

57078



WORLD HEALTH ORGANIZATION
Regional Office for Europe
Nutrition unit

December 1995

Nutrition Unit . WHO Regional Office for Europe . Scherfigsvej 8 . DK 2100 Copenhagen . Denmark

Regional Nutrition Programme Advisory Group

Copenhagen, 28-30 August 1995

Report on the fourth meeting of the Group

EUR/ICP/LVNG 94 99/MT01

TARGET 4

REDUCING CHRONIC DISEASE

By the year 2000 there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.

TARGET 7

HEALTH OF CHILDREN AND YOUNG PEOPLE

By the year 2000, the health of all children and young people should be improved, giving them the opportunity to grow and develop to their full physical, mental and social potential.

TARGET 16

HEALTHY LIVING

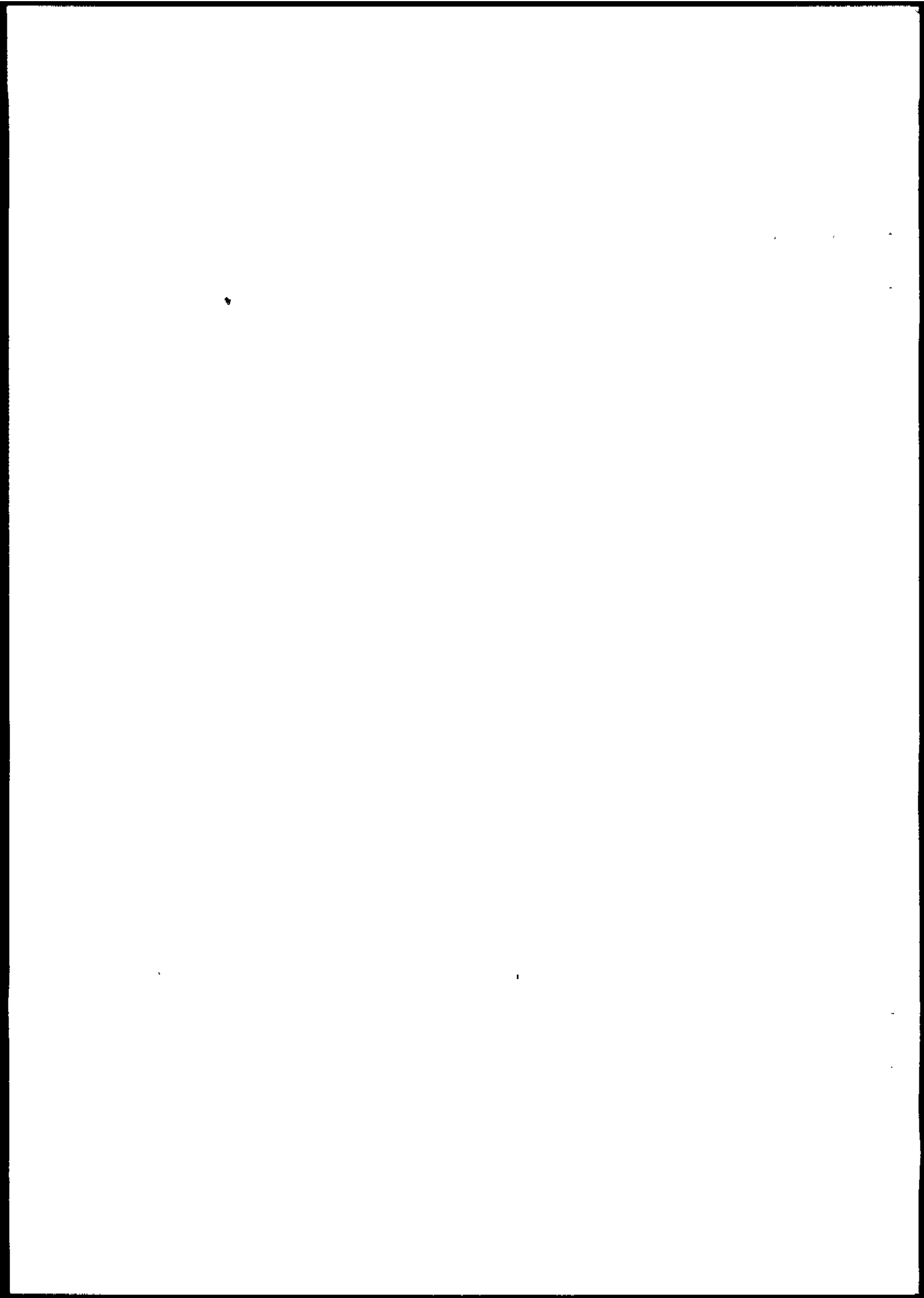
By the year 2000, there should be continuous efforts in all Member States to actively promote and support healthy patterns of living through balanced nutrition, appropriate physical activity, healthy sexuality, good stress management and other aspects of positive health behaviour.

