REPORT

WORKSHOP ON NATIONAL PLANS OF ACTION FOR NUTRITION: KEY ELEMENTS FOR SUCCESS, CONSTRAINTS AND FUTURE PLANS

Kuala Lumpur, Malaysia
25-29 October 1999
REPORT

WORKSHOP ON NATIONAL PLANS OF ACTIONS FOR NUTRITION: KEY ELEMENTS FOR SUCCESS, CONSTRAINTS AND FUTURE PLANS

Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants in the Workshop on National Plans of Action for Nutrition and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Workshop on National Plans of Action for Nutrition, which was held in Kuala Lumpur, Malaysia from 25 to 29 October 1999.
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**Keywords:**

Nutrition / Nutrition policy / Nutritional status / Western Pacific / Malaysia
A workshop on National Plans of Actions for Nutrition: Constraints, Key Elements for Success, and Future Plans was convened and organized by the WHO Regional Office for the Western Pacific in collaboration with the Institute for Medical Research, Malaysia, and co-sponsored by FAO and UNICEF. It was attended by representatives of 25 countries in the Region and resource persons including a consultant, temporary advisers and representatives from partner agencies, observers, and the WHO secretariat. The objectives of the workshop were:

1. to review the progress of countries in developing, implementing and monitoring national plans of action for nutrition (NPANs) in the Western Pacific Region, according to the strategies adopted at the FAO/WHO International Conference on Nutrition in 1992;

2. to identify constraints in developing, implementing and monitoring NPANs;

3. to establish key elements leading to successful planning, implementation and monitoring of NPANs; and

4. to discuss additional actions and support which may be required for the preparation, implementation, monitoring and evaluation of NPANs.

Most of the countries have NPANs, either approved and implemented or awaiting official endorsement. The Plan formulation is usually multisectoral, involving several government ministries, nongovernmental organizations, and international agencies. Often official adoption or endorsement of the Plan comes from the head of state and cabinet or the minister of health, one to six years from the start of its formulation. The World Declaration on Nutrition (WDN) has stimulated the development of NPANs in many countries and inclusion of WDN strategies in the country plan. NPANs have stimulated support for the development and implementation of nutrition projects and activities, with comparatively greater involvement of and more support from government ministries, UN agencies and non-governmental agencies compared to local communities, bilateral and private sectors and research and academic institutions.

The NPAN is more than a framework or a descriptive document. As a tool for action, it identifies projects and activities, with details of implementation such as what, how and when; designates responsibilities and accountability for the activities; identifies resource requirements and their source; and sets out the plan for monitoring and evaluation. All the countries have been implementing a range of nutrition projects and activities. At times, donor-driven activities are implemented rather than those based on country needs, capabilities and resources, thus endangering their sustainability. Nutrition activities are implemented in a multisectoral manner; this has both positive and negative consequences. In some cases, nutrition projects compete with or duplicate other social development projects, leading to inadequate or inefficient implementation. In other cases, nutrition projects need to be a part of
other social health concerns. Specific, short-term and team-based projects are favoured in the Pacific.

Monitoring and evaluation are important components of NPANs. They are, however, not given high priority and often not built into the Plan. The role of an intersectoral coordinating body is considered crucial to a country’s nutrition programme. Most countries have an intersectoral structure or coordinating body to ensure the proper implementation, monitoring and evaluation of their NPANs.

The workshop identified constraints and key elements of success in each of the four stages of the NPAN process: development, operationalization, implementation, and monitoring and evaluation. Constraints to the NPAN process relate to the political and socio-economic environment, resource scarcity, control and management processes, and factors related to sustainability. The group’s review of the NPAN process identified successful NPANs as those based on recent, adequate and good quality information on the nutritional situation of the country, and on the selection of strategies, priorities and interventions that are relevant to the country and backed up by adequate resources. Continued high level political commitment, a multisectoral approach, and adequate participation of local communities are other key elements for success.

The participants agreed on future actions and support needed from various sources for the further development, implementation, monitoring and evaluation of their NPANs. The recommendations for future actions were categorized into actions pertaining to countries with working NPAN, actions for countries without working NPAN and actions relevant to all countries. There was also a set of suggested actions at the regional level, such as holding of regular regional NPAN evaluation meetings, inclusion of NPAN on the agenda of regional fora by the regional organizations, and strengthening of regional nutrition networks.

The workshop provided the participants a good opportunity to review and analyze national plans of action for nutrition, exchange information and experiences, and update their knowledge on selected aspects of the NPAN content, context and process. It also provided them with inputs and insights they could use in the finalization of the NPAN or its implementation, monitoring and evaluation.

The participants recommended that the WHO and its partner agencies convene workshops like this to facilitate sharing of information and experiences and to promote regional collaboration in nutrition.
1. INTRODUCTION

1.1 Objectives

The objectives of the workshop were:

1. to review the progress of countries in developing, implementing and monitoring national plans of action for nutrition (NPAN) in the Western Pacific Region, according to the strategies adopted at the FAO/WHO International Conference on Nutrition in 1992;

2. to identify constraints in developing, implementing and monitoring NPANs;

3. to establish key elements leading to successful planning, implementation and monitoring of NPANs; and

4. to discuss additional actions and support which may be required for the preparation, implementation, monitoring and evaluation of NPANs.

1.2 Participants and resource persons

Representatives of 25 countries in the Region participated in the workshop. They included National Food and Nutrition Committee members who have been actively involved in developing and/or implementing the NPAN and officials of countries with a draft NPAN or planning to develop one. Also in attendance were a consultant, temporary advisers, representatives from partner agencies, observers and the secretariat. Annex 1 gives the full list of the people who participated in the workshop. Professor Ge Keyou of China was elected Chair, with Ms Christine Quested of Samoa as Vice-chair, and Ms Noeline Halavatau of Tonga as Rapporteur.

1.3 Organization

The workshop comprised two main components, namely: (1) several presentations, and (2) small group discussions to address the specific objectives. See Annex 2 for the agenda. The presentations comprised background papers, case studies as introductory papers for each group work session and several update papers. In addition, the representative of each country submitted a short summary of the present status of their NPAN. There were five group work sessions to enable discussions on different stages of the NPAN development, implementation, evaluation and future plans. The deliberations of each working group were presented in plenary sessions so as to obtain feedback from all participants. The overall conclusions regarding the constraints to the NPAN process; the elements of success in developing NPAN, putting NPAN into practice, and monitoring and evaluating NPAN; and future actions and support needed were discussed, finalized and approved by the participants during the last plenary session. There was a field trip on the afternoon of the last day of the workshop. One group visited a baby-friendly hospital while another group went to the Nutrition Information, Education and Communication Center of the Ministry of Health.
Participants were asked to evaluate the workshop. The evaluation results indicated that the participants were generally satisfied with the organization of the workshop and found the presentations and discussions likely to be useful in moving forward their own country NPANs.

1.4 Opening ceremony

Dr Ismail Abu Taat, Division of Family Health Development, Ministry of Health Malaysia, represented Tan Sri Dato' (Dr) Abu Bakar Suleiman, the Director General of Health, Malaysia, in delivering the welcome address to participants of the workshop. Dr Ismail explained that Dr Abu Bakar Suleiman was not able to be present at the workshop as he was chairing a multi-agency national conference on research priority setting for the 8th Malaysia Plan. He welcomed all participants to the workshop and thanked WHO for selecting Kuala Lumpur as the venue for the meeting and the confidence given to the Institute for Medical Research as the local organiser.

Dr Ismail highlighted the rise in nutrition-related chronic diseases in the country since the 1960s. As part of the vision and mission of the Ministry of Health Malaysia, nutrition has been recognized as extremely important for the development of healthy individuals, families and communities. The Ministry had developed various strategies and activities on nutrition in the 7th Malaysia Plan as well as the coming 8th Plan.

Dr Ismail commended WHO for bringing together nutrition scientists from various countries of the Western Pacific Region to exchange experiences in implementing the National Plan of Action for Nutrition. He felt that this workshop was extremely relevant and timely for the region.

Dr L.T. Cavalli-Sforza, Regional Adviser in Nutrition and Responsible Officer for the workshop, delivered the opening address on behalf of the Regional Director, Dr Shigeru Omi, who could not attend the opening. He informed the participants that in monitoring the follow-up to the FAO/WHO International Conference on Nutrition (ICN) in December 1992, WHO has observed that the majority of the countries of the Western Pacific Region have either developed and are implementing NPANs, or have a nutrition policy or a health policy which includes nutrition, and are implementing nutrition interventions. In addition, almost 50% of the Region’s countries and areas are now members of Codex Alimentarius and about two thirds have a food safety policy.

Dr Cavalli-Sforza also reported notable progress in recent years towards achieving the ICN targets. As the end of the decade approaches, it is necessary to review progress in developing, implementing and monitoring NPANs, based on strategies adopted at the ICN; to identify constraints and key elements of success in attaining the ICN goals; and to discuss additional actions and support which may be required. This workshop was an opportunity for members of national food and nutrition committees, who had been actively involved in developing and/or implementing NPANs, and representatives of countries with a draft NPAN or planned to develop one, to discuss with partner agencies the progress made and the next steps to be taken to achieve the ICN goals. This workshop also provided a forum for the partner agencies, FAO, UNICEF and WHO, the Secretariat of the Pacific Community, and private sector partners like the International Life Sciences Institute, to discuss how best to coordinate and maximize the impact of the valuable support they provided to countries, to help them achieve the ICN goals. He wished participants a successful workshop in Kuala Lumpur.
2. PROCEEDINGS

2.1 Presentations of background papers

2.1.1 Global review and critical analysis of national nutrition plans and policies (Chizuru Nishida, Nutrition for Health and Development (NHD), WHO Headquarters)

The priority areas and main functions of the renewed NHD of the WHO were first identified. The priority areas are: malnutrition (protein-energy, micronutrient, obesity and diet-related diseases); national nutrition policies and programmes; infant and young child feeding; and nutrition from emergencies to development. The department’s main function are in the areas of country support, standard-setting and normative work, research, and global data banking. WHO’s specific inputs to the development and implementation of national nutrition policies and programmes are in terms of providing support to countries; development of guidelines and methodologies, and monitoring and evaluation. There are three components to the WHO’s monitoring and evaluation of national nutrition policies and programmes. These are the WHO Global Database on National Nutrition Policies and Programmes, global review and critical analysis of NNPPs, and regional review and evaluation meetings.

In the World Declaration of Nutrition (WDN), the ministries and plenipotentiaries of 159 countries and the European Community affirmed their determination to revise or prepare, before the end of 1994, their national plans of action in nutrition. A 1994 survey on country progress for implementing the WDN indicated the following answers to the question: “Has a national plan of action for nutrition been prepared, finalized or strengthened”. Yes, for 28% of the countries; still under preparation, for 38%; no, for 10%; and no information, for 24%. A 1999 update of the WHO Global Database on National Nutrition Policies and Programmes (NNPP) showed some progress. NNPPs had been finalized or a draft prepared in 79% of the countries and are under preparation in 10.5%. There was no information for the remaining 10.5% of the countries. A global review and critical analysis of NNPPs, also conducted in 1999, identified policy commitment, focused approach, and institutional infrastructure for nutrition as key factors for effective and sustainable implementation of NNPPs. Three challenges to the countries were put forward: overcoming constraints in the development of NNPP, developing effective and sustainable nutrition plans and policies, and translating these plans and policies into action and visible results.

2.1.2 ICN follow-up activities by FAO (Brian Thompson, Food and Nutrition Division, Food and Agriculture Organization)

The presentation underscored the importance of the 1992 World Declaration and Plan of Action for Nutrition (WDN/PAN) in putting nutrition at the centre of development, and of agriculture as the sector offering the greatest potential for achieving sustained improvements in the nutritional status of the rural poor; described the role of the FAO in the development of NPAN and the range of specific actions needed to tackle nutritional problems; and highlighted challenges that will allow the region to move ahead as follow-up to the International Conference on Nutrition and World Food Summit. The PAN represents policy guidelines and
action areas under nine themes and FAO gives special emphasis to five themes: household food security, food quality and safety, food-based solutions to micronutrient deficiencies, nutrition education using mass media, and simple but effective monitoring systems. The NPANs, on the other hand, establish appropriate goals, targets and time frames, identify priority areas of action and programmes; indicate the technical and financial resources available for programme development and implementation; and act to foster continued intersectoral involvement.

