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ALBANIA

NATIONAL ACTION PLAN FOR FOOD AND NUTRITION 2013–2020

TIRANA, 2012



REPUBLIC OF ALBANIA

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FOREWORD

Albanian Food and Nutrition Action Plan (AFNAP) 2013-2020 has been developed in the framework of the Joint Programme on Nutrition implemented by the Ministry of Health (MoH) and the Ministry of Agriculture, Food and Consumer Protection (MoAFCP) with support from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Food and Agriculture Organization of the United Nations (FAO) and funded by the Spanish Millennium Development Goals Achievement Fund.

The Plan has been developed with the inputs of five line ministries: Ministry of Health, Ministry of Agriculture, Food and Consumer Protection, Ministry of Education and Science, Ministry of Labour, Social Affairs and Equal Opportunities, Ministry of Finance and the respective local and national institutions.

An intersectoral working group with representatives from five abovementioned line ministries conducted an assessment of the previous NAPFN 2003–2008 with WHO providing technical assistance on the assessment methodology. The foundation for developing AFNAP 2013-2020 is based on the critical evaluation of the previous NAPFN and an analysis of the current health and nutritional status of the Albanian population.

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ABBREVIATIONS

ADHS	Albania Demographic and Health Survey (2008–2009)
FAO	Food and Agriculture Organization of the United Nations
FBO	Food Business Operators
GDP	Gross Domestic Product
HACCP	Hazard Analysis and Critical Control Point
HBSC	Health Behaviour in School-aged Children
IEC	Information, Education and Communication
INSTAT	Institute of Statistics
IPH	Institute of Public Health
IZHA	Institute of Education Development
MoAFCP	Ministry of Agriculture, Food and Consumer Protection
MoES	Ministry of Education and Science
MoETE	Ministry of Economy, Trade and Energy
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSAEO	Ministry of Labour, Social Affairs and Equal Opportunities
NAPFN	National Action Plan for Food and Nutrition
NCD	Noncommunicable Disease
NFA	National Food Authority
NGO	Nongovernmental Organization
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
VUSI	Veterinary University Studies Institute

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I. INTRODUCTION

I.1 Background

Albania is located in south-eastern Europe in the Balkan Peninsula. It borders Montenegro to the north-west, Kosovo to the north-east, the former Yugoslav Republic of Macedonia to the east, Greece

to the south, and the Adriatic Sea and the Ionian Sea to the west (see Fig.1). Albania has a total area of 28 748 km² (1) which is mainly mountainous except for the lowlands on the western side.

Fig.1. Map of Albania



Source: United Nations (2).

The population of Albania is 2 831 741 inhabitants of which 53.7% live in urban areas (3). About one fourth of the population, 23.4%, is under 15 years of age and 1 560 000, about 50%, are of active age (4). In 2009, the total number of live births was 34 114 or approximately 11 live births per 1000 population (4).

Since 1993, Albania has been divided into 12 administrative areas called prefectures. The central government appoints the administrators of each prefecture. On average each prefecture consists of three districts and each district has at least one municipality and several communes. Albania has 65 municipalities and 308 communes (5), each with a locally-elected government.

Agriculture is one of the most important sectors of the Albanian economy contributing 17.3% to the country's gross domestic product (GDP) (6). Approximately 46.3% of the population lives in rural areas (3) and agriculture continues to be the primary source of employment.

Albania has experienced a high rate of economic growth and a substantial reduction in poverty in recent decades. Despite the significant reduction of poor or very poor families, in general, the prevalence of malnutrition in infants and young children, particularly growth retardation, remains relatively high in Albania. Over the last decade rural poverty has declined steadily. While the national incidence of poverty fell from 18% in 2005 to 12.4% in 2008, the reduction was almost twice as fast in rural areas, falling from 24.2% to 14.6% (7). The depth and severity of poverty showed similar sustained declines. Extreme poverty (8) in rural areas is approximately 1.2% (7). In the central and coastal rural areas where the majority of the rural population is concentrated, the poverty rate has fallen from 26% to 11% between 2005 and 2008 in central rural areas and from 20% to 15% in coastal areas in the same time period. The poverty rate remains highest in rural mountain areas, although it has declined

from 50% to 30% between 2002 and 2005 (7).

Poverty is the main, but not the only cause of hunger, malnutrition and food insecurity. Social inequality, lack of education, inadequate health services and inadequate knowledge of basic nutrition and feeding practices are important factors that directly affect nutritional status. Investments in each of these areas are critical to breaking the cycle of poverty and malnutrition. Strategies and interventions from the National action plan on food and nutrition (NAPFN) 2013–2020 recognize that poverty, hunger, poor health, lack of education, and social and economic discrimination are closely related to each other. This Plan intends to address, in an integrated manner, all the causes of malnutrition and food insecurity in order to increase and improve the nutritional and health status and quality of life of the Albanian population. The Plan has been developed using a framework provided by the United Nations Joint Programme on Nutrition and is funded by the Spanish Millennium Development Goals Achievement Fund. It is implemented by the Ministry of Health (MoH) and the Ministry of Agriculture, Food and Consumer Protection (MoAFCP) with support from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Food and Agriculture Organization of the United Nations (FAO). The Plan has been developed with the input of all line ministries and local and national institutions.

An intersectoral working group – MoH; MoAFCP; Ministry of Education and Science (MoES); Ministry of Labour, Social Affairs and Equal Opportunities (MoLSAEO); and Ministry of Finance (MoF) – conducted an assessment of the NAPFN 2003–2008 with WHO providing technical assistance on the assessment methodology. The foundation for developing this Plan is based on a critical evaluation of the previous NAPFN 2003–2008 and an analysis of the health and nutritional status of the Albanian population.

I.2 The importance of nutrition for health and development

The health and nutritional status of a population can be used as an indicator of the development status of a country and reflects the coordinated efforts and performance of social, economic, agricultural, education and health sectors. Good health and nutrition is essential for an individual's well-being and important for national development. A healthy population, well-nourished and educated, constitutes the foundation for economic and social growth and development. The development process should aim to ensure that all people have an economic and social environment which allows them to lead active, healthy and productive lives. To achieve this goal, policies and programmes should be oriented towards human capital development including improving nutritional well-being.

It is widely known that food insecurity is one of the main causes of malnutrition. Food security is defined as having physical, economic and social access to safe, sufficient and nutritious food that meets the dietary requirements for an active and healthy lifestyle (9). Food insecurity – the lack of such access – has a negative effect on a person's normal growth and development and may prevent them from leading active and healthy lives. Food insecurity may be due to a lack of available food, insufficient purchasing power, inappropriate distribution or inadequate use of food at the household level. Lack of access to food, health and hygiene, and inadequate social environments are the main causes of malnutrition.

Taking into account the severity of malnutrition in Albania (10), this Plan provides a range of interventions to reduce undernutrition among infants, children and women. Undernutrition is the main cause of death among infants and

children and can cause permanent physical and mental damage. Undernutrition among children under the age of two causes irreversible physical and mental damage and has long-term consequences for their health, job skills and economic prosperity. The effects of poor health – low economic productivity and poor social development – not only follow the individual into adulthood, but are likely to be passed on to other generations; girls and women who were undernourished are more likely to give birth and raise children who are undernourished.

An unhealthy diet is one of the most important factors of an unhealthy lifestyle along with other risk factors such as physical inactivity, tobacco use, use of illicit drugs, stress and the harmful use of alcohol. It is scientifically proven that these factors are the main causes in the development of, progression of and complications associated with most noncommunicable diseases (NCDs): cardiovascular disease, diabetes, some types of cancer, chronic lung disease, obesity, osteoporosis and other types of bone and muscle diseases. Lack of physical activity and unhealthy dietary habits are closely related to the development and persistence of physiological risk factors related to NCDs such as high blood pressure and pathological changes in blood fats (especially the level of high cholesterol and blood sugar).

The Plan is the result of an organized effort to develop and adopt a series of actions in accordance with the national capacities and the epidemiological profile of Albania (see Chapter 4). The NAPFN 2013–2020 is an intersectoral effort to ensure that national policies on food and nutrition are consistent with the protection and promotion of public health.