Keywords

**NUTRITION
HEALTH POLICY
INTERNATIONAL COOPERATION
EUROPE
CCEE**

Contents

	Page
Introduction	3
Participants	3
Opening	4
Regional Nutrition Programme	5
Nutrition policy	5
Rapid assessment of nutrition	6
Iodine deficiency disorder	7
Infant and young child nutrition	8
Nutrition Summer Schools	9
Emergency preparedness	11
Commercial sponsorship	12
Conclusions and recommendations	13
Annex 1 Concluding remarks by Professor W.P.T. James, Vice-Chairman	16
Annex 2 List of WHO Collaborating Centres for Nutrition in the WHO European Region	18
Annex 3 List of participants	20



Introduction

The Regional Nutrition Programme is at a cross-roads. This is mainly because of the changes which are occurring within the structure and organization of WHO. Also, thanks to generous bilateral support from Member States, two additional nutritionists are working within the nutrition programme (resulting in a three fold increase in output capabilities). These two developments have created a need to critically evaluate the current nutrition programme. Three years have elapsed since the last external evaluation.

During these three years the Programme has changed emphasis following advice from the third meeting of the Advisory Group. The programme has moved from concentrating on the broad area of food and nutrition policy (pre-1992) towards more specific activities, such as training, research and institution building. This change corresponded with both the priorities, as stated in the resolutions of the World Health Assemblies, and with the advice of the third Programme Advisory Group (Almaty, 1992).

Following evaluation of the activities from 1992 to 1995, the Fourth Programme Advisory Group were asked to consider the future direction of the nutrition programme - during the next five years and specifically the biennium (1996-1997). Their conclusions and recommendations took into consideration National Nutrition Action Plans throughout Europe.

Participants

The Heads of the WHO Collaborating Centres for Nutrition have always been members of the Programme Advisory Group. The group comprised 11 Collaborating Centres (one more than attended the Third Advisory Group meeting). The participants came from Aberdeen, Almaty, Athens, Berlin, Copenhagen, Oslo, Warsaw, Rome, Stockholm, Wageningen and Zeist. Also representatives from donor countries, were invited to advise on the Programme's future direction. As always, a social science expert, a professor from the South Bank University, London, was invited to add a broader perspective.

From San Diego, the Director of Wellstart International (a WHO Collaborating Centre designated by the Nutrition Unit at WHO Headquarters), came all the way from USA just to attend this Advisory Group Meeting. Apart from the WHO Regional Office for Europe, WHO was represented by two technical staff members from WHO Headquarters in Geneva and the Regional Adviser for Nutrition from the WHO Regional Office for the Eastern Mediterranean. The Director of the Lifestyles and Health Department and the WHO Regional Advisers for CINDI and Sexuality and Family Planning (WHO Regional Office for Europe) attended sessions relevant to them. In total twenty-five participants attended the meeting, including four staff from WHO Regional Office for Europe Nutrition Unit.

Opening

The meeting was officially opened by Mr Cees Goos, Acting Director of the Lifestyles and Health Department. He welcomed the participants on behalf of the Regional Director. He commenced by stating that nutrition had been reconfirmed, by the WHO Executive Board, as a priority area under Primary Health Care. However, in spite of this affirmation he acknowledged that all WHO staff are facing painful and difficult decisions at the present time. The WHO Regional Office for Europe is undergoing a mandatory 15% cut in its regular budget staffing level.

The Regional Nutrition programme had suffered to a lesser extent because the Regional Adviser for Nutrition had been very successful in obtaining a substantial amount of voluntary donations, particularly from the Netherlands and Norway. Moreover, historically, the Nutrition Programme was fortunate because it had access to an extensive network of nutritional scientists working in Europe. Dr Goos expressed his sincere appreciation to the WHO Collaborating Centres for Nutrition for their previous and continued support, to the WHO Nutrition Programme.

Election of chairpersons and rapporteur

Dr Arne Oshaug (Norway) was elected Chairman, Professor T.S. Sharmanov (Kazakhstan) was elected Honorary Chairman and Professor W.P.T. James was elected Vice-Chairman. The WHO Secretariat agreed to act as rapporteurs.

Opening remarks by Dr Elisabet Helsing Regional Adviser for Nutrition

Dr Helsing described the guiding principles behind the WHO Regional Nutrition Programme:

- The Programme focuses on public health issues which would not be carried out if it were not for the presence of a WHO Nutrition Unit.
- The selected programmes are those that could potentially contribute most in the area of public health.
- During the 1980s the Nutrition Unit was concerned with the development of Food and Nutrition Policy in Member States.
- More recently, the issues in the Countries of Central and Eastern Europe and the New Independent States have become a greater priority for WHO.
- The Baby Friendly Hospital Initiative is a useful vehicle for getting nutrition and women's issues on the political agenda in many of these countries.

Regional Nutrition Programme

The Regional Nutrition Programme - "the menu at a glance"

The main areas of the Programme are:

- National food and nutrition policies and plans of action
- Competence-building in public health nutrition
- Nutrition emergency preparedness
- Infant and young child feeding
- Iodine Deficiency Disorders
- Networking in Europe

The participants had had the opportunity to read, in the Main Background Document for the meeting, details concerning the nutrition programme activities.

Nutrition Policy The Regional Adviser presented a brief overview of activities related to Nutrition Policy. She used the Nutrition House Paradigm to summarize her current thoughts on Nutrition Policy in Europe.

