



**Food and Agriculture
Organization of
the United Nations**



**World Health
Organization**

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**JOINT FAO/WHO FOOD STANDARDS PROGRAMME
CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES**

Thirty third Session

**Bad Soden am Taunus, Germany
14 – 18 November 2011**

MATTERS OF INTEREST ARISING FROM FAO AND WHO

Prepared by FAO and WHO

High-level meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases

The High-level Meeting was convened by the United Nations General Assembly from 19-20 September 2011, with the participation of a total of 113 Member States including 34 Heads of State and Government. The aim of the High-level Meeting was to address the prevention and control of noncommunicable diseases (NCDs) worldwide, with a particular focus on developmental challenges and social economic impacts, particularly for developing countries. The resulting Political Declaration adopted by the General Assembly on 19 September 2011 (A/RES/66/2) will guide the efforts of the international community to address NCDs, their risk factors and underlying determinants of health comprehensively and decisively. WHO has been requested by the Heads of State and Government to:

- a) Exercise WHO's leadership and coordination role in promoting and monitoring global action against NCDs in relation to the work of other relevant United Nations funds, programmes and specialized agencies, development banks, and other regional and international organizations in addressing NCDs in a coordinated manner;
- b) Intensify efforts to assist Member States in developing appropriate multisectoral national policies and action plans for the prevention and control of NCDs, taking into account the Action Plan;
- c) Develop before the end of 2012 a comprehensive global monitoring framework and prepare recommendations for a set of voluntary global targets for the prevention and control of NCDs;
- d) Submit, with the United Nations Secretary General, by the end of 2012 to the United Nations General Assembly, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership;
- e) Work with the United Nations Secretary-General to submit by 2013 a report on the progress achieved in realizing the commitments made in the Political Declaration.

Comprehensive implementation plan on maternal, infant and young child nutrition

Requested by the 63rd World Health Assembly in May 2010, WHO is in a process of developing a comprehensive implementation plan on maternal, infant and young child nutrition as a critical component of a global multisectoral nutrition framework. During 2011, five regional consultations on Scaling-up Nutrition were convened in the Africa, America, Eastern Mediterranean, South-East Asia, and Western Pacific regions, in order to collect feedback on the outline of the comprehensive implementation plan. These regional consultations involved representatives of different government sectors (health, agriculture, social welfare,

education, trade, planning, finance, and environment) from 92 Member States, UN agencies, bilateral agencies, development banks, regional economic organizations, and civil society.

Incorporating comments and feedback received from Member States and other stakeholders at regional consultations, a draft comprehensive implementation plan which aims to address the double burden of malnutrition in children, starting from the earliest stages of development, was developed. The plan targets to: 1) reduce childhood stunting, 2) reduce anemia in women of reproductive age, 3) reduce low birth weight, 4) reduce childhood overweight, and 5) increase exclusive breastfeeding rates in the first 6 months. It also brings together relevant elements from the Infant and young-child feeding strategy endorsed by the 55th World Health Assembly in 2002 (WHA55.25), the global strategy on diet, physical activity and health endorsed by the 57th World Health Assembly in 2004 (WHA57.17), the action plan for the global strategy for the prevention and control of NCDs endorsed by the 61st World Health Assembly in 2008 (WHA61.14).

The comprehensive implementation plan will be reviewed at the 130th Session of the Executive Board in January 2012.

Population Salt Reduction

WHO is currently developing a framework for monitoring and evaluation of salt reduction strategies as an output from the second expert group meeting that took place in Calgary, Canada in October 2010. This framework will provide Member States with a standardized methodology to monitor and evaluate salt reduction strategies.

In addition, there are a number of on-going regional efforts and initiatives that are being implemented by WHO Regional Offices. The *WHO Regional Office for the Americas (PAHO/AMRO)* established a Regional Expert Group and launched the regional initiative in 2009. In 2011, over 10 countries have strengthened their approaches, through involvement of multiple sectors and stakeholders, in reducing dietary salt intake of their populations. The work undertaken during the last 2 years has provided important technical and scientific inputs and guidance to Member States in: 1) strengthening their national NCD and nutrition policies through ensuring the inclusion of dietary salt reduction, and also 2) implementing key interventions identified in the "Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases" adopted by the 66th Session of the UN General Assembly in September 2011. The work of the Regional Expert Group has led to the recommendation that the declaration of the sodium content of foods be mandatory on food and nutrition labels regardless of whether labelling itself is voluntary or mandatory and that the sodium intake should be the internationally recommended target of less than 2000 mg sodium/day/person, or lower where such lower limits are established by specific nationally recognized competent authorities. Furthermore, at the workshop organized by PAHO/AMRO prior to the 32nd Session of CCNFSDU in Santiago, Chile in October 2010, it was proposed to frame salt/sodium content of foods as a food safety issue.