Nutrition status is an outcome of the interaction of a number of variables and lasting improvements in nutritional well-being can only be achieved by concerted improvements in a broad range of agricultural, health, social, educational, cultural and economic conditions. Efforts need to be made to increase the production and availability of food and to address the factors that influence the consumption of food, such as purchasing power, health and sanitation, education and level and quality of care. Countries have taken specific actions to address their nutritional problems. However, weakness in design and implementation have been cited as crucial factors affecting the quality of programmes and projects, and consequently, their effectiveness. The FAO has undertaken activities to strengthen country institutional capacity to formulate, implement, monitor and evaluate nutrition programmes. In order to identify how assistance can best be provided for formulating and implementing NPANs, we need to know the integration of nutritional considerations within a country’s planning process; the major constraints to and key factors which support nutrition improvement; and sufficiency of grass-roots participation in the planning process. Strong political will and commitment together with formulation of well-conceived policies and concerted actions at national and international levels can markedly improve food and nutrition security.

2.1.3 UNICEF nutrition strategies and ADB-UNICEF Regional Technical Assistance for Nutrition (Rudolf Knippenberg, UNICEF East Asia and Pacific Regional Office)

The presentation had two main components. The first part was on nutrition challenges and nutrition strategies. In the East Asia and Pacific Region (EAPR), the prevalence rate of protein energy malnutrition (PEM) decreased from 1990 to 1996/97 but was far from the goal for the year 2000. Iron deficiency anaemia among pregnant women remains high. Despite high initial breast-feeding rates, exclusive breast-feeding is low. There is low Vitamin A supplementation of lactating and pregnant women and low consumption of iodized salt in some countries in EAPR. Other nutrition challenges are HIV transmission through breast milk and increasing double burden with obesity. As to the determinants of malnutrition, it was pointed out that except in Indonesia and Democratic People's Republic of Korea household food security is less a common cause of malnutrition in EAPR than poor health and sanitation and poor family care capacity. Nine strategies were described to address the nutrition challenges in the region. These strategies are developing or revising national investment programmes for reducing PEM; providing a supportive environment and necessary resources for positive family care practices among communities; establishing community-based systems to monitor family care practices; establishing and maintaining community-based programmes; targeting quality basic social services to the poorest and most vulnerable groups; accelerating elimination of Vitamin A deficiency, universal salt iodization, and reduction of anaemia in pregnant women and children, and providing nutrition support systems.

The second part of the paper was on the ADB-UNICEF Regional Technical Assistance on Nutrition (RETA). The objective of RETA is to sustainably improve the nutrition of
children and women with a ten-year perspective by understanding the present situation (extent of different aspects of malnutrition, causes and opportunities for intervention); analyzing suitable processes for sustainable action, policies and programmes required for these; and identifying resource requirements (organizational, human, informational and financial) and options for obtaining these. Cambodia, China, Philippines and Vietnam were involved in RETA.
2.1.4 Healthy islands, NCDs and NPANs: the intersection (Gauden Galea, WHO Office for the South Pacific)

According to the 1995 Yanuca Declaration, healthy islands should be places where children are nurtured in body and mind; environments invite learning and leisure; and ecological balance is a source of pride. The presentation described some special characteristics of these islands that influence their public health practice: isolated, fragmented and small islands; vulnerability to economic pressures and natural disasters; scarcity of resources; logistic difficulties; and behavioural considerations, such as territoriality. In the Pacific islands countries, NPANs handle the nutrition-related part of a national strategy for prevention and control of NCDs. An integrated programme includes policy, planning and direction for changing living conditions (both macro and micro), changing lifestyles and integrated health services. New public health and clinical interventions for the prevention and control of NCD should be assessed for evidence of effectiveness and appropriateness to the context before introduction. An active Healthy Islands programme is consistent with the development of health promoting communities in a variety of settings: villages, schools and work places. And projects in these communities include participatory exercises to audit and address the environmental factors that predispose to NCD risk such as inactivity, high fat intake and tobacco smoking. For the Pacific islands, priority actions are needed to strengthen both organizational structure and information base and to develop environmental action.

2.1.5 NPAN activities in the Pacific: applications and implications (Robert Hughes, Secretariat of the Pacific Community, New Caledonia)

The presentation discussed some factors that influence the progress of NPANs from a Pacific viewpoint. The barriers to progress have to do with the operation of NPAN activities, specifically competition and/or repetition of plans and policies, meetings, committees and resources; interest and enthusiasm; and changing governments. Are there too many health plans and policies? Repetitions and competition impact negatively on the National Food and Nutrition Committees (NFNC) such that less and less time is spent on NPAN; those involved in NPAN activities lose their interest; and resources are stretched further than they can go. Nutrition is not the major interest of governments in the Pacific. To understand better what can be done to address the constraints, Mr Hughes discussed three basic elements in making an action plan. Context explains how and what is going to be done. The plan itself and the process of developing it are driven by the cultural, socio-political, economic and physical environment or context. And people, either individuals or groups or both make it all happen. It was argued that to develop a successful action plan, the context and process are more important than what is written in the plan because planning context and processes are about people while the plan itself is just words. Consequently, we need to focus on the factors that influence the context and processes used to develop NPANs in the Pacific. For this purpose, some of the fundamental differences in values, communications, attitudes and processes between the Pacific context and that of more developed Western countries were pointed out. For example, regional and international organizations are in favour of “harmonising” information and services, and regional and national meetings go a long way in seeking the collective view. An alternative would be to look at all the specific plans and policies around the Pacific and find some common ground and work from there. Some of the qualities of NPANS that have turned into successful actions are that they are people-driven (the plan is well supported by professionally competent people); culturally appropriate; inclusive of “non-
nutrition” concerns such as environment, equity and social welfare; and specific, focused, achievable and team-based projects.
2.1.6 Regional summary on NPAN status (Cecilia Florencio, University of the Philippines, Philippines)

Results of a survey conducted in October 1999 by WHO, WPRO, to obtain initial information on the status of NPANs in the 26 participating countries were reported. As background, data on the prevalence rates of selected nutrition indicators were provided by the respondents. Considering only those countries with national data, the following were the most recent prevalence rates of selected nutrition indicators: 4.5%-11.1% for low birth weight; 1.5%-21.6% for underweight preschoolers; 20%-60% for non-pregnant women with low Hb levels; 20%-94% for exclusive breast-feeding of infants less than four months old; and 22%-99% for access to safe drinking water. About 60% of the countries had national dietary guidelines and national data on food consumption. Most of the dietary guidelines were launched after 1992. Only about 25% had national dietary goals to guide domestic food production as well as food import policies.

At the time of the survey, 50% of the 26 countries had NPANs (Group A), 42% were either developing their Plan or waiting for its official approval (Group B) and 8% had no Plan. For the Group A countries (13), most of the Plans were: approved officially after 1994 (the shortest period from formulation to approval was less than a year while the longest was 6 years); officially endorsed by the cabinet; and developed with the participation of several ministries and NGOs. Lack of coordination, together with lack of policy-makers' awareness and lack of priority for nutrition were the more common problems in the development of the Plan. Lack of financial and human resources and poor documentation were two other problems. For the Group B countries (11), all of them started to work on NPAN after 1993 and the majority required a period of 4 to 6 years between the start and final approval of their Plans. All countries encountered problems in the development of their Plans. The complexity of a multisectoral approach was mentioned as a problem by Group B in addition to the ones cited by Group A. In the on-going development of their Plans, most of the Group B countries also involved several ministries and NGOs, including UN agencies, religious and academic institutions, and women and consumer groups.

Almost all the countries included the nine WDN/PAN strategies in their NPANs. When asked to cite projects that were related to each of the nine strategies, fewer than nine countries included: incorporating nutrition considerations in development policies and programmes; protection of consumers through improved food quality and safety; caring for the socioeconomically deprived and nutritionally vulnerable; and assessing, analyzing and monitoring the nutrition situation. The WDN was considered as having helped in promoting greater involvement in nutrition of several sectors. Provision of additional financial and/or human support was more commonly attributed to the government, NGOs and UN agencies. It appears that the WDN/NPAN did not stimulate as much involvement from local communities, bilateral agencies, private sectors and academic/research institutions. Some WDN-strategy related projects more than others were planned as a result of NPAN. Among these were incorporation of nutrition considerations in development policies, household food security, micronutrient deficiency programmes, healthy lifestyle, and programme monitoring. In terms of NPAN implementation, the respondents identified projects which they consider to be successful for a wide variety of reasons. Some of these projects were the incorporation of nutrition in development plans, establishment of an intersectoral body, training of key personnel, promotion of breast-feeding, development of dietary guidelines, incorporation of nutrition in the school curricula, consideration of nutrition as a research priority and conduct of
a nutrition survey. Among the cited indicators of success were policy coordination at national level, increased understanding of the importance of nutrition by policymakers and the public, decreased prevalence of nutrient deficiency, increased rate of breast-feeding, wide coverage of supplementation, sound scientific quality of data and good collaboration among agencies.

As a result of the survey, ten issues were identified for consideration in the workshop. Among those cited in relation to the development of NPANs are the following: NPAN – how it is understood, its elements, uses and limitations; WDN strategies – how they are understood and their “obligatory” presence in NPAN; basis for setting objectives and timelines; multisectoral approach; iterative/developmental “quality” of the process of developing NPANs; and, how to promote greater/better involvement of the local community, private sector, bilateral agencies and academic and research institutions in the NPAN process.

2.2 Case studies

2.2.1 Developing NPANs: Malaysia (Safiah Mohd. Yusof, Family Health Development Division, Ministry of Health, Malaysia)

The National Plan of Action for Nutrition Malaysia was formulated by the National Coordinating Committee on Food and Nutrition (NCCFN) in 1994. Members of the Committee comprised representatives from several Ministries (including the Ministries of Health, Agriculture, Education, National Unity and Community Development, and the Ministry of Rural Development), several government agencies (such as the Institute for Medical Research, the Malaysian Agriculture Research and Development Institute and the National Population and Family Development Board) and the academia (Universiti Kebangsaan, Universiti Putra Malaysia and Universiti Malaya). The committee meets at least once every year; the chairman is the Deputy Director General of Health (Public Health). The secretariat is based at the Family Health Development Division (Public Health Department). The committee had used, as reference, the theme papers presented at the International Conference on Nutrition in Rome, 1992. The NPAN Malaysia focuses on these eight major issues in addition to the promotion of breast-feeding. These became the nine thrust areas for the NPAN in Malaysia.

For the development of the Plan, nine working groups were formed. Each group deliberated and developed the objectives, strategies and targets for one of the nine thrust areas of the NPAN. The working groups included representatives from various government agencies and universities. Reports from these working groups were discussed in two multi-sectoral workshops, and the outcome was regarded as a consensus for the Plan. The NPAN Malaysia 1995 has thus been developed through the collaborative effort of many agencies that play a role in improving the nutritional status of Malaysians.

Many of the activities identified to improve nutritional status are part of on-going programmes. However, several nutrition activities have been planned or implemented as a result of the NPAN Malaysia. They are:

(a) the Malaysian Dietary Guidelines;
(b) nutrition training for trainers and key personnel of various government agencies;
(c) development of the Food and Nutrition Policy;
(d) incorporation of Nutrition and Food Safety as one of the priority areas for research in the 8th Malaysia Plan (MP); and

(e) incorporation of nutrition component in the 7th and 8th Malaysia Plan.

The following descriptions characterize the success of the activities.

(a) The networking formed among different agencies has resulted in better communication.

(b) The involvement of many agencies means that the responsibilities are shared and less burden is placed on any one agency.

(c) The commitment from agencies has been good, especially from the central agencies.

(d) The formation of several technical working groups (TWG) under the NCCFN, namely, the TWG for Dietary Guidelines, for RDA, for Policy, for Research and for Training has been useful.

Since 1997, the NPANM has been provided with a specific budget to conduct training, research and the development of the dietary guidelines and RDA. The NPANM has been able to place nutrition on the national development agenda.

2.2.2 Development of operational plans: Northern Marianas Islands (Pamela Mathis, CNMI Food and Nutrition Council)

There are numerous ways of taking healthy eating messages to the people. It is important to involve non-traditional health care providers in these efforts. These targets should include the general population, through the mass media, including TV, radio, newspapers and internet websites, as well as specific groups (women’s/men’s associations, environmental groups, teachers) and children. One-time activities are difficult to measure or monitor; what is really needed is sustainable progress.

The presentation highlighted some experiences with developing the operational plans for the Commonwealth of the Northern Marianas Islands (CNMI). A sustainable public information or operation campaign was launched. The campaigns were not operated by the National Council or the Public Health agency, rather by laymen and volunteers, formed into committees. It was felt important to reach beyond the usual circle of people. Each year, the committees review the Ten Year NPAN, and evaluate the current situation through an easy to understand data sheet. Each Council Member and subcommittee member was asked to sign a pledge of stewardship, ownership, responsibility to set an example. They were asked to attend meetings and realize that their National Plans are resulting in a healthier and wealthier country, with a strong environmental and economic base.