After the International Conference in Nutrition (ICN), December 1992:

- 29 out of 33 Member States reported that they had a Nutrition Policy
- Stroke and IHD showed no sign of declining in eastern Europe
- Less than 10 Member States have a national nutrition survey less than 5 years old

She suggested that the Unit becomes more *re*-active rather than *pro*-active in the area of Nutrition Policy. The main activity of the WHO Nutrition Unit, with the help of WHO Collaborating Centres for Nutrition, would then be: (a) continual review of food and nutrition policies in Europe and (b) to provide advice, information and our own literature when requested.

In conclusion, the Regional Adviser said, "Apparently no-one is against a food and nutrition policy, but who is for it?".

Summary of discussion on nutrition policy

A mid-decade ICN follow-up meeting is needed - before the year 2000, perhaps hosted by Poland.

CCEE/NIS countries need information on Food Safety. The two separate issues of Food Safety and Nutrition Policy could be approached as a joint issue by the CCEE/NIS, in contrast to the separate approach which has evolved in western Europe.

The Nutrition Policy meeting (Aberdeen, UK, October 1995) provides a forum to discuss the issue of "where do we go from here?" with Food and Nutrition Policy in Europe.

To ensure that Food and Nutrition Policy stays on the political agenda, the Collaborating Centres should know how to lobby their country's delegations, especially those delegations who attend WHO Regional Committees and World Health Assemblies.

Rapid Assessment of Nutrition

The aim of the Rapid Assessment of Nutrition (RAN) project is to improve the competence and skills of health professionals in Public Health Nutrition. It comprises a series of studies on the nutrition status of two of the most vulnerable groups in the eastern part of the WHO European Region: women and children. The monitoring of 10-year-olds in four cities (1992-94) refuted the widespread fear of starvation in these areas. With support of the Netherlands Ministry of Public Health, Welfare and Sports, a series of three consecutive studies on maternal nutrition began in 1994 and is planned to continue through 1996. It involves three groups of countries:

- Kazakhstan, Russia, Tajikistan, Turkmenistan and Uzbekistan in 1994/1995
- Armenia, Belarus, Bulgaria, Georgia, Karakalpaksta (Uzbekistan) and Ukraine in 1995
- Albania, Czech Republic, Estonia, Latvia, Lithuania, Romania, Slovakia and Slovenia in 1995/1996

Each group follows the same five-step programme:

1. NUT conducts a one-week workshop for participating scientists on methods of assessing diet, and related topics such as nutrition policy, anthropometry and food composition.
2. National teams meet to complete a common protocol for the multi-centre study
3. Teams carry out the women's nutrition assessment studies in their countries.
4. The teams meet with the facilitators to present their data and choose a final form for international presentation. The facilitators comment on the work and suggest improvements.
5. Finalization and presentation of the results.

The most important effect of the project is the increase in expertise and the rapid growth of a network of nutritionists in the CCEE and NIS. Network members supply local expertise to other studies of nutrition and related topics, conducted by a wide variety of international and bilateral organizations. For example, UNICEF/UNDP and MACRO International

are now carrying out a survey in Kazakhstan with funding from USAID. This originated from the RAN work in Kazakhstan.

Summary of discussion on RAN

PAG members suggested that the time had come to progress to a novel way of implementing the RAN project. The main aim should be to train RAN participants on how to use new epidemiological concepts and then interpret their data. In the future participants should be encouraged to discuss the impact of nutrition on public health problems, such as morbidity and mortality. A new title for the project was suggested: **TANIA** (Training and Nutrition Information Assessment).

Originally the RAN project was designed to collect data which either refuted or supported the beliefs of health planners in CCEE/NIS concerning the nutritional status of their maternal populations. This concept should be enlarged to consider the perceived problems in a wider range of age groups. For example to consider choosing representative samples of children, older women and/or men. Although this approach will require more funds, it should not be an obstacle to developing a new strategy, with the collaboration of interested Collaborating Centres.

Our participant from Poland stressed that the Former Socialist Countries need *contact* with WHO. Primarily to help the scientists develop a new way of critical thinking. When WHO staff members meet with government leaders to discuss implications of data, generated by new research, this does have a positive impact. The subsequent decisions made by the politicians and policy makers in the CCEE/NIS are more likely to lead to improvements in Public Health.

Iodine Deficiency Disorder

Elimination of Iodine Deficiency Disorder

**Presentation by Dr Graeme Clugston, Chief, Nutrition Unit,
WHO Headquarters, Geneva**

There are only six countries in Europe where some degree of endemic iodine deficiency disorder (IDD) does *not* exist. This includes some of the Nordic countries, Switzerland, Austria and United Kingdom. In Europe overall, more than 11% of the population suffered from goitre in 1993. This indicates that many more will be suffering from subclinical iodine deficiency. Babies born to iodine deficient mothers are subjected to iodine deficiency and therefore potential impairment of mental capacity.

Many agencies are involved with highlighting the issue of IDD. ICCIDD employ 300 scientists and work with collaborating centres throughout the world. UN agencies are committed to the elimination of IDD by the year 2000. UNICEF is the main agency pushing for universal salt iodination

but UNDP (mainly in China) and the World Bank are also active in this field. Finally governments themselves are active often with technical support from WHO Headquarters.

WHO has a technical watch-dog role in IDD. This includes monitoring and maintaining an up-to-date data bank. WHO also assists in carrying out assessments, if required by countries. WHO Headquarters recently produced two booklets:

- Safe Use of Iodized Salt (to help prevent the development of thyrotoxicosis).
- Safe Use of Iodized Oil in Pregnancy.

