

PD-ABH-504

85937

TRIP REPORT

MOSCOW

**Margaret Parlato
April 4 - 10, 1993**

NUTRITION COMMUNICATION PROJECT

**Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037**

This activity was carried out through support from the United States Agency for International Development, Office of Nutrition, under contract DAN-5113-Z-00-7031-00 (Project 936-5113) with funding from the Vitamin A earmark.

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EXECUTIVE SUMMARY

Margaret Parlato, Director of the Office of Nutrition's Nutrition Communication Project, managed by the Academy for Educational Development, was in Moscow April 4-10, 1993. The main outcomes of the visit were as follows:

- Attended the Second International Symposium on Maternal and Infant Nutrition where she presented a paper on breastfeeding and social marketing.
- Held follow-up meetings to the Symposium with several organizations interested in learning more about the application of social marketing to the many consumer information needs that are surfacing. This included the Institute of Nutrition, the Nutrition Department of CIAMS, CARE and the Family Planning Association.
- Held discussions with the International Diabetes Program at CIAMS about their request for assistance from the Office of Nutrition.

Symposium and Follow-up Meetings with Nutrition Institutes

The two-day Symposium, attended by some 150 people, featured presentations by researchers from the Institute of Nutrition, the Ministry of Health and the Central Institute for Advanced Medical Studies (CIAMS). The focus was on basic research about human milk. Data from recent surveys on nutrition status of school children, food consumption and safety were also presented in one session. There were no Russian presentations dealing with programmatic issues.

The presentation on social marketing techniques to promote improved infant feeding generated considerable interest and discussion about the need for public information on the subject. Russian symposium sponsors advocated that next year's conference focus on communication strategies in Russia. To date there has been virtually no nutrition education going out to the public or to health workers. The kind of consumer education about diet that the American public has benefited from over the past decade has been missing. There are also wide gaps in practical knowledge among health professionals dealing with the public.

The key institutions represented at the Symposium requested follow-up meetings to talk about consumer education. They recognized the need to do something and feel a sense of urgency about the acute need to provide correct information to the Russian public about how to "eat smart" in a period of escalating prices. A striking level of concern was voiced about the decline in the quality of the diet — especially protein and vegetables — and about the level of food contamination. Fact and reality are often blurred. Misconceptions abound. Lack of data further confounds the situation.

International Diabetes Program

Based on a request to USAID's Office of Nutrition for assistance, exploratory meetings were held with the International Diabetes Program (IDP). The IDP is a private, non-profit organization which grew out of a CIAMS program. It was recently created to advance public education about diabetes and chronic diet-related diseases in the former Soviet Union. The program has dynamic leadership and has marshalled an impressive array of corporate and private funding to establish a network of 10 education centers. IDP publishes a quarterly magazine with advice for diabetics which is a true capitalistic effort, funded by ads and paid-for subscriptions. IDP's goal is to use diabetes as a starting point for a broader nutrition education effort to improve dietary habits.

Recommendations

1. Based on this initial visit it is recommended that the Office of Nutrition co-fund a project assessment/planning mission with the International Diabetic Program at the beginning of July. The IDP is well poised to mount a nutrition communication effort. Other team members will be funded by Lilly Corporation and a joint venture computer networks firm. Participation of at least one representative from a pivotal nutrition research/policy group is considered essential to building links for future broad-focused public information efforts.
2. It is recommended that USAID/Moscow look for ways of supporting a nutrition consumer effort. Ongoing food and nutrition programs may offer opportunities. For example, survey data now being collected by CARE and collaborating agencies could be used to help shape a public information campaign.

Follow-up

1. Provide documentation on social marketing to the institutions that requested further information on the methodology. This is a first step to establishing further dialogue about the use of this approach, which can be followed up at the time of the NCP project planning visit.

I. INTRODUCTION

Margaret Parlato, Director of the Nutrition Communication Project managed by the Academy for Educational Development for the Office of Nutrition, made a visit to Moscow April 4-10. The purpose was to:

- Present a paper on breastfeeding and social marketing at the Second International Symposium on Maternal and Infant Nutrition
- Hold discussions with the International Diabetes Program (CIAMS) that had requested assistance from USAID's Office of Nutrition

II. SYMPOSIUM ON INFANT NUTRITION

The Symposium organized by the Heinz Children's Nutrition Center was co-sponsored by the Ministry of Health of the Russian Federation, the Institute of Nutrition and the Russian Academy of Medical Sciences. The theme was "Breastfeeding and Nutrition." Approximately 150 people attended the two-day conference, which featured researchers from the sponsoring institutes as well as two guest speakers invited by Heinz. These were Dr. Stanley Zlotkin from the Hospital for Sick Children in Toronto and Dr. Helen Guthrie from Pennsylvania State University. The Office of Nutrition funded my participation and that of Dr. John Bowman, Senior Technical Advisor, Office of Nutrition, who represented USAID.

A second Symposium was held in St. Petersburg following the Moscow meeting. Dr. Bowman went on to this; I stayed in Moscow for follow-up meetings.

Program

A copy of the Program is included in Appendix B.

Overall the presentations by the Russian scientists were noteworthy for their focus on basic research into the properties of human milk and techniques of fortifying human milk for preterm babies. There were also two interesting presentations by Professors Volgariev and Tutelian (Director and Deputy Director of the Nutrition Institute) reviewing recent data from surveys. This included food consumption and safety trends (1986-89-92) and a 1992 dietary survey of 10 and 15 year-olds in four cities, including Moscow, conducted with WHO assistance. There were no Russian presentations dealing with programmatic issues.

