to ensure collaboration across political areas on central elements of the action plan. Also, a financial pool of €10 million was allocated for developing and evaluating prevention strategies in Danish municipalities. A network of the stakeholders in these projects serves as a platform for exchange of experience and support during their process (6).

National campaigns on physical activity have been launched to promote the recommendations of 30 minutes per day for adults and 60 minutes for children. The campaigns include monitoring data and researching background documentation on the economic burden of disease resulting from physical inactivity and obesity, and raising public awareness about these serious lifestyle issues. The Minister of Health and Internal Affairs has proclaimed 2007 as the year of “Denmark on the move”, stressing the importance of physical activity for all age groups.

The Danish “Six a day” campaign is a good example of a public–private partnership in which the following institutions cooperate in promoting the consumption of fruit and vegetables: the Danish Veterinary and Food Administration, the Danish Fitness and Nutrition Council, Danish Consumer Information, the National Board of Health, the Danish Cancer Society, the Danish Fruit, Vegetable and Potato Board and the Marketing Committee of the Danish Horticultural Marketing Board (6omdagen.dk).

An example of a local initiative in the field of physical activity is the cycling policy of Copenhagen City. The desire to improve conditions for cyclists is solidly anchored in the City’s overall planning, such as the *Cycle Policy 2002–2012* (18), the *Traffic and Environment Plan 2004* and the *Municipal Plan*.

The objectives of the *Cycle Policy* are: to increase the proportion of people who cycle to work in Copenhagen from 34% to 40%; to reduce the risk to cyclists of serious injury or death by 50%; to increase the proportion of those who feel safe cycling in Copenhagen from 57% to 80%; and to increase cycling comfort by ensuring that the proportion of unsatisfactory cycle track surfaces does not exceed 5%. To realize the objectives, the Copenhagen Roads and Parks Department is implementing a number of projects focusing on cycling conditions. Some of these are routine provisions, whereas others are new measures initiated in 2005, such as setting up 300 new bicycle parking spaces in selected districts and repairing all cycle track surfaces as necessary. Efforts to improve safety are ongoing.

Estonia

In 2002, the *Healthy nutrition action plan* was adopted for the period 2002–2007. Areas of action are: food and nutrition research and information; accessibility of food; local food for local consumption; food safety; nutrition in specific population groups; and overweight and chronic diseases (1).

Furthermore, in February 2005, Estonia introduced the *National strategy for the prevention of cardiovascular diseases (CVH strategy)* (19). This national policy document includes four priority areas: physical activity, nutrition, non-smoking and community development. It was adopted for the period 2005–2020, although the first action plan will be limited to 2005–2008. The objective of the strategy is to enhance healthy choices and lifestyles by developing the health education system and reducing the availability of harmful substances.

An advisory body under the Ministry of Social Affairs covers all sectors of the CVH strategy and plays a leading scientific and administrative role in its implementation. Representatives of the Ministries of Agriculture, Education, Culture and Internal Affairs are included to ensure an optimal coordination of action. Other governmental institutions and nongovernmental organizations are also involved.

To facilitate implementation of the strategy at the local level, health councils have been established in all counties. Their responsibility is to plan action, allocate resources, coordinate implementation and evaluate activities at county level. The health councils have specific budgets for local action.

Activities in the school setting include government funding of school meals for primary school children and coverage by the municipalities of subsidized meals for children from low income families throughout schooling. Since September 2006, school meals are also funded for adolescents studying in vocational schools. An initiative to ensure that rye bread and fruit are provided daily in the school meal programme was introduced in 2006 (6).

The Estonian Health Insurance Fund contributes to the CVH strategy and supports the Preventing Heart Disease Risk Factors Project (2002–2006), which involves three levels: family doctors, county heart centres and the Tallinn-Tartu lipid centres. The project includes risk factor measurement, lifestyle counselling and supervision by medical staff.

The Health Insurance Fund also supports other projects, such as the health-promoting schools, health-promoting kindergartens, health-promoting hospitals and health-promoting workplaces networks.

New nutrition recommendations and food-based dietary guidelines are currently in preparation within the framework of the CVH Strategy. Public health information, including that on the importance of a healthy diet and physical activity, is available at www.terviseinfo.ee.

In 2002, the Ministry of Social Affairs approved regulations on health protection requirements for catering facilities in pre-school institutions, schools, child-care facilities, hospitals and detention centres.

The Estonian Strategic Development Plan, Sport for All 2006–2010, was prepared by the Ministry of Culture and approved by the Government in March 2006. It aims to promote the

expansion of the “Sport for All” movement among the population, make physical activity available to all and increase the facilities for and possibilities of regular training (20).

The strategic development plan (21) includes the following targets: to carry out an assessment of the existing sports facilities and funding principles and plan for the future; to develop the health care system, information services and advisory services with regard to exercise; to develop a training system to introduce the principles of physical activity to the population; to collect information on the physical activity of the population; to organize and support physical activity through sub-programmes; and to develop a public relations and promotional plan for physical activity.

Finland

In 2002, the Government resolution on policies to develop health-enhancing physical activity was approved. The following year, the National Nutrition Council developed the Action Programme for Implementing National Nutrition Recommendations (22).

In October 2005, a consensus was reached about evidence-based guidelines on preventing and treating obesity and the National Consumer Agency published guidelines on the marketing of food to children. A new government innovation fund has been established to improve collaboration with the food industry (6).

As a result of integrated, intersectoral policies, Finland has demonstrated marked progress in the prevention of cardiovascular diseases. Major changes in agricultural production have taken place over the last few decades, such as shifting the price base from fat to protein and the use mainly of rapeseed oil by the margarine industry. A strong emphasis on fruit and vegetable production has also been also successful, leading to an increase in fruit and vegetable consumption. Also, through the wholesale industry, the availability and accessibility of fruit and vegetables throughout the year and in all parts of the country have been secured (3).

At the same time, however, with an increased consumption of sugar and sweets, obesity rates are increasing, especially among children. Therefore, the emphasis has been placed on school projects. Consideration is being given to reintroducing taxes on soft drinks or lowering value added tax from 24% to 12% or even 7% on products that meet the criteria of the National Heart Association (3).

During the Finnish EU presidency in 2006, Finland made the commitment to support the *European Strategy for the prevention and control of NCD* (23) and of the *European Charter on counteracting obesity* (24).

A health-enhancing physical activity committee was set up in connection with the adoption of a resolution on health-enhancing physical activity in 2002 (25). The Committee is linked to the Ministry of Social Affairs and Health and includes representatives from other relevant ministries as well as interest groups. In the first three years, about 40 projects were initiated under the auspices of different ministries. Special attention is paid to promoting physical activity in children, young people and the elderly. The most widespread national programme was created to promote physical activity and muscle tone in elderly people (26).

A special programme on health-enhancing physical activity research has been started, funded by various ministries and social system funds. Under the auspices of the “Young Finland” movement, a code of ethics was developed on the rights of children to engage in physical activity, as well as a code of ethics for sports organizations. The “Move for Health Day” is also an important umbrella event for various types of action to promote physical activity.

In 2001, the Ministry of Transport and Communication started the Jaloin programme (27) to promote pedestrian and bicycle traffic. The programme continued in 2002-2004. The focal point of the work, which was initiated in the central administration, is being shifted to the municipalities. The work is based on three programmes that include many ways of promoting walking and cycling. The Jaloin programme implements the transport policy through its influence and the cooperation it encourages. It includes an extensive research programme and aims to serve as an example of good practice.

Several programmes have been implemented at both the local and the national levels. The Heart and Nutrition Programme was planned by the Heart Health Committee comprising members from all sectors of society. The *Action Plan for Promoting Finnish Heart Health 2005-2011* (28) provides guidelines, central strategies and recommendations for action to prevent cardiovascular diseases. By doing so, it also promotes health at the population level. This heart health programme is closely related to the population strategy of the programme for the prevention of Type 2 Diabetes, the DEHKO (Diabeteksen ehkäisy ja hoidon kehittämissuunnitelma) programme (www.diabetes.fi/index.php?lk_id=3) programme, which is aimed at the whole population with specific focus on high-risk groups and persons newly diagnosed with Diabetes Mellitus (29). The main activities of the DEHKO programme are:

- health promotion in municipal budgeting and action;
- training of primary health care workers in nutrition and development of postgraduate training in the areas of nutrition, weight control, physical activity and NCD prevention for personnel working within care, nutrition and education;
- development of national guidelines on screening the adult population and on the use of a risk test form in primary health care;
- providing early guidance and care for newly diagnosed persons;
- focusing on the welfare of children, young people and families;
- the effective implementation of the proposals of the Committee on Health Promoting Physical Activity and the recommendations contained in the *National nutrition action plan*; and
- a health media project to support media publicity in implementing DEHKO.

The programme, *A Small Decision a Day*, implemented in 2000–2003, focuses on preventing obesity and promoting physical activity. It was organized by the Finnish Heart Association, the Cancer Association, the Sport for All Association, the Diabetes Association and others (29). Action taken includes: the development of a weight loss and weight control group model for use by health care professionals and in connection with training group leaders; peer group activities related to changing health behaviour; and the development of materials and a programme for training professionals and clients, containing information on weight loss, changing eating and exercise habits, and group training and leadership.

Every four years, the Government prepares a report on social and health issues for submission to the Parliament.

In 1995, the Finnish National Nutrition Surveillance System was launched with the purpose of collecting, analysing, evaluating and distributing data on the nutritional status, and of assessing the need for measures to promote nutrition and health policies. In addition, through this system, nutritional data are communicated to health care professionals, researchers, teachers, journalists and those working in food production, food trade and mass catering (www.ktl.fi/portal/english/).

France

In 2000, the Prime Minister requested the Minister of Health to initiate the *National nutrition health programme for 2001–2005 (PNNS1)* (30). The programme was revised in 2006 (31). A specific plan of action against obesity was not included since it is considered more important to promote health in general than to combat one specific aspect.

The general objective is to improve the state of health of the general population by focusing on one of its major determinants, namely nutrition. According to the programme, “nutrition” comprises both food and physical activity. The guiding principles include a multisectoral approach with quantifiable objectives that focus on health promotion and primary prevention, are based on an independent scientific analysis and, at the same time, embrace the culture of gastronomy and eating together.

The programme attempts to provide coherence amid the many different statements on nutrition. For example, one of its nine quantified objectives is to increase the consumption of fruit and vegetables by reducing the rate of low consumers by 25%. Another objective is to reduce the average BMI using different strategies within the national health and educational systems.

Further strategies deal with improving the supply of and demand for healthy food and physical activity by working with the private sector – producers, manufacturers, retailers, caterers (in schools and workplaces) – on products and marketing, and with the health sector on better and early diagnosis and action. To this end, a multisectoral committee was established in 2001 chaired by the Ministry of Health and comprising representatives of eight ministries, the food industry, consumer associations and local authorities.

The *Second national programme for nutrition and health 2006-2008 (PNNS2)* (31) includes action that is targeted more specifically at the underprivileged, more focused on obesity and better adapted to neighbourhoods, aiming at better health care and improved detection.

