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DEVELOPMENT OF FOOD AND NUTRITION ACTION PLANS IN THE BALTIC COUNTRIES

Report on a Second Consultation
Riga, 19–20 June 2001

ABSTRACT

The first consultation on development of food and nutrition action plans in the Baltic countries took place in Riga in August 2000. This second consultation provided the opportunity for the Baltic countries to present draft food and nutrition action plans. These were discussed and advice given regarding the way forward to finalize action plans. All participants were keen to set up a Baltic/Nordic nutrition network. The 42 participants came from eight countries (Annex 1) and represented the health, welfare, environment and agriculture sectors, thanks to our hosts, UNICEF and the FAO. This show of interest and commitment across sectors demonstrates that the vital cross-sectoral links between nutrition, food safety and social concerns are being recognised and acted upon by policy makers.

Keywords

NUTRITION POLICY
PROGRAM DEVELOPMENT
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WHO Regional Office for Europe, Copenhagen

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Ms Eva-May Ohlander is sincerely thanked for her enthusiasm and initiative in leading the process of developing a Baltic-Nordic Nutrition Network.

Cecile Knai, Consultant with the WHO Regional Office for Europe Nutrition and Food Security Programme, acted as Rapporteur and finalized this report of the Workshop.

Finally, the enthusiastic participation of all the professionals from Estonia, Latvia, Lithuania, Denmark, Finland, Iceland, Norway, and Sweden who attended the consultation is greatly appreciated.

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1. Foreword

This report summarizes the proceedings of a Baltic-Nordic consultation, held in June 2001 at Hotel Sigulda in Sigulda, Latvia. It was jointly organized by the WHO Regional Office for Europe (the Nutrition and Food Security unit and the Nordic Council of Ministers. Arrangements at the course site were coordinated by Daina Biezaite, Administrative Assistant, WHO Liaison Office, Latvia.

The purpose of the consultation was to hear about and document the Baltic countries' progress in developing food and nutrition action plans. This consultation was a follow-up to the intersectoral food and nutrition policy workshop for the Baltic countries held in August 2000 in Latvia. This meeting included sessions were accompanied by working groups at which participants developed proposals for implementing their national food and nutrition action plans.

The purpose of bringing together countries of the Baltic region and their Nordic neighbours in this initiative was to:

- build on natural advantages and the geo-economic position of the Nordic/Baltic region in relation to food and nutrition policy;
- promote sustainable development in the Nordic/Baltic region as well as regional cohesion through development of food and nutrition policies and action plans;
- improve skills needed to develop intersectoral policies in relation to food and nutrition; and
- establish a Nordic/Baltic Food and Nutrition Network.

The 42 participants came from eight countries (Annex 1) and represented the health, welfare, environment and agriculture sectors, thanks to our hosts and the FAO. This show of interest and commitment across sectors demonstrates that the vital cross-sectoral links between nutrition, food safety and social concerns are being recognised and acted upon by policy makers.

The majority of participants attended the whole workshop and completed evaluation forms at the end of the workshop (Annex 3). Everyone gave constructive feedback, both formally and informally, on the relevance, quality and usefulness of the workshop. The feedback from participants will be use to improve subsequent consultations of this kind and to build on the policy training tool "Intersectoral food and nutrition policy development for decision-makers".

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

2. Opening speeches

2.1. Dr Viktor Jaksons, Adviser to the Minister of Welfare

Dr Jaksons opened the meeting by stating that he wishes to provide support and continuity to the process of food and nutrition policy development in his country. He underlined the importance of the implementation stage and that we should learn from the experiences of the alcohol and smoking sectors in making sure that policies are put into action.

He mentioned two events of note in Latvia:

1. The national Public Health Strategy, of which one chapter is devoted to food and nutrition, has been adopted by the Cabinet of Ministers;
2. A public health forum in May 2001 (supported by the EU, WHO among others) was opened by the Minister of Welfare and dealt in part with healthy food supply, public health nutrition and physical activity.

He ended by saying that one of the key elements of implementation is changing public attitude to health. There is therefore a need to make health more valuable in the eyes of the population.

2.2. Ms Hind Khatib, UNICEF

“I am happy to be here with you on behalf of the UNICEF Regional Office for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States and to participate with you in the second workshop on the development of “Food and Nutrition Action plans in the Baltic countries”. I would like to thank Dr. Aileen Robertson for her invitation to me to address you at this meeting and highlight issues UNICEF gives a great importance to for the improvement of the health and well being of mothers and children. We look forward to further enhance our collaboration with WHO under the umbrella of the Nutrition Action Plans with specific emphasis on the improvement of infant and young child feeding and the elimination of micronutrient deficiencies.

To start with, let us not forget that good nutrition is a human right. It is guaranteed for children in the Convention on the Rights for the Child, which is nearly universally ratified, and in CEDAW (Convention on the Elimination of all Forms of Discrimination Against Women) which contains similar provisions with respect to the health and nutrition of women. Taking all necessary action to fulfil this right is, therefore, a binding obligation of all States parties and an imperative for international cooperation.

Improving the health and nutrition of children is a major objective that UNICEF is pursuing in the CEE/CIS and Baltic Region.

According to recent statistics, the nutritional status of the children in most countries has declined, not only due to the increased poverty but also due to the interruption of fortified food supplies. This is true among the general population and with even more severity among migrants, ethnic minorities and among children affected by conflicts. Iron deficiency anaemia is believed to affect 40–60% of children under five years of age, vitamin D deficiency is on the increase and Iodine Deficiency Disorders have reappeared.

Reports reflect that respiratory infections and diarrhoeal diseases are the main contributors to infant and under five mortality. In the majority of the countries, they occur in a context of increased poverty and malnutrition.

The trends in the health status of children also show the importance of perinatal mortality in several countries which is mainly related to the poor health of mothers and to the deterioration of health services.

In response to these needs, the UNICEF Regional Office for CEE/CIS and the Baltics, in collaboration with relevant partners such as WHO, has focused its efforts on several major issues, one is the essential newborn care and essential antenatal, perinatal and postpartum care. In an attempt to improve quality of care, UNICEF and WHO have developed and implemented a training package to improve skills of health care practitioners in newborn and obstetric care.

The second priority programme is Iron Deficiency Anaemia, a growing problem in this region. The UNICEF Regional Office for CEE/CIS and the Baltics, in collaboration with WHO/EURO, convened a consultation with participation of representatives from most of the 27 countries served by the UNICEF Regional Office. Its purpose was to accelerate and expand efforts to prevent and control iron deficiency anaemia, including how to improve complementary feeding of infants and young children. The joint consultation recommended that an integrated strategic approach be used and the following interventions should be included in programme design:

- Improving complementary feeding of infants
- Promoting positive dietary change in women
- Widespread fortification of cereals and weaning foods with iron
- Broadened use of oral iron supplementation
- Better control of injections (where appropriate) and
- Ongoing programme monitoring

There was also agreement that these interventions should be functionally linked with public health programmes such as family planning, breastfeeding promotion, improved maternal health and the programme for Integrated Management of Childhood Illness (IMCI).