The *WHO Regional Office for Europe (EURO)* has identified salt reduction as one of the five priority interventions in the most recent Action Plan for the implementation of the European Strategy on the Prevention and Control of NCDs (2012-2016). Furthermore, to support the implementation of the WHO European Action Plan for Food and Nutrition Policy 2007–2012, WHO is facilitating various action networks which consist of groups of countries committed to implementing specific action. The United Kingdom leads the European Salt Action Network (ESAN) which aims to share experience with salt reduction efforts, provide background information and material, and act as a resource for technical expertise. The ESAN has 23 countries as its members, including Bulgaria, Croatia, Cyprus, Finland, France, Georgia, Greece, Hungary, Ireland, Israel, Italy, Malta, Netherlands, Norway, Poland, Portugal, the Russian Federation, Serbia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom. The WHO/EURO and the European Commission also participate as observers. The ESAN held its latest meeting in London on 20 - 21 October 2011. The meeting discussed the indicators for monitoring and agreed that further work should be done to fine tune and pilot indicators that the members of the European Salt Action Network can use. WHO, Spain, Belgium and Cyprus have agreed to undertake this further work. Switzerland had agreed to lead the e-working group on monitoring salt content of bread and will work with Ireland and Spain to draft templates to collect information from each country. Portugal and Slovenia have agreed to pilot these monitoring tools.

The *WHO Regional Office for South-East Asia (SEARO)* organized an informal consultation on the Public Health Implications of Salt Consumption in Vadodara, Gujarat on 11 - 13 October 2011. The consultation was attended by experts from cardiovascular disease, iodine deficiency disorders and nutrition sectors and

discussed the public health implications of increased salt consumption in the region. The consultation concluded that: 1) salt reduction and salt iodization programmes are compatible, 2) the region should strive to identify the population salt consumption levels and the major sources of sodium in the diet, and 3) countries should work towards universal iodization of salt and identify areas where salt reduction strategies can be effectively implemented. This consultation will set the way forward for work in the region on the reduction of population consumption of salt.

Following the Regional Consultation on Strategies to Reduce Salt Intake held in Singapore in June 2010 (http://www.wpro.who.int/internet/resources.ashx/NCD/docs/RCStratReduce_Salt_Intake.pdf), the **WHO Regional Office for the Western Pacific (WPRO)** organized the Japan-WHO Regional meeting on multisectoral interventions for NCD prevention to build capacity for NCD risk reduction including control of unhealthy diet (http://www.wpro.who.int/internet/resources.ashx/NCD/docs/Japan_WHO_Multisectoral_Interventions.pdf). Salt reduction programmes have been implemented in Cambodia, China, Mongolia, Singapore and Viet Nam. In April 2011, a regional consultation was organized at the WHO Collaborating Centre in Deakin University, Melbourne, Australia to identify approaches to control obesity.

Marketing of foods and non-alcoholic beverages to children

WHO is developing a framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children adopted by the 63rd World Health Assembly (WHA63.14). This framework will assist Member States in implementing the Recommendations by providing guidance in the areas of policy development; policy implementation; and monitoring, evaluation and research. Early in 2012 the **WHO Regional Office for Western Pacific (WPRO)** will be hosting a workshop on the implementation of the marketing recommendations.

The **WHO Regional Office for Europe (EURO)** has facilitated the establishment of the European Marketing Network. The Network is led by Norway and its members include 17 countries in the European Region (i.e. Belgium, Bulgaria, Cyprus, Denmark, Finland, France, Greece, Ireland, Israel, Montenegro, the Netherlands, Norway, Portugal, Serbia, Slovenia, Sweden and the United Kingdom). Representatives of WHO, the European Commission, the United Nations Standing Committee on Nutrition (SCN), FAO, the International Obesity Task Force (IOTF) and Consumers International also participate as Network observers. The Network aims to work together to find ways to reduce the marketing pressure on children of energy-dense, micronutrient-poor foods and beverages. Six meetings of the Network took place to date including January 2008 in Norway, September 2008 in Serbia, February 2009 in Slovenia, June 2009 in UK, 2010 in Portugal and 2011 in Brussels.

