REPORT

FAO/UNICEF/WHO WORKSHOP ON NATIONAL FOOD AND NUTRITION POLICIES IN THE PACIFIC

Nadi, Fiji Islands
27-31 March 1995

Manila, Philippines
November 1995
REPORT

FAO/UNICEF/WHO WORKSHOP ON NATIONAL
FOOD AND NUTRITION POLICIES IN THE PACIFIC

Convened by:
WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
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NOTE

The views expressed in this report are those of the participants in the FAO/UNICEF/WHO Workshop on National Food and Nutrition Policies in the Pacific and do not necessarily reflect the policy of the World Health Organization, the Food and Agriculture Organization of the United Nations or the United Nations Children’s Fund.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific on behalf of the Regional Office for Asia and the Pacific of the Food and Agriculture Organization of the United Nations (FAO) and the East Asia and Pacific Regional Office of the United Nations Children’s Fund (UNICEF), for governments of Member States in the Region and for those who participated in the FAO/UNICEF/WHO Workshop on National Food and Nutrition Policies in the Pacific in Nadi, Fiji, from 27-31 March 1995.
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Key words
Food policy / Nutrition policy / Nutrition surveys / Nutrition status / Nutrition disorders / Western Pacific / Philippines
A Workshop on National Food and Nutrition Policies in the Pacific was convened by the WHO Regional Office for the Western Pacific, the FAO Regional Office for the Asia and the Pacific, and the UNICEF Office for East Asia and the Pacific in Nadi, Fiji Islands from 27 to 31 March 1995. It was attended by 30 participants representing countries of the Pacific. In addition, technical advisers, resource persons, members of the joint FAO/UNICEF/WHO secretariat, as well as various observers took active part in the deliberations.

Nutrition is increasingly recognized as an essential component in the health and development of populations. Following the International Conference on Nutrition (ICN) held in Rome in December 1992, all countries have initiated steps to formulate or strengthen national policies and plans of action for nutrition. This workshop was organized with the following objectives.

1. to review the status of national food and nutrition policies of countries and areas of the Pacific;

2. to assess the progress of countries in developing national plans of action in the implementation of such policies; and

3. to develop a systematic approach to identify and overcome constraints in the formulation and implementation of national food and nutrition policies.

It was noted that with developmental transition and growing affluence, chronic diet-related diseases are emerging as major causes of adult mortality in the Pacific island nations. Problems of undernutrition such as protein-energy malnutrition, iron deficiency anaemia, vitamin A deficiency and iodine deficiency disorders are of concern in some countries of the Pacific. Food safety is also becoming an important issue. Food and nutrition policies have to tackle all these problems to attain optimal health and nutritional well-being for all.

Many countries have national food and nutrition committees to promote food and nutrition policies and develop and implement national plans of action. There has been a clear shift in policy, moving away from vertical programmes to an integrated approach involving several sectors, including agriculture, health, education and community development. Attempts are being made to establish linkages between nutrition policies and national development plans.

The workshop identified lack of manpower and resources and poor intersectoral coordination as the major constraints in the implementation of food and nutrition policies. The allocation of sufficient financial and technical resources, and the training of nutritionists with subsequent opportunities for career development were emphasized as necessary to support nutrition policies and their implementation. In countries where nutrition was of low priority, advocacy of nutrition issues was suggested in order to obtain political commitment to policies and financial support. It was also felt that United Nations agencies, as well as bilateral cooperation, could have a significant input in this process.
It was pointed out that in the formulation of national plans of action for nutrition, each country has to establish priorities, including achievable goals and measurable targets. Intersectoral cooperation is imperative for successful implementation of the plans. The existence of a high level multisectoral committee with a decision-making role would be helpful to coordinate the sectoral plans of action and their implementation. It was also felt to be important to identify which individuals or sectors will be responsible for the implementation of the planned activities.

Periodic national surveys and appropriate analysis of data were identified as being necessary for assessment of nutritional status and time trends. Nutrition surveillance systems have to be established for continuous monitoring, evaluation and appropriate action at the local and national levels.

The workshop provided an opportunity to review the status of national food and nutrition policies and share country experiences. It also helped in the preparation and finalization of the national plans of action. The participants urged WHO, UNICEF and FAO to organize meetings like this more often to facilitate exchange of information and to promote Pacific-wide and regional collaboration. The three organizing agencies acknowledged the generosity of the Governments of Australia and Japan in helping to support this joint agency meeting.
1. INTRODUCTION

1.1 Objectives

The objectives of the workshop were:

1. to review the status of national food and nutrition policies of countries and areas of the Pacific;
2. to assess the progress of countries in developing national plans of action in the implementation of such policies; and
3. to develop a systematic approach to identify and overcome constraints in the formulation and implementation of national food and nutrition policies.

1.2 Participants and resource people

The workshop was attended by 28 participants and 4 resource persons representing 23 countries (see Annex 1). Including observers, representatives of nongovernmental organizations and the secretariat, a total of 47 people took active part in the deliberations. The full list is given in Annex 1. Dr Ezekiel Nukuro (Solomon Islands), was elected Chairman, supported by Ms Justina Langidrik (Marshall Islands) as Vice-Chairperson, and Mr Paula Taukei (Fiji) and Ms Gaylene Mitikulena (Niue) as Rapporteurs.

1.3 Organization

The workshop included plenary sessions and small group discussions to address specific issues (see Annex 2). During the plenary sessions, background papers were presented, followed by country reports reviewing the current situation and the steps already taken to develop nutrition policy and national plans of action in the countries and areas. In three separate sessions, five working groups discussed the constraints to the implementation of food and nutrition policy; the development of national food and nutrition policy; and the operationalization of national plans and/or policies. In the penultimate plenary session, the workshop discussed possible steps to take in the final development of national plans of action for nutrition (NPAN), based on the experiences of, amongst others, Kiribati, Micronesia (Federated States of), Samoa and Vanuatu. The outcomes of the group discussions were presented in the plenary session for further comment and suggestions. The conclusions were discussed and finalized in the last session.

Participants were asked to evaluate the workshop. The results indicated that all were generally satisfied with the organization of the workshop and found the discussions likely to be useful in the finalization of their country plans.

1.4 Opening and introductory remarks

The workshop was declared opened on behalf of Dr S.T. Han, WHO Regional Director for the Western Pacific, by Dr S.K. Ahn, WHO Representative, South Pacific, following messages from Dr B.K. Nandi, Senior Regional Food Policy and Nutrition Officer, FAO, on behalf of Dr A.Z.M. Obaidullah Khan, FAO Assistant Director-General and Regional Representative for
Asia and the Pacific; from Ms Jane Patterson, Health and Nutrition Project Officer, UNICEF, on behalf of Dr Jacqui Badcock, Assistant Country Representative for Asia and the Pacific, Mr Keshab Mathema, Representative for East Asia and the Pacific, Mr K B. Kodhari, Acting Regional Director and Dr Lay Maung, Regional Health and Nutrition Adviser who unfortunately could not be present; and from Ms Taiora Matenga-Smith on behalf of the South Pacific Commission.

Dr Nandi, speaking on behalf of Dr Khan, conveyed his great pleasure on learning that a joint FAO/WHO/UNICEF workshop was to be held as a follow-up to the International Conference on Nutrition (ICN) held in Rome in 1992. This joint meeting was a testimony to the coordinated efforts of the United Nations Agencies in enhancing nutrition security for the people of the South Pacific. At the ICN, 159 countries had unanimously adopted the World Declaration and Plan of Action for Nutrition and each country had pledged to formulate a national plan of action for nutrition (NPAN). FAO was committed to supporting the process of ICN follow-up in the Pacific. This commitment covered the entire range of nutrition and nutrition-related problems and advocated a multisectoral approach to improve the nutritional well being of all people.