2.2.3 Implementation of NPANs: Philippines (Mrs Alicia Ramos, National Nutrition Council, Philippines)

The report described the Philippine Plan of Action for Nutrition (PPAN) for 1993-1998 and shared some of the experiences of the country in implementing the Plan. The PPAN was
formulated after a series of consultation at different levels of government and with different sectors of society. Its two main strategies were ensuring household food security and controlling/preventing micronutrient deficiencies. These strategies were translated into five impact programmes: Home, School and Community Food Production; Micronutrient Supplementation and Food Fortification; Nutrition Education; Credit Assistance for Livelihood; and Food Assistance. The country’s programme to control and prevent micronutrient malnutrition was cited as a successful one considering the extent to which the plan was translated into action. Since 1993 almost all preschool children had been receiving vitamin A capsules twice a year. And there has been much progress in food fortification. The Department of Health has succeeded in promoting the micronutrient fortification of a good number of food items. A law mandating the iodization of salt was passed and there is an increasing number of iodized salt producers and traders (although iodized salt utilization is still low at present).

The paper also described the implementation of four other impact programmes and discussed both facilitating and deterring elements. The factors that facilitated the achievements of PPAN were the presence of clear directions and strategies by stakeholders as early as the planning process; multilevel and multisectoral participation, including partnership of the public and private sectors (most evident in the involvement in food fortification of the business community); organization of support structures; and conduct of needed support activities. Furthermore, the coordinating mechanism provided by the National Nutrition Council (NNC) at the national level and its network of nutrition committees at the local level helped to integrate actions and served to remind the different sectors of their commitment. The low priority given to nutrition, especially at the local level; inadequate resources (human, technical and financial); lack of more specific guidelines for some impact programmes (such as food production, credit assistance and food assistance); and poor documentation were the issues that need to be addressed. Local level implementation of nutrition projects poses a big challenge. With devolution, local government units are expected to play a pivotal role in implementing the PPAN but the lack of resources and expertise to design nutrition interventions is severe at this level and the programme is not helped by the frequent change in local elective officials.

The Philippines was in the process of finalizing the PPAN for 1999-2004. Whether the multisectoral nature of the NNC will continue to be effective would depend on the willingness of each sector to break sectoral barriers to work together for a common goal. The NNC’s effectiveness will also depend on the extent to which international organizations recognize the existence of such a multisectoral body.

2.2.4 Monitoring and evaluation of NPAN: New Zealand (Winsome Parnell, University of Otago, New Zealand)

Shortly after the 1992 ICN, the Public Health Commission of New Zealand (PHC) was established as a separate crown agency from a new Ministry of Health (MOH), with the designated functions to: monitor the state of public health and to identify public health needs; advise the Minister on matters relating to public health; and purchase or arrange the purchase of public health services. Work towards an NPAN proceeded on two fronts: within the PHC (including consultation) and by means of the Food and Nutrition Advisory Committee (FNAC). In all, the development process took three years, and the NPAN was released in March 1995.
In 1996, the Ministry of Health prepared a report on the progress of recommendations/targets of the NPAN. In summary, progress had been made on a significant number of recommendations/targets: 5 of 13 in the area of Food Security; 16 of 17 in the area of Food Safety; and 36 of 56 in the area of Providing Appropriate Diets and Healthy Lifestyles. Implementation of the NPAN has remained a component of the work of the MOH, although there is no unit or staff dedicated to the task of implementation.

A major Ministry achievement has been to fund and oversee the National Nutrition Survey for adults (released in 1999 as NNS97) and to fund the setting up of a National Children’s Nutrition Survey. The NNS’97 includes data relevant to two of the three themes of the NPAN, namely ‘promoting appropriate diets’ and ‘improving household food security’. The Ministry will now be able to use results of NNS’97 to monitor particular targets of the NPAN, e.g. those relating to Guidelines for recommended number of servings of breads and cereals, fruits and vegetables. In areas where there are nutrition targets to be monitored, and data are not provided by NNS’97, the Ministry has taken a number of initiatives. For example, in the area of monitoring breast feeding rates it has commissioned a report to align definitions of breast feeding.
The MOH has also worked with the Ministry of Agriculture and Forestry and the Ministry of Foreign Affairs and Trade in the area of food security to ensure that the Policy Statement and Plan of Action for Food Security is consistent with the NPAN. In 1998, the MOH commissioned a survey of ‘users’ of the NPAN. Amongst 66 of 101 responses, five were unaware of the NPAN. Forty-four percent of respondents said that they used the NPAN for general and nutrition information, 33% used it for planning and programme development, and 27% for research. Respondents felt that the NPAN should be updated for two reasons. Many targets/recommendations were believed to have been met; the health environment has changed (has been re-structured) and new research results would soon be available. Additionally, the NPAN should place greater emphasis on obesity and physical activity.

2.2.5 NPAN and Regional Technical Assistance for Nutrition: Cambodia National Plan of Action for Nutrition and Nutrition Investment Plan (Ouk Poly, National Maternal and Child Health Centre, Ministry of Health, Cambodia)

As background information, the paper highlighted the nutrition situation in the country, especially amongst children and mothers. The NPAN development process was undertaken in 1995-1996, commencing with the establishment of a technical secretariat. Membership of the secretariat was multi-sectoral, comprising members from various ministries as well as representatives from UNICEF, WHO, FAO and Helen Keller International. Regular meetings were held and a national nutrition workshop was organized in June 1995.

Approval for the NPAN was given in January 1997 by the Co-ministers of the Council of Ministers. The name of the technical secretariat was changed to National Nutrition Plan of Action committee, but the membership remained the same. Implementation of the Plan was slightly delayed due to political changes in the country. Several major changes were also made including the establishment of the National Council for Nutrition (NCN) to oversee the implementation of the NPAN. In June 1999, the membership of the NCN was revised and a permanent secretariat and inter-sectoral technical committee was formed.

The future of the NPAN seems to be good, especially in view of a stable government and a proactive NCN. The first revision of the NPAN was recently initiated by the NCN. Further impetus is provided by the establishment of the National Nutrition Investment Plan.

The National Nutrition Investment Plan (1999-2008) was initiated in April 1998 and was approved by the government in March 1999. It is expected to build on the NPAN and provides operational frameworks for comprehensive nutrition strategy. There has been a more thorough analysis of current situation, including the political frameworks, existing programmes, the role of partners and financial gaps. A detailed financial assessment of needs was carried out. The Plan also outlines options for long-term financing. A conference is to be attended by the government and major partners for further discussions of the Cambodia Nutrition Investment Plan.

2.3 Update papers

2.3.1 National nutrition survey in Japan: initiation, funding, planning, implementation and utilization of data (Nobuo Yoshiike, National Institute of Health and Nutrition, Japan)

The first National Nutrition Survey of Japan (J-NNS) was carried out in the Tokyo area in 1945. Its initial purpose was to assess nutritional conditions and socioeconomic aspects of
the Japanese people for acquiring urgent supplies from other countries. In 1952, the Nutrition Improvement Law called for an annual conduct of NNS. Under this law, J-NNS aims to monitor health conditions and nutrient intake of the Japanese, and to clarify the relationships among nutrient intake, health and economic conditions, in order to obtain basic data for effective nutrition policy making. The nutritional and health conditions of the Japanese had dramatically changed during the high economic growth period in the 1960s and 1970s. Thus, the expected roles of NNS have changed from a ‘food consumption survey’ to a more comprehensive ‘health, nutrition and lifestyle survey’ for monitoring behavioural and biomedical risk factors for chronic degenerative diseases. Since 1989, biochemical tests, exercise habit, steps measured by pedometer as an indicator of physical activity, medication, smoking and alcohol drinking have been routinely examined.

The survey has been and will be annually conducted under the Law. An annual cost for conducting survey has been approximately 700,000 USD, which is budgeted in the nutrition section of the Ministry of Health. The nutrition section is responsible for planning, funding, implementing and reporting the results while actual data collection is done in local public centres. J-NNS takes an important place in nutrition and health promotion policy, and holds a core position in the newly proposed comprehensive nutrition and dietary monitoring systems. The monitoring system will cover not only nutritional and dietary conditions in individuals or populations, but also quality of life, health, diseases, and environmental factors. The environmental factors consist of two categories; accessibility to foods and accessibility to information. The paper presented a framework of NPAN where “health and nutrition policy decision and implementation” is preceded by baseline diagnosis and followed by evaluation of process and results. It was emphasized that there was good coordination between the government and academic institutions for utilizing the data for NPAN. The academe conducts basic researches to improve methodological issues especially for dietary surveys; for further analysis of data obtained, to provide some evidence for policy making; and for risk analysis for food safety issues. The target areas and indicators for NPAN that will be monitored by J-NNS are built within Japan’s public health policy.

2.3.2 National nutrition survey (adults) of New Zealand (NNS97): initiation, funding, planning and implementation (Winsome Parnell, University of Otago, New Zealand)

The initiation of the National Nutrition Survey (NNS97) can be attributed to the National Plan of Action of Nutrition. Throughout the preparation of the NPAN, consideration was given to the need to update/document the nutritional status of the population (last assessed in 1989).

Funding was provided by the Ministry of Health (MOH). Having designated funding for a three-year period, the MOH set up an Advisory Committee – National Nutrition Survey Technical Advisory Committee or NNSTAC. Over a one-year period, the NNSTAC worked with the Ministry to decide on the methods to be used in the survey. The University of Otago, Life in New Zealand Health and Activity Research Unit (LINZ) was contracted to conduct the survey.

The survey itself was carried out over a 12-month period, from December 1996, in participants’ homes, on a sample drawn to represent the population (with oversampling of NZ Maori and Pacific people). Participants in a National Health Survey, carried out by the Department of Statistics, were asked also to participate in the National Nutrition Survey. This stepwise sampling process resulted in a final response rate for NNS97 of 51%.
The major components of NNS97 were: 24 hour diet recall (completed by direct data entry into laptop computers); Qualitative Food Frequency Questionnaire (QFFQ) including questions on food preparation practices; barriers to achieving dietary change; food security; anthropometry – height, weight, two skinfolds, three circumferences, elbow breadth; blood sample; and blood pressure. Budget constraints limited the analyses, which could initially be made on the blood sample (obtained from 75% of the samples) to analyses of iron status and blood lipid levels.

From November 1997, data were cleaned and analysed. Consultation was arranged with experts in data management and analysis. A draft report of key results from the survey was submitted for peer review in February 1999; the report was released by the Ministry of Health in August 1999.

2.3.3 Harmonization of RDAs in Southeast Asia: International Life Sciences Institute (ILSI) (E-Siong Tee, Institute for Medical Research, and Boon Yee Yeong, International Life Sciences Institute)

The ILSI (Southeast Asia Branch) held the First Regional Forum and Workshop on RDAs in March 1997 in Singapore to promote better understanding of current scientific issues and processes in establishing appropriate nutrient requirements. The meeting reviewed the current status of RDAs, provided update on new knowledge and progress and discussed issues and opportunities for RDA harmonization within the SEAsian region. The meeting also suggested organizing follow-up workshops to develop a harmonized framework on common approaches, concepts and terminology.

The 2nd RDA SEA Harmonization Workshop was held in July 1998 in Malaysia. Some of the main issues raised included the need for criteria for evaluating adequacy for maintenance of health and well-being of the population. The criteria for identification of core nutrients and for prioritizing research needs were also discussed. Several other issues related to development and harmonization of RDAs discussed included which anthropometric standard to use (local or international) and the scientific basis for arriving at categories by age, sex and physiologic status. Participants also discussed the extent to which methods for generating databases in the region could be harmonized and problems to be anticipated in the implementation.

The meeting also discussed the strategies to be adopted for the harmonization of the development of RDAs in the region. It was agreed to form a regional ad hoc committee, with the Food and Nutrition Research Institute (FNRI) of the Philippines serving as the coordinator and responsible for facilitating RDA activities in the region. To conduct a survey to generate a preliminary inventory of manpower and relevant materials and resources available in the region was recommended.