A separate policy document on physical activity was published in 2003 with the following strategic actions (20): informative interventions, such as notices to the public encouraging the use of the stairs; social interventions, such as physical education in schools and at community and individual levels; environmental interventions, such as creating or improving access to physical activity facilities.

In 2004, *Propositions pour encourager le développement de la bicyclette en France*, a document dealing specifically with cycling, was published (20).

The European Network for the Promotion of Health-enhancing Physical Activity (HEPA Europe) programme, Move for Health, was adopted in 2004 to fight sedentary lifestyles and promote physical activity and sport. The aim of the programme is to distribute information on

the importance of physical activity and evaluate the physical status of the population (www.who.int/moveforhealth/countries/en/mfh04_france.pdf).

In 2002, a national food guide, *La santé vient en mangeant*, was published. It addresses 24 target groups and lists the different food groups and the specific foods belonging to each group, rather than illustrating these in a pyramid model. Complementary guidelines on physical activity (*La santé vient en bougeant*) were published in 2004 and are also tailored to specific target groups. Separate guidelines for adolescents, *J'aime manger, j'aime bouger*, addressing both nutrition and physical activity, were launched in 2004. These are available at www.inpes.sante.fr.

Recommendations on the diagnosis, prevention and treatment of obesity were published to help doctors treat patients with obesity. This work was carried out under the patronage of three organizations: the French Association for Study and Research on Obesity, the French Society for Nutrition and Dietetics and the French Society for the Study of Diabetes and Metabolic Diseases.

In 2005, three large media campaigns were launched on: fruit and vegetables; physical activity; and the reduction of foods rich in free sugars. Within the area of food production, bakers have been engaged in reducing the content of salt in bread. Leaflets were developed on healthy lifestyles for different population groups and on educational materials for teachers (6).

The Public Health Act passed in 2004 comprises two articles, one concerning food advertisements and the other banning food vending machines in schools. The first-mentioned stipulates that television and radio commercials for beverages with added sugar, salt or artificial sweeteners, and manufactured food products must contain the following health information: 'For the sake of your health, do not eat foods containing too much fat, too much sugar or too much salt; eat at least five servings of fruit and vegetables every day; avoid eating snacks; do physical exercise regularly'. The same requirement applies to the promotion of these beverages and food products (11).

Advertisers can avoid this requirement, however, by paying a tax equal to 1.5% of the annual amount they pay for advertising the products in question. An attempt made to amend the National Public Health Law so that food advertisements on television would include this health message was not successful. This was due to a lack of consensus regarding the scientifically proven link between food advertising on television and obesity (6).

The Observatory for Food Habits and Weight and the Association for the Treatment and Prevention of Obesity in Paediatrics designed the Together Let's Prevent Child Obesity (EPODE) programme targeting towns. In 2004, it was launched in ten towns in ten regions with the objective of preventing excess weight gain in children aged 5 to 12 years. The programme is based on local and neighbourhood action (www.epode.fr).

Georgia

An action plan on food security, healthy eating and physical activity was developed in 2005 for the period 2006–2010 (1). In the same year, food-based dietary guidelines were also developed.

The aims of the action plan include the following:

- to coordinate action on food and nutrition policy development;

- to ensure a sustainable food supply;
- to develop a breastfeeding policy;
- to develop a food and nutrition policy for schools;
- to create a national database on food composition;
- to develop legislation and standards related to food and nutrition;
- to prevent malnutrition, poverty and micronutrient deficiency, especially iodine, iron and vitamin A deficiency;
- to develop a food safety policy;
- to promote healthy eating principles and change eating habits;
- to promote physical activity;
- to develop monitoring systems for food security, nutrition and physical activity; and
- to collaborate with international organizations in the fields of food security, healthy eating and physical activity.

Poverty and undernutrition are serious concerns in Georgia. Increasing food prices have major implications for food security.

Projects are planned on poverty reduction and economic development, and on rural development. The latter will focus on supporting small farmers, the agricultural sector and food production in rural areas.

Legislation on foodstuff and tobacco, production and service certification, licensing, food safety and quality, advertising, and the prevention of IDD and other micronutrient deficiencies is in place. The main concerns are the high prevalence of IDD and iron-deficiency anaemia, rising morbidity rates and infant mortality.

At present there is no institution responsible for food safety but the establishment of a national food safety, veterinary and plant protection agency is also part of the action plan. Furthermore, in collaboration with WHO, a project on nutrition policies in schools is being prepared (3).

Germany

The Federal Ministry of Health and the Federal Ministry of Food, Agriculture and Consumer Protection have made the promotion of healthy lifestyles the main health and nutrition policy objective, placing strong emphasis on overweight and obesity.

Through a variety of preventive measures, national policy promotes prevention-oriented lifestyles, including a balanced diet, adequate exercise and stress management. Among these measures are legislative initiatives, such as the Health Care Reform Act (2000), the Health Care Modernization Act (2004) and the establishment of a network of key players within the framework of the German Forum on Disease Prevention and Health Promotion (6).

Other health promotion activities organized were educational and consumer information campaigns on physical activity and nutrition, addressing mainly children, young people and

socially disadvantaged and migrant families, and the funding of school meals programmes. Another campaign, “Besser essen. Mehr Bewegung. KINDERLEICHT” (Eat better. Move more. SO EASY A CHILD CAN DO IT), aims at counteracting overweight and obesity in children and adolescents through preventive measures, and at influencing eating habits in kindergartens, schools and the family setting in a positive and sustainable way. Part of the project is a two-year tour encompassing 40 German cities during which specific programmes in schools and kindergartens are offered as well as weekend activities (www.kinder-leicht.net).

The aim of the project, Gut Drauf, of the Federal Centre for Health Education is to improve the attitudes of adolescents towards physical activity and nutrition in a sustainable way, and to help them manage stress. Health promoting activities are offered to adolescents both at school and in their spare time. A number of brochures, information materials and exhibitions are also available for children and adolescents (www.bzga.de and www.gutdrauf.net).

Initiatives related to physical activity include: a *National cycling plan 2002–2012 – “Ride your bike!”* (32); measures to promote cycling in Germany; and several relevant national activities and programmes. The health campaign, “Germany is becoming fit”, which started in 2005, aims to motivate the population to walk 3000 steps each day. The initiative is supported by celebrities and free pedometers are distributed (www.die-praevention.de).

The German Platform for Diet and Physical Activity, founded in September 2004, is an illustrative example of mobilizing and integrating stakeholders from different groups of society. Members include representatives of the Government, the food industry, food producers, scientific organizations, sports unions, parents’ organizations, health insurance associations and trade unions. The Platform consists of more than 100 members and actively promotes 32 innovative programmes. An expert committee comprising scientists from various areas supports the Platform scientifically. In November 2005, the Platform opened its own office for the coordination of activities. The campaign areas are: developing good practices (in nurseries and among high-risk groups, for example); knowledge transfer and training; informing the public about and extending the work of the Platform (for example, a series of 15 television spots, including physical exercises and information on healthy diet for preschool children); and trying out new approaches, including networking among existing campaigns. The goal of the Platform is to bring together as many players in society as possible to ensure a balance between healthy nutrition and healthy exercise and thus promote a healthy lifestyle from the outset (www.ernaehrung-und-bewegung.de).

The aim of the National Food Consumption Survey is to collect representative data on the current, normal food consumption pattern, the nutritional status and behaviour of the population and levels of physical activity. The identification of special lifestyle types, their potential connection with body weight and height, as well as socioeconomic data, offers a valuable approach for prevention programmes. Nationwide data will be collected on the health status of young people, including diet and physical activity. These measures will provide an evidence base for the development, implementation and evaluation of health promotion and disease prevention strategies (www.was-esse-ich.de).

During the German EU presidency in the first half of 2007, the Federal Ministry of Health and the Federal Ministry of Food, Agriculture and Consumer Protection organized a conference on preventing disease through healthy nutrition and physical activity.

Greece

In 2002, the Supreme Scientific Health Council of the Ministry of Health and Social Welfare launched the *Dietary guidelines for adults in Greece*. The guidelines are available at: www.nut.uoa.gr/english/Greekguid.htm.

In the same year, the Ministry of Health and Social Welfare established the National Nutrition Policy Committee. The Committee set priorities and the following initial goals: (1) to reduce the consumption of meat; (2) to increase the consumption of fish; (3) to reduce childhood obesity; (4) to increase the consumption of pulses and vegetables; (5) to improve the quality and safety of food provided through mass catering services and increase consumer awareness of food quality and safety (29).

The Committee consists of five subcommittees, one for each of the above-mentioned issues. The final reports of the subcommittees were unified into an action plan, which was presented to the Ministry of Health and Social Welfare and is currently awaiting approval. In March 2006, the Committee submitted its proposals for the development of a European Green Paper on the promotion of healthy diet and physical activity and the prevention of overweight, obesity and other chronic diseases.

In the context of addressing the issue of childhood obesity, the Committee has also developed an action plan for the implementation of national nutrition guidelines in schools. Furthermore, dietary recommendations have been formulated for nursery schools and summer camps. The establishment of national obesity clinics and research centres is also under way with the aim of providing free medical and dietetic care to patients who require specialist help and support.

In addition, a platform for successful collaboration between the food industry and the Ministry of Health is under development.

Hungary

A number of activities related to nutrition are being carried out under the auspices of the National Public Health Programme for the period 2003-2013 (33). In this context, the *National Nutrition Policy Framework* and the *National Food Safety Programme* were elaborated and both documents were published in 2005. The National Programme on Healthy Nutrition and Physical Activity was also developed in 2005 (34).

Nutrition-related issues are also addressed in the three major national programmes that were launched in 2006: the National Cancer Control Programme, the National Infant and Child Health Programme and the National Programme for the Prevention and Treatment of Cardiovascular Diseases.

A programme aimed at teaching the principles of healthy nutrition to fifth-grade primary school children throughout the country was carried out within the framework of the *National nutrition policy*. One of the methods used in this programme, which involved 125 000 pupils, was the regular distribution of newsletters introducing children to the elements of healthy nutrition (6).

Food-based dietary guidelines were developed in 2001. The latest version was published in 2005 in 100 000 copies. The guidelines provide information on the principles of nutrition and advice

on food safety for home food preparation and storage. They also provide incentives for and ideas about health-enhancing physical activity. Furthermore, dietary guidelines for special groups of patients (e.g. those with cancer or cardiovascular diseases) were published in 2003 and 2005.

A nutritional survey was carried out among the adult population in 2003–2004 as part of the National Population Health Survey. In addition, a study involving 16 hospitals in the country was carried out on the nature of catering in hospitals. A representative survey on nutrition and lifestyles was conducted among primary- and secondary-school children in Budapest in 2005. Data were collected on dietary habits, energy and nutrient intake, and food consumption, as well as on anthropometry and the measurement of biomarkers of nutritional status.

A major joint effort of the Ministry of Health and the Ministry of Education was the introduction of the National Healthy School Canteen Programme in 2005. The aim of the programme is to provide healthy choices for children in school canteens. The related legislation was proposed by the Ministry of Education, while recommendations together with educational materials for, inter alia, teachers, parents, students and school medical staff were provided by the National Institute for Food Safety and Nutrition of the Ministry of Health. Before the launch of the programme, conferences were organized for experts in mass catering, school physicians and teachers.