From the discussions and questions it is apparent that there is considerable concern about the decline in the quality of the diet since 1989. Data show that gains in consumption of vegetables, meat and milk seen between 1986 and 1989 have been lost. Per capita, annual data for adults indicate consumption is back to 1986 levels, with vegetable intake at 77% of 1989 levels; meat at 78% and dairy products at 63%. The study shows that families compensate by eating more bread and potatoes although the presentations did not indicate if these changes are compromising

nutritional well-being. Nevertheless, the changes in dietary patterns have translated into fear that women are not getting enough protein to breastfeed. Several of the physicians working in polyclinics also reported that because of the economic crisis women are under great stress and consequently, are not able to breastfeed. Comments indicate there is special concern that children are not getting enough milk — vitamins appeared to be of secondary concern. The desirability of instituting a school breakfast and lunch program was raised by Prof. Volgariev as a way of addressing the problem.

Coupled with the concern about protein consumption is the fear of consuming contaminated foods. Many of the Russian presenters mentioned the difficulty of finding "ecologically pure" food for children. Parents are apparently willing to pay extra for imported foods since they are viewed as purer. Breastmilk contamination is also a major worry and was brought up many different times by participants both during and after the symposium.

Data presented by Prof. Tutelian from Food Safety surveys, however, show that levels of nitrosamines, pesticides and aflatoxins in the general food supply have actually gone down since 1988 when the Institute of Nutrition first started taking samples. (Details about the sample size, number of locations, etc. were not presented.) Data on breastmilk contamination from four cities were also presented, although I could not read the Russian slides. (Prof. Tutelian tried getting me a printout of the data but the printer was not working when I was at the Institute. He has promised to send me a copy.) Data from Moscow, which were discussed, indicate that about 10% of women have concentrations of nitrosamines and PCBs above recommended safe levels. These may be concentrated in certain zones.¹

Getting good data on this issue is of critical importance. Mothers need to know — from a trusted source — what the situation is. At this point it is unclear whether their perceptions are true or false. In the absence of solid information, rumors abound. Health professionals are equally unsure.

Dr. John Bowman's presentation about the Office of Nutrition and the Wellstart lactation management training program proved to be of particular interest. All the applications for the course were snapped up and in subsequent meetings a number of individuals asked me for additional information.

My presentation on social marketing generated a lot of discussion. For many in the audience this was their first introduction to the concept. There were many questions about how much the programs cost and how they were paid for. Other questions revolved around the methodology used in the evaluations from Brazil, Colombia and Jordan, that were presented. A number of participants invited me to their institutions following the conference to pursue discussions on how to apply social marketing to their priorities. Almost everyone expressed interest in conducting

¹ The Nutrition Institute has published a paper "Principles of Estimating Contaminants" which has a chapter devoted to Infant Nutrition. A copy of this has also been requested.

some kind of nutrition consumer education. There was also interest expressed in exploring the topic of Nutrition Communication in next year's Heinz Symposium.

Participants

Although there was no participant list, discussions with the organizer (Dr. David Yeung, Director of Corporate Nutrition for the H.J. Heinz company), and with participants indicated that attenders were primarily nutrition scientists, medical people working in nutrition and pediatricians. There were also representatives from CARE, the Ministry of Agriculture and the press. A reception held the evening of April 5 brought together conference participants as well as senior-level officials from health and agro-business, international agencies and Canadian and U.S. embassy representatives. The invitation list is included in Appendix C.

Technical Papers

The proceedings from the First International Symposium on Maternal and Infant Nutrition, held last year in Moscow, were distributed. This is presently available only in Russian, although Heinz is preparing an English summary. No other documents were distributed.

III. FOLLOW-UP MEETINGS WITH NUTRITION AND OTHER ORGANIZATIONS

Meetings with the Institute of Nutrition

I was invited to visit the Institute and had a series of meetings with the Deputy Director, Prof. Victor Tutelian; Dr. Olga Netrobenko, Pediatrician responsible for Children's Nutrition as well as the Chief of the Laboratory, Dr. Victor Konyshov, who has done some work in education; and several other researchers.

The Institute, housed in a building described to me as "older than your country," functions not only as a research organization but as a regulatory agency responsible for food safety and standards, similar to the U.S. Food and Drug Administration. Studies of nutritional status have also been their responsibility, and one was recently completed. (See above.) Dr. Tutelian mentioned that WHO provided technical assistance on the latest survey since they were not accustomed to doing 24 hour recall surveys, having depended on actual measurement and weighing. He indicated that a good deal of effort has been put into developing measuring units and lists of commonly consumed foods in the different regions of the CIS.

On the education side, little has been done to inform the public. Education efforts have been limited to lecturing to post-graduate physicians at CIAMS and other medical centers. The one example of public education brought to my attention was a program to counsel Chernobyl survivors. They used booklets, newspapers and some radio to increase consumption of antioxidant vegetables and vitamin pills.

The Institute expressed interest in examining how social marketing techniques could be used to provide information to the public about how to eat "smarter." The challenge, as they see it, is to foster sound eating habits and build consumer confidence in a time of hyperinflation. In addition, it could be argued that closing the information gap is crucial in getting people ready for a new age, with new products and choices.

Several of the people I met with requested that I send documentation on social marketing and one wanted information on breastfeeding promotion.

Nutrition Department: CIAMS

Dr. Lyubov Trofimenko, Chief of the Nutrition Department, Central Institute for Advanced Medical Studies (CIAMS), met me at the hotel with her daughter as translator. She is based at the Clinical Hospital For Children No. 1 and indicated CIAMS is planning to conduct a breastfeeding promotion program. Dr. Trofimenko wanted to gain more insight into social marketing, which we discussed at length. She very much wanted background documents so she could study the methodology and experiences in other countries.

Following my visit, NCP sent her a package of background information.