Concerted efforts are needed if we are to control and manage Iron Deficiency Anaemia and its complications – which take a high toll not only in individual health but also in terms of economic productivity and learning.

The elimination of disorders caused by another important micronutrient deficiency, iodine deficiency, was one of the goals of the 1990 World Summit for Children. Universal Salt Iodization (USI) was the policy subsequently adopted by WHO, UNICEF and ICCIDD in order to achieve this goal and much work has been done in the CEE/CIS and The Baltic region advocating for USI.

Despite this, information from WHO/UNICEF joint publications in 1999 and 2000 clearly show that this region is lagging behind the rest of the world in terms of iodised salt production and importation. From nearly universal coverage a decade ago, it is now the region with the highest proportion of people unprotected against retarded growth and mental development. In fact, salt

situation analyses conducted during 1999 indicate that up to 70% of the region's population were at risk of iodine deficiency through inadequate dietary intake of this vital micronutrient.

Learning from successful programmes in other regions of the world, the UNICEF Regional Office, with support from ICCIDD, WHO, MI and PAMM, organised a Regional Salt Producers Meeting in late 1999. The main purpose of this meeting was to provide an opportunity for members of the salt industry in the region to jointly explore and address issues related to their role and responsibility in national salt iodization programmes.

The meeting resolution and action plan committed the salt sector to work together as well as with national governments and international organizations to pursue USI within the next 12 months.

In this context the UNICEF Regional Office also held a specific meeting for the Baltic States on the elimination of IDD. The objective of the meeting was to reach an agreement on the most appropriate national strategies and action plans required to achieve universal salt iodization and the elimination of IDD. This meeting brought together policy makers and professionals in health and nutrition with private salt importing companies and international experts in the field to consider how to fully protect the intellectual potential of the Baltic States population through universal access to, and consumption of iodized salt.

UNICEF, in collaboration with partners, has been actively working on issues related to this commitment at both regional and country levels and the current regional strategy focuses on the elimination of IDD and its sustainability through several activities which Dr. Gerasimov will elaborate upon in his presentation this afternoon.

Working in close collaboration with WHO, national governments, the salt industry and other partners, we are confident that progress towards USI will be achieved in the Baltic States and all other Member States over the next 12 months.

This is an area which needs concerted efforts among all, including government commitments to enact and enforce necessary legislations that will ensure production, marketing and distribution of Iodized salt.

Another key programme that UNICEF is actively pursuing in the region is breastfeeding promotion and BFHI. Breastfeeding is an essential element of nutrition for young children. However, breastfeeding remains at risk from the aggressive marketing practices of infant formula producers, which is why we call on you to ensure that commitments made to implement the Innocenti Declaration of 1990 and to enact national legislation to implement the International Code of Marketing of Breast-milk Substitutes are included in the Nutrition Action Plans.

UNICEF Offices throughout the region are working with all partners to enhance a supportive environment for breastfeeding and to ensure that breastfeeding promotion is an integral part of primary health care. Efforts are also continued on the Baby Friendly Hospital Initiative (BFHI) through the implementation of the "Ten Steps to Successful Breastfeeding" and the certification of hospitals. To date, there are approximately 470 baby friendly hospitals in Europe with Sweden and Turkey taking the lead. All the three Baltic States are actively engaged in BFHI and we count on you that achievements made so far are not lost by ensuring that this component is included in the Nutrition Action Plans.

In the promotion of breastfeeding, we are taking into consideration the finding that HIV is transmitted through breast-milk. We are presently working with Governments, WHO and UNAIDS to develop appropriate strategies for the region to educate, counsel and support HIV positive women in making decisions about how to nourish their infants. This will be part of a comprehensive approach, both to HIV prevention and care and to antenatal, perinatal and postnatal care and support.

Here I would also like to emphasise the importance of the Code implementation. The Code applies to ALL countries. As its name suggests, the Code is International and applies globally. Parents of infants in Europe and North America have the same right to protection from inappropriate marketing as parents in Asia, Africa and South America.

Apart from helping to prevent spillover of replacement feeding to the majority of infants who will benefit from breastfeeding, Code implementation protects artificially fed infants. It ensures that the choice of replacement feeding is made on the basis of non-commercial information, and that all products are clearly labeled to ensure that they will be prepared and given safely.

UNICEF has also worked to ensure that Code implementation is recognised by the United Nations Committee on the Rights of the Child as an appropriate measure in implementing the Convention on the Rights of the Child. Since Breastfeeding is an important component in assuring the child's right to the highest attainable standard of health, Governments are obliged by Article 24 of the CRC to ensure that all sectors of society know about the benefits of breastfeeding. To achieve this, they must also protect parents from misinformation, through implementation of the Code.

The improvement of complementary feeding is another priority that UNICEF and WHO are working on. Joint guidelines have been developed and will be launched through this forum. We expect that these guidelines will provide the basis for national guidelines and policies to promote good complementary feeding practices.

Once more, I would like to reiterate again the importance of integrating the work on improvement of Infant and Young Child feeding into Nutrition Action Plans to include BF promotion, the continuation in the BFHI and the Code implementation. In addition to including necessary measures to eliminate micronutrient deficiencies with emphasis on iodine through USI and on iron deficiency through multi pronged approach that will also include education.

Finally, I would like to thank all of you and take this opportunity to point out that your work in the development of the Action Plans can make a real difference to safeguard achievements made and continue with the work to achieve the desired goals. This is the right time to ensure that the health and nutrition strategies gain greater visibility and political traction in the political agendas. Thank you."

2.3. Dr Aileen Robertson, WHO Regional Office for Europe

Dr Robertson emphasised the importance of the unanimous endorsement of the First Food and Nutrition Action Plan by member states of the European Region at the September 2000 WHO Regional Committee meeting. She spoke of the importance of developing sustainable national policy that transcends national political change. She thanked Dr Jaksons for his renewed presence and support. Such political backing is fundamental to get the issue on the agenda and maintain it there.

2.4. Dr Ilze Doskina, Latvian Committee for UNICEF

Dr Doskina spoke of her organization's role in ensuring that infants and children have access to proper food and nutrition in Latvia. The first Baby Friendly hospital was opened in December 2000 and 14 hospitals are in the process of becoming Baby Friendly.

3. Finbalt health monitor surveys

Dr Ritva Prättälä

Finbalt Health Monitor is a collaborative system for monitoring health behaviour and related factors in Estonia, Finland, Latvia and Lithuania. The presentation described: 1) practical implication and feasibility of the Finbalt-system, 2) Finbalt-results on food habits and 3) the potential uses of the system in the development of food and nutrition policies.

The practical goals of Finbalt Health Monitor are to disseminate information and to contribute to the evaluation of health promotion efforts, to follow changes in risk factors and public health. The research related goal is to carry out comparative analyses on health behaviours and their determinants in the four countries.