The 3rd RDA SEA Harmonization Workshop was held in Seoul, Korea, in August, 1999 in conjunction with the 8th Asian Congress of Nutrition. The workshop was aimed at finalizing initial agreements reached and recommendations made during the previous two workshops. An immediate Plan of Action was also agreed upon by the participants. Firstly, the creation of a Regional RDA Committee was formalized in the meeting, with the election of the FNRI of the Philippines as the Regional Coordinator. The Terms of Reference for the regional RDA Committee was also agreed upon. Each participating country was urged to set up a national RDA Committee and nominate a representative to be a member of the Regional RDA
Committee. The meeting also emphasized the importance of seeking FAO/WHO’s endorsement and solicit government support for RDA harmonization framework under the National Plan of Action for Nutrition.

2.3.4 Mechanisms for prioritising research in nutrition: the Malaysian experience
(E-Siong Tee, Institute for Medical Research, Kuala Lumpur)

Since 1988 (during the 5th Malaysia Plan period), dedicated funding for research in the country was made available by the government. The Intensification of Research in Priority Areas (IRPA) mechanism was established to fund research studies in five sectors, namely agriculture, industry, medical/health, social science and strategic. In the field of medical research, a one-page listing of topics was prepared to indicate the priority areas.

At the commencement of the 6th Malaysia Plan period (1991-1995), the IRPA panel prepared a new listing to serve as the thrust areas of research activity for researchers. Feedback was obtained from various sources including seminars, mid-term review of the Ministry of Health 5th Malaysia Plan, and questionnaires sent to leading researchers, scientists and health managers. The amount of budget made available for the health sector was almost twice the amount available for the 5th MP period. At the same time, an elaborate system for research management was instituted, starting from a very high level cabinet committee to expert panels for specific fields of research.

For the 7th Malaysia Plan period (1996-2000), the amount of allocation set aside for the health sector was further increased by more than four times compared with the allocation for the 6th MP. Priority research areas were further reviewed, with further sophistication of the areas identified for funding. Eight programmes were identified as priority areas and several target areas for each programme. There was no specific programme for nutrition research, although nutrition studies could be supported under a few of the identified programmes.

As the 7th Malaysia Plan comes to a close, a National Conference on Research Priorities in the Health Sector was organized to review and update the research priority areas. It was felt important for nutrition to be given prominence in the identified priority areas. Thus, a pre-conference workshop was organized by the Technical Working Group on Research to identify nutrition priority areas. A new target area of Nutrition and Food Safety was proposed, with six programmes in nutrition. Within each of the programmes, several areas for research were identified.

2.4 Workshop sessions

For the working group discussions, participants were divided into four working groups, each comprising 6 to 7 government representatives and 3 to 4 other participants. In five separate group work sessions, the participants addressed in sequence: (A) developing NPANs, (B) development of operational plans, (C) implementation of NPANs, (D) monitoring and evaluation of NPANs, and (E) future plans and support required. There were guide questions for every topic and for each of the five sessions (Annex 3). The expected outcomes were sharing of information and experience, identification of constraints and key elements leading to a successful outcome, and identification of further action and support needed by countries to proceed further in their NPANs. The outcomes of the group discussions for every session were consolidated by a team composed of the secretariat, some resource persons and the rapporteur of a working group, who was responsible for presenting in a plenary session the
summary of conclusions for each session, for clarification and further comments and suggestions.

Deliberations of working groups are summarized in the following paragraphs.

2.4.1  Summary of Session A: Developing National Plans of Action

2.4.1.1  Constraints delaying the development of NPANs:

1. Lack of mechanisms and structures for planning.
2. Lack of awareness of nutritional problems and commitment at the ministerial level.
3. Instability of governments and/or frequent changes of key government officials.
4. Lack of human resources to prepare the plan.
5. Lack of coordination and collaboration among agencies.
7. Communication problems between different levels (e.g. national and district)
8. Inappropriate selection of the lead agency.
9. Over-ambitious plans unrelated to available resources and feasibility.

2.4.1.2  Key elements of success in developing NPANs:

1. Having an influential agency to lead the whole process
2. Having a high profile patron/advocate to promote the plan
3. Having a well-respected chair for the nutrition committee
4. Selection of appropriate strategies for the country (not necessarily all the ones of the global plan)
5. Having supporting institution (such as a national institute of nutrition, universities and public health institutes) helping to develop the plan
6. Availability of data on nutrition problems
7. Systematic development of the plan with adequate consultations with all stakeholders
8. Official endorsement/adoption of the plan
9. Support (technical and financial) from key UN agencies and other partners
10. Existing nutrition programmes and activities which can form the basis for the formulation of the NPAN

11. Sharing of information and strategies with countries/agencies.

12. For some countries with limited resources, an incremental approach in the development of NPAN may be appropriate (start small and increase gradually).

2.4.1.3 Suggestions for awareness promoting activities

1. Regional media campaign. (A press package should be developed.)

2. More legislative support for various activities (e.g. food safety, maternity leave legislation, taxing policies).

3. Educating the lawmakers and including them in NPAN/Council.

4. Female participation in decision making.

5. Choosing a prominent role model.

6. Nutrition information on the agenda at regional political fora.

2.4.2 Summary of Session B: developing operational plan

2.4.2.1 Constraints

1. Some departments/people consider the plan more important than the activities.

2. Overlap of existing activities between parties about who does what in the future - territoriality is hard to change.

3. NPAN may be inconsistent with internal government policies.

4. Tendency for some countries to follow strictly the global ICN plan rather than develop a NPAN adjusted to the needs of the country.

5. Lack of information on cost-effectiveness, acceptability, appropriateness of strategies, and political considerations.

6. Difficulties in prioritising NPAN activities.

7. People who prepared the NPAN not the same ones who will operationalize the plan.

8. Lack of technical support (by government institutions & partner agencies), expertise and/or skills in developing comprehensive plans and in translation of strategies into specific actions.

9. Inadequate dissemination of operational plans to many sectors and stakeholders.
10. Absence of multi-sectoral co-ordinating body to operationalize the plan.

11. Frequent changes in representation in coordinating body.

12. Insufficiently high level of representation in the coordinating body, not capable of making influential decisions.

13. Instability of political and economic context.

14. Lack of commitment and support by some member agencies in the coordinating body.

15. Over-ambitious planning not compatible with available resources.

16. Budget requirements seldom included.

2.4.2.2 Key elements of success

NPANs were successful when they served as descriptive and information tools, i.e. when they contained a checklist of existing activities compiled as a means of informing stakeholders about current activities.
NPANs served also as an action tool. In this function:

1. they described activities with details of implementation;
2. they designated responsible agents, thus ensuring action, accountability and ownership;
3. they took advantage of existing structures to implement activities;
4. they had a champion, an advocate who was committed and influential, ideally working full-time to lead the process; and
5. they had a strong foundation in scientific nutritional information, both of local and international nature.

The Intersectoral Nutrition Committee

The intersectoral coordinating committee may be executive or advisory in nature. The more successful committee is likely, though, to be executive. More successful committees were seen by the working groups to have had the following:

1. A specifically allocated budget
2. Members who make time to meet and have authority to delegate appropriate activities
3. A good relationship with governments, partner agencies and the private sector, to use the best resources of each in a manner that promotes nutritional interests
4. An effective organizational structure with top level support for policy and technical and advisory subcommittees for specific tasks.
5. The ability to prioritize and select programmes and activities.
6. Inclusion of academia and representation from nongovernmental organizations.
7. Periodic review of NPAN activities to assess progress and provide feedback to stakeholders.

2.4.2.3 Further actions required

1. Information on available funding sources, both foreign and local, and on how the government budget is allocated should be identified.
2. Ensuring that infrastructure and people are in place to implement nutrition activities at the national, regional and district level.
3. NPAN should be incorporated into a national development plan.
4. Health workers should be trained on how to develop operational plans.
5. Information on cost-effectiveness of various strategies, should be made available.

6. Feasibility of NPAN activities should be ensured:
   (a) to involve those who will manage the programmes in the operational planning process; and
   (b) to conduct a feasibility assessment to identify the likely barriers to effective implementation of programmes and devise strategies to address these, as part of the operational plan.

7. The NPAN should include a clear budget, based on information about the costs of delivering programmes that support NPAN goals.

8. Sources of technical and financial support should be identified, nationally and internationally.

9. A pathway to decision makers should be established for support.

10. A priority-setting process for selection of programs and activities should be in place, and should involve programme managers with knowledge and skills in health promotion who will implement programmes.

11. Adequate time for operational planning should be established with decision makers.

2.4.3 Summary of Session C: implementation of NPANs

2.4.3.1 Constraints

1. Inflexible planning due to:
   • no basis for establishing targets and projections.
   • limited capability to analyze and interpret available data.
   • insufficient quality data.

2. Insufficient human resources in nutrition and dietetics:
   • small number of established government positions
   • positions filled by poorly qualified personnel or by sufficiently qualified personnel with high turnover rates
   • positions not filled as there are no applicants

3. Lack of equipment, infrastructure and technology (e.g. weighing scales). Lack of quality control systems (e.g. calibration and maintenance).

4. Inadequate cooperation of non-nutrition health staff due to:
• lack of interest and motivation of health staff
• lack of motivation and recognition of health staff
• low appreciation of health as a shared responsibility

5. Poor awareness and integration of nutritional objectives in national planning generally, and specifically in agriculture and education.

6. Low priority for nutrition in budgetary allocation.

7. Budgets not approved or not timely.

8. Donor-driven NPAN activities implemented rather than activities based on country needs.

9. Changes in political leadership, political and economic instability, ongoing government restructure or reform.

10. Difficulties in communication and delivery caused by diversity in language, culture, religion, and physical isolation in rural and remote areas.

11. Vulnerability to natural disasters.

12. Conflicting interests: healthy lifestyles versus trade policies; importation of cheap, non-nutritious foods and exportation of quality foods (e.g. fruits, vegetables, tuna); food industry versus public interest.

13. Lack of coordination and communication within and between agencies, ministries, departments.

14. Dependence on external resources to implement NPAN activities.

2.4.3.2 Key elements of success

The work groups identified the following as characteristics of successful NPAN implementation:

1. A strong coordinating body for NPAN located at central level

2. A clear identification of the roles, responsibilities, and mechanism of accountability of those implementing NPAN activities.

3. The writing of grant proposals for obtaining funds.

4. NGOs and the private sector involved in NPAN implementation (e.g. of positive collaboration with private sector: food fortification).

5. Including high level officials as members of NFNC to ensure successful budget allocations and implementation of projects (e.g. food safety legislation).
6. Official government endorsement/adoption of NPAN.

7. Sensitisation of key stakeholders to intended activities.

8. Implementation of NPAN activities by taking advantage of opportunities or events (e.g. change in government) as they arose.

9. A process of formative programme evaluation at strategic points.

10. Operational plan containing a clear statement of the intent and nature of the programmes and activities.

11. Programme delivery built on existing structures, where effective.

12. Skilled managers involved in the coordination and implementation of programmes.

13. Adequate, timely, and sustainable budgets originating from diverse sources.

14. Required skills of staff explicitly specified and training of staff.

15. The system of accountability linked to incentives for appropriate performance (budget, deadlines, reaching targets).

16. Clear prioritization of activities within NPAN.

2.4.3.3 Future actions required

1. Educational activities:
   - exploring the option of an open university to provide higher level of qualification in nutrition
   - proposing upgrading of nutrition qualification from diploma to a degree in relevant institutions
   - developing training packages for use in training of trainers programmes
   - developing problem-oriented training courses in nutrition for primary health care staff

2. Maximizing the contribution of regional and international organizations to the development of nutrition education materials, training manuals, and as clearing houses for education materials.

3. Aiming for full integration of nutrition into Primary Health Care (PHC).

4. Resources and attention should be given to establishing meaningful intersectoral understanding and collaboration. Expertise in this process is available. It requires considerable time, effort and training, and specific negotiating skills across sectors are needed.
5. Adequate staff to implement activities at all levels, and to coordinate and advocate with policy makers

6. Strengthening of community participation in relevant activities.

2.4.4 Summary of Session D: Monitoring and Evaluation (M&E)

2.4.4.1 Constraints

1. Monitoring system not built into NPAN
2. Insufficient expertise and knowledge of monitoring and evaluation is insufficient
3. Access to appropriate training not available
4. Insufficient trained manpower
5. Lack of guidelines to develop a monitoring system
6. Insufficient baseline data
7. M&E not given a high priority
8. Poor quality country vital and health statistics
9. Insufficient knowledge of available data stored/collected in other sectors
10. If monitoring is done, it is conducted by individual agencies and not shared with others.
11. No resources allocated to M&E
12. Lack of central agency accountable for M&E
13. Inadequate health information system
14. Validated methods to measure simple indicators used in monitoring and evaluation are underdeveloped or not easily available.
15. For impact indicators, goals may not be appropriate/achievable.
16. Only vertical programmes, funded by international agencies are monitored.

