Second Technical Workshop of South-East Europe Nutrition Project

Report on a WHO Workshop

Brijuni, Croatia, 8 July 2004
ABSTRACT

The South-East Europe Health Network was established in Sofia in April 2001 as part of the Stability Pact for South Eastern Europe Social Cohesion Initiative.

At the Fourth Meeting of the SEE Health Network, May 2002, support was given to the implementation of the project “Strengthening Food Safety and Nutrition Services in SEE” within the framework of the Stability Pact Initiative. Subsequently, at the Third Workshop on the Development of Food and Nutrition Action Plans in Countries of South-East Europe, September 2002, the issues of nutrition and cardiovascular diseases in the SEE region were recognized to be common and of highest importance for all SEE countries. A project proposal was drafted entitled “Developing and Strengthening Food and Nutrition Strategies to Prevent Cardiovascular Diseases in South-East Europe”.

The First Technical Workshop of the SEE Nutrition Project was held in Belgrade, November 2002 where the above proposal was finalized and participants were also urged to join the DAFNE (Data Food Networking) Project whereupon an application to European Commission programmes was drafted, agreed and submitted for funding.

The Second Technical Workshop of the SEE Nutrition Project reviewed the progress made so far regarding the DAFNE proposal to the EU and provided the opportunity to promote the efforts for initiating the project and implementation in these countries.

Keywords
NUTRITION POLICY
NUTRITION - standards
CARDIOVASCULAR DISEASES - prevention and control
STRATEGIC PLANNING
NATIONAL HEALTH PROGRAMS
EUROPE, EASTERN
EUROPE, SOUTHERN

Address requests about publications of the WHO Regional Office to:

- by e-mail
  publicationrequests@euro.who.int (for copies of publications)
  permissions@euro.who.int (for permission to reproduce them)
  pubrights@euro.who.int (for permission to translate them)

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

© World Health Organization 2004

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

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

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

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

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>..........................................................</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foreword</td>
<td>.......................................................................</td>
<td>2</td>
</tr>
<tr>
<td>2. Opening</td>
<td>.......................................................................</td>
<td>2</td>
</tr>
<tr>
<td>3. DAFNE funding proposal to EU and current situation re implementation of DAFNE Project in SEE countries</td>
<td>.......................................................................</td>
<td>3</td>
</tr>
<tr>
<td>4. Country Presentations</td>
<td>.......................................................................</td>
<td>6</td>
</tr>
<tr>
<td>4.1 Albania</td>
<td>.......................................................................</td>
<td>6</td>
</tr>
<tr>
<td>4.2 Bosnia and Herzegovina</td>
<td>.......................................................................</td>
<td>8</td>
</tr>
<tr>
<td>4.3 Republika Srpska</td>
<td>.......................................................................</td>
<td>10</td>
</tr>
<tr>
<td>4.4 Bulgaria</td>
<td>.......................................................................</td>
<td>11</td>
</tr>
<tr>
<td>4.5 Croatia</td>
<td>.......................................................................</td>
<td>14</td>
</tr>
<tr>
<td>4.6 The former Yugoslav Republic of Macedonia</td>
<td>.......................................................................</td>
<td>15</td>
</tr>
<tr>
<td>4.7 Republic of Moldova</td>
<td>.......................................................................</td>
<td>16</td>
</tr>
<tr>
<td>4.8 Romania</td>
<td>.......................................................................</td>
<td>19</td>
</tr>
<tr>
<td>4.9 Slovenia</td>
<td>.......................................................................</td>
<td>20</td>
</tr>
<tr>
<td>5. Stability Pact – Future priorities for implementing National FNAP countries..</td>
<td>.......................................................................</td>
<td>23</td>
</tr>
<tr>
<td>6. Closing remarks</td>
<td>.......................................................................</td>
<td>24</td>
</tr>
<tr>
<td>Annex 1</td>
<td>.......................................................................</td>
<td>25</td>
</tr>
<tr>
<td>DAFNE funding proposal to eu and current situation re implementation of DAFNE Project in SEE countries</td>
<td>.......................................................................</td>
<td>25</td>
</tr>
<tr>
<td>Annex 2</td>
<td>.......................................................................</td>
<td>28</td>
</tr>
<tr>
<td>Programme</td>
<td>.......................................................................</td>
<td>28</td>
</tr>
<tr>
<td>Annex 3</td>
<td>.......................................................................</td>
<td>29</td>
</tr>
<tr>
<td>List of participants</td>
<td>.......................................................................</td>
<td>29</td>
</tr>
</tbody>
</table>
Acknowledgements

WHO would like to extend sincere gratitude to the Croatian Government for hosting this second workshop of the South-East Europe Nutrition Project. Grateful thanks are extended to Assistant Professor Antoinette Kaic–Rak (WHO Liaison Officer for Croatia) and Ms Katica Antonic Degac (Nutrition Counterpart for Croatia) for their technical input and critical role in the local organization. Thanks are also extended to Ms Elena Critselis (University of Athens Medical School) for constructive participation during the workshop and excellent presentation of the DAFNE funding proposal.

The workshop was generously supported by the WHO Rome office and Regional Office for Europe. Grateful thanks are also extended to Dr Maria Haralanova (WHO Regional Office for Europe) for her very constructive, active and supportive role during the meeting.

The enthusiastic participation of all the professionals from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and Montenegro, Slovenia and the former Yugoslav Republic of Macedonia who attended the consultation is greatly appreciated.

Finally, sincere thanks are due to Dr Zrinka Petrovic (Human Nutrition Department, Croatian National Institute of Public Health) for agreeing to act as Rapporteur and for the compilation of this report.
1. Foreword

This report summarizes the proceedings of a South-East Europe workshop, held in July 2004 at Hotel Neptune, National Park Brijuni, Croatia. It was jointly organized by the Nutrition and Food Security Unit at the WHO Regional Office for Europe in Copenhagen and the Croatian Ministry of Health. Arrangements at the course site were coordinated by Dr Antoinette Kaic-Rak, WHO Liaison Officer for Croatia.

The outcome of the First Technical Workshop of SEE Nutrition Network (Belgrade, November 2002) was that the representatives of the SEE countries of the Stability Pact agreed to participate in the presented project “Developing and Strengthening Food and Nutrition Strategies – South East Europe” that would be submitted to possible donors for funding. Participants were also urged to join the DAFNE (Data Food Networking) Project – thus an application to European Commission programmes was drafted, agreed and submitted for funding.

The DAFNE proposal has been submitted to the European Union in which Albania, Bulgaria and Croatia participated. The notification of the result of the application is due to be received shortly. Contacts had also been established with the Former Yugoslav Republic of Macedonia, Republic of Moldova, Romania and Serbia and Montenegro concerning the implementation of the DAFNE Project. This workshop will provide the opportunity to promote the efforts for initiating the project and implementation in these countries.

The workshop will also allow for discussion and documentation of the South-East European countries’ progress regarding the development of their national food and nutrition action plans. In this respect the workshop will follow on from three previous workshops (held in Slovenia 2000, Bulgaria 2001 and Croatia 2002) on intersectoral development of food and nutrition policies.

The 12 participants came from 9 countries and represented the Nutrition and Food Safety sectors. There was also as temporary adviser, Ms Elena Critselis from Department of Hygiene & Epidemiology, University of Athens Medical School and there were 4 WHO representatives: Dr Maria Haralanova Project Manager, Strategic Country Support, WHO Regional Office for Europe, Assistant Professor Antoinette Kaic-Rak, WHO Liaison Officer Croatia, Dr Aileen Robertson - Regional Adviser for Nutrition, Nutrition and Food Security Programme, WHO Regional Office from Europe and Ms Karen Bradbury, Secretary, Food Safety Programme from European Centre for Environment and Health.

All participants attended the whole workshop and they all had active and constructive role during the workshop.

2. Opening

Dr Aileen Robertson, Regional Adviser for Nutrition and Food Security Programme, WHO Regional Office for Europe

Dr Aileen Robertson opened the workshop and welcomed the participants. She thanked the participants for their cooperation and for the group work that they had carried out over the years during her capacity
as Regional Adviser for Nutrition and expressed that it had been a privilege to work together. Dr Robertson went on to add that she was due to leave her position at WHO at the end of August 2004 and again thanked everyone for their collaboration and support.