The workshop was a continuation of the work initiated in Fiji in October 1994 and in Manila in November 1994 in reviewing national food and nutrition policies and formulating national plans of action for nutrition in the countries of Asia and the Pacific. During the previous ICN follow-up meeting held in Fiji for seven Pacific countries, five major areas of concern had been translated into draft project ideas to be submitted to FAO and other UN agencies and he assured participants of FAO's continued interest in helping member countries in these priority areas.

In several South Pacific Countries, the population was growing at over 2% and so there would be nearly one and a half million people more in 10 years time. The urban population was also growing at an alarming rate (by an average of 3.9% between 1993 and 1994), as was urban poverty. Protein-energy malnutrition, as well as diseases related to micronutrient deficiencies, were still prevalent in many parts of the region, and noncommunicable diseases were, more than ever before, considered to be major health problems in virtually all Pacific countries. The external debt burden was quite severe in some countries, owing in part to food imports and to the shortfalls in agricultural production as well as in general economic growth.

Although there was no universal solution to latent food insecurity and nutrition-related diseases, overall economic growth led by agriculture and timely nutrition interventions had already allowed significant improvements in the nutrition situation in some parts of the region. The adoption of intersectoral, sustainable policies, translated into national plans of action for nutrition, was therefore, a necessary step in combating malnutrition. Such planning efforts should generally be accompanied by adequate monitoring and surveillance mechanisms.

Ms Paterson, for UNICEF, stated that there were a multitude of nutrition issues which needed to be urgently addressed. For example, undernutrition, in the form of protein energy malnutrition, continued to affect the growth and development of approximately one in four children in Melanesia, more than one in four children in Papua New Guinea, and approximately one in six children in Micronesia. The fact that vitamin A deficiency levels in two countries in the region were among the worst in the world was an indictment of all organizations, governments and people interested in improving the health of children in the Pacific.

Food and nutrition issues had an economic value, which was understood by policy-makers and decision-makers. Food and beverage imports cost countries in the Pacific a lot of money, accounting, for example, for around 35% of the import bill in the Marshall Islands. The loss of
only to family, but also, in economic terms, to the nation. The loss of children's potential for
growth and development was equally untenable. Nevertheless, efforts to convince
decision-makers or planners about the importance of these issues had, so far, not been successful.

UNICEF, had a long history of being involved in the nutrition issues of the region, for
example, the national nutrition surveys in the 1980s; the Family Food Production and Nutrition
Project; activities in the production of information, education and communication materials; school
curriculum development; nutrition planning; and support programmes for immunization,
diarrhoeal diseases control and acute respiratory diseases.

Participants should be realistic when working on national plans of action for nutrition
(NPAN). The guidelines for developing NPAN might be too comprehensive for small Pacific
island countries. Development of plans should be linked with other activities, such as the national
plans of action for children (which UNICEF was encouraging many countries to develop).
Because resources were limited, it was important that the experience and knowledge of participants
to the workshop was shared and attention was focused on the action that would follow from this
meeting.

Ms Matenga-Smith, for the South Pacific Commission (SPC), highlighted some of the
nutrition education and training programmes in the Pacific, in which SPC was collaborating.
These included: the "Sup Sup Garden" project in the Solomon Islands, the baby-friendly hospital
initiatives, the Pacific islands food composition tables, the South Pacific community nutrition
training projects with the publication of the 13 nutrition modules, the production of a large number
of nutrition education and training materials, and the formation of the Pacific Islands Nutrition and
Dietetics Association (PINDA); support was also given to the food and nutrition committees in the
countries and areas of the Pacific.

However, despite the various nutrition initiatives over the years, nutrition-related problems,
noncommunicable diseases are still very prevalent. Changing lifestyles, especially among the adult
population, have proved to be a real obstacle. In a recent SPC small grant project report, the adult
target group surveyed were aware of the risk factors for noncommunicable diseases, but did not
change their lifestyles. A future direction for nutrition interventions could be the inclusion of basic
information on food and nutrition, communicable diseases and noncommunicable diseases in the
curriculum of primary and secondary schools.

The development of national food and nutrition policies would further enhance nutrition
activities and action in the Pacific. A number of Pacific island countries had a food and nutrition
policy in place, however, there was a continued need to sensitize the governments of all Pacific
islands countries on policy matters. National level agriculturists, nutrition workers, household
food security programmes managers, food and nutrition committees, anthropologists and many
others, should be empowered with the skills to be proactive in policy development, with the support
of the regional and international organizations in the Pacific.

It was hoped that the workshop would result in clear vision of what must be done over the
next five years to improve the food and nutrition situation in the Pacific.

Dr Ahn, WHO, noted that nutrition was increasingly recognized as an essential component
in the health and development of populations. While diet-related noncommunicable diseases were
major causes of adult mortality, problems associated with undernutrition such as protein energy
malnutrition and micronutrient deficiencies were still preventing millions of children from
achieving their physical and intellectual potential. All of these problems were largely preventable and certainly modifiable.

At the ICN, countries had committed themselves to addressing national food and nutrition issues, following on from earlier commitments made at the World Summit for Children held in 1990. Since then, many countries had been giving higher priority to nutrition and striving to formulate national policies to tackle food and nutrition issues. In the Western Pacific Region, all countries had already taken, at least, the first steps towards such a national policy. It was hoped that the workshop would enable the existing progress of countries in developing their national plans of action to be reviewed and also allow the development of a systematic approach to identify and overcome constraints in their implementation. He acknowledged gratefully the inputs of FAO and UNICEF and their involvement in the preparation for this workshop and expressed his thanks to the Government of Japan and AIDAB for their financial contribution to the workshop.

Food and nutrition policies should be pragmatic, focusing on achievable goals. Targeted activities, such as those aimed at reducing the prevalence of micronutrient deficiencies, appeared to be the most promising. Health promotion, integration of nutrition with other health programmes, such as prevention of noncommunicable diseases, and involvement of the private sector were likely to increase the effectiveness of national plans of action. Dr Ahn wished the workshop success in maintaining the renewed emphasis on implementing effective national food and nutrition policies.

2. PROCEEDINGS

2.1 Presentations

2.1.1 Introduction and rationale to workshop (Dr I. Darnton-Hill)

Dr I. Darnton-Hill, WHO Regional Adviser, Nutrition, introduced the workshop and suggested there should be three main threads to be followed through the different sessions of the workshop:

(1) Building on already existing activities, experience and workshops. These included the World Summit for Children, ICN, the interagency workshops on ICN follow-up activities held in Nadi in October 1994 and on national food and nutrition policies for Asian countries, held in Manila, November 1994, and various recent national meetings and workshops held throughout the Pacific. There had also been others involving the University of South Pacific (USP), the South Pacific Commission (SPC) and the Pacific Islands Nutritionists and Dietitians Association (PINDA).