We also spent a great deal of time talking about the Wellstart lactation management course. She was perplexed by the need to apply as a team rather than as an individual. We went over examples from several countries and also talked about the kinds of decisions that the team needs to be in a position to make once they return home. (Descriptions of Wellstart country programs were also sent to her and should help clarify this issue.)

CARE

On April 7, I made a visit to the CARE offices to meet with Kathleen Welch, Survey Director, to talk about experiences in studying Child Feeding Practices. Subsequently, I sent her sample questionnaires from Honduras's national infant feeding/breastfeeding survey.

She indicated that CARE is seeking to target its food assistance and to provide assistance to CIS institutions to develop their epidemiological data base. In 1992, a survey was completed which found a deteriorating situation among pensioners and in the agricultural sector. This year a series of 7 additional surveys are planned for Moscow, Yekaterinburg and St. Petersburg, including research related to children under two and pregnant women.

I also met briefly with CARE director, Roland Broome, and had a chance to discuss infant feeding issues.

A few noteworthy points that came up during these discussions:

- CARE is initiating a newsletter for health workers. I had several occasions to discuss sources of articles and information with Darren Hedley, who attended the Heinz Symposium and was also at CARE the day I visited. After returning to Washington, we sent him a package of reference materials and put CARE on the mailing list for several newsletters including the APHA's "Mothers and Children." APHA will also follow up and explore interest in having the newsletter translated into Russian.
- A breastfeeding promotion effort is being undertaken in Elektrosal of the Moscow, Oblast (region) with WHO support. Elisabeth Helsing is providing technical assistance.
- A WHO conference on Breastfeeding Practices was held March 17, 1993 at Moscow's Institute of Preventive Medicine. The goal was to inform health care workers about the importance of breastfeeding and clear up misconceptions. Kathleen Welch, who attended the conference, mentioned that information presented indicated that women breastfeed for about 4 months; that feeding tends to be scheduled rather than on demand; and that night feedings are discouraged. The issue of price increases on the quality of women's diet and their ability to breastfeed apparently also came up at this conference.

Russian Family Planning Association

Several members of the Association attended the Heinz Symposium and invited me to meet the Director General, Dr. Inga Grebesheva. She and her staff did a briefing about the organization — created only one year ago — and then asked questions about social marketing and how to reach the different groups they want to reach. Dr. Grebesheva indicated that the public has had very little exposure to information about family planning methods. Abortions have been the prime means of fertility regulation, with an average 5 abortions per woman. Only 1-2% of women use oral contraceptives, primarily because they are so expensive (500 rubles per month — with 15,000 being a good salary). Norplant was introduced this year. Many women end up with gynecological problems, including extremely long menstrual periods, which lead to anemia.

The Association, an affiliate of the International Planned Parenthood Federation, is gradually trying to start a public information program. Of foremost importance will be explaining the range of contraceptive methods and dispelling rumors, reaching adolescents, and training midwives and physicians.

They have shown two films on television about the risk of abortions and were pleased at the response.

IV. CENTRAL INSTITUTE FOR ADVANCED MEDICAL STUDIES: INTERNATIONAL DIABETES PROGRAM

Based on a request from the International Diabetes Program (IDP) for assistance from USAID's Office of Nutrition to help mount a public information campaign on nutrition, I held a number of meetings with its director, Prof. Ametov, and the other groups he has brought together. This included Radio Moscow, Eli Lilly Corporation and BBDO advertising agency.

The IDP was recently created to advance public education about diabetes and chronic diseases in the former Soviet Union. It has stepped in to complement the physician training and education provided by the Central Institute for Advanced Medical Studies (CIAMS) and the WHO Collaborating Center for Diabetes Education and Informatics. (CIAMS trains 600 M.D.s a year in endocrinology diseases.) IDP is a private, non-profit organization established under the initiative of Prof. Ametov, who is head of the WHO Center and Chair of Endocrinology at CIAMS. IDP was officially recognized as a philanthropic, international organization by the Russian Ministry of Justice in February 1992. Their goal is to create a model for training, consumer support services and public information about diet-related chronic diseases such as heart disease and cancer.

The program has come a long way since activities were started in 1989. The CIAMS/Collaborating Center for Diabetes Education group obtained initial training in patient management and computers from the International Diabetes Center in Minneapolis; seed money from the Lilly Foundation (\$50,000); funds for educational materials from the Soros Foundation's Cultural Initiative Program; and support from other corporations. A most impressive model program is in place.

Some accomplishments include:

1. Issue of a patient education manual entitled **Living with Diabetes** — 2 million copies have been distributed.
2. Launch in 1991 of a lively, colorfully-illustrated quarterly magazine for diabetics, **Diabetes and Life Style**, supported by an international editorial board of prominent diabetologists. The concept of advertising support is being pursued and the publication is sold at 10-12 rubles. (See appendix D for excerpts.) Circulation is 100,000.
3. Creation of a network of 10 consultative centers throughout the CIS. Six more centers are ready to open. A data base has been created with information on patients and the disease. The International Diabetes Center in Minneapolis reports that "the program has affected millions of people, and hopefully has made significant positive changes in their lives and

activities." ² A group interview with 20-25 patients attending the central Moscow Center (Hospital No. 3) revealed that most had never had any previous information about diet. They talked about the difference the program had made in their lives and how helpful it was for their friends and neighbors to understand something about the disease. "Not contagious like AIDS," said one person, who reported that most diabetics have kept their disease a secret for fear of ostracism. Most had heard about the center on television.

4. Initiation of a weekly television program. The 10 minute program is being given free air time through a special arrangement.
5. Obtaining of funds from a number of foundations to buy computer and audio-visual equipment for each of the centers. They have video, T.V. projectors, etc.
6. Application for, and designation of, CIAMS as a WHO Collaborating Center for Diabetes Education in 1991.

