

Annex 1

Approved by the Decree № 808 of
the Government of the Republic of
Tajikistan on 31 December, 2014

**NUTRITION AND PHYSICAL ACTIVITY STRATEGY FOR
REPUBLIC OF TAJIKISTAN 2015-2024**

Dushanbe – 2014

1. Introduction

1. Malnutrition is one of the world's most serious but least addressed health problems. The human and economic costs are enormous, falling squarely on the poor and on women and children. Undernutrition interacts with repeated bouts of infectious disease, causing globally an estimated 3.5 million preventable maternal and child deaths annually. Furthermore its economic impact in terms of lost national productivity and economic growth are huge.

2. Nutritional status deterioration is contributing to increased maternal mortality. Globally, inadequate maternal and child nutrition is a leading cause of the 35 % disease burden for children less than 5 years of age. Unhealthy eating patterns and being physically not active in children and adults can have negative consequences for their health and well being as well as for the country human capital and development.

3. The most prevalent micronutrient deficiencies include: anemia, mostly due to iron deficiency – which increases the risk of low-birth-weight babies, undermines physical capacity and contributes to 19 per cent of deaths during childbirth; iodine deficiency diseases (IDD), which is the world's most prevalent, yet easily preventable cause of brain damage in children; vitamin A deficiency, which reduces body defenses against infection - suffered by an estimated 190 million preschool children globally; zinc deficiency, which impairs the immune system and is linked with a death toll of 430, 000 children annually (Electronic Library of the World Health Organization (hereinafter "WHO") as evidence for action in nutrition).

4. Furthermore, developing countries are faced with new challenges from increasing Noncommunicable diseases (hereinafter NCD) – one of its major causes is unhealthy and unbalanced diet. It is also a major cause of deaths worldwide - more than all other causes combined.

5. Overweight and obesity today present major risk factors for health also in low- and middle income countries. Currently in the WHO European Region, between thirty to sixty percent of adults and twenty per cent of children are estimated to be overweight or obese. Levels of obesity are still expected to increase in the next decades, with the most rapid increases in lower socioeconomic and disadvantaged population groups. Overweight and obesity inflict a significant health burden for individuals, as well as for health systems.

6. Healthy eating begins with breastfeeding (BF) as well as appropriate and timely introduction of nutritious complementary foods. BF is unanimously recognized as the ideal infant feeding and although mechanisms are still to be explained, BF is associated with a reduction in obesity risk in childhood along side with lower likelihood of undernutrition and infections.

2. Main definition (glossary)

In this Strategy uses the following main definitions:

- biological value – is an indicator of the quality of dietary protein, reflecting the extent to which the amino acid composition of its body needs amino acids for protein synthesis;
- health determinants – a complex of individual, social, economic and environmental factors defining the health status of individuals and continents, or population groups;
- health care – is a system of public and state socio-economic and medical measures that ensure a high level of protection and improvement of public health solutions;
- healthy behaviours – typical for the socio-economic structure types, types, methods of human life, strengthen the adaptive capacity of its body to facilitate the full implementation of their social functions and achieving the active aging;
- product quality - a set of characteristics that determine consumer properties of food products and provide its safety for human beings;
- handling food - activities associated with the development, production, processing, purchase, delivery, storage, importation into the country, transportation, sale, use, disposal and destruction of food products;
- public health – science and art of preventing disease, ensuring the continuation of life and health through the organized efforts of society;
- primary health care (PHC) - is the main link of the health system of any country, the main service providing health care, built on the principle of “from the province to the center”. PHC is an integral part of social and economic development of a country;
- food products - products in natural or processed (canned) types that are used for human food, including baby foods, health foods, bottled water, alcohol, beer, soft drinks, chewing gum, and food raw materials, food additives and supplements;
- nutritional value - complex of food products’ properties that provide human physiological needs for energy and essential nutrients;
- baby foods - foods intended for babies under the age of 14 years and meet the physiological needs of the child's body;
- disease prevention - measures aimed not only at preventing diseases, such as immunization, vector control or the campaign against smoking, but also to stop its development;
- sale - sale, supply, transfer of food products under certain conditions;
- promoting a healthy lifestyle - a complex problem requiring an integrated approach to the study of life of the population, as well as the attention of health workers, teachers, psychologists, and depending on the specifics of the macrosocial environment of person, labor, social and preventive activity.

3. Situational analysis related to nutrition in Tajikistan

7. Food Security. In Tajikistan like in the majority of countries in the Region, nutrition and food-related health problems represent a considerable public health burden. Tajikistan experienced in the past an economic and political turmoil that negatively impacted the nation's economic and social development.

