

codex alimentarius commission



FOOD AND AGRICULTURE
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JOINT FAO/WHO FOOD STANDARDS PROGRAMME **FAO/WHO COORDINATING COMMITTEE FOR EUROPE**

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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

Replies from the European Community, Lithuania, Norway, Portugal, Slovenia and Sweden

EUROPEAN COMMUNITY

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

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

In particular, the strategy:

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

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

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

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

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

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

Among the main challenges from the last year are:

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

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

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

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

In addition, a Commission Working Group was set up with Member States experts in order to deal with the tasks foreseen by the Regulation 1924/2006 on nutrition and health claims made on foods such as the setting of nutrient profiles.

LITHUANIA

Nutrition situation is regularly monitored by 5-years recurrence in Lithuania since 1997. The food consumption research covers whole country. The data show that nutrition profile is not well balanced. It is noted excess of fat consumption - calories received from fat compose 39 percent of all energy intake but at the same time there is excess of sugar consumption. There is lack of compositional carbohydrates - calories received from carbohydrates compose 46 percent of all energy intake. Lithuanian population consume insufficient amount of fruit and vegetables, fishery products. 1/3 of respondents consume fresh fruit and vegetables 1-2 times/week instead of 3-5 portions daily. It is observed small consumption of cereals - just 1/2 of respondents consumed cereals daily. In addition, there was also insufficient consumption of dietary fiber, which is considered to be a very important factor against the risk of cancer, particularly digestive system cancer. Based on results of surveys, the daily intake of dietary fiber for men was 15,1 g and for women 17,6 g, while its' norm is to be about 20-30 g per day. Also observed excessive consumption of table salt - 60 percent of respondents add additional salt to ready dishes.

It should be noted, that there is calcium deficiency in Lithuanian people diet. The average daily intake of this mineral have been stated 859 mg for men and 784 mg for women, whereas it is recommended to be 1000 mg for adults and even 1200 mg for the elderly. Besides this, there has also been noticed a very important antioxidant - selenium deficiency caused by the lack of this mineral in the soil of Lithuania

During the last decade noted some improvement of population diet - people consume less meat and fat and consume more fishery products. More people use vegetable fat in food preparation rather than animal fat.

Drinking water situation. The great majority of the population is the consumers of public supplied artesian groundwater. The quality of drinking water has being assessed according to the regulations of the European Union since 2000. However, the quality of drinking water is sometimes getting worse in cases of insufficient treatment in water plants or old water pipes in distribution system. As a result, quite a high level of iron has already been estimated in a part of tested samples. The total hardness and turbidity of drinking water is pretty high.

Different regions of Lithuania has different fluoride levels in drinking water and this also caused public health problems. Artesian water of the North West and West part of the country has too high fluoride levels (from 1,5 to 5 mg/l). This is reason of dental fluorosis. Drinking water of the East and South East part of Lithuania has low levels fluoride and therefore prevalence of dental caries among population is almost 100 percent.

Over a million of population (mainly the inhabitants of suburbs and rural areas) are not supplied by public drinking water system and the main source of drinking water for them is the shallow groundwater from dug wells. Although, it is often affected by chemical contamination of nitrates (about 30 per cent of samples exceeded the maximum allowed level) as well as microbiological contamination (almost half of water samples from wells identified with increased microbial pollution).

Obesity level in Lithuania is at the average of the EU level. According to the last data (V.Grabauskas, etc., KUM, 2004, N=1852) body-mass index percentage of adult population is following:

BMI >30 (obesity) – 16% all, 17% male, 16% female.

BMI 25-30 (overweight) – 33% all, 41% male, 27% female.

BMI 20- 25 (normal) – 41% iš viso, 39% male, 43% female.

BMI <20 (underweight) – 10% all, 3% male, 14% female.

This is related with low physical activity of population in the country. According to last available data (Dept. of Statistics and Dept. of Physical Education and Sport, 2001 m., N=8000) level of physical activity among adults is following:

Never exercising in spare-time 52.4% of population.

Others:

up to 2 h/week - 30.19%;

up 3 h/ week - 20.20%;

>3 h/ week - 49.61%.

Lithuania has approved several legal acts with the aim to control the situation, related with nutrition. The main of them is State Food and Nutrition Strategy and Action Plan for 2003-2010 approved by Government. This Strategy covers elaboration and implementation lot of concrete actions such as legal acts and programs related with improvement of nutrition of population.

NORWAY

In January 2007 the Norwegian Ministry of Health and Care Services launched the Action Plan on Nutrition which applies to the period 2007 – 2011. The action plan focuses mainly on primary prevention and young people. It outlines general goals for the diet and ten focus areas. The main goals are to change the diet in line with the recommendations of the health authorities and to reduce social inequalities in the diet. The plan defines 73 actions to be implemented by one or more ministries.

Norway is leading an electronic working group in the Codex Committee on Food Labelling (CCFL) regarding ingredients which is known to have an influence on the nutritional quality of the food etc. The aim of this working group is to consider the food ingredients identified in the Global Strategy on Diet Physical Activity and Health and evaluate which revisions are needed to the Codex texts on food labelling with regard to these action items.

Following one task of the national Action Plan on Nutrition the Ministry of Health and Care Services assigned the Norwegian Food Safety Authority (NFSA) and the Directorate for Health to set up a project group to work with the introduction of a voluntary signpost labelling system in Norway. Cooperation between Sweden, Denmark and Norway has lead to a decision to introduce a common Nordic signpost labelling system building on the existing Swedish “Keyhole”-symbol.

An increasing number of foods bear nutrition and health claims and the use of claims should be based on and substantiated by generally accepted scientific evidence. Nutrition and health claims have been regulated for several years, however Norway does not, at the moment, have a specific national regulation on the use of nutrition and health claims. Thus, through the EEA agreement, the Regulation (EC) No 1924/2006 of the European Parliament and the Council on Nutrition and Health Claims made on foods will enter into force during 2008. The NFSA participates in the EU working group on claims and follows ongoing discussions on nutrient profiles.

Recommendations on supplemental intake of folic acid are given to pregnant women and women planning pregnancy or who can expect to be pregnant. Recommendations on the intake of fruit and vegetables (including potatoes) of approximately 750 g per day have been given since 1996. The Norwegian government has decided to provide free vitamin D supplements to infants with a non-western immigrant background.

The Norwegian Directorate for Health is chairing the “European Network on reducing marketing pressure on children of energy- dense, micronutrient-poor foods and beverages”. The first meeting of the network was held in Oslo in January 2008.

PORTUGAL

Implementation of the European Charter on Counteracting Obesity.

Action Plan for Salt Reduction

SLOVENIA

Action plan for salt reduction has been prepared.

Targeted program for overweight and obese children and adolescent is under development.

Dietary guidelines for kindergartens and schools adopted in 2005, implemented in 2006-07. Survey on Slovene consumers' views on food safety, including also questions about reading and understanding of food labels (show the need for national actions on further information and education of consumers).

SWEDEN

The National Food Administration is responsible for issuing the Swedish nutrition recommendations; carry out regular national dietary surveys; observe and draw attention to population nutrition problems; operate the Swedish food database; issue general and specific food based dietary guidelines; analyse needs for micronutrient fortification; issue nutrition principals for meals in preschools and schools; collaborate with WHO for Europe as the national Nutrition Counterpart; analyse basis for developing national nutrition policies.