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Nutrition, physical activity and prevention of obesity: recent policy developments in the WHO European Region

**Report in progress – finalization expected based on
review at the WHO European Ministerial Conference
on Counteracting Obesity**

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ABSTRACT

The aim of this report is to highlight recent policy developments in the area of nutrition, physical activity and prevention of obesity in the Member States of the WHO European Region. It has been prepared in relation to and as a background material for the WHO European Ministerial Conference on Counteracting Obesity.

The document contains information on national policy developments as well as examples of implemented and ongoing programmes at the national and local levels in 48 countries for which information was available. Information was taken from materials prepared for the pre-conference process as well as from counterparts and various national and international sources.

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

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Abbreviations

BMI	body mass index
CAP	Common Agricultural Policy
CINDI	Countrywide Integrated Noncommunicable Disease Intervention
DAFNE	Data Food Networking
EASO	European Association for the Study of Obesity
EC	European Commission
EU	European Union
FAO	Food and Agricultural Organization of the United Nations
HEPA Europe	European network for the promotion of health-enhancing physical activity
ISBNPA	International Society or Behavioural Nutrition and Physical Activity
IDD	Iodine deficiency disorders
NCD	Noncommunicable diseases
OECD	Organisation for Economic Co-operation and Development
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
WTO	World Trade Organization

Introduction

The aim of this report is to highlight recent policy developments in the area of nutrition, physical activity and prevention of obesity in the Member States of the WHO European Region. The document has been prepared for the WHO European Ministerial Conference on Counteracting Obesity, to be held in Istanbul, Turkey on 15–17 November 2006. The report contains information on national policy developments as well as examples of implemented and ongoing programmes at the national and local levels in 48 countries of the WHO European Region. It is intended to support the exchange of experiences, policy developments and action in this increasingly important area of public health.

The review is based on information available from different national and international sources. These include reports of relevant WHO meetings since 2002 (including the preparatory events for the Ministerial Conference), national policy documents available in English (25), web sites of health ministries and national public health institutions, information provided by WHO programmes, recent publications, and databases visited between August 2005 and June 2006.

A major review of the draft paper was carried out by the national delegations to the Preparatory Meeting for the WHO European Ministerial Conference on Counteracting Obesity in June 2006. This was supplemented by proposals, comments and amendments after the meeting received from health ministries, delegates and WHO country offices of 23 countries.

Further information, comments and suggestions are expected at the WHO European Ministerial Conference in November 2006, following which the report will be finalized.

Analysis of recent policy developments

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

- There is a high level of distribution of **policy documents** concerned with food and nutrition in the European Region. The main focus of such a document is not always nutrition, but can be physical activity, cardiovascular disease prevention, public health, sustainable development or environmental health. Obesity prevention can be tackled within a specific obesity action plan, as in the case of Denmark, Ireland, Portugal, Slovakia and Spain, or as part of a nutrition action plan or a public health strategy. Estonia, the Netherlands, Norway, Slovakia, Slovenia and the United Kingdom have developed an additional, separate national policy document dealing with physical activity, and the development of such an action plan is under consideration in the Russian Federation.
- **Strategies** in Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Tajikistan focus strongly on nutrition and food safety in national documentation or in separate projects such as micronutrient deficiency prevention and promotion of breastfeeding. Promotion of physical activity and prevention of obesity are often a part of such strategies.
- Besides making a statement on general objectives, many countries set specific **numerical dietary goals**, although few countries have defined quantifiable goals for overweight and obesity and physical activity. The United Kingdom, for example, has set a goal of no further increase in the prevalence of obesity among children younger than 11 years by 2010, jointly implemented by the government departments responsible for health, education and media, culture and sport.
- Most strategies identify stakeholders, and measures to involve stakeholders include creating **partnerships** or platforms or achieving commitment through signed agreements. Examples of such activities are Germany's Platform for Diet and Physical Activity, Poland's Platform for Action on Diet, Physical Activity and Health, the Dutch Covenant on Overweight and Obesity, Estonia's Health Promoting Networks, Switzerland's Network Health and Physical Activity and Armenia's Interministerial Commission. There are also several public-private partnerships at national or local level, for example in Denmark, Greece and the United Kingdom. Specific policy actions in multiple settings (schools, workplaces, health care services), on several levels (national, regional, local) and in various sectors (environment, agriculture, sport, research, housing) have been planned or implemented in Denmark, Ireland, Italy, Norway, Spain and Sweden.
- Most countries have an **institutional structure**, such as a food and nutrition council or an institute for public health, with various responsibilities ranging from technical support to advising, planning and implementing strategies. Some countries have established a specific obesity institution for policy development, such as the Czech National Council for Obesity, the Danish Association for the Study of Obesity, the Portuguese Society for the Study of Obesity, and the obesity task forces in Ireland and Israel. In some countries, and especially the Nordic countries, policy councils have a long history. Recent examples of newly created institutions responsible for advice and better coordination between sectors are the Nutrition Council in Latvia, the Food and Nutrition Committee in Turkey and the Centre for Nutrition and Diet in The former Yugoslav Republic of Macedonia. These may have a

limited lifetime (as with the task force in Ireland) or operate on a continuing basis (as with the Obesity Observatory in Spain).

- All policy strategies identify **target groups** relating to the life-course approach. Other target groups include individuals with low socioeconomic status, distressed people, the chronically ill and disabled, ethnic minorities, immigrants and those with limited education.
- **Schools** are the settings where most interventions take place, with the common goal of changing the school environment by providing a good framework for physical activity and strengthened health education. In Malta, a specific task force is working on a national policy on a healthy nutrition environment in schools. In Spain, an initiative is addressing the school environment and the “whole school approach” has been introduced in Croatia. In Belgium, the Flemish community is currently developing a strategic and operational plan for the educational sector. Many countries aim at improving food in school canteens or through catering, such as Hungary with its national school canteen programme and Estonia, where free school meals will be provided to schoolchildren up to the ninth grade and in vocational schools. In Norway, a project on physical activity and healthy meals has recently been introduced, which aims to disseminate models of good practice and advise local school authorities on key success factors. Vending machines are a controversial issue in national interventions, which aim at either eliminating them or optimizing their content. In France, for instance, a law was introduced to ban vending machines from schools. France, Latvia, the Netherlands, Norway and the United Kingdom attempt to provide fruit free of charge or to make it easily accessible in schools.
- Actions at the **workplace** include flexible working hours, reduced rates for gym membership, incentives for cycling or walking to work, access to showers and changing facilities, promotion of and information on healthy nutrition and lifestyle, and improving canteen facilities. To promote cycling to and from the workplace, Austria and Sweden have started competitive initiatives between companies. In Norway, a new Working Environment Act obliges employers to consider physical activity as a part of their responsibility.
- Some policy documents consider **capacity-building**. This includes the need to train health workers, teachers in food, nutrition and physical education, child-care workers and other deliverers of health promotion strategies. It also covers the need to provide training for the inspection of services, such as schools and child-care centres, where health policies are required to be implemented. Teachers are the target group of a programme in Slovenia called “Healthy nutrition and physical activity” for secondary school teachers. Norway has set a focus in the health sector on training for health professionals to improve their knowledge of the role of physical activity and diet in preventive medicine.
- In **urban planning**, most countries focus on active transport, such as constructing safe walking and cycling paths. The Czech Republic, Denmark, France and Germany have a national cycling strategy. Initiatives to discourage the use of cars and encourage children to walk to school have been promoted in Italy, Malta and the United Kingdom. In Malta, a Transport and Environment Committee was created to promote safe transport, including walking and cycling to school. The Finnish Jaloin Project focuses on pedestrian and cycle traffic. Besides active transport, some countries aim at increasing the provision of safe and efficient public transport to reduce car use.

- Physical activity **mass events**, whereby the entire population is encouraged to participate in physical activity on a specific day, have been organized in, for example, Kazakhstan and Switzerland.
- **Housing policy** measures are part of Sweden's effort to create environments that support a physically active life as part of the proposed action plan for healthy dietary habits and increased physical activity. In Norway, a Planning and Building Act is currently under revision to create more activity-enhancing surroundings.
- There are several examples of **projects** at the local level. Belgium, the Russian Federation and the United Kingdom, for instance, have regional policies and programmes in addition to national strategies.
- Several countries use or are considering **fiscal measures**, such as taxing unhealthy foods and providing incentives to encourage the supply and consumption of healthy foods or access to physical activity. Often, however, such measures aim to raise revenue rather than promote health. Norway's document suggests specifically lowering the prices of fruits and vegetables and subsidizing their distribution to remote areas, as well as raising taxes on energy-dense and nutrient-poor foods. In Switzerland, a proposal to tax energy-dense foods was recently discussed but will not be implemented at present.
- In several countries, a dialogue has begun with the food industry on revising **food product design**. The Government of the United Kingdom is aiming to reduce the salt, added sugar and fat content of processed food and will further develop and publish guidance on portion sizes. In the Czech Republic, a Technology Platform has been established by the Federation of the Food and Drink Industries; and in Greece, a platform for successful collaboration between the food industry and the Ministry of Health is currently under development.
- Most countries are considering changes in **food labelling**, and there is a trend towards improved information and easily understood labels. Examples of easily understood signposts are Sweden's keyhole symbol on food labels, identifying foods low in fat, sugar or salt or high in dietary fibre, and the United Kingdom's system that flags macronutrient and salt contents at levels that exceed dietary recommendations.
- **Marketing food and beverages to children** is a major issue in Europe. Some countries, such as Norway and Sweden, have introduced statutory regulations that ban this form of advertising. Finland and Ireland have published non-statutory guidelines that impose some limitations. Other countries, such as the Netherlands, Portugal and Spain, rely on self-regulation by the advertising and media industries. In France, all television advertising and other forms of marketing of processed foods and of food or drink containing added fats, sweeteners or salt must be accompanied by a health warning on the principles of dietary education as approved by National Institute of Health Education; alternatively, the advertiser must contribute a tax (1.5% of annual expenditure on that advertisement) to the funding of nutritional information and education campaigns.
- Involving the **fashion industry** in healthy weight promotion is at a very early stage, but attempts are being made in Israel and Scotland.

Albania

The Albanian Ministry of Health has published two national documents concerned with nutrition:

- *Towards a healthy country with healthy people – public health and health promotion strategy 2002–2010; and*
- *Analyses of the situation and National Action Plan on Food and Nutrition for Albania, 2003–2008.*

Priorities in the National Action Plan on Food and Nutrition include the promotion of healthy nutrition in accordance with WHO recommendations. Activities carried out include initiatives to prevent malnutrition in children and the development of food guides. The WHO CINDI dietary guidelines have already been translated into Albanian.

In 1999, a law “to promote and protect breastfeeding” was adopted with the aim of protecting and promoting breastfeeding while controlling the use of breast-milk substitutes.

The prevention of iodine deficiency disorders (IDD) is also a focus of the Action Plan. In December 2001 a memorandum of understanding on IDD was signed by the Ministry of Health, the food industry and UNICEF. An IDD Committee was set up with participation of different ministries and UNICEF, and workshops for food control inspectors were organized in 2003.

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

The implementation of these policies, however, is problematic owing to a lack of cooperation between the authorities responsible for agriculture, health and trade.

In 2005, Albania joined the DAFNE West Balkan countries project, which is now in the process of statistically analysing the available household budget survey data.

Armenia

Armenia already has several documents on nutrition, one being the National Policy on Food Provision developed by the Intersectoral Commission and adopted at a government meeting in January 2005. The members of the Commission were representatives of, inter alia, the Ministries of Agriculture, Finance and Economics, Trade and Economic Development, Health, Employment and Social Issues, and Ecology.