2.4.4.2 Key elements for success

Effective and successful monitoring and evaluation will take place if:

1. National health information systems are upgraded periodically;
2. There is sharing of experience with M&E;
3. Routinely collected data are used;
4. a food and nutrition monitoring and surveillance system and structure is established;
5. skilled staff is available to conduct surveys with minimal resources;
6. simple and appropriate indicators are used;
7. data relevant to the NPAN are generated;
8. feedback is provided to those involved in the activities and is used to influence subsequent actions; and
9. budgets are prepared in a sustainable and ongoing way to ensure regular surveys and other major nutrition data collections.

There are two elements for successful monitoring and evaluation: (a) process monitoring and (b) impact evaluation. Process monitoring maybe considered under two subheadings, NPAN formulation and implementation.

(a) Process monitoring

NPAN formulation

1. advocacy to reinvigorate political commitment that results in written political commitment
2. identification of an institution responsible for ensuring vertical and horizontal integration
3. institutional framework agreed upon with focal points within individual sectors, and technical working groups to foster intersectoral involvement
4. agreement among partners on a time schedule for NPAN implementation with milestones and feedback mechanism
5. preparation of relevant background documents
6. based on ranking of problems, identification of priority areas for action and intervention
7. setting of appropriate goals, targets and timeframes, taking into consideration what is feasible in the short term and desirable in the future.

NPAN implementation

Monitoring of specific activities, such as a policy document being prepared or revised; policies being implemented; food laws/regulations being prepared and enforced; various activities being implemented e.g. a curriculum modified, education materials prepared, etc.

(b) Impact evaluation
Attainment of goals within the timeframe

2.4.4.3 Future actions required:

1. building of local capacity for monitoring and evaluation and strengthening of nutrition networking across the region to enable cooperation and technical support
2. development of inter-country standardized procedures and guidelines for monitoring and evaluation, using simple indicators.
3. ensuring feedback of results from monitoring and evaluation to the community.
4. establishing a built-in monitoring and evaluation system for the formulation and implementation of NPAN activities and their impact.
5. more practical guidance from UN agencies for formulating and implementing operational NPANs, NPAN related projects and programmes.

2.4.5 Summary of Session E: future plans and support required

2.4.5.1 Future actions - National level

Recommended actions pertaining to countries with working NPANs include:

1. Endorsement of policy by the government and confirmation of political commitment to NPAN.
2. Strengthening collaboration among government sectors, and between government and NGOs as well as private sector.
3. Developing operational plan with timelines for activities.
4. Reviewing and revising the plan, incorporating new information, including, where relevant, national nutrition surveys
5. Reviving the NPAN coordinating committee and update the NPAN.
6. Where applicable, seeking and obtaining funding, and provide technical assistance, for those sectors participating in NPAN activities.

Recommended actions pertaining to countries without working NPAN include:

1. Setting up of a coordinating committee and creating a draft plan.
2. If a nutrition policy exists, ensuring its endorsement by government and obtaining political commitment for the preparation of the NPAN, including allocation of budget.
3. Developing mechanisms of intersectoral coordination.
4. Developing operational plan with timeline of activities.
5. Establishing a proactive intersectoral planning committee to develop a situation analysis. Compiling a check-list of existing activities and of human and technical resources (gathering existing data on vital statistics, programmes, finance and technical expertise).

6. Finalizing the draft plan

**Recommended actions pertaining to all countries**

1. Seeking/ensuring high-level government mandate and commitment to sustain an active nutrition surveillance system.

2. Developing and updating a clear statement of priorities among programmes and activities according to needs.

3. Assigning nutrition staff to priority needs, programmes and activities.

4. Establishing strong and sustained nutrition advocacy at all levels, for example:
   - communicating the recommendations, according to urgency, to the director general (or secretary)
   - organizing media campaigns at national and regional level
   - producing fact sheets on the food and nutrition situation
   - holding a country meeting at high level to implement NPANs

5. Enacting and enforcing specific legislation (e.g. food legislation)

6. Identifying a focal point for NPAN activities in each ministry.

7. Developing nutrition committees at local levels, where applicable.

8. Obtaining regular budget allocation for NPAN activities.

9. Continually reviewing the functioning of the nutrition committee in relation to the roles and responsibilities of members.

10. Integrating the NPAN into the overall schematic framework of the country’s master development and economic plan.

11. Establishing a career structure and improve promotion prospects for nutritionists to attract people into this profession. The post of Chief Nutritionist should be of a high level in government in order to command respect in coordination of activities that involve other agencies.

**2.4.5.2 Future action – regional level**

**Recommended action at the regional level includes:**
1. Holding regular regional NPAN evaluation meetings.

2. Including NPAN on the agenda of regional meetings/fora by the regional organizations (WHO, SPC, FAO, UNFPA, UNICEF).


2.4.5.3 Support required

The following areas were considered to require support by international and bilateral agencies and NGOs:

1. Development of inter-country standardized procedures and guidelines for formulation and implementation of NPANs and of simple indicators for monitoring and evaluation of NPAN implementation.

2. Technical support for formulating, implementing, monitoring and evaluating operational NPANs, NPAN related projects and programs including support for the coordinating body.

3. Support for holding of country meetings on NPAN.

4. Legal and financial expertise to intervene in processes of legislation and budgetary formulation.

5. Financial and technical assistance to develop food standards codes at regional and country levels, including assessment of policy options for optimising the quality and safety of food imports into Pacific island countries.

6. Training opportunities in nutrition for health care workers, agriculture extension officers, teachers and other professionals.

7. Scholarships for the training of nutritionists, and to organize continuing professional education, utilizing distance education wherever appropriate. Compilation of a list of workshops, training opportunities, grants and funding sources.

8. Training opportunities to acquire other skills:
   - management
   - data collection, analysis, interpretation and presentation
   - monitoring and evaluation methods
   - making use of the media and IEC techniques
   - advocacy and social marketing
   - effective intersectoral working methods
9. Developing and disseminating guidelines for best practices, and adapt them to country-specific needs.

10. Developing rapid needs assessment techniques, and making plans to estimate food related needs in disasters.

11. Developing a manual on monitoring and evaluation, including process evaluation of the implementation of NPAN.

12. Sponsoring research in consumer behaviours and factors which would facilitate appropriate dietary behaviour.

3. CONCLUSIONS

The group discussions recognized that the constraints to the NPAN process related to the political and socio-economic environment, resource scarcity, control and management processes, and factors related to sustainability. The groups’ review of NPANs also identified key factors that determined success. In general, successful NPAN processes were based on the availability of information on nutritional problems in the country, and on the identification of effective solutions that were relevant to the country.
3.1 Constraints

3.1.1 Political and socio-economic constraints

A low level of political commitment was observed in many countries, including frequent changes in government, or political, social, or economic instability. Restructuring or reform processes in government endanger the priority given to nutrition. Dependence on external resources to implement NPAN activities carries its own problems: sustainability may be impaired; planning and evaluation may be carried out with inappropriate models and value systems; NPANs may be seen as an obligation to external agencies, more than an inherent need. The constraints of geography (e.g. remoteness and isolation) hinder programme delivery in certain cases. Differences of priority and conflicts of interest between various sectors in society pose a constraint to the NPAN process. Within the health sector, overworked or alienated staff do not always accept their shared responsibility. Outside the health sector, sometimes there is passive resistance (e.g. indifference from other government departments) or active opposition (e.g. conflict with the food industry).

3.1.2 Scarcity of key resources

These include absolute or relative staff shortages, lack of funds, and of information. The potential contribution of local communities is often untapped. This hampers the development of plans, their implementation, as well as the monitoring and evaluation of their results. Staff shortages arise from the unattractiveness of nutrition careers, and from competing demands and interests in the job market for suitable candidates. It is not sufficiently recognized that nutritionists work in a wide range of public health functions. The lack of funds can be attributed to many sources, among which are: a low priority for nutrition in many sectors of government, inadequate production of proposals and grant applications, insufficient budgetary allocations, and relative shortages of funds resulting from over-ambitious planning. Information shortages hamper needs assessment, planning, and monitoring and evaluation. These shortages result partly from the cost of collecting information, but also from the poor quality of health and vital statistics collected routinely, insufficient skills in data analysis and interpretation, lack of guidelines and indicator sets on which to base monitoring. There are often incomplete feedback cycles with insufficient information exchange between central and local levels.

3.1.3 Organizational constraints

Some planning structures were inherently deficient or considered the production of a plan as an end in itself without needing to bear fruit in activity. The responsible agency appointed to lead the NPAN process was in some cases inadequate. There were communication problems between and within sectors. The representatives on the intersectoral coordinating body were not of sufficiently high status or authority. Inadequate efforts were made to disseminate information on programmes and activities and to consult stakeholders in the design or implementation of NPAN.

3.2 Elements of success

Participants recognized that the nutritionists themselves are one of the crucial resources in developing and implementing NPANs.
3.2.1 Developing NPANs

Continued high level political commitment was identified by all countries in the region as an important key element for successfully developing NPANs. This includes having an influential agency or ministry to lead the process for developing the NPAN as well as having a high profile patron or advocate to promote the NPAN such as the Prime Minister, the Minister of Health, or others. Successful NPANs were selective in their planning phase and focused on a few specific strategies appropriate for the country, rather than addressing all nine strategies identified in the World Declaration and Plan of Action for Nutrition. In particular, for those countries with limited resources, an incremental approach to the development of NPAN is considered more realistic and effective (start small and increase gradually). Baseline nutrition data and existing nutrition programmes and activities formed the basis for formulating NPAN in many countries. Adequate consultations with all stakeholders, including local communities, also facilitated the development of NPAN.

3.2.2 Putting NPAN into practice

In countries with successful NPANs, official governmental adoption facilitated implementation. Locating the intersectoral coordinating committee at a high level in government, such as the Prime Minister’s office or the Ministry of Finance and Planning, also facilitated successful implementation. Including high level officials as members of the coordinating committee contributed to successful budgetary allocations and implementation of NPAN activities. Adequate, timely, and sustainable budgets originating from diverse sources were crucial in implementing NPANs.

Effective NPANs were descriptive documents, containing a list of existing activities compiled as a means of informing all stakeholders about on-going activities and for coordination and harmonization purposes. They also triggered action by clearly designating responsible agencies for identified activities, thus ensuring responsibility and accountability.

The intersectoral coordinating committee was crucial in putting NPANs into practice. The committee was either executive or advisory. However, more effective and successful committees had a specifically allocated budget, including funds to implement NPAN itself. They consisted of members from all concerned agencies including academia, NGOs and the private sector. Members of successful committees participated regularly in meetings and had authority to delegate appropriate activities in their sectors. Successful committees had an effective structure with a top level for policy, and technical advisory subcommittees for specific tasks, as well as mid-level agency employees with time and access to data. They had a good relationship with all participating agencies, NGOs and the private sector using the best resources of each in a manner that promoted nutritional interests. The ability of the committee to prioritize programmes and activities was also recognized as a key element. It was also essential for the committee to periodically review NPAN activities, to assess progress, and provide feedback to all stakeholders.

Prioritization of activities, recruitment and assignment of appropriate and well-trained staff, and utilization of existing structures were important for successful programme delivery. Evaluation at strategic points was also a key element of success for improving programmes. In some countries, implementation of NPAN activities was supported by taking advantage of opportunities or events (e.g. changes in government) as they arose.
3.2.3 Monitoring and evaluation

A crucial element was the incorporation of monitoring and evaluation components within the NPAN itself. This included the identification of the processes, with timelines, milestones, and feedback mechanisms. Successful monitoring and evaluation required the availability of appropriately trained staff and sustainable budgets to ensure regular surveys and other major nutrition data collection. Furthermore, providing feedback to those involved in NPAN implementation also facilitated sustained action.

The availability of national food, nutrition, and health information that is updated periodically and routinely was important for evaluating the effectiveness of NPAN activities. This includes using simple and appropriate (measurable) indicators across the whole NPAN process. Training in monitoring and evaluation was identified as a crucial element for many countries.

3.3 Future plans and support required

Participants identified specific actions required in each country and gave some indications of the support expected from government and from external/international agencies (see Annex 4). These planned activities and support required can be a useful reference for both governments and partner agencies.