I.3 International agreements on nutrition

Food and nutrition have been the focus of international conferences that resulted in policy statements and agreements encouraging governments to improve the nutritional status of their populations as part of national development programmes.

The NAPFN 2013–2020 is based on and intends to implement the following well-known international agreements.

The 1948 Universal Declaration of Human Rights (11); the **1966 International Covenant on Economic, Social and Cultural Rights** (12); the **1974 World Food Conference**; the **1985 World Food Security Compact** (13); the **1992 International Conference on Nutrition**; **the World Declaration and Plan of Action for Nutrition** (14) adopted by **FAO and WHO at the International Conference on Nutrition** in 1992; the **1996 World Summit for Children**; and the **1996 World Food Summit** in 1996 and 2002 have confirmed and reaffirmed the right to food, health and nutritional well-being as fundamental human rights.

Article 24 of the **Convention on the Rights of the Child** emphasizes that governments must fight diseases and malnutrition through the provision of adequate food and must ensure that all sectors of society "...are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition" (15).

The Global strategy for infant and young child feeding by WHO and UNICEF provides a framework of essential interventions to improve the feeding practices and promote healthy growth and development of children through optimal nutrition (16).

In September 2000, world leaders adopted the **United Nations Millennium Declaration**, set goals and objectives in health and development, committed to a new global partnership to reduce poverty and establish a series of goals – the Millennium Development Goals – to be reached in 2015 (17).

A Special Session of the United Nations General Assembly passed the international agreement, **"A world fit for children"** in May 2002 (18). This agreement promotes and protects children's rights including the right to a healthy lifestyle and describes strategies and interventions related to improving nutrition and children's health.

Health 2020 is a new policy framework agreement developed by the WHO Regional Office for Europe in consultation with its Member States. It recognizes that cross-governmental action can lead to significant improvements in the health and welfare of populations by accomplishing two strategic objectives:

- improving health for all and reducing health inequalities
- improving governance and participatory governance for health (19).

The development of this Plan is an example of Albania implementing Health 2020 in its political framework.

The United Nations declaration, Political Declaration of the High Level meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, linked NCDs with the development programmes; pointed out the dimensions, threats and impacts of NCDs; and reached an agreement on how to respond to the challenges posed by NCDs through comprehensive efforts of Governments and society (20). This Plan aims to implement an integrated approach to address the most common risk factors for NCDs and a continuous care approach to help prevent and treat NCDs, as some of these diseases share the same causes and benefit from the same treatments.

The Rio Political Declaration on Social Determinants of Health includes the principle of sustainable development – linking social, environmental and economic conditions – to address health inequalities (21). The Plan takes into account that strategies for health equity and sustainable development must go together based on the links between social, economic and

environmental conditions, and equity between generations.

The Sixty-fifth World Health Assembly resolution WHA65/11, endorsed in 2012, emphasizes the development and strengthening of nutrition policies that reduce the double

burden of malnutrition, the addition of nutrition interventions to national health and development policies, and the establishment of effective intersectoral governmental mechanisms to implement these interventions, in general, and the *Global strategy for infant and young child feeding*, in particular.

I.4 Basic principles of the Plan

The actions in this Plan from establishing priorities to implementing policies to evaluating their effectiveness are guided by certain principles.

The right to food, health and nutritional well-being are fundamental human rights. The right not to be hungry, to be nourished and to enjoy good health and living conditions are internationally recognized by the Universal Declaration of Human Rights since 1948 (11).

The equality-based approach is characterized by a particular focus on, the provision of services to and the protection of the most vulnerable and poor communities. Analysis of inequalities related to gender, socioeconomic conditions, geographic region, ethnicity and level of education helps to understand better the causes of malnutrition and to identify the most appropriate interventions for the poor.

The principles of general access, equity and gender equality are that all people should have equitable access to healthy food and opportunities to achieve the highest attainable standard of nutritional health regardless of age, gender, ethnicity, disability or socioeconomic position.

The Health in All Policies approach recognizes that many factors determine diet and food choices and that they extend beyond the health sector to include, for example, economic and marketing factors, fiscal policy, access to education and health care, agriculture and the media. The health sector advocates taking into account the health impact of interventions from other sectors, so that conservation and health improvement targets are also included in other sectors' strategies and action plans.

The life-cycle approach aims to provide a continuum of interventions ranging from infancy to childhood, adolescence and adulthood, as part of an integrated approach to the reproductive health of the mother, the newborn and the child. It is a well-known fact that a child's optimal growth and development can be achieved if preventive interventions are focused on the health of future mothers (teenage girls) before they give birth.

The sustainable development approach is based on the three pillars of economic development, social development and environmental protection (from United Nations resolution A/RES/60/1) and balancing these components is one of the guiding principles of this Plan. The outcome document, *The future we want*, adopted at the United Nations Conference on Sustainable Development in Rio de Janeiro in 2012, acknowledges that this development can be realized only if hunger and malnutrition are eradicated (22). Poverty reduction and food security improving measures, social programmes to support the access to food for most vulnerable populations, technological development and innovation are integrated into the planned measures for agriculture and rural development. Economic growth and rural development are necessary, but not sufficient, to accelerate the reduction of hunger and malnutrition. Therefore the Plan aligns policies, programmes and investments that enhance intersectoral collaboration with the health, education and social protection sectors, and identifies them as critical for improving food and nutrition security.

Community participation is important in planning, using, promoting and improving the service delivery of new programmes related to

health and nutrition. Families and communities are not only beneficiaries but also important actors in the implementation, monitoring and evaluation of interventions tailored to their needs.

Multisectoral cooperation at all levels – central, regional and local government – involves integrating nutrition in other (non-health) sectors and using malnutrition indicators (over- and undernutrition) as some of the key measures of the sectors' progress. Multisectoral interventions contribute to reducing malnutrition by:

- accelerating the positive impact that factors such as income, agricultural production, gender equality and level of education have on malnutrition;
- integrating nutrition into other sectors' programmes: school curricula, food security, agriculture and social aid; and
- achieving policy coherence by communicating the negative effects that decisions made by other sectors have on nutrition and health.

1.5 The role and responsibilities of stakeholders in implementing the Plan

This Plan is based on the Memorandum of Understanding on Food and Nutrition, signed on 18 June 2010 in Tirana, to ensure that the objectives of promoting a healthy lifestyle and strengthening nutrition are fulfilled. The Memorandum is the result of a working group of five ministries who intend to maintain this collaboration during implementation of the Plan.

This Plan has been developed and is intended to be implemented in accordance with a set of policies including:

- the National Strategy for Development and Integration 2007–2013;
- the Intersectoral Rural Development Strategy 2007–2013;
- the Agriculture and Food Sector Strategy 2007–2013;
- the Social Protection Sector Strategy 2007–2013; and
- the National Strategy on Gender Equality, Reduction of Gender Based Violence and of Domestic Violence 2011–2015.

1.5.1 MoH

The MoH manages and develops the policy, organization and supervision of the health care system. It has a major role in developing and

implementing strategies to improve health through interventions in the field of nutrition. It advocates including specific interventions that improve the nutritional and health status of the population in other sectors' policies and assesses the health impact of interventions from other sectors.

1.5.2 MoAFCP

The MoAFCP's main objectives are to steadily increase agricultural production; increase the competitiveness of agricultural, livestock and processed products in domestic and foreign markets; and to use natural and financial resources efficiently. This institution is also responsible for rural development and for ensuring the safety and quality of food products consumed in Albania.

1.5.3 MoES

The MoES is responsible for fulfilling the national policy on education and social development so that each individual is prepared to meet the challenges of the future; becomes a responsible member of their family, society and nation; and, in particular, develops in terms of ethical, intellectual, physical, social and aesthetic abilities; is able to think independently, critically and creatively to adapt to change; has confidence and a spirit of cooperation; and is ready to offer their assistance to Albania's welfare, prosperity, freedom and democracy.