Prof. Ametov is a true entrepreneur and a dynamic individual whose enthusiasm and energy I found contagious. His group, with the help of Western corporations and medical colleagues from the U.S. and CIAMS, has created the beginnings of a systematic approach to educate and serve the large Russian population living with diabetes (about 10% of the population). He has marshalled an impressive array of groups together to create the IDP program. The model, however, is based on a person-to-person contact and is both labor intensive and expensive. USAID assistance is being sought to develop an integrated mass media education program using the latest techniques of social marketing. Radio and teleconferencing are two technologies being looked at as ways of expanding and enhancing information flow to the Russian population. (Prof. Ametov already has strong support from Radio Channel One and the Vice-Minister of Communication.) Audiocassettes and access to computer programs are ideas Dr. Ametov is actively pursuing as tools for management of diabetes Type II patients, who need special dietary guidance.

IDP's goal is to use this as a starting point for a broader nutrition education effort to improve dietary habits leading to chronic diseases. If conducted well, the centers and information network could be used to provide additional nutrition/health information to local communities. We were able to discuss future directions at a half-day meeting at the WHO Center attended by Prof. Ametov; Dr. Eugene Leparski, medical consultant; Dr. Annette Uelze, Eli Lilly's Marketing Coordinator for the CIS; and Ms. Irina Smirnova, radio producer for Channel One.

The next step is an Assessment/Project planning visit. The various partners would like to conduct this June 29 to July 7. USAID/Office of Nutrition is being asked to fund a communications planner and radio program expert. Eli Lilly Corporation has agreed to fund the

² Etzwiller, Donnell, et al "A Joint Venture With the Commonwealth of Independent States," Diabetes Care, Vol.16, No. 1, January 1993.

Russian team. This would include Prof. Ametov and Dr. Leparski. Dr. Uelze from Lilly would join the team; Mr. Ivo Tikvica, General Manager of INCOM a joint-venture computer/information technology group might also participate. Participation from a local nutrition organization would also be highly appreciated.

From these initial discussions it appears that technical support will be needed primarily to train social scientists in audience research techniques and to help plan the education intervention. Financial support for the radio programs will also be required, although costs of air time could be shared with corporate sponsors. These issues can be explored during the Assessment.

V. RADIO MOSCOW

Ms. Irina Smirnova, producer for Channel One and host on Russian Women's channel "Nadezhda," invited me to visit the radio and interviewed me about the Breastfeeding Conference. She is a senior producer with experience in many programming areas, has done some features for the International Diabetes Program, and came to the meeting with Prof. Ametov. She indicated that there are presently no nutrition programs on the air, and that she would like to initiate one.

The General Manager of Radio Moscow, Ms. Lyudmilla Makarova, also made it clear that they are supportive of such a program. She stressed the need to give people good advice on how to eat better. She indicated that Radio Moscow is willing to create a 10-15 minute program at any hour of our choice. Although prices are escalating daily, she gave a rough quote of about \$70 per minute for Channel One.

Although a number of new radio stations have recently sprung up, there seems to be general agreement that Channel One reaches about 70-75 million people (like the networks in the 1950s). Most families still have the old radio sets, with 3 buttons on them, that give them limited choice. Hitting the button on the left — Channel One — is a habit for many.

VI. BBDO ADVERTISING AGENCY

Two short meetings were held with Bruce McDonald, founder and director of the Moscow office, to get some idea of the media situation in Russia and of services that could be provided by BBDO.

Major clients include: Avon, Pepsi, Visa, Apple, Rank Xerox, Delta, Kraft Food, Wriggly and Smirnoff Vodka. BBDO has set up the Russia Media Monitor to provide reliable information on media use in the country. This is done with in-home diaries and a monthly survey of 1000 households. A nice feature is that researchers (such as AED) could add a question to the survey very cheaply (about \$500 per question). They have also set up a company to do telemarketing/phone research and are beginning to build a data base.

BBDO has a staff of 28 — most very young — with in-house research as well as graphic design capability. They have a joint venture with Gallop/U.K. and have done considerable quantitative and focus group research. Staff also are starting to produce television spots locally. They can do this for between \$4,000 to \$50,000 a spot — considerably cheaper than in the U.S. Television commercials have recently been introduced, so there is not a lot of clutter. A prime 30-second spot costs about \$4,000.

(Imported soap operas and Indian films appear to be enormously popular. Some Spanish series have Russian subtitles; others use both subtitles and Russian dubbing, with one narrator taking all the parts.)

Mr. McDonald indicated he would be pleased to meet with the Assessment/Project design team and advise on media and research.

VII. ELI LILLY CORPORATION

Dr. Annette Uelze, Marketing Coordinator for the CIS, who is based in Vienna, met with me to underline Lilly's interest in supporting a systematic public information program about nutrition and diabetes. Lilly has been pleased with the organizational talents of Prof. Ametov in getting an educational program in motion at this time of great social change. She also indicated that Lilly would welcome the participation of other private sector firms in supporting the education program.