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

During 2005, a list of activities covering the period 2005–2007 was developed to implement the National Policy on Food Provision.

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

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

Austria

In 2002, the Government introduced the Austrian strategy for sustainable development, which also focuses on food security, agriculture and sustainability, food variety and quality and organically grown food, and prevention of diseases.

The Fund for a Healthy Austria (FGÖ) was created on the basis of the Health Promotion Act passed by Parliament in 1998 (<http://www.fgoe.org>). It embraces the holistic concept of health set out in the Ottawa Charter for Health Promotion, as a way of making the various spheres of life and lifestyles of people in Austria healthier. Its major task is to support practical and research projects, structural development, continuous education, networking and information campaigns in the field of health promotion.

In 2006, major emphasis is placed on projects concerned with nutrition and physical activity. Under the umbrella concept entitled Fit for Austria, a framework contract was drawn up between the FGÖ and the Austrian Organization for Sport, which aims to submit and carry through proposals for health promotion projects based on physical activity in 2005 and 2006.

A nationwide information campaign entitled *Innerer Schweinehund* (Inner Temptation) aims at motivating the population to become active and improve its dietary habits. The main areas of action include nutrition, physical activity, and stress and accident prevention (see <http://www.isch.at>). One of the outcomes has been a health campaign entitled *Nicht vergessen – Gemüse essen!* (Don't forget – eat vegetables!), which was launched by the Ministry of Health and Women in collaboration with the food industry and public television. It is an annual initiative with a nationwide “vegetable day” as the highlight. Primary schools are provided with an educational package containing various materials.

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

An example of the numerous local activities is “Vienna, healthy city”, which is part of the WHO Healthy Cities project. It began in 2001 as a pilot project in one Viennese district, with the aim of creating a health-promoting environment by establishing local health networks in order to use existing resources in the health and social sectors. In addition, people will be provided with information and education.

Another programme in Vienna focuses on women's health through an annual information campaign entitled Women's Health Day and a specific project on women's health addressing cardiovascular diseases, especially in socially disadvantaged women and migrants. The project offers information in different languages and activities in the areas of nutrition, physical activity

and stress reduction. More information on these and other projects can be found at <http://www.fsw.at>.

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

Another initiative from the same ministry, in collaboration with the Federal Economics Chamber, is “Bike2business”, a contest to find the most bicycle-friendly company (see www.bike2business.at).

Azerbaijan

No common nutrition policy exists as yet in Azerbaijan, but there is a programme in place focusing mainly on iron deficiency anaemia and breastfeeding. The Ministry of Health, in collaboration with the Ministry of Youth and Sport, has drafted a programme aiming at healthy development of young people in Azerbaijan.

Salt iodization and flour fortification programmes are being implemented jointly with UNICEF and the Asian Development Bank. Moreover, a national plan on monitoring fortified food products was planned for adoption by the end of 2005 and a law on flour fortification is under development.

Belarus

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

The national programme “Health of the People” was adopted in 1999 to be implemented in 1999–2005. The programme contains sections on health and lifestyle, maternal and child care, health and labour, human health and the environment, optimization of the diet, and priorities in the provision of medical care.

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

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

Belgium

In 2004, the Federal Minister of Health took the decision to support proposals suggested by an expert group created on the initiative of the Federal Public Health Service. One of the first tasks of this group was to evaluate a framework for a national multisectoral programme inspired by the WHO Global Strategy on Diet, Physical Activity and Health. The seven proposed nutritional objectives of this plan covered the balance between energy intake and physical activity; increased consumption of fruit and vegetables; limitation of fat intake; consumption of carbohydrates and dietary fibre; reduction of salt intake; correction of certain micronutrient deficiencies; and increased water intake.

In addition to these objectives, the framework text also included seven proposed strategic axes, including information and communication, measures for the creation of favourable environments and the engagement of the private sector. From January to June 2005, members of 10 working groups (in total about 250 stakeholders, including health professionals and representatives of the community, federal government, health promotion centres and consumer groups) examined the framework text guided by the expert group. The preliminary results of the first national food consumption survey were taken into account when drafting the final version of the plan.

Subsequently, the National Nutrition and Health Plan was launched in April 2006 covering the period 2006–2010. The Plan has a strong focus on communication, including a specific logo, a web site, a television spot and food guides. The food guides are tailored to different target age groups. The Plan emphasises the need to create an environment that stimulates healthy eating habits and physical activity, to be achieved by improving education on food and nutrition and involving a number of stakeholders. For instance, together with the private sector the plan aims to increase the availability of foods that comprise a healthy diet and to improve the nutritional composition of foods.

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

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

An expert committee is responsible for implementing the Plan. The progress of the implementation will be accompanied by consultations with stakeholders taking place three times a year. All actors can apply to use the logo of the National Nutrition and Health Plan, which will enable the public to identify initiatives that are in line with the principles of the Plan. More information on the National Nutrition and Health Plan can be found at <http://www.mijnvoedingsplan.be>.

The results of the national food consumption survey are available on the website of the Scientific Institute of Public health: <http://www.iph.fgov.be/epidemie/epifr/foodfr/table04.htm>.

A thorough evaluation of the national food consumption survey will be carried out, and further are planned to address specific subpopulations, micronutrients, undernutrition and specific food components.

Health policy in the Flemish Community

Since 1997, healthy nutrition has been one of the five health targets of the preventive health policy of the Flemish Community. These health targets are now being renewed, and in this process it was decided to address nutrition and physical activity together. These two topics together will form the theme of a health conference planned for 2008.

To realize these health targets, several structures have been put in place and existing structures are being subsidized to work together on these topics. The Flemish Institute for Health Promotion (VIG) develops methods and materials, such as a Flemish food guide pyramid model for the public and other tools related to this. It also develops overall policies for implementation in specific settings such as schools and companies. The health councils have to implement these policies at the local level. The general policy and these structures were mentioned in the decree on preventive health policy of 21 November 2003.

Specific initiatives in the recent past have been the public campaign *Vinnig Vlaanderen* (Fit Flanders), which combined the promotion of healthy nutrition and physical activity, and a project providing fruit at schools at least once a week, which is still continuing.

To ensure the involvement of schools, the Flemish Minister of Health and the Flemish Minister of Education signed a declaration at the beginning of 2006 in which they oblige themselves to address health in schools. A health coordinator for schools has been assigned, who is developing a strategic and operational plan for the educational sector together with both ministries. This should be the framework for schools to develop their own health policy.

Health policy in the French Community

Promoting healthy behaviour and preventing health-related problems are priorities in the French community in Belgium. In November 2005, a plan to stimulate healthy eating and physical activity for children was approved and launched. The main goal of this campaign is to reduce factors leading to cardiovascular diseases, but it also aims to halt the growing incidence of obesity in young people by encouraging them to eat healthier and be more physically active. The message must be comprehensible for every environment affecting children from 0 to 18 years of age: day care, school, outside school and the family.

The French Community Plan is based on various communication tools, including a web site, two posters and a journal for schools, and has been established in accordance with the National Nutrition and Health Plan. More information on this Plan can be found at www.mangerbouger.be.

Bosnia and Herzegovina

Federation of Bosnia and Herzegovina

In 2003, the Federal Ministry of Health and the Institute of Public health of the Federation of Bosnia and Herzegovina jointly published a policy document on food and nutrition policy, which is still under consideration. The policy aims at reducing the prevalence of obesity and undernutrition, anaemia and IDD. Areas of action include education of health professionals, monitoring, promotion of breastfeeding and socioeconomic inequalities.

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

The objective of the food supply strategy is to promote sustainable (environmentally friendly) food production that will ensure enough food of good quality while stimulating rural economies and social cohesion within rural societies.

Implementation of the food and nutrition policy is expected to cover a period of five years and comprise a number of activities. Activities already carried out include the development of dietary guidelines for adults and for health professionals, and surveys on risk factors for NCD and on health behaviour in schoolchildren. In 2005, a pilot project began on the prevention of risk factors for registered patients in family medical teams and primary health care units.

There is a breastfeeding promotion programme aimed at health professionals and mothers through the training of health workers and breastfeeding counsellors. At present there are 18 officially certified baby-friendly hospitals, and World Breastfeeding Week was celebrated in 2003 and 2004. A survey on breastfeeding is currently under development.

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

Republic of Srpska

A National Environment and Health Plan for the Republic of Srpska was adopted in December 2002. At the same time the Food and Nutrition Action Plan document was finalized. Activities related to the implementation of the Action Plan comprise:

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

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

Several activities are taking place nationwide in Bosnia and Herzegovina, including an IDD survey and development of a state strategy on IDD, a survey on the nutritional status of children under five years, and a food safety strategy. The development of a national Food and Nutrition Action Plan is also planned.

Bulgaria

A multisectoral working group was established to develop the National Food and Nutrition Action Plan (NFNAP) in Bulgaria and a situation analysis related to nutrition, food safety and food security was carried out. The main current problems, population risk groups and major factors contributing to the unhealthy dietary pattern were identified. This formed the basis for the development of the draft NFNAP involving all governmental and local institutions related to food and nutrition, children's health, youth and sport, as well as representatives of the food industry and nongovernmental organizations. The NFNAP was launched in December 2004 and adopted by the Council of Ministers in August 2005. It covers the period 2005–2010 and its strategic goal is to improve the health of the Bulgarian population by improving nutrition and the reducing the risk of foodborne and diet-related chronic diseases.

The Action Plan covers the three strategic areas of nutrition, food safety and food security. The Plan aims at a multisectoral approach involving the private sector and nongovernmental organizations, and includes activities addressing people of low socioeconomic status. Further activities that address overweight and obesity comprise the development of new standards for the nutritional content, labelling and marketing of foods, incentives to encourage the production and sale of healthier foods, and the training of health professionals.

In 2001, the National Food Safety Strategy was approved by the Council of Ministers.

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

The National Centre of Public Health Protection and regional public health inspection offices carried out a public information and education campaign on the principles healthy nutrition.

Activities ranged from regular information materials in newspapers and magazines, press conferences on current aspects of healthy nutrition and problems in nutrition, interviews in the electronic media, lectures at schools and to medical professionals, and courses for specialists in nutrition, nurses in kindergartens and crèches, etc.

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

Food-based dietary guidelines were developed in 2005.

Croatia

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

In order to fight obesity, a growing public health problem in Croatia, the Ministry of Health and Social Welfare developed a proposal for a National Strategy and Action Plan against obesity at the beginning of 2006. The WHO Global Strategy on Diet, Physical Activity and Health and other WHO initiatives at the European level served as guidelines for developing a draft proposal of the National Strategy and Action Plan for the period 2007–2011. The main elements of the Action Plan are an evaluation of the prevalence of overweight and obesity, a situation analysis related to nutrition, the causes and consequences of obesity, an overview of prevention, treatment initiatives and their effects, and about 60 recommendations and actions aimed at different target groups and areas.

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

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

Meanwhile, other activities have been initiated, such as laws on food, consumer protection and health promotion, harmonization of food safety regulations with those of the EU, establishment of different nutrition committees at the Ministry of Health, and strengthened collaboration with the food industry on production of healthier foods.

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

A project entitled “Whole school approach to healthy eating” was launched in 2004, starting with workshops in schools. The situation analysis carried out of curricula, mass catering and school canteens, dietary habits and lifestyles of schoolchildren will serve as a basis for developing the programme and its future implementation in other schools. Activities include educational workshops for nurses and the development and dissemination of educational materials and dietary guidelines to all elementary schools. Parents will also be included in the workshops and activities.