The MoES and its partner institutions helped develop this Plan and will help carry it out by developing and implementing the relevant programmes and curriculum materials to educate children, pupils and teachers in nutrition and healthy lifestyles.

1.5.4 MoLSAEO

The MoLSAEO is responsible for developing social protection policies through individual and family support programmes. It aims to achieve social protection by reforming the Financial Assistance scheme to provide integrated and comprehensive social services. The reforms include increasing the number of categories used to define the scheme's beneficiaries, improving the management of the Financial Assistance Programme, establishing a computerized system for this scheme, using the scoring formula and granting tax-exempt status to categories of vulnerable populations. MoLSAEO is also responsible for the design and implementation of active labour policies to generate more and better jobs.

1.5.5 MoF

The MoF allocates money to the other ministries based on the demands and needs of their specific programmes – including that of food and nutrition –and provides conditional funding to local governments.

1.5.6 Institute of Statistics

The Albanian Institute of Statistics (INSTAT) is an institution that specializes in providing national statistics. It collaborates with line ministries to include indicators on the state of nutrition of the population and the level of food security in the national five-year plan on statistics.

1.5.7 Local government

Local government agencies exercise their legislative functions and have an important role in establishing and strengthening local infrastructures and public services, promoting community development through the design and implementation of national socioeconomic development programmes, developing action plans on nutrition and food security, and establishing coordinating entities to monitor the interventions.

1.5.8 Nongovernmental organizations

Civil society involvement is important to identify acute social, economic and community issues, in general, and food and nutrition issues, in particular, and they may participate by suggesting concrete measures for improvement and offering specific solutions.

Strategic partnerships and collaboration with various nongovernmental organizations (NGOs) have been established since the initial stages of the Plan's development. The role of these organizations will increase along with their commitment as the various activities provided in this Plan are implemented.

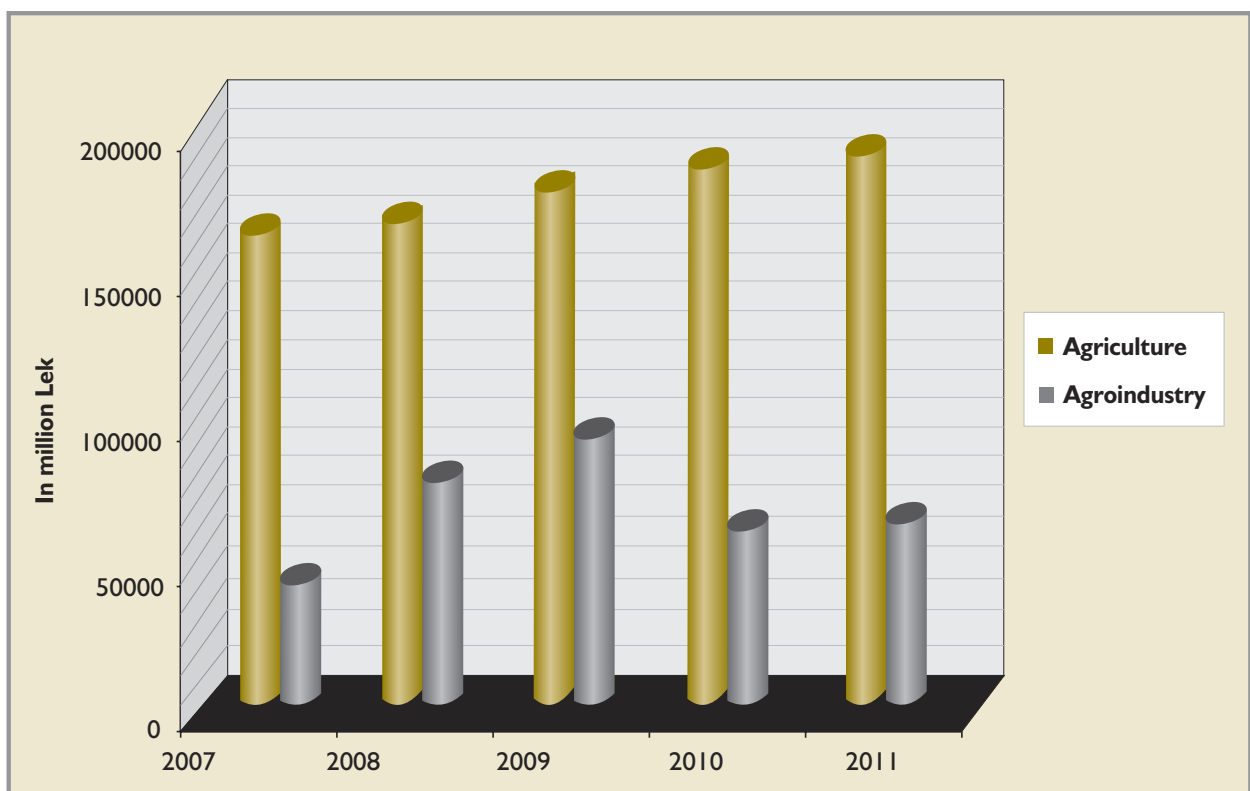
2. FOOD AND NUTRITION IN ALBANIA

2.1 Food security

Albania has had a steady increase in agricultural and agroindustrial production with an annual average growth rate of over 4% in the last 5 years (Fig.2). Cereals, dairy products, potatoes, beans, vegetables and fruits are the main staples of the Albanian diet and the country's self-

sufficiency rate is approximately 50% in wheat, 90% in corn and other cereals, and more than 90% in dairy products. Domestic production supplies 100% of the national vegetable consumption and 86% of the national fruit consumption (23).

Fig.2. Value of agricultural and agroindustrial production in 2006 prices

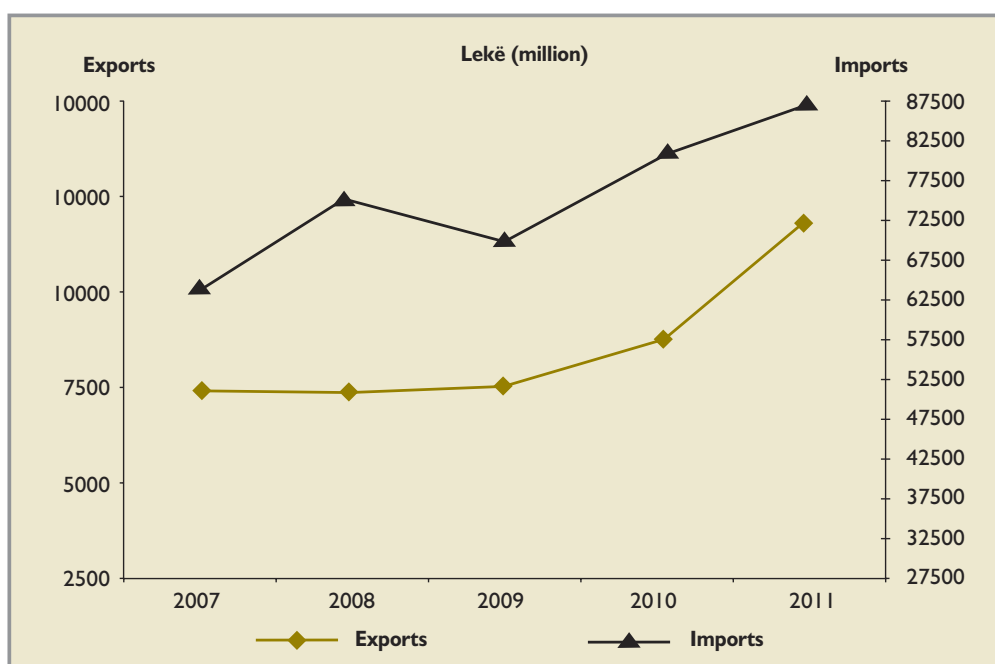


Source: Ministry of Agriculture, Food and Consumer Protection (23).

Despite a recent reduction in imports, the ratio of exports to imports in agricultural products and

livestock is 1:7, which indicates a trade deficit as shown in Fig.3 (23).