The origins of the Finbalt-system are in the North Karelia project. In this health promotion project launched in one Finnish province in the early 1970s baseline information on health behaviour and risk factors in the population was needed. Later the Finnish health authorities considered it important to collect this type of data from the whole country and decided to carry out a national survey on health behaviours in 1978. Since the beginning monitoring has focused on health behaviour and subjective health, not on mortality, morbidity and environmental or biological risk factors. Therefore it has been possible to collect the data by a mailed questionnaire. In Finland the national cross-sectional survey has been repeated every year since 1978. In collaboration with the National Public Health Institute (KTL) a similar health behaviour monitoring system was launched in Estonia in 1990. In 1992 Lithuania joined the Finbalt-group and in 1998 and 2000 all the Baltic countries and Finland carried out the survey at the same time, in April-May. The Baltic countries have collected new data every other year.

The Finbalt-project is co-ordinated by the KTL but each national centre owns its own data and carries out national analyses independently. KTL is responsible on interaction between the national centres and on comparative analyses.

Before every monitoring round an English language version of the questionnaire is prepared and agreed by the partners. Because following trends is a central theme of the project, the questions will be kept as similar as possible. Main domains of the questionnaire are socio-demographic background, health services and health status, smoking, food habits, alcohol consumption and other questions (height, weight, physical activity, traffic safety).

Questions on food behaviour are simple measures of consumption frequencies. The questionnaire does not estimate nutrient intake but it can be used in comparing dietary trends and in identifying nutritional risk groups.

Response rates of the national surveys have varied between 60 and 80% and there is no evidence on significant response bias.

In the 1998-questionnaires the mean proportion of missing information per food related item was between 6% (Finland) and 14% (Latvia). Most missing information was observed for foods used rarely, such as cereals, boiled vegetables and soft drinks. In all countries the majority of respondents ate meat, boiled potatoes and dark bread several times a week. Rice and pasta, fish and chicken were less common. The men used more often meat and soft drinks whereas the women preferred fruit and vegetables. Differences between the countries were few: the use of fried potatoes was less common and the use of fresh fruit more common in Finland than in the Baltic countries.

Repeated cross-sectional questionnaires on food habits following the model of Finbalt health monitor can benefit food and nutrition policies. The surveys can be used in monitoring dietary trends in different population groups. Publication of results may increase public awareness on risk behaviours. The survey-data can also be used in education and training of professionals and in research aiming to understand determinants of food habits. If foods listed in dietary guidelines and recommendations are included in the surveys, implementation of recommendations in subgroups of populations can be evaluated.

4. Country presentations

4.1. Estonia

Sirje Vaask

The process of formation Estonian Food and Nutrition Action Plan started in autumn, 2000. The main experts of formation of Estonian Nutrition Action Plan have been:

Marje Josing – Estonian Institute of Market Research

Sirje Kuusik – consultant in the area of local food.

Mai Maser – Estonian Health Promotion and Education Centre

Küllli Mitt – University of Tartu, Estonian Association of Paediatricians

Katrin Puhm – Ministry of Agriculture

Sirje Vaask – Ministry of Social Affairs

Raivo Vokk- Institute of Food Processing of Tallinn Technical University

There have been four local meetings with the additional experts from Health Protection Inspection (Heino Lutsoja, Julia Deikina), Estonian Union of Hypertension (Margus Viigimaa), Consumer Protection Board (Helle Aruniit), Ministry of Agriculture (Katrin Lõhmus, Haidi Kanamäe), Tartu County Government (Anneli Zirkel), Ministry of Social Affairs (Kaie Mõtte, Tiina Paldra) and WHO Liaison Officer (Piret Laur).

In addition to the meetings there have been a discussion by e-mail and comments from other institutions.

The draft of Estonian Nutrition Action Plan (24 pages) includes introduction and analysis of nutrition situation in Estonia.

Background, objectives and action plan for years 2002–2007 is given in the six different areas:

- Food and nutrition surveys and information
- Food security
- Local food for local production
- Food safety
- Nutrition of the different population groups
- Nutrition and diseases

The Nutrition Action Plan for Estonia is now in the process of translation and editing and will officially send for comments to the Ministries in August.

The formation of National Council of Food and Nutrition under the Ministry of Agriculture (but lead by Ministry of Social Affairs) is in the Nutrition Action Plan and in the Estonian Food Safety Strategy.

The Nutrition Forum will be held in Tallinn 14 November 2001. The forum will focus to the Nutrition Action Plan and the objective of this forum is to introduce the Action Plan to all sectors of society and to have an intersectoral agreement at the end of the forum.

4.2. Latvia

Olafs Stengrevichs

“Food and Nutrition Action Plan for Latvia 2001–2005” is based on the Target 11 *“Healthier Living By 2010, people across Latvian society should have adopted healthier patterns of living”* of the “PUBLIC HEALTH STRATEGY” accepted by the Cabinet of Ministers on March 6th, 2001. According to the Target 11, there is commenced work out of formulation of strategies for healthy nutrition, food safety, and assured sufficiency of high quality food for the population, emphasising local food for local consumption. These strategies should comprise a Food and Nutrition Action Plan for Latvia.

Working group of 12 experts in food and nutrition (Ministry of Welfare, University of Latvia, Latvia University of Agriculture, Latvia Medical Academy, etc.) organized by Latvian Food Center from September 2000 in regular monthly meetings worked out “Food and nutrition action plan in Latvia 2001–2005” with 12 general objectives including nutrition, food safety and sustainable food supply.

The WHO Action Plan and draft of Latvian version of FNAP planned activities and developments were presented at Saeima, Subcommittee on Public Health, February, 2001.

The forum “Food and nutrition action plan in Latvia 2001–2005” was held in Riga on 11 June 2001 where representatives from the main appropriate institutions (Parliament, Ministry of Welfare, Ministry of Agriculture, Ministry of Education, Academy of Sciences, Latvian Medical University, Latvia University of Agriculture, Latvian Food Center, different NGO, etc.) participated. Plan was discussed, accepted as draft and as a result the RESOLUTION was prepared as well as recommendations to the Government of the Republic of Latvia.

Decision of Academy of Sciences of Latvia on 18 May 2001 was adopted with the main topics - the production of good quality, safe and healthy food is a priority of the long term development of the food industry; ask the Government to authorize the Academy of Sciences to draw up a national programme “Food”, incorporating specific projects for the development of education, science and future production, providing appropriate funding, investment and Government guarantees for needed restructuring.

Food safety

Food safety strategy was accepted by Cabinet of Ministers of Latvia, 20 April 2001. The legislation harmonization process proceeds successfully according to the time table set by the National programme for integration into the European Union. The largest part of EU Acquis of DG III is already transposed. The end of 2002 will finalize the legislation harmonization process. Latvia’s aim is to establish structures for implementation and enforcement of food quality and safety policy able to function within the single market.

