

# codex alimentarius commission



FOOD AND AGRICULTURE  
ORGANIZATION  
OF THE UNITED NATIONS

WORLD  
HEALTH  
ORGANIZATION



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**Agenda Item 9**

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## **JOINT FAO/WHO FOOD STANDARDS PROGRAMME FAO/WHO COORDINATING COMMITTEE FOR ASIA**

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### **NUTRITIONAL ISSUES WITHIN THE REGION (CL 2008/15-ASIA, Par D):**

**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**

#### **Democratic People's Republic of Korea**

In compliance with the food hygiene-related laws all the foods packed and packaged must have been commonly labelled with the marks on the contents of principal nutritional components including three kinds of the nutrients (protein, fat, carbohydrate) with the value of energy and, in particular, health claim in case of health foods (functional foods) must be put on every package so that the consumers take note of health management and nutritional balance adjustment.

The information and data from Codex committee on food labelling underlies those activities. As for nutritional issues in the country, in particular, nutritional profiles, nutritional problem has not been yet entirely solved at national level although the government makes every effort to solve the food problem by itself regarding it as its principal policy in face of the world's cereal production decrease and soaring food price. Nevertheless, the government of DPRK is taking a serious consideration of both nutrition and food safety with constant concern about food safety in solving the nutritional problems for the population.

#### **Japan**

To elucidate the health condition, actual dietary intake and lifestyle-related disease problem of the public, and to promote their health, MHLW conducts the "National Health and Nutrition Survey" every year. The collected basic data are used for policy planning on nutritional improvement and health promotion, for example:

- "Dietary Reference Intakes for Japanese, 2005";
- "Japanese Food Guide Spinning Top" illustrating the recommended combination and the appropriate amount of various food (<http://www.mhlw.go.jp/bunya/kenkou/pdf/eiyousyokuji4.pdf>);
- Provide specific health guidance at regular checkups for insured people aged 40 through 74 years, focusing on the problem of metabolic syndrome.

Also, MHLW has established two categories of health food, "Food with Health claims (FHS)" and "Food for Special Dietary Uses" and makes sure that the claims of these foods are based on sound scientific evidence and they do not mislead consumers. FHS is further divided into "Foods for Specified Health Uses (FOSHU)" and "Foods with Nutrient Function Claims". There are different specifications and standards for these categories, and the products under each category should meet these conditions.

## **Mongolia**

Traditionally, Mongolians had a very sound food consumption pattern and consumed mainly meat and fat in cold seasons and milk and milk products in summer that was adaptable for severe continental climate conditions and pastoral livestock economy. With urbanization and concentration of most population in cities and settlements, the traditional food consumption and motion patterns of Mongols have been changed that lead to consumption of meat and meat products and animal fat, a year-round, to increasing of diseases caused by the irrational food consumption. In addition to the diseases caused by excess or irrational food consumption, vulnerable groups of the population increasingly suffer from micronutrient deficiencies.

In 2007 the Government prepared a draft Millennium Development Goals (MDG) – based Comprehensive National Development Strategy of Mongolia. Based on available data Mongolia is on track to achieve its MDG and World Food Summit target of reducing the absolute numbers of undernourished and poor people from 800.000 to 400.000 by 2015.

The food basket of Mongolians includes mainly flour, crop produce, meat and meat produce, while share of fruits and vegetables which are abound in vitamins and minerals is still low. 72.5 percent of the population consumes less than 5 units of fruit and vegetables a day, which indicates that improper nutrition habit and attitude still persists in the society. In addition, no egg and fish is in the food basket of Mongolians. The poverty reduced in rural area from 43.4% down to 37%, while the urban poverty declined from 30.3% down to 27.0% respectively, however, to compare to other countries the proportion is still high. A daily calorie recommended intake for adult equivalent makes up 2.604.3 calories, while poor households intake equals to only 1.728.3 calories which is some 63.3% of the recommended intake.

Hence to the Government initiatives and actions some positive changes have been attained in food diversification, consumption and nutrition value. For instance, 96.3% of a total annual salt demand has been met with iodized salt and up to 30% of domestically produced flour is fortified with iron and vitamins.

Food access and nutrition quality of pregnant and lactating women is insufficient. In addition, vulnerable groups and disabled single persons, elderly people, poor families still suffer from malnutrition.

The main criteria of food security and quality is proportion of low weight and mortality of the children up to five year, stunting, underweight, wasting, anemia, rachitis indicators are still high to compare to some other countries in Asia. The low level of the population knowledge on food nutrition results in non communicable disease prevalence and high rate of mortality.

Low-weight births have been decreasing from 5.3 in 1999, and 4.1 in 2004 to 3.8 in 2007. Nevertheless, Mongolia might expect probable losses of \$12.76 million until 2015 (\$1.16 million annually) because of low-weight births (WHO, 2005).

