

Summary Workshop Report

Development And Implementation
Of
Intersectoral Food & Nutrition
Plans And Policies

24-28th November 2003

CETC, Suva, Fiji



SPC & WHO

in collaboration with
FAO & UNICEF

**Workshop report produced by:
Lifestyle Health Section
Secretariat of the Pacific Community**

BP D5
Noumea Cedex 98848
New Caledonia
Tel: +687 262000
Fax: +687 263818
Website: www.spc.int/lifestyle

December 2003

Table of Contents

| | Page |
|---|-------------|
| Summary of the report | 4 |
| Introduction to workshop | 5 |
| Summary of workshop proceedings | 7 |
| Appendix one: List of participants and facilitators | 19 |
| Appendix two: Summary of country presentations in session six | 25 |

Summary of the report

This pilot workshop for the region included participants from 5 member countries: American Samoa, Fiji Islands, Kiribati, Palau and Tonga. Three to five participants per country attended, allowing a range of sectors to be represented including health, education, finance, planning and agriculture. The workshop was organized by the Lifestyle Health Section of SPC, with funding support from WHO and HLPI, and with collaborative assistance from FAO, UNICEF and WHO. The workshop was based on an outline developed by WHO, and previously implemented in Africa and Europe. During the five-day workshop, issues related to the successful development and implementation of national plans of action and policies on nutrition were explored. This included: the historical basis and needs for national plans of action on nutrition (NPANs), essential components of plans and policies, using emerging issues such as noncommunicable diseases (NCDs) to promote nutrition plans, developing successful partnerships and advocating for support and action. The workshop was participatory in nature, with the participants mainly working in country groups to explore issues. Plenary feedback sessions allowed time for further discussions of points raised, and sharing of ideas amongst country representatives. Ultimately, the country participants each worked to review their existing plans and policies related to nutrition, and to set plans for its update or improvement. They also developed plans for activities needed to ensure that their NPANs would be fully implemented, which is an area of particular difficulty that was highlighted. Over forthcoming months, participants will begin to work on their plans within their country and can call upon SPC, FAO, UNICEF and WHO for support. This support will include a follow-up visit to assess progress and further aid each country. Evaluation of the workshop by participants was positive, and progress over the next six months will indicate the impact of this workshop on national plans and policies on nutrition.

Acknowledgements

The Lifestyle Health Section of SPC would like to thank WHO and the HLPI (Healthy Living in the Pacific Islands) for their financial support of this workshop. Also to acknowledge the collaborative support of FAO, UNICEF and WHO in the implementation of this workshop.

Introduction to workshop

Aims

The course aims to help to build capacity in countries to develop and implement multi-sectoral national nutrition action plans and policies

Learning Outcomes

This training course focuses on supporting the development and implementation of effective and sustainable national food and nutrition plans and policies.

At the end of this training course, participants should be able to:

- Assess food and nutrition plans and policies;
- Develop effective and sustainable food and nutrition plans;
- Promote the implementation of food and nutrition programmes of action.

Underlying Principles

The underlying principles for a good food and nutrition plan and policy are:

1. To have “joined up” food and nutrition plans and policies that include elements that meet the needs of good nutrition, food safety, sustainable food supply and healthy lifestyles.
2. To have food and nutrition plans and policies that address on the one hand the ill health associated with under consumption and on the other hand the ill health associated with over - and unbalanced consumption.
3. That the plans and policies are intersectoral in thinking, and interagency in delivery.

Background to this workshop

The 1992 International Conference on Nutrition (ICN) brought together 159 countries in an effort to eliminate hunger and to reduce all forms of malnutrition. This conference agreed nine key strategies and actions to tackle these problems. In a follow-up, the 1996 World Food Summit (WFS) confirmed this general perspective and linked the strategy more firmly with the goals of poverty eradication and environmental protection / sustainable development. The Final Declaration of the WFS is a key document, alongside the ICN.

Nutritional plans and policies when developed at a national level can be an important and effective tool in ensuring national action on dealing with nutritional issues. A nutrition plan should also incorporate healthy lifestyles, particularly physical activity. As such they are important within the Pacific region for tackling the issues of undernutrition (such as anaemia and failure to thrive) and also in the growing problem of noncommunicable diseases such as diabetes and heart disease.

Workshop content

During the morning of the first day, the workshop was opened with a prayer by Tagaloa Letuli. Informal comments were then given by Jimaima Schultz, Dr Thaneoke Kyaw-Myint and Dr Tommaso Cavalli-Sforza. This was followed with a group photograph and special morning tea.

The remainder of the workshop was divided into seven different areas:

- introductory session;
- introduction to the four pillars concept to build good health;
- information about food and nutrition policies;
- guide to developing an inter-sectoral and integrated national food and nutrition plan and policies;
- forging partnerships;
- putting plans into practice - operationalisation;
- review and target setting.

The workshop focused on participatory learning, using group work, mainly in country groups, to develop knowledge and skills in these areas. Participant feedback and discussion sessions allowed for further discussion of any issues of concern and interest. The workshop ended with some brief comments from Dr Ian Darnton-Hill and Dr Tommaso Cavalli-Sforza, along with closing remarks from Nuufou Petaia, Principle of CETC and acting officer-in-charge SPC Fiji office. Certificates of attendance were also given out at this time to all participants. Thanks were given on behalf of the participants by Tagaloa Letuli, who also led the closing prayer.

Participants

The countries of American Samoa, Fiji, Kiribati, Palau and Tonga were invited to participate in this first workshop for the region.

Each country was asked to nominate 4 participants representing different sectors - to include Health, Agriculture, Education, Planning, Commerce or Fisheries. The participants were requested to be policy makers or their advisors.

A full list of all participants is included in appendix one.

Unfortunately at the last moment, one participant from Kiribati and one from Tonga were unable to attend.

An additional participant from American Samoa (total of 5) was funded by the *Healthy Living in the Pacific Islands* (HLPI) project.

Organisation

The workshop was organised by the Secretariat of the Pacific Community (SPC)'s Lifestyle Health Section (LHS), in collaboration with the SPC's Community Education Training Centre (CETC).

The workshop was organised in collaboration with FAO, UNICEF and WHO.

Funding was provided by WHO (Geneva and Manila offices), with the LHS absorbing the staffing and some of the administration costs.

Lead facilitators:

The workshop was facilitated by Wendy Snowdon and Jimaima Schultz from SPC, along with Dr Chizuru Nishida and Dr Tommaso Cavalli-Sforza from WHO, Dr Ian Darnton-Hill from UNICEF and Dr Mickey Chopra from the University of the Western Cape.

Summary of workshop proceedings

Session 1: Introduction

During this session, participants and facilitators had the opportunity to introduce themselves to each other. They were also introduced to a concept of the food supply chain and asked to consider where their role within that chain might be.

Within groups, participants then discussed recent media headlines within their own country and from around the region, to help to demonstrate the importance and role of the media and also some of the issues that need to be tackled when pushing for action on nutrition and lifestyle. The power of the media was highlighted, and the importance of working with them and also using them proactively was discussed. Comment was also made about the use of sponsorship and special promotions by food companies to promote their products, often causing what would be considered a conflict of interest - for example a snack food manufacturer sponsoring a sports event. Dr. Margaret Cornelius from Fiji highlighted that while they have banned tobacco sponsorship of sports events, no action has yet been taken related to food manufacturers. Ideally what should happen is the identification of alternative and more acceptable sponsors for such events.

Consideration was then given, in the next activity, to changes being seen within the region related to food - such as the increasing use of imported foods. The groups discussed possible changes that could occur in future years and how those could affect their country - for example new technologies may improve food production yields, quality and safety.

Following a group brainstorm, participants identified some key reasons why food and nutrition policies will/are needed. These included:

- Health needs to be central to all policies - especially economic ones.
- Food production needs to be driven by health and food security issues not the economics of exports only.
- Countries need to get all the necessary sectors involved to be truly effective in promoting nutrition, and a policy will assist with this.
- To ensure that health is central to all initiatives.

Session 2: Four Pillars to Build Good Health and Nutrition

During this session participants were introduced to the four pillars for good health:

- Nutrition
- Food Safety
- Sustainable food supply
- Healthy lifestyle.

These pillars were developed to encompass the ICN (International Congress on Nutrition) 9 strategies, within easier-to-use groupings.

The ICN strategies are:

- Incorporating nutrition objectives into development policies and programmes.
- Improving household food security.
- Protecting consumers through improved food quality and safety.
- Preventing and managing infectious diseases.

- Promoting breastfeeding.
- Caring for the socio-economically deprived and nutritionally vulnerable.
- Preventing and controlling specific micronutrient deficiencies.
- Promoting appropriate diets and healthy lifestyles.
- Assessing, analysing and monitoring nutrition situations.

In groups, participants discussed their understanding of these terms, and facilitators shared standard definitions with them, to ensure that everyone was clear on their meanings.

Participants also brainstormed a list of some of the potential positive and negative impacts of food and nutrition on public health.

Negative aspects included: obesity and NCDs, reduced food security, increasing food safety problems, more anaemia problems and more chemicals being used on foods and consumed.

Positive impacts included: increased lifespan, improved infant mortality rates, less undernutrition problems.

Interestingly the group found it more difficult to come up with positive impacts than negative ones.

Session 3: Food and nutrition plans and policies

During this session, participants explored their understanding of what policy and plans are. A food and nutrition policy is the use of public policy measures to deliver improved public health.

The difference between a policy and a plan being that: a policy is a statement of intent, whereas a plan takes that policy and turns it into action - including aims, objectives, implementing authority, monitoring and information, budget and timeframe.

The policy should be based around either the ICN strategies or the four pillars, to ensure that it is comprehensive.

Dr Chizuru Nishida then made a presentation concerning the international history of plans and policies on nutrition, and the commitments made by countries to their development.

She also highlighted the benefits of policies and plans on nutrition:

- They can bring together coordinated action at national, district and community levels.
- They can enhance the effective use of limited resources in countries (both financial and human).
- They can address the entire spectrum of nutrition-related ill health (associated with both under- & over-/unbalanced nutrition).
- They can contribute to the alleviation of poverty and facilitate national development.

With this potential for impact against the growing problems of noncommunicable diseases and food safety problems and the ever-present issues of anaemia and other micronutrient deficiencies, the need for nutrition plans and policies is clear.

Often Governments and public opinion can be diverted from nutrition by new strategies, emerging issues or international commitments. Chizuru explained that such issues can be used as opportunities to promote nutrition activities, policies and plans, rather than being seen as threats.

Wendy Snowdon then gave a brief overview of the Healthy Islands concept and its meaning, and demonstrated how the key aspects of this concept link directly in with nutrition policies based on the ICN strategies or 4 pillars. For example Healthy Islands includes lifestyle and nutrition. This means that local commitment towards Healthy Islands, can be used to advocate for actions related to nutrition plans and policies.

Participants then worked in groups, to look at other international commitments of which they were aware, to see how those linked in with the four pillars and ICN strategies. For example one group looked at how the baby-friendly hospital initiative linked in with nutrition policies and plans.

Session 4: Developing an inter-sectoral and integrated national food and nutrition plan and policy

In the first activity within this session, there was a focus on NCD policy and plans. In recent decades, there has been a shift in lifestyle and diet within the region and increasing development in many urban areas. At the same time we have seen a reduction in most countries of many diseases of undernutrition such as failure to thrive and underweight. More recently in the region, we have seen an increasing emphasis on 'overnutrition' and poor lifestyle, and the resulting dramatic increases in the noncommunicable diseases (NCDs) (e.g. diabetes, obesity, heart disease. Whilst the undernutrition problems have not gone away, the NCD problems are becoming extremely alarming and are a major issue of concern for most of the Pacific island countries. Nutrition and diet is a critical aspect of the healthy lifestyle which can both prevent and control most NCDs and as such is an essential element of any plans to tackle the problem of NCDs.

The purpose of this session was to highlight how the increasing emphasis on NCDs can be used to further nutrition plans and policies - and is an excellent tool for advocating for nutrition action. Also, to explore how countries can ensure that their nutrition plans and policies are not 'lost' when developing national plans or policies on NCDs.

Dr Tommaso Cavalli-Sforza then gave a presentation concerning the STEPwise framework for NCD intervention. One of the recommendations of the 2003 Health Ministers meeting was that countries should use this as the basis for their NCD risk reduction strategies.

This framework recommends that three levels of priority be used:

- Core Interventions (Top priority - 2 years).
- Expanded Interventions (Slightly Lower Priority – 2-5 years)
- Optimal Interventions (Less Urgent – 5 years). For each of these areas, countries should develop three types of activity.
 - National: Legislation, taxation, law enforcement
 - Community: Community-based health promotion activities

- Individual (High Risk): Clinical interventions

Dr Viliami Puloka then gave an informal summary of how Tonga has recently used this framework to develop its own NCD policy and plan. They used the existing national plan and policy on nutrition as the basis for the nutrition and physical activity elements of the NCD plan (which also includes tobacco and smoking).

There was some discussion at this time, about how, if nutrition was included under an NCD umbrella, it could be ensured that the 'non-NCD' elements of nutrition would still be included. For example, food safety, anaemia and vitamin A deficiency. It was highlighted that using the ICN nine themes or the four pillars would assist in this area.

Following this each country gave a presentation of the current status of the national plans or policies on nutrition.

American Samoa

In 1996 a draft plan of action on nutrition was written. It was developed mainly by one person, through talking to the relevant agencies individually, rather than as a group, for logistical reasons. The copies of the draft were subsequently not widely distributed, and most people are not even aware that it exists, and have never seen it.

Despite this, many issues that are within the national plan of action on nutrition have been addressed as part of Departments/agencies own commitments.

Fiji

In Fiji the focal point for the NPAN (or FPAN) was chosen as the National Food and Nutrition Committee (NFNC). Cabinet approved the FPAN in 1998. Some of its components have been incorporated into the MAFF policy and corporate plans, including food security issues, quality issues, market structure, training and capacity building and atoll food production/IAP. However, the document has never been circulated to stakeholders.

Although there was a Revitalization Workshop in December 1999, the document has still not been circulated, and there have also been sectoral funding limitations and a lack of commitment by some stakeholders.

Kiribati

The aim of the current national plan of action on nutrition is that 'People get a safe, continuous supply of quality and balanced diet and healthy lifestyle'. The plan was formulated in 1998 and has not been updated since. There is a need to review the plan and policy, and ensure ongoing evaluation and monitoring, and also to have more intersectoral collaboration for the implementation.

Palau

The country has a well-developed and comprehensive national plan of action on nutrition (NPAN) that was completed in January 2000. However government and administrative changes at this time, limited further progress. It has not been formally adopted and is not widely known, although many activities are taking place.

The NPAN recommended that a Palau National Nutrition Council be established, which should oversee the implementation of the NPAN. This council should include representatives from all sectors - both Govt. and NGO. This has not happened.

Despite all these constraints many of the activities in that NPAN document have been undertaken by various sectors, as part of their ongoing activities.

Tonga

Tonga's national food and nutrition policy was completed in 1995 by the National Food and Nutrition Committee (NFNC), and subsequently approved by Cabinet in the same year. The NFNC was founded in 1982 and includes representatives from different government and non-government sectors.

The policy is based around 4 areas, to:

- Ensure adequate level of food supply to maintain good nutrition and the dietary well-being of all segments of the population with an emphasis on increasing the availability of local food & decreasing food imports.
- Prevent and reduce nutrition-related diseases.
- Establish a national food and nutrition education programme.
- Establish an appropriate food & nutrition database and monitoring system.

The plan of action that was developed is based on this policy document, and around the ICN's nine strategies. Dietary guidelines have also subsequently been developed.

Recently they have used a multi-sectoral workshop to begin the development of a national NCD policy. This will be based in four areas - nutrition, physical activity, tobacco and alcohol. The existing nutrition plan will need to be incorporated within this NCD plan.

Following these presentations, each country group was asked to consider what other plans and policies they already had in place, such as agricultural or education ones, which might address some of the four pillars/themes. Each country summarised these for their future reference. This will be a useful tool for them to identify gaps and areas of potential collaboration.

They identified current activities such as school menu guidelines, US federal programmes, taxes on sodas (fizzy drinks) and tobacco, food safety acts, breastfeeding policy and price control acts.

Still working in their country groups, participants then looked at some of the issues, which they felt helped to make plans and policies successful. They also looked at some of the barriers that they had experienced and tried to develop possible ways to get around the problem.

Some of the factors they highlighted were:

1. Having a supportive Director of Health.
2. Using local statistics – annual report, simply shows annual causes of death and particular health issues.
3. Having a strong champion.
4. Having a strong core group of people involved, who are enthusiastic.
5. Having a formal national co-ordination committee that is multi-sectoral and helps to ensure good co-ordination.
6. Taking pre-emptive action e.g. preventing soda machines in schools.
7. Having a Government mandate.
8. Having support from agencies such as SPC, WHO and FAO.
9. Having good involvement of NGOs and stakeholders at all levels.
10. Having support of all government departments including finance is critical.
(Collaborative working with other ministries – built over time, individual personal contacts in other ministries are helpful.)
11. Having good public awareness of nutrition.
12. Country commitment to international conventions (useful leverage to pursue action – also useful if donors etc remind government about pursuing this goal).
13. Having one lead agency.
14. Having a well-developed plan.
15. Getting supporting legislation essential.

Session 5: Forging Partnerships

Partnerships are critical to ensuring the success of national plans and policies, and this session was dedicated to exploring this issue further.

Presentation on FIVIMS system by Joape Waqabaca, Ministry of Agriculture, Fiji
Joape kindly joined us especially for this session to share with us his experiences with FIVIMS.

Food insecurity and vulnerability information mapping systems (FIVIMS).

FIVIMS is not a single organisation or system, rather it is a framework carried out at different levels, whose success depends upon networking. The purpose of FIVIMS is to contribute to a reduction in food insecurity and vulnerability. Remembering the definition of food security - which is that 'all people, at all times have physical, social and economic access to sufficient safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life...', we see that here in this region while we do not often suffer times of absolute food shortage (our problems with natural disasters), reliance on imported foods, high rates of NCDs and also problems of undernutrition, plus issues around food safety, mean that overall the region does experience serious issues of food security.

Why is a FIVIMS system useful? We need to know who are the insecure or the vulnerable, where they are, why these people are affected...and of course use this information to develop policies and strategies to tackle the problems.

In Fiji, we need to know the magnitude and nature of the food insecurity and vulnerability. We can use existing data and systems, as long as can 'pull them together' and access them.

Joape presented Fiji's experiences so far in developing a FIVIMS. Although Fiji has a lot of data available, there is no central point of access and accessibility and usability is often a problem. Fiji is only in the early stages of this process, however there is strong support for its implementation.

SPC's data systems

Wendy Snowdon then presented a brief summary of some data systems being developed or already available at SPC. Within the Statistics section, the new PRISM (Pacific Regional Information System) aims to give national statistics offices the tools and the skills to develop, publish and maintain their own internet websites containing key statistical indicators, statistical summaries, reports, concepts definitions and other documentation for the statistical indicators. Within the Demography/Population Section, the GIS project (population Geographical Information Systems) will develop a prototype system for population data analysis and presentation, with which the user can view data from national to village levels by selecting the geographical area of interest from maps.