Fruit and Vegetable Consumption

WHO and FAO co-hosted a workshop for the Anglophone African Member States on the increased production, availability and consumption of fruits and vegetables in Arusha, Tanzania on 26 - 30 September 2011. The workshop, which was attended by participants from the health, agriculture and education sectors, developed a set of national plans which will inform the way forward in this area of work at national and sub-regional levels.

WHO electronic Library of Evidence for Nutrition Actions (eLENA)

On 10 August 2011, the WHO Department of Nutrition for Health and Development (NHD) in collaboration with other departments within WHO launched a new web-based library designed to assist Member States and partners in making informed decisions on the appropriate actions to improve the health and nutrition of populations globally. The WHO e-Library of Evidence for Nutrition Actions (eLENA) functions as an easily accessible web-based tool for policy makers, health workers, international organizations, bilateral agencies, nongovernmental organizations, academicians and other interested actors to access the most up-to-date WHO guidance on nutrition and the information that has led to the development of these recommendations. The site includes biological and behavioural rationales, invited commentaries on recent systematic reviews prepared by public health experts, and additional resources produced by Member States and global partners. In addition, eLENA is linked to the Cochrane Library through a collaboration agreement with John Wiley and Sons Inc. that permits full access to Cochrane systematic reviews. Links to current clinical trials corresponding to each nutrition action profiled are also available within eLENA through the WHO International Clinical Trials Registry Platform (ICTRP). The first English edition of eLENA is currently

accessible through the WHO web site: www.who.int/elena. Translation into other five WHO official languages (Arabic, Chinese, French, Russian, and Spanish) will begin in 2012.

In addition, a Global Database on the Implementation of Nutrition Actions (GINA) which will provide not only information on the implementation of nutrition actions, but also information on existing nutrition-related policies, strategies and action plans in Member States, is currently being developed as a complementary web-based tool and is scheduled to be launched in late 2012.

WHO Nutrition Guidance Expert Advisory Group (NUGAG)

Following the new guideline development process institutionalized in WHO, the WHO Nutrition Guidance Expert Advisory Group (NUGAG) was established in February 2010 in order to carry out the work of updating and developing new nutrition guidelines. The NUGAG consists of four subgroups: 1) micronutrients, 2) diet and health, 3) nutrition in the life course and undernutrition and 4) monitoring and evaluation. The members of NUGAG include experts from various WHO Expert Advisory Panels and those identified through open calls for experts taking into consideration a balanced mix of genders, multiple disciplinary areas of expertise, and representation from all WHO Regions.

A 2011 meeting of the NUGAG was held in Geneva, Switzerland from 14 to 17 March 2011. It was the 3rd meeting of the NUGAG Subgroup on Micronutrients, the 2nd meeting of the NUGAG Subgroup on Diet and Health, and the 2nd meeting of the NUGAG Subgroup on Nutrition in the Life Course and Undernutrition: Area Acute Malnutrition.

The **NUGAG Subgroup on Micronutrients** reviewed and discussed the evidence and draft recommendations for the use of multiple micronutrient powders for home fortification of foods consumed by children 6–23 months of age and for pregnant women; iron supplementation in preschool and school-age children, menstruating women and pregnant women; and the safety of iron interventions for children and pregnant women living in areas of high malaria transmission. The group also discussed the scope of new guidelines on vitamin D and calcium supplementation in pregnant women and rice fortification with iron and folic acid. Draft recommendations on multiple micronutrient powders and iron supplementation were sent for public comment before being submitted to the WHO Guidelines Review Committee for approval and for clearance within WHO. Guidelines on multiple micronutrient powders were finalized in July 2011 and are now available on the WHO e-Library of Evidence for Nutrition Actions (eLENA; <http://www.who.int/elena/en/index.html>), along with the supporting evidence. A 4th meeting of the NUGAG Subgroup on Micronutrients is scheduled to take place in Washington DC, USA on 7-9 November 2011.