An information campaign was organized in a major supermarket chain with the involvement of the National Public Health and Medical Officers' Service. The information brochure of the supermarket chain highlighted healthy foods, healthy drinks and sports equipment, and customers were able to ask for personal advice on lifestyle and have their blood pressure, blood-sugar levels and body weight measured.

Several community programmes were carried out within the framework of the National Public Health Programme. Special attention was paid to healthy nutrition and physical activity. Nongovernmental organizations were also very active in this field.

More information is available on the home page of the Ministry of Health at www.eum.hu/index.php?akt_menu=3525.

Iceland

The *National health plan to the year 2010 (35)*, adopted in 2001, emphasizes healthy lifestyles including the importance of physical activity and exercise for people of all ages. The plan is currently under revision and more emphasis is being placed on action to improve diet and physical activity and prevent obesity than in the initial plan.

The Public Health Institute of Iceland was officially established in July 2003. One of its areas of focus is health promotion through improved nutrition and physical activity. For example, the Public Health Institute and the municipalities have started a joint development project with the goal of promoting healthy lifestyles among children and their families by emphasizing the importance of increased physical activity and improved diet. In September 2006, the Institute published its first policy, vision and action plan for 2006-2010, which includes many measures relating to nutrition and physical activity. It has organized large, multisectoral projects, such as Everything has Effects – Especially Ourselves, the aim of which is to improve the lives of children and families through better nutrition and increased physical activity. More information

on the policy, vision and action plan of the Public Health Institute can be found at www.lydheilsustod.is/stodflokkar/english/.

A parliamentary resolution calling for action to improve the health of Icelanders through healthier diet and increased physical activity was passed in May 2005 and the Parliament urged the Government to prepare an action plan. As a result, a working group was established under the auspices of the Prime Minister's Office to analyse the situation regarding obesity, nutrition and physical activity in the population and to make recommendations for relevant action (1).

"Iceland on the Move", an educational and promotional project of the Icelandic Sports and Olympic Federation, organized its third "Biking to Work" event in 2005. The main purpose of the event is to promote cycling as a healthy and economical means of transport that is also environmentally friendly. Altogether 5076 people in 488 teams from 254 workplaces took part. Thus participation was double that of the year before and has increased ten-fold over the last three years (36).

In 2005, the Minister of Education, Science and Culture established a working group to create a sports policy for Iceland. The progress report, *Sporty Iceland*, was issued by the working group in February 2006. A formal policy document relating to sport is under development; the main emphasis of the document is on the importance of daily exercise and how society can create a forum for healthier lifestyle.

Ireland

Among several other public health issues, the *National health promotion strategy 2000–2005* tackles both nutrition and physical activity (37).

The Department of Arts, Sports and Tourism, established in 2002, has the overall objective of promoting and encouraging a vibrant and active sports sector, especially in areas of disadvantage, with increased participation, good quality and sustainable facilities, and opportunities for people to play an active role in sport (www.arts-sport-tourism.gov.ie; www.irishsportsCouncil.ie).

The Government's response to the increasing obesity rates has been a four-year national obesity campaign covering the period 2003–2006 (www.healthpromotion.ie/topics/obesity).

Key messages in the obesity campaign include: reducing portion sizes, switching to healthier food choices, eating more fruit and vegetables, being more physically active, knowing waist circumference, and checking BMI. The campaign stakeholders include the Department of Health and local health services areas, community dietitians and physical activity coordinators, nongovernmental organizations (e.g. the Irish Heart Foundation), retailers (supermarket chains, caterers, cafes, restaurants and hotels), schools, workplaces, health care facilities, and the print and radio media.

As part of the obesity campaign, a National Taskforce on Obesity was set up by the Department of Health and Children in March 2004, and a report was launched by the Prime Minister in May 2005 (38).

In its report, the Taskforce makes 93 recommendations relating to action across six broad sectors: high-level government; education; society and the community; health; production and supply of food and commodities; and the physical environment. These recommendations highlight the need for collaboration among all key stakeholders and for the practical engagement of the public and private sectors alike. The campaign focuses on well-being and is people-centred, encourages equity and access, promotes intersectoral action through existing strategies and agencies, and has high-level Cabinet support.

Examples of recommendations include: providing screening for overweight and obesity; dedicating a percentage of the annual road budget to walkways and cycle paths; ensuring that all public procurement follows a healthy purchasing policy; taking multisectoral action on the marketing and advertising of products that contribute to weight gain, particularly those aimed at children; establishing a practical healthy nutrition programme; and reviewing regularly and rigorously all products that claim to support weight loss.

An implementation strategy for this report is currently being developed in order to progress with the implementation of the recommendations made by the Taskforce. The Department of Health and Children is currently developing a national nutrition policy, which will provide strategic direction on nutrition for a five-year period. The target group is young people aged 0–18 years, and the priority areas are obesity and food poverty.

A five-year strategic action plan on breastfeeding was developed in 2005 by the National Committee on Breastfeeding. The Committee undertook to review the 1994 *National Breastfeeding Policy* and to produce a new five-year strategic action plan for breastfeeding (39). The overarching public health goal is the achievement of optimum health and well-being for children, their mothers, families and communities.

A good example of physical activity promotion on the local level is the *Sport and recreation action plan, 2004–2005* from Limerick (40). The key principles of the plan include: involvement of local communities; a clear focus on social inclusion; a recognition of the importance of participation by all interested; a commitment to ongoing feedback to the wide range of sports clubs, voluntary organizations and agencies represented in the partnership; an appreciation of the necessity for ongoing voluntary effort in sports development and ongoing monitoring and evaluation of initiatives.

Ireland presents an illustrative example of intersectoral collaboration between public health and the agricultural sector. The Department of Agriculture and Food has a statutory relationship with the Department of Health. Work is carried out under a service contract with the Food Safety Authority of Ireland (FSAI), an independent body that reports to the Minister of Health and Children. Annual targets are monitored and the results published by the FSAI (3).

Together with the Department of Health, the Department of Agriculture and Food (DAF) launched a fruit and vegetable programme in 120 primary schools. DAF also consulted the Department of Health on reviewing the EU school milk scheme. Consultations between the Department of Social Welfare, DAF and the Department of Health were part of the national school meals scheme.

In order to share information and research, a food research committee was created. A DAF/FSAI co-funded study on children's diet was undertaken, collecting information on food intake, eating

habits, packaging, brands, children's and parents' BMI, and exercise. DAF is further funding several projects on salt and sodium content, involving a steering group chaired by a nutritionist.

Task forces and committees on heart health, obesity and population health policy have been created, bringing together the Department of Agriculture and Food, the Department of Health and various other departments. Ireland strongly emphasizes the exchange of knowledge, interests and objectives between the fields of agriculture and health.

More information on the Department of Agriculture and Food and its tasks can be found at www.agriculture.gov.ie.

Israel

In 2002, after the Department of Nutrition was united with the Food Safety Services to create the new Food and Nutrition Administration, the national policy document, *From safe food chain to healthy nutrition web*, was adopted by the Ministry of Health (1).

National health and nutrition surveys (MABAT surveys) continue to provide data for assessing obesity rates (measured anthropometric data), as well as dietary intake, lifestyle, health status, knowledge and attitudes, etc. Two surveys on adults and adolescents (25–64 years and 12–18 years of age, respectively) have been completed and a third is currently being carried out for people of 65 years of age and older.

Based on the data from the MABAT surveys, the Health Promotion Council of the Ministry of Health established two task forces in 2005: the Physical Activity Task Force and the Obesity Task Force.

In 2005, Israel increased intersectoral collaboration between the Food and Nutrition Administration at the Ministry of Health and the Ministry of Agriculture. A Food and Nutrition Council was established by the Government to ensure a coordinated, seamless and efficient approach to food and nutrition. The Council focuses on risk assessment, management and communication, and deals with nutritional as well as food safety issues.

Israel strongly emphasizes the exchange of knowledge, interests and objectives among the areas of agriculture, industry, education, welfare and health. The Ministry of Health has been chairing the interministerial committee, which aims to prevent fraudulent advertising of food, including nutritional supplements. A new law on food claims (health and nutrition) is being finalized.

The Ministry of Health and the Ministry of Agriculture, together with the Fruit and Vegetable Farmers' Council, have launched a campaign that focuses on the need to eat at least five fruits and vegetables of different colours per day.

In 2005, the Parliament passed the Law on School Meals. In accordance with this law, consultations between the Ministry of Education and the Ministry of Welfare, together with the Food and Nutrition Administration of the Ministry of Health, resulted in the National School Meals Scheme.

Different multi-agency and multidisciplinary committees, chaired by the Food and Nutrition Administration, aim to improve diet and food safety. These committees include representatives

of consumer organizations and industry, including food importers. They are concerned, for example, with reducing the salt and sodium content in food, modernizing food labelling, increasing traceability and accountability in the food chain and eliminating food poverty.

For the past 10 years, promotion of breastfeeding has had a positive influence on the prevalence, duration and exclusiveness of breastfeeding. The need to establish a breast milk bank in the country has been assessed and recommended by a special committee.

Following the WHO Health Day dedicated to the promotion of walking programmes for elderly people, during the International Year of Older Persons in 1999, a national walking programme was launched throughout Israel. Specific initiatives aimed at raising awareness among elderly people of the importance of walking for their health and of establishing walking groups. Another goal was the promotion of safe walking habits (41).

In view of the high obesity rates in Israel and the resulting costs to the health services and the work force, the Ministry of Health designated a National Task Force on Obesity to suggest primary, secondary and tertiary prevention strategies. Six subcommittees were formed to deal with legislation, the food industry and food labelling, the home environment, the school environment and the media. The Task Force emphasizes well-being, is centred on the people and the community, encourages equity and access, stresses the need to invest in poor communities, and promotes intersectoral action through existing strategies, municipalities and nongovernmental organizations. Recommendations include providing annual anthropometric screenings in schools, ensuring that all public procurement follows a healthy purchasing policy, and taking multisectoral action on the marketing and advertising of products aimed at children.

Anti-obesity campaigns have been directed at various issues, such as increasing the consumption of fruit and vegetables, reducing fat, sugar and salt intake, reducing portion sizes, switching to healthier food choices, being more physically active, and knowing and monitoring one's BMI. The stakeholders in the campaigns are the Ministry of Health, the health care services, television stations and others. On the other hand, in order to avoid irresponsible dieting, the Ministry recently started working together with fashion model agencies on a law that will prevent candidates with a BMI under 20 from becoming models.

Dietary consultations, combined with physical activity, have been offered by nutritionists from the health care services, and various programmes aimed at promoting a "sensible diet" have been carried out in kindergartens, schools and workplaces.

The Food and Nutrition Administration is in the process of ratifying the law on micronutrient food additives. The law will require the fortification of wheat flour with vitamins B1, B6 and B12, folate and iron, of milk with vitamin D, and of salt with iodine. The food industry is further encouraged to develop low-energy and healthy foods with reduced portion sizes and lower fat, sugar and salt content.

Fast-food outlets and restaurants are requested to promote healthy menus and to provide detailed nutritional labelling of the food they offer. As mentioned above, a committee is currently working on improving nutritional labelling in order to guide consumers towards more healthy food choices.