MOANA and STEPS

On behalf of his colleague Dr Gauden Galea (regional adviser for NCDs, WPRO), Dr Tommaso Cavalli-Sforza gave two presentations, one on MOANA and one on STEPS. Initially he outlined the growing problems of NCDs in the region, and some of the determinants of these problems. He also briefly outlined some of the main activities being undertaken in the region, including developing clinical guidelines and implementation projects.

The objective of the WHO STEPwise Approach to NCD Surveillance is to:

- Recommend a standard methodology that produces valid and reliable estimates of risk factor prevalence as simple and inexpensive as possible.
- Create a surveillance network (sustainability).
- Link surveillance to policies: surveillance is "information for action".

This uses a step-wise approach - so countries can determine how detailed or complex their survey will be, based on their capacity. The steps are

Step 1: Behaviours: Tobacco use, physical inactivity, intake fruit/vegetable, alcohol use

Step 2: Physical measures: Height /weight/waist, blood pressure

Step 3: Blood samples: Blood glucose/diabetes, cholesterol

The systems highlighted will, in the future, provide countries with more accessible data that they can use for nutrition plan development and monitoring. Within all of these areas, strong partnership between different agencies is essential to ensuring success.

In the next set of activities the focus was turned to working with partner agencies. Strong partnerships can help nutrition plans to be well implemented, and generally the more partners that are involved, the more widespread and comprehensive the actions will be. While participants were all familiar with working with partners it was expected that these activities would help them to consider developing new partnerships.

Initially participants were asked, in country groups, to consider different partners that they could potentially work with in the area of nutrition plans. To encourage them to think more widely, they were asked to list as many agencies as they could using the food supply chain as a tool (considering where all the different agencies fit). An extensive list was developed based on all their ideas. This led onto a discussion about where consumers fitted within the food supply chain, and it was highlighted that they should be throughout. It was recommended that consumer rights and action be facilitated within countries to push forward improvements in issues such as food labelling and food safety, and also to ensure that foods stocked in stores met consumer demands. While Fiji has a strong consumer council, the other countries did not know of a similar group. It was suggested that SPC consider facilitating the development of such consumer groups through its contacts with the regional organisation for consumer rights.

Following this participants worked in country groups to look at two of the agencies identified and consider how they could be useful partners for their work on nutrition plans and policies. The feedback to this exercise was very positive as each country group was surprised to find at least one organisation/agency that they had not previously involved who could potentially be very influential and would be a useful partner. They discussed briefly how they could work with this agency, and the benefits and possible outcomes.

Session 6: Putting Plans into Practice

Advocacy

One of the common problems encountered in implementing nutrition plans and policies, is gaining commitment and support from both potential partners and also from leaders. In the first activity within this session, Mickey gave a presentation using PROFILES.

Profiles is a software system for computers which can calculate and graphically display the consequences of nutritional deficiency. It can also show the effects of certain programmes on these problems (demonstrating cost-effectiveness). With the addition of relevant local data it can provide a powerful tool for advocacy for action against nutrition problems. It was developed by USAID and can be made available anywhere. It has not previously been used in the Pacific region, however it has the potential to be very useful. It is hoped in the future that the system will be expanded to incorporate noncommunicable diseases also - which would be very beneficial for this region.

Dr Mickey Chopra then presented a version of profiles, which he had adapted for Fiji - using some data he had managed to obtain, along with some 'guesses' for missing data. The feedback from participants was positive, providing that they could find the necessary data. A number of participants commented that the addition of the elements on noncommunicable diseases, would make the tool much more useful.

Mickey then summarised some basic steps in advocacy, and participants shared some of their experiences.

Developing plans

During the next two activities, participants worked in country groups to review their existing plan and/or policy and consider whether:

- it sufficiently addressed emerging issues;
- more partnerships were needed;
- more advocacy should be built into it;
- and if it sufficiently addressed the four pillars.

Based on their discussions they tried to develop four new strategic goals - one related to each of the four pillars. They then developed plans of action for each of these new goals. These goals and plans were then presented to the main group for discussion.

The aim of these activities was for them to consider all the elements covered within the course and look at how their plan and policy could be improved - both in terms of content and implementation. With such a small number of people present, the ideas generated may not necessarily be those that are finally adopted by each country (as wider discussion would be needed in-country). However, this practical exercise allowed participants to use the skills and knowledge learnt so far within the workshop, consolidating this knowledge and building their capacity to continue this process on their return home.

The presentations from each country group are included in appendix two.

Session 7: Review and evaluation of the training course

Based on their ideas from the last session, participants were asked again in country groups to develop their action plans for the next six months - to identify exactly what each participant would do related to the nutrition plan and/or policy. These were shared with the group and discussed, and are summarised below. They were also asked to highlight what if any assistance they would like to facilitate their progress on the nutrition plans and policies.

Tonga - plans for next six months

| Activity | Who | Guidelines | Timeline |
|--|---------------------------|--|--|
| 1. Update Nutrition policy | MoH/ MAF/ CPD | -Informally consult appropriate partners/authority -Submit draft copy of updated policy to National Food & Nutrition Committee/ Food division -Finalise policy -Submit to Cabinet for endorsement | Last night Dec 2003 Jan 2004 Feb 2004 |
| 2. Update Plan of Action for Nutrition | NFNC/ Food division | -Review National Plan of Action for Nutrition | July 2004 |

| | | | |
|---------------------------|---------------------------|---|------------------------|
| 3. Review NFNC membership | NFNC/ Food Division | -Review membership/chairmanship & secretariat -Ensure clear cut of responsibilities between NCD & NFNC | Jan 2004 April 2004 |
|---------------------------|---------------------------|---|------------------------|

They requested assistance with linking NCDs and nutrition plans.

Palau - plans for next six months

- Brief their Directors and Ministers about the outcomes of the workshop...and what is expected of all.
- Discuss the formation of the working group and the possibility of establishing a council immediately.
- Set up a series of meetings for the working group.

| Goal: To ensure successful implementation of activities and programmes of the NPAN. | | | | |
|--|---|--|--------------------------------------|--|
| Objectives: To put in place an organization frame work with parties organized at two levels. One at the policy level to oversee the implementation of the overall NPAN and the other level responsible for the co-ordination and collaboration of the activities in the NPAN. | | | | |
| Time frame | Implementing agency | Accountability | Budget | Performance Indicators |
| End January 2004 | MOH, MOE, MOF, Agriculture, Commerce, PWA | National Council on Health and Nutrition | To be decided by MOH – (cost shared) | The formulation of the Council and Organization of membership Task for the council identified and implemented |

The participants requested the following support:

- A letter from SPC to Departments acknowledging their participation and endorsement of their roles as part of NPAN implementation.
- Assistance in identifying potential donors to assist with implementation of NPAN.

Kiribati - plans for next six months

- To inform the NFNC members of this workshop and outcomes.
- Leading to a review of membership of the NFNC, and the allocation of more specific terms of reference.
- Also a review/update of the policy - in particular linked with food security, healthy lifestyle, food safety bill and curriculum development.

They requested technical assistance to review the status of their NPAN (building capacity of local staff to do this).

Fiji - plans for next six months

| Activity | Timeframe |
|---|--------------------------------------|
| 2-day workshop with major stakeholders | 2 nd week December |
| Individual consultation with key stakeholders in government (MOE, MRD, NPO, MASLR, MOC) | Starting February 04 (one per month) |
| Nutrition intervention programme within a Government dept. | January 04 |
| Presentation of NPAN to summit working group (monitors implementation of strategic plan) | January 04 |
| Presentation to Development sub-committee of permanent secretaries and to deputy secretaries and heads of departments | February 04 |

Assistance was requested in:

- Facilitating/funding a multi-stakeholder workshop to review NPAN.
- Provision of a summary of this week's workshop.
- Technical assistance on economic/social return on investment in nutrition interventions.

American Samoa - plans for next six months

| Month | Activity |
|----------|---|
| Ongoing | Review draft NPAN Develop official council All core group to advocate for nutrition within own area |
| January | Update current statistics (get data from different departments) Review DOE curriculum - three months (Heidi) |
| February | Update current statistics (get data from different departments) cont. (Steven/core group) Awareness presentation to Governor |
| March | Awareness presentation to Fono, all Government Departments |
| April | Awareness raising with members of the media |
| May | Awareness raising with community leaders and church leaders. Complete update of diabetes registry (Ianeta) |
| June | Awareness raising with NGOs and private sector. |

They requested technical and funding assistance.

They also wanted to gain access to both PRISM and Profiles.

Evaluation

Following this, participants completed a group and an individual evaluation of the workshop. The evaluations were positive, with all the participants finding the content useful and ready to begin their action plans on their return home.

Concluding remarks

This course proved to be a timely and much needed activity to revitalise NPANs and related activities. Funding is currently being sought to allow other countries to participate in the course.

Appendix one: List of participant and facilitators

1. PARTICIPANTS

AMERICAN SAMOA

Ms. Ianeta Ah-Ping
Director of Dietary Services
LBJ Tropical Medical Center Authority
PO BOX 2464
Pago Pago
American Samoa, 96799
Fax: + 684 633-7234
Tel: + 684 633-5629
E-mail: iahping@yahoo.com

Mrs. Heidi Uele
Curriculum Specialist for Family and
Consumer Science
Department of Education,
Pago Pago
Tel: +684 633 5237/684 699 8079
Fax: +684 633 4240
E-mail: heidieule@yahoo.com

Mr. Tagaloa Toloa Letuli
Fono (Legislature)
Pago Pago
AS96799
Tel: +684 633 5669
Fax: +684 633 1861
Home: +684 699 7481 Cell: +684 733 4992
T.Letuli@samoatelco.com

Mr. La'ititi La'ititi Jr.
Department of Agriculture
Market Manager
Executive Office Building,
Utulei
Tufuna, American Samoa
Pago Pago, AS 96799
Tel: 684 699-1497
Fax: +684 699-4031

Mr. Steven Kaplan
Biostatistician
Department of Health
Pago-Pago,
American Samoa 96799.
Tel: +684 633 4606
Fax: +684 633 5379 or 684 633 7868

FIJI

Ms A. Nisha Khan

Chief Dietitian/Nutritionist
Ministry of Health
88 Amy St., Toorak
P.O. Box 2223
Government Buildings
Suva
Tel: +679 3306 177 Direct 3221 495; Sec-3221 420
Fax: +679 3306 163
E-mail: nkhan@health.gov.fj

Mr Luke Koroisave

Economic Planning Officer
Ministry of Finance and National Planning
PO Box 2351,
Government Buildings, Suva, Fiji.
Phone: +679 3313 411 ext 2328
Fax: +679 3304 809
Email: lkoroisave@govnet.gov.fj

Mrs Saipora Mataikabara

Director Development Services
Ministry of Regional Development & Multi-ethnic
affairs,
PO Box 2219,
Government Buildings, Suva, Fiji.
Phone: +679 3313 400 Direct – +679 3308438
Fax: +679 3313 035
Email: smataikabara001@govnet.gov.fj

Dr Margaret Cornelius

National Advisor, Disease Control.
Ministry of Health
88 Amy St., Toorak
P.O. Box 2223
Government Buildings, Suva
Tel: +679 3306 177 / 3221511(sec) 3221489 (direct)
Fax: +679 3306163
Email: mcornelius@health.gov.fj

KIRIBATI

Dr Airam Metai

Director of Public Health
Ministry of Health and Medical Services,
P.O. Box 268
Bikenibeu
Tarawa
Fax: +686 28152
Tel: + 686 28100
E-mail : moh@tskl.net.ki

Mr. Toabwa A Toabwa

Acting Consumer Affairs Officer
Ministry of Commerce
Tarawa
Kiribati
Email: sco.commerce@tskl.net.ki

Mr Tianeti Ioane Beenna

Head of Research Section
Ministry of Environment, Lands and Agricultural
Development,
Box 267
Bikenibeu
Tarawa
Tel: +686 28108 or 28096
Fax: +686 28121
Email: agriculture@tskl.net.ki

PALAU, REPUBLIC OF

Mr Tino Faatuuala

NCD Prevention Specialist
Bureau of Public Health MOH
PO Box 6027, Koror,
Palau 96940
Tel: +680 488 4804/4805
Fax: +680 488 1211/1725
E-mail: tinof@palau-health.net

Ms Debbie Tkel Sbal

Chief of Curriculum and Instruction
Ministry of Education
P.O. Box 189
Koror,
Palau 96940
Phone: +680 4881464 or 680 488 2570
Fax: +680 4881465
Email: dsbal@palaumoe.net

Mr. Secilil Eldebechel
Program Coordinator
Ministry of Finance
P.O. Box 6011
Koror,
Palau 96940
Phone: +680 488-2506
Fax +680 488-1016
Email: secilile@palaunet.com

Mr. Constantino Remeliik
Division of Agriculture/Resource and Development
P.O. Box 460 Koror,
Palau 96940
Phone: +680 488 2504
Fax: +680 488 1725
Email: damr@palaunet.com

TONGA

Dr Viliami Puloka
Senior Medical Officer
Ministry of Health
PO Box 59
Nuku'alofa
Tonga
Tel; +676 23200
Fax: + 676 23291
Email: vkpuloka@kalianet.to

Mr. Viliami Liava'a
Senior Economist
Central Planning Department
PO Box 827, Nuku'alofa
Tonga
Tel: +676 23 900
Fax: +676 24260
Email: viliamil@cpd.gov.to

Mrs Losaline Ma'asi
Deputy Director/Acting head of Food and nutrition
section
Ministry of Agriculture and Forestry
Nuku'alofa
Tonga
Tel.: + 676 23 038
Fax: + 676 23 093
E-mail: lmaasi@yahoo.com

2. FACILITATORS/SECRETARIAT

SECRETARIAT OF THE PACIFIC COMMUNITY (SPC)

Ms Jimaima Tunidau Schultz
Lifestyle Health Adviser
Secretariat of the Pacific Community
B.P. D5
98 848 Noumea Cedex
New Caledonia
Tel: +687 26 20 00
Fax: +687 26 38 18
E-mail: jimaimas@spc.int

Ms Wendy Snowdon
Nutrition Education & Training Officer
Secretariat of the Pacific Community
B.P. D 5
98 848 Noumea Cedex
New Caledonia
Tel: +687 26 20 00
Fax: +687 26 38 18
E-mail: wendys@spc.int

UNICEF

Dr Ian Darnton-Hill
Senior Adviser, Micronutrients,
UNICEF
Visiting Associate Professor, Institute of Human
Nutrition,
Columbia University, NY
Postal address: 3 United Nations Plaza
New York, NY 10017, USA
email: idarntonhill@unicef.org
idarntonhi@aol.com
idh 2101@columbia.edu
Tel: +1 212 824 6344
Fax: +1 212 735 4405

UNIVERSITY OF THE WESTERN CAPE

Dr Mickey Chopra
School of Public Health
University of the Western Cape
Private bag X17
Bellville, 7535
South Africa
Tel: +27 21 959 2809 Fax: +27 21959 2872
Email: mchopra@uwc.ac.za

**WORLD HEALTH
ORGANIZATION (WHO)**
Regional office for the
Western Pacific

Dr. Tommaso Cavalli-Sforza
Regional Adviser Nutrition and Food Safety
WHO WPRO
PO Box 2932
Manila 1000
Philippines
Tel: +632 528 8001 Fax: +632 521 1036
Email: cavalli-sforzat@wpro.who.int

**WORLD HEALTH
ORGANIZATION (WHO)**

Dr. Chizuru Nishida
Scientist
Nutrition for Health and Development
World Health Organization
Avenue Appia, 20
CH-1211, Geneva 27
Switzerland
Tel: +41 22 791 3317 Fax: +41 22 791 4156
Email: nishidac@who.int

3. OBSERVERS

JICA
Fiji office

Mr. Hideki Tomobe (JICA Resident Representative)
Mr. Takashi Toyama (Asst. Resident Representative)
JICA Fiji Office
JICA Private Mail Bag
Suva, Fiji
Tel: +679 330 2522,
Fax: +679 330 2452

UNICEF

Dr Thaneoke Kyaw-Myint
Health & ECD Officer
UNICEF Suva
3 & 5 Floors, Fiji Development Building
360 Victoria Drive, Suva Fiji
Tel: +679 3300439/3301918/3301903/3301881
Fax: +679 3301667
E-mail: tkyawmyint@unicef.org

Appendix two: Summary of country presentations in session six

Tonga's presentation

During the recent NCD workshop in Tonga, it had been identified that their NPAN and policy needed updating. This had not yet begun, but they expressed a belief that based on the tools learnt during this week at CETC, they would now be better equipped to do this. They reviewed their existing policy and felt that all aspects of the four pillars were well-reflected, although they suggested some modifications as shown. They then took just one of these objectives and worked to update the relevant part of the action plan (as an example).

Replace goal: Ensure adequate level of food supply to maintain good nutrition & dietary well-being of all segments of the population with emphasis on increasing availability of local food & decreasing food imports.

With new goal: Ensure sustainable food supply to maintain good nutrition, safe & dietary well-being for all segments of the population with emphasis on increasing availability of local food and decreasing food imports.

Add to activities: Encourage organic farming practices and enforce rules and regulations for the safe use of fertilizers, pesticides, genetic and biochemical products.

Replace goal: Prevent and reduce nutrition-related diseases.

With new goal: Prevent and reduce nutrition-related diseases through the promotion of healthy lifestyle practices at all levels of life settings.

Add to activities: MAF (Food division) to strengthen its capacity to actively involve in prevention and controlling of NCD related diseases.

Replace goal: Establish a national food and nutrition education programme.

With new goal: Sustain and strengthen national food and nutrition education programme.

Add to activities: Utilise different means of dissemination of information through media.

Add to activities: Actively seek involvement and participation of churches on the promotion of healthy lifestyle practices.

Action plan example (new parts in bold)

| Activity | Who | Outcome | Timeline | Benefit/risks |
|--|--|--|---|---|
| 1.3.1. Establish/ strengthen integrated nutrition education programs for youth, parents, village, community & churches through media & other means including radio, TV , newspaper and workshops | NFNC /MOH /MOE /MAF /MOF /MLCI /NGOs /TNCC /churches | Workshops with church leaders | 1st quarter 2004/ on- going | Increase nutrition awareness & knowledge |

Palau's presentation

The group had reviewed their plan, and felt that it was comprehensive and didn't need any new goals related to the four pillars (although they recognised there was a need to update - particularly the activities).

Their main problem is the implementation of the plan. Therefore they wanted to add in a strategic goal to 'implement the plan more effectively for it to be successful'.

Taking this goal, they looked at activities, and suggested the development of 2 bodies:

- A policy level group: to meet infrequently when action is needed.
- An implementers/working group: who would feed information to the policy group for them to act upon.

They commented that previous councils have not been very effective and this new structure would be an alternative approach to what has been tried before.

They envisage that MOH would be the lead agency. Finance will provide information on cost benefit analysis.