There are several other national health programmes in which regulation of body mass is an important issue, and in which the prevention of overweight and obesity has been included as one of the main objectives.

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

In 2005, Croatia joined the DAFNE West Balkan countries project, which is now in the process of statistically analysing the available household budget survey data.

Cyprus

The National Nutrition Action Plan was finalized in 2005, and resulted in the Ministry of Health organizing several activities to motivate Cypriots to change to a much healthier lifestyle. Some of the activities organized to raise awareness of a healthy lifestyle were:

- Healthy Children Programme, a preventive programme whose main components are education in general and in particular healthy nutrition and healthy nutritional habits;
- education of women from rural areas organized by the Ministry of Agriculture, involving lectures on nutritional issues to promote healthy nutrition in the family;
- a community educational programme involving the preparation of recipes based on the Mediterranean diet pyramid;
- an educational programme organized by the Ministry of Health and the Ministry of Education through which a healthy breakfast, composed of cereals and low-fat milk or a sandwich with brown bread and low-fat cheese and milk, is offered to students;
- a decision jointly by the Ministry of Health and the Ministry of Education to change the types of food sold in school canteens, and legislation on food sold in canteens; and
- a programme inviting all people to gather in their neighbourhood park for physical activities organized by the Ministry of Health.

As Cyprus has moved away from the traditional Mediterranean diet in the last 10 years, a programme for schools entitled “Mediterranean diet – back to our tradition” was recently launched. The principles of a healthy diet are taught, and children cook for their parents and invite them to taste the Mediterranean diet.

Another initiative is “Five minutes for five fruits”, whereby once a week school lessons are interrupted for five minutes, during which the students eat fruit and discussing its benefits.

By the end of 2006, new data on obesity prevalence will be available and will be used to define future activities.

Czech Republic

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

In 2002, the long-term Programme for Improving the Health of the Population of the Czech Republic was accepted by the Government and a Council for Health and the Environment was established. The Council is responsible for carrying out the activities stemming from the Programme.

At the beginning of 2002 a system of regular nutrition counselling was begun under the auspices of the Regional Public Health Institutes involving three large cities (Brno, Prague, Pilsen) with medical schools and where graduates of the medical schools and from human nutrition programmes spend their internship.

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

In 2004, the Minister of Health established the National Council for Obesity as a permanent specialist advisory body to the Ministry of Health. The basic task of the Council is the design and implementation of the National Action Plan against Obesity, which is based on the WHO Global Strategy on Diet, Physical Activity and Health. The members of the Council are representatives of all ministries (Health, Agriculture, Interior, Education, Youth and Physical Education, and Regional Development), specialist institutions, health insurance companies, non-profit-making organizations and universities whose work is related to the tasks set out in the Action Plan. Within the framework of the Council, working groups were formed on nutrition and foodstuffs, community programmes and education, child obesity, physical activity and treatment of obesity. Currently, the Council is concerned in particular with defining the structure and the tasks of the Action Plan and describing its objectives, target groups and levels of intervention.

Within the Regional Public Health Institutes and Regional Public Health Authorities, which are governed by the Ministry of Health, there are departments that specifically focus on nutrition and related issues.

In 2005, a working group was established in the Ministry of Health to implement the Children’s Environment and Health Action Plan for Europe (CEHAPE). The members of this working group are representatives of the Ministry of Health, the Ministry of the Environment and the Ministry of Education, Youth and Physical Education. The CEHAPE commitments to children’s health and environment are included in the national environment and health action plan, of which a revision is planned.

In 2005, new food based dietary guidelines were published by the Ministry of Health.

In 2006, the Technology Platform was established by the Federation of the Food and Drink Industries of the Czech Republic. Four priorities were set: food safety, quality of food and production, food and consumers, and food and health, and corresponding working groups were created. The Ministry of Health cooperates closely with all of these working groups and actively participates in the working group addressing food and health (<http://www.foodnet.cz>).

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

The National Cycling Strategy 2004 tackles the majority of issues presented at the Velo-City conference held in Dublin in 2005. The role of the ministries within the strategy is to coordinate activities between all the levels, to create a systematic and financial background, and to include the development of cycling into the projects to be co-financed from EU structural funds. The strategy is progressively recommended to regional and local governments, to businesses and to nongovernmental organizations, to be included as a complementary part of their activities, programmes and documents.
(http://www.cyklostrategie.cz/download/cyklostrategie_English.pdf)

Mechanisms have been created to ensure successful implementation of the Strategy: partnerships with various bodies; decentralization of implementation; raising public awareness through the mass media; and creating links with environmental, health and tourism issues and, in the broader context, with sustainable development. Cooperative financing will be developed progressively to create the financial means for implementing projects and to make fundraising more efficient.

Denmark

The Danish public health strategy, *Healthy throughout Life 2002–2010*, was published in 2002 (<http://www.folkesundhed.dk/ref.aspx?id=190>). The strategy addresses risk factors such as diet, physical activity and obesity that are related to the major diseases and disorders and causes of death.

A catalogue of indicators has been developed in connection with the strategy to ensure regular monitoring and documentation of trends in the population’s health status and health behaviour and of efforts to promote health and prevent disease. A list of initiatives is intended to increase the commitment of specific actors. One of those initiatives was the creation of the National Action Plan against Obesity in 2003. Denmark, through the National Board of Health, thus became the first European country to launch a specific action plan aiming to prevent the development of obesity and to reduce the number of persons with obesity.

The elements of the Action Plan were an evaluation of the prevalence, causes and consequences of obesity, an overview of prevention and of treatment initiatives and their effects, and 66 recommendations aimed at different target groups and areas. The 66 recommendations cover the development of policies for key areas in different settings, the education and qualifications of

professionals with respect to prevention of overweight and treatment of obesity, information activities, and research and development on prevention and treatment methodologies. In addition to the collaboration between national and local government institutions, partnerships were formed with key stakeholders such as day-care institutions and schools, the leisure sector, voluntary bodies, workplaces, the food, drink and pharmaceutical industries, bodies influencing traffic and town planning, private obesity management organizations, and health and welfare institutions. See http://www.sst.dk/publ/publ2003/National_action_plan.pdf.

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

National campaigns on physical activity were launched to promote both the 30- and the 60-minute recommendation for adults and children. The campaigns included the monitoring of data and background documentation on both the economic cost and burden of disease from physical inactivity and obesity and raising public awareness about these serious lifestyle issues. The Minister of Health and Internal Affairs has proclaimed 2007 as the year of “Denmark on the move”, stressing the importance of physical activity for all age groups.

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

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

The objectives of the Cycle Policy are: an increase in the proportion of people cycling to work in Copenhagen from 34% to 40%; a reduction of 50% in the risk of cyclists suffering serious injury or death; an increase from 57% to 80% in the proportion of Copenhagen cyclists who feel safe cycling in town; and an increase in cycling comfort (the proportion of cycle track surfaces deemed unsatisfactory not to exceed 5%).

To achieve this, the Copenhagen Roads and Parks Department is implementing a number of projects focusing on cycling conditions. Some of these are routine provisions, whereas others are new measures initiated in 2005. For example, up to 300 new cycle parking spaces are to be set up in selected districts by the end of 2005. In addition, all cycle tracks with unsatisfactory surfaces will be repaired and efforts to improve safety will be continued (www.vejpark.kk.dk/publikationer/pdf/412_cykelregnskab2004_UK.pdf).

Estonia

In 2002, the Healthy Nutrition Action Plan was adopted covering the period 2002–2007. Areas of action are food and nutrition research and information, accessibility of food, local food for local consumption, food safety, nutrition of specific population groups, overweight and chronic diseases.

Furthermore, since February 2005, Estonia has had a national policy document dealing with nutrition and physical activity: the National Strategy for Prevention of Cardiovascular Diseases (CVH Strategy). The Strategy includes four priority areas: physical activity, nutrition, nonsmoking and community development. It has been adopted for the period 2005–2020, although the first action plan is envisaged and confirmed only for the period 2005–2008. Its objective is to enhance healthy choices and lifestyles by developing a health education system and reducing the availability of harmful substances.

An advisory body under the Ministry of Social Affairs has a leading scientific and administrative role in the CVH Strategy and covers all sectors of the Strategy. It includes representatives of the Ministries of Agriculture, Education, Culture and Internal Affairs to ensure better interministerial coordination of action. Other governmental institutions and nongovernmental organizations are also involved in the implementation of the strategy.

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

Actions in the school settings include school meals for children in the first to fourth grades paid by the Government, and subsidized meals for children from poor families paid by the municipalities. As from January 2006, primary school children are also provided with school meals paid by the Government. From September 2006, adolescents studying in vocational schools after graduating from primary school will also receive school meals paid by the Government. An initiative to include brown bread and fruit daily in the school meal programme is currently in preparation.

The Estonian Health Insurance Fund contributes to the CVH Strategy and supports the Project on Preventing Heart Disease Risk Factors (2002–2006). Three levels are involved in this Project: family doctors, county heart centres and the Tallinn-Tartu lipid centres. The Project includes risk factor measurement, lifestyle counselling and supervision by medical staff.

Another project supported by the Health Insurance Fund is networks such as health-promoting schools, health-promoting kindergartens, health-promoting hospitals and health-promoting workplaces.

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

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

The Estonian Strategic Development Plan “Sport for All 2006–2010” was prepared by the Ministry of Culture and approved by the Government in March 2006. The Plan aims to promote expansion of the Sport for All movement among the population, make physical activity available for everybody and increase the facilities and possibilities for regular training.

The Strategic Plan covers the following areas: assessment of existing sports facilities and funding principles and planning for the future; developing a health care system, information services and counselling for people undertaking exercise; developing a training system to introduce the principles of physical activity to the population; collecting information on the physical activity of the population; supporting and organizing physical activity through sub-programmes; and developing a public relations and promotional plan for physical activity. More information can be found at

http://www.kul.ee/webeditor/files/liikumisharrastus_kokkuvoteENG2_inglise_netid.doc.

Finland

In 2002, the Government approved a resolution of the National Council on Health Promoting Physical Activity. Recently, the Public Health Programme developed a government resolution on Health 2015 and the new National Nutrition Council, appointed in 2005, has developed an Action Programme for Implementing National Nutrition Recommendations (http://www.b.mmm.fi/ravitsemusneuvottelukunta/Toim_ohj_ENG.htm).

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

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

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

During its presidency of the EU, starting in July 2006, Finland committed itself to supporting the development of a European strategy for the prevention and control of NCD and a European charter on counteracting obesity.

In the area of physical activity, a government resolution was passed forming the main basis for planning relevant initiatives in the future. Under new resolution, all ministries are committed to promoting physical activity and sport as part of their activities. The implementation programme

includes about 25 items covering all age groups and environment, education and research. In the first three years, about 40 projects were begun under the auspices of different ministries. Special attention is paid to promoting physical activity in children, young people and the elderly. The most widespread national programme was created to promote muscle tone and physical activity in elderly people. The Government will make any necessary changes and extend the implementation of the programme.

A special programme on HEPA research has begun, funded by various ministries and social system funds. Under the auspices of the Young Finland movement, a code of ethics was developed on the right of children to engage in physical activity, together with another code of ethics to be followed by all sports organizations. The Move for Health Day is also an important umbrella event for various activities.