Fig. 3. Value of exports and imports



Source: Ministry of Agriculture, Food and Consumer Protection (23).

The Baseline nutrition and food security survey conducted in 2010 in the prefectures of Shkoder, Kukes and periurban Tirana, showed that there are food-insecure families, especially in remote areas. According to the study, food security problems are mainly related to unemployment or seasonal employment, the lack of access to markets with affordable prices, a lack of knowledge of food storage and processing practices, and a lack of equipment to store and process food. This study also highlighted the important role women have in making decisions

on daily household expenses. Families identified as food insecure are mainly characterized by the lack of women’s participation in household budgetary decisions. The Albanian Center for Economic Research conducted a qualitative study, “Effects of gender and high prices in food security for Albanian families”, in the prefectures of Shkoder, Kukes and periurban Tirana in 2011. The study showed that women appear to be more involved in household budgetary decisions in urban or periurban areas with fewer problems in food security.

2.2 Health and nutritional status

2.2.1 Life expectancy

In Albania the life expectancy of men is 74.7 years and it is 80.1 years for women. The overall life expectancy is 77.2 years and Albania ranks 37th in the global list of countries (24).

2.2.2 Infant and child mortality

The infant mortality rate has declined from 26 per 1000 live births between 1992 and 2002 to

18 per 1000 live births between 2005 and 2009. A similar decline was observed in the mortality rate of children under five, from 32 to 22 per 1000 live births (10).

Indicators show that the majority of women receive antenatal and postnatal health care. Thus, during pregnancy, 97% of women received antenatal care by qualified personnel at least once and 67% of women had the recommended four or more antenatal visits. Ninety-seven per cent of births occur in medical institutions (10).

2.2.3 The double burden of malnutrition

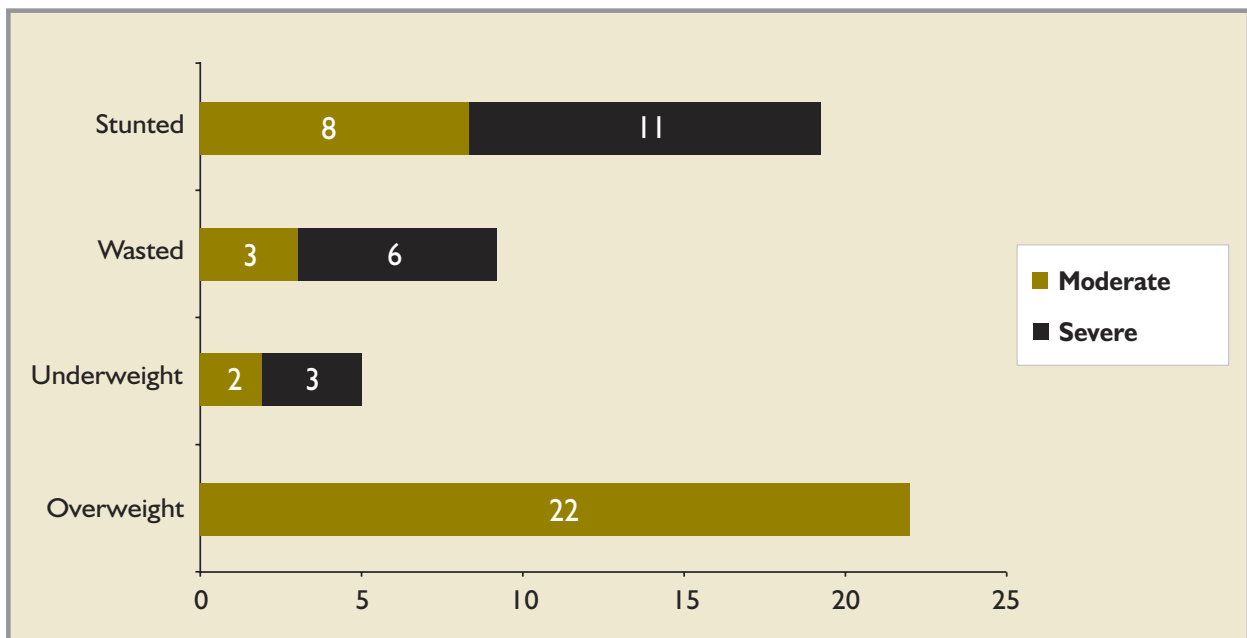
Albania currently faces the double burden of malnutrition; among children under five, 19% have growth retardation and 22% are overweight. The ADHS showed that the nutritional situation of the population is characterized by a combination of:

- increasing levels of overnutrition, especially among urban groups in which the consumption of processed foods is growing, physical activity is decreasing and a lack of knowledge of healthy nutrition is observed; and
- a higher level of undernutrition among

vulnerable groups such as pregnant women, infants and young children, particularly in rural and remote areas, and in children living in poor families, where knowledge of children’s nutrition is insufficient, food security is limited and livelihood opportunities are scarce (10).

Estimates based on WHO Child Growth Standards (25) showed that among children under five, 19% are stunted (height-for-age), 9% are wasted (weight-for-height), 5% are underweight (weight-for-age) and 22% are overweight or obese (weight-for-height) (10). Fig. 4 shows the two forms of malnutrition, under- and overnutrition.

Fig.4. Nutritional status in children under five, 2008–2009



Source: Institute of Statistics, Institute of Public Health and ICF Macro (10).

Feeding practices affect the nutritional status of children. The ADHS showed that 39% of children aged 0–6 months are exclusively breastfed, 54% of children aged 6–9 months

receive complementary feeding and 19% of children aged 6–24 months are fed according to the recommended practices for infants and young children (10).

2.2.4 Vitamin and mineral deficiencies

The ADHS showed that 17% of children under 5 and 19% of women aged 15–49 years have anaemia; anaemia is higher in rural and mountainous areas (10). A national assessment of iodine deficiency in Albanian women and children in 2006 showed that Albania has progressed from having a high prevalence of severe iodine deficiency (63%) in 1993, to having a mild prevalence (heavy form is only 6.8%) (26). The ADHS showed that 76% of households were using sufficiently iodized salt (10) (> 15 ppm according to international recommendations) (27).

2.2.5 Nutrition and NCDs

The proportion of deaths associated with NCDs is increasing in Albania. In 2008, NCDs accounted

for about 89% of all deaths in Albania (59% from cardiovascular diseases and 18% from cancers) versus 76% of deaths (52% from cardiovascular diseases and 14% from cancers) in 2003 (28).

Overweight and obesity are major risk factors for NCDs. This risk factor takes effect starting in childhood. The survey data from the Institute of Public Health (IPH) (29) showed that 15.2% of children aged 9–10 years were overweight and of these, 3.8% were obese. According to the ADHS, the prevalence of overweight in adolescents aged 15–19 years was higher in boys at 20.5% than in girls at 7.9%. The proportion of obese children aged 15–19 years was 1.3% in boys and 1.4% in girls (10).

The ADHS data showed that among people aged 15–49 years, 53% of men were overweight (of which 9% were obese) and 39% of women were overweight (of which 10% were obese) (10).

2.3 Economic consequences of malnutrition

Overwhelming evidence shows that the lack of optimal nutrition for young children has implications not only for their health and survival, but also in their growth and development, school performance and productivity in the future.

In 2010, using malnutrition indicators, the burden on the Albanian national economy as a result of the current and future losses in productivity and the increased costs related to health care

services and social assistance was estimated at approximately US\$ 100 million per year or about 0.7% of GDP (30).

The cost to treat problems related to malnutrition is greater than the investment that would be needed to prevent it in the first years of a child's life. The long-term cost–benefit ratio of preventative interventions is estimated at 1 to 4 (30).

3. COMPONENTS OF THE PLAN

This Plan was developed after a critical assessment of the NAPFN 2003–2008 and an analysis of the situation of food and nutrition in Albania performed by a broad intersectoral group.