Due to lack of funding, the Regional Office for Europe does not have any capacity to take part in these important activities.

Summary of discussion on IDD

Given its non-existent resources, the question was raised whether or not the Nutrition Programme at the WHO Regional Office for Europe should retain IDD as a proposed programme activity. There was an unanimous response that the subject of IDD should be kept on the agenda. External resources should be sought, with the help of Collaborating Centres, to carry out this vital work on IDD. Canada may be interested in supporting WHO. If not, then ODA (might fund an explicit coherent package for modest sums of money) or the World Bank could be a potential funding source.

There are several other steps that could be taken. Firstly the next ACC Sub Committee on Nutrition could provide a good forum for raising the issue of IDD because all the relevant UN agencies and WHO Regions are represented at the SCN. Secondly the issue of IDD should be placed on the agenda of the WHO Regional Committee. Before Collaborating Centres contact WHO delegations, who represent their countries at the Regional Committee, a paper needs to be prepared and funds raised to do this.

If funds are made available, WHO could consider coordinating a conference in 1997 with ICCIDD and UNICEF (the last one was in 1992). The next board meeting of ICCIDD could be held in Copenhagen since it is due to meet next in Europe (Professor Delange should be approached on this issue).

Infant and Young Child Nutrition

Dr Assia Brandrup-Lukanov, Regional Adviser for Sexuality and Family Planning, Ms Randa Saadeh (Nutrition Unit, WHO Headquarters, Geneva) and Dr Audrey Naylor (Wellstart International, WHO Collaborating Centre, San Diego) were welcomed to the meeting. The

reason for continued activity in the area of infant and young child nutrition is clear: The World Health Assembly has adopted 10 resolutions requesting the WHO Offices to assist Member states on this issue in various ways over the past 11 years.

WHO activities currently include:

- assessment of national breast-feeding statistics and development of a database, done by WHO Headquarters
- writing manuals for health workers on how to feed babies with and without problems
- developing guidelines for mothers on breastfeeding in emergencies
- running courses on lactation management for health workers
- supporting the development of national breastfeeding policies
- preparing a compendium of scientific articles
- promoting the maternity ward routine changes described in the 1989 Joint UNICEF/WHO statement: (in English and Russian)

The WHO Regional Nutrition Programme has received substantial funding from the Norwegian "Barents Initiative". This supports the UNICEF/WHO Baby-Friendly Hospital Initiative (BFHI) in North Western Russia.

Summary of discussions on infant and young child nutrition

It was agreed that a list of all materials in the area of infant and young child nutrition should be available to interested Collaborating Centres.

The importance of having a continued coordinated strategic approach to activities in the area of infant and young child nutrition was stressed by the Advisory Group. This approach should be reflected within individual countries. For example a gap in comprehension may exist between the policies of the Ministries of Health and the work of the health professionals. A further, detailed discussion was held following the Programme Advisory Group meeting between the Regional Adviser for Nutrition, the WHO Collaborating Centre in San Diego and Randa Saadeh, Nutrition Unit/WHO Headquarters.

Nutrition Summer Schools

Nutrition in CINDI - Summer Schools

During a short introduction, the Regional Adviser for Nutrition described the historical development of nutrition science in the former Soviet Union. The shortage of pharmaceuticals in the CCEE/NIS steered doctors to invent a therapy called "dietotherapy". Food was used in a curative, rather than in a health promoting mode. Moreover food was thought to be contaminated by the environment and so was perceived to precipitate health problems. Special curative diets were formulated for affected

groups of the population. This analysis of the situation led to WHO's current approach to programme activities in CCEE/NIS. As a result some countries, such as Poland, have helped the Nutrition Programme bridge the gaps in the approach to critical thinking, between East and West.

The CINDI programme, presented by Dr Igor Glasunov, Regional Adviser for the Countrywide Integrated Non-communicable Diseases Intervention Programme (CINDI)

Dr Glasunov presented the CINDI programme, which comprises 23 European countries and Canada. Its aim is to promote prevention of non-communicable diseases by:

- combining health promotion and disease prevention through intersectoral collaboration and community involvement.
- enhancing the role of health professionals
- making better use of existing resources

The CINDI Programme includes demonstration projects, information systems, intervention packages and nation-wide activities. The Programme is realised through common policy frameworks (i.e. agreement on goals, strategies and evaluation), common protocols and resource building.

The CINDI network has just finalized the EUROHEALTH action plan. The working group on nutrition has not been very active, but this is likely to change due to the new cooperation between the Centre for Nutrition and Toxicology, Sweden and David McLean (leader of the nutrition working group). Dr Glasunov invited anyone interested to collaborate within CINDI.

He described the main achievement as follows:

- creation of a network
- development of a policy framework on NCD
- setting guidelines for prevention in primary care
- creation of a scientifically based information system
- demonstration of the impact of CINDI on health
- the CINDI EUROHEALTH Action Plan

Summer Schools on Public Health Nutrition

Dr Aileen Robertson presented an overview of the summer schools held so far in Birstonas, Lithuania (1993), Ciecochinek, Poland (1994) and Arkhangelsk, Russia (1995). The overall aim of the Summer Schools is to review current issues in public health nutrition for health professionals in the CCEE and NIS countries, to encourage their interest in the subject.