Their biggest problem will be to get their managers convinced of their need to play a role. They felt that getting presidential approval for these new groups and NPAN would ensure multi-sectoral involvement. The President can issue an executive order informing the Directors etc that they must be part of this group.

They also mentioned that a small budget would be needed for these group meetings.

The participants envisaged that the working group would act like 'legal-aides' gathering data and information to 'feed' to their Directors etc.

The working group would need a central person who would act as liaison with the policy level group and provide them with updates.

They also highlighted that they plan to work more actively with the women's organisation.

Kiribati's presentation

The participants from Kiribati, reviewed their existing NPAN and suggested a number of amendments (a summary of which is shown below). They felt that they would need to take the new document to their new government for approval/support.

1. Improve food security and quality of food at family homes

- 1.1 To increase the number of home gardens on South Tarawa to 20% by the end of 2006.
- 1.2 Prepare the list of foods with calories and nutrient contents to be readily available to people.
- 1.3 Get free trade certificate on all food imported by 2004.

| Activity | Indicators | MOV | Responsible people | Time line | Budget | Assumptions |
|---|---|---|---|------------|----------------------------------|---|
| Organize meeting for key people to promote home food production | Meeting is held | Report of the meeting | NNCC VWG MELAD | Early 2004 | 5000 FAO SPC FSP MOH | People are willing to participate |
| Organize mass campaign nationally on planting food crops at home | Meeting | Report of the meeting | NNCC MELAD | Early 2004 | Voluntary | There is enough land space for planting |
| Run a quarterly follow on how many homes planted food crops | Number of homes planting vegetables | Report | NNCC VWG MELAD | March 2004 | Voluntary | There are people who willingly wish to do the job |
| Negotiating formally with relevant regional organization to include Kiribati in the food analysis network | Formal discussion is done Letter written to partners requesting assistance | Response from partner received *The food analysis is carried out | MOH WHO SPC | 2004 | None | WHO has offered |
| Get list of food stuff imported and locally produced | All foods imported and are enlisted and the nutrient contents are shown | Document produced | MOH Commerce customs | 2004 | None | All players cooperate |
| Inform all importers that they must have Free Trade certificate on all foods especially fresh | Certificate is produced on demand by health on all imported foods | Number of certificate tally with the import patch | MOH Commerce Port authority others | 2004 | None | All players do their parts |

Objective 2: Caring for the socio-economically deprived & nutritionally vulnerable

2.1 Develop a data base for vulnerable population.

2.2 Develop a special programme specifically to address the problem of the most vulnerable.

2.3 Continue promotion of breastfeeding to all.

| Activities | Indicator | MOV | Responsible people | Time line | Budget | Assumption |
|---|--|--------------------|--------------------|-----------|--------|--|
| Develop a policy for in-patients who are malnourished | Policy is being discussed and produced | Policy is adopted | MOH | 2004 | None | The government agrees to the proposals |
| Define the vulnerable and deprived | Discussion is made | Definition is made | MOH NNCC | 2004 | 2000 | All agree to adopt |
| Activity | Indicators | MOV | Responsible | Time | Budget | Assumptions |

| | | | people | line | | |
|--|---|----------------------------|------------------|------|-------|--|
| Conduct community talks on breastfeeding | No of people attending the talks | report | MOH/VWG | 2004 | 4,000 | People comply |
| Create a mapping data system to locate the vulnerable population | System is incorporated into the existing MIS system | System is adopted and used | MOH (NU/WHO/SPC) | 2004 | 5000 | There is enough money but need technical personnel |

Objective 3: Preventing and controlling specific micronutrient deficiencies.

- Reduction of vit. A and iron deficiencies to 50% by the end of 2006.
- Reduction of Fe deficiency anaemia to 50% by the end of 2006.

| Activities | Indicator | MOV | Responsible | Time | Budget | Assumption |
|---|--|--------|--|--------------------|--------|---|
| Distribution of vitamin A | Number of people receiving vit. A | Report | MOH Teachers | 2004 | 12,000 | Vit. A is received in time |
| Introduce Anti-helminths program into schools | Tablets are distributed in all schools | Report | MOH Teachers | 2004 | 12,000 | Have tablets in time |
| Advocate eating of vit. A and iron rich food | Reduction of vit. A deficiency and iron deficiency | Report | MOH, Teachers Agriculture Media | 2004 to 2006 | 4,000 | There is enough fund for iron and vit. A supplement |
| Increase home gardening on Vegetable and root crops | No of homes have made home gardens | Report | MOH, VWG, MELAD, FSP FAO USP | 2004 to 2006 | 3000 | There is enough fund from the local govt and other partners |

Objective 4: Promoting appropriate diets and healthy lifestyle

4.1 To increase the knowledge and skills of all people on 8 islands by the end of 2006

4.2 Increase awareness on appropriate diet and healthy lifestyles to all MPs

| Activities | Indicator | MOV | Responsible Officer | Time | Budget | Assumption |
|--|--|--------|--|---------------|--------------------|-----------------------------------|
| Conduct series of workshops on promotion of right diet and healthy life style on 8 islands | Number of workshops Conducted in all the 8 islands | Report | MOH NNCC Nutritionist | 2004- 2006 | 5000 MOH WHO | There is money for the works hops |
| Conduct specific workshops for the MPs | Workshop is conducted | Report | SPC WHO FAO MOH NNCC Nutritionist | 2004 | 4000 | MPs have time. Budget |

There was some discussion over whether weight loss competitions provided sustainable weight loss. Unfortunately Tonga has not undertaken such a review of its long-running weight loss competitions so there is no information on this. It was mentioned that sustainability of the competitions also needs to be borne in mind when establishing this type of activity.

Fiji's presentation

The group recognised that nutrition should be threaded throughout all health programmes, and also embedded into health promotion programmes.

They felt that they needed to assess where they are in terms of NPAN. A lot of the stakeholders have been implementing aspects of the NPAN as part of their usual activities.

It is very comprehensive and probably doesn't need anything major adding - just an update. And this needs to be done with the stakeholders.

They suggest however that their plans need to focus on

- Creating awareness with the stakeholders of NPAN.
- Demystifying the document - perhaps creating sub-reports for individual stakeholders so they don't have to wade through it all.
- Re-establishing the document at the regional level and supporting the development of divisional plans.
- Setting-up a monitoring committee at national level and also reviewing the terms of reference for the existing nutrition committee.

They also recommended liaising more with the consumer council

They plan to hold a 2-day workshop in early December with the stakeholders to help start or renew divisional committees.

There is a new activity on occupational health and safety - and this is a real opportunity to push forward the NPAN and to incorporate aspects of the NPAN within that.

American Samoa's presentation

As none of the participants had ever seen their NPAN document before (Ianeta had seen a copy for the first time a couple of months ago), they felt that they would develop a new vision based on the four pillars. When they then compared this to the existing NPAN they found many similarities.

They will also need to review the NPAN in relation to the ICN strategies.

The group felt that there was need for a core-working group - of which they could form the basis. They queried whether they should be called a council.

The strategic goals they identified were to:

1) *Increase the nutrition awareness of government officials, non-government and the private sector* (e.g. lawmakers, NGOs, church).

In 2004 to have seminars for each of these groups (starting with leaders) outlining nutritional issues and the role of NPAN.

This would lead onto presentation of the updated NPAN to government, leading to adoption in 2005.

The performance indicator would be a greater understanding of nutrition problems locally.

Budget would be from DOH.

2) *Reduce NCDs via healthy lifestyles and diets*

By Dec 04 to have an updated and comprehensive diabetes registry (LBJ hospital)

By Dec 04 to have screened 75% of adult population for diabetes

By Dec 07 to have reduced diabetes prevalence by 5%

By Aug 05 to have a revised curriculum in all schools.

3) *To strengthen and promote food safety practices.*

By Dec 04 to have a food safety bill adopted which looks at retailing

By Dec 05 to have all food vendors complying with bill (monitored via inspectors)

4) *Attain sustainable healthy food supply*

By end 04 to have increased food production by local farmers by 5% (using baseline data from agriculture)

Ianeta commented, that in American Samoa, they needed endorsement by Government before there can be any action.

Workshop Report

DEVELOPMENT and IMPLEMENTATION OF INTERSECTORAL FOOD & NUTRITION PLANS AND POLICIES

24-28th November 2003

CETC, Suva, Fiji



SPC & WHO

in collaboration with
FAO & UNICEF

Summary

This pilot workshop for the region included participants from 5 member countries: American Samoa, Fiji Islands, Kiribati, Palau and Tonga. Three to five participants per country attended, allowing a range of sectors to be represented including health, education, finance, planning and agriculture. The workshop was organized by the Lifestyle Health Section of SPC, with funding support from WHO and HLPI, and with collaborative assistance from FAO and UNICEF.

During the five-day workshop, issues related to the successful development and implementation of national plans of action and policies on nutrition were explored. This included: the historical basis and needs for national plans of action on nutrition, essential components of plans and policies, using emerging issues such as NCDs to promote nutrition plans, developing successful partnerships and advocating for support and action. The workshop was participatory in nature, with the participants mainly working in country groups to explore issues. Plenary feedback sessions allowed time for further discussions of points raised and sharing of ideas amongst country representatives. Ultimately, the country participants each worked to review their existing plans and policies related to nutrition, and to set plans for its update or improvement. They also developed plans for activities needed to ensure that their plans would be fully implemented, which is a particular difficulty, which they all highlighted.

Over forthcoming months, participants will begin to work on their plans within their country and can call upon SPC, FAO, UNICEF and WHO for support. This support will include a follow-up visit to assess progress and further aid each country.

Evaluation of the workshop by participants was positive, and progress over the next six months will indicate the impact of this workshop on national plans and policies on nutrition.

Acknowledgements

The Lifestyle Health Section of SPC would like to thank WHO and the HLPI (Healthy Living in the Pacific Islands) for their financial support of this workshop. Also to acknowledge the collaborative support of FAO, UNICEF and WHO in the implementation of this workshop.

Contents

| | Page Number |
|--|--------------------|
| Introduction | 4 |
| Opening session | 6 |
| Session 1: Introduction | 10 |
| Session 2: Four pillars to build good health and nutrition | 13 |
| Session 3: Food and nutrition plans and policies | 15 |
| Session 4: Developing an inter-sectoral and integrated national food and nutrition plan and policy | 19 |
| Session 5: Forging partnerships | 31 |
| Session 6: Putting plans into practice | 38 |
| Session 7: Review and evaluation of the training course | 46 |
| Closing comments | 50 |
| Appendix 1: List of participants | 54 |
| Appendix 2: Workshop agenda | 60 |
| Appendix 3: Food supply chain | 63 |
| Appendix 4: Summary of participant evaluations | 64 |

Introduction

Aims

The course aims to help to build capacity in countries to develop and implement multi-sectoral national nutrition action plans and policies.

Learning Outcomes

This training course focuses on developing effective and sustainable national food and nutrition plans and policies.

At the end of this training course, participants should be able to:

- Assess food and nutrition plans and policies.
- Develop effective and sustainable food and nutrition plans.
- Promote implementation of food and nutrition programmes of action.

Background to this workshop

The 1992 International Conference on Nutrition brought together 159 countries in an effort to eliminate hunger and to reduce all forms of malnutrition. This conference agreed nine key strategies and actions to tackle these problems. In a follow-up, the 1996 World Food Summit brought together many countries and confirmed this general perspective, and linked the strategy more firmly with the goals of poverty eradication and environmental protection / sustainable development. The Final Declaration of the WFS is a key document, alongside the ICN.

Nutritional plans and policies when developed at a national level can be an important and effective tool in ensuring national action on dealing with nutritional issues. The main strands of a nutrition plan can also incorporate healthy lifestyles, particularly physical activity. As such they are important within the Pacific region for tackling the issues of undernutrition (such as anaemia and failure to thrive) and also in the growing problem of noncommunicable diseases such as diabetes and heart disease.

The underlying principles for a good food and nutrition plan and policy are:

1. To have “joined up” food and nutrition plans and policies that include the elements that meet the needs of good nutrition, food safety, sustainable food supply and healthy lifestyles.
2. To have food and nutrition plans and policies that address on the one hand the ill-health associated with under consumption, and on the other hand the ill-health associated with over and unbalanced consumption.
3. That the plans and policies are intersectoral in thinking and interagency in delivery.

Outline of course content

The course includes:

- International dimensions of food and nutrition plans and policies,
- Public health impact of food and nutrition insecurity and safety,
- How to address barriers to change and how to develop/implement/follow-up food and nutrition plans and policies,
- How to develop monitoring and surveillance systems, such as Food Insecurity and Vulnerability Mapping Systems (FIVIMS),
- How to use advocacy tools, such as Profiles.

Participants who complete the training course will be equipped with the skills necessary to help develop and implement intersectoral food and nutrition plans and policies at the national or local level.

Learning method

The learning method encourages participants to carry out activities, as a way of finding out and learning about food and nutrition plans and policies.

Participants will work in groups, according to various criteria, allocated by the facilitator. Everybody will be encouraged to participate and contribute to the overall conclusions.

Participants

The countries of American Samoa, Fiji, Kiribati, Palau and Tonga were invited to participate in this first workshop for the region.

Each country was asked to nominate 4 participants representing different sectors - to include Health, Agriculture, Education, Planning, Commerce or Fisheries. The participants were requested to be policy makers or their advisors.

A full list of all participants is included in appendix one.

Unfortunately at the last moment, one participant from Kiribati and one from Tonga were unable to attend.

An additional participant from American Samoa (total of 5) was funded by the Healthy Living in the Pacific Islands (HLPI) project.

Organisation

The workshop was organised by the Secretariat of the Pacific Community (SPC)'s Lifestyle Health Section (LHS), in collaboration with the SPC's Community Education Training Centre (CETC).

The workshop was organised in collaboration with FAO, UNICEF and WHO.

Facilitation was provided by representatives of all these agencies.

Funding was provided by WHO (Geneva and Manila offices), with the LHS absorbing administration and staffing costs.

Opening Session

Mr Letuli opened the workshop with a prayer.

Following this, representatives of SPC, UNICEF and WHO gave some informal remarks.

Jimaima T. Schultz, SPC.

On behalf of SPC I am very pleased to welcome to this workshop members of other collaborating and participating organizations: WHO, FAO and UNICEF.

I also wish to extend a very warm welcome to our Regional colleagues and friends from the five participating countries: American Samoa, Fiji, Kiribati, Palau and Tonga, who represent country policy makers and their advisors, and national officers of various Ministries, and agencies.

I also hope your journey across was not too hectic particularly those that have travelled from afar and that you have rested well and are ready for a week of work!

You are here because of a common professional interest: namely, food and nutrition - one of our basic needs, yet it is often perceived by our leaders as of low priority within the national development scheme of things.

Collaborative workshops such as this have an important advantage in that they are able to draw on a broader skill- and resource-base than would otherwise be possible.

However, they also present a special challenge because they bring together individuals from different sectors with differing professional interests, priorities and agendas. I like to think of this diversity as a valuable strength.

As a Regional organization for the Pacific, SPC has a particular responsibility to our member countries. Among other things, this involves attempting to ensure that workshops such as this satisfy at least three important criteria. They need to be:

- Relevant to our various national needs;
- Have realistic and achievable goals, and
- Be ultimately sustainable.

Unless Training Courses and workshops satisfy these criteria, they eat into valuable time, waste precious resources and generally become counterproductive.

This particular Training workshop aims to:

- Increase awareness about food and nutrition issues for those that come from other sectors;
- Support the development of multi-sectoral national food and nutrition policies; and
- Support the implementation of National Plans of Action.
- Enhance your skills to assess food and nutrition plans of action

However, we are hoping to achieve more than this.

Bearing in mind this is a Pilot Training Course – and I have yet to come across a course that is perfect – we all have a special responsibility.

That is to provide important feedback on its strengths and weaknesses with a view to making it even better than it is.

I am sure I can speak for Chizuru (WHO HQ) and other colleagues from WHO WPRO, FAO and UNICEF, who have spent much time and effort developing the course, that we all look forward to your collective input.

Be assured, your comments will be gratefully received.

I trust that together, we will share in a constructive and profitable workshop that will be a genuine two-way exchange of ideas.

I look forward to your participation and wish to thank you in advance for your thoughtful and constructive comments.

I wish you a very successful week of training.

Vinaka vakalevu.

Dr. Tommaso Cavalli-Sforza, WHO

Good morning ladies and gentlemen.

It is a pleasure to be here today with all of you who have come from many countries and from different sectors in society, to help improve nutritional problems that are responsible for many of the diseases and deaths, disability and impaired learning and working capacity in the Pacific people.

I am Tommaso Cavalli-Sforza, the Regional Adviser in Nutrition and Food Safety at the WHO Regional Office for the Western Pacific.

While those of you who are familiar with WHO meetings know that they are always organized and conducted according to certain procedures, including opening and closing ceremonies, in the case of meetings, such as this one, for which WHO requests another agency to take care of the organization, the formal WHO procedures are not followed. I will therefore say only a few words in a rather informal way, about why we are here and what we hope to achieve through the first Pacific version of this training course.

This course was conceived, in 1996, by Dr. Chizuru Nishida of WHO Headquarters, who saw the need to support countries, with the WHO Regional Offices, in preparing those national plans of action for nutrition that the representatives of 159 Member States of WHO and FAO, who met in Rome, in December 1992, for the International Conference on Nutrition, decided countries should develop, based on the World Declaration and Global Plan of Action on Nutrition and its 9 strategies. These global documents, in considering the nature and proportions of various types of nutritional problems – related to both under- and over-nutrition - recognized that these problems have multiple causes and therefore various types of interventions are needed to address them successfully.

No agency alone will succeed in resolving these complex problems: the collaboration of many partners is needed, including those in government and non-government organizations, the private sector, community and religious organizations, and anyone else in society who can play a role. Of the WHO Regions consulted regarding their interest

in holding this training course, the European Region was the first to respond, because many of its newly formed states, after the collapse of the Soviet Union, underwent societal changes that contributed to a worsening of health and nutrition problems, and realized that help was needed to deal with them.

Thus, the first of these courses was organized in Europe, in 1996 (in Russia). This generated interest in the African Region, where similar courses were held twice, in 2001 for Eastern Africa and in 2002 for Southern Africa. During the Workshop on Food Safety and Quality in the Pacific, held in Nadi in November 2002, we discussed the possibility of introducing this training course to Pacific countries as well, as we knew that most of them have developed national plans of action on nutrition, and in some cases have comprehensive plans, but not many countries are implementing them effectively and periodically reviewing and evaluating them for best results.

It was then decided that WHO and SPC representatives should take part in the next training course. This was organized by WHO and FAO in February of this year, in Capetown, South Africa, under the coordination of Dr. Mickey Chopra, of the School of Public Health of the University of the Western Cape, and with the help of consultants Dr. Ian Darnton-Hill, Mr. Bob Hughes, and others.