The new NAPFN promotes the improvement of food and nutrition in Albania through intersectoral planning of activities as part of the national and sectoral development programmes and policies. Taking into account that the factors affecting nutrition are related/dependent on multiple sectors, the activities and measures of this Plan have been developed and are intended to be implemented through intersectoral coordination. The development of the Plan took into account that significant improvements in nutrition can be achieved by including nutritional objectives into economic growth policies; agriculture and food policies, including production, processing, storage and marketing of food; health care; education and social services policies.

The Plan will implement measures and activities on national and local levels through an integrated intersectoral approach including public and private sectors and civil society. All of the Plan's activities aim to enhance and improve the quality of diet and nutritional status of the population with special focus on vulnerable groups in order to protect and improve health, well-being and quality of life.

This Plan also includes setting up a National Committee on Food and Nutrition to coordinate and implement this plan.

3.1 Vision

This Plan's vision is to provide food security and a balanced diet to every individual by ensuring access to safe, nutritious and sufficient food.

3.2 Aim

The Plan's aim is to achieve benefits in the population's health by increasing the proportion of people who eat a balanced diet, maintain a

healthy body weight and have access to adequate, safe and nutrient-rich food.

3.3 Objectives

The objectives to be achieved by 2020 are to:

1. increase by 10% the proportion of households that have access to safe and nutritious food
2. maintain the proportion of children and adults who have normal body weight
3. increase by 10% the proportion of individuals eating a balanced diet
4. decrease by 6% the proportion of growth retardation among children aged 0–5 years
5. raise awareness on healthy nutrition.

3.4 Food and nutrition targets

The food and nutrition targets to be achieved by 2020 are to:

1. raise employment level;
2. improve physical access to food;
3. raise agricultural production by up to 20%;
4. strengthen the surveillance systems on food security, food safety, nutritional status, NCDs and physical activity;
5. develop agricultural policies with particular attention to gender differences and strengthen the role of women in budgetary decision-making in their household and community;
6. establish and operate coordination structures for food and nutrition;
7. prevent and reduce poverty particularly among children by providing integrated and comprehensive social services through the social protection programme;
8. develop and implement legislation on food

- traceability requirements;
9. strengthen the risk assessment system;
 10. increase by about 40% (from 7% to 50%) the proportion of food business operators (FBO) implementing the hazard analysis and critical control point (HACCP) food safety system;
 11. establish and operate a system for monitoring pesticide residues in foods;
 12. prevent malnutrition among reproductive-aged women, particularly adolescents, pregnant women and breastfeeding women;
 13. improve the nutritional status of children under five years of age by:
 - (a) increasing by 20% (from 39% to 60%) the proportion of children aged 0–6 months who are exclusively breastfed;
 - (b) increasing by 20% (from 38% to 60%) the proportion of mothers who start breastfeeding within one hour of giving birth;
 - (c) implementing in 80% of public and private maternity hospitals the infant feeding practices of UNICEF’s Baby-friendly Hospital Initiative (31);
 - (d) improving by 10% (from 19% to 29%) the proportion of children aged 6–23 months who are fed according to recommended feeding practices (16);
 - (e) reducing by 6% (from 19% to 13%) the proportion of children under five who have growth retardation;
 14. reduce by 5% (from 17% to 12% in children and from 19% to 14% in women) the proportion of children aged 6–59 months and the proportion of women aged 15–49 years who have anaemia;
 15. update and promote the Recommendations on Healthy Nutrition in Albania;
 16. promote healthy nutrition and healthy lifestyles to improve the population’s well-being and prevent NCDs by:
 - (a) maintaining the proportion of children who have normal body weight
 - (b) decreasing by 20% the proportion of physically inactive adults
 - (c) maintaining the proportion of adults over 60 years old who have normal body weight
 - (d) increasing by 20% the average fruit consumption of adults over 60 years old
 - (e) maintaining the proportion of adults aged 20–59 years who have normal body weight
 17. monitor and evaluate the implementation of national and local plans for food and nutrition.

4. TARGETS AND ACTIONS ON FOOD AND NUTRITION

Table 1. Targets and actions on food and nutrition

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget (in 000 ALL)
1. Raise employment level	1.1 Increase employment opportunities for youth, members of vulnerable groups and people with disabilities by providing professional courses and policies based on socioeconomic conditions	MoLSAEO, local governments, NGOs, MoES	2013 onward	Number of training courses, number of beneficiaries	2 615 027
	1.2 Establish social businesses to hire young people, members of vulnerable groups and individuals with disabilities	MoLSAEO, Stimulating the Local Business Association, local governments, Yunus Social Business, national and international partners, private sector	2013 onward	Number of people in the targeted categories who become employed	28 000
2. Improve physical access to food	2.1 Construct and/or rehabilitate markets for agricultural, animal and fish products	MoAFCP; local governments; MoF; Ministry of Economy, Trade and Energy (MoETE); private sector; etc.	2013 onward	Number of constructed/rehabilitated markets	168 000
	2.2 Establish/rehabilitate infrastructures to store agricultural, animal and fish products	MoAFCP; local governments, MoF, MoETE, private sector, etc.	2013 onward	Food storage systems established/improved	2 800
	2.3 Establish/rehabilitate secondary roads, especially in areas used to transport goods to market	Ministry of Public Affairs and Transport, Ministry of Interior, local governments, MoF, MoAFCP, etc.	2013 onward	Km of secondary roads (in rural areas) built or rehabilitated	20 000 000

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
2. Improve physical access to food	2.4 Establish social businesses to collect and distribute local food to the poor	MoAFCP, MoLSAEO, Stimulating the Local Business Association, local governments, Yunus Social Business, national and international partners, private sector	2013 onward	Number of people in the targeted categories who benefit	2 800
	3.1 Deploy improved technologies (agricultural inputs, livestock breeding and nutrition)	MoAFCP	2013 onward	Number of people that employ improved technologies	Pa kosto
3. Raise agricultural production by up to 20%	3.2 Improve management of irrigation systems	MoAFCP, local governments, private sector	2013 onward	Number of new functional water systems	245 000
	3.3 Help build capacity in the extension services and the private sector to use local resources and identify donors to provide financial support to these initiatives	MoAFCP	2013 onward	Number of training activities, number of beneficiaries (individuals, farms, etc.) from the extension services	80 640
	3.4 Help build capacity in the advisory service to strengthen agricultural innovation systems	MoAFCP	2013 onward	Number of training activities, number of trained individuals	40 320
	3.5 Increase financial support for national schemes in agriculture and secure support for development research projects funded by the European Union for rural development	MoAFCP	2013 onward	Increased budget available to national schemes, funding secured from other sources	Pa kosto

<p>3. Raise agricultural production by up to 20%</p>	<p>3.6 Study the agricultural and environmental potential at national and local (rural) level</p>	<p>MoAFCP, Ministry of Environment, MoF, local governments, NGOs</p>	<p>2013 onward</p>	<p>Knowledge of agricultural and environmental potentials at national and local level</p>	<p>1 120</p>
<p>4. Strengthen the surveillance systems on food security, food safety, nutritional status, NCDs and physical activity</p>	<p>3.7 Build social businesses to provide advice and specialized technical support to farmers</p> <p>4.1 Develop national guidelines for:</p> <ul style="list-style-type: none"> • nutritional status indicators based on the population according to demographic data and special physiological conditions; • standardized methods of data collection; and • frequency of data collection, information flow, methods of data analysis and reporting of each indicator. <p>4.2 Develop and distribute standardized forms and create a central database or registry on the nutritional status of the population</p>	<p>MoAFCP, MoLSAEO, Stimulating the Local Business Association, local governments, Yunus Social Business, national and international partners, private sector</p> <p>MoH, IPH, partners</p>	<p>2013 onward</p> <p>2013</p>	<p>Number of farmers who benefit</p> <p>Indicators, standardized methods, frequency of collection and reporting of the established data</p> <p>Forms and guidelines approved, database established</p>	<p>1 400</p> <p>135</p> <p>200</p>