Disintegration of the Union in the 1990s of the last century and consequent profound economic crisis have led to impoverishment and internal and external migration of a large scale. According to the latest data by Agency of Statistics under the President of the Republic of Tajikistan (hereinafter "AS GOT") for 2013, the population of Tajikistan is 8 million people, of which 3.9 million women (over 2.1 million of them were women of reproductive age).

Starting the 90s of last century, among the population of the CIS countries, including Tajikistan the serious problems were associated with nutrition. In a country noted a relative decline in poverty - from 83% in 1999 to 38% in 2012, but at the same time the extent of poverty in the country remains high, and a considerable number of people are suffering from various diseases related to nutrition and physical inactivity. The overall food security situation in Tajikistan, in risk areas reveal to 24% of households being interviewed and classified as food insecure as per the Food Security Monitoring System – 2011.

Tajikistan ranks 112th on the Human Development Index and 65th on the index of gender inequality. In 2008, the index of gender inequality countries amounted to 0,506 ((SIGI) Social Institution and Gender Index, 2008), which indicates a certain state of the labor market, reproductive health and equal opportunities for men and women. Gender Inequality Index reflects the potential reduction in the level of human development in respect of the aforementioned indicators.

8. Breastfeeding and complementary feeding. According to the National Micronutrient and Nutrition Status Survey (MNSS) 2009, almost all of the infants were breastfed (98%) for at least four months. However, from the 85% of children exclusively breastfed till the first three months, only 65% continued up to the first five months. It means a large proportion of mothers seem to stop breastfeeding their infants between 5 to 6 months. According to Demographic and Health Survey (2012) 34% of children under 6 months countrywide consume only breast milk, and 33.3% - complementary food.

Reported stopping of breastfeeding was gradual for those who remembered: 31% during the first six months and 69% by the first 12 months. Overall, rural women are more likely to continue breastfeeding up until 12-23 months. Gender differences in breastfeeding patterns are observed only in regard to the duration: boys are more likely to be breastfed up until 23 months of age than girls - 41% vs. 27%. From 2008 till date, thirty out of the 70 maternity hospitals in the country have been certified as Baby-Friendly Hospitals.

WHO and United Nations Children's Fund (hereinafter "UNICEF") recommend exclusive breast feeding till 6 months and the introduction of nutrient-appropriate semi-solid foods beginning at 6 months age of child, and at the same time continue breastfeeding till 24 months age with provision of an enhanced food balance.

9. Nutrition of pre - and school age children. The data analysis shows that some children do not get enough of the micronutrients namely: iodine, iron, vitamins A and D and zinc; while undernutrition is still a problem, with stunting being its most visible expression.

According to the results of National Micronutrient and Nutrition Status Survey (MNSS) 2009, the food categories that were most often given to children were 'wheat, bread, rice, pasta, biscuit (96.7%), 'potatoes or other roots or tubers' (92.8%), and 'other vegetables and fruits' (87.4%). Out of 10 children only 4 consumed foods were pulses ('beans, peas, lentils, nuts') (42.6%) and eggs (36.9%). Looking at the drinking habits, a large percentage of children were reported to be given black or green tea (94.0%) and 'sugary water or soft drinks' (77.9%).

It is determined the increase in the share of energy due to mono- and disaccharides of the total dietary energy, which can be considered as one of the factors contributing to the development of dental caries in schoolchildren of the country.

10. Dietary diversity of population. The results of MNSS 2009 have shown exceptional monotony and a small set of food products in the diet. Low intake of animal protein, calcium, iron, was also found. This seems to be associated primarily with the sharp decline in the amount of their rations of meat and dairy products.

According to the results of Food Security Monitoring System (hereinafter FSMS) 2011, children not exclusively breastfed (children under 6 months) received animal milk, plain or sugary water, tea, bread or potatoes and only 40% of completely separated from breastfeeding children 6-8 months age were introduced with recommended semi-solid foods.

Thus, children daily consume wheat or potatoes, butter and sugar, insufficiently consume vegetables and animal products, which makes it difficult to, satisfy their needs for energy and nutrients (animal proteins, minerals and vitamins). Changes in the diet in recent years, contributed to the growth of diet-related diseases among the population of the Republic of Tajikistan.

4. Nutrition related health challenges

11. Undernutrition. In Tajikistan, approximately every fourth child of less than five years old is stunted (low height for age) or have chronic and every tenth child is underweight (low weight for age) or have acute malnutrition.