In addition, a summary of future actions recommended for countries with and without working NPANs, and for all countries, is provided under section 2.4.5.1. Finally, recommended actions which require the involvement of both governments and partner agencies, at the regional level, are listed under 2.4.5.2.
### TIMETABLE

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday, 25 October</th>
<th>Time</th>
<th>Tuesday, 26 October</th>
<th>Time</th>
<th>Wednesday, 27 October</th>
<th>Time</th>
<th>Thursday, 28 October</th>
<th>Time</th>
<th>Friday, 29 October</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00</td>
<td>Registration</td>
<td>08.30</td>
<td>Summary of conclusions of group work session A 9. Regional summary on NPAN status (Dr. C. Florencio) 10. Introductory paper for group work session B (case study: Northern Mariana Islands)</td>
<td>08.30</td>
<td>Summary of conclusions of group work session B 14. Update paper 1: National nutrition surveys: initiation, funding, planning and implementation (Japan and New Zealand) Group work session C: ‘Implementation of NPANs’ (continued)</td>
<td>08.30</td>
<td>Summary of conclusions of group work session C 17. NPAN case study: Cambodia</td>
<td>08.30</td>
<td>Summary of conclusions of group work session E 20. Update 3: Mechanisms for prioritizing research in nutrition: the Malaysian experience</td>
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<tr>
<td>09.00</td>
<td>1. Opening ceremony</td>
<td>09.45</td>
<td>COFFEE BREAK</td>
<td>09.45</td>
<td>COFFEE BREAK</td>
<td>10.00</td>
<td>COFFEE BREAK</td>
<td>10.00</td>
<td>COFFEE BREAK</td>
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<tr>
<td>10.15</td>
<td>Adoption of the agenda and administrative announcements 2. Global review and critical analysis of national nutrition plans and policies (WHO/HQ) 3. ICN follow up activities by FAO (FAO/HQ) 4. UNICEF nutrition strategies and ADB/UNICEF regional technical assistance for nutrition (UNICEF/EAPRO) 5. Intersection between healthy islands, NCDs and NPANs (WHO South Pacific) 6. The Pacific experience: applications and implications for NPANs (SPC)</td>
<td>10.00</td>
<td>Summary of conclusions of group work session B: ‘Development of operational plans’</td>
<td>10.15</td>
<td>Group work session C: ‘Implementation of NPANs’ (continued)</td>
<td>10.15</td>
<td>18. Group work session E: ‘Future plans and support required’</td>
<td>10.30</td>
<td>21. Presentation on the main issues, conclusions and recommendations emerging from the workshop and discussion 12.00</td>
</tr>
<tr>
<td>12.30</td>
<td>LUNCH BREAK</td>
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<td>LUNCH BREAK</td>
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</table>
| 15.45 | Group work session A: ‘Developing NPANs’ (continued) | 15.45 | Group work session C: ‘Implementation of NPANs’ (continued) | 15.45 | Group work session D: ‘Monitoring and evaluation of NPANs’ (continued) | 15.45 | Group work session E: ‘Future plans and support required’ (continued) | 17.00 | 19. Update paper 2: Harmonization of RDAs in South-East Asia: conclusions and recommendations of a recent workshop |}

23. FIELD TRIP
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GUIDELINES FOR WORKING GROUPS

The main objective of working groups is for country participants to discuss and learn from each-other’s experience in the development, implementation, monitoring and evaluation of NPANs.

Participants will be divided into 4 groups, each composed of 6-7 government representatives and some representatives of UN agencies and other partners. Representatives of UN agencies and other partners should contribute to working groups with questions and remarks, but allowing most of the discussion to take place among government representatives.

It is preferable to maintain the composition of the four working groups throughout the meeting.

Each working group should nominate a chairperson and a rapporteur. At the end of each session, each working group is expected to give to the WHO Secretariat member who is part of that group a summary of the main points discussed and the conclusions of that session.

The Chairperson of the Group will ensure that:

♦ all relevant topics are covered within the allotted time
♦ all country participants have a chance to give their story
♦ that the discussion is focused and to the point
♦ that at the end of the session the required output can be presented

The Rapporteur of the Group will ensure that:

♦ all relevant points discussed and the conclusions reached in the group are accurately and clearly recorded
♦ all the notes are recorded in electronic form (eg using MS Word) in a laptop during the discussion session
♦ these notes are passed onto the WHO Secretariat member in that group
Annex 3

There will be 5 working group sessions in sequence:

Group work session A: “Developing NPANs”
Group work session B: “Development of operational plans”
Group work session C: “Implementation of NPANs”
Group work session D: “Monitoring and Evaluation of NPANs”
Group work session E: “Future Plans and support Required”

For each of the above, the expected outcome is
- exchange of information and experience among countries
- identification of constraints and key elements leading to a successful outcome
- identification of further action and support needed by countries to proceed further

The following are suggested topics to be covered in the discussion. Please do not feel limited by these suggestions, however, and add whatever you feel is of interest.

- Group work session A: “Developing National Plans of Action”
  1. Did all countries in the working group develop a NPAN?
  2. Why was it decided to have (or not to have) a NPAN?
  3. Who was involved in this decision?
  4. Was a "country paper" prepared to analyse nutritional problems and interventions? Did this help to develop the NPAN?
  5. Who is (was) responsible for drafting the NPAN?
  6. Does the NPAN have clear targets, to be achieved by a given date?
7. What was the process that led to the drafting of the NPAN?

8. Which were the sectors, institutions, people involved?

9. What was the official adoption mechanism?

10. What are the constraints experienced in the development of the NPAN?

11. What actions were taken to overcome these constraints?

12. What were the key elements that led to successful development of the NPAN?

13. Were partners outside the government involved in drafting the NPAN? Which ones?

14. Was an intersectoral committee involved in developing the NPAN? If yes, was it effective?

- Group work session B: “Development of operational plans”

1. Which ministries, UN agencies, bilateral agencies, NGOs, private sector, research institutions/universities, were/are involved in planning the NPAN?

2. Who was/is responsible for target setting and prioritizing of targets?

3. Who was/is responsible for the choice of strategies and activities?

4. How were programmes/activities selected?

5. How were timelines and responsibilities for the programmes and activities established?

6. Who was/is responsible for the implementation of the programmes/activities and how were these people chosen?

7. How was/is the budget for the implementation of the chosen programmes and/or activities established?

8. Which are the main funding sources?

9. What were the major constraints and successes during this phase?

10. What actions were/are being taken to overcome these constraints? Were the actions successful?

11. Was an intersectoral committee involved in developing operational plans? If yes, was/is it effective?
Annex 3

- Group work session C: “Implementation of National Plans of Action”
  1. Did the implementation of the programmes and/or activities follow the set timelines and budget? If not, why?
  2. What major constraints and/or successes were experienced during this phase?
  3. What actions were taken to overcome constraints and were they successful?
  4. Is there an intersectoral committee to oversee the implementation of the NPAN? If yes, is it effective?

- Group work session D: “Monitoring and Evaluation of National Plans of Action”
  1. Are monitoring and evaluation (periodic review) systems included in the NPAN?
  2. Who is responsible for monitoring?
  3. What mechanisms exist for monitoring and evaluation of programmes/activities?
  4. What are the costs for monitoring and where do the funds come from?
  5. Is there a counterpart outside the government which supports monitoring?
  6. What are the major constraints and successes in monitoring?
  7. What action was taken to overcome the constraints?
  8. Did programmes/activities meet the targets set? If not, what were the main reasons why targets could not be met?
  9. Has the monitoring/evaluation process led to redirect/improve programmes/activities?
 10. If there is an intersectoral committee, is it involved in monitoring and evaluation of the NPAN?
 12. What are the constraints experienced in the development of the NPAN?
 13. What actions were taken to overcome these constraints?
 14. What were the key elements that led to successful development of the NPAN?
 15. Were partners outside the government involved in drafting the NPAN? Which ones?
Group work session E: “Future Plans and support Required"

1. Did the NPAN contributed to an improvement of the nutrition situation in your country?
2. What other benefits are there after the development and/or implementation of NPAN?
3. What would you liked to see changed in the future?
4. Do you think your country will continue to develop a NPAN for the coming 3-5 years?
5. What will be the priority programmes and/or activities for the next 3-5 years?
6. What support (e.g. technical, financial, human resources) support do think feel that is required from your own government, UN agencies, NGOs in the future?
# FUTURE PLANS AND SUPPORT REQUIRED

(Input from member countries participating in the NPAN Workshop, 25-29 October 1999, Kuala Lumpur)

<table>
<thead>
<tr>
<th>Actions required to improve implementation of NPAN</th>
<th>What support is required from Government?</th>
<th>What support is needed from international agencies / external agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country: American Samoa</strong></td>
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<td></td>
</tr>
<tr>
<td>1. Establish a National Food &amp; Nutrition Committee</td>
<td>1. Political support – Governor/Senators/House of Representatives</td>
<td>1. Networking &amp; sharing information &amp; expertise with advanced or otherwise countries.</td>
</tr>
<tr>
<td>2. Committee members endorsed by executive order</td>
<td>2. Government Department Support</td>
<td>2. Provide technical/financial assistance - continuous</td>
</tr>
<tr>
<td>3. Conduct workshops or committee members to:-</td>
<td>a. Financial - an annual budget specifically for nutrition; maybe hire a full time nutritionist to oversee and administer operations of NPAN and others</td>
<td>a. Training &amp; reviewing progress on all phases of the NPAN.</td>
</tr>
<tr>
<td>a. Introduce draft NPAN - going over,</td>
<td>b. Technical - allowing intersectoral networking + sharing of resources to better facilitate implementation (eg. Personnel, data, expertise etc).</td>
<td>b. Assist in ensuring a quality improvement process is instituted as on going process.</td>
</tr>
<tr>
<td>goals/objectives/activities/operational/</td>
<td></td>
<td>c. Direct financial assistance in all phases esp. monitoring, evaluation</td>
</tr>
<tr>
<td>implementation/monitoring/evaluation/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>budget/ways of sustainability/time lines/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>quality assurance instrument included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Plan a course of action for reviewing the NPAN/</td>
<td></td>
<td></td>
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<tr>
<td>finalizing and eventually officially approving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and adopting the document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Before officialization need to educate policy</td>
<td>1. Endorsement</td>
<td></td>
</tr>
<tr>
<td>makers, government leaders, private sectors,</td>
<td>2. Adoption</td>
<td></td>
</tr>
<tr>
<td>NGOs, community leaders, regarding the NPAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Utilization of media in all forms to help</td>
<td></td>
<td></td>
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<tr>
<td>inform everyone regarding progress of NPAN</td>
<td></td>
<td></td>
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<tr>
<td>to stimulate and sustain interest,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>motivation/participation for making NPAN a</td>
<td></td>
<td></td>
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<tr>
<td>way of life</td>
<td></td>
<td></td>
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<tr>
<td>3. Explore if our country need to conduct a</td>
<td></td>
<td></td>
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<tr>
<td>national health and morbidity survey for</td>
<td></td>
<td></td>
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<tr>
<td>baseline data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country: Australia</td>
<td></td>
<td>Network management by WHO/FAO to encourage sharing successful/less successful experiences particularly intersectonal collaboration.</td>
</tr>
<tr>
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</tr>
<tr>
<td>- Establish a management group who will oversee operational planning, implementation and performance monitoring</td>
<td>- Championship of NPHNS and initiatives</td>
<td>Note:</td>
</tr>
<tr>
<td>- Focus on a few ‘best bet’ initiatives, win political and financial support for these and do them well</td>
<td>- Funding commitment over a period of 10 years</td>
<td>Potential to tap skill available in Australia for support for Region:</td>
</tr>
<tr>
<td>- Establish and maintain effective collaboration with various food industries and the transport to achieve goals/conduct activities</td>
<td>- Foster participation by other government portfolios and private section in Nutrition</td>
<td>- Higher degree - MPH and New Master of International Public Health - University of Sydney; MCN - University of Queensland</td>
</tr>
<tr>
<td>- Invest in evaluation of public health approaches to reducing obesity</td>
<td>- Realistic expectations of what can be achieved in short, medium, long term</td>
<td>- Health promotion (short courses) – Public Health advocacy; Health promotion (University of Sydney) Monitory, Evaluation (short courses) - University Queensland -- National Nutrition Monitory Unit</td>
</tr>
<tr>
<td>- Foster several senior level champions for National Public Health Nutrition (NPHNS) within government and outside government but influential in government decision makers</td>
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<tr>
<td>- Compile and disseminate good practice guidelines</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Country: Cambodia</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Strengthen the NPAN structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Identify the right person from each ministry to join NPAN Technical committee</td>
<td>Govt</td>
<td></td>
</tr>
<tr>
<td>b. Identify focal point from each related ministries</td>
<td>Govt</td>
<td></td>
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<tr>
<td>c. Funding support of NPAN secretariat</td>
<td>External</td>
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<tr>
<td>2.</td>
<td>Collect existing activities from each ministries to NPAN</td>
<td>Govt</td>
</tr>
<tr>
<td>3.</td>
<td>Find out the gaps and overlaps after collecting existing information</td>
<td>Govt</td>
</tr>
<tr>
<td>4.</td>
<td>Prioritize the 12 priority issues and develop operational framework for short-term intervention within NPAN</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Improving household food security</td>
<td>MOA</td>
</tr>
<tr>
<td>b.</td>
<td>Prevention and treatment of infectious diseases</td>
<td>WHO, UNICEF</td>
</tr>
<tr>
<td>c.</td>
<td>Controlling micronutrient deficiencies</td>
<td></td>
</tr>
<tr>
<td>Vitamin A Program</td>
<td>- Vitamin A capsules</td>
<td>Unicef</td>
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<tr>
<td></td>
<td>- Training health sta</td>
<td>Ext</td>
</tr>
<tr>
<td></td>
<td>- Vitamin A coverage survey</td>
<td>Ext</td>
</tr>
<tr>
<td></td>
<td>- Biological survey</td>
<td>Ext</td>
</tr>
<tr>
<td>IDD Program</td>
<td>- Potassium iodate</td>
<td>Ext</td>
</tr>
<tr>
<td></td>
<td>- Iodised oil capsule</td>
<td>UNICEF</td>
</tr>
<tr>
<td></td>
<td>- Salt iodization (production, distribution and monitoring)</td>
<td>UNICEF + Ext</td>
</tr>
<tr>
<td></td>
<td>- urinary iodine survey</td>
<td>Ext</td>
</tr>
<tr>
<td>Iron program</td>
<td>WHO</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>- Workshop for developing National plan of action</td>
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<tr>
<td>- Iron pills</td>
<td>UNICEF</td>
<td></td>
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<tr>
<td>- Iron syrup for children</td>
<td>Ext</td>
<td></td>
</tr>
<tr>
<td>5. Develop framework for monitoring and evaluation of NPAN.</td>
<td>Ext</td>
<td></td>
</tr>
<tr>
<td>6. Put the Cambodian Nutrition Investment Plan into Project Investment Plan</td>
<td>Govt</td>
<td></td>
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<tr>
<td>7. Conducting National Workshop to revise NPAN</td>
<td>Ext</td>
<td></td>
</tr>
</tbody>
</table>

