

## Food and Nutrition Policies in European Countries<sup>1</sup>

### Introduction

The development of policies addressing food and nutrition in Europe has, in general, been determined by the course of key historical events necessitating action in one form or another. During the post-war era in the 1950s, food policies addressed the need of providing the population at large with secure and sufficient amounts of food. The re-establishment of a strong agriculture sector to meet this need relied on robust national and regional measures as well as the expansion and consolidation of the food-processing industry. The European Economic Communities in 1962 and in 1970, respectively, established the Common Agriculture Policy (CAP) and the Common Fisheries Policy (CFP), which aimed to tackle food production in Europe and shaped most European countries' food availability and consumption. By the 1980s, in Western Europe these policies were clearly successful and in fact, the problem of surplus food production had to be dealt with. Simultaneously, the socio-political changes occurring in Eastern Europe during the 1980s and 1990s brought about policy challenges on food supply and distribution. By the 1990s, higher rates of nutrition-related diseases were detected throughout Europe, encompassing both deficiency and chronic diseases as well as increasing rates of foodborne diseases (intolerances, allergies, poisoning, ...).

Currently, the public health challenges facing Europe include high rates of non-communicable diseases such as obesity, cardiovascular diseases, cancer and other chronic degenerative pathologies, as a result of a nutrition transition. Certain sectors of the population still remain vulnerable to food insecurity, having inadequate access to foods and thus increased risk for nutrient deficiencies. Moreover, the rise in foodborne disease and the appearance of new pathogens such as bovine spongiform encephalopathy (BSE) have captured the attention of policymakers in recent years.

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Thus, it can be seen that the initial priorities of policies with a focus on addressing the food supply have evolved to take on other issues related to food safety and nutrition-related health issues. This expansion and proliferation of policy and related actions has, in part, contributed to a certain level of confusion when it comes to defining what a food and nutrition policy (FNP) consists of.

As such, the evolution of these trends led to the development of the ‘First Action Plan for Food and Nutrition Policy, WHO European Region, 2000–2005’ [WHO, 2000], established in September 2000 by the WHO Regional Committee for Europe, representing the 51 Member States in the European Region. Later, a Second Action Plan ‘WHO European Action Plan for Food and Nutrition Policy 2007–2012’ [WHO, 2008] was developed to assist with the implementation process of the policies. The Action Plan emphasizes the importance of developing FNPs that protect and promote health and reduce the burden of foodborne disease, while simultaneously contributing to socioeconomic development and a sustainable environment. It focuses on collaboration and interrelatedness of different sectors in the formulation and implementation of such policies.

The objective of this present analysis was to describe the actions of FNPs currently carried out in countries participating in the ENHR 2009, with special attention to initiatives addressing food fortification and food-based dietary guidelines.

## Methods

A draft questionnaire was sent to national and international experts in Europe that addressed FNPs, so as to receive input and advice on the appropriateness of the method. A final questionnaire incorporating the proposed modifications was sent to the participating ENHR 2009 countries. Only the information provided by the partners who responded was included in this report.

## Results

### *Food and Nutrition Policy in the Participating Countries*

Twenty-one partners answered the questionnaire (Austria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, The Netherlands). All the participating countries that responded to the questionnaire had a specific policy document on food and nutrition except Greece, Poland and Portugal, which reported having various nutrition-related programs. Denmark had a policy document on Health and Nutrition and a policy document on Food. Ireland is currently working on a new policy to be published in 2009. Table 9.1 shows the names of the FNP documents presented by each participating country and the institutions involved

**Table 9.1.** Food and nutrition policies, institutions involved in their development and coordination and examples of implementation actions developed in the participating countries as reported in the questionnaire

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Austria	1. The Austrian strategy for sustainable development 2. Health and food safety law 3. Codex alimentarius austriacus (food fortification)	1. 2002 2. 2002–2004 3. since 1975 part of the Austrian Food Law	
Czech Republic	– Long-term programme of Czech population health state improving health for all in 21st century	2002	
Denmark	1. Healthy throughout life – the target and strategies for the public health policy of the Government of Denmark 2002–2010 2. National Action plan against obesity 3. Health for children and youth 4. Health, food and physical activity – Nordic Plan of Action on better health and Quality of life through diet and physical activity 5. Food Policy in Consumer Perspective (17-11-2006) (Redegørelse af 17/11 06 om fødevarepolitik i et forbrugerperspektiv)	1. 2002 2. 2002 3. 2003 4. 2006 5. 2006	1. ongoing 2. ongoing 3. ongoing 4. ongoing 5. ongoing
Estonia	1. National Health development plan 2009–2020 2. National strategy for prevention of cardiovascular disease 2005–2020 3. National cancer strategy 2007–2015	1. 2008 2. 2005 3. 2007	1. 2009–2020 2. 2005–2020 3. 2007–2015

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<ul style="list-style-type: none"> <li>– M of Agriculture, M of Health</li> <li>– <i>UVI, Austrian Nutrition Society</i></li> <li>– <i>Chamber of Labour Consumer's Organization, Food industry</i></li> </ul>	<ul style="list-style-type: none"> <li>– M of Health</li> <li>– M of Health, M of Agriculture and different stakeholders of the private sector (Austrian Platform of nutrition)</li> </ul>	<ul style="list-style-type: none"> <li>– Foundation of the Austrian Agency for Health and Food Safety</li> </ul>
<ul style="list-style-type: none"> <li>– Czech Republic Government (M of Health)</li> <li>– <i>M of Agriculture, M of Education etc.</i></li> <li>– <i>Czech Medical Society, Czech Nutrition Society, etc.</i></li> <li>– <i>Association of consumers</i></li> <li>– <i>Hygienic services</i></li> <li>– <i>Association of producers</i></li> <li>– <i>etc.</i></li> </ul>	<ul style="list-style-type: none"> <li>– M of Health</li> </ul>	
<ol style="list-style-type: none"> <li>1. M of Health and Prevention</li> <li>2. M of Health and Prevention</li> <li>3. M of Health and Prevention</li> <li>4. Nordic Council of Ministers</li> <li>5. M of Food, Agriculture and Fisheries</li> </ol> <p>1. 11 Ministries took part.</p>	<ol style="list-style-type: none"> <li>1. M of Health and Prevention</li> <li>5. M of Food, Agriculture and Fisheries</li> </ol>	
<ol style="list-style-type: none"> <li>1. M of Social Affairs</li> <li>2. M of Social Affairs</li> <li>3. M of Social Affairs</li> </ol> <p>1. <i>M. for Population and Ethnic Affairs, M. of Defence, M. of the Environment, M. of the Interior, M. of Education and Research, M. of Agriculture, M. of Culture, M. of Justice, M. of Economic Affairs and Communications./National Institute for Health Development/Citizens' associations/Local governments</i></p> <p>2. <i>Public Health Dept. of the M. of Social Affairs, Health Information and Analysis Dept. of the M. of Social Affairs, M. of Finance, M. of Education and Research,</i></p>	<ol style="list-style-type: none"> <li>1. M of Social Affairs</li> <li>2. National Institute for Health Development</li> <li>3. National Institute for Health Development</li> </ol>	<ol style="list-style-type: none"> <li>1. Local government level: Develop and implement a concept of support activities to ensure availability of nutritious diets to vulnerable groups</li> <li>2. Collection and systematisation of healthy eating recommendations for target groups with different needs./Information campaigns for promoting the consumption of fruits and vegetables, rye bread and products with a low fat and common salt content targeted at young people and adults</li> <li>3. Promotion of safe and beneficial food choices</li> </ol>