At the South-African training course we started planning actively *the first Pacific Training Course*, and while the participants worked in groups to arrive at the course outcomes, the facilitators met repeatedly with the WHO and SPC representatives, Wendy Snowdon, Chizuru Nishida and myself, to analyse the structure and process of the course, and to discuss how it could be tailored to best suit the needs of the Pacific countries. As there was some indication of interest by the Japanese government to support this activity, a proposal was submitted to JICA during a meeting at the WHO Regional Office for the Western Pacific, in March of this year, to support these training courses, as part of a bilateral sub-regional project for the Pacific, aiming to better address nutritional problems.

While JICA was considering the proposal, funds were made available by WHO Headquarters and by the WHO Regional Office to hold the first of these courses, in November of this year, for representatives of various sectors in the first 5 countries. It is hoped that JICA will see the benefits of the course and will provide the financial support needed to continue holding it for the other Pacific countries, in the following years.

I would like to thank our SPC colleagues for doing the hard work of organizing the course, and for bringing us all together here today.

By the end of the course, participants are expected to be able

- to assess food and nutrition plans and policies,
- to develop effective and sustainable food and nutrition plans,
- to promote implementation of food and nutrition programmes of action.

As I mentioned earlier, nutrition problems are complex. This course aims however, as much as possible, to provide a simple framework for dealing with these problems, and to focus on key points to help not get lost in addressing these problems.

I wish you all a good meeting and I look forward to working with you.

Note: At this time, the mains power for the area was disconnected for the day, due to local repair work. It was therefore agreed to move the opening presentation from Chizuru until later in the workshop.

Review of course content

Wendy gave an overview of the course aims and objectives, along with information on the agenda and format. Details were also given on the material in the participant packs. Administrative arrangements were also reviewed at this time.

Tommaso then distributed some general WHO publications on a variety of issues.

Session 1: Introduction

Aims

This session aims to:

- Break the ice
- Find out who is on the course
- Set the scene

Learning Outcomes

At the end of this session participants should be able to:

- Identify their own role in relation to the food supply chain
- Explain key issues in food and nutrition

Activity 1.1: Introduction

Learning Outcomes

At the end of this session each participant should be able to:

- Identify most course participants
- Appreciate the main role of food and nutrition for health and development
- Assess the complexity of the modern food supply chain.

Activity

Each participant was asked to give their name, work area and to give at least two places where they fitted into the food supply chain.

A concept of the food supply chain was shared with them and briefly explained (see appendix three).

Most participants placed themselves as consumers. Many felt that they had roles in influencing different parts of the chain - such as imports, agricultural policy, agricultural production etc. A few also mentioned they were producers as they had home gardens or fished.

Participant Expectations

Each participant was then asked to write on a piece of paper what were their three main expectations prior to attend the workshop.

These were given to the facilitators to assist them with their delivery of the workshop, and for future planning purposes.

Activity 1.2: Food news

Learning Outcomes

At the end of this session each participant should be able to:

- Identify main food and nutrition concerns for public.

Activity

Participants were asked to bring local news stories, if they could find any, referring to nutrition and foods. Unfortunately a few participants had not received this message, so not many brought stories. However they were supplemented with some stories from Australian and New Zealand sources which were of particular relevance to the region. They worked in random groups and were asked to feedback what they thought were the main themes.

The participants looked at a range of stories, including ones on food poisoning, promotion of fast foods by sports people, sponsorship of activities by McDonalds and problems with breadfruit supply diminishing in the region.

There was a general discussion about how powerful the media could be, and whether countries were using them proactively to promote messages or not. This led onto a more general discussion about the difficulties of promoting healthier diets. Tino (Palau) highlighted the problem of custom which took up so much of people's time they had no time to be active or grow their own foods. This was felt to be the same in most countries.

Margaret (Fiji) commented that in Fiji they have a lot of problems with sponsorship of events by companies such as *twisties* - for example a recent school sports was even sponsored by them. She commented that they had a ban on tobacco sponsorship of sports, and need similar rules for foods. There is a need to find alternative sources of sponsorship.

Activity 1.3: Identify the on-going trends in food/nutrition and society

Learning Outcomes

At the end of this activity participants should be able to:

- Identify changes in food consumption patterns
- Recognise the need for national food and nutrition plans and policies

Activity

Participants were asked in random groups to consider what the food supply chain was like 20 years ago and what changes they expect in the next 20 years.

Everyone is affected by how food and nutrition in society have changed over the past twenty years. Participants should be able to see that not all changes are inevitable.

As changes happen in agriculture; food security and availability; food retailing; advertising and in society in general they impact on health issues such as: nutrition; food safety & hygiene; environmental health; health education and promotion, and consumer behaviour.

The participants feedback their main comments to the whole group, focusing on two main areas: how changes in the food supply could shape things in order to create a sustainable food supply, and why future public policies are needed to ensure that health is at the heart of national food and nutrition plans and policies.

How can food supply changes help to create sustainable food supply?

- GM technology may be able to deal with droughts, blights etc that can destroy crops, and can also increase yields.
- Processing and distribution will become quicker and easier over time, facilitating food supply.
- New diseases such as SARS may limit food distribution.
- The cost of foods affects consumption, and therefore whatever is cheapest will be what people consume most of.
- Technology will increase the quality and quantity of food.
- Culture will continue to be an important influence on food.
- Increased food movement will result in more people being reliant on imported foods.
- There will continue to be increasing exports of local produce, resulting in more purchasing of imported foods.

Why are policies needed in the future?

The changes highlighted will impact significantly on diets and subsequently on health, and the potentially large changes identified, indicate a need for action to pre-empt future worsening of problems.

- health needs to be central to all policies - especially economical,
- food production needs to be driven by health and food security issues not economics of export only,
- need to get all the necessary sectors involved,
- to ensure that health is central to all initiatives.

Session 2: Four Pillars to Build Good Health and Nutrition

Aims

This session aims to:

1. List the impacts of food and nutrition on public health
2. Introduce the 4 pillars of nutrition, food safety, sustainable food supply and healthy lifestyles.

Learning Outcomes

At the end of this session participants should be able to:

- Outline the impacts of nutrition, food safety, sustainable food supply, and healthy lifestyles on public health;
- Identify the need for a comprehensive food and nutrition plan and policy.

Activity 2.1: Describe the importance of food and nutrition for health and development

Learning Outcomes

At the end of this activity, participants should be able to:

- Determine the main impacts of diet and food on public health

Activity

In country groups, participants were asked to outline the impacts of food and nutrition on public health and development in their country.

They then fedback to the main group, a summary of this is shown below.

| Negative Impacts | Positive Impacts |
|--|---|
| Obesity | Longevity |
| Reduced personal physical activity | Variety improved (micronutrients) |
| Reduced food security (healthy) | Foods now just a commodity |
| Reduced general expenditure | Improved living conditions |
| NCDs | Greater availability |
| Food safety problems | Increased knowledge on food and nutrition |
| Increased anaemia problems | Infant mortality rate improving |
| Increased chemicals eaten via pesticides | |

Activity 2.2: Defining the four pillars

Learning Outcomes

At the end of this activity participants should be able to:

- Identify the four pillars for food and nutrition plans and policies.
- Use the four pillars to provide comprehensive food and nutrition plans and policies.

Activity

In random groups, participants were asked to discuss their understanding of the following terms:

- Nutrition,
- Food safety,
- Sustainable food supply and
- Healthy lifestyle.

These were compared to more standard glossary definitions.

Definitions included the following:

Nutrition: nutrients, vitamins, study of food constituents, ingestion, digestion, assimilation, affected by food choices.

Food safety: safe to eat, quality, clean, free from bacteria, storage and transport, pesticides and standards.

Sustainable food supply: food security, food available to everyone, accessible and affordable, supply continues forever.

Healthy lifestyle: diet, vitality, physical activity, balance, minimising stress, being part of a community, spiritual.

Participants were then asked to categorise the changes in both food supply and demand identified in Activity 1.3, and categorise them according to the four pillars for food and nutrition plans and policies. This helped the participants to consider how the food supply chain and the four pillars were inter-related.

Session 3: Food and nutrition plans and policies

Learning outcomes

At the end of this session participants should be able to:

1. Describe what are food and nutrition plans and policies.
2. Outline existing policy commitments (e.g. 1992 ICN, 1996 WFS) and regional networks.
3. Identify aspects of good food and nutrition plans and policies

Activity 3.1: What is food and nutrition policy?

Learning Outcomes

At the end of this activity participants should be able to:

- Identify key features of a food and nutrition policy
- Explain the difference between food and nutrition plans and policies

Activity

In country groups, participants were asked to outline the main features of a food and nutrition policy and to discuss the difference between policies and plans.

Fiji:

- policy is a statement of intent
- it uses available data and builds on existing initiatives and achievements
- it looks at constraints
- it incorporates priority action areas and disaster preparedness
- it includes aims, objectives, actions planned, partners, budget and monitoring and evaluation.

Kiribati:

- policy includes aim, implementing authorities, a directive or policy thrust, evaluation
- a plan includes aims, objectives, implementing authority, monitoring and information, budget, timeframe.

Tonga:

- a plan includes aim, purpose, output, specific activities, timeline, partners and benefits and risks
- a plan transforms a policy into action
- a policy is a national statement on nutrition

American Samoa:

- policy development is rational, based on population status and statistics
- policies and plans include different issues such as anaemia and obesity and many agencies and NGOs

Palau:

- a policy is explicit or implicit and is a mandate to implement, whereas a plan is flexible
- a policy includes introduction, goals, general statement of issues to be addressed.

To summarise, a policy is a public measure to try to deliver improved health. The plan is generally developed from this, in order to turn goals and ideals into action plans that are clear in terms of implementing authorities, timelines, budget etc.

Mickey helped to consolidate what had been reviewed at this point. A nutrition policy should always start with a mission and include the four pillars. It is important to remember that the food supply chain is also relevant, as any policy will need to consider all aspects of this (i.e. ensure to try and modify all areas of food chain which are relevant).

Activity 3.2: Linking 1992 International Conference on Nutrition (ICN) with other international commitments

Learning Outcomes

At the end of this activity participants should be able to:

- Recognise the role of ICN in developing present day commitments
- See how ICN commitments are reflected in 4 pillars

Presentation

Chizuru first presented a brief summary of the history of international activities on food and nutrition.

| | | |
|--------------|---|---|
| 1974 | World Food Conference 1980s | <i>Focus on food production, economic growth distribution & access to food, equity</i> |
| 1990 | World Summit for Children: | <i>nutrition-related goals</i> |
| 1991 | Ending Hidden Hunger Conference: | <i>micronutrient malnutrition</i> 1992 |
| | International Conference on Nutrition: | <i>food, health & care</i> 1996 |
| Food Summit: | | <i>World food & nutrition security for all</i> |
| 2000 | UN Millennium Declaration: | Millennium Development Goals (MDGs) |
| 2002 | WHO global strategy for food safety | |
| | WHO global strategy on infant and young child feeding | |
| 2004 | WHO global strategy on diet, physical activity and health | There have also been two rounds of regional/sub-regional meetings to review the progress and experiences of countries in developing and implementing national food and nutrition plans and policies (1996/7 and 1999/2001). Progress has generally been good internationally. |

Why bother with policies or plans on nutrition?

- They have the potential for effective intersectoral food and nutrition plans and policies
- To bring together coordinated action at national, district and community levels
To enhance the effective use of limited resources in countries (both financial and human)
To address the entire spectrum of nutrition-related ill health (associated with both under- & over-/unbalanced nutrition)
To contribute to the alleviation of poverty and facilitate national development.

What to include in policies/plans?

While progress has been good overall with nutrition plans and policies, there is a need to look at emerging issues and to also focus on priority areas. According to the WHO regional office (WPRO) the three most commonly cited factors affecting nutritional status in this region are:

1. Physical inactivity

2. Infectious diseases & parasites

3. Changing lifestyles This has changed over recent decades and will probably change again in the future. We also need to consider emerging issues that were not addressed or highlighted at the time of ICN, such as:

- globalization
- nutrition transition — overweight & obesity
- foetal programming of chronic diseases
- HIV/AIDS
- biotechnology — GM foods
- micronutrients beyond the big three
- prions — BSE
- SARS

Promoting nutrition plans/policies

For all of these above issues, we all need to consider them as opportunities rather than threats. We can use the high media profile of these emerging issues to promote nutritional policies and plans, by seeing how they link in with nutrition.

Wendy then gave a brief overview of the Healthy islands concept and its meaning, and used this common local concept to demonstrate how similar international or regional strategies or accepted goals could be used to promote the nutrition policy or plan.

For example the healthy islands concept includes food safety and food security which obviously reinforces that several ICN strategies and the pillar on food safety.

In this way, we can take commitments made by our governments to new initiatives, to push for our existing policy or plan - simply by showing the overlap.

Activity

The participants then took a look at one of the strategies or commitments that they were familiar with and looked at how to fit them with both the ICN and the four pillars. They then fed back the key points from this process.

Tonga: commented that this was a good idea and that we all needed to adopt the approach of ensuring that outside commitments or initiatives did fit into existing local plans - and not to do things that were not part of the plan just because of external pressures.

Fiji added that we need to broaden our outlook and see the linkages between different programmes, in particular how healthy islands is a central theme and that all programmes come under this.

Session 4: Developing an inter-sectoral and integrated national food and nutrition plan and policy

Aims

This session aims to:

1. Link the four pillars into an inter-sectoral national food and nutrition plan and policy.
2. Produce an outline plan and policy for own country
3. Identify the key elements for success

Learning Outcomes

At the end of this session participants should be able to:

- Develop a grid showing the linkages between nutrition, food safety, sustainable food supply and healthy lifestyles.
- Recognise how existing national plans and policies (formal and informal) may promote particular aspects of the four pillars.
- Demonstrate how many food- and nutrition-related health issues can be tackled successfully at the national as well as international level.

Activity 4.1 Linking NCD plans and policies with nutrition plans and policies

Learning Outcomes

At the end of this activity participants should be able to:

- Consider how best to interlink NCD plans and policies with existing nutrition plans and policies for their country

Background information

In recent decades, as there has been a shift in lifestyle and diet within the region, and increasing development in many urban areas, we have seen a reduction in most countries of many diseases of undernutrition such as failure to thrive and underweight. Concerted efforts continue to also try to deal with the remaining micronutrient problems which still challenge the region - mainly vitamin A deficiency, anaemia and iodine deficiency. As these health issues change over time, so, more recently in the region, we see an increasing emphasis on 'overnutrition' and poor lifestyle, and the resulting dramatic increases in the noncommunicable diseases (NCDs) (e.g. diabetes, obesity, and heart disease). Whilst the undernutrition problems have not gone away, the NCD problems are becoming extremely alarming and are a major issue of concern for most of the Pacific island countries.

Nutrition and diet is a critical aspect of the healthy lifestyle which can both prevent and control most NCDs and as such is an essential element of any plans to tackle the problem of NCDs.

The purpose of this session was to highlight how the increasing emphasis on NCDs can be used to further nutrition plans and policies - and is an excellent tool for advocating for nutrition action. Also to explore how countries can ensure that their nutrition plans and

policies are not lost when developing national plans or policies on NCDs. Again, this activity can be seen as an opportunity to advocate for nutrition plans and policies. While many are already aware of the STEPS surveillance system currently being implemented gradually across the region, less well-known perhaps is that the same concepts were used to develop a framework for NCD intervention. This can be used as a tool to develop NCD interventions, and in particular plans and policies.

STEPwise framework for NCD intervention (Tommaso)

The 2003 Health Ministers conference recommended the following:

- "The STEPwise framework for NCD prevention and control is recommended as the fundamental basis for risk reduction in the priority NCDs in the PI countries and areas"
- "Governments, through their Ministries of Health should develop a national NCD plan based on this template"
- "Appropriate financial resources should be re-allocated for NCD control according to the framework of the STEPwise approach to NCD prevention and control".

This framework recommends that three levels of priority be used:

- Core Interventions (top priority - action within 2 years).
- Expanded Interventions (slightly lower priority – 2-5 years)
- Optimal Interventions (less urgent – 5 years). For each of these areas, countries should develop three types of activity.
 - National: Legislation, taxation, law enforcement
 - Community: Community based health promotion activities
 - Individual (high risk): Clinical interventions

Tonga's experience (Dr Viliami Puloka)

Viliami kindly gave an informal summary of the recent process that has been undertaken in Tonga. Tonga already has a national plan of action and policy on nutrition, which were quite broad. The plan had been updated and reviewed, however recent staffing and organisational changes, mean that further review is needed.

Recently Tonga has decided to develop a plan of action and policy on NCDs. At a recent workshop held in Tonga, and organised jointly by SPCs' PAHP programme and WHO, a multi-sectoral group of policy makers and leaders developed a plan for Tonga. This included

- the development of an NCD steering committee
- the establishment of four sub-committees - diet, physical activity, smoking and alcohol
- each sub-committee can include additional personnel other than those in main committee
- each sub-committee will work on developing a specific plan of action for its target area
- each sub-committee will report back to main committee
- the nutrition sub-committee will use the existing NPAN as its basis - and this should help to ensure that no subjects are neglected (e.g. food security).

Samoa's experiences (Wendy)

Following some communication with the Nutrition Unit in Samoa, Wendy shared with the group a summary of their experiences in developing an NCD policy and plan of action. Again they already had an existing NPAN, and used this as the basis for discussions about what aspects to include in the NCD plan. In a similar way to Tonga they plan to have an over-arching NCD group, with nutrition as a sub-group. They are considering at this time using the existing national nutrition committee as the basis for the NCD group.

There was some discussion at this time, about how, if nutrition was included under an NCD umbrella, it could be ensured that the 'non-NCD' elements of nutrition would still be included. For example - food safety, anaemia, vitamin A deficiency. It was highlighted that using the ICN 9 themes or the four pillars would assist in this area. Again it was highlighted that the huge media profile of NCDs should be used as an opportunity to push forward on nutrition.

Activity 4.3: Assessing existing food and nutrition plans and policies

Learning Outcomes

At the end of this activity participants should be able to:

- Assess successes, strengths and weaknesses of existing food and nutrition plans & policies.

Activity

Representatives from each country group gave presentations at this time about the current status of their national plan of action on nutrition.

American Samoa

- The Nutrition coalition group was planning to develop a nutrition plan, but never did so.
- In 1996 a draft plan of action on nutrition was written. It was developed through talking to the relevant agencies individually, rather than as a group, for logistical reasons. This did not help to develop ownership.
- The copies of the draft were not widely distributed, and most people are not even aware that it exists, and have never seen it.

Ianeta only recently became aware of the document when given a copy by the key author (who is no longer resident in American Samoa).

The five workshop participants felt that they would now become the core group to push forward the nutrition plan.

Ianeta then detailed some of the areas in which American Samoa has been active:

- just completed a workshop on breastfeeding, facilitated by WHO consultant. While the hospital has a breastfeeding policy it is not implemented. They would like to aim for BFHI status.
- Food quality and safety activities must fall in line with US federal guidelines, this includes USDA meat inspection and inspections of food premises.
- Planning to do NCD steps survey soon.

Fiji

In Fiji the focal point for the NPAN (or FPAN) was chosen as the National Food and Nutrition Committee (NFNC). The FPAN was approved by cabinet in 1998.