Statistics of the breast-milk feeding shows that 93.4% of newborns were fed on colostrums within 30 minutes after the birth in 1999, but it decreased by 9.9 points to 83.5%, while breast-milk feeding was 38.3% up to 6 months, 94.1% up to 12 months and 75.4% up to 24 months in 2004. When the indexes of the breast-milk feeding will not exceed the 2004 level, it is assumed that Mongolia might loose \$13.8 million (\$1.12 million annually) until 2015.

Among children less than five-year old, underweight decreased from 12.6% in 1992 and 1999 down to 6.7% (by 1.9 times) in 2004; stunting decreased from 26.0% in 1992 and 24.6% in 1999 down to 19.6% (by 1.2 times) in 2004; wasting dropped (W/H index) from 3.7% in 1999 to 0.6% (by 6.1 times) in 2004. As a WHO prediction shows, in 2015, 1207 children will be subjected to modest form of protein and energy deficiencies and 115 children from moderate and heavy forms of protein-energy deficiencies in Mongolia, and these might produce losses of \$26.2 million (\$2.38 million annually) as preventing and treatment expenses and consequences of lowering labor productivity and intellectual capacities.

In Mongolia, prevalence of vitamin D deficiencies clinical symptom among up to 5 years old children was 44.7% in 1992 (54.8% among 1-2 years old children), 38.0% (one of three) in 1997, 43% in 1999 and 41% in 2004..

Prevalence of vitamin D deficiency among Mongolian children is high and not decreasing and it is becoming a serious problem of nutrition of infant and young children.

In 2004, Anemia among 6-59-month old children was 21.4%, of which 0.2% was in heavy, 7.3% in moderate and 14.0% in modest forms. Prevalence of anemia is high in the Western region, especially in Uvs, Bayan-Ulgii and Khovd provinces among 6-23-month old when children supposed to start having and to require supplementary foods. Nevertheless, until 2015, Anemia might cause losses of \$318.5 million (\$28.9 million annually) in Mongolia because of treatment, welfare and nursing of children suffering from Anemia and of lowering their intellectual capacities and labor productivity in the future. Moreover, child mortality might reach 1934 cases {WHO, 2005}.

Since 1995, Mongolia is fortifying salts with iodine and the Mongolian Government pays much attention to a decrease prevalence of goiter and an increase of iodine-fortified salts by households.

In 2001-2007, the Government has renovated its Program II on “Straggling with Iodine Deficiency Discords” and has successfully implemented the Law on “Preventing from Iodine Deficiencies”, “Flour Fortification with Micronutrients and Vitamins” 2005 and “Food Sustainable Fortification” JFPR 9052 projects. Due to the implementation of mutual activities focused on the decrease of iodine deficiency disorders, prevalence of goiter among 7-12 years old children decreased down to 14.3% or by two times in 2007 compared to the 1992 level and by 1.4 times versus the 1999 level.

The National survey on “Prevalence of Non-communicable Disease of Risk Factors” conducted (n=3411) in 2005 revealed that 9/10 of the Mongolian population (90.6%) had common risks of non-communicable diseases and 1/5 (or 27% of the population) had more than three combined risks, especially 50% of men elder than 45 years had high risks to be subjected to non-communicable diseases. In addition, 31.6% of the population is overweighted, 42.6% of women have central obesity, and 28.1% suffer from hypertension. Diabetes increased by 5.1% compared to 1999 and its prevalence reached 8.2% (MOH, PHI, WHO, 2006)

### **Pakistan**

Pakistan is a signatory to Millennium Development Goals (MDGS). Three out of eight MDGs are directly related to health sector. The Health and Nutrition expenditure during 2004-05 remained Rs. 38,000/- Million. The subject does not concern NAPHIS/MINFAL however; PSQCA has laid down standard procedures for labelling.

### **Philippines**

(1) Under nutrition on Vitamin A Deficiency, Iron Deficiency Anemia & Iodine Deficiency Disorder, (2) Healthy lifestyle addressing degenerative diseases, (3) Adherence to health and nutrition claims

### **Singapore**

The Health Promotion Board (HPB) runs programmes aimed at improving the health of Singaporeans. These programmes include Nutrition Programme, Osteoporosis Education Programme and Workplace Health Promotion Programme. AVA works closely with HPB on programmes that are food related. Details of these programmes are available at the following website: [http://www.hpb.gov.sg/hpb/default.asp?pg\\_id=976](http://www.hpb.gov.sg/hpb/default.asp?pg_id=976)

Singapore has in place legislation and guidelines for nutrition labelling and use of nutrition and health claims.

### **Viet Nam**

We have information and reports of these issues. Vietnam enjoys the world experiences on preventing and controlling health problem link with nutrition. Educational and communication campaigns are being organized to reduce negative impact of misuse of food on human health. However, Vietnam has not got a specific regulation on nutritional labelling.