**Dr Maria Haralanova Project Manager, Strategic Country Support, WHO Regional Office for Europe**

Dr Maria Haralanova welcomed the participants on behalf of WHO and mentioned that she was very proud that nutrition had finally been placed on the political agenda. She further hoped that nutrition policy implementation would follow in due course. Dr Haralanova stressed that it was important to keep promoting nutrition on the political agenda and hoped that the SEE countries would support each other in this role.

**Assistant Professor Antoinette Kaic-Rak, WHO Liaison Officer for Croatia, WHO Regional Office for Europe**

Assistant Professor Antoinette Kaic-Rak welcomed the participants and expressed pleasure that the workshop was taking place in Croatia. She emphasized the importance of the workshop and expressed her hope for a constructive outcome.

### 3. DAFNE funding proposal to EU and current situation re implementation of DAFNE Project in SEE countries

**Ms Elena Critselis, Department of Hygiene & Epidemiology, University of Athens Medical School**

Ms Elena Critselis provided a general overview of the DAFNE Project and presented the countries where the Project was already implemented. The objectives of DAFNE are: to expand the European Food Availability Databank based on Household Budget Surveys (HBS) in order to include food data from South Eastern Europe (SEE); to assess dietary trends based on HBS data prior to and following periods of conflict and sociopolitical change in SEE; to evaluate demographic and socioeconomic factors which mediate dietary trends in SEE, and to update the DAFNE software tool *(DafneSoft v2.1)* for monitoring dietary trends and developing nutrition policies in SEE.

The DAFNE Project will deliver: a national report (in both English and the native language) presenting food availability at the country level before and after sociopolitical transition; a regional report in English presenting food availability comparisons between countries before and after sociopolitical transition, and an update of the *DafneSoft* software tool to include food availability data from SEE. The key approach to the DAFNE Project is how to take HBS Data from each country and make it comparable to other countries.

The minimum required HBS data variables are:
- general information (household id number, trimester of participation);
- nutritional information (food code, total food expenditure, expenditure per food item, amounts per food item, type of acquisition)
- socioeconomic information (degree of urbanization of household, geographical area where household is situated, household size, household composition, age and gender of household head and members, relationship of household members with household head, household disposable income (net income); household total expenditure, occupation, employment status, economic activity of household head and members, education of household head and members, income of household head, medical expenses data).

The First Classification system in the DAFNE Project allows the classification of food items recorded in national HBS into food groups which are common between countries on food aggregation levels. There are 56 analytical food groupings and 15 main food groups which also form the basis of the standardized classification systems for intra- and inter-country comparisons of dietary HBS data. The Second Classification system is based on demographic & socioeconomic data which integrates HBS data and provides the possibility to make comparisons between countries. The DAFNE Software Tool – DafneSoft, includes dietary, demographic and socioeconomic information based on HBS data from all European DAFNE participants. This also allows for comparisons within and between countries with respect to: DAFNE main and analytical food groups; DAFNE demographic and socioeconomic groups; dietary trends regularly updated with most recent HBS data, and comparisons presented in bars (pie charts, map presentations). There is free access to this information at the website: [http://www.nut.uoa.gr](http://www.nut.uoa.gr).

Ms Critselis outlined the procedures involved in applying to the DAFNE Project for the present countries and the situation concerning current funding applications.

According to country opportunities that are available in the region, a proposal was submitted in March 2004 for funding the DAFNE project to the European Commission - Sixth Framework Programme (FP6) that included Albania, Bulgaria and Croatia. This proposal was approved in June 2004. Another opportunity is that of the Support of International Cooperation (INCO). The objectives in the project are to open up the European research area to the rest of the world, and to ensure Europe’s strong and coherent participation in research initiatives conducted at the international level and also to strengthen, develop and consolidate partner countries’ research systems. There are still open calls for proposals for Western Balkan Countries (FP6-2002-INCO-SSA3.) Eligible Participants are; Bosnia and Herzegovina, Serbia and Montenegro and the Former Yugoslav Republic of Macedonia. The call description is for medical and public health interventions on the post-conflict and post-trauma health problems in Western Balkan Countries. (Closure date for application is 08.09.2004.)

There is also an open call for proposals involving the countries of the Newly Independent States here - INCO (FP6-2002-INCO-SSA4). Eligible participants include the Republic of Moldova and Romania. The call description is epidemiological and demographic investigations into the long-term trends of population health as consequences of socioeconomic transitions, including life-style induced health problems. (Closure date is also 08. 09. 2004.)

The necessary documents for FP6 Proposals include: official documentation indicating acceptance to participate (Institute, National Statistics Office); a brief description of raw national HBS data (at least 2 survey years (preferably 3) prior to and following transition; composition of research team (1 nutritionist - maximum 6 months full-time, 1 statistician - maximum 5 months full-time, Curriculum vitae & publications); estimated budget (personnel & HBS data retrieval costs, national accounting rules) and SSA A2 form.

Other Non-EC funding options for countries are via: national funding through bilateral scientific partnerships, Ministry of Research and Technological Development and activities (Junior research associates, workshops and travel exchanges, priority on proposals including SMEs) and CARDS
(Multilateral scientific and policy development partnerships, sponsors: Greece, Italy, WHO, Ministry of Foreign Affairs, Primary Objective: Food safety)

3.1 Discussion

Ms Katica Antonic Degac thanked Ms Elena Critselis for her presentation and hoped that it will be easier for Croatia to obtain funding having recently received accession country status.

Dr Maria Haralanova believed there were some obstacles within the countries in the region in applying for funding, but encouraged applications within the next one and a half months given the successful experience of Albania, Bulgaria and Croatia.

Professor Stefka Petrova indicated that the problems in Bulgaria were mostly administrative in nature such as exchanging information with National Institute for Statistics.

Assistant Professor Antoinette Kaic-Rak believed that Professor Antonia Trichoupoulou and her team had made a good proposal but the National Statistic Offices and Public Health Institutes need to be included. The National Statistic Office in Croatia had expressed an interest in collaborating but they were now asking for using process data or raw data and some financial support which for a one year data set will cost 1000/2000 EUR.

Dr Mojca Gabrijelcic said that in Slovenia there was a deep interest for cooperation with the National Statistic Office in DAFNE V, and that they are now part of EUROSTAT. This means that the National Statistic Office is required to report to the EU in any case.

Dr Marita Afezoli stressed that the period of one and a half months is a very short period for applying for funding.

Ms Elena Critselis said that her team had started this process over a year ago, so a lot of countries had already sent documents.

Dr Aida Filipovic-Hadziomeragic asked if the data will be comparable within the EU data and whether the Federation of Bosnia and Herzegovina would have a chance to join because they did not know at the moment whether the government will have funds for continuing the participation.

Dr Camelia Parvan mentioned that the National Statistic Office in Romania had decided not to participate, even though money was offered to them. However the situation is not resolved yet. They will probably have to push the National Statistic Office to be involved more.

Dr Maria Haralanova suggested that WHO can send an official letter to the countries concerned as it will be easier to persuade participants in the countries to be involved.

Dr Vladimir Kendrovski indicated that cooperation in the former Yugoslav Republic of Macedonia with the statistic office was poor. However, now that a new Statistic Director had been appointed he was hoped for better collaboration.

Dr Maria Haralanova stressed that it was important to motivate the National Statistic Offices and to show the benefits of participation and present that as part of the EU integration process, as they will need to provide EUROSTAT this data too in a few years’ time.
Professor Nicolae Opopol mentioned that it would not be a problem for the Republic of Moldova to participate if processed data is required, however, it would be problematic should raw data be needed. This matter would have to be discussed within Moldova’s Ministries of Health and Finance.

Dr Aida Filipovic-Hadziomeragic expressed that the Agency for Statistics on the country level and the Ministry of the Civil Affairs should also be informed.

