



**JOINT FAO/WHO FOOD STANDARDS PROGRAMME
FAO/WHO COORDINATING COMMITTEE EUROPE**

Twenty seventh Session

Warsaw, Poland, 5 - 8 October 2010

NUTRITIONAL ISSUES WITHIN THE REGION

Comments in reply to CL 2010/23-EURO – Part D

(i) Nutritional issues within the country or region such as: obesity, nutritional profiles, and any public health-oriented actions taken including the use of nutritional labelling and claims.

ARMENIA

- Nutritional profile has been elaborated as a part of Food Safety Strategy (draft), which includes general information on nutrition, main directions of healthy and full nutrition policy, structure and composition of minimal food basket, sanitary-hygienic requirements for food safety, anti-epidemiological measures for prevention of enteric infectious diseases as a result of food poisoning.

- Concept paper on “Prevention, early detection and treatment of widespread non-infectious diseases” has been elaborated, where issues on obesity control are included.

- In order to prevent diseases resulted from microelements and vitamins deficit, the Concept paper on fortification of wheat flour with microelements and vitamins has been elaborated and the list of measures ensuring implementation of the Concept-paper has been developed.

CROATIA

Obesity.

CZECH REPUBLIC

Within 21 targets of the programme Health 21 - the Long-term Program for Improving the Health of the Population of the Czech Republic – Health for All in the 21st Century there are targets specifically focused on the prevention of the non-communicable diseases as the Target No 8: reducing non-communicable diseases - by the year 2020, morbidity, disability and premature mortality due to major chronic diseases should be reduced to the lowest feasible levels or the Target No 11: A healthier lifestyle – by the year 2015, people across society should have adopted healthier patterns of living or the target 13: Settings for health –by the year 2015, people should have grater opportunities to live in healthy social and economic environments at home, at school, at the workplace and in the local community.

Nowadays the main topics are the promotion of healthy diet and improvement of physical activity.

Nutritional policies reflect WHO European Action Plan for Food and Nutrition Policy 2007-2012; at the beginning of 2010 a new Food Safety and Nutrition Strategy for 2010 – 2013 focusing on the strategic areas of interest such as data collection (food consumption, monitoring the prevalence of overweight and obesity), update of Food Based Dietary Guidelines (FBDG) for control the fulfilment of dietary guidelines in school meal system, promotion of healthy eating, cooperation with producers and consumers in the search for appropriate/effective communication style or in the development of new technologies and food formulations/meal recipes so that they better meet the current requirements for healthy diet, or the engagement of the consumer organisations in the process of generation and dissemination of information in the field of dietary guidelines.

As regards nutritional labelling, nutrition and health claims we apply the Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods. Currently with other Member states we work on its practical implementation.

EUROPEAN UNION

In January 2008 the Commission adopted a proposal for a Regulation of the European Parliament and of the Council on the provision of food information to consumers to update and revise the Community legislation on general food labelling and nutrition labelling. The proposals for the amendment of the nutrition labelling aspects of the Community rules took into account consultations in 2003 and 2006, and impact assessments prepared in 2004 and 2007. In January 2003, the Commission launched a consultation among Member States and stakeholders. In November 2004, the Commission has published an Impact Assessment on the introduction of mandatory nutrition labelling for pre-packaged food products across the European Union. This study is focussed on the potential impact of the introduction of mandatory nutrition labelling on consumers, on the food industry, and on the control authorities who have the responsibility for enforcing legislation. In March 2006 the Commission launched a broad consultation on food labelling, including nutrition labelling. In January 2008 when the Commission adopted the proposal for the Regulation on food information the accompanying impact assessment of the options for the revision of the legislation was also published. This proposal is now in the co-decision process between the European Parliament and the Council of the European Union.

More generally, nutrition, physical activity and obesity are key priorities in the EU public health policy. The EU integrated approach to contribute to reduce nutrition related issues, overweight and obesity is set out in the White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues of May 2007. This paper is available on the DG SANCO website:

http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf.