The specific objectives of the summer school project are:

- to provide a forum to discuss common problems in public health nutrition
- to bring together experts from CCEE/NIS, Europe, USA and Canada
- to present and discuss the state of the art *inter alia* the diet health relationships, nutrient requirements and recommendations, food and nutrition policy, community nutrition and communication techniques
- to create a student centred learning environment
- to improve communication skills

Summary of discussion on summer schools

Additional subjects were recommended for inclusion into the summer school curriculum: management skills, initiating research and food safety.

A strategy to complement the summer schools was recommended. Three to five candidates should be identified from each summer school. Their professional development should be sustained by continuing to attend appropriate nutritional post-graduate courses. Four participants from summer schools have already attended the four week Community Nutrition Course at the Centre for Nutrition and Toxicology in Huddinge, Sweden. In the future, perhaps Professor J. Hautvast from the WHO Collaborating Centre at Wageningen Agricultural University could be asked whether it would be possible to reserve places on the annual European Leadership Course.

Dr Anna Verster, Regional Adviser for Nutrition, WHO Regional Office for the Eastern Mediterranean, described the training manuals being developed by that Regional Office. The modules cover the following areas: biostatistics, epidemiology, community nutrition, management and writing project proposals. These materials should be shared by all WHO Regional Offices and could possibly be used for teaching on future Summer Schools.

Sustained long-term networks should be developed with both the former Summer School participants and the Institutes where they work.

Emergency Preparedness

Nutrition information systems for Emergency Preparedness

In suspected famines the purpose of a nutrition information systems is to:

- confirm or refute whether a nutritional emergency exists
- if a nutritional emergency does exist, estimate its magnitude

- assess the impact on mortality, morbidity and nutritional status
- identify the most effective measures to minimize the impact of a nutritional emergency.
- monitor the effectiveness of nutrition response over time.

Nutritionally vulnerable groups are often used as a proxy for the overall nutritional situation in a population. Traditionally, during emergencies, developing countries, only children under five years are measured. In CCEE, children may not provide a good nutritional proxy. The elderly living without any adult support and/or adult women may provide a valid alternate proxy. These assumptions should be tested in order to validate which vulnerable group provides the best potential proxy of the nutritional situation in CCEE.

Summary of discussion of emergency preparedness

The lack of primary data on nutrition during emergencies was discussed. It was suggested that more use could be made of secondary data, comparable to the approach used by the WHO Collaborating Centre for Nutrition in Rome in the development of food and nutrition policy in Italy. It was concluded that there was a need for more exchange of information by the academic centres working in this area. The co-ordination of NGOs and other agencies working in humanitarian assistance could be improved. Lessons should be learnt and documented from the different experiences. This should form a major part of WHO Nutrition's new role in emergency preparedness.

Commercial sponsorship

A recently broadcasted commercial video, highlighting how a NGO fund-raises using the media, was shown to the Advisory Group. The video claimed that children were dying because their undernourished mothers were unable to breastfeed. This video, helped to illustrate the intricate involvement between the food industry and nutrition policy makers and scientists. It opened a discussion on whether or not the WHO Nutrition Unit should be receptive to accepting sponsorship from industry.

Summary of discussion on sponsorship

The WHO Nutrition Unit, in the future, may wish to consider applying to a foundation rather than applying for funds from only one company, which may have a specific vested interest.

Generally, however, the Advisory Group considered it strategically unwise for WHO to take money from industry. Before considering such an option there would be a need to work out the legal strategies before accepting any money from industry. Any offer would be accepted only if

it was compatible with the rather strict internal WHO guidelines and the ethical considerations of the Regional Adviser for Nutrition.

Conclusions and Recommendations

The conclusions and recommendations of the meeting, being of far-reaching importance for the Programme were discussed on 14 September 1995 between the Regional Director, Dr J.E. Asvall and the Chair and Co-Chair of the meeting (Professor W.P.T. James and Dr Arne Oshaug). Dr Asvall stated that he was "truly impressed by the innovative and pragmatic thinking in how to run the programme".

It was clear following the first two days of the meeting that in order to continue to benefit public health nutrition in the European Region, the Nutrition Programme needs to harness the support from colleagues and collaborating institutions in the Region. The way to do this would be to form mini-consortia on various areas of action. The Collaborating Centres were clearly ready to contribute to this concept, especially in areas where the work of the Nutrition Programme coincides with that of the institutions.

WHO's role would have to be more managerial than it had been in the past, with less emphasis on the staff carrying out field work and more on assisting Collaborating Centres and others to find the funds, and to see to it that appropriate quality control is exerted.

Two main areas emerged:

1. Priority research, training or policy areas

In areas relevant to the WHO Nutrition Programme, Collaborating Centres would form "miniature networks" that could, with the guidance of WHO, function on behalf of the Programme within defined areas. The "miniature networks" would form consortia who, on behalf of WHO would raise funds, network and take action.

2. Institution strengthening

In the area of institution strengthening, four "institution building" foci were created, namely the CCs in Oslo, Stockholm, Berlin and the WHO Programme itself.