**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Finland	– Action programme for implementing national nutrition recommendations	2003	2003
France	1. National Nutrition and Health Program (Programme National Nutrition Santé, PNNS) 2. 2004 Public Health Law (Loi relative à la politique de santé publique de 2004, LSP)	1. 1998–2000 2. 2003	1. 2001 2. 2004

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<p><i>M. of Culture, M. of Agriculture, M. of the Interior, Estonian Health Insurance Fund./ National Institute for Health Development, Dept. of Food Processing of the Tallinn University of Technology/ Estonian Employers' Confederation, Association of Estonian Cities, Association of Rural Municipalities of Estonia, Estonian Heart Association, Estonian Cardiac Society, Estonian Chamber of County Doctors, Estonian Health Promotion Society, Estonian Society of Family Doctors</i></p> <p><i>3. Estonian Health Insurance Fund, Health Protection Inspectorate/National Institute for Health Development/Estonian Cancer Society/Local governments, regional hospitals</i></p>	<ul style="list-style-type: none"> <li>– National Nutrition Counsel</li> <li>– Social Affairs and Health; Environment; Employment and the Economy</li> <li>– Several organizations</li> <li>– National Public Health Institute, The Social Insurance Institution of Finland – representatives from some universities, hospital and food producer's organizations</li> </ul>	<ul style="list-style-type: none"> <li>– Diabetes prevention programme</li> <li>– New guidelines for school lunches</li> </ul>
<ul style="list-style-type: none"> <li>– M of Agriculture and Health</li> <li>– <i>Social Affairs and Health; Environment; Employment and the Economy</i></li> <li>– <i>Several organizations</i></li> <li>– <i>National Public Health Institute, The Social Insurance Institution of Finland – representatives from some universities, hospital and food producer's organizations</i></li> </ul>	<p>1. Steering Committee / Ministries, governmental health agencies, French national health insurance system, research and educational institutions, food and agricultural industry, consumer organizations, and scientific experts</p>	<p>1. Publication and dissemination of dietary guidelines for general population (distribution of about 6 million FBDG for general population and 700,000 guides for healthcare professionals since 2001) Periodical mass media campaigns to support the PNNS recommendations (At least 5 a day, etc.)</p> <p>2. Compulsory inclusion of health messages in manufactured/ processed food advertisements (television, radio, cinema, press, and internet). Prohibition of vending machines in schools</p>

**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Germany	– National Action Plan on the prevention of unhealthy eating, lack of exercise, overweight and related diseases titled 'IN FORM' - Germany's Initiative for a healthy diet and more exercise	2007–2008	June 2008
Greece	1. National Action Plan for the promotion of breastfeeding 2. National Action Plan for nutrition and nutritional disorders 2008–2012	1. 2005 2. 2008	1. 2007 2. Pending

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<p>– Federal M for Food, Agriculture and Consumer Protection. Federal M for Health</p> <p>– <i>Federal states, Federal Government/ states working group, Municipalities and Civilian population (by Plattform für Ernährung und Bewegung/platform for nutrition and physical activity as well as Bundesvereinigung Prävention und Gesundheitsförderung/Federal Association regarding prevention and health promotion)</i></p>	<p>– An office of both ministries</p>	<p>– Nationale Verzehrsstudie II (National Nutrition Survey II)</p> <p>– Besser essen - mehr bewegen - Kinderleichtregionen (eat healthy, exercise more)</p> <p>– Qualitätsstandards für die Verpflegung in Kindertageseinrichtungen (quality standards for food provision in daycare centres)</p> <p>– ‘10 rules of the German Nutrition Association’ (FBDG)</p>
<p>1. The Hellenic M of Health and Social Solidarity</p> <p>2. The Hellenic M of Health and Social Solidarity</p> <p><i>1. Greek Midwives Association. / 1st Department of Paediatrics, University of Athens Medical School, National School of Public Health</i></p> <p>2. The Hellenic Food Authority (EFET) of the M of Rural Development and Food. / The Greek Diabetic Society, the Greek Society of Dieticians and Food Technologists, Hellenic Medical Society of Obesity, Hellenic Cancer Society, Hellenic Society of Endocrinology, Hellenic Society of Health Promotion and Health Education, Hellenic Society of Nutrition and Foods, Hellenic Society of Pediatrics. / EK.POI.ZO (Union of Consumers for Quality of Life). / NGO ANASA (Non-profit organization for Eating Disorders). / WHO Collaborating Center, Dept. of Hygiene, Epidemiology and Medical Statistics, School of Medicine, University of Athens, National School of Public Health, Federation of Hellenic Food Industries (SEVT) Aristidis Daskalopoulos Foundation Hellenic Health Foundation</p>	<p>1. The coordination mechanism is provided by the National Breastfeeding Committee that has an advisory role and has been appointed by the M of Health and Social Solidarity</p> <p>2. The National Nutrition Policy Committee will be responsible for the coordination of the Action Plan / The M of Rural Development and Food, The Hellenic Food Authority (EFET) of the M of Rural Development and Food, The M of Development, Department of Consumer Affairs The Center of Control and Prevention of Diseases (KELPNO) The University of Athens Medical School, The Federation of Hellenic Food Industries (SEVT) A Consumers’ Association named EK.POI.ZO quality of life</p>	<p>1. In 2007, The M of Health and Social Solidarity appointed one person from the hospital personnel (a pediatrician or midwife) to be responsible for all breastfeeding-related issues in every maternity and pediatric hospital of the country. A nationwide study has been implemented by the Institute of Child Health with the aim to measure breastfeeding rates at 0, 3 and 6 months in a national representative sample of the Greek infant population</p>



**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Hungary	National Nutrition Policy of Hungary	2004	
Italy	1. National Health Plan 2003–2005 2. National Health Plan 2006–2008 3. National Health Plan 2009	1. 2000–2002 2. 2005	1. 2005 onward