In particular, the strategy:

- sheds light on the range of Commission policies that can be, and are being marshalled towards the purpose of improving nutrition and preventing overweight and obesity (public health policy, but also agriculture, transport, research, regional and educational policy);
- encourages more action-oriented partnerships across the EU, involving key stakeholders working in the field of nutrition, from the private sector, Member States, the European Commission and the WHO;
- sets out a series of challenges to relevant stakeholders at all levels, notably the food industry, civil society and the media, by calling for widespread food reformulation schemes and responsible advertising;
- sets out the Commission's plans to strengthen monitoring and reporting of the situation, in collaboration with the WHO.

Strong and generalised advocacy for a stronger government role in counteracting obesity has led the Commission to set up a **High Level Group on Nutrition and Physical Activity** in 2007, in order to balance the debate and ensure closer co-operation between public and private spheres, resulting in effective actions that are more swiftly shared across the EU.

The role of the group is to enable an effective exchange of policy ideas and practices between Member States, and to offer an overview of all government policies. Examples of such policy areas might include the redesigning of the physical environment to encourage cycling, walking and other forms of physical activity, or the reformulation of food products to contain less salt, fats or sugars.

The Strategy builds on recent initiatives undertaken by the Commission, in particular the EU Platform on Diet, Physical Activity and Health which was established in March 2005 as one of the responses to the rising prevalence of obesity and associated health challenges across the EU. The Platform involved members from EU-level representatives of the food and advertising industries, consumer organisations, health NGOs to work together to tackle the EU obesity problem.

Members of this Platform have committed to devoting more time and resources to the development of concrete actions, aimed at encouraging EU citizens to lead healthier lifestyles with better diets and more physical activity.

The EU feels that the Platform is succeeding, but more needs to be done in particular in the area of reformulation of products, marketing and monitoring.

Among the main challenges from the last year are:

- the sustainability of the Platform to achieve its goal of impacting on the level of overweight and obesity;
- to ensure synergies and develop cooperation with similar national and regional initiatives;
- to reinforce monitoring capacity and develop intermediate indicators such as changes in food consumption or in nutrition behaviour to better measure performance of the Platform initiative;
- to follow the developments on reformulation.

As regards bilateral cooperation, the Commission will continue to work closely with countries having developed their own strategy in order to take benefit from each other experiences (as it is already doing with the USA since May 2006).

Another activity which the EU is taking in order to provide more information to consumer is the revision of the Directives on general and nutrition labelling.

In addition, to the revision of these Directives the Commission services will review certain technical issues, such as reference values for the declaration of nutrient, tolerances for declaration of nutrients and energy conversion factors, through the comitology procedure.

In June 2010, the Council of the European Union adopted conclusions on action to reduce population salt intake for better health. In this document, the Council of the European Union stressed the important role of food labelling as a means of providing visible, clear and easily understandable information for consumers, enabling them to choose products with less salt; the Council also favoured the use of the term 'salt' rather than 'sodium', which is the actual target nutrient of the initiatives, as the term 'salt' is better understood and is the major form in which sodium is added to foods. The Council also in particular called on the European Commission to continue its systematic approach to tackle high salt consumption at European level by the implementation of the EU framework on salt reduction, taking into account the work of relevant international organisations, especially the WHO.

FINLAND

The National Nutrition Council is an expert body under the Ministry of Agriculture and Forestry. Members of the Council serve three-year terms (current term 2008-2011) and they are representatives of handling nutrition issues, consumers, health promotion and catering organisations, food industry, trade and agricultural organisations. The aim of the Council is among others to observe and improve the nutritional situation in Finland by making nutrition recommendations, giving action programmes, submitting proposals and observing how action programmes are fulfilled and what the effects on the nutritional situation are. The Finnish Nutrition Recommendations were renewed in 2005. They are based on the Nordic Nutrition Recommendations which were approved in 2004 by the Nordic Council of Ministers. The goal of the recommendations is to improve the diet of the Finnish people and public health. Recommendations on physical activity are also included in the current nutrition recommendations

Meals prepared outside home have a significant impact on Finnish nutrition. There is a long tradition for practical dietary guidelines, product development and quality control directed to catering kitchens. The Finnish Nutrition Recommendations have been completed by nutrition recommendation for special groups. In June 2008 the Finnish Nutrition Council published renewed nutrition recommendations for school meals and recommendations for patients hospitalised or living in institutions as well as recommendations for elderly were issued early this year.