The Ministry of Transport and Communication's Jaloin project promoting pedestrian and bicycle traffic, which started in 2001, continued in 2002–2004. The focal point of the work, initiated in the central administration, is being shifted towards the municipalities. The work is based on three programmes that include many ways of promoting walking and cycling. The Jaloin project implements the transport policy in practice by being influential and encouraging cooperation. It includes an extensive research programme, with the aim of serving as an example and influencing the implementation of the most important methods. Information on the project can be obtained at <http://www.tieliikelaitos.fi/jaloin> and <http://www.vtt.fi>.

Several programmes are implemented at the local as well as the national level. The Heart and Nutrition Programme was planned by a Heart Health Committee with members from all sectors of society. The Committee report has over 100 recommendations for different sectors. The programme is evaluated at regular intervals. The DEHKO programme on the prevention of type 2 diabetes is aimed at the whole population, but specifically at high-risk groups and patients with newly diagnosed diabetes mellitus. Its main activities include:

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

“A small decision a day” (2000–2003) is a programme on preventing obesity and promoting physical activity organized by the Finnish Heart Association, the Cancer Association, the Sport for All Association, the Diabetes Association and others. Its activities include:

- a group model in weight loss and weight control for the use of health care professionals and in the training of group leaders;
- peer group activities in changing health behaviour; and
- materials and a training programme for professionals and clients, containing information on weight loss, on changing eating and exercise habits and on group training and leadership.

Every four years, the Government prepares a report on social and health issues. The next one is due for submission to Parliament in 2006. Concerning monitoring and evaluation, the Finnish National Nutrition Surveillance System is worth mentioning. It was launched in 1995 with the purpose of collecting, interpreting, evaluating and distributing data on nutritional status and to assess the need for measures to promote nutrition and health policies. In addition, it communicates nutritional data to health care professionals, researchers, teachers, journalists and those working in the food industry, the food trade and mass catering.

France

In 2000, the Prime Minister asked the Minister of Health to initiate a National Nutrition Health Programme for 2001–2005. The Programme is currently being updated and will be finalized by the end of 2006 (<http://www.sante.gouv.fr>). It does not include a specific plan of action against obesity, it being considered more important to promote health in general than to combat one specific aspect.

The general objective is to improve the state of health of the general population by acting on one of its major determinants, namely nutrition. According to the Programme, “nutrition” comprises both food and physical activity. The guiding principles include a multisectoral approach with quantifiable objectives, focusing on promotion and primary prevention while embracing a food culture of gastronomy and eating together, and based on independent scientific analysis.

Amid the variety of what is said about nutrition and how it is said, the Programme attempts to provide coherence. One of the nine quantified objectives is, for example, to increase the consumption of fruit and vegetables by reducing the number of low consumers by 25%. Another objective is to reduce average BMI by using different strategies within the national health and educational systems.

Strategies include, on the one hand, improving the supply and demand for healthy food and physical activity by working with the private sector: producers, manufacturers, retailers, caterers (in school and the workplace), and on products and marketing and, on the other hand, working with the health sector on better and earlier diagnosis and action. To achieve this, a multisectoral committee was established in 2001, including representatives of eight ministries (chaired by the Ministry of Health), the food industry, consumer associations and local authorities.

A separate policy document on physical activity was published in 2003 with the following strategic actions (<http://www.sante.gouv.fr/htm/dossiers/losp/06sedentarite.pdf>):

- informative interventions, such as notices encouraging use of the stairs
- social interventions: physical education at the school, community and individual levels
- environmental interventions: creating or improving access to physical activity facilities.

In 2004, a document specifically dealing with cycling (*Propositions pour encourager le développement de la bicyclette en France*) was published (<http://lesrapports.ladocumentationfrancaise.fr/BRP/044000109/0000.pdf>).

The HEPA programme entitled “Move for health” was adopted in France in 2004 to fight sedentary lifestyles and promote physical activity and sport. The programme aims at distributing information and evaluating the physical condition of the population (http://www.who.int/moveforhealth/countries/en/mfh04_france.pdf).

In 2002, a national food guide (*La santé vient en mangeant*) was produced, addressing 24 different target groups and listing the different food groups and the specific foods that belong to each group, rather than a pyramid model. Complementary guidelines on physical activity (*La santé vient en bougeant*) were published in 2004 and are also tailored to specific target groups. Separate guidelines for adolescents (*J’aime manger, j’aime bouger*) were launched in 2004 addressing both nutrition and physical activity. The guidelines on nutrition and physical activity are available at <http://www.inpes.sante.fr>.

In 2005, three large media campaigns were launched; on fruit and vegetables, on physical activity and on the reduction of foods rich in free sugars. Within the economic sector, bakers were engaged in reducing the salt content of bread. Leaflets on healthy lifestyles for different population groups were developed as well as educational materials for teachers.

In September 2005, a law banning food vending machines in schools was enforced and the school meals provided to students were improved. Further, a new policy on food and drink advertising was put in place, implying that they all have to carry a health message provided by the Ministry of Health. If a company does not want to include such a message in its advertisements it has to donate 1.5% of the advertising costs to be used for health promotion. An attempt to amend the national public health law so that food advertisements on television would include this health message was not successful owing to a lack of consensus regarding a scientifically proven link between television food advertising and obesity.

Georgia

In 2005, an action plan on food security, healthy eating and physical activity covering the period 2006–2010 and food-based dietary guidelines were developed. The aims of the action plan include:

- coordinating actions in food and nutrition policy development;
- ensuring a sustainable food supply;
- developing a breastfeeding policy;
- developing a food and nutrition policy for schools;
- creating a national food composition database;
- developing legislation and standards related to food and nutrition;
- preventing malnutrition, poverty and micronutrient deficiencies, especially iodine, iron and vitamin A deficiencies;

- developing a food safety policy;
- promoting healthy eating principles and changing eating habits;
- promoting physical activity;
- developing monitoring systems for food security, nutrition and physical activity; and
- collaborating with international organizations in the field of food security, healthy eating and physical activity.

Poverty and undernutrition are major concerns in Georgia, and increasing food prices have major implications for food security.

A project on poverty reduction and economic development and another on rural development are currently planned. The latter will support small farmers and the agricultural sector and food production in rural areas.

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

At present there is no institution responsible for food safety, but the establishment of a national food safety, veterinary and plant protection agency is also part of the action plan.

Further, in collaboration with WHO, a project on nutrition policies in schools is in preparation.

Germany

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

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

Other health promotion activities organized were educational and consumer information campaigns on physical activity and nutrition, addressing mainly children, young people and socially disadvantaged and migrant families, and the funding of school meals programmes. Another campaign entitled “Besser essen. Mehr bewegung. KINDERLEICHT” aims at counteracting overweight and obesity in children and adolescents with preventive measures, and positively and sustainably influencing eating habits in kindergartens, schools and the family setting. Part of the project is a two-year tour taking in 40 German cities, offering specific programmes in schools and kindergartens as well as weekend activities.

The aim of the project “Gut drauf” from the Federal Centre for Health Education is to sustainably improve the attitudes of adolescents towards physical activity and nutrition as well as stress management. Health promoting activities are offered to adolescents both at school and in

their spare time. A number of brochures, information materials and exhibitions are also available for children and adolescents (see <http://www.kinder-leicht.net>, <http://www.bzga.de> and <http://www.bzga-kinderuebergewicht.de>).

Initiatives related to physical activity include a National Cycling Plan 2002–2012 – “Ride your bike! Measures to promote cycling in Germany” and several national activities and programmes. The health campaign “Germany is becoming fit”, which started in 2005, will motivate the population to walk 3000 steps each day. The initiative is supported by celebrities, and free step counters are distributed. More information is available at <http://www.nationaler-radverkehrsplan.de/eu-bund-laender/bund/DF7097-english.pdf> and <http://www.die-praevention.de>.

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

The National Food Consumption Survey aims to collect representative data on current and normal food consumption pattern, nutrition status and behaviour as well as physical activity. The identification of special lifestyle types and the potential connection with body weight and height as well as socioeconomic data offer a valuable approach for prevention programmes. Nationwide data on the health status of young people, including diet and physical activity, will be collected. By these means an evidence base for the development, implementation and evaluation of health promotion and disease prevention strategies will be created. Results will be presented in September 2006 (<http://www.kiggs.de>).

A national programme on ecological farming was launched in 2001 in order to increase the acreage of ecological farming from 3.2% to 20%. Part of this programme is an information campaign on sustainable food purchasing, which started at the beginning of 2006 and strongly promotes seasonal and local ecologically produced foods (http://www.echtgerecht.de/fileadmin/user_upload/pdf/Broschuere_Ernaehrung.pdf).

During the German EU presidency in the first half of 2007, the Federal Ministry of Health and Social Security and the Federal Ministry of Food, Agriculture and Consumer Protection will organize a conference on preventing disease through diet and physical activity.

Greece

In 2002, the Supreme Scientific Health Council of the Ministry of Health and Social Welfare launched *Dietary guidelines for adults in Greece* (<http://www.nut.uoa.gr/english/Greekguid.htm>).

In 2002, the Ministry of Health and Social Welfare established the National Nutrition Policy Committee. The Committee established priorities and set initial goals to reduce meat consumption, increase fish consumption, reduce childhood obesity, increase the consumption of pulses and vegetables and improve food quality and safety in mass catering services, and increase consumer awareness of food safety and quality.

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

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

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

Hungary

The National Public Health Programme 2003–2013 was finalized in 2003 and a number of activities are carried out under the auspices of the Programme. In this context, the National Nutrition Policy framework and the National Food Safety Programme were elaborated and both documents were published in 2005. The National Programme on Healthy Nutrition and Physical Activity was also developed in 2005, but it has not yet been approved.

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

A successful programme, within the framework of the National Nutrition Policy, was carried out among fifth-grade primary school children throughout the country (125 000 pupils), with the aim of teaching them the principles of healthy nutrition. Regular distribution of newsletters was one of the ways of introducing children to the elements of healthy nutrition.

Food-based dietary guidelines were developed in 2001, and the latest version was published in 2005 in 100 000 copies. The publication provides information on the principles of nutrition and food safety advice for home food preparation and storage, and provides incentives and ideas for

health-enhancing physical activity. Dietary guidelines were also elaborated and published in 2003 and 2005 for special groups of patients (e.g. those with cancer or cardiovascular disease).

A representative nutrition and lifestyle survey of primary and secondary school children in Budapest was performed in 2005, including data collection on dietary habits, energy and nutrient intake, food consumption, anthropometry and measurement of biomarkers of nutritional status. A nutrition survey of the adult population was also carried out in 2003–2004 as part of the National Population Health Survey. A study on the nature of catering in hospitals was also pursued, involving 16 hospitals in the country.

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

An information campaign was organized in a major supermarket chain with the involvement of the National Public Health and Medical Officer's Service. Attention was drawn to healthy food, drinks and sports equipment in the information brochure of the supermarket, and customers could ask for personal lifestyle advice as well as have their blood pressure, blood-sugar level and body weight measured.

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

(More information is available on the home page of the Ministry of Health at <http://www.eum.hu>.)

Iceland

The National Health Plan 2001–2010 was adopted in 2001. It is currently under mid-term review and actions to improve diet and physical activity and prevent obesity are now emphasized to a greater extent than in the initial plan of 2001.

The Public Health Institute of Iceland was established by law in July 2003. One of its areas of focus is health promotion through improved nutrition and physical activity. For example, a mutual development project of the Public Health Institute and the municipalities began with the goal of promoting healthy lifestyles in children and their families by emphasizing increased physical activity and improved diet.

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

“Iceland on the Move”, an educational and promotional project of the Icelandic Sports and Olympic Federation, organized its third “Biking to Work” event. The main purpose of the event is to promote cycling as a healthy and economical means of transport that is environmentally friendly. Altogether, 488 teams from 254 workplaces participated, with a total of 5076 participants. Thus participation was double that of the year before and has increased ten-fold over the last three years.