Italy

The objectives of the *National Health Plan 2003–2005 (42)* included the promotion of healthy lifestyles and the prevention of obesity. A technical group was set up to promote breastfeeding and to formulate stricter rules on advertising milk substitutes. In March 2005, an agreement was reached at the national and regional levels on the *National Plan of Prevention 2005–2007 (43)*, in which obesity (especially in children) is a key priority. The regional authorities were invited to submit project proposals in line with set guidelines.

Planned interventions within the *National Plan of Prevention* include: promoting exclusive breastfeeding; optimizing food choices in schools, especially with regard to high energy snacks and soft drinks (through, for example, catering contracts for schools, the elimination of vending machines and the distribution of fruit and vegetables); providing nutrition education and promoting at least 30 minutes of physical activity daily in schools; encouraging healthy food choices in canteens and providing facilities for physical activity at workplaces; developing nutritional information campaigns and promoting physical activity within the community; guaranteeing the availability and accessibility of healthy food choices; developing urban environments supporting physical activity; and cooperating with food producers, consumer associations and control authorities to avoid incorrect and misleading messages in advertisements, especially in those targeted to children.

Activities carried out include the development of dietary guidelines by the Ministry of Health and the Ministry of Agriculture, a food safety campaign for domestic food handling and the promotion of iodized salt regulated by law.

With regard to intersectoral collaboration, many activities of the Ministry of Health are already coordinated with those of the Ministry of Agriculture, such as the work of the National Committee for Dietetics and Nutrition – an interministerial working group for cross-sectoral policies – and a campaign promoting fruit and vegetable consumption.

An information campaign entitled “SMS consumatori” was launched in 2006, enabling consumers to check whether fruit and vegetables are being offered at the market price and also to compare prices at the production, wholesale and retail levels (3).

The Children Walking to School project provides an example of the promotion of physical activity in the urban environment. The project was launched in 2002 as part of the Udine Healthy Cities Project and aims at reducing traffic and pollution near schools, promoting self-reliance among children, and encouraging active transport in urban settings. It also aims to help develop the social and emotional aspects of children’s lives by creating routes safe enough for primary-school children to walk to school with the important help of volunteers (mostly parents). All the city schools were invited to participate in a four-day special event during which children, parents and teachers experimented with safe routes to school according to a map of the whole city showing these routes (www.comune.udine.it).

There are many specific initiatives in different parts of Italy that address overweight or obesity in adults. The Piemonte Obesity Project is a large-scale intervention, which is carried out in collaboration with general practitioners. Through information and education, it aims to help people reach and maintain a reasonable weight. Verona and many other cities have elaborated a programme to “get citizens on the move”. Collective walks have been organized for groups of elderly people and people suffering from diabetes.

Kazakhstan

A strategic document entitled *2010 Health Promotion* has been developed with eight priority areas, one of which is concerned with healthy nutrition and physical activity (1). The document advocates that, to a greater extent, responsibility for action in this area be taken jointly by the Government, employers and individuals. In 1999, an interdepartmental document on healthy lifestyles was developed and implementation of the action outlined was planned to take place in three phases.

The first two phases were dedicated to setting up a network for the prevention of NCD at national, regional and local levels, focusing on nutrition and physical activity through special training programmes. During the second phase, several events were organized. For instance, in September 2003, with the support of the Government, four million people were mobilized into participating in physical activity at the same time. Other examples are the training of teachers in and the development of education modules on healthy lifestyles (6).

The Government is considering legislation on IDD, food safety and food quality.

An Asian Development Bank project has been running since October 2001 on improving the diet of women and children in low-income families, including the production and promotion of iodized salt and iron-, mineral- and vitamin-fortified flour.

It is planned to strengthen the primary health care system in disease prevention and health promotion and to conduct a new national survey to update the current estimates of the prevalence of obesity.

Kyrgyzstan

The *National Policy on Food Security* was approved in 1999. A law on food safety and quality has been drafted. With regard to micronutrients, a law on IDD prevention has been adopted and a national programme to reduce IDD has been approved for 2003–2007 (1).

The key issues in the Kyrgyz food and nutrition policy are: to ensure a secure supply of food that is safe and of acceptable quality; and to ensure that every person has access to such food by increasing the purchasing power of the population.

The Ministry of Agriculture and Water Resources and the food processing industry have established the monitoring of market prices of food products to support assessment and policy recommendations in this area (3).

Latvia

Plans for the implementation of the *Public health strategy*, which was approved in 2001, and the *Healthy nutrition 2003–2013 – concept of the Cabinet of Ministers* (44) were adopted in March and November 2004, respectively.

Both the strategy and the concept describe the current situation regarding food and nutrition in Latvia and its impact on the health status of the population, as well as the main aims for improvement and the direction of the action necessary to achieve it. The basic tasks relate to: encouraging the consumption of vegetables, legumes, fruits and berries; establishing a common monitoring system for diet-related NCD; developing guidelines to reduce the prevalence of NCD; involving municipalities in promoting nutritional matters to the public; exploring and eliminating possible micronutrient deficiencies; establishing a system to identify new food risks; joining and participating in the European Food Safety Network; developing a strategy on ecological farming; and keeping the public informed on healthy nutrition and lifestyles, physical activity and food hygiene.

Supportive tasks include the development of nutrition recommendations for several population groups, and programmes for teaching healthy nutrition to students, teachers, health care personnel, food technologists, food retailers and physical education teachers.

The following activities have already been launched:

- development of a food guide pyramid and recommended dietary allowances for Latvians;
- development of food-based dietary guidelines for specific target groups: adults, children aged 0–2 years and 2–18 years, and the elderly;
- participation in the DAFNE V project to monitor food availability at the household level;
- entry of information about healthy nutrition on the web site of the Ministry of Health; and
- a collaborative school milk project run by the Ministry of Health and the Ministry of Agriculture.

The Nutrition Council was established in March 2006. Its tasks are to coordinate the development and implementation of nutrition policy and to promote the development of nutrition science in Latvia. The Council, which is chaired by the Minister of Health, includes representatives of the Ministry for Children and Family Affairs, the Ministry of Agriculture, the Ministry of Economics, the Ministry of Education and Science, the Latvian Federation of Food Enterprises, the Latvian Traders' Association, the Food and Veterinary Service and universities, as well as dietitians.

In August 2006, regulations proposed by the Cabinet of Ministers were adopted with the aim of restricting and controlling the marketing of foods and beverages of limited nutritional value, such as soft drinks, sweets, chewing gum and salty snacks containing specific additives, in pre-schools and schools, and to create conditions whereby healthy food is readily available. In addition to these regulations, schools and pre-schools are encouraged to create their own healthy food policies (11).

Concerning agricultural policy, the Special Accession Programme for Agricultural and Rural Development (SAPARD) of 2001 is worth mentioning. Structural funds are available for the development of sustainable agriculture, which will be directed towards the development of agricultural production and technical modernization, improvement of the process and sale of agricultural products, diversification of the rural economy, and promotion of alternative sources of income and environmentally-friendly farming methods (44).

Lithuania

The State food and nutrition strategy and action plan 2003–2010 (45) were adopted by the Government in 2004. Measures to reach the specific targets of the action plan include: guaranteeing food safety and quality improvement; promoting ecological and sustainable production by developing a regulation on sustainable agriculture; enabling consumers to choose safe and nutritious foods by ensuring that food labelling, advertising and marketing satisfy the legal requirements; developing scientific research in the area of food safety and nutrition; improving the nutrition of pregnant women, breastfeeding mothers, infants, children and adolescents, the elderly, hospital patients, and people in social care institutions; organizing proper food supplies for all population groups; reducing the prevalence of chronic NCD related to nutrition; reducing the prevalence of obesity by, for instance, implementing a national obesity control programme and a law on physical activity and sports; eliminating IDD; optimizing the education and training of professionals; developing an information and education system for the population; and developing systems for monitoring food safety and the nutritional status of the population.

National legislation regulates the provision of physical education in schools, specifying a minimum of three hours a week. The Department of Physical Activity and Sports works closely with other ministries to promote physical activity among the population.

The Lithuanian sports sector, in partnership with other ministries and civil society organizations, promotes a range of activities among school children. These include initiatives, such as the Children's Olympic Festival in 2006, which involved some 220 000 children, Sports for All and activities which take place during summer vacations (11).

Luxembourg

During the last few years, Luxembourg has increased its efforts in the area of nutrition, physical activity and the prevention of obesity. Following the first National Health Conference in November 2005, the initiative was taken by the Ministry of Health to develop a national programme to promote healthy nutrition and physical activity.

In the same year, collaboration in the areas of nutrition and physical activity among the Ministries of Health, Education, Sport and the Family was intensified within a common study among 9-, 14- and 18-year-old children and adolescents. The report on this study was published in the spring of 2006. A common policy and a coherent, complementary action plan dealing with healthy nutrition and physical activity are being developed. The main objectives are: to raise awareness of the importance of a healthy lifestyle that promotes physical, mental and social health; to promote healthy and balanced eating; and to increase the quantity and quality of physical activity in the population. Particular attention will be paid to children and adolescents.

In July 2006, the four Ministers presented a common declaration of their commitment to the initiative and to the implementation of concrete and complementary actions within their respective fields of responsibility.

The most important specific aims are: to develop a national programme and national recommendations in the given areas; to create an interdisciplinary network of collaborators active in different areas related to nutrition and physical activity; to coordinate existing

individual projects; to identify population groups and areas with special needs; to improve the statistical information on nutrition, the physical status of the population, and related diseases; and to develop tools to regularly evaluate the implementation of policies and action.

On the basis of the recommendations and the scientific evidence provided by, among others, WHO, the EU, the International Obesity Task Force and national nutrition plans from other countries, an interdisciplinary expert group is currently developing national recommendations for nutrition and physical activity. A first national campaign to raise awareness is planned. A broad collaborative network is being built, including professionals in the areas of food security and nutrition.

A national interdisciplinary coordination body will be set up to implement the action plan entitled *Eat healthy, move more*, to evaluate realized objectives, to identify further needs, and to make regular adaptations to the programme on nutrition and physical activity.

At the moment, a study is in progress to analyse the health status and well-being of overweight children, assess their actual medical surveillance and therapy, and evaluate interdisciplinary surveillance and the promotion of healthy nutrition and physical activity.

Malta

The *Food and nutrition policy* was adopted by Parliament in the 1990s and was followed by several campaigns between 1992 and 2002 to implement aspects of the policy (1). A breastfeeding policy was launched in 2000 and *Guidelines on a Mediterranean diet for Malta* were published.

The projects and initiatives undertaken to prevent overweight and obesity in Malta are mainly carried out by the health sector through its Department of Health Promotion (www.sahha.gov.mt/pages.aspx?page=26). The Department regularly organizes activities in collaboration with partners, such as other government entities and the private sector, with the aim of encouraging the general public to adopt a healthy diet and a more physically-active lifestyle.

These activities are carried out as part of health campaigns, such as “Five-a-Day”; “The Mediterranean Diet”, “Cancer Prevention”, “Move for Health Day” and “World Health Day”. Publications produced by the Department of Health Promotion are distributed during these events and made available to the public all year round. Such efforts are given prominence by the media through press conferences, press releases, interviews, radio and television talk shows, and articles in local newspapers and magazines (6).