The Finnish Government approved in June 2008 National Strategy for health promotion by physical activity and nutrition. Action Plan included into the Strategy will be implemented by relevant authorities in close cooperation with relevant organisations as well as industry and commerce. According to the Strategy health shall be taken into account in all decision making so that environment would be healthier and healthy choices are possible, easy and attractive.

The “Heart symbol – a better choice” was introduced in Finland in 2000. The construction of this symbol and the criteria behind it have been founded on the main nutritional problems as regards public health in Finland. The symbol is not directed to heart health alone. The products which carry the “Heart Symbol – a better

choice” are better choices as regards the intake of fat and salt in their respective product groups, and it is recommended that a text which tells about this be attached to the symbol. Since quite recently the use of the symbol has also been extended to catering services. The criteria behind the “Heart Symbol – a better choice” are specified separately for each product group (milk and milk products; edible fats; meat products; bread and cereals and cereal products; convenience foods, semi-processed foods and meal components; spices and seasoning sauces; vegetables, fruits and berries). Nutrients for which criteria have been set are the amount and type of fat, sodium and, in certain product groups, cholesterol and/or fibre. Sugar is included as an exclusive criterion. The main bodies responsible for use of the symbol in practice are the Finnish Heart Association and Finnish Diabetes Association. The right to use the symbol is granted upon application on the basis of the criteria. Although the right to use the symbol is granted by public health organisations, the decisions on the criteria are made together with a group of experts including also authorities.

Salt intake has been monitored in Finland since late 1970s in large population studies. Systematic work including education of the population as well as cooperation with the food industry has been done during this time. One of the ways to reduce salt intake has been requirements in the Finnish legislation for labelling the salt content of most important sources of salt since 1980s. There is a scientifically verified association between salt intake and cardiovascular diseases. Even a slight reduction in salt intake has positive health impacts. Scientific research also shows that labelling can effectively steer consumer choices towards low salt foods. Regardless of the remarkable beneficial health effect of implementing measures to reduce salt intake, Finns’ blood pressure is still high and morbidity and mortality from cardiovascular diseases is common. Salt intake in Finland has clearly fallen, however international recommendations have not yet been achieved. That is why the national requirements for labelling of salt content were amended in 2007. These amendments were based on the initiative of the National Nutrition council.

Fortification of milk and fat spreads by vitamin D is done by the food industry on a voluntary basis. This spring 2010 however the National Nutrition Council concluded that the levels of vitamin D both in milk and fat spreads is not sufficiently high with regards to the recommendations. The recommended fortification levels in liquid milk products and margarine were doubled. Whether the industry follows these recommendations remains to be seen. Fortification of foods is under the jurisdiction of the ministry of agriculture and forestry. It is therefore also carefully supervised by the ministry despite the fact that fortification is not today anymore regulated specifically.

GEORGIA

There is no control of nutritional labelling. Besides, the National Service has no control labels including the term – “Diabetic”.

NORWAY

The keyhole symbol was established in Sweden in 1989 and the common Nordic keyhole symbol was introduced in Norway by the Norwegian Directorate of Health and the Norwegian Food Safety Authority in June 2009. It has now become a common Nordic label for healthier food products in Denmark, Norway and Sweden.

The keyhole is a food label that identifies healthier food products within a product group. Choosing foods with the keyhole symbol makes it easier and less time consuming to find healthier products in food stores. Foods labelled with the keyhole symbol contain less fat, sugars and salt and more fibre than food products of the same type not carrying the symbol.

The keyhole system shall also stimulate manufactures to product reformulation and development of healthier food products. In Norway there is more than 500 keyhole labelled products on the marked (August 2010). The number is rising and consumer research shows that consumers want even more products. The consumer research also demonstrates that nearly 90 % of the consumers have knowledge of the symbol.