**Country: China**

<table>
<thead>
<tr>
<th>- Workshop for improving the awareness of NPAN of people at the relevant governmental sector at national level</th>
<th>RMB30,000 (USD 4,000)</th>
<th>UN agencies taking part: USD 4,000.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Revision of the NPAN</td>
<td>RMB40,000 (USD 5,000)</td>
<td>Consultant may be needed</td>
</tr>
<tr>
<td>- Formulate a work group</td>
<td></td>
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<tr>
<td>- Prioritize activities</td>
<td></td>
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<tr>
<td>- Propose implementing plans</td>
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</tr>
<tr>
<td>- Training workshops on food and nutrition planning for governmental Personnel at national and sub national levels</td>
<td>RMB 500,000 (USD 65,000)</td>
<td>Consultancy and USD 60,000</td>
</tr>
<tr>
<td>- National nutritional survey</td>
<td>RMB 2 million (USD 250,000)</td>
<td>Consultancy and USD 100,000.</td>
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<tr>
<td>- Dietary</td>
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<td>- Anthropometry</td>
<td></td>
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<tr>
<td>- Biochemical</td>
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<tr>
<td>Country: Cook Islands</td>
<td>Country: Fiji</td>
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</tr>
</tbody>
</table>
| - Review, prioritize and endorse the NPAN  
  - An operational plan to be incorporated into the NPAN  
  - Form a Food and Nutrition Committee to strengthen the NPAN activities  
  - Obtain the other Ministries support | - Assertive ownership of the NPAN  
  - More scholarships or training available for Nutritionist or Dietitian  
  - Political support  
  - Technical support and expertise on evaluation and monitoring of the NPAN  
  - Training for Nutritionists/Dietitians and others in data collection and analysis  
  - Consultancy for the implementation or monitoring of the NPAN |
| - Identification/establishment of the responsible body (coordinating/implementing) and structure set up | - Identification/acknowledgement and support of that body, giving its terms of references, roles and responsibilities  
  Assist/facilitate with the process |
| - Advocacy, strengthening & Development of intersectoral coordination/coollaboration | - Political and ministerial support  
  Assist/facilitate with advocacy and establishment of the linkages |
| - Review/revise and update NPAN – including food security issue (esp during disasters). It also needs to have inbuilt indicators and M & E tool  
  - Develop rapid needs appraisal system  
  - Strengthen the linkages of intra and interministries and NGOs  
  - Seek assistance for implementation of NPAN including setting up of specific committees | WHO to assist/facilitate with:  
  - the update of NPAN  
  - technical support for the reconstitution of the multisectoral F & N committee  
  - development of TOR for this committee for implementation of NPAN  
  - development of country specific rapid appraisal system |
| - Publicity and implementation of the NPAN | - Mobilisation of resources  
Government and ministries support in terms of making it mandatory and putting NPAN as priority | Assist with:  
- Development of priority actions for NPAN implementation by each sector  
- Set up mechanism for coordinating these activities at national level - as a focus for collaboration with regional development partners  
- Development of M & E system |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Country: Japan</strong></td>
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<tr>
<td>- Our main targets in NPAN are being on lifestyle modification of the people towards healthier eating, which will need ‘environmental control’ for supporting people to do so. Very broad intersectoral cooperation both inside and outside the government may be the most important issue to establish an coordinating body will be the initial action in the near future.</td>
<td>Some political driving force may be necessary for achieving the above mentioned plan.</td>
<td>Support (driving force?) from international agencies will give incentive to politicians, government officials, stakeholders and public.</td>
</tr>
<tr>
<td><strong>Country: Kiribati</strong></td>
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</tbody>
</table>
| - Develop/have effective monitoring & evaluation methods in place  
- Strengthen existing National Food and Nutrition Committees  
- Re-prioritize nutrition activities in line with available resources (human & otherwise) as in year 2000 only 1 Nutrition staff  
- Implement priority activities and/or strengthen existing programs/activities  
- Upgrade nutrition staff qualification | To create more vacancies/posts for nutrition in government (at present only 2 exist and are occupied). | Funding for:  
- A Bachelor’s degree course in nutrition for one nutrition officer (year 2001 - 2003)  
- A National Nutrition Survey (last one 1985) or more immediately a vit A survey  
- Support for Research Development in Nutrition |
<table>
<thead>
<tr>
<th>Country: Laos</th>
<th>Facilities</th>
<th>Materials and equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>− Conduct surveys on vitamin A deficiency, IDD, anaemia</td>
<td>− Human resources</td>
<td>− Technical</td>
</tr>
<tr>
<td>− Establish top committee level</td>
<td>− Salary of medical staff</td>
<td>− Budget</td>
</tr>
<tr>
<td>− Improve monitoring and Evaluation systems</td>
<td></td>
<td>− Training course</td>
</tr>
<tr>
<td>− Improve intersectoral committee</td>
<td></td>
<td>− Exchange experience with other countries</td>
</tr>
<tr>
<td>− Master plan of NPAN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country: Republic of Korea</th>
<th>Country: Malaysia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intersectoral relationship among several ministries and, between Government and NGO is needed to facilitate and manage activities of NPAN</td>
<td>National Nutrition Survey</td>
</tr>
<tr>
<td></td>
<td>(a) Development and validation of assessment tools</td>
</tr>
<tr>
<td></td>
<td>(b) Nutrition and Food consumption survey</td>
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<td></td>
<td>To sustain and strengthen breast feeding promotion activities, including:</td>
</tr>
<tr>
<td></td>
<td>(a) Advocacy</td>
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<tr>
<td></td>
<td>(b) Seminar for private hospital policy makers and managers</td>
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<tr>
<td></td>
<td>(c) Training courses for breast feeding counsellors</td>
</tr>
<tr>
<td></td>
<td>US $ 200,000 (UNICEF)</td>
</tr>
<tr>
<td></td>
<td>US$ 50,000 (UNICEF)</td>
</tr>
<tr>
<td>The most important issue is to establish national coordination body managed by top level officials.</td>
<td>We need strong influence from the high level of UN agencies and WHO to implement NPAN effectively and to be closely related to the NPAN in Korea.</td>
</tr>
<tr>
<td>(d) Establishing and enhancing mother-to-mother support group</td>
<td></td>
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<tr>
<td>(e) Monitoring and evaluation of BFH activities</td>
<td></td>
</tr>
<tr>
<td>(f) Regular update of educational materials</td>
<td></td>
</tr>
<tr>
<td>- Evaluation of IDD control programme</td>
<td>US$ 50,000 (UNICEF)</td>
</tr>
<tr>
<td>- Sustain training of nutrition modules by the Technical working group on training</td>
<td>Maintain support and commitment of various government agencies. They should assign senior representatives for follow-up of training programmes.</td>
</tr>
<tr>
<td>- Create additional posts for nutritionist in the MOH, Ministry of agriculture, education at the National, state and district level</td>
<td></td>
</tr>
</tbody>
</table>

**Country: Marshall Islands**

Set priorities. Existing staff members are overwhelmed with too many responsibilities and are members of too many committees. To revitalize the National Nutrition and Children’s Council in which members consist of all secretaries. A follow-up meeting at the country level to promote awareness. Technical assistance in assessing the status or situation of the NPAN.

**Country: New Caledonia**

- Create coordination committee
- Compile a check list of human and technical resources
- Prioritise the actions/activities for nutrition
- Do the territorial nutrition survey
- Finalise the draft plan
- Political support:: approve and appoint the draft plan
- Financial support:: on-going regular budget allocation
- Technical adviser who understands well the political and crucial situation
- Calendar training
- Training on writing the legislation when the NPAN is set up
- Financial support
### Country: New Zealand

- Update - including data/priorities arising from NNS 97. Update also including specific program proposals for areas where only general “actions” have been made in the original
- Re-formatting to be more “user-friendly”. The current format was specified by the PHC and is difficult to peruse and not clearly indexed

- Official Govt and Ministry [s] endorsement of the updated NPAN
- Resource in Ministry of Health - committed to promoting the NPAN, monitoring progress on the implementation and conveying these actions to FNAC (Food and Nutrition Advisory Committee). Resource (budget) to allow FNAC to meet at least annually, solely to consider progress on NPAN actions

### Country: Northern Mariana Islands

The CNMI Food and Nutrition Council and each subcommittee reviewed the Ten Year Plan of Action. Now the Annual Worksheet of “specific actions items for 1999-2000”

*See Example*

None

Input: provide a list of events Calendars, Studies of similar events Media Packets or Information from other countries that have completed “Action-Events” to guide us.

Subcommittees are identifying Top Three Priorities

Annual Budget

Share information as to whether other countries have these plans/problems, Case studies for comparison, aide

| (1) 1999 – 2000 |
| (2) 2000 – 2001 |
| (3) 2001 – 2002 |

Subcommittees next complete an Annual Calendar for Public Education and Media. (For example, November is women’s breast cancer awareness month w/free mammographies.