APPENDIX A

LIST OF CONTACTS

*note: country code for Russian is 7
city code for Moscow is 095*

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Dr. Olga K. Netrobenko

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INTERNATIONAL INSTITUTE OF MOTHERS AND CHILDREN

Alexander Baranov

Chair of Pediatric Institute

H.I. HEINZ, LTD

Michael J.B. Smither

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Alexander Gaevoi
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APPENDIX B
PROGRAM FOR SYMPOSIUM

HEINZ CHILDREN NUTRITION CENTER
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION
INSTITUTE OF NUTRITION, RUSSIAN ACADEMY OF MEDICAL SCIENCES

SECOND INTERNATIONAL SYMPOSIUM ON
MATERNAL AND INFANT NUTRITION
"BREASTFEEDING AND NUTRITION"

HOTEL RADISSON-SLAVJANSKAYA
MOSCOW, RUSSIA
APRIL 5-6, 1993

PROGRAM

Monday, April 5

- 10:00 - 10:15 Introduction and Opening Remarks
- 10.15 - 11.00 Importance of Breast-feeding, Dr. David Yeung
- 11.00 - 11.45 Importance of Nutrition to Enhance Lactational Performance, Dr. Helen Guthrie
- 11.45 - 12.15 The Structure of Infant and Child Feeding in Russia, Dr. M. N. Volgariev
- 12.15 - 12.45 Problems in the Safety of Human Milk and Baby Foods, Dr. V. A. Tutelyan
- 12.45 - 13.00 Panel Discussion
- 13.00 - 14.00 Lunch
- 14.00 - 14.30 Composition of Human Milk of Mothers of Preterm Infants, Dr. K. S. Ladodo
- 14.30 - 15.00 Biologically Active Substances of Human Milk, Dr. I. Ya. Kon
- 15.00 - 15.45 Suitability of Human Milk for the Premature Infant, Dr. Stanley Zlotkin
- 15.45 - 16.30 Panel Discussion
- 19.00 - 20.30 Reception

Tuesday, April 6

- 10.00 - 10.30 Breast-feeding: Biological, Ecological, and Suitability Criteria, Dr. I. M. Vorontsov
- 10.30 - 11.00 Diet Therapy of the Infant with Malabsorption Syndrome, Dr. V. A. Tabolin

- 11.00 - 11.30 Medico-biological and Psycho-emotional Aspects of Breast-feeding, Dr. Ye. M. Fateyeva
- 11.30 - 12.15 The Art of Successful Breast-feeding, Dr. Helen Guthrie
- 12.15 - 13.00 Using Social Marketing Techniques to Promote Healthy Infant Feeding Practices, Ms. Margaret Parlato
- 13.00 - 14.00 Lunch
- 14.00 - 14.45 US AID Assistance Program in Nutrition, Dr. John Bowman
- 14.45 - 15.30 Panel Discussion
- 15.30 - 16.00 Summary and Closing Remarks

APPENDIX C
INVITATION LIST FOR SYMPOSIUM

HEINZ CHILDRENS NUTRITION CENTER
SECOND INTERNATIONAL SYMPOSIUM ON MATERNAL AND
INFANT NUTRITION

VIP INVITATION LIST

office of the President

Yekaterina F. Lakhova, Adviser to
the President of the Russian
Federation
fax 206-44-39

Economic Development, Main
Department for Development of
the Baby Food Industry

State Committee for the Food &
Food Processing Industry

office of the Prime Minister

Vladimir Shumeiko, First Deputy
Prime Minister of the Russian
Federation

Magomet-Tagir M. Abdulbasirov,
Chairman
Alexander G. Bandurkin, Chief of
Foreign Relations

Alexander K. Zaverukha, Deputy
Prime Minister of the Russian
Federation for Agriculture

Ministry of Economics

Lubov Nikolaevna Titova
Senior Expert to the Deputy
Prime Minister
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Yuri Alkhevikov, Deputy Minister

Ivan Tardeevich Tevrin
Deputy Head of the Department
Agro-Industrial Complex
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Ministry of Finance

Anatoli Golovaty, Deputy Minister

Office of the Vice President

Vakhtang A. Makharadze, Adviser
to the Vice President of the
Russian Federation

Ministry of Foreign Economic
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APPENDIX D
CARE SURVEY LIST

MMWR

Printed and distributed by the Massachusetts Medical Society,
publishers of *The New England Journal of Medicine*

- 809 Nutritional Needs Surveys Among the Elderly — Russia and Armenia
- 812 Chaparral-Induced Toxic Hepatitis
- 814 Survey for SIV Seropositivity in SIV-Laboratory Researchers
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International Notes

Nutritional Needs Surveys Among the Elderly — Russia and Armenia, 1992

The ongoing social, political, and economic changes in the 15 republics of the former Soviet Union have resulted in hyperinflation of the Soviet Union ruble (SUR), regional conflicts, and other hardships for the populations of these republics (1). In January 1992, a public health assessment in Russia indicated that the elderly—most of whom subsist on fixed incomes and among whom the prevalences of decreased mobility or chronic illnesses may be substantial—are at greatest risk because of declining social support (1). During March–May 1992, CARE, in collaboration with CDC, conducted three surveys in Russia and Armenia to assist in targeting the delivery of food and medical humanitarian aid to the most needy among the elderly. This report summarizes findings from these surveys.

The surveys were designed to collect baseline information on indicators of nutritional risk among elderly populations and to identify subpopulations most in need of relief services. Population-based household surveys of persons aged ≥70 years* were conducted in three cities: Moscow (population: 9 million) and Ekaterinburg (population: 1.1 million [Western Siberia]), Russia, and Yerevan (population: 1.2 million), Armenia. Participants for the systematic probability sampling were drawn from local listings of persons receiving government pensions. Virtually all of the elderly in the sites were on these listings; however, prisoners and approximately 3000 refugee pensioners in Yerevan were excluded from the lists.

In each city, interview teams were trained locally. Teams visited each participating household and administered questionnaires regarding demographic information, living situations, self-reported medical and dental conditions, home stores of food, economic status, aid received from various sources, and diet and other practices related to nutrition. Interviews were completed for 259 (88%) of 296 persons in Moscow, 215 (74%) of 290 in Ekaterinburg, and 381 (84%) of 456 in Yerevan. Up to three visits were made to obtain interviews. However, 2% of persons on the survey lists who were

*Persons aged ≥70 years were surveyed in Russia; persons aged ≥60 years were surveyed in Armenia. For this analysis, data presented for Armenia were limited to persons aged ≥70 years.