For more information in English on the keyhole symbol please see: <http://www.nokkelhullsmarket.no/nokkelhull/siteContent/article128.ece>

In Codex, Norway has during the last two years co-chaired the electronic working group under the CCFL on the work regarding the labelling provisions dealing with the food ingredients identified in the Global Strategy on Diet, Physical Activity and Health. Norway has persistently worked for various requirements regarding the labelling of added sugars. This work has so far not succeeded. Norway will continue the work

on new labelling provisions by participating in the up-coming work in CCFL on the establishment of claims for sugars, salt/sodium and trans-fatty acids.

This work can be seen in connection with the ongoing work in EU regarding claims and labelling. Through the EEA agreement, the Regulation (EC) No 1924/2006 of the European Parliament and the Council on Nutrition and Health Claims made on foods, entered into force in mars 2010 in Norway. The Norwegian Food Safety Authority participates in the EU working group on claims and follows ongoing discussions on nutrient profiles. Norway has also given several input to the ongoing work in EU in connection with the proposed regulation on the provision of food information to consumers.

The Norwegian Action Plan on Nutrition (2007 –2011) Recipe for a healthier diet, was launched in January 2007. The action plan shall serve as a tool for decision makers, professionals, experts and others in the public and private sectors and NGOs that play a role in the population's diet. Society has a responsibility for facilitating good dietary habits. To achieve this, many sectors must work together. Therefore, 12 ministries collaborated to develop this Action Plan. It contains 73 specific measures that will serve to promote health and prevent illness by changing eating habits in line with the nutrition recommendations of the health authorities. The measures emphasise contributions that make it easier to make healthy choices, facilitate healthy meals in kindergarten, schools and among the elderly, and increase knowledge about food, diet and nutrition. Reducing social inequalities in diet is a goal. The plan will be evaluated during 2012. A short English version of the plan can be found here: <http://www.regjeringen.no/nb/dep/hod/tema/folkehelse/norwegian-action-plan-on-nutrition-2007-.html?id=534268>

POLAND

The model of food consumption in Poland differs from balanced diet rules:

- ♦ excess of animal origin fats, fatty meat and meat products (including pork), cakes, cookies, sweets, sweet soda beverages.
 - rate of fat and sugar in provided dietary energy ~ 40 %
- ♦ shortage of milk, fishes, vegetables, fruits and its products (consumption much below FAO and WHO recommendations).
 - milk and milk products ~ 40% of minimal recommended level
 - fish and fish products ~ 60% of minimal recommended level
 - fruits and vegetables ~ 44% of recommended standard (the poorest) ~ 88% of recommended standard (the richest)

Such low consumption of milk and milk products may cause serious health consequences including osteoporosis.

Every second adult man and woman in Poland is overweight or suffers from obesity; every fifth person is obese. The obesity problem affects mainly adults over 30 years old. Over 20% of the young generation, children and adolescents is overweight, among them about 4% is obese.

The essential conditions of reaching balanced diet in Poland are:

- ♦ increase of incomes
- ♦ conveying the knowledge of food and nutrition
- ♦ advertising the physical activity

Balanced diet promoting programs:

- ♦ Health Promotion Fund (Fundacja Promocja Zdrowia) – “Fruits and vegetables 5 times a day” (5 razy dziennie warzywa i owoce)
- ♦ Agricultural Market Agency (Agencja Rynku Rolnego) – “A glass of milk” (Szkłanka mleka); “Fruits in school” (Owoce w szkole)
- ♦ Healthy Human Nutrition Promoting Council (Rada Promocji Zdrowego Żywienia Człowieka) - Publications promoting healthy nutrition
- ♦ Polish Federation of Food Industry (Polska Federacja Producentów Żywności) – “Code of food advertising to children” (Kodeks reklamy żywności skierowanej do dzieci)”
- ♦ In 2008 Ministry of Agriculture and Rural Development has initiated the promotion of fish and fishery products in Poland, taking into account high prevalence of cardiovascular diseases and low fish consumption in Poland, which is not adequate to FAO/WHO recommendations. Promotion concerned

TV and radio advertisements. Spots were issued twice, from June to December 2008 and from April to May 2009. Ad campaign has met with positive consumer reaction. In 2008 fish intake increased from 12,91 to 13,67 kg liveweight/ person. Unfortunately, this upward trend collapsed in 2009 and for that reason future fish promotion and consumer education is needed.