According to the Demographic and Health Survey (2012) over 26% children under 5 years suffer from acute malnutrition and 10% - chronic (4% of them severely malnourished).

Cases of acute malnutrition is still registered in Tajikistan, in areas with inadequate food security, lack of access to safe drinking water, the prevalence of foodborne disease.

There seems to be an aggravated situation among households that do not cultivate crops or receive remittances and are located in remote areas. In these cases, poor quality and quantity of drinking water and prices of staple foods represent the main threats to households' food security.

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12. Iron Deficiency Anaemia (IDA). Pregnant women and under five age children have a higher risk of IDA. IDA causes a number of problems to women of reproductive age, underweight of children at birth, premature birth and is also life threatening to women in terms of maternal mortality. Iron deficiency has influence on growth, development and learning ability among children.

According to MNSS (2009), the prevalence of iron deficiency anemia among children 6-59 months make 28.7% (2003 - 37.7%) and women of reproductive age - 24.2% (2003 - 41.2%).

This indicator (Ministry of Health and Social Protection of the Republic of Tajikistan, 2012) for school age children (7-10 years) in the Republic of Tajikistan makes 45.8%, which is 4.2% lower as compared to the 1994-1997 data. The highest prevalence rates of IDA (61%) found among schoolchildren Khatlon region, and the lowest (28%) - among school-age children in Dushanbe. In IDA case among schoolchildren countrywide preference is given to nutritional factors.

Regardless of a clear tendency for IDA decline in the Tajik population, preventive measures continue to be critically important since the issue remains an actual public health problem.

13. Iodine Deficiency Disorders (IDD). The diseases caused by IDD are well known, have a worldwide distribution and are sometimes ignored. An iodine deficiency disorder in children reduces mental development, which can gradually progress up to a full intellectual retardation as well as decreasing the body's resistance to different infections.

In 2002 the awareness campaigns on use of Iodised salt were conducted for the population, with involvement of NGOs and Mass media. The Tajikistan Law on "Salt iodization" was adopted in 2002. The most accessible and efficient salt iodization method has been applied in Tajikistan however the prevalence of the utilization of iodized salt can still be improved particularly in certain groups of the population.

The MNSS 2009-2013 results show only 59% of the country population used iodized salt in their diet while some indicators of the IDD preventive implementation strategy showed 80% of awareness of the importance of using

iodized salt. In 2005, in Tajikistan the level of population awareness on iodized salt was 47%.

Iodine deficiency diseases (IDD) identified by urine testing were reported in 58, 6% of women (in 2003-57, 7%) and in 52, 9% of under-five children (in 2003-63, 8%) that confirmed the persistent problem, but severe and moderate iodine deficiency in women (from 35,2% to 14,1%) and in children (from 40% to 9,5%) showed trends to decline.

An IDD prevalence rate among school age (10 and 15 years) children (MHSPP of RT, 2012) of in the Republic of Tajikistan is 56%. This figure is similar for children in 1997 were 58%, i.e 2% lower compared with 2012. Despite the downward trend in the rate of prevalence of endemic goiter and IDA among schoolchildren in the Republic of Tajikistan, the issue continues to be actual.

14. Vitamin A deficiency. By the results of the assessment of MHSPP of RT on vitamin A deficiency among children of Khatlon region, 52% of children between the ages of 6 to 59 months have different forms of vitamin A deficiency. The assessment showed that mothers who are less likely to receive vitamin A supplementation in the 8-week post-partum period usually reside in rural areas, have completed only primary level of education and represent the poorest income quintiles. The above-mentioned study also showed that girls were somewhat more likely to receive vitamin A supplementation in the six months prior to the study as compared to boys of the same age.

A strategy on "Prevention of vitamin A deficiency in population of the Republic of Tajikistan" has been developed however there is room for additional actions to improve its implementation level.

15. Overweight and obesity in women and children. The population recorded high levels of NCDs such as cardiovascular diseases, diabetes, cancer, obesity and dental caries, obesity. Overweight and obesity, which are one of the major risk factors for diabetes, cardiovascular diseases and tumors well registered in Tajikistan. It is found that more than 7% of women of childbearing age in the country are obese (its highest prevalence rates noted in Dushanbe), and from 23 to 42% are overweight (MHSPP of RT, 2009-2012). A statistically significant correlation between maternal age and body mass index (hereinafter "BMI"): Prevalence rates of obesity among children (MHSPP of RT 2009) of school age (6-17 years) in the Republic of Tajikistan are 4,7 %.