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<ul style="list-style-type: none"> <li>– National Institute for Food and Nutrition Science</li> <li>– <i>M of Health</i></li> <li>– <i>Hungarian Society of Nutrition Science</i></li> <li>– <i>Complex Committee of Food Science of the Hungarian Academy of Science; Central Research Institute of Food Science</i></li> </ul>		<ul style="list-style-type: none"> <li>– Healthy eating recommendation for catering</li> <li>– School Buffet Program</li> <li>– Nationwide survey on school nutritional environment, 2008</li> <li>– Nationwide survey on pre-school nutritional environment, 2009</li> <li>– Application of EC regulation about food labelling</li> <li>– Preparation of nutritional guidelines for adults, 2004 (updated version will be published in 2009)</li> <li>– Preparation of nutritional guidelines for pregnant women, 2009</li> <li>– Healthy School Canteen Program, 2005</li> <li>– Decree on hospital catering, by the Ministry of Health, 2007 and nationwide survey about the implementation in 2008</li> </ul>
<p>1. The Health Department of the M of Labour, Health and Welfare is the governmental body in charge of delivering the National Health Plan. Gaining Health is implemented under the coordination by the General Direction of Health Prevention and the General Direction of Communication and Institutional Relationships. Centro Nazionale per la prevenzione e il Controllo delle Malattie (CCM) [National centre for prevention and control of diseases], and within the Superior Institute for Health, the Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della Salute (CNESPS) [National Centre of Epidemiology, Surveillance and Health Promotion]</p>	<ul style="list-style-type: none"> <li>– The Dietary Guidelines are formulated and disseminated by the INRAN. The Nutrients and Energy Recommendations are formulated by the Italian Human Nutrition Society and INRAN. INRAN has institutionally in charge of nutrition education</li> <li>The Regions have the Department for Prevention</li> <li>The Local Health Districts have the Hygiene, Food and Nutrition Services</li> <li>Universities and Schools host several education and training courses</li> <li>– Even though a national coordination committee has not been established, different stakeholders expressed interests and gave their voluntary support to the promotion of health</li> </ul>	<ul style="list-style-type: none"> <li>– Guadagnare salute [Gaining Health] including: OKkio alla salute overweight and (obesity among children) / Frutta Snack</li> <li>– Progressi delle Aziende Sanitarie per la Salute in Italia (PASSI) [The Italian Behavioural Risk Factor Surveillance System]</li> </ul>

**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Latvia	– Healthy Nutrition 2003–2013. Concept of the Cabinet of Ministers	Accepted with order of Cabinet of Ministers No.556 on September 4th, 2003	
Lithuania	– State Food and Nutrition Strategy and Action Plan for 2003–2010	2003	2003–2010

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<p>All the health policies actions are implemented at territorial level, mainly regions that have specific Departments for the Prevention and Promotion of Health / <i>Conference Government-Regions Inter-ministerial committees (particularly, M. of Agricultural, Food and Forestry Policies, and the M. of Education, University and Research) with the involvement of all the listed stakeholders according to their expertise and interest</i></p>	<p>behaviours as part of the Corporate Social Responsibility. For ex. the Italian Association of Food Industry (Federalimentare) prepared a dossier to illustrate the enterprises contribution, they have also implemented the Food for Life Italian Platform. NGOs and private food distribution chains are active towards disadvantaged social groups</p>	
<p>– M of Health – <i>Latvian Food Center, Nutrition Council of MoH, Health Promotion Center, M of Agriculture, M of Education and Science</i></p>	<p>– M of Health Latvian Association of Local and Regional Governments (LALRG), Food and Veterinary Service (FVS) M of Economics Nutrition Council of MoH Professional associations UNICEF WHO</p>	<p>The State program for improvement of nutrition of schoolchildren, School Milk programme. Prohibition of sales of sweets containing sweeteners, colors and drinks containing sweeteners, colors, coffee in pre-schools and schools. Recommendations for using of fruits and vegetables (2007) Implementation of Baby-Friendly Hospital Initiative</p>
<p>– M of Health – <i>M. of Agriculture, M. of Education and Science, M. of Social Security and Labour, M. of Environment, State Food and Veterinary Service, Department of Physical Education and Sports.</i> – <i>Lithuanian Society of Cardiology, Lithuanian Heart Association, Lithuanian Society of Endocrinology</i> – <i>Lithuanian Consumer Institute</i> – <i>Club of Obese people in Vilnius</i></p>	<p>– M of Health, Department of Public Health – M of Agriculture, M of Social Security and Labour, M of Education and Science, M of Environment, State Food and Veterinary Service, Department of Physical Education and Sports</p>	<p>– Implementation of Baby-Friendly Hospital Initiative – The State program for improvement of nutrition of pre-school and school children</p>

**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Norway	1. The Norwegian Action Plan on Nutrition (2007–2011) Recipe for a healthier diet was launched by the Government in January 2007. 2. St.meld.nr.16 (2002–2003) 'Resept for et sunnere Norge' Folkehelsepolitikken. (White paper No. 16 (2002–2003) Prescription of a healthier Norway. Public Health Nutrition). 3. Global strategy on diet, physical activity and health, WHO 2004	1. 2005	1. 2007
		2. 2002	2. 2003
		3. 2004	3. 2005
Poland	1. National programme for the prevention of overweight, obesity and non-communicable diseases through diet, physical activity 2. National Health Programme - operational objective 3: 'Improvement of Diet and Health Quality of Food and Decrease the Prevalence of Obesity' and 4: 'Increase of physical activity of population'	1. 2006	1. 2007–2016
		2. 2006	2. 2007–2016
Portugal	1. M of Health. National Health Plan 2004-2010 2. M of Health, General Directorate of Health. National Intervention Programme on Health-Related Lifestyles Determinants. 3. M of Health, General Directorate of Health. School Health programme and Healthy food promotion within schools. 4. M of Health, General Directorate of Health. Platform against obesity	1. 2004	1. Since 2004
		2. 2003	2. Since 2003
		3. 2006	3. Since 2006
		4. 2007	4. Since 2007

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<ul style="list-style-type: none"> <li>– M. of Health and Care Services</li> <li>– Norwegian Directorate of Health, Norwegian Food Safety Authority and Ministries of 12 departments: Labour and Social Inclusion, Children and Equality, Finance, Health and Care Services, Local Government and Regional Development, Culture and Church Affairs, Education and Research, Agriculture and Food, Environment, Fisheries and Coastal Affairs, Trade and Industry, Foreign Affairs.</li> <li>– Nutrition Council, Norwegian Institute of Public Health, Norwegian Scientific Committee for Food Safety</li> </ul>	<ul style="list-style-type: none"> <li>– M of Health and Care Services</li> </ul>	<ul style="list-style-type: none"> <li>– To change the diet in line with the recommendations of the health authorities</li> <li>– To reduce social inequalities in diet</li> </ul>
<ul style="list-style-type: none"> <li>– Minister of Health</li> <li>– National Institute of Food and Nutrition</li> <li>– Human Nutrition Committee (Polish Academy of Sciences)</li> <li>– Institute of Cardiology</li> <li>– Polish Society of Nutritional Sciences</li> <li>– Child's Health Centre</li> <li>– NGOs involved in health promotion</li> </ul>	<ul style="list-style-type: none"> <li>Minister of Health</li> <li>Polish Diet, Physical Activity and Health Council, coordinated by the Chief Sanitary Inspector</li> <li>Members of the Council represent public institutions, academics, food chain participants (private sector), consumer organizations, NGOs linked to nutrition and physical activity</li> </ul>	<ul style="list-style-type: none"> <li>– Preparation of guidelines for school meals – recipe book.</li> <li>– Trzymaj Formę ('Keep fit') educational programme for adolescents</li> <li>– establishment of Healthy Eating and Physical Activity Promotion Centre</li> </ul>
<ul style="list-style-type: none"> <li>– M of Health</li> <li>– M of Education</li> <li>– Primary healthcare centres, Municipalities, Schools</li> </ul>	<ul style="list-style-type: none"> <li>– M of Health</li> </ul>	<ul style="list-style-type: none"> <li>– Assessment of overweight and obesity in children</li> <li>– Training of health staff about obesity and food/nutrition related issues</li> </ul>