(2) Building a regional consensus on issues such as labelling to achieve a degree of consistency throughout Oceania, and on food safety and food security (including fishing, post-disaster situations and use of traditional crops). Here the regional associations and organizations such as SPC, USP, PINDA, could be very useful resource and support agencies; as could the international agencies such as WHO, UNICEF and FAO. Bilateral aid was likely to become increasingly important, together with reliance on national activities and initiatives.
goals and mid-decade and decade goals. This would require a multisectoral approach that was both practical and feasible. Over-complexity of policies and plans had, in the Pacific, sometimes been responsible for the failure of national food and nutrition committees. This had been compounded by uncertainty of roles between different sectors, under-resourcing and lack of political priority. Given responsibility for monitoring tasks of the recently developed national plans, it was more likely that the committees would have some direction and rationale. One of the conclusions that came out of the November meeting, was that national policies situated in a central planning body rather than in a particular ministry seemed to have greater success.

2.1.2 Current status of ICN follow-up activities in the Pacific and review of Nadi workshop (Dr B.K. Nandi)

With regard to post-ICN activities, the identified nutrition problems are best addressed through a multisectoral approach. Member States are urged to take the necessary urgent steps to translate ICN goals into a reality, in which development of national plans of action for nutrition is the initial step. At the joint FAO/WHO ICN follow-up meeting held in Nadi in October 1994, the importance of preparing NPANs was recognized. FAO would be willing to consider supporting suitable projects as outlined at the Nadi workshop.

The current status of ICN follow-up in the seven FAO member countries, namely, Cook Islands, Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu, was reviewed and it was stressed that vigorous efforts would have to be made to implement the activities/programmes related to nutrition. Some of the activities which would be of interest to FAO Regional Office for Asia and the Pacific, as also to FAO/HQ, are:

- formulation of NPAN and incorporation of these into national development plans;
- strengthening national capacities to assess, analyse and monitor nutrition situations;
- nutrition and agriculture in schools;
- food safety and quality control; and
- health and social consequences of food imports and local food processing policies.

In the discussion that followed, some participants raised questions on how to submit project proposals to FAO for ICN follow-up. Dr Nandi noted that no project proposals had been received since the Nadi workshop, and invited FAO Member States to do so. Disbursement protocols, levels of funding and procedures were clarified.

2.1.3 Pacific progress towards the World Summit Goals (Ms J. Paterson)

In September 1990, the World Summit for Children agreed to a set of goals to be achieved by the year 2000, as part of the strategy to promote survival, development and protection of children. Ten mid-decade goals and three "stepping stone" goals related to achievement of the end-of-decade goals. In general, while infant mortality rates (IMR) and under-five mortality rates are declining world-wide, the Pacific region compares favourably with other developing countries.
Mid-decade goal 1 (sustaining immunization at 80% or more in all countries) is related to mid-decade goals 2, 3 and 4 which are: elimination of neonatal tetanus; elimination of poliomyelitis; and reduction of measles deaths by 95% and cases by 90% compared with pre-immunization levels. For the 13 countries served by UNICEF/Suva, immunization coverages (percentage of children who have received all doses of all six EPI vaccines by one year of age) serve as one indicator of child health services in general. Fiji, Samoa, Tokelau, Tonga, Palau (not BCG), Cook Islands, Niue and Tuvalu all have good coverage. However, Kiribati, Marshall Islands, Micronesia (Federated States of) (especially Chuuk), Solomon Islands and Vanuatu have coverages below 80%.

The "stepping stone" goal of reducing protein-energy malnutrition (PEM) from 1990 levels by one fifth, is related to other nutrition mid-decade goals, namely 5, 6, 7 and 8: elimination of vitamin A deficiency; universal iodization of salt; increasing oral rehydration therapy usage to 80% or more; and protecting, promoting and supporting breast-feeding through the baby-friendly hospital initiative (BFHI). The high prevalence of PEM in Melanesia and Micronesia is related to poor quality diets, poor nutrition knowledge and practices, poor mental health, poor breast-feeding practices in urban areas, and interaction with infectious disease. Long-term commitment and a multifaceted approach is needed. Vitamin A deficiency is a particular problem in Micronesia and is being addressed by vitamin A capsule distribution as well as efforts to increase consumption of vitamin A rich foods through gardening, community education and school curricula. In Fiji, legal steps to allow only the importation of iodized salt are being encouraged. Lautoka Hospital in Fiji is presently the only officially designated baby-friendly hospital in the Pacific region, but training is going ahead and hospitals are being encouraged to prepare for self-assessments prior to being assessed for baby-friendly certification.

The end-of-decade goals, which constitute a set of internationally agreed priorities, provide a coherent framework for setting priorities, and are part of the guidelines for national plans for action for nutrition. There is considerable scope for all plans of action (for nutrition, children, breast-feeding, and country development) to be based on similar target priorities.

2.1.4 Nutrition in the Pacific: South Pacific Commission organizational experiences
(Ms T. Matenga-Smith)

The South Pacific Commission is a regional technical organization that belongs to the Pacific, combining the strengths of Pacific islanders and non-Pacific islanders, and using a multisectoral approach. The various sections of the organization include agriculture, fishery, youth and women's groups, statistics, rural development, technology and community health services, all of which have an impact on food and nutrition issues in some way.

The activities developed by the nutrition section include the production of nutrition and health education training materials, which are widely distributed around the Pacific. The nutrition section also produces the Pacific Island Newsletter (PIN), which had 100 subscribers in 1991 and over 600 at the end of 1994. In 1994, the nutrition section produced and distributed the Pacific islands food composition tables, including software. The nutrition section also plays an important role in strengthening the network of nutrition workers around the Pacific. In the area of policy development, the section has contributed to the development of food and nutrition policies in Papua New Guinea, Samoa, and Tuvalu and, to a lesser extent, in Cook Islands, Federated States of Micronesia, and Solomon Islands.

A new range of activities has been started with the development of the Household Food Security (HFS) Project, which was set up with the assistance of the agriculture and economics sections. The concept of household food security (HFS) describes a situation whereby individuals
and households possess the resources to ensure access to sufficient nutritious foods at all times through self-production or purchase for an active healthy lifestyle.

2.1.5 Food safety issues in the Pacific (Mr A. Hazzard)

It is impossible to identify accurately the extent of foodborne disease, as in many countries and areas of the Region, it is not notifiable. Still, in some countries of the region, diarrhoea is one of the most prevalent forms of illness and a major cause of death in children under five years of age. In other island countries typhoid and cholera epidemics have also given rise to much suffering in recent years. Intoxication with fungal toxins or mycotoxins is potentially another serious problem, although few studies have examined their importance. In contrast, intoxication as a result of the consumption of contaminated fish or seafood is a widely recognized form of foodborne disease in the Pacific. Although, in the majority of cases, the cause of foodborne diseases has been traced to the biological contaminants, the harmful effect of chemical contaminants should not be underestimated. The extent to which food is contaminated with chemicals is unknown for the Pacific.

Many of the Region's food laws are outdated, however changes in this regard are observable. Cook Islands, Fiji, Papua New Guinea, Samoa and Solomon Islands are some of the countries of the Region reviewing or developing new food Acts and accompanying regulations. However, the enforcement of food laws is still often seen as being of low priority and activities are often poorly focused and human resources inadequate. Contaminant monitoring programmes are also limited. Many Pacific island countries have only very basic analytical capability. Training for health inspectorates needs strengthening to face the challenges associated with the changing role of inspectors to educators and advisers. Consumers must also be encouraged to strengthen their participation in the national commitment to food safety and nutrition. The heavy reliance of Pacific island countries on imported food places an emphasis on the need specifically to address international trade in safe and nutritious food. The Codex Alimentarius Commission provides an essential service in this regard.