Interventions on healthy eating and the promotion of regular physical activity are carried out at the request of schools and local councils. In May 2006, the walking buses concept was launched as a pilot project at a local school.

An interministerial committee is being set up for the finalization and implementation of the revised *National Environment and Health Action Plan 2006-2010* (46), which will include child-specific actions. The goals of WHO *Children’s Environment and Health Action Plan for Europe*(14) to prevent injuries and create supportive environments relating to overweight and obesity form the basis for this process.

A transport and environmental committee has been set up to promote safe transport, including the promotion of physical exercise, such as walking or cycling to school. The Malta Transport Authority, Malta Environment and Planning Authority and the Ministry of Health are represented on this committee. In addition, the Department of Health Promotion is represented on the Malta Environment and Planning Authority Board of Directors, which enables the Department to have a voice and express concerns about health issues, such as the inclusion of safe recreational spaces during urban planning.

To achieve a more coordinated approach, a proposal for a multisectoral committee is under consideration.

Netherlands

In its policy document, *Living longer in good health 2004–2007* (47), the Dutch Government sets itself the task of halting the increase in the number of overweight adults and, in the case of children, of reversing the trend.

National policy documents addressing physical activity include *Sport action plan against obesity (2005)* (20), *Time for sport (2005)* (48) and *Towards an active policy (2003)* (49).

To tackle the problem of obesity from a wide range of perspectives, the Ministry of Health, Welfare and Sport drew up the Covenant on Overweight and Obesity towards the end of 2004. The covenant (signed in January 2005) is an important pillar of the Ministry's policy to address overweight. The quantitative goals include halting the increase in the number of overweight adults and reducing the number of overweight children by 2010. The Covenant, which is not enforceable by law, and was chosen as the Netherlands' platform for promoting the use of measures other than the more traditional policy-making and implementation instruments for counteracting overweight. In this respect, it emphasizes communication, self-regulation, self-implementation, self-enforcement, implementation based on "real life" scenarios, networks of mutually dependent actors, knowledge and information for effective action (www.convenantovergewicht.nl/english).

Parties to the Covenant are the Minister of Health, Welfare and Sport and the Minister of Education, Culture and Science who act as an administrative authority. Other parties include the Dutch Food Industry Federation, the Royal Association of Business in the Hospitality and Related Sectors, the Food Retail Board, the Association of Dutch Care Insurers, the Association of Dutch Catering Organizations, the Confederation of Netherlands Industry and Employers, the Royal Association of MKB-Netherlands (small- and medium-sized enterprises), the Netherlands Olympic Committee and the Netherlands Sport Confederation. In 2006, three new members joined the Covenant: the Association for the Vending Machine Sector (refreshments and snacks), the Association of Dutch Water Companies and the Holland Produce Promotion for Potatoes, Vegetables and Fruits.

Through their own activities and the roles they play in society, all parties to the Covenant look for ways to contribute to achieving the Government's targets on overweight. Their individual plans have resulted in an action plan entitled, *Striking the right energy balance* (50). The general goals of the action plan are to provide a positive stimulus for organizations and individuals to

act, to increase the knowledge of partners and the population, and to facilitate making the healthy choice the easy choice.

The introduction by the Dutch Food Industry Federation of an energy value logo on packed food products is an example of a Covenant activity. Cooking lessons in primary schools are an example of joint action, which resulted from cooperation among the hospitality industry, supermarkets, the food industry, dieticians and schools.

The Minister of Health, Welfare and Sport has set up a project office to facilitate and support the parties to the Covenant in organizing activities and ensuring cohesion and synergy. Civil society partners and other parties can apply to the project office to join the Covenant.

In the policy paper, *Time for sport (48)*, special attention is paid to health-enhancing physical activity. The target for 2010 is to increase by 5% (to 65%) the percentage of the population who participate in sports at least three times a week or do at least 30 minutes of healthy exercise almost daily. This would contribute to stabilizing and reducing the obesity problem. The available budget will be raised to over €13 million a year. A more intensive information and education campaign to promote healthy exercise will be launched and subprogrammes will be set up for the school, sport, workplace, health care, home and neighbourhood settings. Emphasis will be placed on low-threshold activities such as cycling, walking and swimming.

An example of fruit and vegetable promotion is the project that is being implemented in low income urban areas under the logo asking, “Do you eat fruit (or vegetables) twice a day?”. The logo can be used on packages both as a reminder to the consumer and to benefit retailers (www.groentenenfruit.nl). “The Netherlands in motion” is a national campaign motivating the population to be more physically active.

The Ministry of Health, Welfare and Sport also contributes financially to The Netherlands Nutrition Centre, whose tasks include the prevention of obesity. In 2005, the Nutrition Centre published *The Netherlands in balance: preventing obesity master plan 2005–2010 (51)*. Central to this plan is the promotion of a healthy energy balance (healthy eating and exercise) among Dutch consumers. The mass media campaign, “Don’t get fat”, which began in 2003, is an important element of the plan. This campaign has proved very successful in raising consumers’ awareness of the problem of obesity.

In January 2006, the Netherlands Nutrition Centre introduced a mass media campaign entitled “Balance Day”. The public is very aware of the danger that obesity poses to health and of the importance of a healthy diet and sufficient daily exercise. Yet people find it difficult to put their knowledge into practice. “Balance Day” is an innovative and effective approach to obesity prevention. It is a quick personal tool for maintaining a healthy body weight: compensate for a day of overeating by spending a day eating less and taking more exercise. The first results of this campaign are encouraging (www.voedingscentrum.nl).

A successful way of reaching the parents of young children is through the magazine “Smak” (literally meaning “the sound of eating”) issued by the Netherlands Nutrition Centre. This magazine, which teaches parents to raise their children on a healthy energy balance, is distributed through the primary health care sector (www.smakmagazine-jgz.nl).

Examples of health promotion campaigns that specifically address schools are the Healthy School Canteen Project of 2002 and the School Fruit Project of 2003. Information on these and other projects can be found at www.voedingscentrum.nl.

Other successes include the change to using healthier oil for deep frying food in schools, cookery and tasting lessons in schools, bringing sports clubs into schools, encouraging employers to promote healthy lifestyles, and providing “physical activity on prescription” – tailor-made physical activity available for individuals through their doctors. A food survey is currently being carried out among young children, and food-based dietary guidelines are to be introduced (3).

Norway

The strategy document, *A healthy diet for good health* (52), commissioned by the Norwegian Directorate for Health and Social Affairs, was drawn up by the Norwegian National Council for Nutrition and handed over to the Ministry of Health and Care Services in June 2005. Eleven ministries were involved in the development of the document, including the Ministries of Health, Agriculture, Fisheries, Children and Equality, Finance, Industry and Trade, and Education and Research.

The 2005 Nutrition Policy is rooted in health policy and builds on three documents:

- *Norwegian recommendations for nutrition and physical activity, 2005* (53);
- *The Parliament White Paper No 16: Prescriptions for a healthier Norway – a broad policy for public health* (54), which sets out strategies for Norwegian nutrition and public health work over a 10-year period; and
- *WHO global strategy on diet, physical activity and health* (5).

The vision of the National Council for Nutrition is healthy diet for life-long good health. Health challenges related to diet and trends in eating habits form the basis for the following dietary goals in Norway: a higher intake of vegetables, fruits, berries and whole-grain products; a lower intake of solid fats; and a lower intake of energy-dense, nutrient-poor foods. These strategic goals shall help to continue to reduce the incidence of cardiovascular diseases and the prevalence of diet-related cancer, and to stop the increase in overweight and obese people. The course of action chosen to attain these goals is to facilitate healthy food choices and increase general knowledge about food, diet and health. One of the primary objectives of the work in the areas of nutrition is to reduce social disparities in health. To this end, the National Council for Nutrition has designated the following five high-priority areas.

1. Healthy choices (lowering the prices of fruit and vegetables, raising the prices of energy-dense, nutrient-poor foods, and preventing the marketing of unhealthy foods to children and adolescents).
2. Educational institutions (providing free fruit and vegetables in day-care centres and schools, and ensuring basic health literacy, basic cooking skills and good teaching skills).
3. Health and social services (intensifying nutrition-related work in prenatal health services, children’s health clinics, school health services, nursing and care services and primary and specialist health services, and enhancing nutritional knowledge among health care personnel).
4. Research and monitoring (focusing on health-promotion and disease prevention measures that address public health challenges; conducting regular studies of eating habits and diet-related

health and disease indicators in the population; and monitoring height, weight, blood pressure and various blood parameters).

5. Communication (placing more emphasis on communication to enhance the public's knowledge about food, diet and health).

The National Council for Nutrition specifically recommends that authorities consider the use of normative and financial measures in shaping nutrition policy. Cheaper fruit and vegetables could contribute to increased consumption in families with children where intake of these items is low. Conversely, energy-dense, nutrient-poor foods should be relatively more expensive. Doubling tax and VAT on soft drinks is suggested as a possible effective way to reduce consumption in high-use groups.

Norway has several laws regulating the marketing of food and beverages to children. The Marketing Control Act is the general regulation for all marketing activities supervised by the Consumer Ombudsman. This Act states that marketing activities should not be in conflict with good marketing practice or otherwise unfair on consumers and that marketing should not be misleading or incorrect (55).

The *Action plan for physical activity 2005–2009. Working together for physical activity* (56) was adopted by the Parliament in 2005. The result of the joint effort of eight ministries, it contains 108 measures spread across diverse areas of the community, such as kindergartens, schools, workplaces, transport and urban planning, and leisure activities. A communication strategy for 2005–2009 was also developed to increase knowledge about physical activity and health and to motivate people to adopt an active lifestyle. A coordinating group, including representatives from all eight ministries, meets regularly to implement the different initiatives of the plan. The Directorate for Health and Social Affairs will coordinate the follow-up of the plan.

The main areas of action in the field of physical activity are related to improving facilities for cycling and other forms of active travel. Both the planning authorities and the transportation authorities at different levels are essential actors. A national cycling strategy was developed in 2003 and a national network of cycling cities is currently seeking to find better ways to improve cycling facilities and promote cycling. Increased focus on walking as a means of transport is also developing as a high priority area of action (20)

The Norwegian authorities are also working on developing better land-use planning procedures and tools in general that integrate health aspects and physical activity more efficiently. This includes, inter alia, health impact assessment and its integration into ordinary planning procedures.

The Planning and Building Act, currently under revision, is seen to be of crucial importance in creating surroundings that are more conducive to physical activity.

A national plan for children's health and environment is under development and the national planning and health authorities are currently investigating what is needed to ensure better participation of children and adolescents in planning processes.

Various models for school meals and daily physical activity at school were tested in 2006 through the project, Physical Activity and Healthy Meals at School. Disseminating models of good practice and advising local school authorities on key success factors are among the important aims of this project (57).

The new Working Environment Act (2007) obliges employers to consider physical activity as part of a company's systematic work on health, environment and safety at work (www.arbeidstilsynet.no/c26840/artikkel/vis.html?tid=29289).