**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Romania	National Plan of Food for Nutrition	2009	2009–2010
Slovenia	Resolution on the national nutritional policy programme 2005–2010	2005	2005
Spain	1. NAOS (Spanish strategy for nutrition, physical activity and obesity prevention) 2. Estrategia de Seguridad Alimentaria (Food safety and Nutrition Strategy ) 2008–2012	1. 2004–2005 2. 2008	1. 2005 2. 2008

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
– M of Health	– M of Health	<ul style="list-style-type: none"> <li>– Surveillance and monitoring the dietary intake and nutritional status of population</li> <li>– Implementation of the programmes in order to correct micronutrient deficiencies and prevent their occurrence</li> <li>– Dissemination of nutrition information, nutrition education in school and at national levels to provide information concerning the nutritional value, information on proper food preparation, information about risk factors that affect nutritional status</li> </ul>
<ul style="list-style-type: none"> <li>– M of Health, Institute for Public Health</li> <li>– For Health</li> <li>– For Food Science and Nutrition</li> <li>– National Consumer Organization</li> </ul>	– M of Health, Institute for Public Health	<ul style="list-style-type: none"> <li>– New study programs for nutrition and dietetics</li> <li>– New dietary surveys</li> </ul>
<p>1. M of Health and Consumer Affairs and corresponding institutions: the Spanish Agency of Food Safety and Nutrition and the General Directorate of Public Health</p> <p>2. Spanish Agency of Food Safety and Nutrition</p> <p><i>1. M of Education and Science, M of Agriculture, Fisheries and Food / Independent experts in food, nutrition and physical activity; professional associations, Spanish Society of Community Nutrition (PERSEO), Mediterranean Diet Foundation (Caterer programmes) / Consumer organizations, teachers associations, town planners, publicists ./ Private sector (food and drink companies, distribution companies, restaurant chains)</i></p> <p><i>2. M of Health and Consumer Affairs, M of Agriculture, Fisheries and Food</i></p>	<p>1. M of Health and Consumer Affairs and corresponding institutions: the Spanish Agency of Food Safety and Nutrition and the General Directorate of Public Health</p> <p>2. Spanish Agency of Food Safety and Nutrition</p> <p>1. Implementation and evaluation): Autonomous communities, city halls (FEMP). Food and drink industry (FIAB, ANEDA), Catering chains (ANGED, ASEDAS), teachers, urban planners, publicists, foundations, Parent associations, Catering industry (FEHR, FEHRCAREM), bakers associations (CEOPAN)</p> <p>2. M of Agriculture, Fisheries and Food; M of Public Administration; M of the Treasury; M of Internal Affairs; M of Industry, Tourism and Commerce; M of Science and Innovation ; M of Education, Social policy and Sports (Inter-institutional collaboration)</p>	<p>1. Involvement of the food industry: development of the publicity and marketing code PAOS. This is a code for the self-regulation of the food industry in their food publicity targeting minors to comply with obesity prevention and health promotion principles, implemented in 2005 / School based actions: Programa PERSEO. Model pilot obesity prevention programme on health and exercise targeting Spanish schoolchildren. Implemented in 2006 at 67 centers in six Spanish autonomous regions and Ceuta and Melilla</p> <p>2. Legislation enacted in various areas of food safety, traceability and labelling. / Design and implementation of the 'Total Diet' study</p>



**Table 9.1.** Continued

Country	Name of the food and nutrition policy document	Year of elaboration	Year of implementation
Sweden	A better life through diet and physical activity. Nordic Plan of Action on better health and quality of life through diet and physical activity	2006	.
The Netherlands	1. Healthy Nutrition from start to finish Policy document on nutrition and health 2. Nota Overgewicht. Uit balans: de last van overgewicht 3. Nota voedselveiligheid: Veilig voedsel voor iedereen: een gezamenlijke verantwoordelijkheid' (=food safety)	1. 2008 2. 2009 3. 2005	1. 2008–2011 2. from 2009 on 3. 2005–2009 (new 'Nota voedselveiligheid' expected this year)

in their development and coordination, as well as the implementation mechanisms undertaken. The main institutions responsible for developing policy documents were mostly ministries. In some countries (the Czech Republic, Denmark, Greece, Latvia, Lithuania, Norway, Portugal, Poland, Romania and Spain) the Ministry of Health was the lead institution. In Estonia the Ministry of Social Affairs was the one responsible for this task. The Health Department of the 'Ministry of Labour, Health and Welfare' was the governmental body in charge of delivering the National Health Plan in Italy. In Austria, Finland, The Netherlands and Germany, the FNP was developed by the Ministry of Health together with the Ministry of Agriculture. In Slovenia the Ministry of Health and the Institute for Public Health developed the documents. In France the Interministerial Nutrition Policy Committee (PNNS) and the Ministry of Health worked together to chair the policy document. In Hungary the National Institute for Food and Nutrition Science was the lead institution. Regarding The Nordic Action Plan on Health, Food and Physical Activity, the Nordic Council of Ministers were the lead institution, in collaboration with national institutions in the Nordic countries.

#### *FNP as an Intersectorial Approach*

Most of the countries worked within an intersectorial approach, with several organizations collaborating in the development of the FNP. Some partners reported the collaboration of other ministries (the Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Latvia, Lithuania, The Netherlands, Norway, Portugal,

Institutions involved in the elaboration: leader and others	Institutes involved in the coordination	Examples of implementation
<ul style="list-style-type: none"> <li>– Nordic Council of Ministers</li> <li>– <i>National Food Administration (M of Agriculture), National Public Health Institute (M of Health and Social Affairs)</i></li> </ul>		– Common monitoring
<ul style="list-style-type: none"> <li>1. M of Health, Welfare and Sport + M of Agriculture, Nature and Food Quality</li> <li>2. M of Health, Welfare and Sport</li> <li>3. M of Agriculture, Nature and Food Quality</li> </ul>	<ul style="list-style-type: none"> <li>– Institution that coordinates differs per action, see policy documents</li> <li>1. Among others M of Health, Food and Consumer Product Safety Authority, RIVM, TNO, Health Council, ZonMw, FNL (industry), Nutrition Centre</li> <li>2. Among others Health Council, Nutrition Centre, Consumer Organisation, NOC NSF, partners in ‘Convenant Overgewicht’</li> <li>3. Among others Food and Consumer Product Safety Authority, industry</li> </ul>	<ul style="list-style-type: none"> <li>– Monitoring of food consumption; consumer education on a healthy dietary pattern</li> <li>– Internet site for professionals by ‘Centrum Gezond Leven’; ‘Nationaal Actieplan Sport en Bewegen’</li> </ul>
<ul style="list-style-type: none"> <li>– <i>M of Health, Welfare and Sport; M of Agriculture, Nature and Food Quality; M of Economic Affairs</i></li> <li>– <i>Food and Consumer Product Safety Authority (VWA); Netherlands Nutrition Centre</i></li> </ul>		