16. Other Noncommunicable diseases (NCDs) associated with nutrition. According to the WHO, NCD results in 86% death cases and 77% disease burden. This constantly increases the load tension of a health system, slows down the economic growth and reduces the well-being of the majority of the population.

The economic crisis lowered the living standard in the majority of the population and increased the prevalence of NCD. The correlation is that this limited the access to most foodstuffs, which were being replaced by cheap products with poor nutritional composition.

These NCD negatively affect the labor quality performance and increase expenditure in health sector, thus creating costs at household level and for the state as a whole.

Analysis of statistical data on NCDs in recent years showed a tendency to increase the prevalence of hypertension and coronary heart disease nationwide.

Moreover, according to the WHO, the overwhelming majority of countries in the European region, the salt intake exceed the recommended WHO (5 g/day) level, which makes it one of the major causes of cardiovascular diseases.

Morbidity level (by referral) per 100,000 population in the Republic of Tajikistan

Indicators	2003	2008	2009	2012
1. Cardiovascular diseases	1073,8	991,1	1031,3	1209,2
- hypertension	260,5	308,5	346,5	448,6
- coronary artery disease	118,8	139,1	158,5	200,5
2. Tumor	35,2	30,4	36,6	57,4
- breast cancer	4,0	3,9	4,7	4,5
3. Diabet		49,2	65,6	60,5

In Tajikistan, there is no scientific data related to the assessment of the role of diet-related risk factors in the development of cardiovascular diseases (salt intake, free sugars, fatty acids and others in the diet of patients). In this regard, the development of research work projects and their implementation is considered an actual scientific health challenge for the country.

5. Objective of the strategy

17. The strategy is a tool to support coherence, continuity, coordination and is an integral part of the national policy of socio-economic development.

18. The aim of the strategy is to promote and protect the health of the population by improving their nutritional status, their diet and physical activity through intersectoral actions.

19. The strategy was developed in accordance with Article 17 of the Constitutional Law of the Republic of Tajikistan "On the Government of the Republic of Tajikistan" and the European new WHO action plan for nutrition and prevention of NCD in the context of the "Health - 2020".

20. «Nutrition and Physical Activity Strategy for Republic of Tajikistan 2015-2024» summarizes the country's long-term goals in the field of nutrition and physical activity and is in line with the WHO Global Targets on Nutrition and on NCDs. The strategy reflects the views and perspectives of central government authorities, local executive government authorities and bodies, as well as public opinion (including non-governmental) entities whose activities are connected with food and nutrition and NCD prevention in Tajikistan. The strategy covers all groups of the population, but preference is given to vulnerable groups (children and women), focusing on improving their diet, their nutritional status and improving

physical activity levels. Particular attention is paid to social determinants, such as gender, socio-economic status, ethnicity, strengthening organizational and human capacity as well as PHC training.

Thus, the development of nutrition sensitive interventions across sectors on improvement of the food system, as well as timely addressing of actions and measures to existing disorders is essential to social health and economic development of the country.

6. Indicators and targets of the strategy

21. Promotion of breastfeeding and timely introduction of appropriate complementary feeding:

a) increase exclusive breastfeeding up to 6 months by 50%.

22. Significant reduction in the prevalence of malnutrition, including micronutrient deficiencies and obesity, especially among women and children, and other nutrition-related NCD:

a) reduction of stunting by 40%;

a) reduction of IDA among women of reproductive age by 50%;

b) maintain wasting at levels below 5%;

c) ensure there is no increase in of overweight in children and other population groups.

23. Using the most beneficial from an economic standpoint collaboration across sectors to promote healthy eating:

a) elimination of dietary trans-fats;

b) reduce salt intake in the population by 30%;

c) adaption of the governing rules on advertising and marketing of children food products.

24. Consumption of at least 400 grams of fruits and vegetables per day.

25. Acceleration of activities (cross-sectoral) in the prevention and control of malnutrition including obesity (especially in children) through the implementation of the measures proposed by the Vienna Declaration on Nutrition and Noncommunicable Diseases and the European Food and Nutrition Action Plan 2015-2020.

26. Strengthening the monitoring and surveillance system of actual nutrition and nutritional status, as well as NCD surveillance, with emphasis on the most vulnerable groups, conduct periodic research at the national level.

27. The implementation of Nutrition Strategy ensures universal access to food, social justice and gender equality in nutrition of the population in Tajikistan.