Aiming at implementation of the WHO Global Strategy on Diet, Physical Activity and Health Poland has realised the following activities:

1. In May 2007 the Government approved the National Health Programme for the term 2007-2015. The main objective of the Programme is to improve the health condition of Polish population. One of the Programme's operational goal is to improve the way of population's nutrition and the health quality of food as well as to decrease the obesity occurrence. It is fulfilled by co-operation with the National Council of Nutrition and the National Platform of Diet, Physical Activity and Health established in 2005 under the auspices of the National Food and Nutrition Institute in Warsaw. Another task within the abovementioned goal relates to propagation of data on composition and nutritional value of food products and their labelling in a way that would help consumers to make aware choice.
2. In 2007 the Minister of Health has established the Council of Physical Activity, Diet and Health. It plays the role of advisory body to the Minister of Health aiming at prevention of overweight and obesity in Poland.

The Council consist of the 25 members which are the representatives of a different governmental authorities of health and education area, scientific institutes with the scope of competences relating to public health, non-governmental organisations converging producers and food distributors as well as representatives working in the area of advertisement and consumer's health.

The objectives of the Council are in particular:

- ♦ defining priorities of work in the area of promotion of balanced diet, physical activity and health and setting direction of their fulfilling all over country,
- ♦ giving opinions on and supporting actions aiming at improving public health, including promotion campaigns on preventing non-infectious diseases as a consequence of overweight, particularly taking into account public and private partnership,
- ♦ actions on promotion of healthy lifestyle in mass media, especially as concerns balanced diet and activity for particular age groups.

The National Programme for the Prevention of Overweight, Obesity and Non-Communicable Diseases through Diet and Improved Physical Activity (POL-HEALTH) approved by the Minister of Health was initiated in 2007 year. That Programme is the Polish response to the WHO initiative expressed in the Global Strategy on Diet, Physical Activity and Health adopted during the 57th World Health Assembly in 2004 year. The main Programme objective are:

- ♦ Diminishing the prevalence of overweight and obesity, mainly by improving diet and increasing physical activity.
- ♦ Reduction of morbidity and mortality caused by non-communicable diseases (cardiovascular disease, malignant tumors, type 2 diabetes, arterial hypertension, etc.) in Poland
- ♦ Reduction of expenditures for health protection related to the treatment of non-communicable diseases, especially obesity and related complications, as well as diminishing the economic effects of disability and premature mortality.

Other health promoting programs are:

- ♦ National Program for Cancer Control (Narodowy Program Zwalczenia Chorób Nowotworowych)
- ♦ National Program of Prevention and Treatment of Cardiovascular Diseases 2006-2008 (Narodowy Program Profilaktyki i Leczenia Chorób Układu Sercowo-Naczyniowego POLKARD)

However circulatory system diseases are main threat to the health of Polish population (cause of almost 50% deaths). Moreover cancer morbidity and mortality still increases as well as over-weight and obesity rate including children and youth.

SLOVAK REPUBLIC

„The Strategy of Nutrition Policy“ of Slovak agriculture department (elaborated with Slovak nutrition experts in accordance with White Paper on the Strategy for Europe on Nutrition, Overweight and Obesity related health issues) is uploaded on www.land.gov.sk.

National program for health promotion is realized to support the consumption of the health food (fruit, vegetable, milk...)

Slovak experts engaged in the process of legislation development of the EU (health and nutrition claims, labelling in related nutrition values)

Promotion of European projects were funded (e.g School fruit scheme)

Slovak experts (Food Research Institute) take part in ongoing EFSA Project *Pilot studies Probabilistic tool to estimate "usual" intake distribution in the Comprehensive Food Consumption Database for harmonising occurrence of contaminant dat* and in the EFSA WG on isoflavones

The first official database on nutrient value (part of Online Food Composition database) were uploaded on <http://www.pbd-online.sk/>.