The reform of the food supervision system, following the principle “from farm to table”, is planned according to the following schedule:

1. By 1 September 2001, all the necessary changes in legislative acts will be developed and presented to the Cabinet of Ministers. The proposals on reallocation of financial resources for the year 2002 according to the overtaken functions will be submitted to the Ministry of Finance.
2. On 1 January 2002, the Food and Veterinary Service of the Ministry of Agriculture becomes operational.

At the moment “Law on Supervision of Food Circulation” is under revision and foresees necessary changes.

Sustainable food supply

Agriculture subsidiary program 2001, was accepted by Cabinet of Ministers of Latvia, 27 December 2000. According to this program, the main supported programmes are: - the development of animal breeding and plant growing, the modernization of agriculture technologies, fishery, the education of farmers, anticipating that the state agriculture policy should be sustainable, nature friendly and involving different NGOs, like fruit growers, mushroom growers, crayfish growers association, etc.

Implementation of the biological methods in the production of primary agricultural products and introduction of saving technology in the production. Introduction of the technologies friend-like for the environment in the production.

Scientific research institution “Sigra”, Latvia University of Agriculture and Institution of Microbiology and biotechnology, University of Latvia are key institutions for development of scientifically based sustainable food supply in Latvia.

Impact of action plan

According to the target 2 (nutrition guidelines) of “Latvian FNAP 2001–2005” - “Recommended daily food allowances” prepared during 2000 and is under acceptance at Ministry of Welfare. CINDI guidelines in Latvian language - 2001.

According to the target 7 (breast-feeding) of “Latvian FNAP 2001–2005” - improvement of breast-feeding in Latvia by leadership of National Breast Feeding Committee of Ministry of Welfare.

Cabinet of Ministers accepted the regulations: “Harmless and labeling for Infant Formulae and Follow-on Formulae” and “Harmless and labeling for Processed cereal based foods and baby foods” corresponding to EU directives.

Based on resolution of the forum “Food and nutrition action plan in Latvia 2001–2005” and the UN Convention on Children's Rights, The Saeima and the Cabinet of Ministers should move forward in adopting law promoting and protecting breast feeding of infants.

Follow-up and future plans

- Enlargement of working group, worked out “Food and nutrition action plan in Latvia 2001–2005” with involvement of participants from Ministry of Agriculture, Ministry of Education, Latvia Academy of Sciences.
- Basic education and training of nutritionists at the University of Latvia, including elaboration of profession standards.
- Adaptation of “Food and nutrition action plan in Latvia 2001–2005” at the level of Cabinet of Ministers of Latvia.

4.3. Lithuania

Algis Abaravicius

The process of formation Lithuanian Food and Nutrition Action Plan started in 2000 according to the provisions of Conference on Nutrition (Rome, 1992), National Conferences on Health Policy (1997 and 2000), Lithuanian Health Program (1998), Consultations in Malta (1999), WHO and FAO Workshop for Decision-Makers: Intersectoral Food and Nutrition Policy Development (2000). The current strategy reflects amendments to improve the state of health among Lithuanian population, to reduce the incidence of diseases, handicaps, caused by improper nutrition or inadequate quality of food.

The following experts for formation of Lithuanian Action Plan have been involved:

Abaravicius (National Nutrition Center and Vilnius University)

J. Petkeviciene (Kaunas Medical University)

R. Zemeckis (Lithuanian Institute of Agrarian Economics)

R. Bartkeviciute (National Nutrition Center)

I. Drulyte (National Nutrition Center)

A. Astrauskiene (State Public Health Care Service)

Aranauskiene (State Public Health Care Service)

Liubeckiene (Ministry of Agriculture).

R. Petkevicius (WHO officer)

The draft of Lithuanian Action Plan was prepared by National Nutrition Center Ministry of Health and sent for comments for different institutions. Ministry of Health, Ministry of Agriculture, Ministry of Education and Science, Ministry of Justice and State Food and Veterinary Service, approved the document after the amendments.

The Lithuanian Action Plan include the following chapters:

- General principles
- The objectives of the strategy
- Current situation and problems:
 - Food safety and security assurance system
 - Food borne diseases
 - Dietary intake, habits and beliefs
 - Quality of drinking water
 - Nutrition related health status
 - Chronic non-communicable diseases
 - Obesity
 - Other health behaviours: physical activity level, smoking, alcohol intake
- Strategy undertakings:
 - Assurance of food safety and quality improvement
 - Implementation of guidelines on healthy nutrition
 - Organization of a sustainable food supply system (to ensure enough food of good quality)
 - Intersectoral co-operation in food and nutrition strategy development
- Scientific research and international collaboration
- Concluding remarks
- Action plan

The separate Food Safety Strategy was already prepared and approved by Ministry of Agriculture. The main experts have been additionally involved:

V. Grusauskas (Ministry of Agriculture, Deputy Minister)
R. Sabaliauskas (Ministry of Health)
T. Briedis (State Food and Veterinary Service)

There have been over seven local meetings with the additional experts.

The Lithuanian Food Safety Strategy include the following chapters:

- Competent authorities
- Legislation
- Control system
- Transposition and implementation of EU directives
- Preparation for administration and implementation
- Food control laboratories
- Veterinary and phytosanitary border inspection posts

The Lithuanian Food and Nutrition Action Plan will be completed in 2002 and implemented until 2010 according to the provisions of Lithuanian Health Program.

5. Nordic country experiences – lessons learnt

5.1. Nutrition policy in Denmark

Lars Ovesen

Major milestones

- 1984 The Parliament adopts the first nutrition policy for Denmark
- 1989 The Danish nutrition policy becomes integrated into the Government's Prevention Program.
- 1996 The Danish Food Agency moves from the Ministry of Health to the newly established Ministry for Food, Agriculture and Fisheries.
- 1997 The Danish Food Agency is joined with the Veterinary Directorate under the name: the Veterinary and Food Directorate later named the Danish Food Directorate.
- 1997 The Food Directorate submits a report on provision of public meals.
- 1998 The Danish Basic Food Act is adopted by the Parliament, which replaces the Food Act from 1973.
- 1998 The Government publishes: "Denmark: Top Priority on Food Safety".
- 1998 The Danish Government publishes its (first) memorandum on Food Policies.
- 1998 The Danish Nutrition Council becomes established.
- 1999 The Government's Public Health Program is adopted by the Parliament.
- 2000 The Danish Government publishes its (second) memorandum on Food Policies.
- 2001 The Government's plans of action for better food to the sick and the elderly are published.

One can, thus, observe a drastic increase in political activities on issues related to food, and specifically to food safety and nutrition, associated with an increased interest in the population in safe and healthy foods.

Goals of the Danish nutrition policy

The overall goal for the nutrition policy is to further healthy eating in all population groups in order to reduce disease risk and promote health and the quality of life for the Danish population. The overall goal has not changed since 1989, but has during the years been specified.