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
4. Strengthen the surveillance systems on food security, food safety, nutritional status, NCDs and physical activity	4.3 Develop training activities with primary health care personnel and public health specialists to assess, document, and report on the nutritional status of the population	MoH, IPH	2013 onward	Number of training activities and number of beneficiaries	18 400
	4.4 Improve the forms used to report foodborne diseases and develop guidelines for the flow of information on foodborne diseases	IPH	2013	Improved forms and guidelines developed	10
	4.5 Create databases to collect and process national data on foodborne diseases	IPH	2013	Database developed	50
	4.6 Strengthen technical capacity and infrastructure of public health laboratories to identify more causes of foodborne diseases	MoH, IPH	2013 onward	Number of functional laboratories, number of training courses and number of beneficiaries	388 080
	4.7 Establish and strengthen the NCD surveillance system	MoH, IPH, professional associations	2013 onward	National registry established	5 384
	4.8 Assess how balanced the diet of the Albanian population is through questionnaires that collect data on the frequency/type of food consumption using 24-hour recall or food and exercise diary	IPH, MoAFCP, INSTAT and other potential partners	2013 onward	Dietary assessment of the Albanian population completed	10 000

<p>4. Strengthen the surveillance systems on food security, food safety, nutritional status, NCDs and physical activity</p>	<p>4.9 Include Albania in the WHO European Childhood Obesity Surveillance Initiative for children aged 6.0–9.9 years and monitor obesity among children every three years using WHO protocols</p>	<p>MoH, IPH, MoES</p>	<p>2013, then every 3 years</p>	<p>Monitoring studies on obesity among children aged 6.0–9.9 years completed</p>	<p>9 000</p>
	<p>4.10 Participate in the Health Behaviour in School-aged Children (HBSC) study which uses standardized questionnaires and reporting mechanisms to evaluate the physical (including nutrition-related) and mental health among young people aged 11, 13 and 15 years</p>	<p>MoH, IPH, MoES</p>	<p>2013/2014, then every 4 years</p>	<p>Study completed and findings published in the final HBSC report</p>	<p>6 000</p>
	<p>4.11 Create a surveillance system to monitor progress on eliminating iodine deficiency with particular focus on vulnerable groups and populations with high prevalence</p>	<p>IPH</p>	<p>2013, then a sentinel survey every year and a national survey every 2–3 years</p>	<p>Assessment of iodine status completed</p>	<p>30 000</p>
	<p>4.12 Monitor progress towards universal salt iodization by periodic testing of salt to ensure proper iodization</p>	<p>MoH, Directorates of Public Health, MoAFCP, MoF (Customs' Office)</p>	<p>2013 onward</p>	<p>Periodic assessments on salt iodine completed</p>	<p>Pa kosto</p>
	<p>4.13 Evaluate average salt content in the main staple foods</p>	<p>IPH</p>	<p>2013, 2014</p>	<p>Assessment of salt content in food products completed</p>	<p>8 000</p>

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
4. Strengthen the surveillance systems on food security, food safety, nutritional status, NCDs and physical activity	4.14 Assess national food security	INSTAT, MoAFCP, international organizations	2013 onward	Assessment completed	3 000
	4.15 Develop standardized methods for collecting, updating and disseminating information on the demand/supply and use of most food products	INSTAT, MoAFCP, international organizations	2013, 2014	Standardized methods developed and used	75
	4.16 Establish an information system for prompt/early warnings, monitoring and surveillance	INSTAT, MoAFCP, international organizations	2013, 2014	Early warning information systems, monitoring and evaluation established	14 124
	4.17 Prepare periodic accounts on imports and exports of food staples	INSTAT, MoAFCP, international organizations	2013 onward	Accounts of food staples prepared and published	Pa kosto
	5.1 Increase women's access to resources, support services, markets and management of agricultural enterprises	MoAFCP, MoLSAEO, local governments, NGOs	2013 onward	Number of women employed in managerial positions in the public and private sectors	Pa kosto
	5.2 Develop research on the impact of gender in agricultural policies, particularly for women who lack access to land (property) or who have small farms, and review existing policies to identify negative gender-based impacts	MoAFCP, local governments, NGOs and international organizations	2013 onward	The research conducted and the impact of gender in agricultural policies quantified. Existing policies reviewed and the negative gender-based impacts identified.	3 000
	5. Develop agricultural policies with particular attention to gender differences and strengthen the role of women in budgetary decision-making in their household and community				

<p>5. Develop agricultural policies with particular attention to gender differences and strengthen the role of women in budgetary decision-making in their household and community</p>	<p>5.3 Provide gender-disaggregated data to reflect the participation of men and women in various activities</p>	<p>INSTAT, MoAFCP</p>	<p>2013 onward</p>	<p>Gender-disaggregated data reflecting the participation of men and women in various activities available</p>	<p>Pa kosto</p>
	<p>5.4 Encourage profitable projects that combine women's labour capabilities with market demand</p>	<p>MoAFCP, MoF and international organizations</p>	<p>2013 onward</p>	<p>Number of encouraging activities (meetings, workshops, fairs with products from women's enterprises)</p>	<p>Pa kosto</p>
	<p>5.5 Promote equal participation of women in the workforce, particularly in high-skill and leadership jobs by providing employment counselling and including gender-neutral selection criteria, and encourage women's employment in jobs where they are underrepresented such as agricultural research and technological innovation</p>	<p>MoLSAEO, MoAFCP</p>	<p>2013 onward</p>	<p>Number of communication information activities with women how to get familiar with new job announcement; Number of women nominated in the high skill and leadership jobs, agricultural research and technological innovation.</p>	<p>370</p>
	<p>5.6 Lobby for the use of sex-disaggregated data in all statistical information</p>	<p>INSTAT, MoLSAEO</p>	<p>2013 onward</p>	<p>Sex-disaggregated data in all statistical information.</p>	<p>Pa kosto</p>
	<p>5.7 Include gender issues in the curricula of educational institutions</p>	<p>MoES, MoLSAEO, MoAFCP, etc.</p>	<p>2013 onward</p>	<p>Gender issues included in the curricula of different levels of educational programs</p>	<p>Pa kosto</p>

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
6. Establish and operate coordination structures for food and nutrition	6.1 Set up the National Committee on Food and Nutrition and a secretariat to support its operation	MoH, MoAFCP	2013	Order/decreto establish the National Committee on Food and Nutrition and define its responsibilities completed	2 000
	6.2 Establish coordination structures at regional and local levels	Ministry of Interior, Prefectures, local governments, civil society	2013	Coordination structures at regional and local levels established.	Pa kosto
7. Prevent and reduce poverty especially among children by providing integrated and comprehensive social services	7.1 Review the cash payment system for families assisted by the economic aid scheme whose aim is to improve the nutritional status of children	MoLSAEO, local governments, World Bank	2013 onward	Number and proportion of families with children aged 0–5 years who are targeted by the social protection programmes, number of interventions to improve nutrition or provide social services	
	7.2 Pilot the improved economic assistance scheme and its nutrition-related components: counselling, education on nutrition and the provision of food packages or coupons for at-risk populations	MoLSAEO, local governments, World Bank	2013 onward	Number and proportion of families with children aged 0–5 years who are targeted by the social protection programmes, number of interventions to improve nutrition or provide social services	
8. Develop and implement legislation on food traceability requirements	8.1. Draft and approve legislation for traceability: update general labelling rules and develop specific rules for labelling and controlling food and health statements made on foods	MoAFCP, National Food Authority (NFA), MoH	2013 onward	Legislation on traceability approved	Pa kosto