Global guidelines on vitamin A supplementation

The process of updating guidelines on vitamin A supplementation using the current evidence was initiated in 2009. The final meeting was held in Geneva on 16-18 March 2011 to review and discuss the evidence and draft recommendation, and to vote on the strength of the recommendations taking into consideration the quality of the evidence, cost, feasibility and values and preferences of the community and health-care workers. Eight existing systematic reviews were commissioned for update by the Cochrane Collaboration and two additional non-Cochrane systematic reviews and the GRADE (Grades of Recommendation, Assessment, Development and Evaluation) evidence profiles for each of the critical outcomes were used for drafting the guidelines. The draft recommendations were sent for public comment before being submitted to the WHO Guidelines Review Committee (GRC) for approval and for clearance within WHO. Guidelines on vitamin A supplementation in neonates, infants 1-5 months of age, infants and children 6-59 months of age, pregnant women, HIV-infected women during pregnancy, and postpartum women were finalized in July 2011 and are now available on the WHO e-Library of Evidence for Nutrition Actions (eLENA; <http://www.who.int/elena/en/index.html>), along with the supporting evidence.

The **NUGAG Subgroup on Diet and Health** reviewed draft systematic reviews on 1) the effects of the level of **total fat** intake in relation to weight gain; 2) the effects of the level of **sugars** intake in relation to weight gain as well as to dental caries and agreed on the areas of further analyses to be undertaken to complete the systematic reviews and the GRADE Evidence Profiles to evaluate the strength of evidence in order to develop recommendations on sugars and total fat at the 3rd meeting of the NUGAG Subgroup on Diet and Health to be held in Seoul, Republic of Korea on 29 November - 2 December 2011. The Subgroup on Diet and Health also reviewed the draft scoping questions, and priority outcomes for recommendations on sodium and potassium with a view to finalize the PICO tables and draft protocols for undertaking subsequent systematic reviews. Further updated systematic reviews and draft recommendations related to sugars and

total fat, as well as the systematic reviews and the GRADE Evidence Profiles on sodium and potassium which have been conducted and draft recommendations on sodium and potassium are scheduled to be reviewed at the 3rd NUGAG meeting in November 2011.

The **NUGAG Subgroup on Nutrition in the Life Course and Undernutrition** discussed the scope of the guidelines in relation to nutritional care and support of adolescents (>14 years) and adults living with HIV, including pregnant and lactating women, nutritional care for prevention and treatment of patients with TB, management of children with severe acute malnutrition and management of children with moderate acute malnutrition. WHO is working in coordination with partners within and outside the United Nations system.

Nutritional care and support of adolescents (>14 years) and adults living with HIV, including pregnant and lactating women and Food/nutritional care for prevention and treatment of patients with TB

WHO has convened two meetings in Geneva (July 2010) and Amman, Jordan (November 2010) where the scope of the guidelines was discussed and priority questions defined. Systematic reviews have been conducted to address: nutritional needs of people living with HIV (asymptomatic, symptomatic and with malnutrition); nutritional interventions for people with HIV (counselling, micronutrients supplementation, macronutrient supplementation); nutritional needs of patients with TB (diet and supplements); food or monetary interventions to improve access and adherence to TB treatment (food assistance, cash transfer). Results of the systematic reviews and draft recommendations will be discussed in a NUGAG meeting in Geneva (28 November-2 December 2011)

Severe acute malnutrition (SAM)

WHO is updating guidelines on the management of severe acute malnutrition with the aim to update the WHO manual "Management of severe malnutrition: a manual for physicians and other senior health workers" (WHO 1999), and to update the recommendations on management of SAM in other guidelines (e.g. Pocket book of hospital care for children, 2005). Systematic reviews of the available evidence on the following areas are currently being undertaken and the formulation of recommendations will be finalized in the next NUGAG Subgroup meeting planned for 1 - 3 February 2012.

1. The management of diarrhea in community-based programs
2. The utility of transitional phase feeding in facility-based programs
3. The use of intravenous blood and/ or plasma infusions in severe dehydration and shock
4. High dose vitamin A supplementation in children receiving a therapeutic diet
5. Admission and discharge criteria for management of severe malnutrition in infants aged <6 months
6. Feeding infants less than 6 months of age (under discussion)
7. HIV and SAM treatment
8. Assessing outcomes of children with oedema treated as outpatients
9. Screening for SAM in children >6 months of age
10. Discharge criteria for SAM in children >6 months of age

Moderate acute malnutrition (MAM)

In the area of moderate acute malnutrition, WHO is developing guidance on:

1. Dietary requirements for moderately malnourished children. This guideline was finalized at the 2nd meeting of the NUGAG Subgroup held in Geneva in March 2011 and has now been submitted to the WHO Guidelines Review Committee (GRC) for clearance. It is expected to be published before the end of 2011.
2. Programmatic aspects of the management of moderate acute malnutrition and of non food-based interventions

Systematic reviews of available evidence in the following issues related to the management of moderate acute malnutrition (MAM) are underway and the recommendations on the programmatic aspects of MAM will be finalized during the meeting of the NUGAG Subgroup planned in mid-2012.