Dr Aileen Robertson was keen to point out that the purpose of DAFNE was not only for the data collection involved, but for the practical implementation of food and nutrition action plans and opportunities for providing networks in nutrition.

4. Country Presentations

4.1 Albania

Presented by Dr. Marita Afezolli

Summary report of the progress made on the Food and Nutrition Action Plan

The national food and nutrition action plan was approved with the Decision of the Council of Ministers Nr. 489 date 10/07/2003 “on Adoption of National Food and Nutrition Action Plan”. Albania has been extremely interested to participate in the DAFNE Project. During the year 2003 we have applied to participate in this initiative in collaboration with the National Institute of Statistics. Last month we learned that our application was approved by EU.

Some of the priorities in the Action Plan on Food and Nutrition concerning nutrition are:

- Promotion of healthy nutrition in accordance with the recommendations of WHO (dietary guide CINDI) and undertaking of activities for the prevention of malnutrition in children.
- Elaboration of the guides for the daily norms of nutrients in food.

We have translated the WHO CINDI dietary guide into the Albanian language, and will prepare as soon as possible the Dietary Guidelines, and guides for daily norms of nutrients in food which are missing.

Other priorities:

- Promotion of breast feeding as a right of the child and a necessity for growth and development.
- Preserving the tradition of breast feeding, securing such exclusive nutrition and the commencement in due time of complementary nutrition in accordance with the recommendations of WHO/UNICEF (Resolution 54 of the Health Assembly in 18 may 2001 and the Resolution of WHO/FAO).

On September 23, 1999 law Nr. 8528 was adopted “To promote and protect breastfeeding”. The aim of this law is to incite and protect breastfeeding while controlling the substitution of breast milk - in this way providing the healthy feeding of children. This issue has always been one of the main problems for the health sector and it is now in the implementation phase.
Related priorities in the Action Plan:

I)  
- Strengthening of inter-sector collaboration for following-up the disorders caused by iodine deficiency, including in this process other sectors of industry, education, NGOs and international institutions WHO, UNICEF and ICCIDD.  
- Implementation of the Decision of the Counsel of Ministers for the import of iodinated cooking salt and its production in the country, improvement of the existing legal framework.  
- Elaboration of the Strategy and National Plan of Action for Fighting the Disorders caused by Iodine Deficiency.  
- Continuation of training with food inspectors and experts of Public Health Laboratories for strengthening the control of iodine in salt.  
- Monitoring the content of iodine in cooking salt at all levels, from the production to the consumer, on the basis of the existing system of quality control.  
- Strengthening the control by inspectors in customs and raising the capacities of these structures.  
- Enlargement of the production of iodized salt in the country.  
- Promotion and raising the awareness of the public regarding the use of iodized salt.  
- Collaboration with the media and the education system for the realization of the promotion.  
- Strengthening of the National Committee for fighting against iodine deficiency.  

The steps undertaken to implement these priorities are:

- In December 2001 the Memorandum of Understanding on IDD was signed, by the Ministries of Health and Industry and UNICEF (including in this document the problems of upgrading the level of PHL, monitoring, upgrading the production of iodized salt in the country, financing the enterprise of salt production in Vlora city, and assisting in setting up the laboratory control in this factory, assisting in providing with the line of iodize and packaging of the product, and providing this laboratory with reagent.  
- The IDD Committee was set up with the participation of different stakeholders from the Ministries of Health, Industry, Agriculture and Food and UNICEF. Some meetings were organized to push the process of implementation. Last year in March 2003 a National Conference on IDD was organized, with the participation of all interested sectors. The last meeting of this committee was organized in February 2004, chaired by the Deputy Minister of Health. In this meeting the development of the National IDD strategy was recommended as well as the Action Plan.  
- All the laboratories have been provided with reagents. UNICEF has planned to deliver equipment for these laboratories.  
- Last year UNICEF organized some workshops with the food control inspectors regarding the monitoring of iodized salt.  

II)  
- Reinforcement of the collaboration with various associations, such as the consumers association, etc.  

On 11 September 2003 the Parliament approved and adopted law Nr. 9135 “On consumer protection”. The consumer Association has collaborated with the interested institutions in developing this law taking into consideration the suggestions made
III)  
- Integration of the oral health education in the general health education and its inclusion in the basic notions of the curriculum in the elementary and 8-year olds’ schools.
- Change of the school dental rooms into centres of dental prevention.
- Fluoridization through: the use of fluoridated toothpastes as a base for the prevention of caries and periodontites for the whole population until the year 2003.
- Encouragement of the actions for the fluoridization of potable water for the population of Tirana city until the year 2005.
- Undertaking of actions for the fluoridization of cooking salt on the national level.

With regard to the above issues the Strategy for Oral Health in Albania was adopted in 2000 and is currently being implemented.

IV)  
- Education for the nutrition of the population through the network of health promotion, schools and different interventions in the community.
- Permanent information of the public for healthy nutrition.

During 2003 the “Strategy of Public Health and Health Promotion” was developed in collaboration with the World Bank. The strategy was approved by the government taking into consideration the need for healthy nutrition education.

V)  
- Completion of the legal framework and incitement to reduce smoking.

The final draft “on Smoke”, is in the process of adoption.

4.2 Bosnia and Herzegovina

Presented by Dr Aida Filipovic-Hadziomeragic

Summary report of the progress made on the Food and Nutrition Action Plan

- December 2002 / document Food and Nutrition Policy in Bosnia and Herzegovina finalized
- March 2003 / document translated and printed in Bosnian and English
- January 2004 / Ministry of Health submitted document to F BH Government for comments and following Parliamentary procedure
- March 2004 / document returned to the Ministry of Health on revision (remarks: too professional and too extensive)
- April 2004/ revisions made according to the articles 35, 36, 39, 43 of Preparation of Government’s Sessions section in F BH Official Gazette No. 25, 2003
- May 2004/ document submitted to the F BH Government

Activities related to implementation of Food and Nutrition Action Plan of F BH:

- BH Poverty Reduction Strategy Paper brought - strengthening of public health is one of health sector priorities
- WHO Global Strategy on Diet, Physical Activity and Health supported by the F BH Ministry of Health
- Dietary Guidelines for Adults and Dietary Guidelines for Health Professionals developed and in process of printing
- Surveys “Risk Factors in Development of Chronic Non Communicable diseases” and “Health Behaviour of School Children” finished, final reports published
- Preparation of guidelines on nutrition for family doctor teams in progress
- First HBS survey on the whole territory of Bosnia and Herzegovina in progress
- BFHI certification activities – 13 hospitals assessed, 9 officially certified as BF
- World Breastfeeding Week celebrated in September 2003, to be celebrated in 2004 as well
- Promotional campaign on breastfeeding conducted
- Refreshment courses on Code implementation for health workers working in primary health care in progress
- Courses on prevention and management of nutritional anaemia, diarrhoea and acute respiratory infections in children for parents and health professionals working in primary health care conducted
- Training of trainers from 13 BH hospitals for leading of “Schools for Parents” conducted
- Training of 80 sanitary inspectors in control of quality, transport and storage of salt planned for end of 2004
- 30 TSH screening sets for monitoring and evaluation of level of TSH in newborn blood samples provided
- Equipment for improvement of iodization for salt factory in Tuzla and equipment for laboratory control of quality of salt for sanitary inspectors provided
- Promotional campaign on prevention of iodine deficiency disorders conducted
- Accreditation of food safety laboratories in process
- Project “Strengthening food safety and nutrition services in South East Europe – Project Component 1: Food Policy and Legislation” within Stability Pact initiative and South East Europe Health Network
  - 1st meeting in Belgrade, November 2002
  - Election of the WHO food safety counterpart 2003
  - 2nd meeting in Belgrade, May 2003
  - 2nd meeting of senior government officials Sarajevo, June 2003
  - visit to Ireland Food Safety Agency, Dublin, November 2003
- State Law on Food drafted and in procedure of approval
- Federal Law on Incentives in Primary Agricultural Production passed

Meetings and Conferences Organized 2003 - 2004

- Seminar “Together toward health”, Sarajevo 2003
- Workshop on International Code for health authorities, professionals and NGOs, Vogošća, November 2002
- Seminar “Organic Production in Bosnia and Herzegovina”, Sarajevo, 2003
- Seminar “80 years of Institutional Public Health in Bosnia and Herzegovina

Comments after presentation:

Dr Aileen Robertson stressed that if iodised salt is to be promoted it is important to be aware that it should not only focus on kitchen salt and salt for table use. It is important to think in broader terms of
iodization including salt used for bread, manufacturers, producers etc. It is also important for iodization to be inserted into legislation. Unfortunately, some organizations are only concerned about table salt. Of course it is important to reduce daily salt intake, but iodine deficiency disorder can be much wider problem.