Educational action for children were realized, e.g:

„June – the month of health nutrition“ for increasing nutrition awareness and for obesity prevention.

“Eat, drink and move to”

Research projects on various nutritional topics (e.g. the role of saccharides) were funded and supported)

Workshops, conferences and other media actions were organized (some in cooperation with Ministry of Health or Universities) and actual nutrition issues were presented on conferences or other public events (leaflet “Nutrition = a factor in your health” were developed and given available to consumers during the During the International Agricultural and Foodstuffs Fair Agrokomplex - Slovakia, Nitra 2010).

SWEDEN

In 2008, the Swedish Government renewed the **public health policy** focusing particularly on children, young people and elderly. Among other areas, the policy focuses on supporting for parenting; and healthy eating habits and physical activity. The Bill emphasizes that medical care must promote health, that social networks are important as a protective factor; that government agencies must be able to cooperate with civil society; and that local and regional work is important.

Sweden has no national action plan or a national strategy regarding promotion of physical activity, healthy eating habits, and the prevention of obesity. The Swedish government wants to implement specific actions regarding diet and physical activity rather than a full action plan. Examples of actions are the development of new guidelines for all meals provided at elementary and secondary schools, and a national awareness week promoting healthy eating habits and physical activity among the general public - *A Healthier Sweden*. Further, there is a Nordic Plan of Action on better health and quality of life through diet and physical activity approved July 2006, presently being evaluated.

In Sweden there is a focus on **intersectorial collaboration** with and between municipalities, national agencies and boards, nongovernmental organizations, etc., as well as between the national, local and regional levels. The Government also carries out an ongoing dialogue with various trade organizations in the areas of food production, distribution, retail and catering in order to discuss how the food sector could contribute to healthy dietary habits. One area of discussion is marketing practices for energy-dense and micronutrient-poor foods. The goal is to push the industry towards further self-regulation and self-monitoring.

In 2007, the Swedish National Food Administration finalized new guidelines for healthy dietary practices in schools which describes how different professional groups in municipalities and schools can contribute to a school environment which facilitates healthy dietary habits.

The Food Based Dietary Guidelines for the general population have been summarized into **five advices focusing on the most imported changes in food habits**. In 2009, these were analyzed in light of the Swedish national environmental objectives.

Sweden participates in the European Salt Action Network and encourages co-operation with researchers to reduce salt intake, for future reporting of intake data on salt to the European Union. An ongoing dialogue between the Government, State Agencies such as the National Food Administration and the Food Industry is in place to reduce the salt content in food products.

The **keyhole symbol** is a national food labeling that identifies healthier food products within a product group. Foods and readymade meals labeled with the keyhole symbol have better fat quality, less sugar and

salt and more fiber than food products of the same type not carrying the symbol. The symbol can also be used on fruits/ vegetables and fish. The keyhole symbol is there to help consumers identify the healthier options and to stimulate manufactures to product reformulation and development of healthier products. The keyhole was established in Sweden in 1989 and **from 2009 it has become a common label for healthier food products in Denmark, Norway and Sweden.**

The organization “Keyhole in restaurants”, guides, certifies and monitor restaurants that train the staff in healthy cooking and daily offers an optional meal in accordance with the guidelines of the keyhole symbol.

In Sweden, there is a national ban on Radio and TV advertising targeted at children under the age of 12. However, TV-channels broadcasting from overseas apply to other marketing rules; hence, not covered by the ban. The private sector has codes of conduct with a self-regulatory framework limiting marketing to children in general, and an additional regulatory framework for marketing of food and non-alcoholic beverages.