More information on the National Health Plan 2001 can be found at <http://www.heilbrigdisraduneyti.is/media/Skyrslur/heilbenska5mai.pdf>.

Ireland

Among several other public health issues, the National Health Promotion Strategy 2000–2005 tackles both nutrition and physical activity (http://www.healthpromotion.ie/health_promotion_strategy).

The Department of Arts, Sports and Tourism was established in 2002. Its overall objective for sport over the next three years is to promote and encourage a vibrant and active sports sector, especially in areas of disadvantage, with increased participation, good quality and sustainable facilities, and opportunities for people to play an active role in sport (<http://www.arts-sport-tourism.gov.ie> and <http://www.irishsportsCouncil.ie>).

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

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

As part of the obesity campaign, a National Taskforce on Obesity was set up by the Department of Health and Children in March 2004, and a report was launched by the Prime Minister in May 2005 (http://www.healthpromotion.ie/uploaded_docs/Report_of_the_National_Taskforce_on_Obesity.pdf).

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

Examples of recommendations include: providing screening for overweight and obesity; dedicating a percentage of the annual road budget to walkways and cycle paths; ensuring all

public procurement follows a healthy purchasing policy; taking multisectoral action on the marketing and advertising of products that contribute to weight gain, particularly those aimed at children; establishing a practical healthy nutrition programme; and reviewing regularly and rigorously all products that claim to support weight loss.

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

A five-year strategic action plan on breastfeeding was developed in 2005 by the National Committee on Breastfeeding. The Committee undertook to review the 1994 National Breastfeeding Policy and to produce a new five-year strategic action plan for breastfeeding. The overarching public health goal is the achievement of optimum health and wellbeing for children, their mothers, families and communities (http://www.healthpromotion.ie/breastfeeding/strategic_action_plan_2005).

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

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

In order to share information and research, a food research committee was created. A DAF/FSAI co-funded study on children's diet was undertaken, collecting information on food intake, eating habits, packaging, brands, children's and parents' BMI, and exercise. DAF is further funding several projects on salt and sodium content, involving a steering group chaired by a nutritionist.

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

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

Israel

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

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

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

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

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

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

In 2005, Parliament passed the Law on School Meals. In accordance with the new law, consultations between the Ministries of Education and Welfare, together with the Food and Nutrition Administration of the Ministry of Health, resulted in the national school meals scheme.

Different committees chaired by the Food and Nutrition Administration aim to improve diet and food safety. These committees are multi-agency and multidisciplinary, and include representatives of consumers' organizations and industry, including food importers. Examples of committees are those concerned with reducing the salt and sodium content of food, modernizing food labelling, increasing traceability and accountability in the food chain, and eliminating food poverty.

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

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

The proposed strategy of the Obesity Task Force focuses on primary, secondary and tertiary prevention strategies. It emphasizes wellbeing, is people- and community-centred, encourages equity and access, stresses the need to invest in poor communities, and promotes intersectoral action through existing strategies, municipalities and nongovernmental organizations.

Recommendations include: providing annual anthropometric screenings in schools; ensuring all public procurement follows a healthy purchasing policy; and taking multisectoral action on the marketing and advertising of products aimed at children.

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

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

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

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

The Obesity Task Force will present its recommendations to the Health Promotion Council in the autumn of 2006, and it is anticipated that more actions will be approved and implemented.

Italy

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

Planned interventions within the National Plan include: promotion of exclusive breastfeeding; optimizing food choices in schools, especially with regard to the high energy intake due to snacks and soft drinks (through, for example, catering contracts for schools, the elimination of vending machines and the distribution of fruit and vegetables); nutrition education and at least 30 minutes of physical activity daily in schools; encouraging healthy food choices in canteens and providing facilities for physical activity at workplaces; developing nutrition information campaigns and promoting physical activity within the community; guaranteeing the availability and accessibility of healthy food choices; promoting the development of urban environments supporting physical activity; and cooperating with food producers, consumers' associations and

control authorities to avoid incorrect and misleading messages in advertisements, especially in those targeted to children (<http://www.ministerosalute.it>).

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

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

An information campaign entitled “SMS consumatori” was recently launched, enabling consumers to check the price of fruits and vegetables to see if they are being offered at the market price, and also to compare prices at the production, wholesale and retail levels.

The “Children walking to school” project provides an example of the promotion of physical activity in the urban environment. The project was launched in 2002 as part of the Udine Healthy Cities Project, and aims to reduce traffic and pollution around schools, promote self-reliance among children, and encourage urban mobility and road use by children and pedestrians. It also aims to create social opportunities for children and to help develop children’s social and emotional life by creating safe routes for primary school children to walk to school, with the important support of volunteers (mostly the parents). A complete map of safe routes to school for the whole town will be prepared. All the city schools were asked to join four special days during which children, parents and teachers will experiment with the routes (<http://www.comune.udine.it>).

Kazakhstan

A strategic document entitled *2010 health promotion* has been developed with eight priority areas, one of which is concerned with proper nutrition and physical activity. The document advocates a greater joint responsibility of government, employers and individuals. In 1999, an interdepartmental document on healthy lifestyles was developed, whose implementation was planned to take place in three phases.

The first two phases were dedicated to setting up a network at national, regional and local levels for the prevention of NCD, focusing on nutrition and physical activity with special training programmes. The second stage has been completed, during which several events were organized. For instance, in September 2003 and with the support of the government, four million people were mobilized to do physical exercise simultaneously. Teachers were trained and educational modules developed on healthy lifestyles.

The Government is currently considering legislation on IDD, food safety and food quality. An Asian Development Bank project has been running since October 2001 on improving the diet of women and children in low-income families, including the production and promotion of iodized salt and iron-, mineral- and vitamin-fortified flour.

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

Kyrgyzstan

A law on food safety and quality has been drafted and a national policy on food security was approved in 1999. With regard to micronutrients, a law on IDD prevention has been adopted and a national programme to reduce IDD has been approved for 2003–2007.

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

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

Latvia

A plan for the implementation of the Public Health Strategy (which was approved in 2001) and a plan for the implementation of the “Concept of the Cabinet of Ministers – Healthy Nutrition 2003–2013” were accepted in March and November 2004, respectively.

Both the Strategy and the Concept describe the current situation in Latvia and the impact of food and nutrition on the population’s health status, and show the main directions of actions, aims and tasks for achieving them. The basic tasks are: encouraging the consumption of vegetables, legumes, fruits and berries; establishing a common monitoring system for diet-related NCD, developing guidelines to reduce the prevalence of NCD; involving municipalities in promoting nutrition matters to the public; exploring and eliminating possible micronutrient deficiencies; establishing a system to identify new food risks; joining and participating in the European Food Safety Network; developing a strategy on ecological farming; and keeping the public informed on healthy nutrition and lifestyles, physical activity and food hygiene.

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

A number of activities have already been launched:

- a food guide pyramid and recommended dietary allowances for Latvians;
- food-based dietary guidelines for specific target groups: adults, children aged 0–2 and 2–18 years, and the elderly;
- specific food-based dietary guidelines for promoting fruits and vegetables, an affordable food basket for people with limited means, and food-based dietary guidelines for adolescents;

- participation in the DAFNE V project;
- information about healthy nutrition on the web site of the Latvian Food Centre; and
- a collaborative school milk project run by the Ministry of Health and the Ministry of Agriculture.

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

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

Lithuania

The National Food and Nutrition Strategy and Action Plan was adopted by the Government in 2004. Specific targets and measures of the Action Plan include: guaranteeing food safety and quality improvement; promoting ecological and sustainable production by developing a regulation on sustainable agriculture; enabling consumers to choose safe and nutritious foods by ensuring that food labelling, advertising and marketing satisfy the legal requirements; developing scientific research in the area of food safety and nutrition; improving the nutrition of pregnant women, breastfeeding mothers, infants, children and adolescents, the elderly, hospital patients, and people in social care institutions; organizing proper supplies of foods for all population groups; reducing the prevalence of chronic NCD related to nutrition; reducing the prevalence of obesity by, for instance, implementing a National Obesity Control Programme and a law on physical activity and sports; elimination of IDD; optimizing the education and training of professionals; developing an information and education system for the population; and developing systems for monitoring food safety and the nutritional status of the population.

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

Luxembourg

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

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

In July 2006, the four ministers were expected to present a common declaration for their commitment to the initiative and for the implementation of concrete and complementary actions within their respective fields of responsibility.

The most important specific aims are: to develop a national programme and national recommendations in the given areas; to create an interdisciplinary network of collaborators active in different areas related to nutrition and physical activity; to coordinate existing individual projects; to identify population groups and areas with special needs; to improve the statistical information on nutrition, physical status of the population and related diseases; and to develop tools for regular evaluation in order to follow up the development of policies and actions.

On the basis of the recommendations and the scientific evidence provided by, among others, WHO, EU, IOTF and national nutrition plans from other countries, an interdisciplinary expert group is currently developing national recommendations for nutrition and physical activity. A first national campaign to raise awareness is planned for the end of 2006. A broad collaborative network is being built, including professionals from the areas of food security and nutrition.

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

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

Malta

The Food and Nutrition Policy was adopted by Parliament in the 1990s and was followed by several campaigns between 1992 and 2002 to implement aspects of the Policy. A breastfeeding policy (2000) and a committee for breastfeeding were established and guidelines on a Mediterranean diet for Malta were published.

The projects and initiatives undertaken to prevent overweight and obesity in Malta are mainly carried out by the health sector through its Department of Health Promotion (<http://www.sahha.gov.mt/pages.aspx?page=26>). The department regularly organizes activities in collaboration with partners, such as other government entities and the private sector, with the

aim of encouraging the general public to adopt a healthy diet and a more physically active lifestyle.

These activities are carried out as part of health campaigns such as “5-a-Day”; “The Mediterranean Diet”, “Cancer Prevention”, “Move for Health Day” and “World Health Day”. Publications produced by the Department of Health Promotion are then distributed and available to the public all year round. Such efforts are given prominence by the media through press conferences, press releases, interviews, radio and television talk shows, and articles in local newspapers and magazines.

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

The Taskforce for Appropriate School Nutrition Environments is currently working to draw up a national policy for a healthy school nutrition environment. The main aim will be to call on schools and communities to recognize the health and educational benefits of healthy eating and the importance of making it a priority in every school.

Tackling obesity is one of the areas for action that has been included in Malta’s draft National Strategy for Sustainable Development. As part of this area of action, a national weight-reduction programme is offered free of charge to the public and aims to help overweight individuals lose weight safely and manage their weight. In addition, the Department of Health Promotion offers a free service of group therapy sessions to people with eating disorders, facilitated by a psychotherapist.

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

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

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

Netherlands

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

National policy documents addressing physical activity include *Sport action plan against obesity* (2005), *Time for sport* (2005) and *Towards an active policy* (2003). The documents can be downloaded at <http://www.minvws.nl>.

To tackle the problem of obesity from a wide range of perspectives, the Ministry of Health, Welfare and Sport drew up a Covenant on Overweight and Obesity towards the end of 2004. The Covenant (signed in January 2005) is an important pillar of the Ministry's policy to address overweight. The quantitative goals include halting the increase in the number of overweight adults and reducing the number of overweight children by 2010. The Covenant is not enforceable by law, and was chosen to be the platform in the Netherlands to promote certain characteristics that are different from more traditional policy-making and implementation instruments. It emphasizes communication, self-regulation, self-implementation, self-enforcement, implementation based on "real life" scenarios, networks of mutually dependent actors, knowledge and information for effective action (<http://www.convenantovergewicht.nl>).