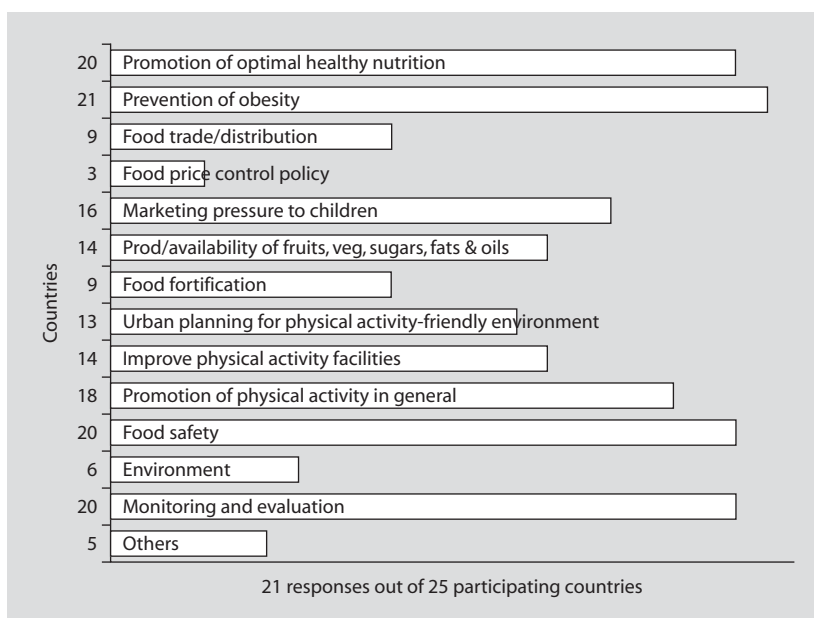
Spain and Sweden), scientific societies (Austria, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Norway, Poland, Spain and Slovenia), consumer organizations (Austria, the Czech Republic, Estonia, Finland, France, Greece, Latvia, Lithuania, Portugal, Spain and Slovenia), and NGOs (Estonia, Greece and Lithuania). Other institutions, such as associations of producers or the food industry (Austria, the Czech Republic, Finland, France, Greece, Spain and Slovenia), local governments (Austria, Estonia, Germany, Italy and Spain), representatives from universities, schools, or hospitals (Estonia, Finland, Greece, Latvia and Portugal), primary healthcare centers (Portugal) and the Food and Consumer Product Safety Authority (Austria and The Netherlands), were also involved in developing the FNP.

#### *Examples for FNP Implementation Actions*

Most of the countries provided some examples that indicated ongoing implementation actions (table 9.1).

A coordination mechanism existed in all countries except for Hungary, Poland and Sweden. The Ministry of Health was responsible for the coordination in most of the countries. The food industry took part in the coordination mechanism for certain countries (Austria, Finland, France, Greece, Italy, The Netherlands, Spain and Poland).

Fig. 9.1 shows the priority areas addressed in the FNP of the participating countries. Most of them included the promotion of optimal healthy nutrition (all countries



**Fig. 9.1.** Policy areas covered by the FNP.

except Italy), the prevention of obesity, the promotion of physical activity (PA) in general (except Finland and Slovenia), or through improving PA facilities (except Estonia, Finland, Hungary, Norway, Portugal and Romania), or through promoting an urban-friendly PA environment (only in Austria, the Czech Republic, France, Greece, Italy, Latvia, The Netherlands and Poland). Certain economic and agricultural aspects were also included as a principal area covered by the FNP. For instance, food trade and distribution were included in the policy documents of Austria, Denmark, Finland, France, Hungary, Italy, Lithuania, Norway and Spain. Food price controls were included in the FNP of Finland, Hungary and Norway. The production and availability of certain products such as fruits, vegetables, sugars, fats or oils were also included in the documents of all the participating countries except for Estonia, Germany, Poland, Romania, Spain and Sweden. Food safety was also a main area of concern in all the FNP of all countries except Germany. Marketing pressure to children was regarded in all the documents except those from Denmark, Germany, Hungary, Lithuania and Poland. Certain aspects of the health consequences of environmental modification, such as regulation on genetically-modified organisms, were included in the FNP of Austria, the Czech Republic, Italy, Lithuania, Spain and Slovenia. Food fortification was included as an area of concern in the FNP of Austria, the Czech Republic, Italy, Lithuania, The Netherlands, Norway, Poland and Romania. Mandatory food fortification with iodine in salt was reported in Austria, the Czech Republic, Denmark (and

also iodized salt used for making bread), Finland, Lithuania, Poland, Romania and Slovenia. In Finland and Sweden fortification of margarine with vitamins D and A, and vitamin D in milk products (only if liquid in Finland, only if  $\leq 1.5\%$  fat in Sweden) were mandatory. In Hungary, and Austria the fortification (vitamins and minerals) of baby fruit drinks, infant formulas for substituting breast milk, infant formulas after finishing breastfeeding, formulas for special medical treatment, special formulas for obesity treatment and some cereal-based baby foods had mandatory fortification requirements. It was not mandatory but rather recommended to fortify margarines with vitamins A and D in Hungary and The Netherlands, as well as for the addition of iodine to salt in The Netherlands and Spain.

#### *FNP, Quality Assurance, Objectives and Means*

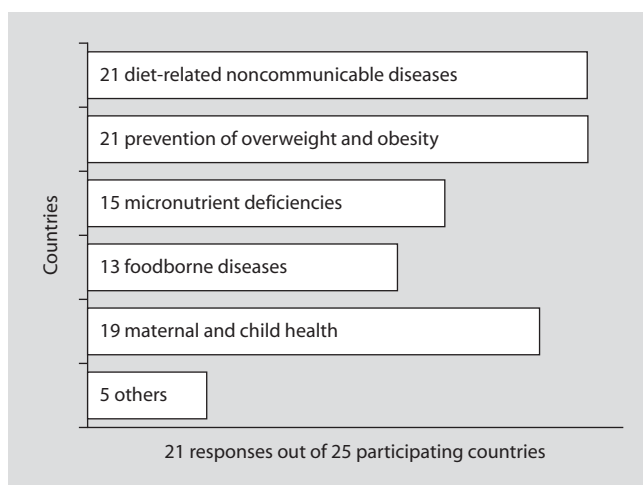
Monitoring and evaluation was included as a principal policy area in all the participating countries except Slovenia.

Some countries included other areas of action. For instance, Austria included a National and European Alert Programme (food quality and safety). Denmark included other settings for promoting health (child-care institutions and schools, workplace and healthcare services). Greece included the application of food quality principles to improve mass catering services. Also Hungary included specific action areas for promoting healthy nutrition such as education in schools, improving the energy and nutrient content of foods and consumer information by improved food labeling as well as dietary surveys to check changes in energy and nutrient intake. Slovenia reported specific action areas that dealt with local products and organic food.