Nutritional Needs — Continued

located declined to participate; the remainder of persons not surveyed had died, moved, were not home, or otherwise could not be located. While in the field, investigators used computers for data entry and analysis to generate a report within 1 week from the completion of each survey.

Most (65%–74%) of the elderly surveyed were women (Table 1); one third were married, and nearly two thirds were widowed or divorced. Most (84%–92%) lived in private homes, usually with at least one other person (20%–37%); few (1%–2%) lived in institutions. Median pension ranged from 348 SUR to 448 SUR (the World Bank estimated that minimal nutritional support for one person in Russia is 522 SURs per month [World Bank, personal communication, April 3, 1992] and the Armenian government established an income of 2000 SUR per month as the poverty level [Minister of Social Protection, personal communication, April 15, 1992]). At the time of these surveys, the exchange rate was approximately 100 SUR=\$1 U.S.) Savings were low; 41%–74% had less than 500 SURs in savings. A large proportion of the elderly reported chronic illnesses (57%–67%) or dental problems (e.g., missing teeth) (37%–70%) that impaired eating.

Reported by: S Laumark, PhD, K Welch, CARE, New York City. Div of Field Epidemiology, Epidemiology Program Office; Div of International Liaison, International Health Program Office; Div of Nutrition, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings from these surveys have assisted CARE in targeting its humanitarian relief efforts in relation to three factors. First, by targeting assistance only to elderly in institutions, which had initially been done, most elderly and others at highest risk might be excluded from aid. Second, medical and dental assistance is crucial because medical and dental conditions may be important contributors to nutritional risk. Finally, commodity aid (e.g., rice, wheat, butter oil, sugar, beans, and milk powder) may be more beneficial than monetary aid for those elderly persons with limited ability to leave their homes to shop.

CARE is using this survey methodology every 4–6 months in other sites in the former Soviet Union to assess nutritional status and to target delivery of commodities and humanitarian assistance for elderly persons in need. For example, the baseline data were used to assess and compare the existing distribution of aid at different locations within Russia (e.g., Moscow and Ekaterinburg). In addition, CARE is using market data (i.e., product availability and price) to clarify survey results. For example, market data can be used to assess distribution and price of milk and preference of the elderly for milk.

CARE, in collaboration with government programs in these republics, has provided these baseline findings to other agencies and humanitarian-aid organizations to improve the overall targeting of aid. Follow-up surveys in these cities are planned for January–March 1993 to evaluate the impact of the humanitarian interventions. Rapid nutritional-assessment surveys of this type are important in determining the health status of refugees and other displaced populations (2). This report underscores the utility of such surveys in also supporting international assistance efforts for nonrefugee populations.

References

1. CDC. Public health assessment—Russian Federation, 1992. *MMWR* 1992;41:89–91.
2. CDC. Famine-affected, refugee, and displaced populations: recommendations for public health assistance. *MMWR* 1992;41(No. RR-13)

Nutritional Needs — Continued

TABLE 1. Demographic and other characteristics related to nutrition assessment among the elderly — former Soviet Union,* 1992

Category	Moscow (n=259)		Ekaterinburg (n=215)		Yerevan (n=155)	
	%	(95% CI) [†]	%	(95% CI)	%	(95% CI)
Age (yrs)[‡]						
Median	78		75		78	
(Range)	(70–92)		(70–94)		(70–96)	
Sex						
Male	26	(20.7–31.3)	26	(20.1–31.9)	35	(27.5–42.5)
Female	74	(68.7–79.3)	74	(68.1–79.9)	65	(57.5–72.5)
Marital status						
Married	34	(28.2–39.8)	34	(27.7–40.3)	36	(28.4–43.6)
Never married	4	(1.6– 6.4)	7	(3.6–10.4)	4	(0.9– 7.1)
Widowed or divorced	62	(56.1–67.9)	59	(52.4–65.6)	60	(52.3–67.7)
Living situation						
Institution	2	(0.3– 3.7)	2	(0.1– 3.9)	1	(0 – 2.6)
Communal home	14	(9.8–18.2)	9	(5.2–12.8)	8	(3.7–12.3)
Private home	84	(79.5–88.5)	89	(84.8–93.2)	91	(86.5–96.2)
Live alone	24	(18.8–29.2)	24	(18.3–29.7)	21	(14.6–27.4)
Live with one other	37	(31.1–42.9)	37	(30.5–43.5)	20	(13.7–26.3)
Other	39	(33.1–44.9)	39	(31.3–46.7)	59	(51.3–66.7)
Independence						
Can't always shop	61	(55.1–66.9)	46	(39.3–52.7)	57	(49.2–64.8)
Can't always cook	46	(39.9–52.1)	37	(30.5–43.5)	31	(23.7–38.3)
Lack enough money for food	50	(43.9–56.1)	64	(57.6–70.4)	77	(70.4–83.6)
Health status (%)						
Illness that affects eating	57	(51.1–63.0)	63	(56.5–69.5)	67	(59.6–74.4)
Dental problems that affect eating	60	(54.0–66.0)	70	(63.9–76.1)	37	(29.4–44.6)
Take ≥3 drugs per day	45	(38.9–51.1)	46	(39.3–52.7)	34	(26.5–41.5)
5-kg weight change during past 6 months						
✓	40	(34.0–46.0)	37	(30.5–43.5)	50	(42.1–57.9)
Savings						
✓ <500 SUR [§]	41	(35.0–47.0)	49	(41.1–56.9)	74	(67.1–74.1)
>5000 SUR [§]	2	(0.3– 3.7)	4	(1.4– 6.6)	1	(0 – 2.6)
Sources of assistance						
Relative	20	(15.1–24.9)	17	(12.0–22.0)	39	(31.3–46.7)
Neighbor	3	(1.9– 4.1)	2	(0.1– 3.9)	2	(0 – 4.2)
Charity	50	(46.9–53.1)	37	(33.7–40.3)	<1	(0 – 2.6)
Government subsidy	61	(55.1–66.9)	21	(18.2–23.8)	19	(12.8–25.2)
Pension income						
Received pension during previous month	97	(94.9–99.1)	95	(92.1–97.9)	88	(82.9–93.1)
Median (SUR) [§]	402		448		348	
(Range [SUR])	(60–1064)		(130–1800)		(133–448)	

* Moscow and Ekaterinburg, Russia, and Yerevan, Armenia.