- The intake of fat should be reduced to 30% of the total energy intake. A maximum of 1/3 of the fat should be "hard" fat (saturated and trans fat), mainly by reducing intake of margarine, butter and other spreads and replace high-fat dairy products by lean products.
- The intake of fruits and vegetables should be increased to 600 grams per day, and the intake of cereals and potatoes, and fish should be higher.
- The deficiency of specific micronutrients in certain population groups should be adequately dealt with.

- The number of undernourished patients in hospitals, nursing homes, etc. should be lowered, and citizens depending on public food provision should receive food according to their need.

The goals of the Danish nutrition policy are formulated on the basis of the Nordic Nutrient Recommendations and national recommendations of the intake of specific foods. The effort is evaluated by continuously following the intake of foods in large-scale food consumption surveys in representative samples of the population and in several more goal-oriented surveys, e.g. with respect to intake of micronutrients. A thorough and up-to-date knowledge of food habits and factors governing food choice is decisive for which means should be used to achieve the goals of a nutrition policy.

6. Iodine deficiency in the Baltics

Dr Gregory Gerasimov

6.1. Introduction

Iodine Deficiency Disorders (IDD) constitute the single greatest cause of preventable brain damage in the fetus and infant, and retarded psychomotor development in children. Iodine deficiency shifts the intellectual ability of the whole population. When elimination of IDD is achieved, it will be a major and total public health triumph, ranking with small pox and poliomyelitis.

Fig 1. Iodine Levels: WHO/UNICEF/ICCIDD Guidelines

<p>Recommended daily intake:</p> <p>Children and adults > 150 mg/day Pregnant women > 200 mg/day Upper level < 500 mg/day</p> <p>Population Indicators:</p> <p>Median Urinary Iodine > 100 mcg/L TSH in newborns – proportion of samples more than 5 µg/l < 3%</p>

6.2. Iodine deficiency exists in the Baltic countries

Fig 2. Amount of unprotected newborns in the Baltics

Country	Population (in thousands)	Household salt % iodized	Annual Births (in thousands)			
			Per 1000 population	Total number	Number protected	Number unprotected
Lithuania	3697	5 (?)				
Latvia	2416	5 (?)	9.9	37 000	1 850	35 150
Estonia	1433	10 (?)	8.0	19 000	950	18 050
			8.5	12 000	1200	10 800

Estonia: historical evidence (before 1991), 1995 - median urinary iodine - **65** mcg/L, 1998 - **18%** of newborns have TSH levels > 5 µg/l.

Lithuania: historical evidence (before 1991), 1995 - median urinary iodine - **75** mcg/L, 2000 - **20%** of newborns have TSH levels > 5 µg/l.

6.3. Universal salt iodization

Universal salt iodization is the most efficient and cost effective way to reach this goal (WHO/UNICEF).

Case story #1: The elimination of iodine deficiency in the UNITED KINGDOM: A story of accidental public health triumph

Close to 70% of daily iodine intake came from milk and red dye (erythrosine) containing in sweets and cereals;

Less than 5% from fish;

Main source of iodine in milk - iodine added to artificial feeding stuffs for cattle, and from iodine containing sterilizing agents on teats to prevent mastitis.

(D.I.W. Phillips, 1998)

Case story # 2: The elimination of iodine deficiency in GERMANY: A story of programmable public health triumph (1)

1981: warning note “only for iodine deficiency diagnosed by a doctor” dropped from iodized salt;

1989: the use of iodized salt in catering business and food production became possible;

1993–1996: labeling of iodized salt and foodstuffs eased, “iodine label” (quality label) introduced.

The percentage of iodized salt in packed salt reached 70%;

The acceptance of iodized salt in households is 80%;

About 80% of bakers and butchers use iodized salt;

The use of iodized salt in food industry is about 50% (including “iodized nitrite-based curing salt”);

About 80% of salt in the catering business is iodized;

Iodine consumption in adults increased from 46–66 mcg/day to 139 mcg/day;

In pregnant women and nursing mothers iodine intake is 160 mcg/day;

Iodine supply significantly increased in school aged children (urinary iodine and goiter studies)
(*W. Meng, 1998*)

Benefits of eliminating iodine deficiency

- Reduce direct health care costs (about DM 2 billion are spent each year in Germany for iodine deficient thyroid disorders)
- Improve productivity and economic growth (GNP increase up to 5%)
- Promote education, intellectual capacity and social development

Keys to success: International experience *W.M. Wiersinga, 2001*

- Elimination of iodine deficiency in the Baltic countries could be reached through combination of
 - Voluntary methods aimed at increased use of iodized salt instead of common salt
 - Mandatory methods to promote iodized salt in certain institutions and in food industry
- Building the alliance in support of the elimination of iodine deficiency
- Realizing the roles and responsibilities of all sectors
- Legislation and standards on mandatory use of iodized salt in:
 - School and preschool institutions
 - Government agencies (army, police)
 - Bread baking
 - Meat procession
 - Catering business
- Four slices of bread may (or may not) contain daily supply of iodine (Dutch experience, 2001)
 - Iodized salt: 10 mcg/day
 - Bread (with iodized salt): 100 mcg/day
 - Milk: 28 mcg/day
 - Sea fish: 7 mcg/day
 - Other: 30 mcg/day
 - TOTAL AMOUNT: 175 mcg/day

7. Establishment of a Nordic-Baltic nutrition network

Ms Eva-May Ohlander

Persons present: Lars Ovesen, Lars Johansson, Valeria Menza, Sirje Vaask, Ritva Prättälä, Janina, Petkeviciene, Robertas Petkevicius, Algis Abaravicius, Piret Laur, Laufey Steingrimsdottir, Kaija Hasunen, Cecilia Lindvall, Olafs Stengrevichs, Iveta Pudule, Daina Biezaite, Aileen Robertson, Cecile Knai.