Dr Maria Haralanova cited Bulgaria as an example that had actually forbidden the use of any salt except iodized salt, since 1993. Bulgaria had the support of the UNICEF at that time and people were trained and support given to laboratories.

4.3 Republika Srpska

Presented by Dr Duska Stoisavljevic

Summary

- December 2002 food and nutrition action plan document in RS finalized
- March 2003 document translated in English and printed
- January – May 2004 period with very intensive discussions between Ministry of Health and other sectors involved in preparation of FNAP and document submitted to the Government

Activities related to implementation of FNAP of Republika Srpska

- March, 2003: Final Report and publication preliminary results of Survey the Basic Health Project – Public Health and Disease control with two sub-components:
  i. Household Survey included Non-communicable Risk Factors and Health Status, Health Needs and Utilisation of Health Services
  ii. Health Behaviour of School Children in the Republic of Srpska
- Surveillance of health status and dietary habits of the population and programmes for detection and reduction of risk factors re cardiovascular disease, cancers and other NCD and early detection (Official Journal of the RS, March,2002)
- December, 2003: Printed publication with schools included in Network of Health Promoting Schools in the Republic of Srpska and Federation of Bosnia and Herzegovina.
- Participation at CINDI school in Finland (Summer-August, 2003/Winter-January, 2004) and education health professionals Public Health Institute of RS.
- January, 2004: NCD prevention in primary health care was started, registration and prevention obesity by determination of BMI, hypertension, the lipid status especially of some risk groups, the glycemic level, etc.
- June, 2004: Dietary Guidelines on healthy eating for health professionals and population finished and next step would be publishing
- Promotion of breastfeeding – printing of educational material.
- Interventions for IDD: in household salt iodine and dietary advice.
- Training of sanitary inspectors involved in control of quality, transport and storage of salt planed for end of 2004
- Accreditation of food safety laboratories in process
- Stability Pact initiative and SEE Health Network, Project “Strengthening food safety and nutrition services in SEE: Food Policy and Legislation”:
  i. 1<sup>st</sup> meeting, Belgrade, November 2002
  ii. 2<sup>nd</sup> meeting, Belgrade, May 2003
  iii. 2<sup>nd</sup> meeting of senior government officials, Sarajevo, June 2003
  iv. visit to Ireland Food Safety Agency, Dublin, November 2003
- June, 2004: Adopted new law of food for BiH and next step following the model of European Food Safety Authority will be to establish a National Food Safety Agency.

Meetings and Conferences organized 2003 – 2004

- International congress “Health for all” – Health perspective in 21<sup>st</sup> century - Banja Luka, 4<sup>th</sup> – 8<sup>th</sup> June, 2003.

Comments after presentation:

Dr Aileen Robertson stressed that data had to be used for lobbying for nutrition on the policy agenda and congratulated efforts regarding data collection..

4.4 Bulgaria

Presented by Professor Stefka Petrova

Activities for the development of the food and nutrition action plan, 2003-2004

The first draft of the FNAP was discussed by the national multisectoral expert group and it was revised / filled out in the following aspects:

- The objectives
- The activities
- The structure of the FNAP

On the basis of the recommendations a second draft of the FNAP was developed including the following topics:

- Introduction;
- Background (Situation analysis related to foods and nutrition);
- Main current problems in nutrition and food safety as a basis for the Action Plan;
• Priority target groups;
• Purpose, main and specific objectives

Second Draft of FNAP

Strategies for action:
• Multi-sectoral approach (including the private sector, media and civil society);
• Action on national, regional and local level;
• Implementation and enforcement of legislation;
• Information and education of the population (life-course perspective, specially addressed the priority groups);
• Capacity building of professionals;
• Evaluation, monitoring and surveillance;
• Guidance, coordination, financing of FNAP

Second Draft of FNAP to include:
• Activities, target groups, partners;
• Responsibilities of key players for action;
• Milestones relate to targets and actions;
• References;
• Appendixes: Characteristics of Balanced Healthy Diet – Targets for the population; Impact of nutrition and food safety for the health; Current Nutrition Policy of Bulgaria

Activities for development of FNAP:

At the FNAP the following 8 programs related to nutrition were developed:

• Programme for protection and promotion of breastfeeding;
• Programme for improvement of nutrition and nutritional status of pregnant women;
• Programme for improvement of nutrition and nutritional status of infants and young children;
• Programme for improvement of nutrition in kindergartens and schools and introducing of nutrition education;
• Programme for improvement of nutrition of elderly people;
• Programme for reducing the risk of diet related chronic diseases;
• Programme for sustainable elimination of IDD;
• Programme for improvement of the information on nutrition situation in Bulgaria.

In the field of food quality and safety in the FNAP the following 4 programmes were developed:

• Programme for improvement of microbiological food safety;
• Programme for monitoring of chemical contaminants of food (heavy metals, pesticides and nitrates);
• Programme for monitoring of mycotoxins in foods;
• Programme for safety and control of irradiated foods.
• The budgets necessary for the programmes of the FNAP to be implemented were assessed.
• The second draft of the Bulgarian FNAP was disseminated among ministries, institutions, food producer associations and nongovernmental organizations related to its implementation for recommendations.

Imminent:

• Revision of FNAP and the corresponding programmes on the basis of recommendations from the Bulgarian institutions engaged;
• Translation and dissemination among international organizations (WHO, UNICEF) for recommendations, revision according the advices;
• Launching of the draft of Bulgarian FNAP;
• Final revision if necessary;
• Endorsement of FNAP by the Council of Ministers - by the end of 2004.

Current activities related to implementation of some aspects of FNAP:

• Food related legislation under Food Law: 12 new regulations, harmonized with the corresponding EC directives were developed and adopted;
• A Laboratory for control of genetically modified foods was established and equipped;
• A project related to the strengthening of food safety policy was developed and financially supported by PHARE (2003-2006);
• A project for establishment of Training center for building capacity in the field of food safety and quality was developed and financially supported by Netherlands;
• Postgraduate specialty “Specialist on breastfeeding and dietetic nutrition” at the medical colleges was established and adopted;
• A manual for healthy nutrition with recipes for children of 3-6 years (including in kindergartens) was developed and is in press;
• An interactive web site on healthy nutrition covering more than 100 topics was established and is in operation;
• A national conference on Health Education in Schools (including nutrition) was conducted; activities for development of nutrition module in school curricula were initiated;
• A national nutrition survey on Bulgarian population aged over 1 year was performed in the frame of the program for nutrition monitoring;
• CINDI Program in 7 regions is continuing to be implemented;
• The programme for IDD Control is on going successfully;
• 8 Courses / Seminars related to different aspects of the FNAP implementation were conducted targeted to different key players.

Factors that inhibit the process of FNAP development:

• Other priorities directly related to accession of Bulgaria to EU;
• Difficulties in multi-sectoral work;
• Not enough support and coordination between the responsible ministries;
• Problems with human resources.
Comments after presentation:

Dr Aileen Robertson indicated that it is important not to seek perfection in the documents rather it is more important to implement the document. It also important that the document is actually ratified because the aim is not the document but the process of using the documents.

Professor Stefka Petrova said that the accession process has been very important for Bulgaria, but that nutrition will become more important on the agenda in the next period.

Dr Camelia Parvan pointed out that collaboration with the food industry is a very important issue.