† Confidence interval.

‡ All persons interviewed were aged ≥70 years.

§ 100 SUR = \$1

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**Overview of Survey Instrument:
Survey of Children Under Two**

In the coming year, CARE-USA plans to conduct surveys and research related to the following demographic groups:

- a. Children under the age of two in Moscow, Yekaterinburg, and St. Petersburg.
- b. Pregnant Women in Moscow, Yekaterinburg, and St. Petersburg.
- c. Qualitative studies in kindergartens and orphanages of children 3-7 years.
- d. Children under the age of two in the Oblasts (regions) of Moscow, Sverdlovsk and St. Petersburg.
- e. Pregnant Women in the Oblasts of Moscow, Sverdlovsk and St. Petersburg.
- f. Follow-up survey of interviewees from "b." above after they give birth.
- g. Pensioners follow-up survey in Yekaterinburg (comparison with 1992 data).

CARE's first survey will be conducted for children under the age of two in Moscow, Yekaterinburg and St. Petersburg. A related birthweight records study will be conducted at the same time. The survey instrument is now ready to be field tested, and the field test will commence in Moscow within the next week. After the field test, the questionnaire will be revised, the survey staff will be hired and trained, and Team Leaders will make contacts with polyclinics and draw the sample. Data collection will begin in mid-April, and span a two-week period. Data analysis and report writing will follow during in the next two weeks.

The survey of children under two will be conducted in polyclinics. Interviewees selected via a cluster sample will be contacted by CARE survey staff members, and asked to attend the polyclinic on the day of the survey with their child, and their child's health card (which parents sometimes keep at home). At the polyclinic, each interviewee will be met by a team of two surveyors. One of these will have a social science background, and conduct the questionnaire with the interviewee. Concurrently, the other member, with a health background, will conduct anthropometric measures of the child (weight and height), and record health history information from the child's health card.

The questionnaire has been designed so that it collects data related to the two major areas the Survey Project has chosen to investigate: (1) nutrition status, and (2) perinatal health. It is divided into six sections as follows:

A. Maternal Demographic Data: Asks basic questions about the mother's demographic status, including: the number and result of her previous pregnancies, whether she has had any serious health problems in the past or during her pregnancy with the subject child under two, and the drinking and smoking habits of household members. This information will help contextualize data on nutritional status and perinatal health collected in other parts of the survey.

B. Child Feeding Practices: Includes questions on breast feeding knowledge, attitudes and practices (current and previous); and infant feeding practices (current and previous). This information is related to an assessment of the child's nutrition status. However, it will also indicate changes in infant feeding practices. This section of the questionnaire should provide some information on the influence of the mother's

understanding and knowledge of appropriate infant feeding practices on infant diet. Access to food supplies will be further elaborated in *Part C.* and *Part E.* below.

C. Family Food Availability and Consumption Patterns: This section compares current food consumption with consumption one year ago, and includes a food frequency table. The food frequency table lists an inventory of different foods divided into categories, and sub-divided into vitamin and nutrient groups. The participant will state the quantity of each item they have at home, how frequently they consumed the food during the past month, and whether this was more or less frequent than a year ago. This section also includes questions on the use of vitamin or iron tablets. The data obtained will indicate changes in consumption patterns during the past year. It will also note what the actual diet consists of, and whether and in what ways it is lacking. If the family does not consume certain types of foods, this could indicate that they have limited access to them, and infant feeding could be adversely effected. This could also have some bearing on perinatal health.

D. Child Health and Health Care Practices: This section asks about the child's illnesses, the extent to which mothers make use of the health care system for treatment, and what the constraints may be to making use of the system. This will provide some indication of the incidence of nutrition-related disease. However, if the parent does not make consistent use of the health care system, the incidence of nutrition-related illness may not be properly recorded on the child's health card. It may also indicate that there is less thorough treatment and prevention of illness -- including those related to inadequate nutrition -- which could result in more chronic and severe incidence.

E. Social and Economic Background Section: This is the largest section of the questionnaire, and examines family structure, ethnic background, whether the family recently migrated to their current residence from another location, parents' educational background, parents' jobs and types of businesses, type and size of residence, and information related to income, aid or allowances received, and coping mechanisms. All of this will assist in the identification of socio-economic factors which can be correlated to particular food consumption patterns, and to indicators of nutritional status and perinatal health.

F. Family Planning: This section contains questions on knowledge, attitudes and practices regarding family planning and contraception use. This relates primarily to the mother's health, and provides a context for data on perinatal health indicators. While this section provides useful information, following the field test, it may be reduced in scope, or removed entirely, and added to the Pregnant Women's questionnaire.

In addition to the survey, a records study will be conducted on birthweights for the past five years. In each of the three cities and oblasts, selected team members will visit three maternity clinics (roddomes), and obtain the total number of infants weighing (a) less than 2,500 grams, (b) 2,500-2,900 grams, (c) 3,000-3,500 grams, and (d) over 3,500 grams, as well as the total number of still-births. Roddomes in each city, will be selected based on differences in the socio-economic status of populations served. The study will note trends in birthweight changes, and the degree to which these vary among among the three cities, and among roddomes within the same city. Other data will also be collected regarding complications of delivery and pregnancy.