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

The parties to the Covenant each look for ways to contribute, through their own activities and roles in society, to achieving the government targets on overweight. Their individual plans have resulted in an action plan entitled "Striking the right energy balance". The general goals in the action plan are to provide a positive stimulus for organizations and individuals to act, to increase the knowledge of partners and the population, and to facilitate making "the healthy choice the easy choice".

An example of a Covenant activity is the introduction of an energy value logo on packed food products by the Dutch Food Industry Federation. An example of a joint action are cooking lessons in primary schools, which were the result of cooperation among the hospitality industry, supermarkets, the food industry, dietitians and schools.

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

In the implementation programme "Together for sport" (2006) of the policy paper *Time for sport*, special attention is paid to health-enhancing physical activity. The target for 2010, an increase of 5% (to 65% of the population) in those who participate in sports at least three times a week or have at least 30 minutes of healthy exercise almost daily, will contribute to stabilizing and reducing the obesity problem. The available budget will rise to over €13 million a year. A more intensive information and education campaign to promote healthy exercise will be launched, and subprogrammes will be set up for the school, sport, workplace, health care and

home/neighbourhood settings. Emphasis will be placed on low-threshold activities such as cycling, walking and swimming.

An example of fruit and vegetable promotion is a project in poor urban areas with a logo asking “Are you eating fruit (or vegetables) twice a day?”, which can be used on packages both to remind the consumer and to benefit retailers. “The Netherlands in motion” is a national campaign motivating the population to be more physically active (<http://www.sport.nl/nib>).

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

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

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

Examples of health promotion campaigns specifically addressing schools are the “Healthy school canteen” project of 2002 and the “School fruit” project of 2003. Information on these and other projects can be found at <http://www.voedingscentrum.nl>.

Other successes include the change to using healthier oil for deep frying food in schools, cookery and tasting lessons in schools, bringing sports clubs into schools, encouraging employers to promote healthy lifestyles, and providing “physical activity on prescription”, tailor-made physical activity available for individuals from their doctor.

A food survey is currently being carried out among young children, and food-based dietary guidelines are to be introduced.

Norway

A strategy document entitled *A healthy diet for good health* was drawn up by the Norwegian National Council for Nutrition, as commissioned by the Norwegian Directorate for Health and Social Affairs, and handed over to the Ministry of Health and Care Services in late June 2005. Eleven ministries were involved in the development of the document, including the Ministries of Health, Agriculture, Fisheries, Children and Equality, Finance, Industry and Trade, and Education and Research (<http://www.shdir.no/ernaeringsraadet>).

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

- Norwegian recommendations for nutrition and physical activity 2005;
- the White paper *Prescriptions for a healthier Norway* (2002–2003), which sets out strategies for Norwegian nutrition and public health work over a 10-year perspective; and
- the WHO Global Strategy on Diet, Physical Activity and Health.

The vision of the National Council for Nutrition is a healthy diet for life-long good health. Health challenges related to diet and trends in eating habits form the basis for the following dietary goals in Norway: a higher intake of vegetables, fruits, berries and whole-grain products; a lower intake of solid fats; and a lower intake of energy-dense, nutrient-poor foods.

These strategic goals will help continue to reduce the incidence of cardiovascular diseases and the prevalence of diet-related cancer, and to stop the increase in overweight and obese people. The course of action chosen to attain these goals is to facilitate healthy choices and increase general knowledge about food, diet and health. One primary objective for nutrition work is to reduce social disparities in health. To achieve this, the National Council for Nutrition has designated five high priority areas:

- measures to facilitate healthy choices (lower prices for fruit and vegetables, higher prices for energy-dense, nutrient-poor foods, and preventing the marketing of unhealthy foods to children and adolescents);
- measures in educational institutions (free fruit and vegetables in day-care centres and schools, and ensuring basic health literacy, basic cooking skills and good teaching skills);
- measures in the health and social services (intensifying nutrition work in prenatal health services, children's health clinics, school health services, nursing and care services and primary and specialist health services, and enhancing nutritional knowledge among health care personnel);
- more emphasis on research and monitoring (focusing on health-promoting and preventive measures that address public health challenges, and conducting regular studies of eating habits and diet-related health and disease indicators in the population, monitoring height, weight, blood pressure and various blood parameters); and
- communication measures (putting more emphasis on communication to enhance the public's knowledge about food, diet and health).

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

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

An Action Plan for Physical Activity 2005–2009, “Working together for physical activity”, was adopted by Parliament in 2005. This action plan was the result of a joint effort by eight ministries and contains 108 measures spread across diverse areas in the community such as kindergartens, schools, workplaces, transport and urban planning, and leisure activities. A communication strategy for 2005–2009 was also developed to increase knowledge about physical activity and health and to motivate people to adopt an active lifestyle.

A coordinating group with representatives from all eight ministries will meet regularly to implement the different initiatives of the plan. The Directorate for Health and Social Affairs will coordinate the follow-up of the plan (<http://odin.dep.no/hod/english>).

The main areas of action in the field of physical activity are better facilities for cycling and other forms of active travel. Both planning authorities and transportation authorities at different levels are the essential actors. A National Cycling Strategy was developed in 2003 and a national network of “cycling cities” is currently seeking to find better ways of improving cycling facilities and promoting cycling. Increased focus on walking as a mean of transport is also developing as a high priority area of action.

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

The Planning and Building Act, currently under revision, is seen to be of crucial importance in creating more activity-enhancing surroundings.

A National Plan for children’s health and environment is under development, and national planning and health authorities are currently investigating what is needed to obtain better participation of children and adolescents in planning processes.

Various models for school meals and daily physical activity at school are currently being tested through the project “Physical activity and healthy meals at school”. Important aims of this project are to disseminate models of good practice and to advise local school authorities on key success factors.

The new Working Environment Act obliges employers to consider physical activity as part of a company’s systematic work on health, environment and safety at work.

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

Poland

The National Health Programme introduced in the 1990s was recently revised for the period 2006–2015. The objectives of the Programme, the WHO Global Strategy on Diet, Physical Activity and Health and the EU Green Paper on the promotion of healthy diets and physical

activity led to the development of the “National programme for the prevention of overweight, obesity and NCD through diet and improved physical activity 2007–2016”, whose objectives are:

- reducing the prevalence of overweight and obesity, mainly by improving diet and increasing physical activity;
- reducing the morbidity and mortality caused by chronic NCD; and
- reducing expenditure on preventive measures related to the occurrence of chronic NCD, especially obesity and similar complications, as well as diminishing the economic effects of disability and premature mortality.

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

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

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

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

An important role in the process will also be played by local authorities, the food industry, the retail trade, educational institutions, parents’ committees, professional staff of health care institutions, employees of official food control bodies, active nongovernmental organizations, urban planners, fitness and wellness clubs, and electronic media and press.

The implementation of the programme is scheduled for the period up to 2015, and its main objective is the reduction of morbidity and mortality attributable to NCD. The National Food and Nutrition Institute has developed a set of measures to strengthen the public health care system, such as increasing the awareness of healthy diets among the general public, improving the dietary habits and nutritional status of the population, and raising levels of physical activity.

The national information point “Food, Nutrition, Health” is an integral part of the National Food and Nutrition Institute and has started, in cooperation with the mass media, medical scientific societies, social educational organizations and institutions responsible for postgraduate education, carrying out the tasks connected with the implementation of the WHO Global Strategy on Diet, Physical Activity and Health. Some of the tasks include:

- ensuring the possibility of conscious choice of food products, taking into account individual needs through the promotion of knowledge, including marketing;
- educating and improving the qualifications of professional groups concerned with human health (doctors, nurses, dieticians, employees of official food control bodies); and

- improving nutrition in hospitals and improving food safety throughout the whole food chain.

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

Portugal

The National Programme against Obesity is integrated with the National Health Plan 2004–2010, together with other national programmes such as the National Programme of Integrated Intervention on Health Determinants Related to Lifestyles, the National Programme of Diabetes Control, the National Programme of Prevention and Control of Cardiovascular Diseases and the National Programme against Rheumatic Diseases (<http://www.dgs.pt>).

The National Programme against Obesity aims to contribute to weight loss in the obese and in those affected by type 2 diabetes and cardiovascular disease, and to combat habits leading to overweight. In general terms, it aims to contribute to the development of a culture of healthy weight promotion in the Portuguese population, bearing in mind intersectoral cooperation. As such, the Programme's objective is to reverse the increase in the prevalence of pre-obesity and obesity in Portugal. The intervening strategies are based on the secondary prevention of overweight and the co-morbidities that it entails. The strategies to be developed not only aim to improve all procedures for identifying and following up those at risk, but also to improve the diagnosis, treatment, recovery and control of patients.

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

Physical activity is included in both the National Health Plan 2004–2010 and the National Programme against Obesity. The current key initiative is the “move it” campaign, a national programme to promote physical activity and sport. The goal of this initiative is to spread information and materials, to train professionals, to change the social norms, to monitor and evaluate physical activity outcomes and to establish partnerships, such as the partnership with the International Society for Behavioural Nutrition and Physical Activity.

In Portugal, the health and agricultural sectors collaborate on specific initiatives, such as a project on cooperative research from private agriculture producers' associations, nutrition research centres and universities.

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

Republic of Moldova

In 2002, the Ministry of Health set up a working group with the aim of drafting a National Plan of Action on Nutrition and Food Safety. The draft was later developed for intersectoral review.

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 implement the National Plan of Action. Unfortunately, no further steps were taken to approve the Plan, owing mainly to economic reasons. A report entitled *State of nutrition in the Republic of Moldova* has been developed with the support of UNICEF.

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

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

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

Romania

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

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

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

Russian Federation

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

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

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

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

Serbia

The Ministry of Health of the Republic of Serbia has established a Commission on Nutrition as a technical body to be responsible for the preparation of a Nutrition Action Plan. The Commission, established in August 2005, began its work with a comprehensive analysis of the national situation concerning nutrition-related diseases. This analysis will form the basis for the formulation of national nutrition goals, the actions needed to accomplish them and methods for monitoring and evaluating progress. Although at the moment the development of the Food and Nutrition Action Plan 2005–2010 is in an initial phase, preliminary data clearly indicate that a double burden of nutrient deficiency disorders and overnutrition-related diseases is present simultaneously.

A project of the Ministry of Health entitled “Standards for nutrition skills and knowledge for primary health professionals in the prevention of nutrition-related diseases” has just started. It aims to provide health professionals with new information, knowledge and skills on healthy lifestyles in order to prevent obesity and obesity-related diseases.

Other ongoing programmes in Serbia address the promotion of breastfeeding and the elimination of IDD. Successes in the elimination of IDD include the establishment of a national body, the Federal Commission on IDD Prevention, the existence of legislation on universal salt iodization, and regular monitoring of urinary iodine in school-age children in high-risk areas. It is planned to establish a monitoring system for iodine in salt at factory, retail and household levels and an information system for data on urinary iodine.

In 2005, Serbia and Montenegro joined the DAFNE West Balkan countries project, which is now in the process of statistically analysing the available household budget survey data.

Slovakia

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

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

Several thematic documents have been derived from the strategic documents mentioned above. For instance the Slovak Population Nutrition Improvement Programme was integrated into the National Health Promotion Programme in 1999 and focuses on safe and healthy nutrition for the population. A multisectoral approach, bringing together the areas of health, agriculture, science, education, culture and others, has been proposed. National age- and gender-based recommended dietary intakes, as well as food-based dietary intakes, have been designed for the population.