Some of the nutrition component has been incorporated into the MAFF policy and corporate plans, including food security issues, quality issues, market structure, training and capacity building, atoll food production/IAP.

The Ministry of Education is developing a school nutrition policy and also looking at boarding school meals. They are also incorporating the nutrition component into school curriculum.

The MOH is incorporating nutrition into its national corporate plan. It is also working on

- Promoting household food security/garden promotions
- Promoting healthy diets & lifestyles
- Implementing IMCI programmes
Micronutrient deficiency prevention - Iron fortification of flour
- Food safety bill; endorsed by cabinet
- BFHI
- Research activities
- WFD participation; multisectoral
- Calendar events

Progress and successes include: Inter-sectoral collaboration to achieve targets, Ministerial commitment/policies/strategies and Government commitment. There was a Revitalization Workshop in December 1999.

Problems/challenges include: the document has not been circulated to stakeholders, there are sectoral funding limitations (the document lacked appropriate allocations), political instability/change of government/change of priorities, active workforce/drivers of FPAN moved/migrated and a lack of commitment by some stakeholders/attitudes towards nutrition & health component.

Some suggestions to improve the FPAN are: to ensure distribution/discussion/promotion of document to stakeholders, a continuous progression of the FPAN with stakeholders, having a focal point within each Divisions/Ministries, a system for networking intra & inter ministerial/ stakeholder, appropriate funding, operationalisation of the Doc/Div Plans and advocacy.

Comments

Ianeta queried why Fiji had been so successful with its plan and policy. Nisha and Margaret responded that that there were several reasons. Their stakeholder workshops were chaired by commissioners, and this led to the development of divisional plans which ensure widespread implementation. Also since 1983, they have had 10 yearly national nutrition surveys that have produced invaluable information on nutrition problems, and the data has been used extensively for advocacy for action.

Margaret felt that what was also vital was to have champions for your cause and to have strong inter-sectoral committees.

It was raised at this time, that most countries lack good up-to-date data on nutritional problems, particularly for micronutrients. Margaret commented that even if don't have national statistics can use targeted surveys or clinic report data and use this for advocacy.

Kiribati

The aim of the current national plan of action on nutrition is that 'People get safe, continuous supply of quality and balance diet and 'healthy lifestyle'. The plan was formulated in 1998 and has not been updated since.

The strategies employed in their plan are Multisectoral coordinated committee approach to look at the problems by various stakeholders, * and to place food policy centrally in all related developments.

- *Promote local foods production: This requires the use of appropriate technologies in identifying which food crops to be promoted, how to increase production, what are the best way of storing them during time of abundance, and how to transport them to far distances.
- *Sensitive Monitoring and information system need to be institutionalized to be responsive and guide the progress of the implementation of nutrition activities.
- Strengthen awareness to community and schools.
- Provide necessary supplementation for micronutrients such as Vit A, *anaemia and others.
- Provide portable water and control on environment contaminants.
- *Strengthen national food security, production handling, hygiene, storage and transportation.
- *Direct nutrition services to those in need (*Special services for the people in need from NGOs and government)
- Improve human resource capabilities
- *Improve capabilities for analysis
- *Continue research on areas that would improve, the safety, quantity and quality of local foods and affordable safe and quality imported foods, the way to store and transporting them to far places.
- *Introduce policy and legislations that would help improve the quality, safety, continuous supply of foods and healthy life style

(* denotes aspects that they feel need reviewing)

Palau

The country has a well-developed and comprehensive plan, however it has not been formally adopted and is not widely known, although many activities are taking place. The NPAN was developed in January 2000. Not long after this, there were government and administration changes and so little further progress was made.

The NPAN recommended that a Palau National Nutrition Council be established, which should oversee the implementation of the NPAN. This council should include representatives from all sectors - both Govt. and NGO.

The team were pleased to be included in the workshop, and felt this was a fresh start. Prior to the workshop, the team had met with the Director of Health. He was keen for the NPAN to move forward and had assured them that the implementation, including establishing the council, would be pursued.

Despite all these constraints (Tino commented also that the NPAN was not known around Palau), many of the activities in that NPAN document have been undertaken by various sectors, as part of their ongoing activities.

For example:

- Environmental health action plan will be passed in Palau soon - which includes action on food safety inspections and training for certification of food handlers, also tobacco control and food labelling. When the Environmental Health department were recently shown a copy of the NPAN, they noted the overlap, and also picked up on areas within NPAN that could be included within EH plan.
- 'Palau in motion' encourages physical activity rather than exercise. Involves 200 people.
- Tobacco coalition is very active - including dissemination of videos, childrens' campaigns and posters. A large tax on tobacco has also recently been approved.
- Nutrition and healthy lifestyle are in the school curriculum
- Working towards BFHI for hospital

One of big issues for Palau, is that a lot of funding is by donors (mainly US) and these are mainly short-term project-based, which causes problems with long-term sustainability. Also they experience problems due to a lack of stakeholder co-ordination. Many ideas have been tried, with little success, and this is a common problem across all issues. They highlighted also problems related to lack of appropriate legislation, poor understanding of roles.

Tonga

Tonga's commitments to ICN & Health Priority

- Formulation of the NFNP and Plan of action
- Establishment of the Food & Nutrition Unit
- Establishment of the National Food & Nutrition Committee (NFNC)
- MORE IMPORTANTLY, policy response to priority health issues

Their policy objectives are:

- Ensure adequate level of food supply to maintain good nutrition & dietary well-being of all segments of the population with emphasis on increasing availability of local food & decreasing food imports
- Prevent and reduce nutrition-related diseases

- Establish a national food and nutrition education programme
- Establish an appropriate food & nutrition data base and monitoring system

Tonga's NPAN is based around the ICN 9 areas.

They have also developed dietary guidelines:

1. Eat a balanced meal from variety of food
2. Eat fresh fruit and vegetable every day
3. Drink clean water every day
4. Reduce eating fatty food
5. Reduce eating food with high sugar content
6. Reduce eating food with high salt content
7. Eat fish and sea food whenever possible
8. Grow your own vegetable and fruit trees
9. Breastfeed your baby as breast milk is the best food for babies
10. Reduce or stop drinking alcohol and kava
11. Stop smoking tobacco
12. Try to maintain a healthy weight
13. Exercise regularly

National Strategy to Control/Prevent NCD (Stepwise Approach)

As detailed earlier, Tonga has begun the development of its NCD policy and plan.

This includes the following high priority recommendations:

1. To establish National NCD committee (sub-committees: Physical activity; Healthy eating; Smoking cessation; Alcohol management)
(NCD committee concentrate on health aspects of diet and nutrition separate from the planned move of MAF to combine NFNC and Food Council to focus specifically on food safety)
2. To establish Health Promotion Foundation *(Portion of tax raised on cigarettes (and/or alcohol/fatty food) is used to fund the Foundation)*
3. To do a Stepwise survey
4. To have better coordination between donors (WHO, SPC, NZAID, AusAID)

Challenges

- Merge plan of action for Nutrition with National Strategy to control/prevent NCD – maximise utilising available resources
- Harmonise coordination of food & nutrition programs with NCD activities
- Harmonise coordination of donor funding
- Implementation of plan of action/strategy
- Update/ review existing NFNP to reflect the four pillars particularly food safety, healthy lifestyle

Viliami Puloka commented that they need to update and review their dietary guidelines and plan to do so. He also said that recent changes in Tonga, meant the creation of a new Food Section with the Ministry of Agriculture, they will be responsible for food safety - and a new act is being drafted. The exact role of this new section is still being finalised. Overall a lot of changes in Tonga, and they still need to find the way forward.

Activity 4.2: Identifying relevant Government Policies and Plans

Learning Outcomes

At the end of this activity participants should be able to:

- Assess their own government's policy and plans, whether formal or informal
- Identify what policies are already in place that promote nutritional well-being
- Explain the role of the four pillars in government action

Activity

In country groups, participants were asked to consider what plans and policies they already had in place - as well as their NPAN that might address any of the four pillars/themes of nutrition plans and policies.

Each country summarised these for their future reference. This may be a useful tool for them to keep, and to ensure that it is kept updated.

American Samoa

| | Nutrition | Food Safety | Sustainable food supply | Healthy Lifestyle |
|---------------------------------|--|---|------------------------------------|---|
| Formal Written Statement | School lunch menus Food handlers certif | Federal mandate | Food stamps WIC School lunch | Declarations on NCDs and breastfeeding |
| Legislation | | | | Soda tax Tobacco tax |
| Fiscal (tax/Subsidy) | | | | Soda tax Tobacco tax |
| Research and Development | Steps | | | Behav risk factor survey. Steps HIS |
| Monitoring | HIS - mortality/death and infant mortality | Sanitation division Food inspection DOA - meat inspection | | HIS Diabetes and cancer registries |

Fiji

| | Nutrition | Food Safety | Sustainable food supply | Healthy Lifestyle |
|---------------------------------|---|--------------------|---|--------------------------------------|
| Formal Written Statement | Food and nutrition plan | Food safety act | Strategic development plan | Ban on mutton flaps |
| Legislation | Food safety act | Food safety act | Sustainable development bill | Tobacco act |
| Fiscal (tax/Subsidy) | VAT-free fish farms and produce | | Increased tariff on imported rice and flour | Increased tax on tobacco and alcohol |
| Research and Development | National nutrition survey | | | Steps survey |
| Monitoring | Central planning - quarterly progress report to cabinet | | | |

Kiribati

| | Nutrition | Food Safety | Sustainable food supply | Healthy Lifestyle |
|---------------------------------|--|--------------------------|--------------------------------|--------------------------|
| Formal Written Statement | Nutrition policy Breastfeeding policy | | Plant a tree day | Breastfeeding policy |
| Legislation | | Food safety bill | Price control act | Tobacco bill |
| Fiscal (tax/Subsidy) | Price control act | | Price control act | Price control act |
| Research and Development | | Network on biotechnology | | Steps |
| Monitoring | | | | |

Palau

| | Nutrition | Food Safety | Sustainable food supply | Healthy Lifestyle |
|---------------------------------|--------------------------------|--------------------|--|--|
| Formal Written Statement | Nutrition in health curriculum | | | |
| Legislation | | EH bill (soon) | Tax incentive for agriculture and aqua culture | Increased tariff on all tobacco products |
| Fiscal (tax/Subsidy) | | | | |
| Research and Development | | | | |
| Monitoring | | | | |

Tonga

| Government Policy (formal / informal) | Nutrition | Food Safety | Sustainable food supply | Healthy Lifestyle |
|--|--|--|---------------------------------------|--|
| Formal Written Statement | NFNP & PoA NCD strategy Codex | PoA biosafety framework Codex | NFNP & PoA Codex | NCD strategy |
| Legislation | Consumer Protection act Pesticide act | Consumer Protection act. Public health act Pesticide act | Animal health act Pesticide act | Tobacco act Consumer Protection act Public health act Pesticide act |
| Fiscal (tax/Subsidy) | | | Subsidise petrol for fisheries sector | |
| Research and Development | | | | Smoking Breastfeeding |
| Monitoring | | | | |

Activity 4.4: Elements and Barriers for success

Learning Outcomes

At the end of this activity participants should be able to:

- Identify barriers to implementing national food and nutrition plans and policies
- Determine successful elements of implementation.

Activity

In country groups, the participants were asked to discuss and review what have been the factors that have determined the success of their NPANs. Also to look at any barriers faced and try to turn these into opportunities.

A summary of their comments is provided here.

American Samoa

1. Establishment of strong core group – enthusiastic.
2. Dir Health supportive, and allowed attendance at workshop, he is prioritising. (Lobbying to CEO and Director to gain support – including several meetings). Use as advocate to those who are not seeing issue as priority.
3. Govt mandate, involving legislature needed (group includes fono rep).
4. Support SPC, WHO etc.
5. Funding – helpful, problem if no funding.
6. Public education will help to ensure public prioritise nutrition.

Fiji

1. Development of plan was well implemented and is key to its success.
2. Implementation of plan is possible through budgetary allocation – regional and national.
3. Supporting legislation essential.
4. Availability and access to health information.
5. Education and awareness: influence leaders via education.
6. Monitoring of implementation of plan: all policies monitored as part of strategic plan by National economic council. Every six months report back to cabinet, resulting in recommendations. Via this system and rec. include policy and budget recommendations. (currently no performance indicators on nutrition, but aiming to add those).

They experience problems with constant political changes.

Kiribati

Similar to others

1. Involvement of NGOs and stakeholders at all levels.
2. Support of all govt departments including finance is critical. Including financial support from overseas donors e.g. WHO.
3. Strong awareness programmes for public.
4. Collaborative working with other ministries – built over time, individual personal contacts in other ministries are helpful.
5. Formal national co-ordination committee which is multi-sectoral and helps to ensure good co-ordination.

Palau:

1. Professionals pushing NPANs e.g. Director Health.
2. Foreign aid that supports programmes, particularly US ones.
3. Local statistics – annual report, simply shows annual causes of death and particular health issues.
4. Strong champion: Minister of Health is VP and also diabetic...she strongly pushes for action on nutrition.
5. Strong group of people involved – those at workshop.
6. Pre-emptive action e.g. preventing soda machines in schools.

Tonga

1. Country commitment to international conventions (useful leverage to pursue action – also useful if donors etc remind govt about pursuing this goal).
 2. Identification of local priorities (essential – and be able to express this to donors).
 3. Endorsement by govt.
 4. Donor support and help.
 5. Commitment by His majesty to healthy lifestyle.
 6. Leading role of an agency.
 7. Commitment and centralization of responsibility to communities.
- Manpower problems continue – brain-drain, and overloading of effective and committed staff.
Problem dealing with overlapping responsibilities.

Problem with outside donors driving agendas that are not local priorities.
Some problems with ability to identify own priorities.
Problem with timeframe – and maintaining it.
Problem with sustainability.

Activity 4.5: Relating emerging and re-emerging issues with food and nutrition plans and policies

Learning Outcomes

At the end of this activity participants should be able to:

- Make links between emerging and re-emerging issues and food and nutrition plans and policies.
- Take opportunities to promote food and nutrition plans and policies.

Activity

In country groups, participants were asked to consider one emerging issue from a supplied list and to look at how this issue could be dealt with, how it linked with the four pillars and how nutrition plans and policies could be promoted using this emerging issue. It was hoped that by using some emerging issues that they were already coming up against that participants would have a chance to again consider how to use various issues. Some of the comments made by the different groups are highlighted below. Some of the country groups tackled the same suggested issue.

The health of new-borns, infants and young children is suffering because of the food insecurity situation.

Dealing with this cross-cutting issue would require action and activities across the four pillars. For example food safety can often become a critical issue in times of food insecurity, as lack of foods can cause quality to deteriorate.

The Minister of Education decides that school-age children must receive an optimum quantity of high quality, safe and nutritious food to improve educational performance.

Addressing this issue would again require action across the four pillars - for example - would need sustainable food supply to supply food, would need good standards of food safety, would need diets to be well-balanced.

The Minister of Health/Government decides to tackle the problem of increasing prevalence of obesity and related chronic diseases.

Again widespread action would really be needed to tackle this issue - for example legislation on fatty foods, would need to ensure there is sufficient and accessible healthy food supplies and really need to incorporate all aspects of a healthy lifestyle to deal with this issue.

This was quite a large area for participants to consider, and this exercise gave them a brief opportunity to consider how emerging issues can build on existing policies and plans and also be used to promote and perhaps strengthen them.

Session 5: Forging Partnerships

Aims

This session aims to:

- Investigate the potential for partnerships to promote food and nutrition plans and policies.
- Identify the problems and opportunities of working in partnership.

Learning Outcomes

At the end of this session participants should be able to:
Work together!

Activity 5.1: Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS)

Learning Outcomes

At the end of this activity, participants should be able to:

- Explain the basic concepts of FIVIMS;
- Identify ways to use FIVIMS to help develop and guide food and nutrition plans and policies;
- Articulate key indicators required to identify and assess food and nutrition problems, as well as monitor and measure the impacts of policies and interventions;
- Use these concepts to help develop and enhance partnerships.

Presentation on FIVIMS system

Joape Waqabaca, Ministry of Agriculture, Fiji

Joape kindly joined us especially for this session to share with us his experiences with FIVIMS.

Joape presented a summary of the work so far undertaken to develop a FIVIMS system in Fiji. The process is only just beginning, however he had useful experiences to share based on their progress to date.

The main problems that Fiji was experiencing relating to information were problems in gathering, compiling and analysing data and in making it available to those that needed to use the information.

Remembering the definition of food security - which is that 'all people, at all times have physical, social and economic access to sufficient safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life'...we see that here in this region while we do not often suffer times of absolute food shortage - our problems with natural disasters, reliance on imported foods, high rates of NCDs and also problems of undernutrition, plus issues around food safety, mean that overall the region does experience serious issues of food security.

Why is a FIVIMS system useful? We need to know who are the insecure or the vulnerable, where they are, why these people are affected...and of course use this information to develop policies and strategies to tackle the problems.

What are the dimensions of/factors involved in food security?

- Socio-economic and political environment at a national level e.g. population, market conditions, agricultural sector.
- Socio-economic and political environment at sub-national level e.g. household characteristics, livelihood systems and cultural attitudes.
- Performance of the food economy e.g. food availability, stability of food supplies and access to food.
- Care practices e.g. nutrition education, eating habits, intra-household food distribution.
- Health and sanitation e.g. health care practices, hygiene, water quality, food safety.

In Fiji, we need to know the magnitude and nature of the food insecurity and vulnerability. We can use existing data and systems, as long as can 'pull them together' and access them. For example Fiji already has

- importation data and food balance sheets;
- data on income levels;
- statistics on the population profile;
- small scale survey data on issues such as living standards, household food production;
- and data from district nurses who keep data on disease levels in the community.

In order to begin the development of a FIVIMS system, Fiji undertook an assessment study. They identified 4 key institutions that have relevant systems to incorporate in a national system; they also identified some important partner agencies. The study looked at the strengths and weaknesses of each institution.

They proposed a framework for a key indicators database system (KIDS) for Fiji, based on the existing systems and databases.

The study identified a need to have a focal point for FIVIMS for Fiji.

The next step is for a formal cabinet endorsement to be obtained for the FIVIMS process.

SPC's data systems - Wendy Snowdon

Wendy then presented a brief summary of some data systems being developed or already available at SPC.

Statistics section aims to strengthen the capacity of national statistical systems (NSSs) to provide the region's policy-makers and analysts with a wide range of key indicators to support their work.

PRISM: Pacific Regional Information System. Aims to give national statistics offices the tools and the skills to develop, publish and maintain their own Internet websites containing key statistical indicators, statistical summaries, reports, concepts definitions and other documentation for the statistical indicators. The information from the NSO Internet websites will then be compiled into the SPC PRISM website.

Demography/population section: aims to strengthen the capacity of national statistical systems (NSSs) so that the region's policy makers and analysts have a wide range of key population and social indicators to support their work.