Food and nutrition policies and action plans can provide a powerful tool for focusing and harmonizing, not only in nutrition and food security programmes but also food safety activities in the Pacific. While some countries and areas have developed such policies and action plans in relation to nutrition, many have not adequately linked food safety to this process. It is therefore essential that as countries and areas develop their national food and nutrition committees, policies and plans of action, they include food safety authorities, food industries and trade in the decision-making processes and address adequately food safety issues in the Pacific.

In the discussion that followed Mr Hazzard's presentation it was stressed that food safety should be part of the food and nutrition policy, and should therefore be mentioned in the national plan of action for nutrition also.

2.1.6 Overview: Food insecurity in the Pacific and the household food security project (Ms T. Matenga-Smith)

Food insecurity in the Pacific Islands has been at a high level for the past few decades, with a very heavy reliance in most countries on imported foods. This dependency has its origins in colonization; colonizers tended to prefer their own foods to local foods and imported cereals, tinned meat and other foods, which became status foods in the islands. In addition, plantations of cash crops often took up the best land, displacing food production. Until recent years, research
and development went into cash crops rather than food crops. Towns grew up to support colonial administrations, plantations and commerce, creating large populations in need of food but with no parallel development of commercial production of local foods, transport and marketing.

The economic consequences of this are that many Pacific islands spend far in excess of the value of their export earnings on food imports. Since the 1970s, the health consequences of a changing diet, rapid urbanization and sedentary lifestyles are demonstrated by the increasing rates of obesity, diabetes, high blood pressure, heart disease and cancers.

In the mid 1980s, FAO and UNDP established a Food and Nutrition Policy and Planning Project, to help address the problem of food insecurity. This project carried out situational analyses in several countries, worked with national food and nutrition committees to improve their effectiveness and advocated government action to increase food production. The final project report highlighted the need for Pacific islanders to be trained in food and nutrition policy development, suggesting this be done through the University of the South Pacific, and noted that SPC was a suitable organization to further the food security work, if provided with more resources.

Population conferences in the early 1990s have helped to make planners, economists and agriculturalists aware of the urgent need to increase food production for growing populations, particularly in urban areas. Mindful of the serious food insecurity situation in the region and in response to food and nutrition concerns raised by agriculture and health directors’ conferences, UNICEF, SPC and UNDP developed a three-year Household Food Security Project, which commenced in late 1994 after a pilot phase. The following key activities will be undertaken in several countries:

- situational analyses for advocacy and national planning;
- development of national and regional databases for food security indicators;
- assistance to planners, policy-makers and food and nutrition committees in integrating food and nutrition objectives into sectoral and national plans;
- identification of in-country projects to improve food availability and accessibility;
- information exchange amongst national planners, economists, agriculturists, nutritionists and relevant agencies via a regular newsletter and workshops.

2.1.7 Use of food availability and energy requirements data at country level (Mr F. Boccas)

FAO has developed food balance sheets and a computer program named ENREQ2, which provide information on food availability and requirements at country level. FAO food balance sheets contain aggregated data from member countries, and provide information on total food supplies, utilization and food availability per caput. Information is available for major food groups, and for specific food items. With ENREQ2 average energy requirements can be calculated and country or regional analyses can be carried out.

Mr. Boccas presented an analysis of food availability, food supply and energy requirements figures, available for nine Pacific countries, for 1972 and 1992, to illustrate the possible use of such data. He described the changes that have occurred over the past twenty years, in food availability patterns in these countries. Although average energy availability has increased, the
general trend shows more reliance on cereals and sugar, less consumption of traditional roots and tubers, and a growing contribution of fats and oils. Availability of protein has also risen, with a significant increase of protein from animal sources, compared with a relative reduction in the availability of protein of vegetable origin. This evolution towards a more European-type food availability pattern, is mainly achieved through increased imports of cereals, sweeteners, meat, milk products, and even fish and seafood, which highlights the need to strengthen local food production systems.

The analysis also indicated that two food availability profiles coexist among South Pacific countries. In the first one, the energy intake is mainly provided by starchy products, and the contribution of animal products, sweeteners and added fats and oils is relatively low. In the second one, animal products contribute to more than 20% of daily energy availability, sweeteners to at least 8%, and starchy products to less than 45%.

Although food availability data cannot reflect actual food consumption, or disparities which always exist amongst different clusters of the population, it can be a useful indicator of the evolution of average diets at country level. When combined with results of food consumption surveys conducted in specific target groups, such data could help governments in identifying or confirming orientations of food and nutrition policies.

2.1.8 Monitoring of food and nutrition policies and national plan of action (Dr D. Lefèvre)

In a food and nutrition policy, nutrition problems, needs and issues are identified. The government formulates a general policy statement to address these problems and needs. The policy fits into the national development framework. A national plan of action for nutrition comprises comprehensive goals and objectives, strategies and programmes, targets, linkages with other sectoral programmes, and the role and responsibilities of each sector. Monitoring and evaluation mechanisms are built into the different programmes.

The different steps necessary for the formulation and implementation of a plan of action (or policy) may be summarized as in Figure 1. Some examples of action areas are proposed, such as household food security or food safety, but their development in a particular country needs to be appropriate to the existence and extent of problems and issues identified. These areas need to be included, in a qualitative or quantitative way, in a monitoring system in order to follow-up on progress and changes occurring.

Food and nutrition policies and plans of action need to be effectively implemented by all sectors if changes and improvements in the food and nutrition situation and the nutritional status of the different population groups are to be brought about. Monitoring is necessary in order to assess progress and achievements made through sectoral activities, development programmes, and fiscal and regulatory measures, and in order to identify the potential adverse effects.

Many factors (social, economic, political and environmental) at local, national and international level, can have a negative, or positive, influence on the food and nutrition situation and the nutritional status of the population, as a whole or of certain groups or areas. A food and nutrition surveillance system which monitors appropriate data and information in relevant areas may be able to identify in a timely way some of the problems and is therefore central to maintaining the nutritional status. Developing a set of common indicators between countries is advantageous as it facilitates:
**FOOD AND NUTRITION POLICIES AND PLAN OF ACTION**

**FOOD AND NUTRITION SURVEILLANCE**

<table>
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<tr>
<th>AREAS FOR ACTION</th>
<th>FOOD SUPPLY</th>
<th>FOOD QUALITY</th>
<th>FOOD DEMAND</th>
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<td>Agriculture</td>
<td>Household food security</td>
<td>Food industry</td>
<td>Food quality standards</td>
</tr>
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<td>Transportation marketing</td>
<td>Mass catering</td>
<td>Food safety</td>
<td>Commercial advertising</td>
</tr>
<tr>
<td>Food trade</td>
<td>Food aid (In/Out)</td>
<td>Food fortification supplementation</td>
<td>Food labelling and claims</td>
</tr>
</tbody>
</table>

**STRATEGIES**

1. Incorporating nutrition objectives into development policies and plans
2. Improving household food security
3. Protecting the consumer through food quality and safety
4. Preventing and managing infectious diseases
5. Promoting breast-feeding
6. Caring for the socio-economically disadvantaged and nutritionally vulnerable
7. Preventing micronutrient deficiencies
8. Promoting healthy lifestyles and diet
9. Assessing, analyzing and monitoring nutrition situations

**SITUATION ANALYSIS:** identification of problems, causes, solutions, constraints and priorities

**FIGURE 1**

[Diagram showing the food and nutrition policy framework with various areas, strategies, and instruments related to food supply, quality, and demand, along with plan of action and policies.]
cross-country comparisons, for international advocacy and possibly decision-making;

sharing of experience in data collection, analysis, and interpretation;

preparation of intercountry training on food and nutrition monitoring and planning.