Only certain countries reported specific action areas related to agricultural policy, food fisheries and livestock production. Austria had incentives or subsidies for the production of milk and for the promotion of meat, meat products, sugar and organic foods. Finland had incentives or subsidies for the production of rapeseed oil and rye. Italy had incentives or subsidies for the production of organic foods and for the promotion of Italian products to be exported. Lithuania had incentives or subsidies for the production and promotion of vegetables that were ecological and sustainable. Certain types of incentives or subsidies for the promotion of fruits at school in Denmark were reported, as well as for the promotion of fruits and vegetables in Greece, the promotion of local food in Slovenia, and for the promotion of fruits and vegetables, fish and milk in Poland. Spain reported subsidies for the promotion of products having the category of Protected Designation of Origin. Austria, Denmark, Estonia, France, Hungary, Italy, The Netherlands, Norway, Romania and Spain had intersectorial collaborations between the parties responsible for food production, manufacturing and sales, control and legislation.

#### *FNP Addresses Health Issues*

Fig. 9.2 shows the main health challenges addressed by the FNP. Diet-related noncommunicable diseases and prevention of overweight and obesity were included in all the

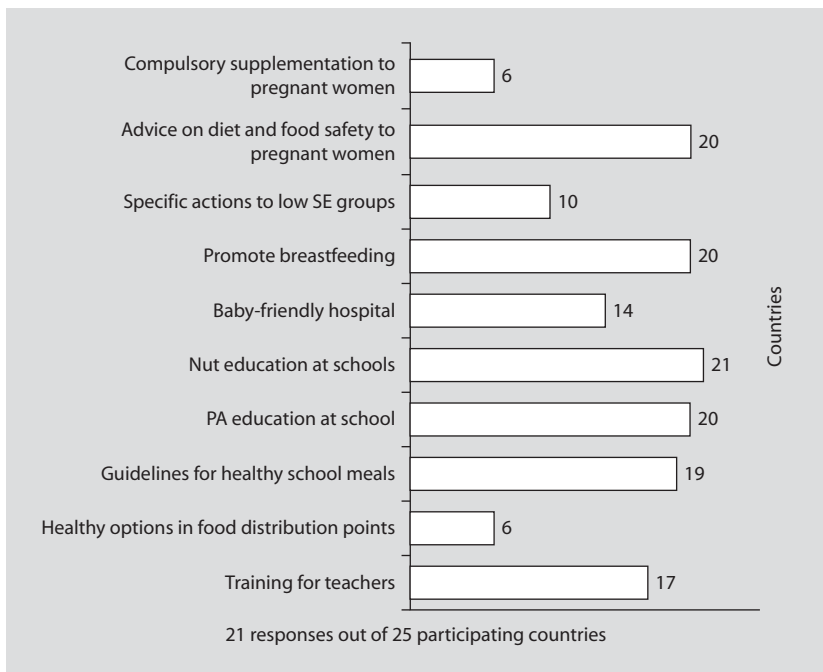


**Fig. 9.2.** Health challenges addressed by the FNP.

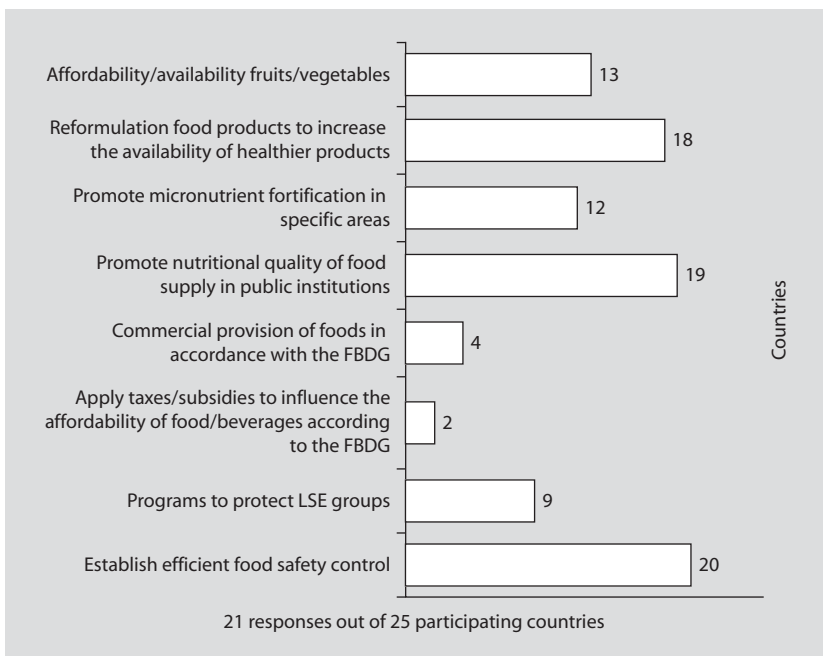
documents. All countries but Estonia, Germany, Portugal, Slovenia, Spain and Sweden included micronutrient deficiencies as a health concern of the FNP. Foodborne diseases were considered a main issue to address in all countries but Estonia, Finland, France, Germany, Norway, Romania and Sweden. Maternal and child health was not a health challenge cited in the FNP of Germany and Sweden. Some FNP addressed specific population groups: Hungary included the elderly, Austria and France the elderly and disadvantaged people and Lithuania included the elderly and hospitalized individuals, respectively, as target groups of interest in their health challenges. The promotion of adequate practices and the quality of ethnic foods were included in the Austrian FNP. Denmark included physical inactivity as a health challenge. Greece included action areas that dealt with nutritional disorders, oral health and adverse effects of alcohol consumption.

#### *FNP, National Dimension and the Global Action Plan*

Fig. 9.3 and 9.4 show the level of compliance of each country's FNP with the WHO Second Action Plan. In reference to the action area 'Supporting a healthy start', and the specific subareas cited in the WHO Second Action plan, only six countries, the Czech Republic, Denmark, Hungary, Latvia, The Netherlands and Romania, reported having a compulsory micronutrient supplementation program for pregnant women. Nevertheless, with the exception of Ireland, all the participating countries provided advice on diet and food safety to pregnant women (at the individual level by obstetricians in Greece). Pregnant women from low socioeconomic groups were specifically addressed in the FNP of Austria, the Czech Republic, France, Germany, Hungary, Italy, Lithuania, Norway and Slovenia, as well as in the documents from Ireland. Although breastfeeding was promoted in all the participating countries except for Estonia, the baby-friendly hospital initiative was not included in the FNP of Denmark



**Fig. 9.3.** Adherence to the WHO first action area 'Supporting a healthy start'.



**Fig. 9.4.** Adherence to the WHO second action area 'Ensure a safe, healthy and sustainable food supply'.

(although not included in the FNP they reported being adhered to the initiative), Finland, Germany, Greece (promoted, but not yet implemented), Italy, Norway and Spain (Estonia did not include this as well). The action areas addressing nutrition at schools showed that all countries, Italy (for PA), and Finland and Slovenia (for providing guidelines) included nutrition and PA education at schools, and provided guidance for developing guidelines for healthy school meals. In Italy, the catering enterprises are obliged to follow a protocol of best practice assuring food quality in order to be contracted to provide services to school canteens. In Greece, although not being mandatory, individual initiatives existed regarding nutrition-related topics at high schools. All countries but Finland, Hungary, Romania and Sweden provided training on nutrition for teachers and other school staff.