7. Basic principles and strategy approaches

28. This strategy consists of the following basic principles:

- human rights: the right to food;

- nutrition - related non-communicable diseases, malnutrition and micronutrient deficiencies are an obstacle to social and economic development;
- universal access, social justice and gender equality;
- approach covering all stages of life;
- evidence - based strategies;
- using existing Frameworks for Action to Scale up Nutrition (SUN);
- empowerment of rights and opportunities of the individuals and communities.

8. Priority strategy interventions

29. Strengthening of the legal regulatory and methodological framework. At the intersectoral level (with leading specialists from ministries and agencies) the work is being carried out on introduction of amendments and additions to the existing laws of the Republic of Tajikistan related to nutrition, increasing the physical activity and NCD prevention. The guidelines and recommendations on nutrition, physical activity and prevention of NCDs are being developed and get approved.

30. The science and human resources capacity development. Cross-sectoral projects are being developed on nutrition, physical activity and prevention of NCDs, the implementation take place. Together with leading experts of relevant government sectors, the training of personnel on nutrition is provided.

The strategy at the final stage – improve the provision of services for the prevention, diagnosis and treatment of nutrition-related diseases (primarily PHC).

Along with measures to strengthen the capacity development of policy makers, sufficient attention is paid to the pre- and post graduate education and training of health professionals on human rights and gender issues. The courses on nutrition, physical activity and NCD prevention are included in medical education.

31. Improving the feeding of infants and young children. The strategy aims to further promote breastfeeding and proper complementary feeding practices of reference that will not only create the necessary conditions for physical and mental development, but will also contribute to the prevention of NCDs. To ensure the participation of men in the organization of proper nutrition and the prevention of diseases related to malnutrition in pregnant women and infants, as well as consult both parents on nutrition and physical activity in the case of diseases.

32. Organization of healthy eating of pre- and school age children. Organization of healthy eating for schoolchildren at the national level is one of the main objectives of various government sectors. International organizations are also involved in actions on improving nutrition, physical activity and NCDs prevention, defining nation's gene pool (an important element in promoting health, human capital development and well-being).

School feeding program will contribute to the development of pre-and school feeding.

The inclusion of the aspects of nutrition, increased activity and NCD prevention into the school curriculum is a necessary component of education.

The national guidelines, recommendations on nutrition, physical activity and prevention of NCDs are being developed at the intersectoral level. The “Norms and rules on personal and food hygiene for children” are highly considered and being also implemented.

It is planned to include the Republic of Tajikistan in the WHO study on monitoring for the nutritional status of children.

Within the framework of WHO approach to the use of interventions with optimal cost-effectiveness, the monitoring is carried out on marketing of food products intended for children, with special emphasis on the fight against unethical advertising of breast milk substitutes, elimination of transfat and reduced salt intake.

33. Developing set of initiatives on nutrition and physical activity. The information materials on evidence-based medicine are being developed to improve people's knowledge of nutrition and physical activities in the framework of the intersectoral activities.

These structures implement the activities on ensuring the population with quality iodized salt, estimated consumption levels of salt and trans fats.

Due to the importance factor on increase of the level of activity of the population in NCD at the intersectoral level, it is foreseen the implementation of a number of measures aimed at strengthening the regulatory framework, training, development programs on the development of physical training and sports, and its introduction into the school curriculum, universities and other structures.

The plan on information influence and communication is being established in order to implement the strategy, which will coordinate the activities of the various types of informations, and create synergies between it in the interest of promoting good nutrition and physical activity. The analysis of abstracts for informational impact and health education materials is being implemented to reflect gender differences, especially for risk groups (such as pregnant and lactating women and adolescent girls).

34. Strengthening intersectoral collaboration. The mechanisms of the intersectoral cooperation for rapid response and effective actions on the organization of proper nutrition, physical activity and prevention of NCDs are being strengthened.

Control over the Strategy implementation and coordination of problems connected with a nutrition rests with the Inter-Sectorsl Committee (hereinafter "ISC"), which is created by order of the Ministry of Health and Social Protection of the Republic of Tajikistan from among highly qualified specialists from relevant ministries and departments (subject to approval).

ISC can in addition switch on measures connected to a feed (nutrition) and by necessity to make changes in terms of realization of measures. Representatives of international organizations may also be part of the ISC.

The basis for the development of national policies in the field of healthy nutrition of Tajikistan is provided.