	9.1 Strengthen the human resources at the NIFA and other institutions involved in risk assessment	NIFA, MoAFCP, MoH, Veterinary University Studies Institute (VUSI), IPH	2013 onward	Number of risk assessment trainings conducted	3712
9. Strengthen the risk assessment system	9.2 Establish a committee and scientific panels to analyse risk assessment	NIFA, MoAFCP, MoH, VUSI, IPH	2013 onward	Scientific commission and panels established and operating	2 240
	9.3 Strengthen the infrastructure and technical capacities of laboratories at the NIFA, VUSI and IPH	NIFA, MoAFCP, MoH, VUSI, IPH	2013 onward	Laboratories capable of performing risk assessment efficiently	6 200
	9.4 Integrate the systems with food safety information so the information is shared between the MoAFCP, the NIFA, VUSI and the IPH	NIFA, MoAFCP, MoH, VUSI, IPH	2013 onward	Periodic exchange of the information between the respective institutions	Pa kosto
	10.1 Establish and implement a risk management system throughout the food chain according to the principles of HACCP	NIFA, MoAFCP, Associations of Operators of Food Businesses	2013 onward	Number of FBO that apply the HACCP food safety and traceability system	Pa kosto
10. Increase by about 40% the proportion of food business operators implementing the HACCP food safety system	10.2 Establish a traceability system throughout the food chain	NIFA, MoAFCP, FBO, Associations of Operators of Food Businesses	2013 onward	Number of the FBO that apply the HACCP food safety and traceability system	Pa kosto
	10.3 Organize training seminars to increase FBO awareness on the implementation principles of HACCP and traceability requirements	NIFA, MoAFCP, FBO, Associations of Operators of Food Businesses	2013 onward	Number of training courses, number of FBO beneficiaries	14588

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
11. Establish and operate a system for monitoring pesticide residues in foods	11.1 Draft and approve legislation setting maximum limits for pesticide residues in foods	MoAFCP, NFA, VUSI	2013 onward	Legislation on maximum limits for pesticide residues in foods approved	Pa kosto
	11.2 Establish and operate laboratories in VUSI and the NFA to analyse pesticide residue in food	MoAFCP, NFA, VUSI	2013 onward	Laboratories capable of analysing pesticide residues	3 000
	11.3 Train laboratory staff from VUSI and NFA on pesticide residue analysis	MoAFCP, NFA, VUSI	2013 onward	Number of training courses, number of staff trained	242
12. Prevent malnutrition among reproductive-aged women particularly adolescents, pregnant women and breastfeeding women	12.1 Review and update the regulatory framework (regulations, guidelines, protocols, standards) on maternal and child health to prevent malnutrition and track the status of maternal and child nutrition	MoH; National Centre of Quality Control, Safety and Accreditation of Health Institutions; IPH; Directorates of Public Health	2013 onward	Number of regulations, guidelines, protocols and standards developed	1 520
	12.2 Assess the nutrition and feeding practices of reproductive-aged women (15–49 years old)	IPH	2013 onward	Evaluation study completed	6 000
	12.3 Organize promotional activities for healthy nutrition in pre-school and compulsory education	MoH, IPH, Regional Health Authority, Directorates of Public Health, National Centre of Continuous Medical Education, Regional Directorates of Education, local governments, media, civil society, national and international partners	2013 onward	Number of activities conducted, number of kindergartens and elementary schools participating, number of children who benefit	1 800

<p>12. Prevent malnutrition among reproductive-aged women particularly adolescents, pregnant women and breastfeeding women</p>	<p>12.4 Determine daily feeding rates for nurseries, kindergartens and schools that offer lunch</p> <p>12.5 Organize communication campaigns promoting behavioural changes to improve the nutritional practices of reproductive-aged women</p> <p>12.6 Organize training activities to increase knowledge and skills of staff providing health care for women and infants</p>	<p>MoH, IPH, Tirana Regional Health Authority, Directorates of Public Health, local government</p> <p>MoH, IPH, Tirana Regional Health Authority, Directorates of Public Health, local government</p> <p>MoH, IPH, Tirana Regional Health Authority, Directorates of Public Health, local government</p>	<p>2013 onward</p> <p>2013 onward</p> <p>2013 onward</p>	<p>Norms updated</p> <p>Number of information, education and communication (IEC) materials developed, number of activities and meetings, number of municipalities/communities involved, number of people who benefit</p> <p>Number of certified training activities, number of staff trained</p>	<p>200</p> <p>1 500</p> <p>47 930</p>
<p>13. Improve the nutritional status of children under 5 years of age</p>	<p>13.1 Review and update national health statistical indicators on breastfeeding and infant and young child feeding to be consistent with globally standardized indicators</p> <p>13.2 Train health personnel on feeding practices of infants and young children</p> <p>13.3 Periodic assessment of “baby friendly” hospitals/maternalities to implement this initiative</p>	<p>MoH, IPH</p> <p>MoH, National Center of Continuous Medical Education, Directorates of Public Health, NGOs</p> <p>MoH, civil society, national and international partners, IPH, INSTAT</p>	<p>2013</p> <p>2013 onward</p> <p>2013 onward</p>	<p>Nutrition indicators for young children updated</p> <p>Number of training activities, number of personnel who benefit</p> <p>Number of evaluations of the hospitals/maternalities</p>	<p>1 402</p> <p>47 930</p> <p>4 000</p>

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
13. Improve the nutritional status of children under 5 years of age	13.4 Periodic assessment of feeding practices of infants and young children	MoH, civil society, national and international partners, IPH, INSTAT	2013 onward	Number of evaluations on feeding practices of infants and young children conducted	6 000
	13.5 Train the personnel providing health care for children in their growth assessment according to the standardized growth curves for children aged 0–5 years	MoH, National Center for Continuous Medical Education, MoES	2013 onward	Number of training activities, number of personnel who benefit	48 580
	13.6 Prepare and distribute informational materials on family and community level on feeding practices of infants and young children	IPH, Directorates of Public Health, local governments	2013 onward	Number of IEC materials developed, number of meetings/activities organized, number of beneficiaries	8 000
14. Reduce by 5% the prevalence of anaemia among children aged 6–59 months and women aged 15–49 years old	14.1 Conduct a national study on the prevalence of anaemia	MoH, IPH, INSTAT, Directorates of Public Health, NGOs, national and international partners	2014	Information available about the prevalence of anaemia at national level	3 000
	14.2 Develop a regulatory framework for the fortification of flour with iron, folic acid and Vitamin B12	MoH, MoAFCP	2013 onward	Legal acts and regulations developed	Pa kosto
	14.3 Provide FBO training and inspectors to monitor the fortification of flour	MoH, MoAFCP, NFA, Grinding Industry, Association of Consumer Protection	2013 onward	Number of training activities; number of personnel who benefit	344
	14.4 Develop protocols to prevent and treat iron deficiency anaemia among children	MoH, NCQSAHI	2013, 1014	Protocols to prevent and treat iron deficiency anaemia among children, developed.	30

	14.5 Organize promotional activities to use behaviour change to improve dietary diversity	IPH, Directorates of Public Health, media, civil society, national and international partners	2013 onward	Number of activities organized, number of people who benefit	16 000
	14.6. Establish social businesses that produce and distribute fortified foods to improve child nutrition	MoAFCP, Stimulating Local Business Association, local governments, Yunus Social Business, national and international partners	2013 onward	Number of children who benefit	7 000
	15.1 Review the Recommendations on Healthy Nutrition in Albania	MoH, IPH	2014	Recommendations on <i>Healthy Nutrition in Albania</i> improved	200
15. Update and promote Recommendations on <i>Healthy Nutrition in Albania</i>	15.2. Communicate and distribute Recommendations on <i>Healthy Nutrition in Albania</i> to health professionals	IPH, other partners	2014 onward	Recommendations on <i>Healthy Nutrition in Albania</i> distributed, number of informational sessions, number of professionals who benefit	2 100
	15.3 Inform the public about the Recommendations on <i>Healthy Nutrition in Albania</i>	IPH	2013 onward	Number of IEC materials produced, number of media activities directly involving the general public, etc.	5 000
	16.1 Develop and approve extracurricular modules on healthy nutrition for the 9-year primary education system	MoH, IZHA, IPH	2013	Extracurricular modules developed and approved	Pa kosto