1. Screening for MAM in children >6 months of age

2. Discharge criteria for MAM in children >6 months of age
3. Essential nutrition actions for children with MAM
4. Cash transfer or other non-food based interventions for children with MAM
5. Population vs. individual targeting of nutritional programmes for children with MAM
6. Effectiveness and safety of food supplements for treating children with MAM (protocol developed and submitted to the Cochrane review process)

Marketing of food for children 6 - 23 months of age

Following the Joint WHO/UNICEF Technical Consultation on Strengthening Action to improve feeding of infants and young children 6 - 23 months of age in nutrition and child health programmes on 6 - 9 October 2008, WHO and UNICEF, in coordination with various partners, have formed a working group to prepare a paper entitled *Using the Code of Marketing of Breast-milk Substitutes to guide the marketing of complementary foods to protect optimal infant feeding practices*, through compiling existing documents and country experiences. Currently the paper is being reviewed by countries to evaluate the usefulness and applicability of the Code of Marketing of Breast-milk Substitutes to possibly guide the marketing of complementary foods as part of initial scoping of the process for developing a WHO framework for marketing of foods for children 6 - 23 months of age.

The **NUGAG Subgroup on Monitoring and Evaluation** held their first meeting in Panama City, Panama on 15-17 September 2010. This first meeting served to initiate the process, discuss the key purposes for nutritional status assessment of populations, discuss current indicators of vitamin A and iron status, and develop a process for the evaluation of key priority indicators. A working group meeting with relevant external partners is scheduled to take place in Geneva, Switzerland in 2012 to finalize the process of evaluation of indicators of nutritional status

Nutrient Profiling

Nutrient profiling is a scientific method for the assessment of the nutritional quality of food and beverage items, and can be used by national authorities to promote public health dietary goals. The development of an internationally recognised method (or set of methods) of nutrient profiling is clearly beneficial for a wide range of applications in commercial, international, governmental policy and health promotion strategies. To respond to this need, WHO initiated work in 2009 to develop a framework and guiding principles which Member States and other concerned parties can use to develop or adapt a nutrient profile model for various applications including marketing foods to children, health and nutrition claims, front of pack labelling, provision of food to public institutions, and use as a tool to orient food consumption in conjunction with food-based dietary guidelines. A draft guiding principle and framework manual was developed in September 2009 and was peer-reviewed from December 2009 - February 2010 by experts and representatives of some of the major institutions undertaking the work of nutrient profiling. All the peer-review comments were then reviewed and analysed in order to prepare a revised guiding principle and framework manual in July 2010 which was further reviewed by the joint WHO/ International Association for the Study of Obesity (IASO) technical meeting held in London, UK, in October 2010 (http://www.who.int/nutrition/publications/profiling/WHO_IASO_report2010/en/index.html). After the technical meeting, the 1st edition of the Guiding Principles and Framework Manual for the Development and Adaptation of Nutrient Profile Models was completed. The technical meeting also set in motion a process for field-testing the guiding principle and framework manual in countries. The aim of the field-testing is to help facilitate nutrient profiling work in countries while assessing whether the content of the manual is understandable, relevant, practical and, if applied, would help lead to the adaptation or development of an appropriate nutrient profile model for a specific purpose. With support of the Public Health Agency of Canada and the Global Alliance for Improved Nutrition (GAIN), the field-testing was undertaken in April 2011 in South Africa, in June 2011 in Canada and Thailand and it is also planned in December 2011 in Norway.

Furthermore, with the support of Health Canada, a catalogue of nutrient profile models has been compiled as a tool for supporting the country process. The aim of the catalogue is to develop accessible resource information that summarises key characteristics of the nutrient profile models which are identified through a systematic search and meet specific inclusion and exclusion criteria set up by the project advisory group. Verification of the information included in the catalogue was undertaken throughout 2011 and will soon be

made available on the WHO website together with the 1st edition of the guiding principle and framework manual.

