

# codex alimentarius commission



FOOD AND AGRICULTURE  
ORGANIZATION  
OF THE UNITED NATIONS

WORLD  
HEALTH  
ORGANIZATION



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**Agenda Item 7**

**CX/AFRICA 09/18/7  
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**JOINT FAO/WHO FOOD STANDARDS PROGRAMME  
FAO/WHO COORDINATING COMMITTEE FOR AFRICA  
18<sup>th</sup> Session  
Accra, Ghana, 24 – 27 February 2009**

**NUTRITIONAL ISSUES WITHIN THE REGION**

**COMMENTS IN RESPONSE TO CL 2008/30-AFRICA, PART D FROM  
ETHIOPIA, GHANA, KENYA, MALI, SENEGAL, SIERRA LEONE, ZAMBIA AND ZIMBABWE**

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

**Ethiopia**

Almost none.

**Ghana**

1. Micronutrient deficiency (Vitamin A, Iron, Zinc, Iodine)
2. Obesity
3. Anaemia in children
4. Complementary feeding for children after breastfeeding

Among the nutritional issues of significance in Ghana are under nutrition and micronutrient deficiencies (especially of iron, vitamin A, iodine and zinc). Children under five years and women of reproductive ages are the most vulnerable. Nutritionally related chronic diseases such as obesity, hypertension, diabetes and cardiovascular heart diseases are also on the increase among adults. This is due to the rapidly changing lifestyles. The traditional diets of high fiber, low fat and complex carbohydrates have been replaced by the consumption of high fat, highly refined carbohydrates and high salt diets.

The Government of Ghana has embarked on a number of activities to improve on the nutrition and health of the nation. Amongst these is the promulgation of the breastfeeding code (L.I. 1667) in 2000 that seeks to control the marketing of breast milk substitutes. This code also protects, promotes and supports breastfeeding. Ghana has adopted the WHO/UNICEF Global Strategy on Infant and Young Child feeding with the aim of improving infant feeding practices. To address micronutrient deficiencies, Ghana has since 1995, had a mandatory salt iodization law to address iodine deficiency. The Government works in collaboration with salt industries and artisanal salt producers to ensure that salt intended for human consumption is iodized. Ghana has started a food fortification program since 2006. Wheat flour and vegetable oils are fortified with several micronutrients. The Government has a vitamin A supplementation program for children under five years of age. To tackle the widespread iron deficiency among pregnant women, it is government policy for all pregnant women attending antenatal clinics to receive iron supplements. Additionally, the provision of folic acid supplements, antimalarial prophylaxis and the promotion of the use of insecticide treated bed nets by pregnant women and children are some interventions to address anemia prevalence.

In the last three years, the Ministry of Health has adopted the Regenerative Health and Nutrition Program to address the problem of chronic diseases. The program promotes healthy lifestyles by encouraging the regular

consumption of fruits and vegetables, reduction in the consumption of animal source foods, reduction in the consumption of high fat and high sugar containing foods. The program also emphasizes the incorporation of regular physical activity into lifestyles.

### **Kenya**

A lot still needs to be done in this area especially in advertisements and nutritional labelling claims.

### **Mali**

Nutritional problems in Mali and the African Sahel region are essentially related to malnutrition and anaemia.

The Codex Guidelines for Nutrition Labelling and the Guidelines for Use of Nutrition and Health Claims are the only references used in Mali for the drafting of standards and regulatory texts for labelling and nutrition claims.

Mali has undertaken the following actions to deal with malnutrition and anaemia:

- Fortification of edible oils and flour with vitamin A and iron;
- Formulated supplementary foods for infants and young children;
- Iodization of cooking salts;
- A study to enhance the bacteriological quality of weaning foods in peri-urban areas of Mali.

### **Senegal**

Despite the devastating impact of the many advertising campaigns with unfounded incentive content by radio and television, on billboards and through the distribution of products free of charge, the authorities have not yet managed to resist the corresponding revenue they receive.

In a context of profound poverty, driven by illiteracy of more than 60 percent, there is still a long way to go to establish a framework of honest, broad and transparent information to promote food safety and satisfactory nutritional status. The liberalization of trade should not result in an anarchy of publicity and advertising. While laudable efforts have been made to control the quality of products for export, imported and locally produced foods for domestic consumption are regrettably only rarely subject to regulatory provisions aimed at protecting consumer health.

New diseases linked to child obesity, inactivity and overeating are gaining ground, constituting a heavy economic and social burden on society.

### **Sierra Leone**

The nutritional issues within the country are diabetes and malnutrition among children. In this regard the Bureau and Ministry of Health is sensitizing the public and also inspecting children's food at the port of entry.

### **Zambia**

Obesity has been progressively observed as a non communicable disease. We have the double burden as a result of malnutrition and as a side effect of ARV/HART. Life style of eating fast foods without exercise is another opportunity to obesity. Statistics yet to be availed through studies.

Nutritional profiles are available. Legal enforcement is done on issue of labelling and claims.

### **Zimbabwe**

At national level, nutritional claims are assessed by the FSAB. Deficiencies are evaluated by the Nutrition Department within the Ministry of Health assisted by the national laboratory Government Analyst Laboratory.

Regionally ECSA is tackling the micronutrient deficiency in iodine, iron, vitamins, etc.