CROATIAN NUTRITION POLICY
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MULTISECTORAL APPROACH IN DEVELOPING FOOD AND NUTRITION POLICY

- PARTICIPANTS FROM DIFFERENT SECTORS:
  - food producers
  - food industry
  - food safety
  - education
  - consumer associations
  - health / nutrition
  - environment protection
  - retailers
BASIS FOR SETTING OF NATIONAL FOOD AND NUTRITION POLICY:

- 1995. “Croatian agriculture at crossroads“/ strategic document
- 1996. World Food Summitt
- 1996. Nutrition Board of the Croatian Academy of Medical Sciences + National Health Council of the Ministry of Health of Croatia initiated preparation of Food and Nutrition Policy
- 1996. ICN Follow up Conference in Warshaw
- 1999. Croatian Food and Nutrition Policy adopted
• Based on:
  • WHO AND FAO RECOMMENDATIONS AND GUIDELINES

National:
• Health situation analysis
  • Nutritional status and dietary habits analysis
  • Food security and availability analysis
  • Food safety analysis
  • Legislation
Situation analysis:

**Lifestyles**

**Inadequate nutrition:**
- Irregular meals
- High consumption of fats, sugars and industrially refined foodstuffs
- High intake of salt
- Frequent soft drinks consumption
- Alcohol abuse
- Inadequate consumption of fruits and vegetables

- **Sedentary lifestyle**
NCDs

CVD / CHD and CVI

Malignant Diseases

Diabetes type II

Obesity
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischaemic heart diseases</td>
<td>19,37</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>15,49</td>
</tr>
<tr>
<td>Heart failure</td>
<td>5,87</td>
</tr>
<tr>
<td>Malignant neoplasms of trachea, bronchus and lung</td>
<td>5,27</td>
</tr>
<tr>
<td>Malignant neoplasms of colon, rectum and anus</td>
<td>3,56</td>
</tr>
<tr>
<td>Chronic liver diseases, fibrosis and cirrhosis</td>
<td>2,51</td>
</tr>
<tr>
<td>Bronchitis, emphysema, asthma</td>
<td>2,50</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>2,49</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>2,03</td>
</tr>
<tr>
<td>Hypertensive diseases</td>
<td>1,98</td>
</tr>
</tbody>
</table>

The leading causes of death in 2008 were circulatory diseases(591.2/100,000), followed by neoplasms (299.3/100,000). These two disease groups accounted for three quarters of overall causes of mortality.

Nutritional status – adults

- **BMI < 18.5**
  - 0.1% M
  - 0.2% F

- **BMI 18.5 - 25**
  - 31% M
  - 50% F

- **BMI 25 - 30**
  - 48% M
  - 35% F

- **BMI > 30**
  - 21% M
  - 15% F

Prevalence of overweight and obesity in children age 7-15 according to BMI 2000-2005 (Coll standards)

- **Boys**
  - *Overweight*
  - 12.2% (10.4-14.3%)
  - *Obese*
  - 3.6%(1.7-5.4%)

- **Girls**
  - *Overweight*
  - 13.3% (11.7-16.6%)
  - *Obese*
  - 3.0%(1.9-5.4%)
Nutrient content and structure of daily energy intake in Croatian households in 2008

- Carbohydrates: 47%
- Proteins: 14%
- Fats: 39%

*HHBS
Croatian State Bureau of Statistics
Average intake of foodstuffs and energy person/day

- **meat**: meat 120 g + poultry 50g + fish 20 g
- **milk**: milk 0.3 L + cheese 20 g
- **cereals and potato**: cereals 300 g + potato 180 g
- **fruits and vegetables**: fruits 140 g + vegetables 160 g
- **fats**: oils, fats, lard 55 g
- **sugar**: 40 g
- **alcohol drinks**: wine 30 ml, beer 50 ml, spirits 3 ml
- **AVERAGE DAILY ENERGY INTAKE 2450 kcal**
CFNP GOALS

SPECIFIC OBJECTIVES AND TARGETS

1. To increase by 20% the proportion of the population with an adequate bodyweight (weight for height) in all age groups, which should result in a reduction of the number of under or overweight persons.

2. To improve nutritional awareness and achieve an early age knowledge about healthy nutrition, healthy nutrition habits and dietary requirements in all population segments.