The concepts were elaborated in practical terms as follows:

1. Priority research and training underpinning policy

Areas were defined and institutions constituting a consortium volunteered (or were, in some cases, volunteered). In each group, a lead institute was defined. Each consortium would meet and define its overall strategic plan, and then report back to WHO. This meeting would take place as soon as possible in the coming

months. A new meeting of Collaborating Centres would be foreseen within one year, to review and continue the process once it is under way.

Collaborating Centres proposed to network in the various areas are listed below (for the sake of brevity, the CCs are here defined by geographical location only. A detailed list of the Collaborating Centres attached to the Regional Nutrition Programme can be found in Annex 2.

- **Breastfeeding:**
San Diego (lead institute), Berlin, Oslo, Copenhagen and Stockholm (the latter a CC-designate).
- **Elimination of Iodine Deficiency Disorders:**
Zeist, Wageningen, Copenhagen, Aberdeen, Warsaw, Berlin.
- **Rapid assessment and action in emergencies:**
Rome (lead institute), Aberdeen, Wageningen, Uppsala.
- **Advanced training in nutrition:**
Oslo (lead institute), Athens, Aberdeen, Wageningen, Stockholm
- **Non communicable diseases:**
Aberdeen (lead institute), Rome, Wageningen, Warsaw, Oslo, Stockholm
- **Physical activity:**
Stockholm, (lead institute), Rome, Oslo, Aberdeen
- **Food safety (added when further considered within the overall plan):** *Zeist (lead institute) Copenhagen, Berlin*

The overall idea being to reduce the workload of the Nutrition Programme, the mini-consortia would have to structure their long-term concerted strategy in line with accepted nutrition programme activities, rather than start new activities that could eventually add to the burden of the programme.

The Collaborating Centres would act in their technical advisory capacity, as foreseen in the WHO Manual, but with a greater administrative and executive activity than usually seen. Each of the consortia would have to act without expecting technical or administrative inputs from WHO.

The WHO Regional Nutrition Programme would, on its side, share the material and contacts that inevitably flow to the Programme as a result of its visibility on the nutrition scene, with the lead institute in the relevant area, and the lead institute would then see to it that

the other member institutions in each consortium is informed/copied. The flow of action would then come from the various consortia rather than from WHO.

2. Selective institutional development and networking in central and eastern Europe

In this area, Collaborating Centres should formalize their assistance to WHO and state their readiness to support institutional development in a systematic fashion. Three Collaborating Centres volunteered to make themselves available, each accepting to work within a specific geographical area. The selection of countries was based on the list of countries who in their bi-lateral agreements with WHO, the so-called Medium Term Programmes, had listed nutrition as an area in which they wanted collaboration.

- **WHO Collaborating Centre for Nutrition Education, Oslo:** Kazakhstan, and the Central Asian republics (Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan)
- **WHO Collaborating Centre for Nutrition, Berlin:** Central Europe (Poland and Bulgaria)
- **WHO Collaborating Centre for Community Nutrition, Stockholm:** Russia
- **WHO Nutrition Programme:** Estonia, Belarus, Armenia, Georgia

These took it upon themselves to form working groups for institution strengthening. Again, it was agreed that sub-groups might wish to meet to draw up a work plan, for presentation at the next meeting of Collaborating Centres, which might be held at either the Berlin, the Stockholm or the Oslo Collaborating Centres.

The first draft work plans will be published in the WHO Collaborating Centres for Nutrition Newsletter, which should get out before Christmas. The Stockholm Collaborating Centre took it upon themselves to publish the Newsletter this time.

The Nutrition team should, in the coming months, concentrate its energies on writing up a five-year plan for Nutrition in the WHO Regional Office, building on the above. In so doing, special efforts will be made to make sure, as requested by the Regional Director, that a coherent message emerges from these joint efforts, and that this message is in line with the Health For All principles. The main task is to agree, with each of the "mini-consortia" on precise workplans including feedback and monitoring mechanisms.

ANNEX 1

Concluding remarks by Professor W.P.T. James, Vice-Chairman of the Meeting

In concluding this Advisory Group I believe it is important to recognize that the meeting has been extremely successful with a well organized programme developed by Dr Elisabet Helsing and her colleagues. I would suggest that we have seen three major developments on this visit. First, the evidence of substantial achievements in developing practical solutions to European nutritional needs. Secondly, there is clear evidence that the political changes in Central and Eastern Europe have led to unprecedented demands for help and thirdly, the European office has become overwhelmed with a huge work load at a time of enormous opportunity.

First the achievements. Apart from the new network established by WHO, the success of its Summer Schools for nutritionists for the newly independent states (NIS) and the emergency work in ex-Yugoslavia, the Centres have also contributed new ways for assessing the likely impact of different iodination strategies, new ways of defining national nutritional priorities using a staged analysis of pre-existing medical and other statistical data, novel evidence of the earliest biological desires of the newborn to breast feed, new insights into the complex processes involved in developing effective national policies on nutrition and public health and books on planning and managing community nutrition and on nutrition education.