4.5 Croatia

Presented by Ms Katica Degac

Progress report on the food and nutrition action plan

I. Activities on promotion of healthy nutrition, physical activity - healthy lifestyles:

- Efficiency of using mass media (news papers, TV, electronic media) for information and education of population, has been generally increased.
- Croatian National Institute of Public Health (CNIPH) opened web site “health”, which offers a lot of information concerning nutrition and health.
- Dietary guidelines for adults: printed publication (distributed with daily newspaper in edition of 200 000 brochures) and also available on internet page.
- Dietary guidelines for children: printed publication (edition of 200 000 brochures) distributed for the whole of school children population 1-4 grade in all elementary schools in Croatia. Also available on internet page.
- Breastfeeding promotion and BFHI
- Collaboration with Consumer Protection Association, Croatian Obesity Society and several NGOs with programmes for healthy nutrition promotion and obesity prevention.
- Project “Whole school approach to healthy eating” – starting with workshops in schools (lectures and discussions in groups of school medicine doctors and nurses, teachers, school catering staff, parents and pupils). The situation analyses of curriculum, mass catering and school canteens, dietary habits and life style of schoolchildren will serve as a base for development of complete programme and its future implementation in other schools. Parents will be included in workshops and the activities on improving of schoolchildren nutrition.

II. Activities on prevention of obesity and nutrition related non communicable diseases (CHD, diabetes, cancer, osteoporosis…)

- Project for the prevention of obesity in schoolchildren population
- Training-seminars and workshops for school nurses from all school medicine teams in Croatia have been organized. They also have got education materials (brochure, CD and overheads) for lectures and workshops in schools.
• CINDI Programme: Nutrition and Prevention of CVD and Diabetes
• Croatian Strategy for Healthy Hearth

III. Activities on elimination of micronutrient deficiencies:

• Significant positive results of improved iodine intake - last results of urinary iodine excretion among schoolchildren population showed that median value of 140 µg/L was detected. (details in article: Kusić Z, et al. Croatia has reached iodine sufficiency. J. Endocrinol. Invest. 26:738-742, 2003). Chemical control of salt produced in Croatian salt plants and imported salt, revealed that salt is adequately iodized (25 ± 5 mg KI/kg salt).
• Programme for the prevention of iron deficiency among vulnerable groups still going on.

IV. Legislation:

Food Act and Consumer Protection Law adopted in 2003. Regulation for Nutrition Labelling (harmonized with EU) is undergoing the adoption process.

V. International cooperation:

Cooperation with DAFNE project and CEECFOODS network on food composition data bases. Negotiations for EUROFIR project underway.

Comments after the presentation:

Dr Mojca Gabrijelcic mentioned that a Healthy School Programme will start in Slovenia in the incoming period.
Dr Aileen Robertson thought that Croatia could be a health model for a school approach so perhaps it would be a good idea to have the dietary guidelines for children translated into English. The same suggestion was directed to Professor Stefka Petrova (Bulgaria).
A question was raised about the advertising of food that is not recommended as healthy nutrition.

4.6 The former Yugoslav Republic of Macedonia

Presented by Professor Vladimir Kendrovski

Progress report on the food and nutrition action plan

The Government of the Republic of Macedonia has adopted the Action Plan for Food and Nutrition of the Republic of Macedonia at its Session as Governmental Document in April 2004. The public promotion will be held in September 2004 under the auspices of the Minister of Health (printing document in Macedonian and English, CD, poster, mediums campaign, leaflet etc). The planned activities in accordance with the Action Plan for Food and Nutrition of the Republic of Macedonia have already started:

• The Centre for Nutrition and Diet within the RIHP has been established in 2003.
(Published the promotion materials and poster: Participation of World Heart Day in 2003 with more than 200 examined women; Opening of the nutritional clubs in elementary schools with promotion; 3 ongoing surveys; 1 planned national diabetes study; Implementation of activities from Annual National Preventive Programme for Nutrition for RIHP and 10 IHPs in Macedonia).

- New actions planned in Annual National Preventive Programme for RIHP and 10 IHPs for 2005, covered by budget.
- Collaboration with consumer organization in Macedonia and implementation of planned activities for this and the following year.
- Collaboration with Republic Institute for Household Promoting in establishment the new physiological nutritional daily intake norms for pre-school and school children in their diet, to be put in By-Law, as obligatory norms for kinder gardens and School Caterings.

Comments after presentation:

Dr Vladimir Kendrovski thanked Dr Aileen Robertson on behalf of all participants for her support in the developing of FNAPs and her devoted work and all the efforts she has made during collaboration with SEE countries.

4.7 Republic of Moldova

Presented by Professor Nicolae Opopol

Some health indices:

Life expectancy at birth was 67.8 years in the year 2002. It is much lower than in developed countries, but a little higher than in the Russian Federation (65.2 years) and Ukraine (67.7 years). There is a significant difference between male and female indices (64.0 and 71.6 years). General mortality has increased from 9.7 in 1990 to 11.6 for 1000 habitants in 2002. The birth rate markedly decreased from 177 to 9.9 between 1990 and 2002. As a result, the population increment fell from 8.0 to – 1.7 over the same period.

The general mortality structure in the past five years has not changed significantly. Most frequently deaths in the last year are caused by circulatory diseases followed by malignant tumours, digestive system diseases, accidents, intoxication, injuries and respiratory system diseases.
Chart 1. Structure of general mortality in Republic of Moldova by main causes of death, %

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory diseases</td>
<td>56.0%</td>
</tr>
<tr>
<td>Malignant tumours</td>
<td>11.6%</td>
</tr>
<tr>
<td>Digestive system diseases</td>
<td>9.9%</td>
</tr>
<tr>
<td>Accidents, intoxications, injuries</td>
<td>8.9%</td>
</tr>
<tr>
<td>Respiratory system diseases</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other causes</td>
<td>7.7%</td>
</tr>
</tbody>
</table>


Particularities:

A great number of deaths (42%) are occurring in able-bodied age; depending on gender – 58.1% for men and 23.4% for women.
As to the mortality structure for men - circulatory diseases rank first, followed by accidents, intoxication and traumas, malignant tumours, digestive system diseases and respiratory system diseases. As for women – also circulatory system diseases rank first, followed by malignant tumours, digestive system diseases, accidents, intoxication, injuries, and respiratory system diseases.

Chart 2: Mortality structure by gender

Morbidity: Table 1. Systolic blood pressure, % of total number of adults

<table>
<thead>
<tr>
<th>Mn of mercury column</th>
<th>20-29 ani</th>
<th>30-39 ani</th>
<th>40-49 ani</th>
<th>50-59 ani</th>
<th>&gt;60 ani</th>
<th>Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>140-160</td>
<td>12,4</td>
<td>20,1</td>
<td>24,6</td>
<td>30,7</td>
<td>34,3</td>
<td>24,4</td>
</tr>
<tr>
<td>&gt; 160</td>
<td>1,2</td>
<td>2,7</td>
<td>6,0</td>
<td>15,3</td>
<td>28,9</td>
<td>10,8</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>140-160</td>
<td>2,5</td>
<td>8,5</td>
<td>25,2</td>
<td>33,4</td>
<td>34,3</td>
<td>20,2</td>
</tr>
<tr>
<td>&gt; 160</td>
<td>1,0</td>
<td>2,0</td>
<td>12,7</td>
<td>18,8</td>
<td>35,6</td>
<td>14,0</td>
</tr>
<tr>
<td>Both sexes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>140-160</td>
<td>6,9</td>
<td>13,5</td>
<td>24,9</td>
<td>32,2</td>
<td>34,3</td>
<td>22,4</td>
</tr>
<tr>
<td>&gt; 160</td>
<td>1,0</td>
<td>2,3</td>
<td>10,0</td>
<td>17,2</td>
<td>32,9</td>
<td>12,7</td>
</tr>
</tbody>
</table>


Iodine Deficiency Disorders
In Moldova there is a reduced content of iodine in soil, water and vegetation. It is the main cause of iodine insufficiency in the diet. During the critical stage of pregnancy and early growth of children, the deficiency of iodine affects their mentality. A number of investigations carried out in the last years with UNICEF support established that 37% of 8-10 year children had palpable or even visible goiter. The level of affection was spread as follows: to the south – 26.9%, to the north – 39.1%, to the centre – 39.1% and 33.9% to the east.
Iron deficiency anaemia is wide spread as well. The 2002 year statistical data denote a high incidence of anaemia among pregnant women (48.8%) and among children under 5 years of age (81.7%).