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
16. Promote healthy nutrition and healthy lifestyles to improve the population's well-being and prevent NCDs	16.2 Train teachers on the use of extracurricular modules on healthy nutrition for the 9-year primary education system	MoES, IZHA	2013 onward	Number of teacher training activities, number of teachers trained	154 260
	16.3 Develop and approve extracurricular modules on healthy nutrition for the secondary education system	MoES, IZHA, MoH, IPH	2013,2014	Extracurricular modules developed and approved	200
	16.4 Improve the public health nutrition curriculum in the undergraduate and postgraduate programmes in the Faculty of Medicine and Nursing	Faculty of Medicine and Nursing	2013 onward	Number of earmarked hours in the teaching curricula of nurses, physicians, dentists, and pharmacists; number of students registered in the postgraduate specialization course on "Public Health Nutrition"	Pa kosto
	16.5 Train school health personnel (doctors, nurses, dentists) on the new curricula approved by the MoH	MoH, IPH, other partners	2013 onward	Number of training sessions with school health care personnel, number of trained educators	3 310
	16.6 Implement in phases the European Healthy Eating and Physical Activity in Schools project	IPH, MoES, Directorates of Public Health, Regional Education Directorates	2013 onward	Number of training sessions with school health care personnel, number of teacher training sessions, number of schools which promote healthy nutrition	885

16. Promote healthy nutrition and healthy lifestyles to improve the population's well-being and prevent NCDs	16.7 Adopt and implement in stages the Action plan for implementation of the <i>European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016</i>	IPH	2013 onward	Action plan for implementation of the <i>European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016</i> adopted and implemented	8 000
	16.8 Pilot a public school programme that offers healthy food	MoES, local governments, MoH, MoAFCP	2013 onward	Number of public school canteens that provide healthy food; number and type of promotion activities aimed at pupils, teachers and parents	162 960
	16.9 Develop and distribute information, education and counselling about the need to limit the intake of dietary salt	IPH	2013 onward	Number of IEC materials for consumers, educators, food industry and health professionals; number of respective activities	9 600
	16.10 Promote physical activity and an active lifestyle	IPH; MoES; Ministry of Public Works, Transport and Telecommunications	2013 onward	Number of IEC materials; number of activities with the community; number of schools with new/rehabilitated sport areas/facilities.	3 540
	16.11 Continuous training of staff and the promotion of sanitary inspectors of the Departments of Public Health on healthy nutrition and good food hygiene practices, at local and national level.	IPH	2013 onward	Number of training sessions; number of beneficiaries; number of Directorates of Public Health involved	24 000

Target	Measures and actions	Responsible institutions	Timeframe	Indicators	Budget
16. Promote healthy nutrition and healthy lifestyles to improve the population's well-being and prevent NCDs	16.12 Strengthening the capacity of local staff (municipalities, Regional Agriculture and Food Directorates, Directorates of Public Health, Directorates of Education) in the planning, implementation and monitoring of interventions related to nutrition.	MoAFCP, Ministry of Local Government	2013 onward	Number of local government beneficiaries from the training courses	
	16.13 Implement an advocacy strategy for nutrition issues	MoH, IPH, MoAFCP	2013 onward	Approval of the strategy on nutrition advocacy, number of activities and meetings, number of sectoral strategies with nutritional objectives	Pa kosto
	16.14 Develop a strategy for reducing salt consumption	MoH, IPH	2013,2014	Strategy developed	45
	16.15 Assess consumer knowledge, attitudes and practices related to food safety	NFA, MoAFCP	2013	Study completed	3 000
	16.16 Raise consumer awareness on food safety	IPH, NFA, MoAFCP	2013	Number of promotional activities, number of leaflets, number of beneficiaries	1 000
	16.17 Present, inform and organize distribution of the NAFPN to all relevant stakeholders including the public	MoH	2013	Activities to disseminate NAFPN planned, number of informational activities held, number of copies of the Plan produced and delivered	1 000

17. Monitor and evaluate the implementation of national and local plans for food and nutrition	17.1 Evaluate the implementation of the Plan-based on the monitoring and evaluation framework	IPH	Mid-term evaluation in 2016, final evaluation in 2020	Mid-term evaluation completed in 2016 and final evaluation completed in 2020	1 500
	17.2 Evaluate the implementation of food and nutrition action plans at regional and local government levels	The units that coordinate programmes and development policies at regional level	2013 onward	Mid-term evaluation completed in 2016 and final evaluation completed in 2020	1 000
	17.3. Strengthen the institutional capacity to monitor and evaluate the implementation of food and nutrition programmes	MoH, MoAFCP	2013 onward	Number of training activities, number of beneficiaries	134

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6. ANNEX

MEMORANDUM OF UNDERSTANDING ON FOOD AND NUTRITION

BETWEEN

- **THE MINISTRY OF HEALTH;**
- **THE MINISTRY OF AGRICULTURE, FOOD, AND
CONSUMER PROTECTION ;**
- **THE MINISTRY OF EDUCATION AND SCIENCE;**
- **THE MINISTRY OF LABOUR, SOCIAL ASSISTANCE
AND EQUAL OPPORTUNITIES;**
- **THE MINISTRY OF FINANCE;**

**On improving the nutritional situation for the Albanian
population**

DATE 18.06.2010

CONSIDERING THAT:

The burden of under-nutrition remains considerably high.

The nutritional status of the Albanian children has gradually improved in the last decade. The recent data from the National Albanian Demographic Survey 2008-2009 showed that the rate of underweight among children has decreased from 14 percent in 2000 to 6 percent in 2008-2009. Though on the decline, the number of malnourished children (acute and chronic) in Albania is still high. 19 percent of children under age five are stunted and 6 percent are underweight. 17 percent of children of 6-59 months of age and 19 percent of women were found to be anemic.

Under-nutrition is essentially caused by lack of sufficient access to adequate food and poor feeding and care practices.

Under-nutrition during the first two years of life has irreversible consequences on the child's physical and mental development. Chronic under –nutrition in early childhood results in: diminished cognitive and physical development, poor school performance, less productivity and earnings as adults, higher risk of disease.

Experts estimate that in Albania 25 percent of mortality under five years is attributable to under-nutrition.

At the same time, the burden of overweight is approaching alarming levels;

The number of people who are overweight is growing alarmingly worldwide. Albania is no exception; it is facing an increase in overweight and obesity. The survey findings identified that 22 percent of children under five years are overweight or obese while among adults, the percentage of overweight is higher for men (53 percent) than for women (39 percent).

This is taking a huge toll on the country's health, leading to new cases of illnesses such as diabetes, cardiovascular disease and cancer and becoming an increasing cause of morbidity and mortality.

Overweight and obesity has a direct health costs, as well as an indirect cost due to absenteeism, loss of productivity, social benefits and costs.

Overweight is essentially caused by the lifestyle, including reduced physical activity and unhealthy nutrition.

Malnutrition (under- and over-nutrition) is a multifaceted problem (economic, health, and social)

State authorities, food and nutrition experts (in health, agriculture, finance, social benefits) and the public are worried concerning the malnutrition related problems. They become more concerned especially for the most vulnerable part of society such as low-income groups, children, teenagers, pregnant women and lactation mothers, as well as aged people.

I) The PARTIES TO THIS memorandum of understanding JOINTLY commit to:

1. Take joint, inter-sector actions to improve the nutritional status of the Albanian population to reach the Millennium Development Goals.
2. Incorporate nutritional –related objectives and provide access to food in the national and sector plans and strategies of health, agriculture, rural development, social benefits and education.
3. Ensure sustainable financial resources to intervene in the improvement of the nutritional status of the Albanian population.
4. Work jointly in drafting and implementing a National Inter - Sectoral Food and Nutrition Action Plan.
5. Establish in a three-month timeframe a national, sustainable, coordinating mechanism, at the highest level of decision-making with the participation of the signatory parties.
6. Incorporate indicators measuring the nutritional status of the Albanian population in the existing monitoring systems of the respective ministries.
7. Undertake joint awareness campaigns on healthy nutrition, physical activity and healthy lifestyle.

II) The Memo/Agreement of Understanding enters into force upon signature by the Parties.

III) The Memo of Understanding shall be amended by request in writing by the signatory parties:

Minister of Health;

Minister of Agriculture, Food, and Consumer Protection;

Minister of Education and Science;

Minister of Labor, Social assistance and Equal opportunities;

Minister of Finance;