The second development relates to the overwhelming demand for help by Central and Eastern European countries. As structures change nutritionists and public health workers in the NIS are confronted with reassessing and justifying their work in a welter of privatization, industrial demands and health service changes. The need for expert advice is escalating and is becoming insatiable. Yet the Western WHO Collaborating Centres are having to justify their own existence not on the basis of teaching/training advice/material support provided to colleagues further East but on the basis of their research output. This research support is the basis on which it is able to provide the staff to help in Central and Eastern Europe. The devising of a collaborative network of overlapping research interests between the Western Collaborating Centres at this meeting could provide a new way of coping with these demands.

Finally we come to the issue of the WHO office in Copenhagen. Any rational analysis would suggest the need for more core support but given the constrained finances of WHO, the Advisory Group clearly sees the need for them to change their work from a reactive process of coping - at great personal cost - to a new coherent strategy based on priority settings. Each subgroup now being formed in our European network of Collaborating Centres will have clear responsibilities to deal with a specific issue, e.g. breast feeding, iodine deficiency disorders, physical activity, nutrition in emergencies or nutrition education. This means that all "general enquiries" can be referred to the selective subgroup led by one WHO collaborating centre.

The priority demands for institutional building are very different from these research networks, but may, in due course, involve the specific topics being promoted by the research subgroups. Institutional building involves the nurturing of a wide range of expertise appropriate to the needs of the country concerned but developed in such a way that the Centre, University department, privatized group or Institute becomes a facility or grouping which can allow the synergy of interests needed for effective nutritional work to flourish. WHO cannot help with this building process unless a deliberate policy is implemented of not responding in an *ad hoc* way to the welter of requests for help from Central and Eastern Europe. So travel aimed at further

networking or to cope with individual requests for help should be curtailed. We recommend that new consortium is established for the explicit purpose of institutional building on a regional basis, e.g. in the Central European republics plus Kazakhstan, in Central Europe and in Russia. The WHO office will need to be involved to a minor extent in the allocation of geographical responsibilities and with their own tasks for dealing with some countries so that the principles of institutional building can evolve conjointly together with collaborating centres and with the WHO office contributing.

The essence of WHO's work should therefore be one of implementing a 5 year plan based on earlier work but now developed in line with the strategy set out during our 3 days of discussions. The Centres could come to play a new integrated role in developing effective programmes for the Region and thereby demonstrate the importance of a continued and indeed enhanced commitment to nutrition in Central and Eastern Europe. The WHO collaborating centres will promote this strategy within WHO and regionally so that Dr Elisabet Helsing and her colleagues can ensure the emergence of a nutrition plan appropriate to the needs of the Region. If this is achieved it will justify the time and effort of the Nutrition Unit's administrative personnel (Sally Charnley and Anne Jakobsen) in facilitating the meeting and of Dr Elisabet Helsing, Eric Poortvliet and Dr Aileen Robertson in producing such useful reports on the work undertaken so far.

ANNEX 2

List of WHO Collaborating Centres for Nutrition in the WHO European Region

Danish Catering Centre
WHO Collaboration Centre for Mass Catering
Hørkær 2
DK 2730 Herlev
Denmark
Att.: Dr. Orla Zinck
Phone: + 45 44 94 24 90
Fax: + 45 44 94 24 70

Department of Health Risks and Prevention
WHO Collaborating Centre for Nutrition
Epidemiology
Robert Koch-Institute
Nordufer 20
D-13353 Berlin
Germany
Att.: Michael Thamm
Phone: + 49 30 78007 197
Fax: + 49 30 78007 203

Athens School of Public Health
Department of Nutrition and Biochemistry
WHO Collaborating Centre for Nutrition Education
Leof. Alexandros 196
Athens
Greece
Att.: Professor Antonia Trichopoulou
Phone: + 30 1 64 61 831
Fax: + 30 1 64 36 536

Unit of Human Nutrition
National Institute of Nutrition
WHO Collaboration Centre for Nutrition
Via Ardeatina 546
I-00179 Rome
Italy
Att.: Professor Anna Ferro-Luzzi
Phone: + 39 65 04 26 77
Fax: + 39 503 15 92
Tlx: 61 01 73 inn i

Institute of Regional Problems of Nutrition
WHO Collaborating Centre for Nutrition
Klochkova 66
480008 Alma Ata
Kazakhstan
Att.: Professor T.S. Sharmanov
Phone: + 7 3272 42 07 20
Fax: + 7 3272 42 07 20

Department of Human Nutrition
WHO Collaborating Centre for Nutrition
Agricultural University
De Dreijen 12
NL-6703 BC Wageningen
The Netherlands
Att.: Professor J.G.A.J. Hautvast
Phone: + 31 837 08 25 89
Fax: + 31 837 08 47 62
Tlx: NL 450 15

Department of Human Nutrition
TNO Toxicology and Nutrition Institute
WHO Collaborating Centre for Nutrition
Utrechtseweg 48
3704 HE Zeist
The Netherlands
Att.: Dr Michiel Löwik
Phone: + 31 34 04 44 144
Fax: + 31 34 04 57 952

Nordic School of Nutrition
WHO Collaborating Centre for Advanced Training
University of Oslo
P.O. Box 1046, Blindern
0316 Oslo
Norway
Att.: Dr Arne Oshaug
Phone: + 47 22 85 13 79
Fax: + 47 22 85 13 41
Tlx: 724 25 unios n