35. Monitoring and evaluation. Monitoring will be based on regular tracking of selected indicators based on international requirements and provide quality, reliable and standardized data. Surveillance system should generate and keep track of information about nutrition, physical activity and most of the relevant NCD in different groups of population (especially women and children, the elderly, including gender differences), determining their burden (including the economic costs).

Evaluation - allows to analyze data on indicators not only in quantitative but also in qualitative nature, which will conclude and decide on increasing the efficiency and effectiveness of the implementation of the planned measures.

Evaluation of the effectiveness of activities' implementation will be carried out with the support and the use of a WHO system of indicators on nutrition and physical activity with the intent to include the data in the WHO European region system of supervision. The impact and tracking indicators will be identified.

Impact indicators (strategy) will be used to identify specific changes, trends and issues in the field of nutrition, physical activity and NCDs. For example: the prevalence of acute and chronic malnutrition among children aged 6-59 months, IDA, IDD, obesity among children and women, or the average daily consumption of fruits and vegetables, sugar, salt, fatty acids to the WHO recommended levels of consumption.

Tracking indicators (programme) will be linked to specific dates and actions of activities described in the implementation plan of the Strategy.

The attempt to integrate the data into a common statistical information system and contribute to the overall health monitoring, as well as strengthening of multisectoral relations will be realized.

The monitoring of the Strategy implementation lies with the Ministry of Health and Social Protection of the Republic of Tajikistan (the Republican Center for Nutrition is defined as the responsible organization). The majority of data, especially quantitative will be submitted by ASOP RT, as well as other ministries and departments on their respective areas of activity.

The results of the monitoring and evaluation of the Strategy implementation is systematically considered at ISC meeting and submitted to the relevant ministries and departments.

The data obtained in the course of monitoring and evaluation of the Strategy will be of interest and submitted for consideration to government, public and international organizations concerned with nutrition and physical activity among the population of the Republic of Tajikistan, and it can be a basic prerequisite in the review and development of public policy in the field of nutrition.

Approved by the Decree № 808
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December, 2014

Action Plan of nutrition and physical activity strategy for Tajikistan 2015-2024

№	Name of activity	Responsible persons	Date of implementation	Tracking indicators	The financial charges (in somoni)	
					Budget	IO
1. Strengthening the legal and regulatory methodological framework						
1.1.	Review and amend, as appropriate Law of RT about physical training and sports to include physical activity for health	CPCS RT and other concerned ministries and departments	2015-2017	Law approved	-	-
1.2.	Development of sanitary (dietary) norms and rules for children of pre-school and school age including regulation limiting salt and trans fats	MoES RT SSESS SRIN SRIP WFP WHO	2015-2024	Sanitary (dietary) norms and rules developed, approved	30000	90000
1.3.	Development of the "Guidelines on nutrition of pre- and school age children" with emphasis on reducing consumption of salt (maintaining efficacy of iodine supplementation programmes) and trans-fats	DMCH FPSO SRIP UNICEF WFP WHO	2015-2016	Guidelines developed, approved	3000	9000
1.4.	Development of guidelines on nutrition for obese patients	RCN TSRIPM TSMU RCCE WHO	2015	Guidelines developed, approved	3000	9000
1.5.	Development of guidelines on nutrition of patients with hypertension and coronary heart disease	RCN RCCC TSRIPM WHO	2015	Guidelines developed, approved and printed (out)	3000	9000
1.6.	Development of the "Recommendations on nutrition for athletes" with a focus on reducing consumption of salt and trans-fats	CPCS RT RCN TSRIPM SRIN WHO	2016-2017	Recommendations developed and approved	3000	9000
1.7.	Amendments and additions to the Law of the Republic of Tajikistan "On Physical culture and Sports"	CPCS RT and other concerned ministries and departments	2015-2016	Additions, amendments will be made	1000	4000
1.8.	Development of the "Methodological guidelines for a future National Nutrition Survey (including color album)"	RCN WHO	2015	Guideline developed, approved, printed out	3000	9000
1.9.	Development of e-health solutions for evaluation and monitoring of dietary intake and nutritional status	RCN TNU WHO	2015	In development process	9000	18000
2. Science development and the human resources capacity						
2.1.	Science development					
2.1.1.	Inclusion of the Republic of Tajikistan in the WHO study on surveillance of obesity among schoolchildren (COSI) and its implementation	RCN WHO	2015	Inclusion Tajikistan in COSI survey and implementation	10000	100000
2.1.2.	Assessment of actual nutrition of the population	RCN SRIN FAO WHO	2016-2024	Submission of information/data	30000	90000
2.1.3.	Development of the research project "Study of obesity among the population of the Republic of Tajikistan" for the development its prevention	RCN TSMU	2015	Project developed, approved	6000	-