Actions:
In 2002 the Ministry of Health took the decision to set up a working group with the aim to outline a draft of National Plan of Action in Nutrition and Food Safety. In May 2002 such a draft was ready for examination and discussion.
With UNICEF support a report “State of Nutrition in Republic of Moldova” was published.
In September 2002 the National Conference on Nutrition examined the public health problems in relation to nutrition and food safety and recommended the government to accept and to implement the national plan of action.
Unfortunately no further steps were undertaken to approve the plan mainly due to the economic conditions in the country.
The Ministry of Health together with various other ministries and departments decided to move step by step and implement one by one the separate actions. The first step was to strengthen the legislative support. In November 2003 the 1993 year Law concerning sanitary-epidemiological assuring of population was harmonized to international recommendations.
The Department of Standards together with the MoH and other government bodies produced a draft of Consumer Protection Law, which was adopted in June 2003. The MoH elaborated a draft of Food Law.
After much discussion the draft was forwarded in Parliament and in March 2004 the law was adopted. Food Law is an umbrella law and we hope the proper implementation will follow. At the same time the process of national sanitary legislation harmonization to international recommendations progressed. This was elaborated and some new regulations were approved. Food labelling regulations were approved by the government and regulations for food additives etc., were approved by the State Chief Sanitary Doctor. According to a government decision the HACCP system has to be implemented in all food processing units within the next year.

4.8 Romania

Presented by Dr Camelia Parvan

Romanian food and nutrition action plan:

The Romanian FNAP provides measures in the following fields:

1. Measures which will contribute to guarantee the optimal nutritional status of the population and the prevention of the diseases linked to nutrition (malnutrition); in this regard - especially the low income group of the population and the critical periods of life (childhood, pregnancy, breastfeeding, ageing)
2. Measures which will guarantee sufficient quantities of good quality food (food security) for all the population
3. Measures for prevention of food-borne pathogenic diseases and chemical contaminants, radioactive contaminants, or parasites (“food Safety”)
4. Measures for improvement of the education of the population regarding food and nutrition
5. Measures to increase the scientific research in the field of food, nutrition and pathology linked to nutrition

1. Measures which will contribute to guarantee the optimal nutritional status of the population and the prevention of the diseases linked to nutrition (malnutrition); in this regard - especially the low income group of the population and the critical periods of life (childhood, pregnancy, breastfeeding, ageing)

1.1 To fix the physiological food norms recommended for the population of the country
1.2 To revise, update and complete the composition tables for the food products approved by the Ministry of Health in 1979. These will become the Romanian official tables and will be used for the determination of the nutritive value of food products.
1.3 Studies for determination of the level and the structure of nutritional behaviour of the population
1.4 Studies regarding the nutritional status of the population

1.4.1 Under the coordination of the Institute of Mother and Child “The Programme of the nutritional surveillance of children under 5 years old” will be continued using representative samples.

1.5 Measures for prevention and reduction of deficiencies in minerals and vitamins, and malnutrition through exaggerated and unbalanced consumption of food

1.5.1 The implication of the food industries in the use of some processing methods which will maintain and amplify the nutritional value of the food
1.6 Professional training

- To raise the number of consulting doctors in diabetes, nutrition and diseases linked to nutrition.
- In collaboration with the Ministry of Education and Research to develop short term courses training in nutrition and diabetes.

2 Measures which will guarantee sufficient quantities of good quality food (food security) for all population

2.1 The division of the territory of the country in specific agro systems which will allow the capitalization of the quality of soil, climate conditions, agricultural potential to satisfy the local food requirement and use national food resources

2.2 The direct and indirect encouragement of farmers for producing milk and meat production by increasing livestock, (especially chicken and beef meat), egg production, encouraging sunflower, soy and vegetable crops (in open fields and greenhouses), fruits trees, vineyards.

2.3 Encouragement regarding the production of ecological food in a sustainable agricultural system respecting the legal regulations regarding the production, storage, processing, transportation and trading

2.4 To support the initiative of the small and medium food industry units

2.5 The use of funds from the SAPARD Programme to achieve the objectives of 2.2, 2.3, and 2.4

3 Measures for prevention of food-born pathogenic disease and chemical contaminants, radioactive contaminants, or parasites (“Food Safety”)

3.1 The extension of the system of risk assessment though HACCP.

3.2 Determination of chemical and biological contamination level in food

4 Measures for improvement of the education of the population regarding food and nutrition

5 Measures to increase the scientific research in the field of food, nutrition and pathology linked to nutrition

Comments after the presentation:

Discussion took place regarding national committees for nutrition that consist of many people from different sectors and the role of food safety agencies.

4.9 Slovenia

Presented by Dr Mojca Gabrijelcic-Blenkus

Brief summary on the preparation of food and nutrition policy in the Republic of Slovenia:

This year, the Ministry of Health is completing the preparation of its Food and Nutrition Policy. At the moment, negotiations and harmonisation with other ministries and partners involved in the preparation of
the above stated strategic document are in their final phase. In September 2004, this policy document will be submitted to the Government of the Republic of Slovenia for a debate, and following that, to the National Assembly to undergo its parliamentary procedure.

The Ministry of Health recently decided to slightly alter the structure of the document so as to include physical activity in the existing draft strategy of Food and Nutrition Policy. We have, therefore, prepared a slightly altered structure of “the temple”, which illustrates the scope of the Food and Nutrition Policy.

The basic strategic scope of Food and Nutrition Policy is represented by **two basic pillars**, the pillar of food and nutrition and the pillar of physical/sporting activity, while **individual structural areas** complement these two pillars.

The food and nutrition pillar has three structural areas:
1. healthy nutrition,
2. food safety and
3. food supply.

The pillar of physical/sporting activity contains the following structural areas:
1. recreation through sports,
2. physical activity at the workplace, and
3. health oriented modes of transportation/transport activities.

We have added to the content of the strategy document the physical activity area (HEPA), regardless of the fact that it has so far been treated as an independent strategic and policy document. Relying on WHO initiatives (Athens, 2003), we have decided to present this part as an independent food and nutrition policy pillar due to its close connection with the healthy nutrition and lifestyle of the population.

Recently, a core working group for the preparation of the food and nutrition policy document has been preparing and adding the content of both pillars to the above mentioned document. With the assistance of National Institute of Public Health experts, we have identified key indicators of successful implementation, which we intend to monitor in the future. These indicators will be monitored in all structural areas of both pillars and some are already included in the existing databases, collected within the Statistical Office of the RS or as part of the central collection of health data within the National Institute of Public Health, while some indicators still need to be established and built into the national system of monitoring and processing of data. The indicators are divided into two basic groups:

1. indicators collected regularly, and
2. indicators collected with periodical studies.

Health indicators will be prepared on the basis of the proposal by EUROSTAT, as they are already monitored on the European level, and other sources (DAFNE, WHO, etc.).

The basic component of the food and nutrition policy will also be the food and nutrition pillar action plans, prepared for all three structural areas of this pillar and containing:

1. an action plan for the structural area of food safety,
2. an action plan for the structural area of food supply,
3. an action plan for the structural area of healthy nutrition. This action plan will be broken down into the following areas:
   i. breast-feeding, the nutrition of expectant mothers and young mothers;
ii. nutrition of children in nursery schools and schools, pupils in secondary schools and boarding school pupils as well as university students;
iii. nutrition of persons with special dietary requirements (hospitals, homes for the elderly);
iv. nutrition of workers during work (catering);
v. nutrition in the catering and tourist industry;
vii. nutritional guidelines or recommendations (nutritional standards);
vi. food consumption tables;
viii. iodine in nutrition;
ix. education of various population groups on healthy food and nutrition;
x. education of experts, whose teaching and study syllabuses also contain subjects relating to healthy and well-balanced nutrition and healthy lifestyles.