GIS Project: population Geographical Information Systems. The project will develop a prototype system for population data analysis and presentation, with which the user can view data from national to village levels by selecting the geographical area of interest from maps. With charts and summary statistical tables complementing the maps, it will be a user-friendly tool for planners and other user groups. The project will also encourage closer collaboration between data users — such as planners, researchers and non-government organisations — and data producers. It will be complemented by advanced training and technical assistance to national planners in the use of population and demography data.

MOANA and STEPS (Tommaso Cavalli-Sforza)

On behalf of his colleague Dr Gauden Galea (regional adviser for NCDs, WPRO), Tommaso gave two presentations, one on MOANA and one on STEPS. Initially he outlined the growing problems of NCDs in the region, and some of the determinants of these problems. He also briefly outlined some of the main activities being undertaken in the region, including developing clinical guidelines and implementation projects.

The objectives of the WHO STEPwise Approach to NCD Surveillance are to:

- Recommend a standard methodology that produces valid and reliable estimates of risk factor prevalence as simply and inexpensively as possible.
- Create a surveillance network (sustainability).
- Link surveillance to policies: surveillance is “information for action”.

The approach uses a step-wise system - so countries can determine how detailed or complex their survey will be, based on their capacity. The steps are

Step 1: Behaviours: Tobacco Use, Physical Inactivity, Intake fruit/vegetable, Alcohol Use
Step 2: Physical measures: Height /Weight/Waist, Blood Pressure
Step 3: Blood samples: Blood glucose/diabetes, Cholesterol

Participation in STEPS requires: Commitment by Ministry of Health, participation in a STEPS planning workshop, implementation of survey at the local level, participation in a STEPS analysis and data use workshop, analysis and publication of results, application of findings - links to Health Promotion programmes, repeat survey or other activities to build surveillance infrastructure.

Where is STEPS in the Pacific? 2002 countries: Fiji, Samoa, Marshall Islands and Federated States of Micronesia and 2003 countries: American Samoa, Cook Islands, Kiribati, Nauru, Palau, Tonga, Tokelau, Tuvalu, Vanuatu

Evaluation will consist of process (focus on activities e.g. staff training, people screened), impact (NCD determinants) and outcome (end-points - incidence of NCDs) evaluation.

Activity 5.2: Discovering Possible Partners

Learning Outcomes

At the end of this activity participants will be able to:

- Examine the role of NGOs, the private sector, and civil society in the food chain.
- Develop possible partners to promote food and nutrition plans and policies.

Activity

Working in country groups, participants were asked to quickly brainstorm all the possible partners (ones they work with and also potential partners) within their country, based on different levels of the food chain. They wrote these on small squares on paper, which were then stuck on larger sheets of paper (one for each aspect of the food chain) so everyone could look at each other's ideas, and hopefully consider the possibility of working with new partners.

A summary of some of the ideas is given below.

Agricultural inputs: quarantine, MAF, exporters, importers, MOH, customs/duty, finance institutions (loans), Ministry of labour and commerce, shipping companies, NGOs such as Palau Community Action, US College landgrant programmes, private companies.

Food production: farmers, consumers (influence), fishermen, importers, MOH, finance, commerce department, private companies, hotels, schools, hospitals, FSP, fish market, DOA, marine and wildlife resources, US College landgrant programmes.

Food processing: finance sector (loans), MOH (regulation and licensing), manufacturers, farmers, private companies.

Distribution: private companies, MOH (regulation), co-operatives, wholesalers, red cross, rotary (when food crisis), airlines, shops, quarantine, customs, exporters, importers, farmers, private companies.

Retailing: customers, finance sector, media, Ministry of labour and commerce, private stores, police (regulation), MOH (regulation), local markets.

Catering: food council, dietitian, hotel, restaurant, hawkers, NGO, MOH, MOE, hospitals, USP, fast food outlets, schools.

Consumers: consumer councils, Landgrant, EFNEP, church groups, womens' groups, DOE, nutritionists, community health staff, youth groups, mens' groups.

It was commented that consumers should be at every level of the food chain, as they have a strong role to play in influencing each level. It was recommended that consumer rights and action be facilitated within countries to push forward improvements in issues such as food labelling and food safety, and also to ensure that foods stocked in stores met consumer demands. While Fiji has a strong consumer council, the other countries did not know of a similar group. It was suggested that SPC consider facilitating the development of such consumer groups through its contacts with the regional organisation for consumer rights.

It was also highlighted that there was a need for legislation to back-up any community action e.g. no point in complaining re out-of-date foodstuff if no law to prevent their sale. There is a need for legislation, combined with community education and community action to deal with such issues.

Activity 5.3 Review past experiences of partnership & Activity 5.4: Checklist for partners promoting food and nutrition plans and policies

In the interest of time, and because the two activities are closely related, Activities 5.3 and 5.4 were combined.

Learning Outcomes

At the end of this activity, participants should be able to assess possible partners to

- Determine which partners may be able to help
- How partners can contribute to national food and nutrition plans and policies

Activity

In country groups, participants were asked to consider the following:

- (i) To identify a strategy that could be used as an entry point to promote NPAN to potential partners (using one of ICN strategies)
- (ii) For partners you have tried to work with and have had difficulty with, what did you do to make this more positive?
- (iii) List two potential partners - either from the previous activity 5.2 or a new one you had not considered before; say why they are important and how you would get their support for the NPAN.

Each group then briefly summarised the main points in plenary for the benefit of others. All the team members had very little if any previous experience working with the NPAN and so could not really share experiences related to partnership with the NPAN.

American Samoa

ICN strategy to use as entry point is 'Incorporating nutrition objectives into development policies and programme'.

The two potential partners identified were:

Specific fono members – they are important to get general political support, through their lobbying with other Fono members. Fono team members would/should take the lead in advocating NPAN to Fono colleagues. Legislation would have a wider impact than activities without supporting legislation, and could affect NGOs, private and government sectors.

Education – to expand and strengthen nutrition education in the schools. Important to develop positive attitudes about healthy eating in young people. Curriculum specialist team member would take the lead.

The two partners have not been used before –to their knowledge.

To win partners to support NPAN, statistics on current nutrition and NCD situation need to be gathered and used to advocate for support.

Fiji

ICN strategy to use is 'Promoting appropriate diets and healthy lifestyles'.

Great Council of Chiefs was the only potential partner identified – it had never been considered before. The importance of the Council is far-reaching as members are the leaders of the community and most members are also members of the Upper House. A presentation to a meeting of the Great Council of Chiefs needs to be made using the STEPs data as awareness raising. The Chairman of the Council would be contacted to arrange this (no one identified to take the lead!).

Kirbati

ICN strategy selected was 'Promoting appropriate diets and healthy lifestyles'.

Potential partners to improve and sustain food supplies were:

Agriculture - important in relation to the supply of food.

Finance - for the allocation of funds for boat services to the outer-lying islands.

Village committees - Within the island communities, the village committees are important potential partners that are not being used to their full advantage. Presentations to the village committees about food and food-related health problems on their island need to be made.

Not clear who would take the lead for this advocacy work.

Palau

ICN strategy selected as a focus was 'Incorporating nutrition objectives into development policies and programme'.

Potential partners were:

Women Association - The Association has never been considered as a partner. Yet women are very influential within the cultural context, for example they own the land. Their support is vital if NPAN is to be successfully implemented. The Minister of health is also a woman.

Commerce – important for policies relating to importation of safe quality foods and etc.

The team stated that they will discuss the ideas with the Director of Health, on their return, and take things on from there.

Tonga

ICN strategy identified to be uses as an entry point is 'promoting appropriate diets and healthy lifestyles'.

The potential partners are:

- Church – nothing moves without the blessing of the church. To advocate NPAN to the Church would require information on the health of the congregation. It is possible to obtain this from the Statistics department. Feasting could be targeted.
- Media- this has not been used much. They would need to be convinced to become partners.

The team leader will take the lead in advocating NPAN.

Session 6: Putting Plans into Practice

Aims

- Prioritise possible actions.
- Develop a strategy for the development of national food and nutrition plans.
- Identify actions, areas of responsibility, partners, timing and resources.

Learning Outcomes

At the end of this session participants should be able to:

- Start putting food and nutrition plans into action.
- Work out who can do what where to support process of implementation.

Activity 6.1: Advocate national food and nutrition plan or policy to Ministers

Learning Outcomes

At the end of this activity participants should be able to:

- Demonstrate basic skills of advocacy
- Present a case for national food and nutrition plan or policy

Presentation on PROFILES (Mickey Chopra)

Profiles is a software system for computers which can calculate and graphically display the consequences of nutritional deficiency. It can also show the effects of certain programmes on these problems (demonstrating cost-effectiveness). With the addition of relevant local data it can provide a powerful tool for advocacy for action against nutrition problems. It was developed by USAID and can be made available anywhere. It has not previously been used in the Pacific region, however it has the potential to be very useful. It is hoped in the future that the system will be expanded to incorporate noncommunicable diseases also - which would be very beneficial for this region. Mickey then presented a version of profiles, which he had adapted for Fiji - using some data he had managed to obtain, along with some 'guesses' for missing data.

The feedback from participants was positive, providing that they could find the necessary data. The addition of the elements on noncommunicable diseases was mentioned by some as being more important/powerful than undernutrition.

Advocacy

Advocacy is a commonly used term. It is important to be clear on its meaning. One definition says that it is:

‘A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme’.

Advocacy is a type of action that may be taken by individuals or groups to create living conditions that are conducive to health and the achievement of healthy lifestyles.

It can take many forms including the use of mass media, multi-media, direct political lobbying and community mobilisation.

Mickey asked the participants to share some experiences of advocacy with the group.

Fagaloa (who is from the fono in American Samoa) said that if he wants to get something moving, he calls in some trusted colleagues and discusses with them to get them on board, so he can use these people to assist him with pushing forward. He makes sure to have all the relevant information to do this beforehand.

Mickey then summarised that there were a series of steps:

- 1) Who do I need to persuade? Who do I need to get on board? Who are the decision makers?

(The primary audience are the decision makers, the secondary audience are those who might be able to influence primary decision makers).

- 2) What is the message that will persuade these people (remembering that there will be a different message for different audiences)? It is useful to ask around about what these people are interested in.
- 3) What medium will you use? Again, medium should be audience-specific.
- 4) What sort of monitoring/feedback system will you use?

For both 2 and 3 research is essential - talk to people and find out more about your target group. You must know your audience and what they are interested in. For example, for some people personal testimonies are more powerful than statistics, while other people may be most affected by statistics.

Margaret commented that you need to be aware of the language level of your audience, and make sure that confusing jargon is avoided.

Mickey added that health care costs are increasing in many countries, which is of concern, and this can be used as part of the push for NCD prevention.

Tino added that perhaps need everyone needed training on social marketing, if they were going to be effective in this area.

Activity 6.2: Develop an operational national food and nutrition plan

Learning Outcomes

At end of this activity, you should be able to

- Present proposals to implement food and nutrition plans and policies.
- State strategic goals for one year's time.

Activity

Participants were asked in their country groups to consider the strengths and weakness formerly identified in their NPANs, consider any emerging issues they are facing and

review their NPAN. They were asked to develop 4 new/revised strategic goals - one related to each of the four pillars.

(Remembering that a strategic goal is a vision of where you want to be.)

Once they had completed this, participants were asked to move straight onto activity 6.3

Activity 6.3: Implement food and nutrition plans and policies.

Learning Outcomes

At the end of this activity participants should be able to:

- Propose a national food and nutrition programme.

Activity

Under each of the new/revised strategic goals, participants were asked, in their country groups, to develop action plans to meet these strategic goals - considering partners, timelines, actions, evaluation and responsibilities.

Each country was asked to feedback their plans.

Tonga

During the recent NCD workshop in Tonga, it had been identified that their NPAN and policy needed updating. This had not yet begun, but they expressed a belief that based on the tools learnt during this week at CETC, they would now be better equipped to do this. They reviewed their existing policy and felt that all aspects of the four pillars were well-reflected, although they suggested some modifications as shown. They then took just on of these objectives and worked to update the relevant part of the action plan.

Replace goal: Ensure adequate level of food supply to maintain good nutrition & dietary well-being of all segments of the population with emphasis on increasing availability of local food & decreasing food imports

With new goal: Ensure sustainable food supply to maintain good nutrition, safe & dietary well-being for all segments of the population with emphasis on increasing availability of local food and decreasing food imports.

Add to activities: Encourage organic farming practices and enforce rules and regulations for the safe use of fertilizers, pesticides, genetic and biochemical products.

Replace goal: Prevent and reduce nutrition-related diseases

With new goal: Prevent and reduce nutrition-related diseases through promotion of healthy lifestyle practises at all level of life settings.

Add to activities: MAF (Food division) to strengthen its capacity to actively involve in prevention and controlling of NCD related diseases.

Replace goal: Establish a national food and nutrition education programme

With new goal: Sustain and strengthen national food and nutrition education programme.

Add to activities: Utilise different means of dissemination of information through media

Add to activities: Actively seek involvement and participation of churches on the promotion of healthy lifestyle practices

Action plan example (new parts in bold)

| Activity | Who | Outcome | Timeline | Benefit/risks |
|--|--|--|---|---|
| 1.3.1. Establish/ strengthen integrated nutrition education programs for youth, parents, village, community & churches through media & other means including radio, TV , newspaper and workshops | NFNC /MOH /MOE /MAF /MOF /MLCI /NGOs /TNCC /churches | Workshops with church leaders | 1st quarter 2004/ on- going | Increase nutrition awareness & knowledge |

Palau

The group had reviewed their plan, and felt that it was comprehensive and didn't need any new goals (although they recognised that there was a need to update it - particularly the activities).

Their main problem is the implementation of the plan. Therefore they want to add in a strategic goal to implement the plan more effectively, for it to be successful.

Taking this goal, they looked at activities, and suggested the development of 2 bodies:

- A policy level group: meet infrequently when action is needed.
- An implementers/working group: who would feed information to the policy group for them to act upon.

The participants envisaged that the working group would act like 'legal-aides' gathering data and information to 'feed' to their Directors etc. They commented that previous councils have not been very effective and this new structure would be an alternative approach to what has been tried before.

They envisage that the MOH would be the lead agency. Finance will provide information on the cost-benefit analysis.

Their biggest problem will be to get their managers convinced of their need to play a role. They felt that getting presidential approval for these groups and for the NPAN would ensure involvement. The President can issue an executive order informing the Directors etc. that they must be part of this group.

They also mentioned that a small budget would be needed for these group meetings.

The working group would need a central person who would act as liaison with the policy level group and provide them with updates.

Kiribati

The participants from Kiribati, reviewed their existing NPAN and suggested a number of amendments (a summary of which is shown below). They felt that they would need to take the new document to their new government for approval/support.

1. Improve food security and quality of food at family homes

1.1 To increase the number of home gardens on South Tarawa to 20% by the end of 2006

1.2 Prepare the list of foods with calories and nutrient contents to be readily available to people

1.3 Get free trade certificate on all food imported by 2004

| Activity | indicators | MOV | Responsible people | Time line | Budget | Assumptions |
|---|---|---|--|------------|----------------------------------|---|
| Organize meeting for key people to promote home food production | Meeting is held | Report of the meeting | NNCC VWG MELAD | Early 2004 | 5000 FAO SPC FSP MOH | People are willing to participate |
| Organize mass campaign nationally on planting food crops at home | Meeting | Report of the meeting | NNCC MELAD | Early 2004 | Voluntary | There is enough land space for planting |
| Run a quarterly follow on how many homes planted food crops | Number of homes planting vegetables | report | NNCC VWG MELAD | March 2004 | Voluntary | There are people who willingly wish to do the job |
| Negotiating formally with relevant regional organization to include Kiribati in the food analysis network | *formal discussion is done *letter written to partners requesting assistance | Response from partner received *The food analysis is carried out | MOH WHO SPC | 2004 | None | WHO has offered |
| Get list of food stuff imported and locally produced | All foods imported and are enlisted and the nutrient contents are shown | Document produced | MOH Commerce customs | 2004 | None | All players are cooperate |
| Inform all importers that they must have Free Trade certificate on all foods especially fresh | Certificate is produced on demand by health on all imported foods | Number of certificate tally with the import patch | MOH Commerce Port authority others | 2004 | None | All players do their parts |

Objective 2: Caring for the socio-economically deprived & nutritionally vulnerable

2.1 Develop a data base for vulnerable population

2.2 Develop a special programme specifically to address the problem of the most vulnerable.

2.3 Continue promotion of breastfeeding to all

| Activities | Indicator | MOV | Responsible people | Time line | Budget | Assumption |
|--|---|----------------------------|---------------------|-----------|--------|--|
| Develop a policy for in-patients who are malnourished | Policy is being discussed and produced | Policy is adopted | MOH | 2004 | none | The government agrees to the proposals |
| Define the vulnerable and deprived | Discussion is made | Definition is made | MOH NNCC | 2004 | 2000 | All agree to adopt |
| Conduct community talks on breastfeeding | No of people attending the talks | Report | MOH/VWG | 2004 | 4,000 | People comply |
| Create a mapping data system to locate the vulnerable population | System is incorporated into the existing MIS system | System is adopted and used | MOH (NU/WHO/SPC) | 2004 | 5000 | There is enough money but need technical personnel |

Objective 3: Preventing and controlling specific micronutrient deficiencies

- Reduction of vitamin A and iron deficiencies to 50% by the end of 2006
- Reduction of Fe deficiency anaemia to 50% by the end of 2006

| Activities | Indicator | MOV | Responsible | Time | Budget | Assumption |
|---|---|--------|--|--------------------|--------|---|
| Distribution of vitamin A | Number of people receiving Vit A | Report | MOH Teachers | 2004 | 12,000 | Vit A is received in time |
| Introduce Anti-helminths program into schools | Tablets are distributed in all schools | Report | MOH Teachers | 2004 | 12,000 | Have tablets in time |
| Advocate eating of Vit A and iron rich food | Reduction of vit A deficiency and iron deficiency | Report | MOH, Teachers Agriculture Media | 2004 to 2006 | 4,000 | There is enough fund for iron and vit. A supplement |
| Increase home gardening on Vegetable and root crops | No of homes have made home gardens | Report | MOH, VWG, MELAD, FSP FAO USP | 2004 to 2006 | 3000 | There is enough fund from the local govt and other partners |

Objective 4: Promoting appropriate diets and healthy lifestyle

4.1 To increase the knowledge and skills of all people on 8 islands by the end of 2006

4.2 Increase awareness on appropriate diet and healthy lifestyles to all MPs

| Activities | Indicator | MOV | Responsible Officer | Time | Budget | Assumption |
|--|--|------------|---|-------------|--------------------|---|
| Conduct series of workshops on promotion of right diet and healthy life style on 8 islands | Number of workshops Conducted in all the 8 islands | Report | MOH NNCC Nutritionist | 2004-2006 | 5000 MOH WHO | There is money for the workshops |
| Conduct specific workshops for the MPs | Workshop is conducted | Report | MOH NNCC Nutritionist SPC WHO FAO | 2004 | 4000 | There is time for the MP There is money for the workshop |

There was some discussion over whether weight loss competitions provided sustainable weight loss. Unfortunately Tonga has not undertaken such a review of its weight loss competitions so there is no information on this. It was mentioned that sustainability of the competitions also needs to be borne in mind when establishing this type of activity.