National Food & Nutrition Institute
WHO Collaborating Centre for Nutrition
ul. Powsinska 61/63
02903 Warsaw
Poland
Att.: Dr Lucjan Szponar
Phone: + 48 22 42 21 71
Fax: + 48 22 42 11 03
Tlx: 81 68 54 izz pl

WHO Collaborating Centre under designation
The Rowett Research Institute
Boyd Orr Research Centre
Greenburn Road, Bucksburn
Aberdeen AB2 9SB
United Kingdom
Att.: Professor W.P.T. James
Phone: + 44 224 712751
Fax: + 44 224 715349
Departments of Nutrition and epidemiology
WHO Collaborating Centre for Nutritional
Epidemiology
Harvard School of Public Health

677 Huntington Avenue
Boston
Massachusetts 02115
USA
Att.: Professor Walter Willett
Phone: + 1 617 432 10 50
Fax: + 1 617 566 78 05

Wellstart International
WHO Collaborating Centre on Breastfeeding
4062 First Avenue
San Diego CA 92103
USA
Att: Dr Audrey Naylor
Phone: + 1 619 295 5192
Fax: + 1 619 574 8159

WHO Collaborating Centre under designation
Unit for Preventive Nutrition
Centre for Nutrition and Toxicology (CNT)
Novum
S-141 57 Huddinge
Sweden
Att.: Agneta Yngve
Phone: + 46 8 608 92 09
Fax: + 46 8 774 68 33

ANNEX 3

List of participants**Temporary advisers**

Professor Anna Ferro-Luzzi
Unit of Human Nutrition
WHO Collaborating Centre for Nutrition
Rome
Italy

Professor W.P.T. James (*Vice-Chairman*)

Director
WHO Collaborating Centre on Nutrition
The Rowett Research Institute
United Kingdom

Dr Michiel Löwik
WHO CC for Nutrition
Department of Human Nutrition
TNO Toxicology and Nutrition Inst.
Netherlands

Dr Anne Murcott
Professor of the Sociology of Health School of
Education and Health Studies
South Bank University
103 Borough Road
London SE1 0AA
United Kingdom

Dr Audrey J. Naylor
President and Co-Director
WHO Collaborating Centre on Breastfeeding
Wellstart International
San Diego
United States of America

Dr Arne Oshaug (*Chairman*)
Researcher
WHO Collaborating Centre for Advanced Training in
Nutrition
University of Oslo
Nordic School of Nutrition
Oslo
Norway

Professor T.S. Sharmanov (*Honorary Chairman*)
Institute of Regional Problems of Nutrition
WHO Collaborating Centre for Nutrition
Almaty
Kazakhstan

Dr M. Sjöström
WHO Collaborating Centre on Nutrition
Unit for Preventive Nutrition
Center for Nutrition and Toxicology
Novum
Huddinge
Sweden

Ms. Bärbel Sonnenberg
Robert Koch-Institute
WHO Collaborating Centre
Federal Republic of Germany

Dr. Wija van Staveren
WHO Collaborating Centre for Nutrition
Int. Union of Nutritional Sciences
Agricultural University
Wageningen
Netherlands

Dr Lucjan Szponar
Director
WHO Collaborating Centre for Nutrition
National Food and Nutrition Institute
Warsaw
Poland

Mr Michael Thamm
Department of Health Risks and Prevention
WHO Collaborating Centre for Nutrition
Epidemiology
Robert Koch-Institut
Berlin
Federal Republic of Germany

Professor Antonia Trichopoulou
Athens School of Public Health
Department of Nutrition and Biochemistry
WHO Collaborating Centre for Nutrition Education
Athens
Greece

Ms Agneta Yngve
WHO Collaborating Centre on Nutrition
Unit for Preventive Nutrition
Center for Nutrition and Toxicology
Novum
Huddinge
Sweden

Dr Orla Zinck
Danish Catering Centre
WHO Collaborating Centre for Mass Catering
Herlev
Denmark

Observers

Ms Karin Bemelmans
Directorate for Nutrition and Product Safety
Ministry of Welfare, Public Health and Cultural
Affairs
P.O. Box 3008
NL-2280 Rijswijk
The Netherlands
Fax No: 31703405177

World Health Organization

Regional Office for Europe(1)

Dr Igor S. Glasunov, Regional Adviser, CINDI
Dr Elisabet Helsing, Regional Adviser for Nutrition
Eric Poortvliet, Consultant, Project on Rapid
Assessment of Nutrition
Dr Aileen Robertson, Consultant, Nutrition Unit
Tine Dige Vinther, Consultant, Nutrition Unit

Support staff:

Sally Charnley, Programme Assistant
Anne Jakobsen, Secretary
Zsuzsanna Edelenyi, Secretary

**WHO Regional Office for the Eastern
Mediterranean**

Dr Anna Verster, Regional Adviser, Nutrition, Food
Security and Safety

WHO Headquarters, Geneva

Dr Graeme Clugston, Chief, Nutrition
Dr Randa Saadeh, Nutrition Unit

World Health Organization
Regional Office for Europe (1)
Nutrition Unit
Scherfigsvej 8
2100 Copenhagen
Denmark
Telephone: 45 - 39 17 13 62/1226
Fax: 45 - 39 17 18 18
E-mail:
Elisabet Helsing: ehe@who.dk
Eric Poortvliet: epo@who.dk
Sally Charnley: sal@who.dk