In the health sector, the focus is on training for health professionals – from basic studies to graduate courses – to improve their knowledge about the role of physical activity and diet in preventive medicine. Another attempt is to develop efficient measures for applying and integrating physical activity and nutrition in the treatment of different disorders, such as cancer, diabetes, obesity and high blood pressure.

Poland

The National Health Programme introduced in the 1990s was revised for the period 2006–2015. The objectives of the Programme, the *WHO Global Strategy on Diet, Physical Activity and Health (5)* and the *EU green paper on the promotion of healthy diets and physical activity (58)* led to the development of the *National Programme for the Prevention of Overweight, Obesity and NCD through Diet and Improved Physical Activity 2007–2016 (20)*, the objectives of which are:

- to reduce the prevalence of overweight and obesity, mainly by improving diet and increasing physical activity;
- to reduce the morbidity and mortality caused by chronic NCD; and
- to reduce expenditure for health protection related to the treatment of chronic NCD, especially in relation to obesity and similar complications, and to diminish the economic effects of disability and premature mortality.

Specific actions include: the creation of a National Centre for the Promotion of Healthy Diet; the improvement of diet and physical activity among children and adolescents in schools; the introduction of physical activity programmes; and the implementation of healthy diet principles and dietary advice in hospitals and in basic and specialist health care institutions.

The programme will be monitored by evaluating the effectiveness of interventions and through surveys on the population's knowledge about food, diet and physical activity.

The programme is carried out in cooperation with the Polish Platform for Action on Diet, Physical Activity and Health, which was established in July 2005 with a particular focus on counteracting and preventing overweight, obesity and other diet-related diseases(6).

Several ministries and institutions were involved in the creation of the Platform: the Ministry of Health, the Ministry of National Education and Sports, the Ministry of Agriculture and Rural Development, the Ministry of Science and Information Society Technologies, the National Food and Nutrition Institute, medical schools, agricultural universities, medical faculties, and scientific institutions active in the prevention of obesity.

An important role in the process will also be played by local authorities, the food industry, the retail trade, educational institutions, parents' committees, professional staff of health care

institutions, employees of official food control bodies, active nongovernmental organizations, urban planners, fitness and wellness clubs, and the electronic media and press.

The implementation of the programme is scheduled for the period up to 2015. The National Food and Nutrition Institute has developed a set of measures for strengthening the public health care system, such as increasing the awareness of healthy diet among the general public, improving the dietary habits and nutritional status of the population, and raising levels of physical activity.

The national information initiative, Food, Nutrition, Health, is an integral part of the National Food and Nutrition Institute and, in cooperation with the mass media, medical scientific societies, social educational organizations and institutions responsible for postgraduate education, has started to carry out the tasks connected with the implementation of the *WHO Global Strategy on Diet, Physical Activity and Health* (5). Some of these include (6):

- ensuring the possibility of making a conscious choice regarding food products, through the promotion of relevant knowledge, including marketing, and by taking individual needs into account;
- educating and improving the qualifications of professional groups concerned with human health (doctors, nurses, dieticians, employees of official food control bodies); and
- improving nutrition in hospitals and food safety throughout the whole food chain.

Physical activity is placed within the competence of two ministries, the Ministry of Health and the Ministry of Sport. The promotion of sports activities is implemented in cooperation with different nongovernmental organizations. Currently there are various programmes aimed at increasing physical activity in different areas (26).

Portugal

The *National programme against obesity* (59) is integrated in the *National health plan 2004–2010* (60), together with other programmes such as the National Programme on Integrated Intervention of Health Determinants Related to Lifestyles, the National Programme on Diabetes Control, the National Programme on Prevention and Control of Cardiovascular Diseases and the National Programme against Rheumatic Diseases.

The *National programme against obesity* aims to contribute to weight loss in the obese and those affected by Type 2 diabetes and cardiovascular diseases, and to combat habits leading to overweight. In general terms, it aims to contribute to the development of a culture that promotes healthy weight in the Portuguese population through intersectoral cooperation. The objective of the programme is, in this way, to reverse the increase in the prevalence of pre-obesity and obesity in Portugal. The intervening strategies are based on the secondary prevention of overweight and the co-morbidities that it provokes. The strategies aim to improve not only all the procedures related to identifying and following up those at risk, but also the diagnosis, treatment, care and follow-up of patients.

The *National programme against obesity* is divided into four main strategies: prevention, therapy and surgical treatment; training of physicians, nutritionists and professionals concerned with physical activity; gathering and analysing information on the trends and prevalence of obesity; and monitoring of programme implementation.

Physical activity is included in both the *National health plan 2004–2010* and the *National programme against obesity*. The current key initiative is the “Move it” campaign, a national programme to promote physical activity and sport. The goal of this initiative is to spread information and materials, to train professionals, to change the social norms, to monitor and evaluate physical activity outcomes and to establish partnerships, such as that with the International Society for Behavioural Nutrition and Physical Activity (26).

In Portugal, the health and agricultural sectors collaborate on specific initiatives, such as cooperative research by private agriculture producers’ associations, nutrition research centres and universities (3).

Furthermore, there is a major emphasis on supporting small producers, especially in organic farming, and offering them ways to promote their products. For instance, the Alcobaça Apple Producers’ Association was created in 2000 with the aim of protecting and promoting the Alcobaça apple and its production, trading and marketing, thus promoting the sustainable growth of the sector (www.idrha.min-agricultura.pt).

Republic of Moldova

In 2002, the Ministry of Health set up a working group with the aim of drafting a national plan of action on nutrition and food safety. The draft was later developed for intersectoral review (1).

In September 2002, the National Conference on Nutrition examined public health problems relating to nutrition and food safety and recommended the Government to accept and implement the national plan of action. Unfortunately, no further steps have been taken to approve the plan, owing mainly to economic reasons. The report, *State of nutrition in the Republic of Moldova*, has been published with the support of UNICEF (2).

In November 2003, the legislation on the national sanitary–epidemiological system was updated to take account of relevant international recommendations. The Department of Standards, together with the Ministry of Health and other government bodies, drafted the Consumer Protection Law, which was adopted in June 2003.

The Ministry of Health drafted a food law, which was adopted by Parliament in 2004. At the same time, progress was made in bringing national health legislation in line with international recommendations. Regulations on food labelling and food additives were approved by the Government and the State Chief Sanitary Doctor, respectively.

The number of sport clubs and facilities promoting physical activity has decreased significantly in the recent past and only a small percentage of the national budget is allocated to sports facilities. However, there is political will to reverse the trend and a plan to strengthen physical activity is in preparation (26).

Romania

The *National action programme for health and the environment*, which was adopted in 1998, also encompasses nutrition and food safety (1). Activities included are: the surveillance of the health status and dietary habits of the population; monitoring of the quality of the most used foods (milk and milk products, meat and meat products, bread and soft drinks); the elaboration of new food composition tables; nutrition education for professionals and consumers; support to and training of food producers; the harmonization of food safety legislation with EU directives; communication with the mass media on food safety issues; the elimination of IDD; the surveillance of foodborne diseases; and research and development.

Norms for food additives, special purpose foods and food hygiene were published jointly by the Ministry of Health and the Ministry of Agriculture.

In 2002, the National Council for Food and Nutrition was reorganized to involve experts from the Ministry of Health and Family, the Ministry of Agriculture, Food and Forestry, the Ministry of Education and Research, the Ministry of Labour and Social Affairs, the Ministry of Finance, the Institute of Public Health, the Institute of Food Research, the Institute for Mother and Child and the Academy of Agricultural Sciences. Recommendations for a national action plan developed by the expert group were presented at a WHO workshop in 2004 (2).

Russian Federation

The implementation of the multisectoral policy document, *Concept on national policy for healthy nutrition by 2005*, adopted by the Government, resulted in an improved legislative base, the establishment of a surveillance system for the quality and safety of food products, an increase in the production of low-calorie food products and food fortified with vitamins and minerals, a monitoring system for food consumption at the population level, and nutrition education for different population groups and health professionals (6).

A model of a behavioural risk factor surveillance system, including nutrition, physical activity and obesity indicators, has been developed and tested in several regions of the country. The model will soon be implemented at the national level.

The document, *Healthy nutrition: action plan for development of regional programmes in Russia* (2001), has been widely distributed to and used by regional governments and health authorities. Nutrition and physical activity are important components in two recent federal health programmes covering diabetes and hypertension, respectively (6).

The development of an action plan on physical activity is under consideration (26).

Serbia

In August 2005, the Ministry of Health of the Republic of Serbia established the Commission on Nutrition as the technical body responsible for the preparation of a food and nutrition action plan for period 2005–2010. The Commission began its work with a comprehensive analysis of the national situation concerning nutrition-related diseases. This analysis will be used as the basis in

formulating national nutrition goals, planning the action needed to accomplish them and the methods to be used for monitoring and evaluating progress. Preliminary data clearly indicate that the simultaneous presence of nutrient deficiency disorders and overnutrition-related diseases presents a double burden.

A Ministry of Health project entitled, Standards for Nutrition Skills and Knowledge for Primary Health Professionals in the Prevention of Nutrition-related Diseases, has been initiated. It aims to provide health professionals with new information and knowledge about healthy lifestyles as well as the skills required to prevent obesity and obesity-related diseases (6).

Other ongoing programmes in Serbia address the promotion of breastfeeding and the elimination of IDD. Successes related to the latter-mentioned include: the establishment of the Federal Commission on IDD Prevention; passing legislation on universal salt iodization; and the regular monitoring of school-age children in high-risk areas for urinary iodine. It is planned to establish a monitoring system for iodine in salt at factory, retail and household levels and a system of collecting data on urinary iodine (13).

In 2005, Serbia and Montenegro¹ joined the DAFNE West Balkan countries project, which is now in the process of statistically analysing the available household budget survey data (www.nut.uoa.gr/english).

Slovakia

Recent policy developments in the areas of nutrition, physical activity and obesity prevention in Slovakia consist of two main strategic documents and a set of derived documents, strategies and activities.

The two main strategic documents are *Health state policy*, which was updated and approved by the Government in January 2006, and the *National health promotion programme*, which aims to address selected health determinants of overweight and obesity in the population. The goals of the programme include healthy lifestyle, health promotion in health care, family health, healthy nutrition, healthy working conditions and the reduction of the prevalence of NCD.

Several thematic documents were derived from the strategic documents mentioned above. For instance, the *Slovak population nutrition improvement programme* was integrated into the *National health promotion programme* in 1999 and focuses on safe and healthy nutrition for the population. A multisectoral approach, bringing together the areas of health, agriculture, science, education, culture and others, has been proposed. National age- and gender-specific recommendations on dietary intake and food-based dietary guidelines have been developed for the population.

In 2001, the Government approved the *National programme for sport development*, in which two of the main priorities are physical activity in schools and sports as a leisure activity. Draft legislation on sports activities is being developed.

The proposed National Obesity Prevention Programme, developed on the initiative of the National Public Health Authority in May 2005, is currently being discussed in the Ministry of

¹ The name of the country is correct for the date in question.

Health. The overall aim of the programme is to establish an energy balance by promoting healthy nutrition and physical activity with a consequent reduction in the prevalence of obesity in all population groups. A multidimensional approach has been suggested involving individuals, communities and several public policy sectors. It is proposed to take action in community settings, such as schools, workplaces, catering services, public health and health care services, and through public education. The economic regulation of lifestyle through subsidies, marketing and the tax system has been also proposed.