Main progress and achievements in the last year period were observed in the collaboration of Ministry of Health with Ministry of Education and Ministry of Agriculture.

In the area of nutrition of children in nursery schools and schools, pupils in secondary schools and boarding school pupils as well as university students a working group for introducing the concept of health in the school environment was established after adopting governmental decision on collaboration of Ministry of Health and Ministry of Education.

In spring 2004 general agreement was obtained between the two ministers that since health is a social value and all Slovene schools have to be health promoting schools (HPS). Health is seen as a matter of quality of school. The ministers agreed upon which institutions will lead and support the process of building health in each school. The governmental resolution on introducing HP in schools was prepared and submitted.

The preparation of the action plan for the structural area of food supply was supported by the recommendations of health impact assessment HIA) of national agriculture policy. The potential effects of incorporating the Common Agriculture Policy (CAP) after the accession to the European Union in May 2004 were assessed. Several policy recommendations were made following the HIA in Slovenia to improve health and wellbeing. Many of the policy changes recommended cannot be taken by the Slovenian Government alone without changes to the CAP at the European level. Recommendations for fruit and vegetables, wine regime, milk products and rural development measures were used in preparation of the action plan for the structural area of food supply.

As a basis for the preparation of the strategy document on Food and Nutrition Policy and action plans the publication by WHO entitled “Food and Health in Europe – a new basis for action” directions have been also included.

Comments after the presentation:

It was stressed that in Slovenia - Central European nutrition reference values were translated (DACH – German, Austrian, Czech, Hungary reference values).
5. Stability Pact – Future priorities for implementing National FNAP countries

Presented by Dr Aileen Robertson

Dr Aileen Robertson thanked the participants and their countries for supporting the Global Strategy on Diet, Physical Activity and Health, as the Strategy would not have been accepted at the World Health Assembly without the good support of European countries.

It was mentioned that dietary guidelines need to be developed in Moldova as these have already been finalized in the Nordic countries.

Dr Robertson stated that non-communicable diseases are appearing more frequently on political agendas. It is important to be aware that in Europe in 2000, the deaths attributed to selected leading risk factors were high blood pressure and cholesterol levels, smoking, high body mass index, low fruit and vegetable intake, physical inactivity and high alcohol consumption (so 6 of the risk factors relate to nutrition).

New brochures have recently been produced by WHO: “Advertising and marketing: Marketing Foods to Children – the Global Regulatory Environment” and “Nutrition Labels and Health Claims”.

A discussion took place concerning changes in attitudes towards health such as the role of individual responsibility. Dr Robertson stated that it was true that attitudes were changing slightly in this direction but that in the current climate it is a difficult issue to leave entirely to individuals. Changes have to be made to the environment before accepting that health is purely a matter of personal responsibility (eg: not having the opportunity for physical activity).

The importance of lobbying on a political level was emphasized and it was mentioned that nutrition will appear more on the political agenda according to DG SANCO. It was stated that in EU policies food safety presents a high priority and nutrition a low priority.

The future of the process of national food and nutrition action plan implementation will also form part of the Food and Nutrition Action Plan 2006-2010 and WHO EURO Ministerial Conference in 2006.

DG SANCO- Programme on Public Health:
- Health Determinants – Nutrition and Physical Activity Network (2 per year – 31 countries)
- Health Information – Lifestyle working party (2 per year – 31 countries)
- Health Determinants (NPA): EU Breastfeeding Blue Print

Regulation by European Parliament and Council:
- Nutrition and health claims on food
- Fortification on foods
- Nutrition labelling

EFSA (European Food Safety Authority)
- National food safety authority/standards authorities are also networking independently.
- Obesity, salt, folic acid
- English Food Standard Agency - example to look at
6. Closing remarks

At the end of the workshop the countries of the Stability Pact agreed the need for further support in developing second national food and nutrition action plans and thanked WHO for the information and support that had been provided at previous meetings and workshops.

Ms Katica Antonic Degac thanked the participants for taking part in this important workshop. She expressed her gratitude to WHO for their cooperation and for the collaboration of Dr Robertson with the SEE countries, on behalf of all the participants. Many participants added to these comments and expressed the hope that there are more constructive meetings held such as this in Croatia, in the near future.
Annex 1

DAFNE FUNDING PROPOSAL TO EU AND CURRENT SITUATION RE IMPLEMENTATION OF DAFNE PROJECT IN SEE COUNTRIES

The DAFNE Project

in South Eastern Europe

Elena Critselis
WHO Collaborating Centre for Nutrition
Department of Hygiene and Epidemiology
University of Athens School of Medicine

The DAFNE (Data Food Networking) Initiative in South Eastern Europe

Objectives
– To expand the European Food Availability Databank based on Household Budget Surveys (HBS) in order to include food data from South Eastern Europe (SEE)
– To assess dietary trends, based on HBS data, prior to and following periods of conflict and sociopolitical change in SEE
– To evaluate demographic and socioeconomic factors which mediate dietary trends in SEE
– To update the DAFNE software tool (DafneSoft v2.1) for monitoring dietary trends and developing nutrition policies in SEE

Deliverables
– A national report, in both English and the native language, presenting food availability at the country level before and after sociopolitical transition
– Regional report, in English, presenting food availability comparisons between countries before and after sociopolitical transition
– Update of DafneSoft software tool to include food availability data from SEE

Current DAFNE Participants

- Austria
- Belgium
- Cyprus
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxemburg
- Malta
- Norway
- Poland
- Portugal
- Slovak Republic
- Slovenia
- Spain
- Sweden
- United Kingdom

List of Required HBS Data Variables (Minimum)

- General information
  - Household id number
  - Time of participation
- Nutritional information
  - Food code
  - Total food expenditure
  - Expenditure per food item
  - Amounts per food item
  - Type of acquisition
- Socioeconomic information
  - Degree of urbanization of household
  - Geographical area where household is located
  - Household size
- (contd.)
  - Household composition
  - Age and gender of household head and members
  - Relationship of household members to household head
  - Household disposable income (net income)
  - Household total expenditure
  - Occupation, employment status, economic activity of household head and members
  - Education of household head and members
  - Income of household head
  - Medical expenses data
The DAFNE Food Classification Scheme

- Allows the classification of food items recorded in national HBS into food groups which are common between countries
- Food aggregation levels:
  - 56 analytical food groupings
  - 15 main food groups
- Forms the basis of standardized classification systems for intra- and inter-country comparisons of dietary HBS data

The 15 Main DAFNE Food Groups

- Cereals & cereal products
- Meat & meat products
- Eggs
- Milk & milk products
- Vegetables (fresh & processed)
- Pulses
- Potatoes & other starchy roots
- Total added lipids
- Fish and seafood
- Fruit (fresh & processed)
- Nuts
- Vegetable and fruit juices
- Alcoholic beverages
- Non-alcoholic beverages
- Sugar & sugar products

The DAFNE Demographic & Socioeconomic Classification Scheme

- Household Locality:
  - Rural
  - Semi-urban
  - Urban

- Education:
  - Illiterate / Elementary
  - Secondary
  - Higher (College/University)

The DAFNE Software Tool: DafneSoft

- Includes dietary, demographic and socioeconomic information, based on HBS data, from all European DAFNE participants
- Allows for comparisons within and between countries with respect to:
  - DAFNE main and analytical food groups
  - DAFNE demographic and socioeconomic groups
  - Dietary trends over time
- Regularly updated with most recent HBS data
- Comparisons presented in bars, pie charts, and map presentations
- Free access at: http://www.nut.uoa.gr
- Accessible and utilized by academia and policy-makers alike

Funding for the DAFNE Project in SEE Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Approved Project (FP6)</th>
<th>CAHRIS Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>DAFNE-WRC</td>
<td>Greece, Italy, WHO</td>
</tr>
<tr>
<td>Croatia</td>
<td>DAFNE-WRC</td>
<td>Greece, Italy, WHO</td>
</tr>
<tr>
<td>FYROM</td>
<td>DAFNE-WRC</td>
<td>Greece, Italy, WHO</td>
</tr>
<tr>
<td>Republic of Moldavia</td>
<td>-</td>
<td>Greece, Italy, WHO</td>
</tr>
<tr>
<td>Romania</td>
<td>-</td>
<td>Greece, Italy, WHO</td>
</tr>
<tr>
<td>Serbia &amp; Montenegro</td>
<td>-</td>
<td>Greece, Italy, WHO</td>
</tr>
<tr>
<td>Slovenia</td>
<td>DAFNE-V</td>
<td>-</td>
</tr>
</tbody>
</table>