#### *FNP to Ensure Diet Quality*

Compliance with the second action area 'Ensure a safe, healthy and sustainable food supply' was as follows (fig. 9.4): all countries but Finland, Germany, Greece (planned but not yet implemented), Ireland, Norway, Romania, Spain and Sweden reported improving the affordability and availability of fruits and vegetables. In accordance with an EC recommendation, Denmark, Portugal and Italy reported including a fruit break at schools (in Portugal it was recently (2009) approved the provision of fruit to schoolchildren and should start next academic year). In Poland the action area will be implemented when the Common Agricultural Policy fruit strategy is undertaken. Certain types of food product reformulation were promoted to increase the availability of healthier products in all countries except Germany, Greece (planned but not yet implemented) and Lithuania. In Portugal and Spain a reduction of the salt content in bread was promoted. In certain countries, micronutrient fortification was promoted in areas where micronutrient deficiencies were a public health concern (Austria, the Czech Republic, Denmark, Finland, Ireland, Hungary, Lithuania, The Netherlands, Poland, Romania, Spain and Sweden). Only Norway and Poland did not include a promotional action to assure the quality of the food supply in public institutions. Only Denmark, Hungary, Norway and Romania reported ensuring that the commercial provision of foods was in accordance with the FBDG, but only in Norway were taxes or subsidies applied to influence the affordability of foods recommended in their FBDGs. Low socioeconomic groups were target groups to be protected with certain subsidies or other types of support in Austria, France, Hungary, Ireland, Italy, Lithuania, The Netherlands, Poland and Slovenia. With respect to the specific action area to establish efficient food safety control, only Finland did not include actions for this area in its FNP.

The communication and information strategies developed to disseminate the FNP information/contents included FBDG (except Slovenia), consumer education campaigns, and the promotion of adequate food product labeling following the latest EU regulations (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0040:FIN:EN:PDF>) (except Greece, Lithuania and Spain). Regarding food



labeling, the information to be included on the package of the product included: the list of ingredients (except for Hungary and Poland), the best-before or use-by date of the product (except Hungary) and the presence of allergens (only in the Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Lithuania, The Netherlands, Poland, Romania, Spain and Sweden). As for nutrition labeling, Denmark, Greece, Hungary, Ireland, Portugal and Sweden followed current EC regulations. Austria included information on the content of total fat, SFA, trans FA, energy and sugar; the Czech Republic included nutrition labeling for specified food products only, indicating the content of energy, protein, fat, saccharides, SFA, fiber and sodium; Estonia included information on energy, protein, fat, carbohydrates, fat, SFA, dietary fiber, and sodium; Germany only included information on the alcohol content of a product when it was over 1.2 vol%; in Italy, Portugal and Lithuania nutrition labeling was mandatory only when there was a nutrition or health claim on the product; Norway included information on energy, carbohydrates, protein and fat.

#### *FNP for Health Promotion and Prevention of Chronic Diseases*

The action areas to prevent diet-related noncommunicable diseases included the promotion of PA, the reduction of alcohol consumption (not addressed in Germany and Spain, and only addressed to drivers and young people in Italy), and the reduction of soft drink consumption by assuring the provision of safe drinking water (in Austria, Denmark, France, Greece, Italy, Latvia, Lithuania, The Netherlands, Norway, Romania, Slovenia and Sweden).

Action areas to strengthen nutrition and food safety in health included the engagement of healthcare professionals in providing lifestyle counseling in Austria, the Czech Republic, Denmark, France, Germany, Greece, Ireland, Hungary, Italy, Lithuania, The Netherlands, Norway, Portugal, Romania, Slovenia and Spain. Also the quality of nutrition services and food safety in hospitals was addressed in the FNP of participating countries except for Estonia, Germany and Poland. Another area of action was to improve the process of prevention diagnosis and treatment of nutrition-related diseases, which was identified as an area of interest in all countries except Estonia, Italy and Slovenia.

Monitoring and evaluation was conducted in most of the participating countries albeit with different levels of application. There was a surveillance system on food availability in all countries except for Hungary, Ireland and Portugal. Surveillance of nutritional status was included in all but Denmark, Estonia, Greece, Hungary, Poland, Portugal, Slovenia, Spain and Sweden; food consumption monitoring occurred in all countries except for Greece, Hungary, Portugal and Slovenia. Estonia, Finland, Greece, Hungary, Poland, Portugal and Spain did not have a surveillance system for PA patterns. Excluding Ireland and Slovenia, all countries had a surveillance system for foodborne diseases and systems for monitoring microbial and chemical hazards. The level of evaluation carried out varied between countries: some of them evaluated impact measures (Austria, Denmark, Estonia, Greece, Italy, Latvia, The Netherlands,



Poland, Romania and Spain) and others assessed outcomes (Denmark, Estonia, Greece, Hungary, Italy, Lithuania, The Netherlands, Norway, Romania, Spain and Sweden). Public and/or private research was supported in all countries except for Greece, Hungary, Ireland, Lithuania, Portugal and Slovenia.

### *Forms and Implementation of FNP*

Food-based dietary guidelines were an implementation tool existing in all participating countries except for Ireland and Slovenia. Norway, Romania and Sweden were working on an updated version of their existing guidelines. The Dutch FBDG was the most recently updated (2009) and Greece had the oldest version (although published in 1999, the Greek guidelines are based on the traditional Mediterranean diet and the evidence for its beneficial effect is repeatedly and constantly confirmed). Most countries reported a periodical revision of their FBDG (except for the Czech Republic, Greece, Italy, Poland, Portugal, Spain and Sweden). The FBDGs were the result of intersectorial collaborations between several institutions in Austria (the Ministries of Health, Education, Agriculture, the University and the Foundation for a Healthy Austria, the Austria Agency for Health and Food Security), in the Czech Republic (the Ministry of Health and the Czech Nutrition Society), in Greece (the Ministry of Health and the Supreme Health Council of the Hellenic Ministry of Health), in Hungary (the Ministry of Health together with the National Institute for Food and Nutrition Science, and a Committee of Experts called up by this Institute), in Norway (the Ministry of Health and the National Nutrition Council), in Portugal (the Portuguese Consumers Institute and the Faculty of Nutrition and Food Sciences from Porto University) and in Spain (the Ministry of Health, Scientific Societies and Autonomous Communities). The channels used to disseminate and foster the implementation of the FBDG included: information at the point of purchase (Austria, Denmark, Germany, Greece, Hungary, Norway, Romania, Spain and Sweden), mass media campaigns (all except The Netherlands, Portugal and Sweden), educational tools for schools (all except for Romania) and primary care settings (all but Estonia and Germany). The sectors involved in the implementation of the guidelines were health professionals in all countries but Estonia, school teachers in all of them but Finland, The Netherlands, Romania and Spain, nutritionists (except Estonia), the industry (except in Estonia, France, Hungary, Latvia, Lithuania, The Netherlands, Portugal and Spain), and consumer organizations (except for Estonia, France, Latvia, Lithuania, The Netherlands, Poland and Spain). In Hungary the dissemination of FBDG booklets took place during health education conferences and meetings; in Poland academics collaborated in the dissemination of the information. The data used to develop the FBDG were mainly individual food consumption data (Austria, Denmark, Estonia, Finland, France, Greece, Hungary, Italy, Latvia, Lithuania, The Netherlands, Norway, Romania, Spain and Sweden), household food consumption data (the Czech Republic, Estonia, Finland, Greece, Hungary, Latvia, Norway, Poland, Portugal, Romania and Spain), and national food supply data (the Czech Republic, Estonia, Finland, France, Hungary, Latvia, Norway, Poland, Portugal and Romania). Only Austria and Spain