FAO regional meeting on information, communication and education to improve nutrition and food security. El Salvador 6-9 December 2011

Nutrition education experts from 19 countries in Latin American and the Caribbean will meet in El Salvador to discuss best practices, projects and policies related to information, communication and education to combat malnutrition. The meeting will be held 6-9 December 2011. For complete information:

<http://www.fao.org/ag/humannutrition/nutritioneducation/icean-sansalvador/en/>

FAO is preparing to host the 8th International Conference on Diet and Activity Methods in Rome, 14-17 May 2012.

Diet and physical activity play an important role in health and the etiology, prevention, and treatment of many chronic diseases. Accurate data on diet and physical activity are critical in understanding how these factors may impact health and functional status over the human lifespan. The measurement of usual dietary intake or physical activity is challenging.

Improved methods in the areas of diet and physical activity are critical to monitoring changing food consumption and physical activity patterns, enhancing our understanding of relationships to health, monitoring health objectives, assessing household food insecurity and hunger, and measuring energy balance.

At the ICDAM conference prominent researchers in the field gather to present, learn, improve, and germinate new research to improve the measurement of these two critical dimensions of health and the environment.

For information about the conference, submitting abstracts and registration, see: <http://www.icdam8.org/>

Assessment of needs for professional training in nutrition education and communication: FAO collaboration with the German Ministry of Agriculture, Food and Consumer Protection (BMELV)

Nutrition education and communication (NEAC) has proved to be an essential catalyst in the success of nutrition, health and food security interventions. Yet its effectiveness depends on the approach adopted, which depends on relevant and effective professional training. In 2010-2011 FAO, with the support of the German Ministry of Agriculture, Food and Consumer Protection (BMELV) mounted an assessment of needs for professional NEAC training, including a review of the literature and case studies in six African countries (Botswana, Ethiopia, Ghana, Tanzania, Nigeria and Malawi) and one country in the Near East (Egypt). They found that appropriate approaches and relevant training are lacking or irregularly available in most sectors and settings and for most professional groups, and that the felt need for capacity development and advocacy in this field is high. Respondents were interested in developing and adopting a suite of professional training courses at undergraduate, postgraduate and extension levels as a framework for comprehensive capacity building. A dedicated website that is available to the public has been established: www.nutritionlearning.net

Building on the findings and recommendations of the needs assessment, BMELV has funded a 3- year project starting in 2012, to support the development of a “basic NEAC certificate” at undergraduate level, which will implement the best practices of professional training in NEAC and satisfy local demand. The materials will be developed in collaboration with international, regional and national training institutions in Africa. The materials will be available for online, face-to-face or blended use and will be piloted in all these formats with both national and international partners, in order to adapt them to local context and consumer need and to establish adaptation processes. The module/course will be accompanied by an optional preliminary course in basic nutrition for those who lack the essential nutrition knowledge; a training of trainers’ course will be developed by a regional partner and hosted permanently by them; and a by-product will be a curriculum development package for use by those wishing to develop NEAC training. The final products will be available and disseminated on the project website and through partner institutions.

Food composition activities: promoting nutrition and biodiversity, regional food composition tables and standard setting.

FAO activities on food composition and biodiversity include the update of the FAO/INFOODS Food Composition Database for Biodiversity Version 1.1 (http://www.fao.org/infoods/biodiversity/index_en.stm) which contains over 2400 foods. It is a collection of analytical data from the published and unpublished literature meeting the criteria for biodiversity (foods described at the taxonomic level below species, except

for wild and underutilized foods). The next update will be published in December 2011 with about 5000 food items.

The `West African Food Composition Table` was compiled using compositional data from 9 African countries and includes more than 400 foods and 28 components (to be published in November 2011) at the FAO/INFOODS website http://www.fao.org/infoods/tables_africa_en.stm. Other food composition databases are being developed and publication is foreseen in 2011: on Amino Acids and digestibility, on fish database and one containing analytical data only. In addition, the `Guidelines for checking food composition data before publication` (to be published in December 2011) will assist countries to evaluate their compositional data in a standardized and harmonized way prior to publication.

The FAO/INFOODS Density Database was published in 2011 to assist food consumption surveys to translate food intake from volume to weight. The FAO/INFOODS Guidelines for Food Matching will also assist countries to improve the quality of dietary intake assessment as well as dietary exposure as food matching/mapping is a recognized source of error which can now be treated in a standardized way.