Fiji

The group recognised that nutrition should be threaded throughout all health programmes, and also embedded into health promotion programmes.

They felt that they needed to assess where they are in terms of NPAN. A lot of the stakeholders have been implementing aspects of the NPAN as part of their usual activities.

It is very comprehensive and probably doesn't need anything major adding - just an update. And this needs to be done with the stakeholders.

They suggest however that their plans need to focus on

- creating awareness with the stakeholders of NPAN;
- de-mystifying the document - perhaps creating sub-reports for individual stakeholders so they don't have to wade through it all;
- re-establishing the document at the regional level and supporting the development of divisional plans;
- setting-up a monitoring committee at national level and also reviewing the terms of reference for the existing nutrition committee.

They also recommended liaising more with the consumer council.

They plan to hold a 2-day workshop in early December with the stakeholders to help start or renew divisional committees.

There is new activity on occupational health and safety - and this is a real opportunity to push forward the NPAN and to incorporate aspects of the NPAN within that.

American Samoa

As none of the participants had ever seen their NPAN before (Ianeta saw a copy for the first time a couple of months ago), they felt that they would develop a new vision based on the four pillars. When they then compared this to the existing NPAN they found many similarities.

They also commented that they will also need to review the NPAN in relation to the ICN strategies.

The group felt that there was a need for a core-working group - of which they could form the basis. They queried whether they should be called a council.

The strategic goals they identified were:

- 1) Increase the nutrition awareness of government officials, non-government and the private sector (e.g. lawmakers, NGOs, church).

In 2004 to have seminars for each of these groups (starting with leaders) outlining nutritional issues and the role of NPAN.

This would lead onto the presentation of the updated NPAN to government, leading to adoption in 2005.

The performance indicator would be a greater understanding of nutrition problems locally.

Budget would be from DOH.

- 2) Reduce NCDs via healthy lifestyles and diets:

By Dec 04 to have an updated and comprehensive diabetes registry (LBJ hospital)

By Dec 04 to have screened 75% of adult population for diabetes

By Dec 07 to have reduced diabetes prevalence by 5%

By Aug 05 to have a revised curriculum in all schools.

- 3) To strengthen and promote food safety practices.

By Dec 04 to have a food safety bill adopted which looks at retailing.

By Dec 05 to have all food vendors complying with bill (monitored via inspectors).

- 4) Attain sustainable healthy food supply.

By end 04 to have increased food production by local farmers by 5% (using baseline data from agriculture).

Ianeta commented, that in American Samoa, they needed endorsement by Government before there can be any action.

Airam commented that perhaps NPANs should not be MOH responsibility - but finance's, considering the NPAN simply from an economic stance. There was some discussion of this issue, which potentially can be very powerful in terms of promoting NPANs and their activities.

Session 7: Review and evaluation of the training course

Aims

This session aims to:

- Review the course programme
- Identify their targets for the next six months
- Improve activities, timetable, and relevance of course.

Learning Outcomes

At the end of this session participants should be able to:

Report the learning outcomes of the programme to relevant people

Review of course/questions

At this time, Wendy provided a brief review of what had happened in the course so far and what issues had been addressed.

The floor was then opened for any further comments or discussions related to any of these issues.

Airam queried where the four pillars had come from, as he was not familiar with them. Chizuru responded that in fact they had been developed to try to consolidate the ICN 9 strategies into key areas so that they might be more manageable.

Viliani L commented that he felt that they might need help with certain parts of the NPAN, for example monitoring or analysis, and for some things a budget. Tommaso responded that the follow-up visits to each country post-workshop might be able to deal with some of these issues. Chizuru also commented that each country had a WHO budget, and within that, money could be allocated to support the NPAN. There was some discussion then about how this WHO mechanism worked - this needs to be discussed with each country's own WHO CLO (country liaison officer) or nearest office. Jimaima also commented that countries also need to look at existing country budgets and use advocacy and lobbying to access some of these funds for NPANs and nutrition. She also commented that SPC was a technical advisory agency.

Toabwa queried whether there could be a forum for sharing issues relating to food safety such as product recalls. Tommaso responded that WHO was in the process of establishing this type of email group.

Activity 7.1: The First Step and Activity 7.2: Review

Learning Outcomes

Participants should be able to take the next step and to provide feedback to the facilitators concerning the workshop.

Activity

Working in country groups, participants were asked to identify 3 things they would do individually and as a group, on their return home (within the following six months). They were also asked to individually complete a provided evaluation form, and to also have discussions in their country groups about these same issues - and provide all of these as written feedback.

A summary of the evaluation is included in appendix four.

Tonga - plans for next six months

| Activity | Who | Guidelines | Timeline |
|--|---------------------|---|--|
| 1. Update Nutrition policy | MoH/MAF/CPD | -Informally consult appropriate partners/authority -Submit draft copy of updated policy to National Food & Nutrition Committee/ Food division -Finalise policy -Submit to Cabinet for endorsement | Last night Dec 2003 Jan 2004 Feb 2004 |
| 2. Update Plan of Action for Nutrition | NFNC/ Food division | -Review National Plan of Action for Nutrition | July 2004 |
| 3. Review NFNC membership | NFNC/Food Division | -Review membership/chairmanship & secretariat -Ensure clear cut of responsibilities between NCD & NFNC | Jan 2004 April 2004 |

They requested assistance with linking NCDs and nutrition plans.

Palau plan for next six months

- To brief their Directors and Ministers about the outcomes of the workshop...and what is expected of all.
- To discuss the formation of the working group and the possibility of a council immediately.
- To set up a series of meetings for the working group.

The participants requested the following support:

- A letter from SPC to their Departments acknowledging their participation, and endorsement of their roles as part of NPAN implementation.
- Assistance in identifying potential donors to assist with implementation of NPAN.

Kiribati plan for next six months

- To inform the NFNC members of this workshop and outcomes.
- Leading to a review of NFNC membership and of the allocation of more specific terms of reference. Also a review/update of the policy - in particular linked with food security, healthy lifestyle, food safety bill and curriculum development.

They requested technical assistance to review the status of their NPAN (building capacity of local staff to do this).

Fiji plan for next six months

| Activity | Timeframe |
|---|--------------------------------------|
| 2-day workshop with major stakeholders | 2 nd week December |
| Individual consultation with key stakeholders in government (MOE, MRD, NPO, MASLR, MOC) | Starting February 04 (one per month) |
| Nutrition intervention programme within Government department | January 04 |
| Presentation of NPAN to summit working group (monitors implementation of strategic plan) | January 04 |
| Presentation to Development sub-committee of permanent secretaries and to deputy secretaries and heads of departments | February 04 |

Assistance was requested in:

- facilitating/funding a multi-stakeholder workshop to review NPAN.
- provision of a summary of this week's workshop.
- technical assistance on economic/social return on investment in nutrition interventions.

American Samoa's plan for next six months

| Month | Activity |
|----------|--|
| Ongoing | Review draft NPAN Develop official council All core group to advocate for nutrition within own area |
| January | Update current statistics (get data from different departments) Review DOE curriculum - three months (Heidi) |
| February | Update current statistics (get data from different departments) cont. (Steven/core group) Awareness presentation to Governor |
| March | Awareness presentation to Fono, all Government Departments |
| April | Awareness raising with members of the media |
| May | Awareness raising with community leaders and church leaders. Complete update of diabetes registry (Ianeta) |
| June | Awareness raising with NGOs and private sector. Follow-up report to WHO |

They requested technical and funding assistance. They also wanted to gain access to both PRISM and Profiles.

Closing comments: Jimaima Schultz, Lifestyle Health Section, SPC

During the last few days we've been here, we've met new people and made new friends. We have enjoyed each other's company. Unfortunately, every good thing comes to an end, and I am afraid now is one of those times!

But before we depart, there are a number of thank-yous we need to make. On behalf of SPC, I'd like to thank WHO for supporting this pilot workshop –in particular Chizuru from WHO HQ, and Tommaso, WHO WPRO Manila. Without WHO's financial assistance, we would not have been to implement this workshop. Thank you also to our other partners, FAO (who are no here) and UNICEF.

I wish to publicly acknowledge and thank Wendy, my colleague, for running with this project. She has worked full time on this – having many stressful incidents! On a serious note, Wendy has worked extremely hard to get the workshop materials ready as well as liaising with the countries, CETC and the facilitators to enable this training course to happen.

A very special appreciation should go to our country counterparts whose advice we value and rely on in terms of identifying appropriate key individuals from the other partner sectors, to be invited to this workshop. Although it was a time-consuming process, we believe it was the best way as you know the best people in your country and you know the situation on the ground better. As a result, we have had the best people attending this training.

- Thank you Ianeta for getting the necessary support from your decision makers and for identifying the American Samoan participants – you have brought together a very strong team.
- Nisha, for the Fiji team
- Tinai for the Kiribati team although one was lost even before the journey began!
- Tino for the Palau team. We had email after email about this right to the day they flew out of Koror – one of the members did not have a ticket! There was a name change and communication breakdown between the travel agent in Suva and the airline office in Palau!
- Dr. Puloka, who returned early to Tonga, for helping us at short notice to identify the Tongan team a week before the workshop started – because our contact person let Tongs without letting us know!

The idea of getting everyone to reside at CETC was to help you get to know each other better, build your professional relationships as a team and discuss country issues. To all of you, thank you for your participation. Without your hard work, we'd not have had a good and productive week.

To all, please forgive us if we have done things that may not have met with your expectation. If we have disappointed you, or let you down, we ask for your forgiveness. Please look on these in the light of the fact that we only wanted to make the workshop a useful learning experience for us all.

To the staff at CETC, thank you Roko (for our meals), Joana (for looking after our accommodation), Aliti (for all the other administrative assistance), Sereima for overseeing the staff during the planning stages). Thank you, Nuufou, for agreeing to have CETC host the workshop.

We have made new friends and met and worked with ‘new’ collaborative partners during the week. Please maintain contact with each other. For me personally, this week has been an enriching experience. It has been a privilege to meet you, share meals with you at CETC, and worked with you during the past few days.

We hope the week has been professionally rewarding. We wish all the best and have a safe journey back home.

Vinaka vakalevu.

Remarks by Dr L.T. Cavalli-Sforza

Dr L.T. Cavalli-Sforza thanked SPC for their hard work in organizing the training course, and CETC for providing the very pleasant facilities and working environment, as well as the good meals and snacks that satisfied both the palate and the requirements of a healthy diet.

He considered the course had been very successful, judging from the enthusiastic participation of the representatives of the five countries and their good teamwork. He said it was important that, for the first time, a multisectoral training course had been organized, with high-level representation of various areas of government. He looked forward to receiving the summary of the evaluation forms completed by the course participants that would be prepared by SPC after the training course. He also looked forward to the follow-up visits that would take place within six months of the training course, based on requests to be sent by the country representatives, specifying the areas where they feel that external help would be useful. These follow-up visits would provide an opportunity to verify more concretely how useful the training course has been in promoting more effective implementation of NPANs through intersectoral collaboration.

He thanked the colleagues from UNICEF, University of the Western Cape (South Africa), FAO/Fiji office, JICA and WHO/HQ, who had taken part in the training course, in full or partly; and he hoped that the JICA representatives would see the benefits of holding this course again in the following years for Pacific countries and would financially and technically support future courses and related nutrition activities.

Finally, he wished all course participants a safe return to their homes.

**Closing remarks from Nuufou Petaia
Principal of CETC and Officer in Charge for the Fiji SPC office**

Distinguished participants,
Facilitators of the National Nutrition Action Plans and Policies training course and I
acknowledge:
Representatives of WHO Manila and Geneva
Representative of UNICEF New York
Representative and colleague from West Cape University in South Africa
FAO and my SPC Colleagues - Wendy and Jimaima

Talofa and Bula to you all!

First of all, let me wear my hat as Head of CETC and your host, to say that I'm sorry I could not be here at the opening of your training course to welcome you formally to our home here at Narere. But I trust Mrs Schultz and Ms Snowdon had welcomed you anyway to SPC of which we are a part. And thank you for your kind remarks about CETC.

I hope you have enjoyed our modest accommodation facilities and that the many sounds in the night from our surrounding neighbourhood, including the barking dogs, have not been too unkind to you, but that's rural life for us. Thank you for accepting to stay at CETC this week, because it is this time of year that we become very lonely after our own 7-months training ends, for it gets somewhat quiet after our trainees leave. I hope you will visit us in future, should you be in Suva again, and I hope there will be another opportunity to meet up at CETC, perhaps under a similar circumstance to this.

Wearing my hat now as temporary Officer In Charge of SPC Suva, I offer greetings on behalf of the Senior Deputy Director General of SPC in Suva who regrets he could not be with us today, but would like to offer commendations to you all for achieving the objectives of this workshop.

When Jimaima and Wendy approached me about this workshop much earlier in the year, they were not sure that it would happen for reasons that only they know well. And whilst there were many competitors for CETC as a venue during this very week (you will have noticed there is another workshop running alongside your one), the flurry of emails from Noumea Lifestyle Health Section on the proposed workshop, strongly convinced me of their obsession for this workshop to take place and that whatever I planned, I had to reserve the hostels and training hall for the NPAN workshop. In short, we knew this had to be a priority and we have been looking forward to this workshop.

This training course is an important one for SPC for it is line with the organisation's Corporate Plan in which our vision for the region is "***a secure and prosperous pacific, whose people are healthy and manage their resources in an economically, environmentally and socially sustainable way***.....and the vision for the Secretariat is that ***it is a highly professional and dynamic organization, working in partnership with other international and regional organizations and our donor partners to serve our island members***". You are witnessing an illustration of that today with the presence and

assistance of WHO, UNICEF and West Cape University to support and implement this training. But more so, it is an important workshop for our Pacific people where food choices, and nutritional-related problems are real issues. It is therefore relevant that SPC's mission is "to help our Pacific Island people make and implement informed decisions about their future".

Listening from the distance and looking at the hard work of this week, I believe that the aim, the learning outcomes and the underlying principles of this training course, will contribute towards our vision for the region, a 'healthy pacific community who can manage their resources'. This training also adopts one of SPC's five broad strategies, *placing greater emphasis on sectoral policy analysis and advice*, since one of the learning outcomes is for participants to be able to assess nutrition action plans and policies.

This workshop has been possible because of the collaboration between SPC and our partner agencies and donors WHO and UNICEF, and the professional assistance of our colleagues from West Cape University. This collaboration is true to our SPC vision of working together with international organizations and partners.

I am also aware that you the distinguished participants come a broad range of backgrounds in Government, NGOs and perhaps from the private sector, but sharing a common interest, that of making policies and providing advice, or simply implementing work, in the sectors connected to Food and Nutrition.

I trust that you have learnt much from the work of this week and we in SPC are confident that at least, the five countries at this workshop will have enhanced effective and sustainable food and nutrition plans. As well, that the implementation of Food and Nutrition programmes of action will be promoted. Assessing policies and plans is not always easy but it is encouraging to know that after this workshop, this task will become even easier. In my mother tongue Samoan, "Malo le galulue. Malo le ta'uta'i" . Translated into my adopted mother tongue, English, it's "Congratulations and well done".

I wish you all well. SPC would like to thank you our partners in WHO, UNICEF and FAO as well as our partners in academic educational and training institutions, and look forward to future collaboration in the area of Food and Nutrition. No doubt this pilot training will be in demand by other member countries following this training, and we look forward to you our partners, assisting the Pacific region further. SPC will be committed to playing its role through the Lifestyle Health Section. I have a feeling, Jimaima and Wendy, that you will be flooded with requests for activities following this pilot course.

To our country counterparts here today, I wish you every success in the work ahead. May you have a Merry Christmas and a Happy New Year. God bless.

Mr Letuli then gave some thanks on behalf of the participants and then led a closing prayer.

Appendix one: List of participant and facilitators

1. PARTICIPANTS

AMERICAN SAMOA

Ms. Ianeta Ah-Ping
Director of Dietary Services
LBJ Tropical Medical Center Authority
PO BOX 2464
Pago Pago
American Samoa, 96799
Fax: (+ 684) 633-7234
Tel: (+ 684) 633-5629
E-mail: iahping@yahoo.com

Mrs. Heidi Uele
Curriculum Specialist for Family and
Consumer Science
Department of Education,
Pago Pago
Tel: +684 633 5237/684 699 8079
Fax: +684 633 4240
E-mail: heidiuele@yahoo.com

Tagaloa Toloa Letuli
Fono (Legislature)
Pago Pago
AS96799
Tel.:(684 633 5669
Fax: (684) 633 1861
Home: (684) 699 7481 Cel: (684) 733 4992
T.Letuli@samoatelco.com

La'ititi La'ititi Jr.
Department of Agriculture
Market Manager
Executive Office Building,
Utulei
Tufuna, American Samoa
Pago Pago, AS 96799
Tel: 684 699-1497
Fax: +684 699-4031

Steven Kaplan
Biostatistician
Department of Health
Pago-Pago,
American Samoa 96799.
Tel: +684 633 4606
Fax: +684 633 5379 or 684 633 7868

FIJI

Ms A. Nisha Khan
Chief Dietitian/Nutritionist
Ministry of Health
88 Amy St., Toorak
P.O. Box 2223
Government Buildings
Suva
Tel: (679) 3306 177 Direct 3221 495; Sec-3221 420
Fax: (679) 3306 163
E-mail: nkhan@health.gov.fj

Mr Luke Koroisave
Economic Planning Officer
Ministry of Finance and National Planning
PO Box 2351,
Government Buildings, Suva, Fiji.
Phone: +679 3313 411 ext 2328
Fax: +679 3304 809
Email: lkoroisave@govnet.gov.fj

Mrs Saipora Mataikabara
Director Development Services
Ministry of Regional Development & Multi-ethnic
affairs,
PO Box 2219,
Government Buildings, Suva, Fiji.
Phone: +679 3313 400 Direct – (679) 3308438
Fax: +679 3313 035
Email: smataikabara001@govnet.gov.fj

Dr Margaret Cornelius
National Advisor, Disease Control.
Ministry of Health
88 Amy St., Toorak
P.O. Box 2223
Government Buildings, Suva
Tel: (679) 3306 177 / 3221511(sec) 3221489 (direct)
Fax: (679) 3306163
Email: mcornelius@health.gov.fj

KIRIBATI

Dr Airam Metai
Director of Public Health
Ministry of Health and Medical Services,
P.O. Box 268
Bikenibeu
Tarawa
Fax: (+686) 28152
Tel: (+ 686) 28100
E-mail : moh@tskl.net.ki

Mr. Toabwa A Toabwa
Acting Consumer Affairs Officer
Ministry of Commerce
Tarawa
Kiribati
Email: sco.commerce@tskl.net.ki

Mr Tianeti Ioane Beenna
Head of Research Section
Ministry of Environment, Lands and Agricultural
Development,
Box 267
Bikenibeu
Tarawa
Tel: +686 28108 or 28096
Fax: +686 28121
Email: agriculture@tskl.net.ki