	measures at the intersectoral level					
2.1.4.	Conduction of research "Study of nutrition of patients with hypertension and coronary heart disease in the Republic of Tajikistan with aim to develop a comprehensive science-based (cross-cutting) measures for its prevention"	RCN RCCC TSRIPM WHO	2015-2017	Submission of information/data	300000	40000
2.1.5.	Conduction of research "Study of the nutritional status of the population of the Republic of Tajikistan" with aim to develop measures for its prevention at the intersect oral level	RCN TSMU RCCO WHO	2016-2020	Submission of information/data	300000	300000
2.1.6.	Purchase the equipment (Kromomacce, spectral-photometer etc.) for study of parameters of food substances in organism (also safety of foodstuff)	RCN and partners	2016-2020	Equipments purchased	150000	1500000
2.2.	Развитие кадрового потенциала					
2.2.1.	Conduct WHO Europe integrated training courses for PHC trainers to counsel on feeding children under 2 years	DMCH FPSO SRIP USAID UNICEF WHO	2015-2016	Number of teachers trained	-	-
2.2.2.	Training of health workers trained by PHC trainers in accordance with ""Guidelines for the prevention and treatment of malnutrition for children under 5 years" at ambulatory level	DMCH FPSO SRIP UNICEF WHO	2015-2016	Number of teachers trained	-	-
2.2.3.	Training of laboratories' staff, salt producers, flour mill producers, and control of SSESS over the quality of iodized salt and flour fortification with iron	Republican SSESS SRIN Tajikstandart UNICEF	2015-2016	Number of staff trained	-	-
2.2.4.	Workshops on NCD prevention (obesity, diabetes, CVD, etc.) for the teachers of pre-school/school facilities, etc.	SRIN SRIP TSRIPM UNICEF WHO	2016-2024	Submission of information on workshops conducted	-	-
3. Improving the feeding of infants and young children						
3.1.	Implementation of the "National guidelines on feeding young children"	DMCH FPSO SRIP UNICEF WFP WHO	2015-2024	Reducing the prevalence of malnutrition among children under 5 years	-	-
3.2.	Implementation of the WHO program on monitoring the nutritional status of children under 5 years through mobile communication in the pilot area	DMCH FPSO SRIP SSESS UNICEF WFP WHO	2015-2020	Improved nutritional epidemiology monitoring and surveillance system	-	20000
3.3.	Conduction of "International Breastfeeding Week"	DMCH FPSO SRIP NHLC UNICEF WHO	2015-2024	The event will be held	-	-
3.4.	Campaign on the issue of sales promotion (advertising) food (especially infant formula) in the framework of the Promotion of the Breastfeeding week	DMCH FPSO SRIP SSESS NHLC UNICEF WHO	2015-2020	The event will be held	-	-
4. Organization of healthy eating to pre- and school-age children						
4.1.	Activities in the districts/areas (in collaboration with international organizations and not governmental organizations) in frame of "Guidelines on nutrition of pre- and school age children" (with emphasis on reducing consumption of salt and transfats)	MoH RT DMCH FPSO SRIP SSESS UNICEF WFP WHO	2015-2016	ISC defines the implementation percentage	-	-
4.2.	Implementation of "Guidelines on child healthy diet, physical activity and personal hygiene" in pre- school and school institutions	MoH RT DMCH FPSO SRIP SSESS UNICEF	2015-2024	50% reduction in child diet-related burden	-	-