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

A proposal for a National Obesity Prevention Programme was developed on the initiative of the National Public Health Authority in May 2005. The document is currently being discussed at the Ministry of Health and should be approved by the Government. The overall aim of the Programme is to establish an energy balance by promoting healthy nutrition and physical activity, with a consequent reduction in the prevalence of obesity in all population groups. A multidimensional approach has been suggested, involving individuals, communities and several public policy sectors. Community settings in which actions are proposed include schools, workplaces, catering services, public health and health care services, together with public education. Economic regulation of the population's lifestyle through subsidies, marketing and the tax system has been also proposed.

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

Slovenia

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

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

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

Promoting sustainable, locally produced foods and involving the food industry is therefore also a focus of the Food and Nutrition Action Plan 2005–2010. The main goals are to increase the consumption of good quality, locally and ecologically produced and healthy foodstuffs, to stimulate the development of local economies and rural development, to create new market opportunities for local farmers, and to contribute to environmental protection.

There are several initiatives at the local level. The “Let’s live healthily” project and the MURA Programme are good examples of promoting local development with the aim of identifying, developing, implementing and strengthening best practices in the field of socioeconomic and environmental development, to provide better health and quality of life for the people of the Pomurje region.

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

Various activities concerned with diet, nutrition and physical activity have been initiated by the National Institute of Public Health.

- New standards for healthy nutrition have been drawn up for kindergartens, primary schools and secondary schools. The basic idea is to offer all children and adolescents healthy meals while at school and to provide a supportive environment in kindergartens and schools for making healthy choices in terms of what children eat. Implementation of the new standards was planned for autumn 2005, with a workshop for educators and providers of the programme at the regional and local levels.
- In 2004, the “That’s me” web site providing information for adolescents was expanded to include topics on nutrition and physical activity. More information is available under <http://www.tosemjaz.net>.
- “Body weight for adolescents” and “Getting active” (2004–2006) are health education programmes for adolescents aged 13–16 years that provide systematic checks of body weight and physical activity.
- The “Healthy nutrition and physical activity for secondary school teachers” programme (2004–2005) empowers teachers to include nutrition and physical activity in the curriculum. A research on inhibitory and facilitating factors for healthy nutrition and physical activity among adolescents is conducted as part of the programme.

Spain

The Spanish strategy for nutrition, physical activity and prevention of obesity (NAOS strategy) was launched in 2005, and addresses obesity through a series of working groups. These groups

focus on different areas, including: targets for a healthy diet and physical activity; the educational, environmental and genetic determinants of obesity; preventive health care measures; and scientific research. The approach is positive, participative and proactive. After its first year, the NAOS strategy has brought obesity and overweight to the forefront of social concerns in Spain and has created a snowball effect, with more and more stakeholders becoming involved. A wide range of stakeholders even participated in the consultation process, and various collaborative agreements were signed between the Ministry of Health and Consumer Affairs and the private sector.

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

There is a proposal for an Obesity Observatory to regularly quantify and analyse the prevalence of obesity in the Spanish population, especially in infants and young people, and measure progress in the prevention of the disease. The Observatory will ensure the necessary methodological homogeneity among the different epidemiological studies that are initiated, enabling comparison with other national and international studies and the obtaining of valid information on developments, trend and factors influencing and determining obesity.

Key achievements of the NAOS strategy in its first year include a congress organized in Santander in October 2005, directed at mayors and town councillors to place action against obesity high on the local political agenda, including urban planning and strengthening collaboration among local actors. To promote healthy eating habits, 100 000 copies have been distributed of a leaflet on healthy diet for children, and during 2006 TV channels with a young target audience broadcast a healthy eating promotional message. A national basketball league has begun a two-year campaign entitled "Move against childhood obesity" to promote sports and physical activity. Other efforts include: promotional activities in shopping centres; educating children in schools; producing guidelines on food and drink vending machine for schools; producing menu guidelines for caterers; obtaining commitments by the food industry to reduce sugar, salt and fat in processed foods and produce healthier products; adding nutritional information to packaging; and developing an advertising code for marketing food to children under 12 years of age.

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

In collaboration with the Spanish Federation of Food and Drink Industries, a set of guidelines was drawn up to help companies in the development, implementation and dissemination of their advertising messages directed at minors. Companies adhering to the code reiterate their commitment with respect to the general advertising legislation and agree to respect the standards contained in the code. Advertisements must follow certain criteria regarding the type of food

product being promoted, the design of the advertisement and the circumstances in which the advertisement is disseminated.

A Monitoring Commission will regularly evaluate the application of the code. As a result of the code, for example, over the last six months 10% of food advertisements aimed at children have been refused permission to broadcast, 20% have been allowed after changes were made, and 70% were given permission.

An initiative in 72 schools around the country involving some 10 000 children, coordinated by the Ministries of Health and of Education, promotes a healthy diet and physical activity in children aged 6–10 years. The programme also includes changes in the school environment (meal patterns, canteens, sport facilities, etc.), the training of teachers and parents, and the involvement of the city council in which it will be developed. After the first year, the programme will be evaluated by measuring the BMI of the children, and will be extended to a more schools if successful.

Further information is available at www.aesa.msc.es.

Sweden

In 2003, the Swedish Parliament ratified the Public Health Bill, which introduced a new public health strategy focusing on the determinants of health rather than on individual diseases. The Public Health Policy was published in 2003 and deals with physical activity as well as nutrition (www.fhi.se/shop/material_pdf/newpublic0401.pdf). The overarching aim of the Policy is to create societal conditions that ensure good health, on equal terms for the entire population. Increased physical activity, good eating habits and safe foodstuffs are among the 11 target areas of the Policy.

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

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

The 79 proposed measures are being dealt with by central government as well as by local and regional authorities. Examples are the development of new guidelines for all meals provided at elementary and secondary schools, and the launch of a dialogue with the various trade organizations in the areas of food production, distribution, retail and catering in order to discuss how the food sector could contribute to healthy dietary habits. The background material can be accessed at <http://www.fhi.se>.

In Sweden there is a focus on intersectoral 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 food producers and the marketing industry on the marketing practices for energy-dense, micronutrient-poor foods. The goal is to push the industry towards further self-regulation and self-monitoring.

“Challenge Gothenburg” is one example of the numerous activities at the local level that promote physical activity, organized as a competition for companies and organizations for cycling to, from and at work. Prizes are awarded and a corporate prize is also awarded to be donated to an environmental project.

Switzerland

The Federal Council’s Sports Policy Concept from 2000 sets the basis for the political contribution to creating a culture of physical activity, whereby sport is part of social, economic and ecological sustainable development (www.hepa.ch/gf/gf_baspo/spoko_e.pdf).

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

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

In 2001, the “Action plan on nutrition and health” was approved by the Federal Council in order to reduce the prevalence of nutrition-related diseases, ensure a supply of safe food of good quality, contribute to sustainable and environmentally friendly production and distribution of food, and put consumer interests in the centre of nutrition policy (<http://www.bag.admin.ch>).

The creation of a new action plan dealing with the prevention of obesity is a target of high priority for the Swiss Government for 2007. Moreover, implementation of the WHO Global Strategy on Diet, Physical Activity and Health, adapted to national needs, is currently being developed under the leadership of the Swiss Federal Office of Public Health and in close cooperation with the relevant federal ministries, cantonal and local authorities, nongovernmental organizations, academia, industry, consumer representatives and other partners involved in activities related to counteracting obesity.

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

The “Suisse Balance” programme, which was launched in 2002, is a joint programme of the Swiss Federal Office of Public Health and Health Promotion Switzerland (<http://www.gesundheitsfoerderung.ch/de/activities/program/spp1/suissebalance.asp>). Its two principal objectives are defined as: a considerable increase in the proportion of people living in Switzerland with a “healthy weight” that has been achieved through physical activity and a healthy diet; and the structural conditions needed to allow stable development towards a “healthy” body weight to be put in place by 2010. The programme encourages and supports the development of local, regional and national projects that reinforce healthy behaviour through nutrition and physical activity. It is principally aimed at children and young people.

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

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

“Allez Hop”, which began in 1999, is another initiative aiming at increasing physical activity among the population through sport and in-depth medical and technical training of physical activity teachers. It also offers courses on endurance sports and the transmission of basic knowledge on physical activity as well as on the pleasures of being physically active. The low fees make these courses accessible to everyone, including those of low socioeconomic status, who are thereby encouraged to be more physically active (<http://www.gesundheitsfoerderung.ch/en/default.asp>).

In 2004, the “Network health and physical activity” was created with the objective of promoting health-enhancing physical activity among the Swiss population. The network is working with the following four-phase plan.

1. Health professionals and policy-makers are informed on the principles of the project.
2. Exchange and collaboration takes place with partners in the network.
3. Partners of the network take action by developing measures
4. People’s basic need for physical activity becomes an integral part of overall public health policy.

Information and support in developing, conducting and evaluating physical activity interventions is provided to the partners in the network (<http://www.hepa.ch>).

Tajikistan

The National Policy on Healthy Nutrition is currently in preparation and a programme on diet and physical activity has recently been developed, which also covers breastfeeding and the prevention of anaemia and vitamin A deficiency. In 2006, a policy will be developed on the prevention of obesity and a survey will be carried out to assess the prevalence of obesity in the country.

The former Yugoslav Republic of Macedonia

In 2004, the Government adopted the Action Plan for Food and Nutrition. The Action Plan is overseen by a national committee that reports to the Ministry of Agriculture and Health. The Agricultural Development Strategy 2005 was approved by the Government in 2001 and the National Environmental Health Action Plan in 1999.

The following planned activities in accordance with the Action Plan for Food and Nutrition have begun:

- establishment in 2003 of the Centre for Nutrition and Diet within the Republic Institute for Health Protection (RIHP);
- budget allocation for new activities planned in the RIHP's Annual National Preventive Programme for 2005;
- collaboration with consumer organizations and implementation of planned activities for 2004 and 2005; and
- establishment of new daily nutrient norms for catering in kindergartens and schools.

Cooperation between the health and agricultural sectors has been very positive. A national commission with an advisory role was established with representatives from the health and medical and agricultural faculties. The FAO/WHO report *Diet, nutrition and the prevention of chronic diseases* (WHO Technical Report Series 916) has been translated and distributed to professionals.

Turkey

The National Plan of Action for Food and Nutrition was published in 2002 and covers the period 2002–2010. The main objectives are: incorporating nutrition objectives, considerations and components into development policies and programmes; improving household food security; protecting consumers through improved food quality and safety; preventing and managing infectious diseases; promoting breastfeeding; caring for the socioeconomically disadvantaged and nutritionally vulnerable; preventing and controlling specific micronutrient deficiencies; promoting appropriate diets and healthy lifestyles; and assessing, analysing and monitoring nutrition situations. Further information on the Plan of Action can be obtained at <http://ekutup.dpt.gov.tr/gida/ugbs/beslenme.pdf>.

To coordinate the implementation of the Plan of Action, the National Food and Nutrition Committee was established with representatives from related governmental bodies such as the

Ministry of Health, the Ministry of Agriculture, the Ministry of Education, the food production sector, universities, nongovernmental organizations and the private sector. The Committee consists of working groups on different nutrition and food issues. Obesity is dealt within the group concerned with “Prevention of obesity and chronic diseases related to obesity and encouraging an active lifestyle”. The Committee began its work in the fields of physical activity and obesity and will also develop recommendations on advertising aimed at children.