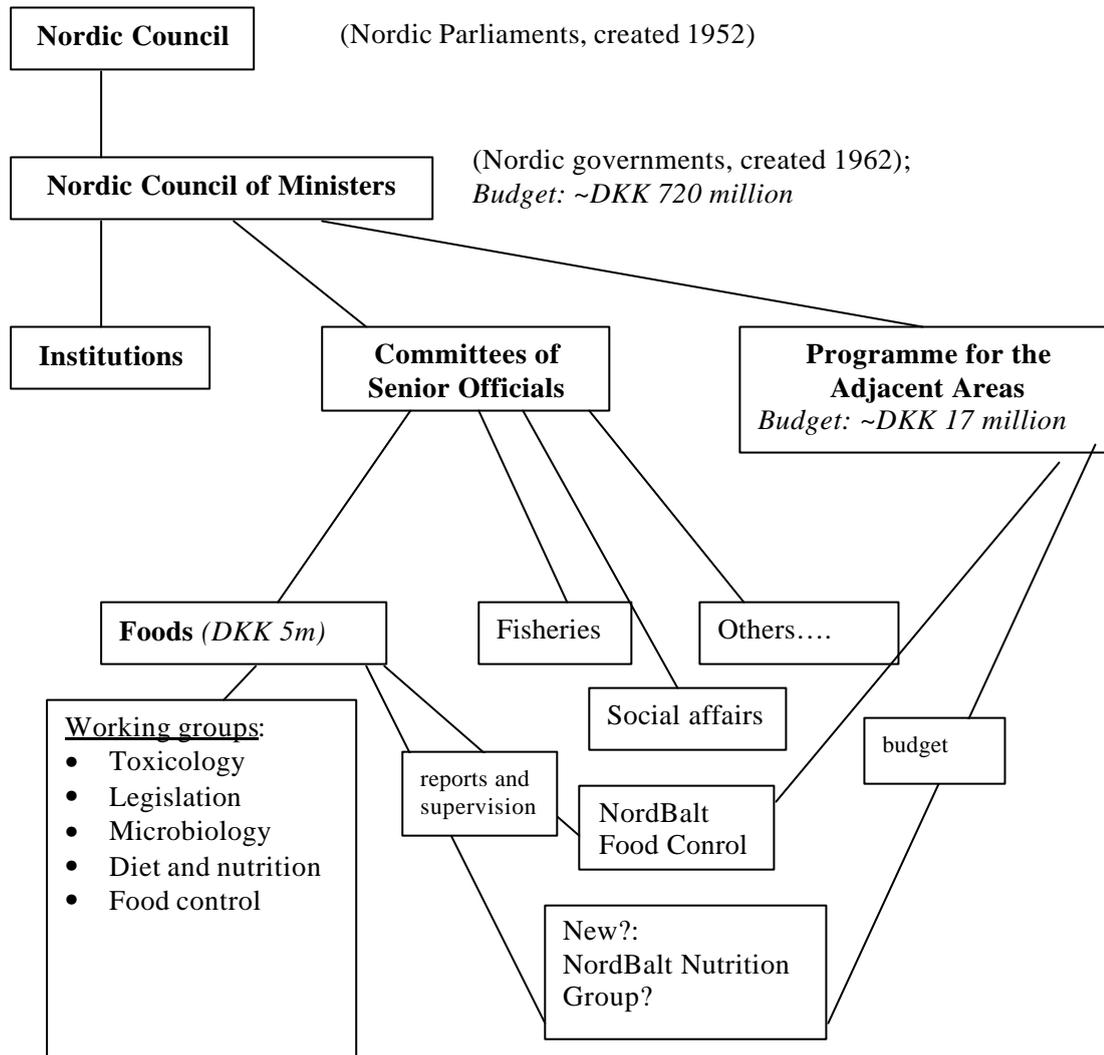
Eva-May Ohlander prefaced the discussion with a description of the Nordic cooperation as it is now (Fig 4).

The mandate of such a Nutrition Network was then discussed.

The following themes and issues were discussed as potentially interesting for the Network to address:

- Food and nutrition policy development, implementation, evaluation/monitoring
- Surveillance systems development
- Documentation of the process of policy development
- Involvement of existing projects such as the Norbagreen project (Monitoring project on consumption)
- EU and other joint Nordic-Baltic projects
- EU accession
- Capacity building (education and training)
- Nordic countries can share strong legacy of high standards for fortification, advertising, consumer protection, etc.
- Nordic and Baltic countries can all benefit from the process and critical analysis of existing policies

Fig 4. Nordic cooperation



Annex 1. Programme

Tuesday 19 June

1900 Welcome Reception

Wednesday 20 June

Opening

0830-0840 Dr Viktors Jaksons, Adviser to the Ministry of Welfare, Latvia
0840-0850 Representative from Nordic Council of Ministers
0850-0900 Dr Valeria Menza, Food and Agriculture Organization (FAO)
0900-0910 Ms Hind Khatib, UNICEF
0910-0920 Dr Aileen Robertson, WHO Regional Office for Europe

0930-0945 Introductions

0945-1000 FAO – Initiatives in Countries in Central and Eastern Europe,
Dr Valeria Menza

1000-1030 FinBalt Surveys, Dr Ritva Prättälä

1030-1100 Coffee break – group photo will be taken

Country Presentations

1100-1130 Estonia – Development of Estonian Food and Nutrition Policy
1130-1200 Latvia - Development of Latvian Food and Nutrition Policy
1200-1230 Lithuania - Development of Lithuanian Food and Nutrition Policy
1230-1300 General discussion

1300-1400 Lunch

1400-1530 Sightseeing organized by Iveta Pudule (walking shoes advisable)

1530-1600 Coffee break

Nordic country experiences – lessons learnt

1600-1630 Food and Nutrition Policy in Denmark, Lars Ovesen, Denmark

Iodine Deficiency in the Baltics

1630-1700 Eradicating iodine deficiency in the Baltics – Gregory Gerasimov, UNICEF

1700-1830 Group Work – Developing proposals for implementation of action plans

2000 Dinner

2100 Informal meeting – Nordic participants and one representative each from Baltic countries to discuss establishing a Nordic-Baltic Network

Thursday 21 June

Group Work

0830-1000 Group Work (continued)

1000-1030 Coffee break

Conclusions and Closing Remarks

1030-1130 Feed-back from working groups - in plenary
1130-1200 General discussion
1200-1215 Nordic-Baltic Nutrition Network, Dr Eva-May Ohlander
1215-1230 Closure
1230-1400 Lunch

Annex 2. Results of participant evaluation

A. LATVIAN RESPONSES (6 OUT OF 10)

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

- Our organization has been officially designated responsibilities in relation to the Food and Nutrition Action Plan (5)
- Has received an invitation to become involved by Ministry of Health (1)

More information:

- Latvian Food Centre (LFC) is the State Institution with main responsibility for developing food and nutrition policy
- Delegates from Latvian Diet Doctors Association participate in the work of the expert group organised by the Latvian Food Centre
- Main responsibility of FNAP is with the Environmental Health Department
- The Health Department is a partner of the Environmental Health Dept on the public health nutrition issues (such as breastfeeding)
- I have participated in the development of FNAP in Latvia as CINDI representative
- Our organization (Federation of Food Enterprises) has good cooperation with Latvian Food Centre in the implementing of food legislation and other activities

2. Please list and describe any positive changes that have been made by your organization to support the Food and Nutrition Action Plan:

- Organization of working group (LFC)
- Organization of regular meetings of working group (LFC)
- Organizing people and institutions to implement the 12 targets (LFC)
- Establish a special mark “HP” (Healthy Product) in Latvian “VP” – this mark is allowed on products complying with the criteria the Diet Doctors’ Association decides is “healthy”
- The Health Department ensures support for the development and implementing of the FNAP especially concerning breastfeeding
- Lots of positive changes in our organization and there is now much more interest in nutrition
- The Health Promotion Centre provided data concerning the nutritional status and dietary behaviour and also provide possibilities for using mass media for nutrition education
- Federation of Food Enterprises will inform Latvian food producers about the FNAP and the need to promote healthy food products and to inform consumers

3. What are the most important difficulties/challenges your facility faces in supporting the Food and Nutrition Action Plan?

