

Case study

Food and nutrition policy in Slovenia

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Described nutrition policy in many ways reflects a long tradition of public health in Slovenia. Although a former political system failed in terms of being very democratic, it had many components of well taken care for the well-being of the population. This certainly was true in case of food and nutrition policy. To start with, several elements of the policy have already been established, for example a system of school nutrition, nutrition at working place (canteens) as well as governmental body, taking care of different standards regarding health and nutrition at different levels. After the independence, a trend of good public health functioning continued and relatively soon Slovenia adopted the concepts of »health in all policies« and »health for all«.

Preparation of the national nutrition policy started in the nineties of the former century as a result of the nutrition declaration adopted by WHO in Rome (1992). By signing it the member states agreed to adopt strategies that would reinforce endeavours for the establishment of healthy nutrition habits in their populations, as well as for assuring healthy and safe food. Another fact was the political background at the time. In 2004 Slovenia became a member of EU union. Accession to European Union had a lot of impact on the process of developing the policy. During this period HIA of agriculture policy was performed in Slovenia with the international support which provided additional input to the process of formulating nutrition policy.

The general goals and activities in the field of food safety, food supply and healthy nutrition were also defined as a component of the National health care programme 2000-2004.

Act Regulating the Sanitary Suitability of Foodstuff, Products and Materials Coming into Contact with Foodstuffs (2000) represented the first step of the establishment of autonomous national nutrition policy. It has defined the foundation of the Board for food and nutrition as consulting body to the minister of health as well as the preparation of the National nutrition and food programme. On the basis of the recommendations and conclusions of twelve working groups of the Board, MoH formed the Resolution on the national nutritional policy programme 2005 – 2010 (ReNNPP2005-10). The goals were defined by the exact problems or by the population age groups. The Resolution was adopted by the great majority in the National assembly at the 22nd of March 2005 (1).

From the socioeconomic point of view the nutrition policy was an answer to the rising needs of taking action and confronting the health threats. National surveys pointed to the growing overweight and obesity problems and to the changes of the society as well as the life style and dietary habits. At the same time the needs and the awareness of the consumers have been changing.

The national nutrition policy programme for 2005-2010 has been implemented through the regular one to two year action plans, focusing on current priorities. The action planes contained the tasks, the performers of the tasks and financial resources needed. Main structure of the National nutrition policy programme was made of three pillars. The first pillar focused on the food safety, the second on the nutrition in general and the third on the

sustainable local food supply. The document was very extensive and has targeted all age groups and important themes.

The document also tackled socioeconomic inequalities; their presence was already recognised in one of the studies of the nutrition habits.

The gender differences have been evident from the surveys, showing that men are at the greater risk regarding the dietary habits and intakes than women. The policy principle was to deliver universal and also targeting health programmes and interventions, taking into account the socio-economic gradient. For example, one of the targets was to assure equal access to organized healthy meals in all secondary schools and dormitories.

Broadly speaking, planning and implementation of the policy involved many stakeholders. There were different experts, governmental and other institutions, including NGOs, as well as the unions of private sector from food and nutrition field that participated in strengthening safe and healthy nutrition of the population. In implementing particular strategies of the ReNPP2005-10, National institute of public health and nine regional public health institutes played an important role. They were often providing a »soft« coordination between different sectors and different stakeholders at the national and regional levels (1)

2. The “Leadership and Governance” domain

The National food and nutrition policy programme was a result of a long process and represented an effort to organise in a structured way many valuable initiatives and activities already running and to plan new activities, necessary to reach the goals. The planning process was aligned to international processes in the field of nutrition, taking in account urging and scientifically recognised problems as well as national circumstances regarding. The fact that the process attracted several political leaders and important experts, who recognised the importance of having a nutrition policy adopted by the parliament and who participated to the process of adoption in different ways, with no doubt contributed to the success of the policy and its implementation.

Ministry of health was in a position of leadership and governance for the national level and it was the main authority to push things forward especially at legislative, organizational and fiscal levels. The key role of MoH was also communication and coordination with different sectors as it was stated in the ReNPP2005-10.

During the implementation of the policy different institutions were in charge of many projects, programmes and activities, assuring leadership at relevant levels. For example, within the School fruit scheme (EU initiative), coordination and leadership at the national level was provided by the Ministry of agriculture, Ministry of education and Ministry of health with the expert support of NIPH (National Institute of Public Health). Another example was the Mura project (Investment in health in the region of Pomurje) in which Regional institute of public health served as a leading institution, assuring coordination and synergies among different efforts of various sectors (health, tourism, transport, agriculture), institutions (health centres, development agencies) and municipalities at regional level.