PALAU, REPUBLIC OF

Mr Tino Faatuuala
NCD Prevention Specialist
Bureau of Public Health MOH
PO Box 6027, Koror, Palau
Tel: 488 4804/4805
Fax: 488 1211/1725
E-mail: tinof@palau-health.net

Ms Debbie Tkel Sbal
Chief of Curriculum and Instruction
Ministry of Education
P.O. Box 189
Koror, PW 96940
Phone: +680 488-1464 or 680 488 2570
Fax: +680 488-1465
Email: dsbal@palaumoe.net

Mr. Secilil Eldebechel
Program Coordinator
Ministry of Finance
P.O. Box 6011
Koror, Republic of Palau 96940
Phone: +680 488-2506
Fax +680 488-1016
Email: secilile@palaunet.com

Constantino Remeliik
Division of Agriculture/Resource and Development
P.O. Box 460 Koror, Palau 96940
Phone: +680 488 2504
Fax: +680 488 1725
Email: damr@palaunet.com

TONGA

Dr Viliami Puloka

Senior Medical Officer
Ministry of Health
PO Box 59
Nuku'alofa
Tel; +676 23200
Fax: + 676 23291
Email: vkpuloka@kalianet.to

Viliami Liava'a

Senior Economist
Central Planning Department
PO Box 827, Nuku'alofa
Tonga
Tel: +676 23 900
Fax: +676 24260
Email: viliamil@cpd.gov.to

Mrs Losaline Ma'asi

Deputy Director/Acting head of Food and nutrition
section
Ministry of Agriculture and Forestry
Nuku'alofa
Tel.: + 676 23 038
Fax: + 676 23 093
E-mail: lmaasi@yahoo.com

2. FACILITATORS/SECRETARIAT

SECRETARIAT OF THE PACIFIC COMMUNITY (SPC)

Ms Jimaima Tunidau Schultz
Lifestyle Health Adviser
Secretariat of the Pacific Community
B.P. D5
98 848 Noumea Cedex
New Caledonia
Tel: (687) 26 20 00
Fax: (687) 26 38 18
E-mail: jimaimas@spc.int

Mrs Wendy Snowdon
Nutrition Education & Training Officer
Secretariat of the Pacific Community
B.P. D 5
98 848 Noumea Cedex
New Caledonia
Tel: (687) 26 20 00
Fax: (687) 26 38 18
E-mail: wendys@spc.int

UNICEF

Dr Ian Darnton-Hill
Senior Adviser, Micronutrients,
UNICEF
Visiting Associate Professor, Institute of Human
Nutrition,
Columbia University, NY
Postal address: 3 United Nations Plaza
New York, NY 10017, USA
email: idarntonhill@unicef.org; idarntonhi@aol.com;
indh2101@columbia.edu
Tel: +1 212 824 6344
Fax: +1 212 735 4405

UNIVERSITY OF THE WESTERN CAPE

Dr Mickey Chopra
School of Public Health
University of the Western Cape
Private bag X17
Bellville, 7535
South Africa
Tel: +27 21 959 2809
Fax: +27 21959 2872
Email: mchopra@uwc.ac.za

**WORLD HEALTH
ORGANIZATION (WHO)
Regional office for the
Western Pacific**

Dr. Tommaso Cavalli-Sforza
Regional Adviser Nutrition and Food Safety
WHO WPRO
PO Box 2932
Manila 1000
Philippines
Tel: +632 528 8001
Fax: +632 521 1036
Email: cavalli-sforzat@wpro.who.int

**WORLD HEALTH
ORGANIZATION (WHO)**

Dr. Chizuru Nishida
Scientist
Nutrition for Health and Development
World Health Organization
Avenue Appia, 20
CH-1211, Geneva 27
Switzerland
Tel: +41 22 791 3317
Fax: +41 22 791 4156
Email: nishidac@who.int

3. OBSERVERS

**JICA
Fiji office**

Mr. Hideki Tomobe (JICA Resident Representative)
Mr. Takashi Toyama (Asst. Resident Representative)
JICA Fiji Office
JICA Private Mail Bag
Suva, Fiji
Tel: +679 330 2522,
Fax: +679 330 2452

UNICEF

Dr Thaneoke Kyaw-Myint
Health & ECD Officer
UNICEF Suva
3 & 5 Floors, Fiji Development Building
360 Victoria Drive, Suva Fiji
Tel: 679 3300439/3301918/3301903/3301881
Fax: 679 3301667
E-mail: tkyawmyint@unicef.org

Appendix Two: Agenda

Day 1: Monday 24th November

| Time | | Facilitator/presenter |
|---------|---|---|
| 8:30am | Opening Ceremony - Welcome prayer | Participant |
| | Opening comments - SPC - UNICEF - WHO | Jimaima Schultz Dr Kyaw-Myint Dr Cavalli-Sforza |
| 9:30am | Opening presentation - NPANs, a history, their role and their potential | Dr Chizuru Nishida <i>POSTPONED</i> |
| 10am | Morning refreshments | |
| 10:30am | Review of course content, aims and objectives and workshop materials. | Wendy |
| 11:15am | Administration information Introductions (Activity 1.1) - include brief overview of food supply chain | Wendy Wendy & Jimaima |
| 12pm | Food news (Activity 1.2) | Tommaso |
| 12:30pm | Lunch break | |
| 1:30pm | Trends in food, nutrition and society (Activity 1.3) | Jimaima |
| 2:15pm | Importance of food and nutrition (Activity 2.1) | Ian |
| 2:45pm | Refreshment break | |
| 3pm | Defining the four pillars (Activity 2.2) | Wendy and Ian |
| 4:30pm | Closing, and wrap up of day. | Wendy |

Day 2: Tuesday 25th November

| Time | | Facilitator/presenter |
|---------|--|--|
| 8:30am | What is food and nutrition policy? (Activity 3.1) | Jimaima |
| 9:30am | Linking ICN with other commitments (Activity 3.2) | Chizuru (Combined with postponed presentation from day one) |
| 10:15am | Morning refreshments | |
| 10:45am | <i>Continued</i> | |
| 12:30pm | Lunch break | |
| 1:30pm | Linking NCD plans with nutrition plans (activity 4.1) | Tommaso and Jimaima |
| 2pm | Assessing existing nutrition plans and policies (Activity 4.3) | Participant presentations |
| 3:00pm | Refreshment break | |
| 3:15pm | <i>Continued</i> | |
| 4:30pm | Closing, and wrap up of day. | Wendy (reminder of discussion of data sources on Wed) |

Day 3: Wednesday 26th November

| Time | | Facilitator/presenter |
|---------|---|--|
| 8:30am | Assessing existing nutrition plans and policies (Activity 4.3) <i>continued</i> | Participant presentations |
| 9:30am | Identifying relevant policies and plans (Activity 4.2) | Wendy and Ian |
| 10:15am | Morning refreshments | |
| 10:45am | Elements and barriers for success (Activity 4.4) | Wendy and Ian |
| 11:30am | Relating emerging issues with existing plans and policies (Activity 4.5) | Jimaima |
| 12:30pm | Lunch break | |
| 1:30pm | FIVIMS (Activity 5.1) -Other regional data systems | Joape Waqabaca, Ministry of Agriculture, Fiji |
| 3:00pm | Refreshment break | |
| 3:15pm | FIVIMS (Activity 5.1) -Other regional data systems | SPC's systems - Wendy, MOANA & STEPS - Tommaso |
| 4pm | Discovering possible partners (Activity 5.2) | Wendy |
| 4:30pm | Closing, and wrap up of day. | Wendy (reminder of discussion of advocacy Thursday) |

Day 4: Thursday 27th November

| Time | | Facilitator/presenter |
|---------|---|-----------------------|
| 8:30am | Reviewing past experiences of partnerships (Activity 5.3) | Wendy & Jimaima |
| | Checklist for partners (Activity 5.4) | Jimaima |
| 10am | Morning refreshments | |
| 10:30am | Develop an operational plan (Activity 6.2) | Wendy and Jimaima |
| 12:30pm | Lunch break | |
| 1:30pm | Advocate national food and nutrition plan/policy to leaders (Activity 6.1 - profiles) | Mickey |
| 3:00pm | Refreshment break | |
| 3:15pm | Implement Food and Nutrition Plans and Policies (Activity 6.3) | Wendy and Jimaima |
| 4:30pm | Closing, and wrap up of day. | Wendy |

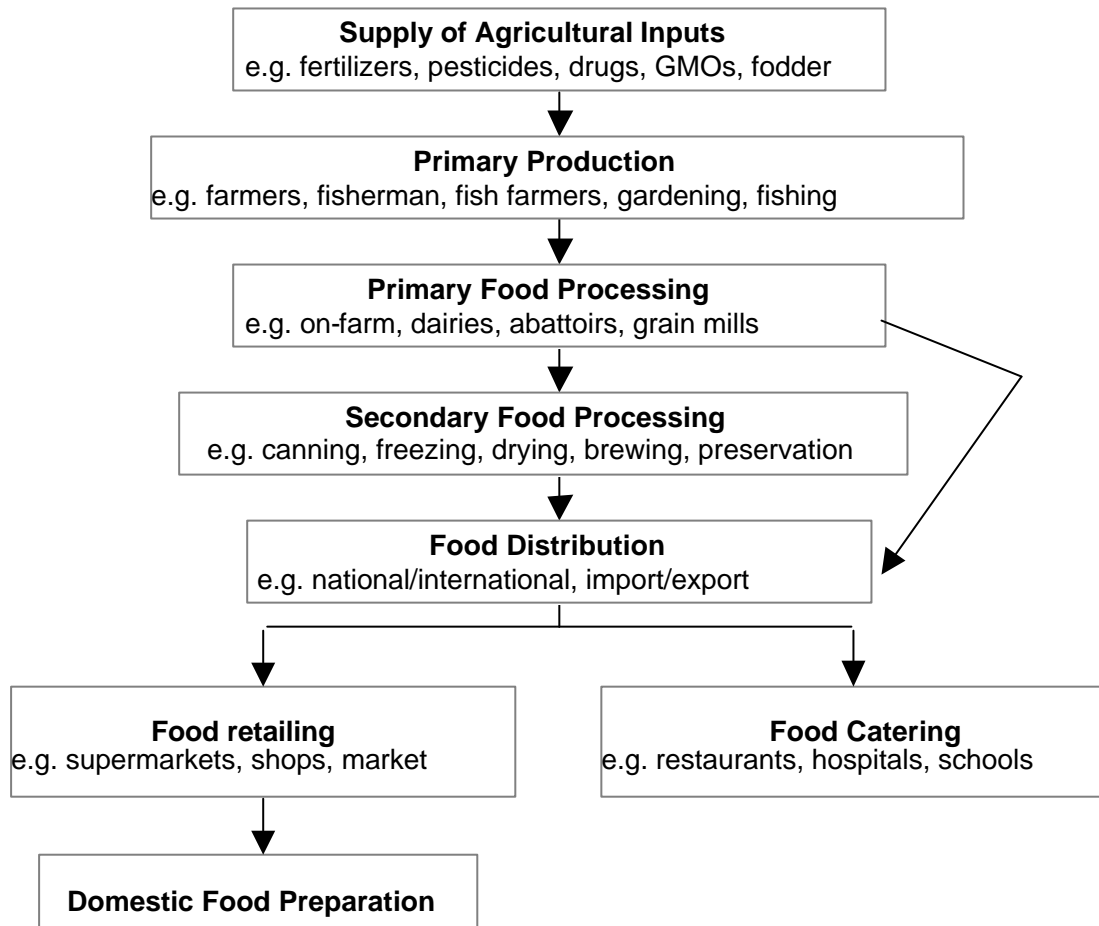
Day 5: Friday 28th November

| Time | | Facilitator/presenter |
|---------|--|--|
| 8:30am | <i>Continued</i> | Country feedback |
| 10am | Morning refreshments | |
| 10:30am | The first step (Activity 7.1) | Wendy |
| 12:45pm | Lunch break | |
| 1:45pm | Review (Activity 7.2) | Tommaso |
| 2:30pm | Closing comments | Wendy |
| 2:45pm | Closing remarks and thanks <ul style="list-style-type: none"> - SPC - UNICEF - WHO - participants Closing prayer | <i>Certificates given out</i> Senior DDG/OIC Ian Darnton-Hill Dr Cavalli-Sforza |
| 4:00pm | Closing refreshments | |

Lead facilitators:

Chizuru Nishida
 Ian Darnton-Hill
 Jimaima Schultz
 Mickey Chopra
 Tommaso Cavalli-Sforza
 Wendy Snowdon

Appendix Three: Food supply Chain



Appendix Four: Summary of participant evaluations

| Q1. Time allotted to workshop | Too short | About right | Too long |
|--|------------------|--------------------|-----------------|
| | 2 | 13 | 1 |
| Comments: <ul style="list-style-type: none"> • Sufficient time allowing for exchange of ideas • Perfect • Good build-up from day 1 to end • Only one session did not hold my attention • Content repeated unnecessarily • Too many activities • Discussions too rushed – ample time needed to thoroughly discuss issues | | | |

| Q 2. Was content relevant to your work | Extremely | Somewhat | Not very | Not at all |
|--|------------------|-----------------|-----------------|-------------------|
| | 8 | 7 | 0 | 1 |
| Comments: <ul style="list-style-type: none"> • Very useful - filling gaps in information • As an educator, it was extremely relevant and useful • In relation to finance and resource allocation otherwise some rather technical • New concepts learnt • Learnt what is happening in other parts of the Pacific/globally on policies and Plan of action | | | | |

| Q 3. Will your participation help make a contribution to the development or strengthening and implementation of NPAN and policies | Extremely | Somewhat | Not very | Not at all |
|--|------------------|-----------------|-----------------|-------------------|
| | 14 | 2 | 0 | 0 |
| Comments: <ul style="list-style-type: none"> • Will assist lead agency get commitment politically • Build and strengthens self confidence to talk about NPAN to community • Influence content of health and nutrition curriculum in public schools • Influence national policy development and resource allocation • Ideas, strategies and approaches to be tried • Deeper understanding of importance of nutrition to overall health- to help strengthen study of nutrition and health in schools and community • Helped embed nutrition intervention plans into corporate plans of other government and NGOs • Made me aware of what my ministry to spearhead some responsibility • Ministry of agriculture has an important role to play | | | | |

| Q 4. The quality of the training | Very high | Somewhat high | Somewhat low | Very low |
|--|------------------|----------------------|---------------------|-----------------|
| | 10 | 6 | 0 | 0 |
| Q 5. The quality of the facilitated discussions | Very high | Somewhat high | Somewhat low | Very low |
| | 9 | 7 | 0 | 0 |
| Comments/suggestions: <ul style="list-style-type: none"> • Healthy interactions • Good mix of groups participation and facilitated instruction and introductory lessons • Participants should be main facilitators • Other non-health members did not participate as much • Share our experiences and allow others to learn from us | | | | |
| <ul style="list-style-type: none"> • Well facilitated but time allocation for discussions need to be improved • Knowledgeable and willing to share information with participants • Open and frank discussion of obstacles and experiences – very good in terms of bringing different sectors together • Facilitators shared invaluable information and experience in their field of expertise • Some were irrelevant • Some digressed but discussion was allowed to flow most time • Well prepared • Well done | | | | |

| Q 6. Do you have any other comments and suggestions for improving the workshop? |
|--|
| <p>Administration</p> <ul style="list-style-type: none"> • Venue is isolated –more convenient to be in Suva; 8-4 class • Criteria for participation to include ‘field person’ not just ‘top collar’ <p>Conduct of workshop</p> <ul style="list-style-type: none"> • Control vocal participants, timing and strict rules of conduct • Keep to time and finish on time • Allow more time to do activities <p>Suggestions for future courses/content</p> <ul style="list-style-type: none"> • Training in advocacy and profiling (2) • Tailor course on how to develop and implement NPAN to Pacific way and not re-invent the wheel • Need module on communication • More details on partnership responsibilities in taking nutrition as a cross-cutting issue • Presentation from agencies on programmes they offered • More emphasis on how to move forward with formulation and implementation of plan <p>Other</p> <ul style="list-style-type: none"> • Materials well set out and appropriate |

Country group's responses

Tonga

1. *Were the overall aims of the course met?*

“Increase awareness about food and nutrition issues” was not addressed clearly. There should have been a presentation to draw attention to critical nutritional issues in the region for example.

The other two aims were clearly and well achieved.

2. *Did you have enough or too many materials?*

Too many. The course materials may be enough for two weeks.

3. *What did you consider about the learning methods?*

Very good but need more time for participants particularly in group-work.

4. *Where do you consider the main improvements can be made?*

Time management – should have warning bell.

5. *Who and what will you report back?*

Central Planning Office, Ministry of Agriculture and Health.

We will submit a group report and recommendation to each participant’s respective organization as well as the National Food and Nutrition Committee for further action.

PALAU

1. *Were the overall aims of the course met?*

Yes.

2. *Did you have enough or too many materials?*

Enough – too much. Overwhelming being the first time in such a workshop, not happy! (This comment relates to additional WHO documents that were distributed, and not the main workshop manual, which was felt to be acceptable)

3. *What did you consider about the learning methods?*

Slow at start, better towards the end. Too much group work activities for the amount of time allotted for the workshop. Not enough time to think through each activities.

4. *Where do you consider the main improvements can be made?*

May be have two activities in the morning and two in the afternoon to allow more time for group discussions

5. *Who and what will you report back?*

As a group report to the Minister and Director of Health. Individually, report own Minister and Director about the outcome of the training and what our plan \a are in the implementation of NPAN.

KIRIBATI

1. *Were the overall aims of the course met?*

Yes. SPC and WHO should produce guidelines to members.

2. *Did you have enough or too many materials?*

Enough

3. *What did you consider about the learning methods?*

Relevant

4. *Where do you consider the main improvements can be made?*

Time – need to start/finish on time. Use case studied from the Pacific.

5. *Who and what will you report back?*

Ministry represented and Nutrition Committee. Issues discussed and compare the gaps within the current NPAN.

FIJI

1. *Were the overall aims of the course met?*

Yes.

2. *Did you have enough or too many materials?*

Adequate. Simple, well organized, easy to follow, relevant, crosscutting issues well covered.

6. *What did you consider about the learning methods?*

Interactive and participative, environment conducive to learning, number of facilitators and participants compatible.

7. *Where do you consider the main improvements can be made?*

Improve on time allocation for each discussion issue.

8. *Who and what will you report back?*

The importance of NPAN and the need to integrate nutrition in all development planning sectors.

AMERICAN SAMOA

1. *Were the overall aims of the course met?*

Yes, definitely

2. *Did you have enough or too many materials?*

Enough information

3. *What did you consider about the learning methods?*

Very effective

4. *Where do you consider the main improvements can be made?*

None, everything was well thought and planned

5. *Who and what will you report back?*

Each of us has to report to our respective directors in our own area but as a group, we would report to the Director of Health and the CEO of the hospital. We would report about the outcome of the meeting, the objectives of the meeting, and what we accomplished. We would also report to them the 6 month plan that we presented at the workshop on the last day. We have scheduled to report to them next week, December 17.