Such a surveillance system is intended to support the development of national priorities (and not the imposition of outside priorities) and to use existing institutional and sectoral structures. The responsibility to coordinate sectoral information and analyse it should be given to a small central coordinating body located close to the policy decision-making authorities for adjustment decisions.

Information and analysis always need to be followed by action. An easy way to remember the importance of an effective use of nutrition information is represented by the Triple A Cycle (see Figure 2). Depending on the level of data analysis and problems identified, different types of actions will be developed which should ideally involve community, private and public sectors. At family and community level, joint action by communities and extension workers should allow rapid and relevant interventions to be triggered. Nutrition information is not only necessary to address existing food and nutrition problems but should be used for preventing the spread of new nutritional problems and provide evidence to decision-makers and politicians of the consequences of their development options.

Figure 2. Triple A Cycle

Assessment

Action

Analysis

2.1.9 Implementation of the World Declaration and Plan of Action for Nutrition: A global summary of progress to date (Ms C. Nishida)

The goals and strategies adopted at the ICN are now serving as a platform for WHO's technical support to countries, particularly to those least developed. A major proportion of the Nutrition Programme's resources has been spent in providing support to countries for developing and strengthening their national plans of action for nutrition in line with their commitment to the World Declaration and Plan of Action. WHO Regional Offices are playing a key role in identifying and organizing the support needed by countries in order to develop more comprehensive nutrition-oriented policies and programmes, in particular, at country level.
Based on information received from 138 Member States and 7 territories, by the end of 1994, 52 countries globally have finalized or strengthened their national plans of action, while 70 countries and 1 territory had them in draft form. Lack of human resources and political instability were reported as two of the major obstacles for countries/territories that had not yet begun preparing their plans. Seventy-two countries and one territory indicated that successful efforts had been made to allocate or mobilize additional financial and human resources as a result of the World Declaration and Plan of Action for Nutrition.

The majority of countries reporting so far have developed, or strengthened, existing intersectoral food and nutrition councils, task forces or working groups. These intersectoral bodies are headed by the health sector, the agriculture sector, and national planning authorities. One hundred and one countries and one territory have established national intersectoral mechanisms to implement, monitor and evaluate their national policies and national plans of action for nutrition. In many countries, national seminars or workshops have been held to coordinate and consolidate the efforts of various government sectors as well as international agencies and nongovernmental organizations. Coordinating mechanisms among international agencies working to achieve nutritional well-being were reported by 77 countries; while collaboration is good in many countries, it needs to be strengthened in some.

Countries are committed to achieving the nine goals set out in the World Declaration. To monitor their efforts Member States were asked to use indicators which are based on those currently used for monitoring the health goals of the World Summit for Children and also for WHO's Health for All Strategy. Analysis of information provided by each country is currently underway.

2.1.10 From policy to implementation and impact: the experiences of Thailand's nutrition programme (Dr P. Winichagoon)

A multisectoral National Food and Nutrition Committee (NFNC) was appointed to formulate the first National Food and Nutrition Policy and Planning (NFNP) and this plan was included in the Fourth National Economic and Social Development Plan (NESDP) (1977-1981). The NFNC consisted of high level policy-makers and planners in four main sectors, namely, health, agriculture, education and interior (local government and community development) as well as the University Bureau. The NFNP is an explicit entity in the NESDP.

The first nationwide survey of the nutrition situation in Thailand was a joint effort with the Interdepartmental Committee on Nutrition for National Defense, USA, in 1962. Afterwards a national nutrition survey was conducted approximately every ten years. Nutrition, as well as health, agricultural production and income were compiled and was the basis for the NFNP formulation. By the end of the fourth NESDP, one million children under five years of age were covered by the growth monitoring/nutrition surveillance system. This surveillance system compiled data on prevalence of weight-for-age on a quarterly basis. Starting during the fifth NESDP (1982-1987), surveillance systems for iodine deficiency disorders and iron deficiency anaemia were developed.

By the 1990s, nutritional problems in Thailand are 14% mild, 0.85% moderate and there is less than 0.005% third degree malnutrition in children under five years of age. Anaemia in pregnancy was 13.9%, and that of school-age children was 18.7%, according to the surveillance report in 1994; this compares with 33.8% and 11.8%, respectively, from the prevalence study by
the Nutrition Division, Ministry of Public Health, 1993/1994. The total goitre rate was reported
to be 9.8% in schoolchildren (1994). Subclinical vitamin A deficiency was observed in 20% of
preschool and school-age children in the north and northeast. Data on chronic diseases related to
overnutrition have been limited, but it appears that diet-related chronic diseases are emerging.

Thailand has an ongoing plan of action for food and nutrition during the current period of
the seven NESDP. A meeting in February, 1994 was held to compare the Thai plan of action and
that recommended by ICN. It was found that several programmes and projects which have been
carried out since the start of the seventh NESDP are in line with the ICN recommendations. All
programme and activities in the NPAN have been implemented by each participating sector as an
integral part of their sectoral programme.

Built-in monitoring/surveillance systems were set up for malnutrition among children under
five years of age and for anaemia during pregnancy and in school-age children. The data have
been very useful for community-based interventions; however, they were not appropriate for
aggregation. Overall, monitoring and evaluation must be strengthened. Nutrition indicators have
already been included in the Community Development database. In addition, nutrition indicators
may be piggy-backed to fulfill the needs for data at more frequent periodicity.

2.2 Country reports of experiences in the development of national food and nutrition policy

2.2.1 Country presentations

In total 12 countries and areas presented country reports (American Samoa, Cook Islands,
Fiji, French Polynesia, Guam, Marshall Islands, Federated States of Micronesia, Palau, Samoa,
Tokelau, Tonga, and Tuvalu). Discussions of country papers covered a variety of topics,
including the possibility of adopting the example of the National Food and Nutrition Committee in
Fiji, which is an independent body, and the possibility of inviting a consultant as a catalyst in the
process of policy development in a country. Dr P. Winichagoon stressed that allowing sufficient
time was an important factor in the development of a national food and nutrition policy, as the
Thailand experience had shown. A participant from Cook Islands noted that there was no
equivalent term to "nutrition" in most Pacific languages, and so "food" should be emphasized.

2.2.2 Summary and overview of national food and nutrition policies based on country responses

Country reports were received from all countries represented in this workshop. Abstracts
of the country reports can be found in Annex 3. An overview of national food and nutrition
policies based on country responses can be found in the Table.

The development of a national food and nutrition policy (NFNP) has been started in over
50% of the countries. Only in three countries has this policy been officially endorsed as
government policy, namely, in Papua New Guinea, Solomon Islands and Vanuatu. In most
countries the ministry of health is responsible for the national food and nutrition policy, whereas
in others the lead agency is the national food and nutrition committee (NFNC) (in Fiji, Marshall
Islands, Solomon Islands and Tonga). A separate national policy on food safety and regulations
exists in about one third of the countries. The existing food and nutrition policies, or any policy
development in the field of food and nutrition, are mostly embedded in a larger national health or
national development policy. In nine countries steps have been taken to establish a national plan
of action for nutrition (NPAN), and in one of those (Tonga) a finalized plan awaits official
endorsement. In addition, Cook Islands, Kiribati, Palau and Tokelau have expressed the intention
to develop a NPAN.
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NFNP</th>
<th>Separate food safety policy</th>
<th>Part of development or health plan</th>
<th>NFNC</th>
<th>Dietary guidelines for country</th>
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NOTE: National food and nutrition policy/plan of action for nutrition:
- **started**: development has started;
- **draft**: document has been formulated;
- **final**: awaits government's endorsement;
- **official**: not strictly government policy/plan, but officially in use;
- **X**: policy/plan has been endorsed by government.