In Slovakia, the CINDI programme has been operating in the field of preventive nutrition/physical activity since the mid-1990s. An infrastructure of health counselling centres has been built at regional public health institutes within the CINDI framework, making individual risk factor assessment and preventive counselling on nutrition and physical activity available to individuals.

Slovenia

In March 2005, the National Assembly approved a resolution on the *National Nutrition Policy Programme for 2005–2010 (61)*. The Programme covers three basic pillars: food safety, balanced and preventive nutrition, and sustainable food supply. One of its main objectives is to reduce the prevalence of obesity in all population groups but especially in children and adolescents. The focus for 2005–2006 was children and adolescents and the development of a list of food items that should be made less available in school settings.

A draft of the National Plan for Physical Activity, prepared by the Ministry of Health, was sent to the Government in 2006 (20).

In 2002, while Slovenia was still an EU accession country, a health impact assessment of the food and agricultural policy was made. The main concern provoked by the findings related to the post-accession changes in the supply of locally-produced versus imported food and the effect of these changes on rural livelihoods, local markets and small-scale producers.

Therefore, the *Food and nutrition action plan 2005–2010* also focuses on promoting sustainable, locally-produced foods and involving the food industry. The main goals of the plan are: to increase the consumption of good quality, locally- and ecologically-produced healthy foodstuff; to stimulate the development of local economies and rural development; to create new market opportunities for local farmers; and to contribute to environmental protection (3).

Examples of initiatives at the local level include the Let's Live Healthily project and the Mura programme. These initiatives promote local development with the aim of identifying, developing, implementing and strengthening best practices in the fields of socioeconomic and environmental development and thus enhancing the health and quality of life of the people of the Pomurje region (6).

The National Institute of Public Health has formed partnerships with a number of stakeholders, including agricultural extension services, tourist associations, the food industry, and regional and local development agencies.

The following activities related to diet, nutrition and physical activity have been initiated by the National Institute of Public Health (6).

- New standards for healthy nutrition have been drawn up for kindergartens, primary schools and secondary schools. The basic idea is to offer all children and adolescents healthy meals at school and to provide a supportive environment in kindergartens and schools for making healthy choices in terms of what children eat.
- In 2004, the “That’s me” web site that provides information for adolescents was expanded to include topics on nutrition and physical activity.
- Body Weight for Adolescents and Getting Active (2004–2006) are health education programmes for adolescents aged 13–16 years that provide systematic body weight checks and physical activity.
- The Healthy Nutrition and Physical Activity for Secondary School Teachers Programme (2004–2005) empowers teachers to include nutrition and physical activity in the curriculum. A research of the factors that inhibit and facilitate healthy nutrition and physical activity in adolescents is being conducted as part of the programme.

Spain

The Spanish *Strategy for nutrition, physical activity and the prevention of obesity* (NAOS strategy) (62) was launched in 2005 and addresses obesity through different working groups. These groups focus on areas, such as: targets for a healthy diet and physical activity; the educational, environmental and genetic determinants of obesity; preventive health care measures; and scientific research. A wide range of stakeholders has participated in the consultation process and various collaborative agreements have been signed between the Ministry of Health and Consumer Affairs and the private sector.

Targeting the family, the community, schools, the health system and businesses, the strategy’s objectives include: increasing awareness through campaigns on the impact on health of a balanced diet and regular physical activity; promoting healthy eating habits and increased physical activity; working in collaboration with the food and drinks industry to promote healthier products; raising awareness among health care professionals to encourage the systematic detection, monitoring and evaluation of obesity.

An obesity observatory shall regularly quantify and analyse the prevalence of obesity in the Spanish population, especially in infants and young people, and measure progress in the prevention of the disease. The observatory will ensure the necessary methodological homogeneity among the different epidemiological studies that are initiated, enabling comparison with other national and international studies and the collection of valid information on developments, trend and factors influencing and determining obesity.

The key achievements of the NAOS strategy include a congress held in 2005, directed at mayors and town councillors, on placing action against obesity high on the local political agenda, including urban planning and strengthening collaboration among local actors. To promote healthy eating habits, 100 000 copies of a leaflet on healthy diet for children have been distributed. During 2006, TV channels with a young target audience broadcast a promotional message on healthy eating. A national basketball league has started a two-year campaign entitled “Move against childhood obesity” to promote sports and physical activity. Other efforts include: implementing promotional activities in shopping centres; providing nutrition education for children in schools; developing guidelines on food and drink vending machines for schools;

developing menu guidelines for caterers; obtaining commitments of the food industry to reduce sugar, salt and fat in processed foods and to produce healthier products; adding nutritional information to packaging; and developing an advertising code for marketing food to children under 12 years of age.

In addition, *Código PAOS (63)*, a self-regulation code of practice addressing food advertising directed at minors, obesity prevention and health, was introduced in 2005. It is included in the framework of the NAOS strategy with the aim of reducing the prevalence of overweight and obesity and their consequences. The code is in line with the Principles of Food and Beverage Product Advertising of the Confederation of the Food and Drink Industries of the EU that were approved in February 2004.

In collaboration with the Spanish Federation of Food and Drink Industries, a set of guidelines was drawn up to help companies in the development, implementation and dissemination of their advertising messages directed at minors. Companies adhering to the code reiterate their commitment to the general advertising legislation and agree to respect the standards contained in the code. Advertisements must follow certain criteria relating to the type of food product being promoted, the design of the advertisement and the circumstances surrounding the dissemination of the advertisement. A monitoring commission will evaluate the application of the code on a regular basis.

The school environment is considered a priority setting in Spain. The PERSEO programme for the prevention of obesity in schools was initiated by the Ministries of Health and Education. Its aim is to encourage healthy eating habits and regular physical activity not only among school children (approximately 12 000 primary pupils from 72 schools) but also among their families, through parents' associations. The programme will be evaluated by measuring the BMI of the children. If successful, it will be extended to other schools.

In the area of health services, a Royal Decree has recently been approved defining disease prevention and health promotion activities. These include an assessment of the nutritional status and the early detection of obesity in infancy and adolescence.

Sweden

In 2003, the Swedish Parliament ratified the Public Health Bill, which introduced a new public health strategy focusing on the determinants of health rather than on individual diseases. The *Public health policy (64)* was published in 2003 and deals with physical activity as well as nutrition. The overarching aim of the policy is to create societal conditions that ensure good health, with equal terms for the entire population. Increased physical activity, good eating habits and safe foodstuffs are among the eleven target areas of the policy.

The policy refers to the importance of good sports policies that increase people's opportunities to practise sport and take exercise. Physical activity in schools and preschool institutions is seen as essential and the area of sports and health should aim to develop new working methods that allow all children to participate. Outdoor life, in connection with which access to green areas is important, should be stimulated both through support to popular movements and better community planning. Physical activity during working hours is of central importance and the frequency with which people cycle to and from work should increase dramatically.

In 2003, The Swedish Government commissioned the National Food Administration and the National Institute of Public Health to develop background material for an action plan on healthy eating habits and increased physical activity. The report was presented to the Government in 2005 (65). It emphasizes that, in order to improve dietary habits and increase levels of physical activity, changes must be directed at the societal level, where the prerequisites for a healthy lifestyle are created. A particular characteristic of the document is the multiplicity of areas in which actions are proposed, such as the working environment, housing, public health, research, health care, sport, consumer affairs, food, the environment, tax, transport, education and care of the elderly. It contains proposals for measures that are clearly defined and have quantifiable targets and, in contrast to other programmes, not only describes what should be achieved but also ways of actually achieving it. Most importantly, every proposed measure is allocated a leading actor who is specifically responsible for it.

The 79 proposed measures are being dealt with by central government as well as by local and regional authorities. Examples of these measures are the development of new guidelines for all meals provided at elementary and secondary schools and the launch of a dialogue with the various trade organizations in the areas of food production, distribution, retail and catering on ways in which the food sector could contribute to healthy dietary habits (65).

In Sweden there is a focus on intersectoral collaboration between the municipalities, national agencies and boards, nongovernmental organizations, etc., as well as between the national, local and regional levels. There is also an ongoing dialogue between the Government, food producers and the marketing industry on the marketing practices related to energy-dense, micronutrient-poor foods. The goal is to push the industry towards further self-regulation and self-monitoring (3).

“Challenge Gothenburg” is one example of the numerous activities to promote physical activity at the local level. It is organized as a competition for companies and organizations in cycling to, from and at work (41).

Switzerland

The Federal Council’s *Concept for a national sports policy* of 2000 (66) sets the basis for the political contribution to creating a culture of physical activity whereby sport is part of social, economic, ecological and sustainable development.

Based on the results of the third and fourth Swiss nutrition reports, a working group established by the Nutrition Council defined the goals and tasks of the Swiss nutrition policy for the period 2001–2005. The key goals were to promote healthy body weight through a well-adjusted energy and nutrient balance and to increase the consumption of fruit and vegetables. To achieve these goals, strategies were developed and programmes launched in cooperation with partner organizations.

Long-term measures involve influencing political and social conditions in such a way as to ensure a sustainable trend towards the maintenance of a healthy body weight. The Fifth Nutrition Report (67) was published in 2005 and will be the basis for setting goals and tasks for a future nutrition policy in Switzerland.

In 2001, the *Action plan on nutrition and health (68)* was approved by the Federal Council in order to: reduce the prevalence of nutrition-related diseases; ensure a supply of safe food of good quality; contribute to the sustainable and environmentally-friendly production and distribution of food; and put consumer interests in the centre of nutrition policy.

The creation of a new action plan dealing with the prevention of obesity is a high priority for the Swiss Government in 2007. Moreover, a plan for the implementation of the *WHO global strategy on diet, physical activity and health (5)*, adapted to national needs, is currently being developed under the leadership of the Swiss Federal Office of Public Health and in close cooperation with the relevant federal ministries, cantonal and local authorities, nongovernmental organizations, academia, industry, consumer representatives and other partners involved in activities related to counteracting obesity (11).

A parliamentary proposal was recently made on the taxation of energy-dense foods containing excessive amounts of fat and sugar. Although it was rejected by the Government, it was kept as a future option in case other solutions fail. As regards marketing to children, the food industry is setting up a system of self-regulation to be discussed with different stakeholders (3).

In 2002, the *Suisse Balance* programme was launched. This is a joint programme of the Swiss Federal Office of Public Health and Health Promotion Switzerland. Its two principal objectives are defined as follows: to considerably increase the proportion of people living in Switzerland with a healthy weight, achieved through physical activity and a healthy diet; and to create by 2010 the structural conditions needed to allow the stable development of healthy body weight in the population. The programme encourages and supports the development of local, regional and national projects that reinforce healthy behaviour through nutrition and physical activity. This is aimed principally at children and young people (www.suissebalance.ch).

A steering committee is vested with the strategic responsibility for the programme. Members include representatives of the two partner institutions as well as the Chairperson of the Federal Nutrition Council. There is also a smaller executive committee made up of one representative of each of the partner institutions as well as the project manager. The project manager is independent, being recruited externally and specifically for the programme.