The National Food Codex Commission was established in 2005 together with the new Food Law to ensure food safety.

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

In 2006, preparations for a national nutrition, health and food consumption survey were undertaken. Within this surveillance programme, information on food consumption and on anthropometric and biochemical parameters will be collected. Other nutrition projects include:

- healthy diet, promoting active lifestyle and prevention of obesity in adolescents
- nutrition education for primary school children
- improving the nutrition and health status of athletic children
- nutrition and healthy aging in elderly people
- safe milk for health.

Ukraine

The policy document “Concept of a National Nutrition Policy” was adopted in 2004. Major priorities of the policy are: eliminating micronutrient deficiencies; reducing the prevalence of obesity; promoting healthy nutrition throughout the population; ensuring a sustainable supply of food and foodstuffs; and increasing breastfeeding.

The following national programmes were also approved: “Health of the nation”, “Food quality and security”, a national IDD prevention programme for 2002–2005 and “Children of Ukraine” focusing on nutrition of children.

There is intersectoral collaboration between the Ministry of Public Health, the Academy of Medical Sciences, the Ministry of Economics, the Ministry of Finance, the Ministry of Agricultural Policy and the State Committee on Consumer Policy and Technical Regulation.

United Kingdom

The public health white paper *Choosing health: Making healthy choices easier* from 2004 sets out the key principles for supporting the public to make healthier and more informed choices with regard to their health. The Government will provide information and practical support to

motivate people and improve their emotional wellbeing and access to services, so that healthy choices are easier to make.

The food and health action plan *Choosing health? Choosing a better diet from 2004* summarizes how the Government will deliver the commitments on nutrition presented in the public health white paper. It includes action on the advertising and promotion of foods to children, simplified food labelling, obesity education and prevention, and nutritional standards in schools, hospitals and the workplace.

Another relevant document is *Choosing activity: a physical activity action plan* from 2005, which sets out the Government's plan to encourage and coordinate the action of a range of departments and organizations, so as to promote increased participation in physical activity across England. It is a summary of how commitments on physical activity presented in the public health white paper will be provided. It brings together all the commitments relating to physical activity in the white paper as well as other government action that will contribute to increasing levels of physical activity. These include physical education and sport in schools and local action to encourage activity through sport, transport plans and the use of green spaces and by the National Health Service providing advice to individuals on increasing activity through the use of pedometers (<http://www.dh.gov.uk/home/fs/en>).

The Department of Transport launched an action plan entitled "Walking and cycling" in 2004, which sets out measures from across government to increase levels of active travel by creating places for walking and cycling and to influence travel behaviour through training, education, marketing and promotion (http://www.dft.gov.uk/stellent/groups/dft_sustravel/documents/downloadable/dft_sustravel_029204.pdf).

The following subnational policy documents also deal with nutrition:

- *Food and wellbeing: reducing inequalities through a nutrition strategy for Wales 2003*
- *Eating & health: a food and nutrition strategy for Northern Ireland 1996*
- *Scottish Diet Action Plan 1996.*

The British Government works together with the food industry to develop better information on the nutrient content of packaged foods. An investigation by the Food Safety Authority revealed that people would like simple labelling signposts to help them make informed and healthy food choices. A clear coding system that could be understood at a glance was therefore planned to be developed in 2006. The Food Safety Authority is currently consulting on nutrition criteria that could be used to underpin such a scheme or identify foods that can be promoted to children.

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

The Government has also produced “Creating healthier communities”, a resource pack for local partnerships, as part of the implementation of the public health white paper. This provides practical guidance on working in partnerships, targeting action and using tools such as local area agreements and overview and scrutiny arrangements, including specific guidance on healthy eating initiatives with communities.

The project “Reducing children’s car use: the health and potential long term implications of car dependence” was launched in the County of Hertfordshire. The aim is to gather data on children’s travel and activity patterns and on their parents’ attitudes and characteristics, which can be linked to data on the children’s health (height, weight and body-fat content). It also monitors children’s activity patterns to establish relationships between, for example, car use and the amount of physical activity.

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

Several public/private partnerships have been created to promote healthy eating and physical activity through several initiatives. The following examples are from Scotland.

- “Hungry for success” is an initiative that focuses on children’s school meals. It had been introduced into primary schools by the end of 2004 and is now being implemented in secondary schools. “Hungry for success” is now being introduced throughout the whole of the United Kingdom. The Scottish vision is, however, not to create a new generation of healthy processed foods but to strengthen local food supply chains – consuming food grown locally. It has led to the private sector developing new products to meet the standards and creating more opportunities for local suppliers. An interesting outcome has been that it has also changed the demand for certain products, yet companies that were proactive in adapting their products to the new standards from the start have kept their markets.
- The “Healthy living” communications campaign promotes public health to consumers in a holistic way. An example of a public–private partnership is the neighbourhood shops project. Food choice is at its worst in local convenience stores that focus on selling confectionery, alcohol and cigarettes and very little fresh food. The project uses very simple marketing techniques – moving the fruit and vegetables to the front of the store and working with suppliers to improve the fresh products available. This has resulted in a growth in the sale of fruit and vegetables of 62%. A further outcome has been to prove to retailers that simple changes (such as displaying fruit instead of confectionery at checkouts) results in greater sales and generates profits in areas that were previously considered relatively uneconomic.
- The approach in Scotland in the field of physical activity promotion has been to establish partnerships with local government, the community and voluntary sectors. An example of such a partnership is “Paths to health”, which includes providing grants for local schemes and offering training and ongoing support for local volunteer walk leaders. See www.pathsforall.org.uk/pth/index.shtml for more information.
- The pilot project “Dance revolution” involves the Milk Development Council and a clothing chain. So far, 15 events have been organized in shopping centres, with dance machines, physical activity questionnaires and milk handouts, to reinforce the link in adolescents between physical activity, milk consumption and healthy bones.

Further information on activities in the United Kingdom and subnationally in Scotland is available at www.scotland.gov.uk/Topics/health/health and <http://www.food.gov.uk>.

Uzbekistan

As stated in a country report from 1999, the Uzbek Parliament adopted a nutrition policy document in August 1997. An administrative structure for the implementation of the policy had been set up, and an advisory body established to provide scientific advice to policy-makers.

The document “Guidance on a plan of action for healthy nutrition in the Republic of Uzbekistan up to 2010” was finalized in 2005 and is awaiting adoption by the Government.

Information sources

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Report of the Member States Consultation for the Ministerial Conference on Counteracting Obesity 2006. Copenhagen, WHO Regional Office for Europe, 2005.

Joint WHO/EU platform for action on diet, physical activity and health meeting, Brussels, Belgium. Copenhagen, WHO Regional Office for Europe, 2006.

Overview of inventory of documents on physical activity promotion in the European Region. Copenhagen, WHO Regional Office for Europe, 2006.

Joint WHO/ISBNPA technical consultation on the role of physical activity in counteracting obesity, Ljubljana, Slovenia. Copenhagen, WHO Regional Office for Europe, 2006.

Report of the second Member States Consultation for the Ministerial Conference on Counteracting Obesity 2006, Rome, Italy. Copenhagen, WHO Regional Office for Europe, 2006.

Member States' Preparatory Meeting for the WHO European Ministerial Conference on Counteracting Obesity, Nordwijk, Netherlands. Copenhagen, WHO Regional Office for Europe, 2006.

Comparative analysis of nutrition policies in the WHO European Region. Copenhagen, WHO Regional Office for Europe, 2006.

Web addresses to national policy documents

Country	Document	Web address
Austria	Strategy for sustainable development	http://www.nachhaltigkeit.at/strategie/pdf/strategie020709_en.pdf
Belgium	National nutrition and health plan	http://www.mijnvoedingsplan.be
Czech Republic	National cycling strategy	www.cyklostrategie.cz/download/cyklostrategie.pdf
Denmark	Healthy throughout life – the targets and strategies for public health policy of the Government of Denmark, 2002–2010	http://www.folkesundhed.dk/ref.aspx?id=190
Denmark	National action plan against obesity: recommendations and perspectives	http://www.sst.dk/publ/publ2003/National_action_plan.pdf
Estonia	National strategy for prevention of cardiovascular diseases 2005–2020	http://www.sm.ee/est/HtmlPages/S%C3%BCdamestrateegia-l%C3%B5ppdokument-01-2005/\$file/S%C3%BCdamestrateegia.doc
Finland	Action programme for implementing national nutrition recommendations	http://www.mmm.fi/ravitsemusneuvottelukunta/Nutrec98.pdf
France	National nutritional health programme 2001–2005	http://www.sante.gouv.fr/hm/pointsur/nutrition/1nbis.htm
Germany	National cycling plan 2002–2012 – ride your bike!	http://www.nationaler-radverkehrsplan.de/eu-bund-laender/bund/DF7097-english.pdf
Greece	Dietary guidelines for adults in Greece	http://www.nut.uoa.gr/English/GreekGuid.htm
Hungary	National public health programme	http://www.eum.hu
Iceland	National health plan to the year 2010	http://www.heilbrigdisraduneyti.is/media/Skyrslur/heilbenska5mai.pdf
Ireland	National health promotion strategy	http://www.dohc.ie/publications/pdf/hpstrat.pdf?direct=1
Ireland	Obesity: the policy challenges	http://www.dohc.ie/publications/report_taskforce_on_obesity.html
Italy	National health plan 2003–2005	http://www.ministerosalute.it/resources/static/psn/documenti/psn_2003-2005.PDF
Netherlands	Living longer in good health: also a question of healthy lifestyle – Netherlands health-care prevention policy	http://www.minvws.nl/images/Living%20longer%20in%20good%20health_tcm11-53021.pdf
Netherlands	Time for sport – exercise, participate, perform	http://www.minvws.nl/images/time-for-sport---exercise-participate-perform3_tcm11-78984.pdf
Netherlands	Sport for all incentive	http://www.minvws.nl/images/sportforall_tcm11-21864.pdf
Netherlands	Towards an “active” policy	http://www.minvws.nl/images/Towards_an_active_policy_tcm20-107909.pdf
Norway	Action plan on physical activity 2005–2009: working together for physical activity	http://www.shdir.no/publikasjoner/handlingsplaner/the_action_plan_on_physical_activity_2005__2009_28337
Portugal	National health plan 2004–2010. Volume I: priorities	http://www.dgsaude.pt/upload/membro.id/ficheiros/i006666.pdf
Sweden	Background material to the action plan for healthy dietary habits and increased physical activity	http://www.slv.se/upload/dokument/In_English/Food_and_health/TheSwedishActionplan.pdf
Sweden	Sweden's new public health policy	http://www.fhi.se/shop/material_pdf/newpublic0401.pdf
Switzerland	Action plan on nutrition and health: a nutrition policy for Switzerland	http://www.suissebalance.ch/pdf/Ernaehrungspolicy_de.pdf

Switzerland	Concept for national sports policy	www.hepa.ch/gf/gf_baspo/spoko_e.pdf
Turkey	National plan of action for food and nutrition	http://ekutup.dpt.gov.tr/gida/ugbs/beslenme.pdf
United Kingdom	Choosing health? Choosing a better diet: a consultation on priorities for a food and health action plan	http://www.dh.gov.uk/assetRoot/04/08/14/56/04081456.pdf
United Kingdom	Choosing activity: a physical activity action plan	http://www.dh.gov.uk/assetRoot/04/10/57/10/04105710.pdf
United Kingdom	Walking and cycling – an action plan	http://www.dft.gov.uk/stellent/groups/dft_sustravel/documents/downloadable/dft_sustravel_029204.pdf