Involvement of most key stakeholders in the development of the policy and their active participation in the implementation assured that the policy set up and answered the right

public health questions. This has also been demonstrated by the extensive evaluation of the policy, requested by MoH and executed in 2010.

Recommendations: The evaluation showed that those activities that were set into the system (organized school meals) during the process of implementation or were supported by legislative measures (sustainable local food supply becoming part of national and local development plans) were achieving best results in terms of reaching the goals.

3. The resources

The financing of the nutrition policy was assured by the national budget. Ministry of health as a crucial ministry allocated the majority of the financial resources for assuring implementation and coordination of the policy; on the other hand, other sectors have contributed to the achievement of the goals through their financial systems and in the areas (for example school nutrition) in their domain.

The allocation of the resources corresponds to the three-pillar structure of the policy. As already said, Ministry of health coordinated preparation of the action plans as requested by the ReNPP2005-10. The action plans defined priorities, the actors and the funds allocated and they had to be adopted by the government.

The goals of the first pillar (food safety) were firmly related to the adaptation of the relevant legislation and therefore no considerable additional financial resources were needed. The European legislation had to be transmitted into the Slovenian juridical system which was responsibility of the Ministry of health and Ministry of agriculture, forestry and food. MoH has allocated funds mainly for the promotion of food safety.

The majority of the finances for the goals of the second pillar (healthy food and nutrition) were provided by the MoH with the emphasis on developing and implementing the dietary guidelines for different purposes and different groups of population. Other sectors, especially agricultural and school sector have allocated funds in those areas, where the implementation of the policies was in their domain. For example, the Ministry of education and sports provided financing for the subventions of organised nutrition in schools.

The third pillar (sustainable local food supply) was mainly responsibility of other sectors than health. The mission of the MoH was to promote the idea of enhancing local sustainable food supply and its importance for health. There were no notable financial consequences for MoH. The task was to assure that the concept was taken on board and consequently financially supported by other sectors.

The resources coming from the budget were distributed in different ways such as periodic calls for proposals, yearly contracts with public health institutes, and public procurements and funds allocated directly for different promotion campaigns. The resources were drawing on the European structural funds for example, the project "Health Lifestyle in School".

Recommendations:

- Human resources not only financial should also be planned in periodic action plans.
- The goals should be more clearly recognizable by other sectors to enable more substantial financial contribution.
- Action plan and reporting should synthesize and give more comprehensive review of the nutrition policy activities and goals achievement by different sectors involved and should also clearly define and report on their financial contributions.

- In order to avoid unnecessary dispersion of the resources on the public tenders, the allocation of the funds should be more focused and periodical priorities clearly set. The quality control of the realization would be needed.
- A national coordination group for the implementation should be appointed to meet regularly and assess the work done, form the next set of priorities, define tasks and assure financial resources. Accordingly the regular systematic reporting including financials would be needed.
- Support and knowledge should be provided to empower different institutions, including NGOs to better use and compete for EU funding.

4. The workforce

Human resource deficit is becoming one of the main barriers in the implementation of public health policies in Slovenia. Evaluation has identified human resource insufficiency as one of the main obstacles also for the implementation of nutrition policy. Human resource planning has not yet become an integral part of public health strategies. In the action plans, activities are linked to institutions and financial resources are most of the time assigned to other costs and not to additional workforce. Availability of the workforce already there is not assessed. Subsequently, as evaluation has shown, responsible experts became overloaded, which represents a serious threat to the successful fulfilment of the strategic goals.

However, training of the existing workforce was planned in all the domains of the policy, so we could conclude that the need to strengthen capacity was recognised. For example, training and education in the framework of the project » The model of the implementation of dietary guidelines in educational institutions«, was performed by The National Education Institute. About seventy trainings were organized, for about 3000 participants.

In the ReNPP2005-10 a need for the development of dietary experts/consultants was pronounced. In Slovenia, profession of diet/nutrition experts-dieticians was missing, since specific knowledge in nutrition and food counselling was required but not assured within the educational system (1). During the implementation of the resolution, two study programmes have been developed, but are still not assuring enough workforce capacities in the respective area.

Development of numerous tools, guidelines and also legislation (for example the Act on School Diet) has contributed to the building of capacities in terms of knowledge and skills in other sectors. Nutrition guidelines addressing different groups of population and different fields of nutrition have set standards that enable measurement of performance also in this area. Also in the case of workforce, evaluation pointed to the fact that most successful and also assuring continuity are those measures which are incorporated into the system and are realised within the institutional programmes.

Recommendation: A comprehensive human resource development plan should be developed for the workforce in health system including workforce (public health specialists and dieticians) responsible for the implementation of nutrition policy. In addition, continuous education should be assured for the profiles working in this area in other sectors. Intersectoral cooperation could be helpful in facilitating the current problem. It should be

better identified where the capacities already exist and an upgraded and/or additional education should be planned.