Dietary guidelines:
- **exist**: dietary guidelines exist, but are not official government policy;
- **SPC**: guidelines developed by the SPC are in use;
- **US**: US guidelines are in use.
Relevant, up-to-date information about food security, nutrition and food safety in the country is not always available, although more information has become available due to the work of NFNC and due to major efforts like national nutrition surveys. Food import data are readily available in most national statistics offices and are summarized biannually by the South Pacific Commission. Some food production data are available from agriculture departments and statistics offices. Health departments collect a lot of potentially useful information on a monthly basis. Nutritional problems that are reported reflect on one hand undernutrition (protein-energy malnutrition, vitamin A deficiency, anaemia) and on the other hand overnutrition (rising prevalence of obesity and noncommunicable diseases are increasingly observed).

In twelve countries an intersectoral nutrition advisory council, often called the national food and nutrition committee, has been established. In most cases it is chaired by the secretary of health with senior officials representing relevant ministries. Nongovernmental organizations are also represented. Dietary guidelines are in use in 40% of countries, but are nowhere accepted as government policy. The body responsible for developing (and updating) dietary guidelines is the NFNC or the ministry of health. Intersectoral evaluation mechanisms are virtually absent, although promising activities take place in some countries, for example, the National Food and Nutrition Surveillance System in Vanuatu.

2.3 Group reports and discussion

2.3.1 Identification of constraints and opportunities in the development of food and nutrition policies

All countries have had policies and programmes that are directly or indirectly related to food or nutrition. However, at some stage most of those responsible for implementation have faced difficulties. Major difficulties and constraints were discussed in five working groups. Constraints that were identified could be grouped into three categories and ways were suggested of overcoming these constraints:

(1) Lack of political will amongst decision-makers. This is often owing to a lack of sufficient understanding of food and nutrition problems and to competing priorities. The key issue for advocacy among decision-makers was identified as being correct information on the food and nutrition situation. A brief summary of the food and nutrition situation, using existing surveys, reports and routinely collected data, could be the basis of decision-making. Such data could also include imports of rice, sugar, flour etc. per head; cost to the household of imported staples versus local staples; cost of imported food as a percentage of export earnings; malnutrition and prevalence of noncommunicable diseases, nationally and in selected areas; and cost of hospital stays and treatment for these diseases. The information should be presented by credible people to decision-makers in various ways, e.g. in fact sheets, through the media, by personal discussions, meetings, etc. This dissemination process should be continuous, i.e. through a planned lobbying and advocacy campaign directed at decision-makers, as well as a public awareness campaign to create pressure on leaders to take action. Training workshops on effective lobbying techniques need to be organized for selected members of NFNC.

(2) Ineffectiveness of national food and nutrition committees

The following actions were considered to be important to combat organizational inefficacy.
(a) Review and revise as necessary the goals, objectives and strategies of the NFNC so that they are clear and realistic given the human and financial resources;

(b) Examine the membership of the NFNC, to judge if the type and levels of members are appropriate to the goals, objectives and strategies. If appropriate, the membership should be changed, and the roles of all members should be clearly determined;

(c) Consider other existing national committees and their membership and decide if the NFNC could be merged with, for example, a primary health care committee or, alternatively, if it could merge itself with several committees, but somehow without losing its identity and mandate;

(d) Determine whether a secretariat (usually paid) is necessary and feasible. If necessary, steps should be taken to establish one;

(e) Consider whether a two-level system (a task force and an executive, high level group) would be an appropriate structure to achieve the objectives;

(f) Determine what data the NFNC needs for programme planning and evaluation and for policy development. If necessary, and if it is one of the committee’s objectives, take steps to collect data regularly (from routine sources where possible);

(g) Determine training needs of members of the NFNC to achieve objectives and to help motivate them to be committed members;

(h) Determine where the NFNC should be placed in order to be effective, taking into account its goals and objectives. Among other possibilities, it might be under a particular ministry, e.g. planning, agriculture or health; appointed by the cabinet, as an advisory body to the cabinet; constituted as a nongovernmental organization; or constituted as an intersectoral government body with representation from nongovernmental organizations reporting to a core group of first secretaries.

(i) Identify credible, medium to high level individuals in each of the key sectors, who can present convincing arguments about the importance of the case and who are or can become committed and active leaders within their sector on food and nutrition issues and on the NFNC;

(j) Overcome bureaucratic bottlenecks by innovation, persistence and seizing chances;

(k) Involve nongovernmental organizations and promote the committee to traditional leaders in the community to improve the pool of human and financial resources available for committee projects and to support the work of the committee.

(3) Insufficient national technical expertise. The following actions were considered as important to enhance national expertise in nutrition and to create awareness of food and nutrition problems.
(a) Identify an interested and capable local counterpart to work with an expatriate nutritionist;

(b) Identify interested and capable individuals to be sent to study nutrition; preferably in Fiji;

(c) Ensure that posts with suitable remuneration for food and nutrition workers are created.

2.3.2 Strategic "entry points" for the development of food and nutrition policies

Overall, although long lists of constraints to the formulation of NFNC, NFNP and NPAN were identified solutions could also be identified for most of these problems and concrete actions found for individual countries with regard to approaching these solutions. Solutions obviously vary depending on the size of the country and on the relative level of priority already given to nutrition. For some countries, notably Nauru and to a lesser extent Palau, work to increase the understanding of the importance of nutrition was needed as a first step.

With regard to organizational constraints, Cook Islands and Tokelau, for example, will re-examine the goals, objectives and tasks which have been set for their NFNC. For Kiribati, the sectors and activities which could form the basis of an NPAN have already been identified, but a well-timed visit by an appropriate consultant could help to sensitize government and "open the doors" of the decision-makers to this issue. For Palau, the very simple technique of developing fact sheets as a tool to raise sensitization towards key food and nutrition issues was suggested. For Nauru, sensitization at an even more fundamental level needs to occur before any coordinated planning activities can be arranged.

Various approaches to raising awareness were discussed, but the importance of marketing food and nutrition issues, rather than just advocacy, was stressed as a more positive approach.

Where increased commitment by NFNC members is required, or where increased cooperation is needed, various solutions are feasible. In Vanuatu, in order to revitalize the NFNC, rotation of venue and of agenda was suggested, so that it is not solely health oriented and is of more interest to other sectors. A greater effort to identify key people in key sectors whose positions are less subject to change with political fluctuations would be necessary. An NPAN workshop may be a useful activity for the Vanuatu NFNC.

An example of a model for successful completion of an NPAN was presented by Samoa. The key components were: (a) obtaining support by preparing fact sheets etc.; (b) preparing for a meeting with the sectoral heads; (c) conducting a meeting with the sectoral heads; (d) implementing the workplan; and (e) endorsing the plan of action. A detailed overview of the steps can be found in Annex 4. The five steps are appropriate for all situations, but may not be applicable to all countries. They do not place any emphasis on action to implement the plan. However, the structure established may be used in reverse to activate implementation.