- Lack of political support (2)
- Lack of financial support (3)
- No interest concerning food and nutrition within “higher levels”
- Lack of information at the ministry level
- Lack of skilled experts in food and nutrition policy (3)
- Lack of coordination by the Latvian Food Centre
- Lack of understanding of the nutritional sciences

4. How has this workshop helped in addressing the difficulties/challenges and supporting the development or implementing of the Food and Nutrition Action Plan (FNAP)?

- Stressing the importance of the FNAP within Latvia
- Received new ideas on how to cooperate with food producers
- Received new ideas on how to promote interest at “higher levels”
- It was very useful because we got a general overview of food and nutrition policy in Nordic and other Baltic countries
- The information from the other Baltic countries was useful in solving our common problems
- It was very useful to see what Estonia and Lithuania has done
- The Nordic experience and WHO coordination is of very high importance
- Federation of Food Enterprises received detailed information about different ways to implement
- FNAP

5. Please list other expectations you had of this workshop:

- none (4)
- the initiation of “NordBalt Nutrition” is a very important activity
- more about the problems of implementing the FNAP;

6. Please list any issues you would like discussed at future workshops:

- Will list later by email
- More detailed discussions with the Nordic experts in relation to the problems in the Baltic countries – learning from their experience over the last 20 years would be extremely valuable
- This style of workshop is good
- Food and nutrition activities in relation to public health
- Implementation of food and nutrition action plans
- Concentrate on the most important problems and not to try to discuss everything in two to three hours
- More information about EU support for the implementing of FNAPs in Baltic countries

7. Do you think it useful to establish a Nordic-Baltic Nutrition Network for nutrition experts working in both the Nordic and Baltic countries?

Yes (5)

Not sure (1) – Latvian Federation of Food Enterprises

B. ESTONIAN RESPONSES (7 OUT OF 7)

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

- Our organization has been officially designated responsibilities in relation to the Food and Nutrition Action Plan (1) (min of Ag); (5)
- Has received an invitation to become involved by Ministry of Health

More information:

- Preparation of Estonian draft FNAP in May 2001 (nutrition policy part of document)
- Preparation of Estonian draft FNAP regarding infant and young child nutrition
- Officially designated responsible for the Food and Nutrition Action Plan at the regional level
- A member of the Estonian NAP working group
- Ministry of Social Affairs is the coordinating institution

2. Please list and describe any positive changes that have been made by your organization to support the Food and Nutrition Action Plan:

- Increased cooperation between the different ministries in Estonia
- Existing data-base on school lunches and food in nurseries; closer contact with local producers; training courses (3 levels) in Estonia on food hygiene and food control systems
- The draft Nutrition Action Plan is the responsibility of the Ministry of Social Affairs together with other institutions
- Promotion of breastfeeding
- Promotion of the Baby-Friendly Hospital Initiative
- Increased coordination and organization of work
- Adoption of WHO recommendations
- Intersectoral collaboration
- Food enterprises could be good partners since they could help to promote a healthy diet in Estonia

3. What are the most important difficulties/challenges your facility faces in supporting the Food and Nutrition Action Plan?

- Lack of political commitment and understanding by Ministry of Agriculture in nutritional problems
- Disinformation through the media
- Lack of information
- Lack of knowledge of Estonian health professionals
- Lack of resources (human and financial) (2)
- Lack of political support at regional level
- Nutrition is not a priority in the Ministry of Social Affairs nor in the Ministry of Agriculture

4. How has this workshop helped in addressing the difficulties/challenges and supporting the development or implementing of the Food and Nutrition Action Plan (FNAP)?

- It has helped us to map the problems, actions and resources required for implementation of FNAP
- Discussing with Nordic and Baltic colleagues, additional information – this workshop has been a great support!!!
- To get international contacts
- To listen to international experiences
- It has given us more ideas on how to implement the Estonian action plan
- Official recognition by government and intersectoral collaboration
- It helped to plan our future activities in Estonia

- With the help of international expertise we can better stress the importance of nutrition policy in Estonia

5. Please list other expectations you had of this workshop:

- none (3)
- to receive recommendations on how to improve our action plan (we could have disseminated the Estonian action plan before the seminar)
- information about the situation and problems in the Baltic countries
- Estonian priorities identified
- Collaboration between different countries is very useful
- Baltic-Nordic collaboration

6. Please list any issues you would like discussed at future workshops:

- Nutritional problems concerning food fortification
- Food labelling (nutrition information)
- Healthy food versus functional food
- Eradication of iodine deficiency in the Baltic Countries
- Examples of the implementation of nutrition policy
- How to work with other sectors
- Working with mass media
- Food security
- Nutrition education
- Experiences (good and bad) in carrying out public education campaigns
- Effective methods in public health nutrition

7. Do you think it useful to establish a Nordic-Baltic Nutrition Network for nutrition experts working in both the Nordic and Baltic countries?

Yes 7

C. LITHUANIAN RESPONSES (8 OUT OF 9)

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

- Our organization has been officially designated responsibilities in relation to the food & nutrition action plan (1) (min of Ag); (5)
- I received an invitation to become involved by Ministry of Health (2)

More information:

- This is the first time I have taken part in a workshop on the development of FNAPs
- The Lithuanian Institute of Agrarian Economics is coordinating the implementing of the National Agriculture Strategy until 2010. This includes sustainable food supply, development of sustainable and organic agriculture – this can be included in the Lithuanian National FNAP

- The State Public Health Care Service is under the Ministry of Health and coordinates all the functions related to public health including food safety and nutrition
- The National Nutrition Centre is responsible for working on the preparation of the Lithuanian FNAP (2)
- Member of the working group of the development of the Lithuanian FNAP

2. Please list and describe any positive changes that have been made by your organization to support the Food and Nutrition Action Plan:

- Sharing international experiences
- Better team-work and coordination generally
- Improved awareness of the links between Food and Nutrition and Health
- FNAP was prepared in 2000 but did not contain some important issues so the Lithuanian FNAP needs more development
- The work on the Agricultural Strategy provides experience for developing the Lithuanian FNAP
- State Public Health Care Service stimulated the FNAP preparation process and actively takes part in the intersectoral coordination
- National Nutrition Centre drafted the FNAP and send it out for comments to the other ministries (3)
- Rector of Kaunas University of Medicine is chairman of National Health Board in Lithuania and he did a lot to get political support for the FNAP. The Research Institute of Kaunas University of Medicine developed the recommendations for training of health professionals and the general public

3. What are the most important difficulties/challenges your facility faces in supporting the Food and Nutrition Action Plan?