5. Partnership development

The nutrition policy has been formed explicitly intersectoral, with an ambition to establish partnerships. It consequently enabled a huge progress in establishing better communication and cooperation between different sectors and institutions (1).

In the resolution it is stated: "Formulation of efficient strategies in the implementation of nutrition policy requires coordinated action of various ministerial sectors. Planning and implementing the nutrition policy may be carried out in relation with various policies, such as: health policy, agricultural policy, transport policy, economic policy, tax and price policy, social, regional and cohesion policy, education policy, and sport and research policy, environmental policy, and other policies."(2)

Partnerships developed through common projects, tasks, and goals related to the implementation of national nutrition policy. MoH has been in charge of the intersectoral coordination, taking care of the formulation of yearly action plans and of setting priorities. The key sectors have adopted health goals as part of their own agenda. The areas to be emphasised are the transmission of health themes into the school programmes, organizing healthy and accessible food supply in the educational institutions. Some of those projects have been founded internationally (School Fruit Scheme) and transferred to the national, regional and even local levels. As it has been acknowledged by the evaluation, the document ReNNPP2005-10 was very well recognized among different stakeholders and in different sectors. The greatest progress in communication and cooperation has been achieved between health, school and agriculture sector (1).

The Ministry of health has paid a lot of attention to strengthening formal partnership with NGOs, especially through financial mechanisms such as public tenders in the area of promoting healthy nutrition. The framework of the National programme for salt reduction (adopted in 2010), one of the implementation programmes of national food and nutrition policy, provided an active cooperation with private sector, food-processing industry. In addition, within the health sector, cooperation in the area of nutrition has been very much improved between public health professionals and professionals in health care.

The Mura Project (Investment in health and development), mentioned above, could be perceived as an excellent example of good practice in terms of establishing a good partnerships (partner network) with the focus on health as key factor of development at the regional level. The project joined different sectors and institutions, regional public health institute, procurement professionals, municipality administrations and relevant institutions from agriculture, tourism and environment protection.

Within the area of nutrition one of the communication tools used in Slovenia is so-called »The world nutrition day«. The events, organized each year at this occasion, provide opportunity to bring together stakeholders and to spread relevant information and knowledge.

From the policy evaluation conclusions the recommendation could be: to establish formal intersectoral cooperation at the governmental level, exceeding the usual intersectoral working group. This body, a council or a board should assure proportional representation of

all key stakeholders, including NGOs and professional organizations in planning, implementing and monitoring the nutrition policy (1).

6. Knowledge development

The development of the nutrition policy has not doubly based on extensive expertise and research. From 2000 onwards, many Slovenian and foreign professionals from various institutes, universities and representatives of numerous governmental services, offices and other organisations took part in the preparation of the ReNNPP2005-10. In the process of implementation, knowledge was upgraded in many areas of work, such as for example data collection and analysis. Several national investigations and researches were executed and represented a good background for the development and implementation of the policy. In particular "Health-related lifestyle" study, carried out in 2001, 2004 and 2008 and including data collection on gender and socioeconomic determinants had been in particular useful in this regard. Already before the strategy has been developed, the health impact assessment of agriculture policies had been performed and this also has been an important contribution to the knowledge development. During implementation of the policy experts developed numerous tools and documents and performed several studies. This as well can be regarded as part of knowledge development. In 2010 as part of the preparatory process for a new policy, an evaluation of the nutrition policy in 2005 to 2010 was carried out and that again contributed to building knowledge capacity in public health of Slovenia. Slovenia also took part in several international surveys, for example HBSC, and in relation to participation at the EFSA Food Database, implemented EU methodology and provided data.

Through above mentioned projects and exercises, not only knowledge had been updated but also provision of internationally comparable data was assured and new methodologies introduced. Perhaps one of the most important side effects of the process would be that a critical mass of experts in the area of food and nutrition had been developed and cooperation with international experts had been broadened.

As recommendations in future we could sum up the findings from recent evaluation of the nutrition policy: One of the next steps should be the development of measurable short-term indicators which would enable interim evaluation of the future nutrition and food policy implementation. The existing information system in this area should be upgraded to assure the data needed and lacking till now.

7. Suggestions on how EU could provide support, have an impact on the processes described and add value to strengthen public health capacities in Slovenia:

EU could:

- Develop recommendations and legislative measures at the EU level that would support and promote intersectoral cooperation in particular in those areas, where solutions could only be found at the international level (food marketing to children, for example).
- Provide further professional and financial support to the development of national capacities and networking at EU level.

- Support research and data base development at EU level in the area of food and nutrition including obesity.

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