		WFP WHO				
4.3.	Organization of competitions between schools on healthy eating, physical activity and NCD prevention in the future	MoH RT DMCH FPSO SRIP SSESS UNICEF WHO	2015-2024	Hold competitions	-	-
4.4.	Organization of a healthy eating at pre- school and school institutions	MoH RT DMCH FPSO SRIP SSESS WFP	2016-2024	The information is annually consolidated and submitted		
5. Development of integrated initiatives on nutrition, physical activity and prevention of NCD						
5.1.	Assessment of the level of consumption of salt and trans-fats in different population groups (working with WHO consultants)	RCN SRIN WHO	2015-2016	Development of information on assessment	30000	90000
5.2.	Assessment of the quality of salt iodization and flour fortification with iron at the level of production, markets and households	SSESS SRIN Tajikstandart RCN USAID UNICEF	2015-2024	Processing of data/materials collected	30000	90000
5.3.	Development of materials on nutrition, physical activity and NCD prevention for inclusion in the curriculum of school age children, medical institutions and postgraduate education	RCN SRIN SRIP TSRIPM	2015-2016	Materials developed, approved	-	-
5.4.	The inclusion of issues on diet, physical activity and NCD prevention programs in the education of children of secondary schools, medical institutions and postgraduate education	MoH RT DMCH FPSO SRIP WFP WHO	2016-2019	The inclusion of issues on diet, physical activity and NCD prevention in the curriculum	-	-
5.5.	Create a group for the development of information and communication materials	NHLC and partners	2015	Group created	-	-
5.6.	Preparation of the informational materials on negative effects of transfatty acids and salt, obesity, diabetes, cardiovascular diseases (as booklets, videos, etc.) to raise public awareness through the massmedia	NHLC SRIP SRIN SSESS RCN TSRIPM WHO	2015-2017	Processing of data/materials collected	5000	30000
5.7.	Collection of data on NCD mortality based on on statistical reports and death cases	ASOP RT MoH RT	2015-2024	Materials developed, approved	-	-
5.8.	Collection of materials regarding food consumption from household budget	ASOP RT and partners	2015-2024	Submission of data	-	-
5.9.	Training and provision of physical training teachers for the schools	ASOP RT MoH RT	2015-2016	Mechanism developed, approved	-	-
5.10.	Development of the manual "Human nutrition – basics of nutrition" for medical students and others.	RCN WHO	2015-2016	Approved, printed	9000	21000
5.11	Developing Materials on organization of dietary in medical institutions	RCN Medical institutions WHO	2015-2017	Approved, printed	9000	21000
6. Strengthening intersectoral collaboration						
6.1.	Establishment of an intersectoral committee (ISC) for the implementation of the Strategy	Partners	2015	ISC created, certified/approved	-	-
6.2.	Intersectoral action to reduce salt intake and trans-fatty acids	Partners	2015-2024	Transfat acids less <1% from diet energy	-	-
6.3.	Intersectoral meetings, conferences and workshops on nutrition, physical activity and prevention of NCD	Partners	2015-2024	Number of workshops held	-	120000
7. Monitoring and evaluation						
7.1.	Development and approval of evaluation forms on nutrition, physical activity	RCN MoH RT ASCS OP RT TSRIPM	2015	Development, approval	-	10000

		SRIP SRIN WHO				
7.2.	As part of the research work of governmental structures (RCN, MoES RT, SRIP, SRIN , TSRIPM, ASOP RT, etc.) with the support of WHO, UNICEF, FAO, WFP, etc. collect data on indicators of nutrition and physical activity	RCN MoH RT ASOP RT TSRIPM SRIP SRIN WHO	1 раз в 2 года	Submission of data	1000000	3000000
7.3.	Assessment of monitoring system on nutrition and physical activity progress	ISC WHO	2015-2024	Submission of data and recommendations	-	200000

LIST OF ACRONYMS

ASOP RT - Agency for Statistics of the Office of the President of the Republic of Tajikistan
CPCS RT - Committee of Physical Culture and Sports under the Office of the Government of the Republic of Tajikistan
DMCH FPSO – Department of Mothers, Children Health and Family Planning Services Organization of the Ministry of Health and Social Protection of the population of the Republic of Tajikistan
FAO - Food and Agriculture Organization
ISC - Inter-Sectoral Committee
IO – International organizations
MoA RT - Ministry of Agriculture of the Republic of Tajikistan
MoES RT – Ministry of Education and Science of the Republic of Tajikistan
MHSP of RT – Ministry of Health and Social Protection of the population of the Republic of Tajikistan
RHLC- Republican Healthy Lifestyle Center
RCCC - Republican Clinical Center for Cardiology
RCCE - Republican Clinical Center for Endocrinology
RCCO - Republican Clinical Center for Oncology
RCN - Republican Centre for Nutrition
SRIN - Scientific-Research Institute of Nutrition, Ministry of Industry and New technologies of the Republic of Tajikistan
SRIP - Scientific Research Institute of Pediatrics of the MHSP of RT
SSESS - State Sanitary and Epidemiological Surveillance Service
TNU - Tajik National University
TSMU - The Tajik state medical university Name Abuali ibni Sino
TSRIPM - Tajik Scientific Research Institute of Preventive Medicine
UNICEF - United Nations Children's Fund
USAID – The United States Agency for International Development
WFP - World Food Programme
WHO - World Health Organization