- Lack of political support (5)
- Lack of intersectoral collaboration (6)
- Inactive local authorities and local communities
- Lack of resources (human and financial) (2)
- Many small farmers
- It is also a question of priorities and finance – the work on the FNAP is done on a voluntary basis; In contrast the Ministry of Agriculture provided financial resources for the development of the Agricultural Strategy. Thus the best experts were obtained. Financial support for the FNAP would be very helpful
- Lack of approval the Nutrition is a priority, because Food safety is regarded as the first priority in Lithuania and the Food Safety strategy is already approved

4. How has this workshop helped in addressing the difficulties/challenges and supporting the development or implementing of the Food and Nutrition Action Plan (FNAP)?

- It has been very useful to discuss issues with Baltic and Nordic colleagues
- Very useful in finding ways to develop this work
- This workshop provides a good opportunity to come together and to discuss with colleagues – being away from home helps us to advance our discussions and progress more rapidly

- This workshop has helped to solve some of our problems regarding implementing of the Lithuanian FNAP, especially learning about international experiences is important
- We had the possibility to show our draft FNAP and discuss it with international experts and Lithuanian colleagues in addition to learning more about the FNAPs in the other Baltic Countries
- Identification of the priorities in Lithuania FNAP (2)

5. Please list other expectations you had of this workshop:

- Baltic-Nordic collaboration building
- More discussion on EU issues
- To have more detailed discussions on the already available drafts of action plans
- More information about implementation of nutrition policy in Sweden, Norway, Iceland and Finland
- Exchange of ideas and experience between the neighbouring countries, Nordic as well as Baltic countries
- We expected to get more remarks about our work and achievements from the organizers
- More criticism of the Lithuanian Action Plan

6. Please list any issues you would like discussed at future workshops:

- EU accession issues
- FNAP implementation (stating obstacles and how they can be overcome)
- NordBalt initiatives
- Changes in EU legislation regarding nutrition labelling
- How to achieve political support and how to convince politicians to invest in FNAPs
- In future it would be useful to have national action plans translated into English and distributed by email before the workshop to all participants. So that during the workshop there could be more detailed discussions on how the plans could be improved
- Comments from international experts on the different components of the Lithuanian FNAP: Nutrition, Food Safety and Food Security
- Nutrition of pregnant and lactating women
- A sustainable food supply
- Training of nutrition experts
- Training of Health Professionals

7. Do you think it useful to establish a Nordic-Baltic Nutrition Network for nutrition experts working in both the Nordic and Baltic countries?

Yes (8)

D. NORDIC & UNICEF RESPONSES (4)

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

Our organization has been officially designated responsibilities in relation to the Food and Nutrition Action Plan (4)

More information:

- Norway has had a Food and Nutrition Policy since 1976 and tried to implement it in different ways in the years since then
- In Finland the National Public Health Institute (KTL) is responsible for the Food and Nutrition surveillance in Finland
- UNICEF is a UN agency supporting specific country activities in food and nutrition policy

2. Please list and describe any positive changes that have been made by your organization to support the Food and Nutrition Action Plan:

- In Norway in 1992 nutrition policy was integrated into the Policy for Health Promotion
- In Norway in 1999 physical activity was included as one of the responsibilities of the Nutrition Council which was then renamed Council for Nutrition and Physical Activity
- In Iceland the Nutrition Council is involved in drafting the action plan; carrying out national dietary surveys and planning school meals etc
- In Finland KTL is allocated resources for maintenance of the surveillance system, the nutrient database, and dietary research
- Through advocacy iodine deficiency disorders (IDD) elimination and iron deficiency anaemia (IDA) control and Baby Friendly Hospital Initiative (BFHI) have appeared on the political agenda

3. What are the most important difficulties/challenges your facility faces in supporting the Food and Nutrition Action Plan?

- In Norway there is a need to strengthen the focus on structural measures
- In Iceland there is a lack of political interest
- In Finland there is a lack of knowledge of how to implement Food and Nutrition Action Plans, especially the prevention of obesity
- Lack of political will in the Baltic countries
- Lack of a coordination body/infrastructure in the Baltic countries
- Lack of knowledge of policy leaders, professionals, and the general public in the Baltic countries

4. How has this workshop helped in addressing the difficulties/challenges and supporting the development or implementing of the Food and Nutrition Action Plan (FNAP)?

- This workshop has helped to prioritise IDD, IDA and BFHI within the national Food and Nutrition Action Plans in the Baltic countries.

5. Please list other expectations you had of this workshop:

- Strengthening collaboration between the Nordic and Baltic health, food and nutrition experts
- A clearer vision of the role of industry and public/private collaboration

6. Please list any issues you would like discussed at future workshops:

- Concrete drafts of Food and Nutrition Action Plans or policies should be distributed before the next meeting so that there is more opportunity for discussion and recommendations
- Discuss experiences from the actions/projects that have been done in recent times

- Nordic-Baltic exchange of experts in nutrition
- Comparison of the development of food and nutrition policies in the Nordic Countries – what can be learned from the Nordic experience?
- Training/Capacity Building of all professionals involved in developing Food and Nutrition Policies/Action Plans

7. Do you think it useful to establish a Nordic-Baltic Nutrition Network for nutrition experts working in both the Nordic and Baltic countries?

Yes (4)

During the round-table verbal evaluation at the end of the consultation, several participants mentioned the importance of having a specific deadline by which time the draft policy should be prepared. Also, it was emphasised that these regular meetings ensure that work continues at the national level between meetings.

Annex 3: List of participants

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Annex 4: Documentation

- Programme
- Documentation List
- List of Participants
- Evaluation Questionnaire
- Intersectoral Food and Nutrition Policy Development : a Workshop for Decision-Makers. Report on a WHO Workshop, Sigulda, Latvia, 29-31 August 2001
- CINDI Dietary Guide
- CINDI Food Pyramid Poster
- The First Action Plan for Food and Nutrition Policy, WHO European Region 2000-2005
- Urban and Peri-Urban Food and Nutrition Action Plan, 2001
- Food and Nutrition Action Plans in South-East Europe. A workshop for Policy-Makers. Report on a WHO Workshop, Kranj, Slovenia, 1-3 June 2000.
- Development of the First Food and Nutrition Action Plan for the WHO European Region. Report on a WHO Consultation, Malta, 8-10 November 1999.
- Intersectoral Food and Nutrition Policy Development. A Manual for Decision Makers. Final Draft April 2001.
- Regional Profiles of Nutrition in WHO European Member States
- Policy information on Baltic and Nordic countries
- Nutrition and Lifestyle in the Baltic Republics
- Patterns of Smoking in the Baltic Republics
- Alcohol consumption in the Baltic Republics
- Patterns of body weight in the Baltic republics
- Physical inactivity in the Baltic countries
- Macronutrient and food intake in the Baltic republics
- Dietary beliefs in the Baltic republics
- Feeding and Nutrition of Infants and Young Children – WHO publication
- Food and Nutrition Articles, documents and Publications.
- Food and Nutrition Video