TAJKISTAN

There are following main nutritional problems

Malnutrition

Anaemia (mainly among women)

Waterborne diseases

Food borne poisonings

Iodine deficiency disease – Endemic goitre

Diabetes

The programmes and projects addressed:

1. National programme on Iodine deficiency diseases in the Republic of Tajikistan of May 6 1997 № 216
2. The State of the Republic of Tajikistan decree on approval of the food safety programme till 2015 of February 2, 2009 №72
3. The State of the Republic of Tajikistan decree on approval of the national programme on fighting against diarrheal diseases in the republic of Tajikistan for 1996-2000 years of 23 January 1997 № 54
4. The state of the Republic of Tajikistan decree on approval of the national programme on fighting against diabetes for 2006-2010 years of April 3 2006 г. № 123
5. UNFAO project supported by EC - Enhancing individual incomes and improving living standards in Khatlom and Sugd oblasts of Tajikistan through brucellosis control (OSRO/TAJ/805/EC & OSRO/TAJ/901/EC) 2006-2010

TURKEY

“*Adequate and Balanced Nutrition*” is taking enough of the energy and nutrients necessary for the growth, renewal, and proper functioning of the body and using them well. Trainings were given by the Ministry to women farmers living in rural areas to increase the awareness on the subjects of adequate and balanced nutrition, producing products with quality, and also food safety and food security. The numbers of trained women farmers on a year basis given in below;

Year Number of trained women farmers (as thousand)

2003 36.312

2004 35.009

2005 46.541

2006 32.514

2007 29.306

2008 27.568

Trainings also given on the topical subjects, like adequate and balanced nutrition, elements of nutrition, nutrition for infants/adults/old people, nutrition under special circumstances, food hygiene, food preparation

and preservation methods, importance on the use of iodine salt, diseases with the lack of iodine, food borne diseases and food poisoning, obesity, organic agriculture, and avian influenza. Trainings were given with conferences, farmers meetings and demonstrations. In some of the events cd's, brochures and leaflets were distributed and in some presentations were given on tv, radio and video.

Ministry of Agriculture and Rural Affairs responsibilities clearly defined for "*Struggle Program with Obesity and National Action Plan in Turkey*" formed by Ministry of Health. Prevention of Diseases Caused By Iodine Deficiency and Iodizing Salt Programs carried on by the Ministry since 1994 with the corporation of UNICEF and other related agencies.

(ii) **Any other relevant information**

EUROPEAN UNION

The EU and its Member States look forward to the establishment of the Joint FAO/WHO Expert Meetings on Nutrition (JEMNU) which will provide scientific advice to the committees dealing with nutrition issues, i.e. CCNFSU and CCFL. Clarification would be welcome on how this new structure will interact with the relevant committees. The EUMS are in favour of following the same approach as the one for JECFA, JEMRA and JMPR as regards calendar of meetings (in relation to the plenary sessions of the committees), transmission of reports to the committees and establishment of priorities.

(iii) **Identified need for capacity building to improve the status of nutrition in the Region - Based on the issues identified and taking into account any relevant capacity building and/or training activity identified for Point B.1(vii), what sort of capacity building and/or training is needed to improve the status of nutrition in the Region?**

EUROPEAN UNION

Education of consumers is a permanent activity carried out at the level of the EU through campaigns (e.g. promotion of fruits and vegetables, milk products, etc), websites, conferences, flyers but also at the level of Member States where a lot of national programmes and activities have been launched. These activities need to be further developed.

GEORGIA

It is reasonable to implement a monitoring programme "control of diabetic food". In the framework of the programme laboratory tests can be performed in food which is labelled as diabetic product. The staff of the National Service can be trained on this matter (labelling, how to control ingredients and etc. for diabetic food).

TAJIKISTAN

1. Train the staff of institutions responsible for food safety and private sector representatives on WTO, SPS, TBT, IPPC etc regulations, operations and requirements to improve their competency and knowledge in the international food safety operations, regulations, standards, requirements etc including modern approaches in food inspection through HACCP ;

Training for experts from the relevant agencies and services involved in food safety on risk assessment and analysis of pesticides, contaminants, food additives and veterinary drugs, genetically modified products impacts.

2. Organize trainings on different aspects of food safety to improve competency of the experts involved in providing food safety and participation in developing Codex standards, texts and guidelines(e.g. microbiology, chemical etc assessments

Participation in the regional conferences and workshops dedicated to food safety

TURKEY

Training seminar has to be continued.