3. To modify dietary habits in order to achieve:
   * a 20% reduction in salt consumption
   * 15% reduction in total fat consumption, (particularly a 25% reduction in animal fats)
   * reduction in refined carbohydrates
   * 25% increase in fresh fruit and vegetable consumption
   * 25% increase in milk and dairy produce consumption
   * higher consumption of fresh fish.
4. To reduce by 20% the prevalence of iron deficiency anemia, particularly in the vulnerable population such as a preschool and school children, pregnant and lactating women.

5. To eliminate iodine deficiency.

6. To increase the percentage of mothers who exclusively breastfeed their children up to the age of about 6 months from the present 30% to 50% or more.

7. To decrease the incidence, and, where possible, to eliminate the occurrence of foodborne diseases (food infections, intoxications and other complications caused by contaminated foodstuffs and dishes).

8. Ensure that food safety measures are a priority throughout the food chain (process, distribution and preparation) by applying the HACCP and GMP (from field to table).

9. Decrease the incidence of tooth caries.
Strategy.

*Provide a proper education* for professionals in the field of nutrition at all levels;

*Give priority to nutrition policy objectives in the field of public health* programs targeting the prevention and controlling specific micronutrient deficiencies (reevaluation of iodine prophylaxis, prevention of iron deficiency anemia etc.);

*Strengthen collaboration with food industry* in implementing different programs (food fortification, production of healthier foodstuffs, such as reduced sodium content, decrease in saturated fats etc.);

Update and *expand national food composition database*;

*Conduct food quality and food safety controls* in line with the international quality and procedure standards (EU and Codex Allimentarius Commission WHO/FAO).

*Establish a continuous national monitoring of food contaminants* and their intakes in order to assess possible health risks for different population segments according to ADI (acceptable daily intake) and PTWI (provisional tolerable weekly intake).

*Ensure the implementation of an HACCP* practice along the whole food processing chain.
• **Taking care of the socioeconomically disadvantaged** and nutritionally vulnerable groups by providing them with an adequate diet (poor, elderly etc.). It is necessary to address the problem of organized distribution or preparation of meals for the single living elderly residing in remote areas and villages.

• **Ensure an adequate nutrition for the school children** in elementary and high schools through organized catering and delivery of school lunch programs.

• **Improve workers’ nutrition** via organized meal catering at work place.

• **Promote the healthy diet and ensure consumer information** about the nutritional value of served meals in hotels and restaurants, especially in tourist areas. Since Croatia is a Mediterranean country, this also presents an opportunity to promote the traditional Mediterranean diet as a healthy diet.

• **Implement the National breastfeeding strategy which observes the International Code.**

• **Continue monitoring the nutritional status** and diets of different population groups.

• **Conductuously conduct public health nutrition education and promotion of healthy lifestyles** (healthy nutrition, physical activity, nonsmoking etc.) with the aim of preventing the leading noncommunicable chronic diseases, such as cardiovascular and cerebrovascular disease, hypertension, osteoporosis, diabetes and some cancer sites.
CROSS SECTORAL COLLABORATION NEEDED

- Ministry of agriculture, fisheries and rural development
- Ministry of health and social welfare
- Ministry of science, education and sports
- Ministry of environmental protection, physical planning and construction
- Ministry of economy, labour and entrepreneurship
- Food industry
- Media
- etc
Agricultural sector:

- Strategy for development of agriculture / horizons 2010
- Ecologically Safe Agricultural production Act - adopted
- Harmonization and adoption of EU legislation pertaining food safety issues
National food and nutrition action plan

2008

-2012

Goal:

Improve nutrition and health status of population

? MoAg
WHO strategic documents

• Global Strategy for Diet, Physical activity and Health, WHA 2004
• European Charter on Counteracting Obesity 2006
• WHO European Action Plan for Food and Nutrition Policy 2007-2017
• Challenge of obesity in the WHO European Region and strategies for response
• Food and health in Europe: a new basis for action
EVALUATION

1. Monitoring the population’s nutritional status with a focus on vulnerable groups.
2. Monitoring of dietary habits, food availability and food intake.
3. Monitoring of food safety indicators
4. Analysis of health indicators / mortality and morbidity trends
Obstacles:

- Timely administrative procedures
- Coordination between sectors
- Conflict of interests among different sectors
- Insufficient financial resources