APPENDIX E

EXCERPTS FROM DIABETES AND LIFESTYLE MAGAZINE

ДИАБЕТ.

ОБРАЗ ЖИЗНИ

МЕДИЦИНСКИЙ ЖУРНАЛ



ДИАБЕТ
ОЖИРЕНИЯ
У ДЕТЕЙ

СЕРЬЕЗНАЯ ПРОБЛЕМА.
ОЖИРЕНИЕ

ДОЩАФОВ

К БЛАГОПОЛУЧНОЙ ЖИЗНИ С ДИАБЕТОМ

ДИЕТОТЕРАПИЯ: УНИВЕРСАЛЬНЫЙ МЕТОД



Причины заболевания сахарным диабетом различны: диабет I типа (инсулин-зависимый) обусловлен почти полным отсутствием инсулина в организме больных (из-за повреждения бета-клеток поджелудочной железы), а диабет II типа (инсулиннезависимый) - уменьшением сахароснижающего действия инсулина при достаточном его образовании в поджелудочной железе. Но существует общий метод лечения всех больных сахарным диабетом - это диетотерапия.

Основные принципы диетотерапии состоят в устранении из меню продуктов с повышенным содержанием сахара и глюкозы, составлении для больного плана питания и рациона, обеспечивающих поступление в организм такого количества белков, жиров,

углеводов и витаминов, которое достаточно для поддержания нормальной массы тела, максимальной компенсации обменных процессов и сохранения трудоспособности больного.

Эффект диетотерапии не зависит от вида проводимого лечения, будь то лечение инсулином или сахаропонижающими препаратами в виде таблеток. Во многих случаях диета является единственным методом лечения больных диабетом II типа.

Используемый в диетотерапии сахарного диабета принцип дробного питания позволяет максимально стабилизировать уровень сахара в крови в течение суток при введении инсулина или сахаропонижающих таблеток.

Суточная потребность человека в пище зависит от его возраста, пола, характера трудовой деятельности и определяется энергозатратами организма. Эти энергозатраты в течение суток восполняются пищей, составляющие

которой - белки, жиры и углеводы - способны производить необходимую для жизнедеятельности энергию.

БЕЛКИ - богатые азотом сложные химические соединения, содержащиеся в продуктах животного и, в меньшей степени, растительного происхождения. Они необходимы организму для построения и восстановления тканей, процесса роста, образования гормонов, устойчивости к инфекциям, сохранения работоспособности. Усвоение организмом 1 г белков

сопровождается образованием 4 ккал тепловой энергии, что позволяет им, находясь в составе суточного рациона питания, наряду с основной своей функцией, обеспечивать 10-15% суточной энергетической потребности организма.

ЖИРЫ - сложные соединения, содержащие глицерин и жирные кислоты, которые способствуют усвоению витаминов, входят в состав клеток организма и участвуют в обменных процессах белков и углеводов. Избыток жиров откладывается в жировой ткани. Неумеренное употребление животного жира способствует

**Galina Zephrova
Diet therapy - a universal method**

The main dietary guidelines, food protein, fat and carbohydrate contents, given in conventional units, food exchange lists are described. Attention has been focused on calculating the daily caloric content of foods depending on the patient's body and activity.

ПРИВЕТСТВИЕ ОТ ГЕНЕРАЛЬНОГО ДИРЕКТОРА ВСЕМИРНОЙ
ОРГАНИЗАЦИИ ЗДРАВООХРАНЕНИЯ
ДОКТОРА **ХИРОСИ НАКАДЖИМА**

Во всех странах мира диабет становится все более важной проблемой здравоохранения. В связи с чем Всемирная Организация Здравоохранения делает все возможное для осуществления программ по профилактике и лечению диабета.

Во многих странах увеличение частоты заболеваемости диабетом в значительной степени обусловлено изменением образа жизни населения. Все более заметно влияние урбанизации, питания с высоким содержанием углеводов и жиров, снижения физической активности и ожирения. Эти факторы, как известно, способствуют развитию диабета.

В то же время здоровый образ жизни может замедлить или даже предотвратить осложнения у больных диабетом. Таким образом, название и содержание журнала соответствуют друг другу.

Приятно отметить, что многие международные специалисты принимают участие в издании журнала как члены редакционной коллегии и совета, а также приятно осознавать, что журнал предназначен не только для специалистов, и, скорее не столько для специалистов, сколько для больных диабетом.

Всемирная Организация Здравоохранения приветствует рождение журнала "Диабет. Образ жизни", и я желаю Вам дальнейших творческих успехов.

WELCOME ADDRESS from
Dr. HIROSHI NAKAJIMA
Director-General, WORLD HEALTH ORGANIZATION

In all parts of the world diabetes is becoming an increasingly important public health problem. The World Health Organization is well aware of this and is doing all it can to promote diabetes prevention and control programmes.

In many countries the rise in the frequency of diabetes is strongly associated with changes in the life-style of the population. There is often a clear trend towards urbanization, a diet high in carbohydrate and fats, reduced physical activity and obesity. These factors appear to promote the onset of diabetes.

It appears, however, that a healthy life-style may help to delay or even prevent complications in diabetic patients. Therefore, the title and content of this journal are relevant indeed.

It is pleasing to note that many international experts are involved in the production of this journal as members of the Editorial Board and Council, and it is equally pleasing to see that it is not only aimed at the medical profession but will include features of relevance to people with diabetes.

The World Health Organization is pleased to be associated with this journal and I send my personal best wishes for its success.



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