An evaluation of the programme, undertaken in 2004, revealed that it had succeeded within a few years in becoming an important actor in the area of health promotion.

“Allez Hop”, which began in 1999, is another initiative aimed at increasing physical activity among the population through sport and the in-depth medical and technical training of physical activity teachers. It also offers courses on endurance sports and the transmission of basic knowledge about physical activity and the pleasures associated with being physically active. Low fees make these courses accessible to everyone, thus encouraging also those of low socioeconomic status to be more physically active (www.allezhop.ch).

In 2004, the Health-enhancing physical activity (HEPA) Network Switzerland was created with the objective of promoting health-enhancing physical activity among the Swiss population. The network works according to the following four-phase plan.

1. Distribution of information on the principles of the network to health professionals and policy-makers.
2. Exchange of information and collaboration with partners in the network.

3. Development of tools for action by partners in the network.
4. Integration of physical activity in the overall public health policy.

Information on and support in developing, conducting and evaluating physical activity interventions is provided to the partners in the network (www.hepa.ch).

Tajikistan

The national policy on healthy nutrition is currently in preparation. A recently developed programme on diet and physical activity also covers breastfeeding and the prevention of anaemia and vitamin A deficiency. A policy on the prevention of obesity will be developed and a survey carried out to assess the prevalence of obesity in the country (6).

The former Yugoslav Republic of Macedonia

In 2004, the Government adopted the *Action plan for food and nutrition* (2). The action plan is overseen by a national committee that reports to the Ministry of Agriculture and Health. The *Agricultural development strategy 2005* was approved by the Government in 2001 and the *National environmental health action plan* in 1999 (1).

The following activities have been carried out in accordance with the *Action plan for food and nutrition*:

- establishment of the Centre for Nutrition and Diet within the Republic Institute for Health Protection in 2004;
- allocation of budget for activities planned in the Annual National Preventive Programme for 2005 of the Republic Institute for Health Protection;
- collaboration with consumer organizations and implementation of activities planned for 2004 and 2005; and
- establishment of new daily nutrient norms for catering in kindergartens and schools.

Cooperation between the health and agricultural sectors has been very successful. A national commission with an advisory role was established and includes representatives from faculties related to health, medicine and agriculture. The FAO/WHO report, *Diet, nutrition and the prevention of chronic diseases* (69), has been translated and distributed to professionals (3).

To bring the population's diet in line with dietary recommendations, cooperation with the food industry was initiated, especially with regard to the production of foods with a lower content of calories, total fat, sugar and salt and a higher content of micronutrients and fibres. Guidelines were published in 2006 for the food industry on the implementation of Hazard Analysis and Critical Control Points (HACCP) systems and basic food hygiene in the catering industry.

Attempts to improve consumer information include the creation of a new law on food labelling in 2005.

Collaboration has also been strengthened with non-governmental organizations and the media.

Other ongoing activities include: the establishment of a nutrition information system with data on food consumption and micronutrient intake; promotional campaigns for the general population on healthy eating habits and the importance of physical activity, and on fruits and vegetables in public schools and kindergartens; and mass campaigns as part of the World Heart Day, World Food Day, and World Diabetes Day (11).

Turkey

The *National Plan of Action for Food and Nutrition* was published in 2002 and covers the period 2002–2010. The main objectives are: to incorporate nutrition objectives, considerations and components into development policies and programmes; to improve household food security; to protect consumers through improved food quality and safety; to prevent and manage foodborne diseases; to promote breastfeeding; to provide care for the socioeconomically disadvantaged and nutritionally vulnerable; to prevent and control specific micronutrient deficiencies; to promote appropriate diet and healthy lifestyle; and to assess, analyse and monitor the nutritional status of the population (1).

To coordinate the implementation of the plan, the National Food and Nutrition Committee was set up with representatives from related governmental bodies, such as the Ministry of Health, the Ministry of Agriculture, and the Ministry of Education, as well as the food production sector, universities, nongovernmental organizations and the private sector. The Committee consists of working groups on different nutrition and food issues. Obesity is dealt with by the working group on “Prevention of obesity and chronic diseases related to obesity and encouraging an active lifestyle”. The Committee began its work in the fields of physical activity and obesity and will also develop recommendations on advertising aimed at children.

The National Food Codex Commission was established in 2005 together with a new food law to ensure food safety (3).

A programme to increase public interest in nutrition has been running since the late 1990s. Its aim is to provide nutrition education and information in order to promote healthy lifestyles. Obesity prevention, including body weight management and healthy cooking practices, is one of the aspects of the programme. Visual training materials (brochures, CDs, books, etc.) and the nutrition guide for Turkey were prepared and used in training programmes.

In 2006, preparations for a national nutrition, health and food consumption survey were made. Information will be collected on food consumption and on anthropometric and biochemical parameters. Other nutrition projects include: healthy diet, active lifestyle and the prevention of obesity in adolescents; nutrition education for primary school children; nutrition and the health status of athletic children; nutrition and healthy aging in elderly people; and safe milk for health.

Ukraine

The policy document, *Concept of a national nutrition policy*, was adopted in 2004. The main priorities of the policy are: to eliminate micronutrient deficiencies; to reduce the prevalence of

obesity; to promote healthy nutrition throughout the population; to ensure a sustainable supply of food and foodstuff; and to increase breastfeeding (1).

The following national programmes were also approved: Health of the Nation; Food Quality and Security; a national IDD prevention programme for 2002–2005; and Children of Ukraine, which focuses on the nutrition of children.

Intersectoral collaboration includes the Ministry of Public Health, the Academy of Medical Sciences, the Ministry of Economics, the Ministry of Finance, the Ministry of Agricultural Policy and the State Committee on Consumer Policy and Technical Regulation.

United Kingdom

The public health White Paper, *Choosing health: making healthy choices easier* (70) of 2004 sets out the key principles for supporting the public in making healthier and more informed choices with regard to their health. The Government will provide information and practical support to motivate people and improve their emotional well-being and access to services, so that healthy choices are easier to make.

The food and health action plan, *Choosing a better diet: a food and health action plan* (71) of 2004 summarizes how the Government will meet the commitments on nutrition presented in the public health White Paper. It includes action relating to the advertising and promotion of foods to children, simplified food labelling, education about and prevention of obesity, and nutritional standards in schools, hospitals and the workplace.

Another relevant document is *Choosing activity: a physical activity action plan* (72) of 2005. This document sets out the Government's plan to encourage and coordinate the action of a range of departments and organizations in order to promote increased participation in physical activity. It brings together all the commitments relating to physical activity in the White Paper as well as other government action that will contribute to increasing levels of physical activity. These include physical education and sport in schools and local action to encourage activity through sport, transport plans and the use of green spaces, as well as through the advice provided by the National Health Service on increasing activity through the use of pedometers.

The Department of Transport launched an action plan in 2004 entitled *Walking and cycling*. The plan sets out measures to be taken across government to increase levels of active travel by creating places for walking and cycling and to influence travel behaviour through training, education, marketing and promotion (20).

The following subnational policy documents also deal with nutrition: *Food and wellbeing: reducing inequalities through a nutrition strategy for Wales 2003* (73); *Eating and health: a food and nutrition strategy for Northern Ireland 1996* (74); *Eating for health: a diet action plan for Scotland 1996* (75).

The British Government works together with the food industry to develop better information on the nutrient content of packaged foods. An investigation by the Food Safety Authority revealed that people would like simple labelling signs to help them make informed and healthy food choices. It was therefore planned to develop a clear coding system that could be understood at a glance. The Food Safety Authority is currently consulting on nutrition criteria that could be used

to underpin such a scheme or identify foods that can be promoted to children. More information on the traffic light symbol can be found at www.food.gov.uk/.

Other examples of collaboration are the local strategic partnerships in the United Kingdom. Primary care trusts and local authorities working through such partnerships bring together local authorities, other public services and private, voluntary and community sector organizations to work with residents to improve local areas and services. They have a key role to play in supporting healthy eating in communities and need to ensure that they work closely on strategies to encourage access to healthy eating through local retailers, food growing schemes, cooking skills' development, food cooperatives and community lunches. They will be supported by national and regional action, in particular the national "5 a day" programme.

The Government has also produced "Creating healthier communities", a resource pack for local partnerships, as part of the implementation of the public health White Paper. This provides practical guidance on working in partnerships, targeting action and using tools, such as local area agreements and overview and scrutiny arrangements, including specific guidance on healthy eating initiatives for communities (www.neighbourhood.gov.uk/page.asp?id=784).

The project, Reducing Children's Car Use: the Health and Potential Long-term Implications of Car Dependence, was launched in the County of Hertfordshire. The aim is to gather data on children's travel and activity patterns, on their parents' attitudes and on characteristics, which can be linked to data on the children's health (height, weight and body-fat content). It also monitors children's activity patterns to establish relationships between, for example, car use and the amount of physical activity taken (41).

School travel initiatives, in particular walking buses, are launched and evaluated over a year.

Several public-private partnerships have been created to promote healthy eating and physical activity through several initiatives. The following examples are initiatives implemented in Scotland:

- "Hungry for success" is an initiative that focuses on children's school meals. It was introduced into primary schools by the end of 2004 and is being implemented in secondary schools. "Hungry for success" is also being introduced in the rest of the United Kingdom. The Scottish vision aims, however, not to create a new generation of healthy processed foods but to strengthen local food supply chains – to consume food grown locally. It has led to the private sector's developing new products to meet the standards and creating more opportunities for local suppliers. An interesting outcome has been that it has also changed the demand for certain products, yet companies that were proactive in adapting their products to the new standards from the start have kept their markets (www.scotland.gov.uk/Publications/2003/02/16273/17566).
- The "Healthy living" communications campaign promotes public health to consumers in a holistic way. An example of a public-private partnership is the "Neighbourhood shops" project. Food choice is at its worst in local convenience stores that focus on selling confectionery, alcohol and cigarettes and very little fresh food. The project uses very simple marketing techniques – moving the fruit and vegetables to the front of the store and working with suppliers to improve the fresh products available. This has resulted in a growth of 62% in the sale of fruit and vegetables. A further outcome has been to prove to retailers that simple changes (such as displaying fruit instead of confectionery at checkouts) results in greater sales

and generates profits in areas that were previously considered relatively uneconomic (www.healthyliving.gov.uk)

- The approach in Scotland in the field of physical activity promotion has been to establish partnerships with local government, the community and voluntary sectors. An example of such a partnership is “Paths to health”, which includes providing grants for local schemes and offering training and ongoing support for local volunteer walk leaders. See www.pathsforall.org.uk/pathstohealth for more information.
- The pilot project, “Dance revolution”, involves the Milk Development Council and a clothing chain. So far, 15 events have been organized in shopping centres, with dance machines, physical activity questionnaires and milk handouts, to reinforce in adolescents the link between physical activity, milk consumption and healthy bones.

Uzbekistan

The Uzbek Parliament adopted a nutrition policy document in August 1997. An administrative structure for the implementation of the policy was set up and an advisory body established to provide scientific advice to policy-makers.

The document, *Guidance on a plan of action for healthy nutrition in the Republic of Uzbekistan up to 2010*, was finalized in 2005 and an action plan for nutrition is under development (1).

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