European Commission
Sixth Framework Programme (FP6)
Specific Measures in Support of International Cooperation (INCO)

- Objectives:
  - To help open up the European Research Area to the world
  - To help ensure Europe’s strong and coherent participation in research initiatives conducted at the international level
  - To strengthen, develop and consolidate partner countries’ research systems
Approved FP6-INCO Projects

- FP6-2002-INCO-SSA3/WBC proposal submitted in March 2004 for funding the DAFNE project in:
  - Albania
  - Bulgaria
  - Croatia
- Collaboration with WHO
- Proposal approved in June 2004 (personal communication)
- Contract preparation

I. Western Balkan Countries:

**Specific Programme:**
- Integrating and strengthening the European research area

**Thematic Priority:**
- Specific measures in support of international cooperation

**Eligible Participants:**
- Bosnia and Herzegovina
- Serbia and Montenegro
- The Former Yugoslav Republic of Macedonia

**Call Description:**
- Medical and public health interventions on the post-conflict and post-trauma health problems in Western Balkan Countries

II. Newly Independent States:

**Specific Programme:**
- Integrating and strengthening the European Research Area

**Thematic Priority:**
- Specific measures in support of international cooperation

**Eligible Participants:**
- Republic of Moldova
- Romania

**Call Description:**
- Epidemiological and demographic investigations into the long-term trends of population health as consequences of socioeconomic transitions, including life-style induced health problems

Other Non-EC Funding Options

- National funding
  - Bilateral scientific partnerships
  - Ministry of Research and Technological Development
- Serbia and Montenegro
- Activities:
  - Junior research associates
  - Workshops and travel exchanges
- CARDS
  - Multilateral scientific and policy development partnerships
  - Sponsors: Greece, Italy, WHO
- Ministry of Foreign Affairs
  - Primary Objective: Food safety

Annex 2

PROGRAMME

Monday,

08.00–08.30  Registration
08.30–09.00  Opening
Welcome address by WHO Euro
Nomination of Chairperson
Introduction of participants and rapporteur
Adoption of scope and purpose, agenda and programme

09.00–09.30  DAFNE funding proposal to EU and current situation re implementation of DAFNE project in SEE countries
Ms Elena Critselis, WHO Collaborating Centre for Nutrition, Greece

09.30–10.30  Stability Pact Initiative – update re Food and Nutrition Project
WHO Euro

10.30–11.00  Coffee break

11.00–13.00  Country presentations:
Presentations on progress on development of food and nutrition action plans (each country 10 minutes presentation and 5 minutes discussion)
Albania
Bosnia & Herzegovina: Federation and Republic of Srpska
Bulgaria
Croatia
The Former Yugoslav Republic of Macedonia

13.00–14.00  Lunch

14.00–15.30  Country presentations continued
Republic of Moldova
Romania
Serbia and Montenegro
Slovenia

15.30–16.00  Coffee break

16.00–17.30  Stability Pact – future priorities for implementing National Food and Nutrition Action Plans
WHO Euro

17.30  Closing
Annex 3

LIST OF PARTICIPANTS

Albania
Dr Marita Afezolli (Selfo)  Telephone No. : +355 43 646 71
NEHAP Coordinator  Fax No. : +355 43 64671
Department of Primary Health Care
Ministry of Health
Blv. Bajram Curri
Tirana

Bosnia and Herzegovina
Dr Dusanka Danjojevic  Telephone No. : +387 51 216 509
Specialist of Hygiene and health ecology  Fax No. : +387 51 216 510
Public Health Institute of the
Republica Serbska
Johana Ducica 1
7800 Banja Luka

Dr Aida Filipovic-Hadziomeragic  Telephone No. : +387 33664643 Ex 107
Institute of Public Health FB&H  Fax No. : +387 33 220 548
Titova 9
71000 Sarajevo

Bulgaria
Prof Stefka Petrova  Telephone No. : +359 2 5812505
Department of Nutrition  Fax No. : +359 2 9581277
National Centre of Hygiene, Medical
Ecology and Nutrition
15 Acad. Ivan Geshov Street
1431 Sofia

Croatia
Ms Katica Antonic-Degac  Telephone No. : +385 1 46 83 006
 Croatian Institute of Public Health  Fax No. : +385 1 46 83 007
Rockefellerova 7
10000 Zagreb

Dr Zrinka Petrovic (Rapporteur)  Telephone No. : +385 1 4683 006
Specialist Epidemiology  Fax No. : +385 1 4683 007
 Croatian Institute of Public Health
Rockefellerova 7
10000 Zagreb
Republic of Moldova
Prof Nicolae I. Opopol
Leading Expert in Hygiene
Ministry of Health
67A, G. Asaki Str.
Chisinau MD 2028
Telephone No. : +373 2273 58 22
Fax No. : +373 2272 97 25
Email: nopopol@mednet.md

Romania
Dr Camelia Parvan
Head
Food Hygiene Department
Institute of Public Health
Ministry of Health
Str. Dr Leonte 1-3
76256 Bucharest
Telephone No. : +402 1 638 4010
Fax No. : +40 21 312 3426
Email: cparvan@ispb.ro

Serbia and Montenegro
Ms Aleksandra Makaj
Deputy Minister
Department of Sanitary Protection and Public Health
Ministry of Health of Serbia
Nemanjina str. 22-26
11 000 Belgrade
Telephone No. : +381 11 361 6264
Fax No. : +381 11 361 6266
Email: makaj_aleksandra@zdravlje.sr.gov.yu

Slovenia
Dr Mojca Gabrijelcic-Blenkus
Research Analyst
Food and Nutrition Department
Centre for Environmental Health
Institute of Public Health of the Republic of Slovenia
Trubarjeva 2
1000 Ljubljana
Telephone No. : +386 244 1494
Fax No. : +386 244 1447
Email: mojca.gabrijelcic@ivz-rs.si

The former Yugoslav Republic of Macedonia
Prof Vladimir Kendrovski
Specialist of Hygiene & Environ. Health
Republic Institute for Health Protection
ul. 50 Divizija 6
1000 Skopje
Telephone No. : +389 2 312 50 44
Fax No. : +389 23 223354
Email: kendrovski@yahoo.com
Temporary Adviser

Ms Elena Critselis
Department of Hygiene & Epidemiology
University of Athens Medical School
Leoforos Alexandros 196
GR-11521 Athens
Greece

Email address: elkrit@nut.uoa.gr

World Health Organization

Regional Office for Europe

Dr Maria Haralanova
Project Manager, Strategic Country Support
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen
Denmark

Telephone No.: +45 39 171717
Fax No.: +45 39 171818
Email: mha@euro.who.int

Dr Antoinette Kaic-Rak
WHO Liaison Officer
UN House, Ilica 207, Building A, 1st Floor
HR-1000 Zagreb
Croatia

Telephone No.: +385 1 613705523
Fax No.: +385 1 3757597
Email: a.kaic-rak@wholo.hr

Dr Aileen Robertson
Regional Adviser for Nutrition
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen
Denmark

Telephone No.: +45 39 171717
Fax No.: +45 39 171818
Email: aro@euro.who.int

Ms Maria Cristina Tirado,
Regional Adviser for Food Safety
European Centre for Environment and Health
WHO Regional Office for Europe
Via Francesco Crispi, 10, 00187 Rome
Italy

Telephone No: +39 06 4877525
Fax +39 06 4877599
Email: cti@euro.who.int

Ms Karen Bradbury
Secretary, Food Safety Programme
European Centre for Environment & Health, WHO Regional Office for Europe
Via Francesco Crispi, 10, 00187 Rome
Italy

Telephone No +39 06 77548
Fax +39 06 4877599
Email: kbr@euro@who.int