Medical Infrastructure

Equipment for Mammographies, whatever the event/topic is: MRI/CT SCAN

Nursing and Nutrition Training

Technical support and training
<table>
<thead>
<tr>
<th>Task</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our members need “Media Training” on writing, interviewing</td>
<td></td>
<td>Create media/legislative training (testifying) skills, article formation and legislative testimony.</td>
</tr>
<tr>
<td>Sessions to teach us how to write Legislation</td>
<td></td>
<td>Training Session</td>
</tr>
<tr>
<td>Implement the Weekly Television Nightly News segment: we pay the only television (cable) news for a two-minute advertisement which is actually a “TV News story” though we control the subject, writing, editorial content, etc. (November-December 1999).</td>
<td>US $11,000/year</td>
<td>Support to create media centres Computerize training/video/documentary Creation of regional media centre rather than each country recreating Nutrition TV/radio/news information: where to go for support, key legislators to write to, etc.</td>
</tr>
<tr>
<td>Weekly newspaper layout articles to match our Annual Calendar, information etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of our Legal Status</td>
<td>Legal Review/Advice</td>
<td>Case studies from Region on appointment, terms, pay education, process for being on FNC.</td>
</tr>
<tr>
<td>Goal: Improve Attendance</td>
<td></td>
<td></td>
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<tr>
<td>Keep out of Politics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure budget</td>
<td>Legislative Action</td>
<td>Case study to see if other countries also require personnel.</td>
</tr>
<tr>
<td>Monitor our Ten-Year Plan</td>
<td>Advertising Budget</td>
<td>Standardized Method of question, types of data etc.</td>
</tr>
<tr>
<td>FTE: Human Resources</td>
<td>Personnel for Review</td>
<td></td>
</tr>
<tr>
<td>Train personnel for collection of Data and Monitoring of NPAN</td>
<td>FTE: Personnel</td>
<td>Establish Regional Methods Train Regional Nutritionist (person who does it) Involve regional political groups So that each member country Report back in same format (standardized methods leading to evaluation).</td>
</tr>
<tr>
<td>Create Year 2000 Action Item Work Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As we are laymen, training of each council</td>
<td>US$20,000/year</td>
<td>List of workshops/trainings Grants for regional sessions Scholarships to attend sessions.</td>
</tr>
<tr>
<td>Creation of basic health care</td>
<td>Nutrition Initiation Notebook for new FN Council Members.</td>
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<td>--------------------------------</td>
<td>---------------------------------------------------------------</td>
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<tr>
<td>As we are laymen, Training of Subcommittee Work (and share Training/Info) within our Region (Guam, CNMI, FSM).</td>
<td>US$30,000/year Travel Copy Funds.</td>
<td></td>
</tr>
</tbody>
</table>

Creat/provide a ‘basic health & nutrition booklet’ text book. Collection of shocking emotional data to help prove our point, promote prevention.

Better awareness of regional programs; studies that already exist, what grants and technical assistance we can participate within region.

**Country: Republic of Palau**

**Immediate Actions:**
- Reporting back to appropriate management and staff of the Ministry of Health.
- Recruitment and formation of a proactive intersectorial planning committee to gather data on vital statistics, programmes, financial and technical resources currently available within the country. The committee is to map out the course of action for the review, finalizing of NPAN towards official endorsement. To weave NPAN into the overall schematic framework of Palau’s Master Development and Economic Plans.
- Begin training of key personnel in government and private sector not only in the content of NPAN but also the implementation, monitoring and evaluation of the Plan.
- Begin the process of doing a National Nutritional Survey.

- Political Support from the Executive and Legislative Branch toward endorsement and adoption of NPAN. Commitment to strengthen existing nutrition related activities as well as provide personnel and logistical support for the training, implementation, monitoring/evaluation of NPAN.

- Financial and Personnel (Volunteer) support from Non Governmental Agencies towards training, implementation and monitoring/evaluation of NPAN.

- Technical and Financial Support in the review, finalization, implementation process and publication of the NPAN document (with built in Monitoring/Evaluation System (Continous Quality improvement Processes). (WHO).

**Country: Papua New Guinea**

<table>
<thead>
<tr>
<th>Action: Training 1</th>
<th>Government to write a proposal to make “nutrition” part of the existing links between Queensland University’s Public Health Program and Department of Community Medicine, University of Papua New Guinea. Training of students takes place in PNG and Australia, but they graduate with diploma/degree in Public Health from UPNG. Queensland University has changed their MCN program to certificate/diploma/degree in Public Health.</th>
<th>WHO supports the Department of Community Medicine program with a number of scholarships. Increase number of scholarships with eg. 5, specifically for nutrition training in Public Health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training 2</td>
<td>The Department of Applied Science has approved the B.Sc in Nutrition Program. The course is developed alongside the existing B.Sc in Food Technology and would produce nutritionists with a speciality in food safety, (micro) nutrients etc. Dr. Betty Amos, Senior Lecturer in Food Technology, has developed the course. The only reason training has not started is because of lack of funds.</td>
<td>To start the course initially, approximately US$100,000 would be necessary, mainly to purchase additional lab equipment, and build lab facilities, including animal house. N.B. Ausaid/SPC will support planned in-service training.</td>
</tr>
<tr>
<td>Nutrition education</td>
<td>A review of existing and development of new nutrition materials is planned to start in November. This will be done in collaboration with Health Promotion Branch, Department of Health. Sadly, the Health Promotion Specialist, who would assist, died last August. She was brilliant. The next Health Promotion Specialist (to assist Rural Health Project funded by Aus AID) is expected late in 2000. The Government has the technical knowledge, but lacks the capacity to</td>
<td>Need a artistic and creative nutrition education specialist to assist with review and development of materials(STC). N.B. Unicef gives assistance with IDD Program and (pilot) growth monitoring.</td>
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<tr>
<td><strong>Country: Philippines</strong></td>
<td></td>
<td><strong>Country: Samoa</strong></td>
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</tbody>
</table>
| - Review the intent and content of the PPAN  
  - Thrusts  
  - Goals/Objectives  
  - Strategies and Prioritization  
  - Priorities and Targets  
  - Monitoring & Surveillance  
  - Evaluation  
  - Budget  
  - Improve further the effectiveness of multisectoral committees (central and local)  
  - Sustained advocacy among key leaders and stakeholders  
  - Better operationalization of strategies (what to do, why, how, who, where and when)  
  - Enactment of nutrition and nutrition-related bills and their strict enforcement | - High level national and local political commitments  
- Allocate adequate funds and ensure timely availability  
- Assertive in identifying and sourcing of funds  
- Continue the conduct of basic, applied and operational researches | - Technical assistance  
- Monitoring and evaluation  
- Impact evaluation  
- Financial and logistics support  
- Provide mechanisms for international networking/cooperation in the areas of:  
  - information sharing (surveys/researches and technologies)  
  - research & development  
  - human resource development.  
  - policy formulation and program designing |
| - We have a National Food and Nutrition Policy in Samoa. The time frame is 1995 - 2000. The Policy sets objectives and targets for nutrition activities  
- We need to operationalise the Policy by developing a plan of action (NPAN) which includes a time frame and identifies responsibilities. When the NPAN is finalised it needs to be implemented and the implementation monitored | - Acknowledgement from Minister of Health and Senior Government officials (especially health) that formulating the NPAN is an important task.  
- Revitalization of the National food and nutrition council. In particular secretary appointed for NFNC  
- Workshop to hold mid-term review of the food and Nutrition Policy and to begin development of NPAN based on | - Assistance with sensitising Minister of Health and Senior Goverment Officials (including health) to the importance of NPAN and nutrition in general  
- Funding and assistance with workshop  
- Assistance with developing NPAN |
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<th>Country: Solomon Islands</th>
<th>Country: Tonga</th>
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| - Ask for a situational analysis and compile a check-list of existing food/nutrition activities (what is available, who is doing what, where they occur etc)  
- Review the draft NPAN & adapt & prioritise if necessary & seek government official endorsement.  
- Review & revive the NFNC and look at the functions/roles responsibilities and membership  
- Plan a National Nutrition Survey and use the results for evaluation, assessment & to implement, improve and track progress of existing food & nutrition activities  
- Seek ways to incorporate/integrate “nutrition” into the overall schematic framework of the country’s master development and economic plan | - Obtain regular budget allocation and regular budget disbursement for food/nutrition activities  
- Financial and technical assistance to fund National Nutrition Survey  
- Financial assistance to fund NPAN activities or existing food nutrition activities |
| - Workshop findings  
- Meetings and follow-up to finalise NPAN  
- Allocation of sufficient human resources and funding | - Provision and disbursement of regular Budget allocation for NPAN Activities  
- Financial & Technical Assistance for the development of Food Standards code for Tonga  
- Technical & Funding Assistance to conduct National Nutrition Survey  
- Funding Assistance to support NPAN Activities & NPAN Annual Review |
| - Revive the NPAN steering Group  
- Prioritise and strengthen NPAN Activities  
- Identify needs and prioritise NPAN Activities by consensus  
- Support participating sectors with technical assistance, seek/obtain funding assistance  
- Continue to advocate & feed back to Govt |
and the community through media about NPAN activities
- Conduct National Nutrition Survey

**Country: Tuvalu**

- Re-prioritise activities and expand on them
- Revitalise the NFNC Committee
- Revise/update NFNP/NPAN and to formulate an operational plan
- To sensitize the politicians, secretaries, directors on the importance of nutrition in all developments of the country
  a. A 3 day seminar/forum
  b. Continued
- To have nutrition advocacy during important world events e.g. World Food Day, World Health Day etc
- To use media effectively
- To have a monitoring surveillance system in place at national/local level

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<th>Full cooperation/commitment</th>
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<tr>
<td></td>
<td>To include/integrate/incorporate nutrition into National Development Plans and have budget allocation for nutrition</td>
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<td></td>
<td>Recruitment of another nutritionist when the need arises</td>
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<td></td>
<td>Financial &amp; technical assistance in sensitization of process during the forum</td>
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<td></td>
<td>Funds - to implement NPAN - in training in other skills of management etc and National Nutrition Survey</td>
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<td>To include a new budget line for nutrition in WHO Biennium Budget</td>
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<td>Provide Tuvalu - Nutrition Unit with basic equipment eg computer - to improve communication and also to enable entry of data for analysis</td>
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**Country: Vanuatu**

- Re-prioritise activities according to magnitude of problem and carry out activity
- Revive the NFNC so that it can do its task in coordinating the implementation etc of the NPAN
- Review policy NPAN as this will form new basis for all nutrition related programmes for the next 5-10 years or so

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<th>Government in long term establish enough positions for dietitians/nutritionist for 5 medical districts and reconsider its stand with the ICN 1992 Declaration</th>
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<tr>
<td></td>
<td>Government needs to be stable so that it can approve the plan when ready</td>
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<td></td>
<td>Review status of NFNC</td>
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<td></td>
<td>Strategies (NPAN) include in its annual corporate Plan</td>
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<td></td>
<td>Short term regular visits (if necessary) to review NFN Policy</td>
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<td></td>
<td>Provide support (finance) to implement activities that Govt does not have money for</td>
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**Country: Viet Nam**

- Conduct National Nutrition Survey in 2000
- Update including specific policy of Government. The experiences of Nutrition policy development have been summed up to facilitate the development of plan of Action for the next period (2001-2010)

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<th><strong>Budget</strong></th>
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<td>Human resources - training of nutritionists in monitoring &amp; evaluations and planning and review making</td>
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<td>Ministry of Planning and Investment (MPI) continued to share the responsibility on NPAN (next plan of NPAN approved by Prime Minister)</td>
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<tr>
<td>NPAN is included in the socio-economic development plan for each province</td>
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</table>

From UNICEF, ADB, WHO, ILSI, IRD etc:
- **Budget**
- Technical - priority for the NNS in yr 2000
- Material, eg food scales, weighing scales, iron tablet, vitamin A capsule, drugs
WHO Workshop on National Plans of Action for Nutrition

Evaluation Form

We invite you to give truthful responses to this evaluation to enable us to organize future workshops more oriented to country needs.

Place ✓ against each of the selected answers:

**Part A. Plenary sessions (case studies, update papers)**

A. Did you find the case studies useful for the working group discussions?
   - 1 □ Very useful
   - 2 □ Adequate
   - 3 □ Not useful
   - 4 □ Don't know

B. Did you find the update papers useful?
   - 1 □ Very useful
   - 2 □ Adequate
   - 3 □ Not useful
   - 4 □ Don't know

C. Did you find the number of plenary papers adequate?
   - 1 □ Too many
   - 2 □ Adequate
   - 3 □ Not enough
   - 4 □ Don't know

D. Did you find that there was sufficient time allocated for discussions after each presentation?
   - 1 □ More than enough
   - 2 □ Adequate
   - 3 □ Not enough
   - 4 □ Don't know

**Part B. Working group sessions (sessions A-E and presentations of summaries of conclusions)**

E. Did you find there was sufficient time allocated for discussions for each session?
   - 1 □ More than enough
   - 2 □ Adequate
   - 3 □ Not enough
   - 4 □ Don't know

F. Did you find that the daily summaries of conclusions reflected the outcome of the group sessions?
   - 1 □ Very well
   - 2 □ Sufficiently
   - 3 □ Poorly
   - 4 □ Don't know

G. Did you find there was sufficient time allocated for discussion of daily summaries of conclusions?
   - 1 □ More than enough
   - 2 □ Adequate
   - 3 □ Not enough
   - 4 □ Don't know
H. Did you find the working group sessions useful?
1 □ Very useful          2 □ Adequate          3 □ Not useful          4 □ Don't know

I. What are the main benefits you have obtained from the working group discussions for your future work?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

J. What will your first actions on NPAN be upon your return to your office?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Thank you for your time and honesty.

World Health Organization Secretariat
29 October 1999