included all the target population groups in their FBDG (general population, children, adolescents, pregnant women, adults, elderly and immigrants). Estonia, France, The Netherlands, Romania and Sweden included all the population groups except for immigrants, and Norway excluded the elderly and immigrants; the FBDG from Italy and Hungary included all target groups with the exception of adolescents and immigrants (the elderly were not included in the FBDG of Hungary). In Latvia, all the population groups but pregnant women and immigrants were included as target groups. The FBDG of the Czech Republic, Greece and Lithuania included information for the general population and adults, and those of Denmark for the general population and children. Germany, Poland and Portugal only targeted the general population (although Portugal indicated some information on nutrient needs for different age groups), and Finland focused on adults.

The pyramid was the graphic most countries applied to represent their FBDG (Austria, the Czech Republic, Estonia, Germany, Greece, Italy, Latvia, Lithuania, Poland, Romania and Spain). Some countries included specific written guidelines, tables, recommendations or other graphical representations such as the plate model (Austria, the Czech Republic, Germany, The Netherlands, Norway, Poland, Portugal, Romania and Sweden) or the food compass (Denmark). Most of the FBDG included information on food safety (except for those from Austria, Estonia, Finland, Germany, Greece, Lithuania, Poland, and Portugal) and all of them but Sweden included PA recommendations.

## Discussion

The WHO Nutrition and Food Security Programme encourages and supports the WHO member states to develop sound and sustainable FNPs ([http://www.euro.who.int/nutrition/20070808\\_1](http://www.euro.who.int/nutrition/20070808_1)). For that purpose from 2000 to 2005 WHO assisted countries and their governments in establishing a FNP that followed guidelines provided by experts on food policies, emphasizing the necessity to include collaborative action amongst stakeholders in the development of the document. The present report summarizes information on FNPs from countries participating in ENHR 2009, with a focus on FBDG and food fortification. The WHO documents ‘Comparative analysis on nutrition policies in the WHO European Region’ published in 1998 and in 2006 [WHO, 1998, 2006] were used as tools for comparative reference. The present evaluation summarizes the results obtained from a research activity that was addressed within the framework of the ENHR 2009. Therefore, it is subject to certain limitations, such as those who answered the questionnaire may not have been those who were involved in FNP development in their country, and may not have had access to all the information needed to thoroughly complete the questionnaire.

All the participating countries had FNP strategies or action plans addressing the main areas of interest related to health and nutrition. However, in some cases these do not constitute a ‘real’ policy as they are not issued by a single body and actions are

distributed throughout a variety of distinct documents. Twelve countries reported having new or updated FNP after the WHO 2006 compilation document: Estonia with the National Health development plan 2009–2020 and the National cancer strategy 2007–2015; Germany with their National Action Plan on the prevention of unhealthy eating, lack of exercise, overweight and related diseases titled ‘IN FORM’ – Germany’s Initiative for a healthy diet and more exercise; Greece with two recently developed documents, the National Action Plan for nutrition and nutritional disorders 2008–2012 and the National Action Plan for the promotion of Breastfeeding; Hungary with the National Nutrition Policy of Hungary; Italy with the National Health Plan 2006–2008; Lithuania with the State Food and Nutrition Strategy and Action Plan for 2003–2010; The Netherlands with the Healthy Nutrition from start to finish Policy document on nutrition and health and the ‘Nota Overgewicht. Uit balans: de last van overgewicht’; Norway with the Norwegian Action Plan on Nutrition (2007–2011) Recipe for a healthier diet, launched by the Government in January 2007; Poland with the National Programme for the prevention of overweight, obesity and noncommunicable diseases through diet, physical activity and the National Health Programme; Portugal with the ‘Programa Nacional de Intervenção Integrada sobre Determinantes da Saúde Relacionados com Estilos de Vida’/National Programme on Health-Related Lifestyles Determinants (2003), the ‘Programa de Saúde Escolar e Promoção de uma Alimentação Saudável em meio escolar’/School Health programme and Healthy food promotion within schools (2006), and the ‘Plataforma contra a obesidade’/Platform against Obesity (2007); Romania with the National Plan of Food for Nutrition; and the Nordic Countries with the document ‘A better life through diet and physical activity, Nordic Plan of Action on better health and quality of life through diet and physical activity’. The Austrian Action Plan on nutrition is in the process of being developed.

An optimal FNP should comprehend issues related to nutrition and health, food safety and food production. Most of the FNP included in this report cover all these aspects. However, in certain countries, Food Safety was not included in the FNP although the inclusion of specific policies or legislative framework dealing with these issues was verbally confirmed by respective partners. Moreover, some countries classified FNPs as subcategories of their National Health Plan (e.g. Italy).

Several recommendations were set by WHO in its comparative analysis when working on country specific FNP: to improve healthy lifestyles in the population and specifically among disadvantaged groups (immigrants, low socioeconomic groups); to encourage collaboration between all the sectors involved in the food chain system to manage a sustainable food production and distribution; to assure the correct implementation of the action plans, and to establish a monitoring system to evaluate the effectiveness of the policy.

Regarding actions addressing the promotion of healthy lifestyles, governments have realized that the responsibility for adopting healthy food habits and practicing PA does not only rest on the individual. Most of the countries analyzed in the report referred to specific initiatives for improving the environment to enhance population-

based efforts to adopt a healthier lifestyle. With reference to disadvantaged population groups, much work remains to be done as only a few countries included specific actions for these segments of the population so as to assure that everyone has the same possibilities for adopting adequate lifestyles.

Intersectorial collaborations were employed for the development of the FNP in almost all the participating countries, although with different levels of involvement in terms of the number of stakeholders representing the different institutions. The network of collaborations should include the private sector, including the agricultural and food manufacturing sector, the marketing and distribution sectors as well as the health sector, the educational sector and NGOs. This enhances the attainment of a comprehensive network that assures that no one from the food chain is excluded, and that all target groups are included in the process.

A monitoring system exists in all the participating countries. However, one of the aspects that need further discussion when addressing issues related to monitoring is the identification of indicators that should be used to monitor a FNP, which would reflect its adequate implementation and application. As previously stated, a FNP has three fundamental pillars: food safety, food production and nutrition and health. How each should be monitored, so as to facilitate a clear overview of how European countries are facing nutrition-related health challenges remains an unresolved question. For the time being, this report together with more detailed information obtained from other ongoing European projects such as the HOPE project (<http://www.hopeproject.eu/>) and the PREVOB project (see <http://www.lshtm.ac.uk/hsru/prevob//>) will serve as an overview of how European countries are currently facing the public health challenges related to nutrition and diet.

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