A regional issue that was brought up during the plenary discussion on operationalization, was the suggestion to consider setting up a reference food analysis laboratory for the Pacific.
3. CONCLUSIONS AND GUIDELINES

3.1 Conclusions

3.1.1 Management

Management issues included small island management of specific activities; convincing senior government officials through advocacy to support the endorsement of national plans and policies by government; and the use of management information systems.

Management is made easier by having recommendations, policy activities and plans that are both feasible and include strategies on how to go about carrying them out. Often policies are not endorsed because the activities or recommendations are not specific enough. It became clear also that successful policies do not happen overnight but often take effort and time to establish. This was illustrated by the experiences of NFNC in countries and areas of the Pacific. Recurrent issues were the autonomy of committees, the role of secretariats in supporting committees, and identifying why so many NFNC cease to function. It was noted that NFNC have been very successful in public education and advocacy but less successful at getting policy endorsed or institutionalized at higher levels and with planners. It was felt that there was a need to get planners to own food and nutrition activities, in addition to nutritionists, since it is planners that are most influential.

3.1.2 Intersectoral issues

Intersectoral issues are related to some of management issues and to the role of NFNC, in particular issues such as who is responsible for implementation, action and management and how should a sector obtain the commitment of other sectors. It was frequently observed that health is a less influential ministry than others and that nutrition is often of low priority with health ministries, while the agricultural sector has traditionally viewed production as of higher priority than nutrition. NFNP are therefore likely to be more effective when placed in a central planning body.

Certainly there is a need for advocacy at the highest levels to ensure action and commitment by all concerned sectors. Issues of cost-effectiveness were mentioned including the question of what it would cost a country, in terms of health, productivity and children's potential, not to have an effective national food and nutrition policy.

3.1.3 Sociopolitical issues

It was agreed that sociopolitical concerns would differ from country to country. Important issues were again the priority accorded to nutrition and the difficulty of getting food and nutrition policies endorsed, as has happened in Fiji and Vanuatu. Papua New Guinea has just endorsed its policy but there are still issues of enforcement and implementation.

Privatization may have a role to play in raising the priority of nutrition and effectiveness of implementation, for example, in fortification. However, government action can be most important in the Pacific, for example, in ensuring that all imported salt in Fiji is iodized or that babies' feeding bottles are not imported into Papua New Guinea. The regionalization of food safety legislation was discussed but enforcement would require local or regional laboratory facilities and
the idea of a joint FAO/WHO (as agencies responsible for the Codex Alimentarius) meeting was proposed.

3.1.4 Food and nutrition

The importance of talking about food (as opposed to the more abstract concept of nutrition) was emphasized when talking to consumers, the public, agriculturalists and politicians. Thus, the policy should be a national food and nutrition policy rather than just a national nutrition policy. Several participants pointed out that languages traditionally have words for food but not for nutrition.

Availability and accessibility of foods were discussed, particularly of traditional foods. In most Pacific countries imported carbohydrate foods, such as rice, are cheaper in price, and as a source of energy, than root crops. An example of taxing imported rice in Vanuatu did not work as people who generally could ill-afford it, merely paid more; perhaps in part because it is easier to store and cook and is often more easily available in towns.

Imported foods are now a permanent feature and have actually sometimes improved the nutrition of young children as, for example, in the highlands of Papua New Guinea. Nevertheless, along with changing activity and exercise patterns and increased smoking, the change in diet as a result of imported foods is probably the major risk factor for the noncommunicable diseases. The role of food economic dependence was frequently mentioned, as was the generally high fat, high energy, low fibre nature of many of the foods imported, e.g. mutton flaps. Decreased intake of imported foods by reducing consumer demand and reducing availability would appear to be necessary given the current epidemic of noncommunicable diseases. Out-of-date foods and less stringent labelling than in the country of origin were also mentioned as notable issues for concern.

3.1.5 Surveillance, monitoring and evaluation

Useful data were observed to be infrequently available although many data related to food, nutrition and health are being routinely collected. Baseline data for the systematic development of a national food and nutrition policy and national plans of action were felt to be missing by many participants, especially from parts of Micronesia. It was pointed out that many data exist in reports, on shelves, in other sectors that are not utilized. It was both necessary and cost-effective to use available data. Setting up of national surveillance systems can be useful (especially for funding and international agencies), but should be suitable for use by both planners and grassroots workers. Data collected at grass-roots level should be data that have specific functions and uses.

3.2 Guidelines

The workshop was a very timely opportunity to review the status of national food and nutrition policies and plans in the countries and areas of the Pacific. Even though the countries and areas of the Pacific are relatively small, their cultural and geographical diversity requires country-specific considerations and approaches. Various country situations were reviewed, focusing on key issues and constraints faced. Each country identified and suggested concrete actions to be taken after the workshop. The following guidelines were identified as common measures to be taken:
(1) Development of national food and nutrition policies and plans

- Advocacy

In all countries, and at a regional level, advocacy of nutrition, food security and food safety, by highlighting the cost-effectiveness of interventions in improving quality of life and national productivity, was suggested as a way of obtaining political commitment and financial support, particularly in the initial phase of development.

- Intersectoral representation

Involvement by various sectors is imperative to the success of national food and nutrition policies. It is suggested that a coordinating body be established or existing bodies strengthened, such as a national food and nutrition committee, task force or working group, with representation from appropriate sectors and ministries.

A coordinating body should have clear goals, objectives, attainable tasks and specific terms of reference. The membership of a coordinating body should be such that its status and authority are appropriate to complete the tasks required. In addition, to be most effective, it needs to be determined where the coordinating body is placed. It may be appropriately located with the central planning commission, prime minister’s office, other government sectors or alternatively with some degree of autonomy outside the government sector, e.g. as a nongovernmental organization.

Countries should avoid unnecessary duplication of responsibility when establishing a coordinating body addressing food and nutrition issues. In countries where there are various committees, working groups, etc., it may be considered appropriate to merge those committees.

- Endorsement

Government commitment to national food and nutrition policies and plans needs to be expressed, preferably by endorsement at cabinet level.

(2) Sustainability of national food and nutrition policies and plans

To withstand changes in government or of government priorities, a mechanism for continuous policy implementation needs to be found, for example, a policy might have something like project status with its own time frame and budget. Involvement of community leaders (including traditional, religious or business community leaders) or academic institutions might also ensure continuity, even in the case of frequent political changes.

(3) Implementation of national food and nutrition policies and plans at national and community levels

It is important to clearly identify which focal point or sector will be responsible for the implementation of planned programmes and activities. Nutritional objectives of sectoral plans need to be defined explicitly. Community involvement must be obtained in identifying both priorities and appropriate activities to ensure success and acceptance by those most affected.

The benefits of a national food and nutrition policy should be promoted at all levels: national, community and individual. The benefits of an implemented policy would include, at least, enhanced intellectual development, improved productivity and better health.
Plans should be flexible, and readily modifiable according to local circumstances, while maintaining a consistent forward direction through strong support at government and community level. Where activities already exist, the plan could incorporate these to maximize the potential of existing strategies. Linkages should be established between nutrition and national development policies.

(4) Monitoring, evaluation and surveillance

National policies, plans and coordinating bodies themselves need to be continuously evaluated and modified as necessary. Appropriate indicators should be used for monitoring and evaluation. They should be relevant to the country concerned but otherwise as consistent as possible between agencies and countries.

A nutrition surveillance system has to be established for monitoring, evaluation and appropriate action at the local, national and regional levels.

(5) Information-sharing and strengthening of regional facilities and resources

Information-sharing with regard to national experience needs to be facilitated through improved communication, perhaps through an interagency or intercountry resource centre, such as SPC's Pacific Island Newsletter and the Newsletter of the Fiji NFNC. UN agencies were urged to organize periodic meetings or workshops to exchange information between and share experiences of national plans and programmes.

Household food security should be supported at the national and regional levels with the aim of increasing local food availability through enhanced food production, food processing and improved marketing and distribution strategies. The South Pacific Commission/UNDP household food security project is encouraged to develop efficient indicators of subsistence and commercial food production.

International and regional organizations need to facilitate the exchange of information on, and harmonize approaches to issues, relevant to the Pacific islands, including regional developments in food preservation, food analysis, food safety legislation, nutrition labelling, date marking and international trade in safe and nutritious food. To monitor these developments, existing laboratories need to be identified and regional facilities developed as required.

The training of encouraged personnel in the field of food and nutrition should be strengthened. Governments are also encouraged to ensure nutritionists receive training in other relevant fields, such as management, advocacy, etc. In addition, the training of professionals in other sectors, such as planning, economics and agriculture, in food and nutrition should be promoted in order to increase the awareness of food- and nutrition-related problems among those professionals.
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ANNEX 2

AGENDA

1. Opening ceremony
2. Introduction to the workshop and expected outcomes
3. Current status of ICN follow-up activities in the Pacific and review of previous Nadi workshop
4. Progress on the World Summit goals
5. Nutrition in the Pacific: South Pacific Commission organizational experiences
6. Country reports of experiences in the development of national food and nutrition policy
7. Food safety issues in the Pacific
8. Overview: food insecurity in the Pacific and the Household Food Security Project
9. Summary and overview of national food and nutrition policies based on country responses
10. Group work 1. Identification of constraints in the development of national food and nutrition policies and national plans of action for nutrition
11. Presentation of groups and discussion
12. Use of food availability and energy requirements data at country level
13. Monitoring of policies and national plans
14. Group work 2: Development of national food and nutrition policies and national plans of action for nutrition
15. Presentation of groups and discussion
17. From policy to implementation and impact: the experiences of Thailand's nutrition program
18. Group work 3: Operationalizing of national plans and/or policies
19. Presentation of example plans and the next steps at national level
20. Discussion and finalization of guidelines
21. Closing ceremony
American Samoa

**National Food and Nutrition Policy**
American Samoa does not have a National Food and Nutrition Policy.

**Available Data on Food Security, Nutrition and Food Safety**
Data on food security are available from the Office of Development Planning, which publishes information on estimated local crop production and on imported foods annually. Dependency on imported foods has been steadily increasing over the last two decades. Consumption of local foods is relatively limited to local staples like banana and breadfruit, and taro when available. Nutrition-related health data are collected by the Department of Health and Public Health. Other nutrition data could be obtained from the American Samoa Community College, Land Grant Program, Expanded Food and Nutrition Education Program. Noncommunicable diseases are not uncommon. Both overnutrition and undernutrition are observed. Dietary recalls indicate that the intake of fat, protein and carbohydrate is high, while the intake of micronutrients is low, due to the lack of fruits and vegetables in the diet. Poor dietary habits are coupled with low physical activity. Food safety is the Public Health Sanitation’s responsibility, but monitoring imported foods does not take place consistently. The United States Department of Agriculture Meat inspector inspects the quality of imported fresh meats. The local American Samoa Power Authority monitors water quality.

**National Food and Nutrition Committee**
There is no formal National Food and Nutrition Committee. Nutrition activities are organized by the Expanded Food and Nutrition Education Program, and occasionally the Department of Education.

**Dietary Guidelines**
The American Dietary Guidelines for Healthy Americans are commonly in use.

**National Plan of Action for Nutrition**
A National Plan of Action for Nutrition does not exist.

**Monitoring and Evaluation Mechanisms**
Monitoring or evaluation mechanisms do not exist.
Annex 3

Cook Islands

National Food and Nutrition Policy
There is no National Food and Nutrition Policy, but the Cook Islands Food and Nutrition Committee recognizes the need for such a policy, and has initiated discussions with various sectors. It is the intention to incorporate food security, food safety and nutrition into the food and nutrition policy.

Available Data on Food Security, Nutrition and Food Safety
Data on food security, or rather on crop production, are available from the Ministry of Agriculture. The agricultural domestic market is estimated to be ten times larger than the export market. The net contribution of agriculture to the Gross Domestic Product declined from 25% in 1982 to 18% in 1991. At the household level, crops grown are traditionally for household use only, while excess produce is given to neighbours or other families on an exchange basis. The availability of data on nutrition or food safety has not been reported upon.

National Food and Nutrition Committee
The Cook Islands Food and Nutrition Committee is a nongovernmental organization under the umbrella of the Ministry of Health, consisting of members from the Ministries of Health, Agriculture, Education, Internal Affairs, and Conservation, and from voluntary organizations, child welfare, women's groups, community groups and other interested persons. The objectives of the Food and Nutrition Committee include the formulation of a National Food and Nutrition Policy, the promotion of local food production, the promotion of measures to prevent health problems related to nutrition and lifestyles, and the promotion of acceptable standards of imported foods. Its activities include the organization of World Food Day each year, the organization of health fitness training workshops and weight loss competitions, the organization of home gardening activities, and the implementation of healthy school lunch programmes.

Dietary Guidelines
Formal dietary guidelines do not exist; however National Health and Nutrition Guidelines were developed in 1992, and have since then been widely distributed.

National Plan of Action for Nutrition
There is no National Plan of Action for Nutrition, but the Food and Nutrition Committee is planning to develop one.

Monitoring and Evaluation Mechanisms
A monitoring and evaluation mechanism does not exist.
Fiji

National Food and Nutrition Policy
A National Policy for Nutrition was prepared after the first national nutrition survey in 1981, but was not formally endorsed, and hence have remained policy guidelines. The guidelines are an integral part of the policy for Primary Health Care. When formulated, they were also an integral component of the agriculture policy, but now nutritional concerns seem to be less clearly expressed in agriculture policies.

Available Data on Food Security, Nutrition and Food Safety
Food availability data are compiled annually by the National Food and Nutrition Committee. Current trends indicate an increasing dependency on imported food, and in particular cereals for calories.

Nutrition information is available or can be derived from routinely collected data by the Ministry of Health at the subdivisional level. Two National Nutrition Surveys (in 1981 and 1993) also provide information, completed by small surveys. Nutrition problems include malnutrition, low birth weight, anaemia, overweight/obesity, diabetes and cardiovascular diseases.

Existing Food Safety Regulations are enforced by the Ministry of Health, and a Pure Foods Act is being finalized for submission to Parliament. Data on food safety are not readily available; and only food exports are subject to routine, stringent inspection.

National Food and Nutrition Committee
The National Food and Nutrition Committee (NFNC) is an independent body with multisectoral representation, supported with an annual government grant. It is attached to the Ministry of Health and mandated to monitor the food and nutrition situation, to coordinate food and nutrition activities and to advice on food and nutrition matters. The absence of an endorsed policy is reported to have constrained the effectivity of the NFNC.

Dietary Guidelines
Dietary guidelines have been developed and are published as the 'Health and Nutrition guidelines for Fiji'. They are not government policy. A revision and updating of the guidelines by the NFNC with other professional organizations has been planned.

National Plan of Action for Nutrition
A Fiji Plan of Action for Nutrition (FPAN) is being prepared on by a Task Force. This includes sensitization of Permanent Secretaries to request the official formation of a high level Intersectoral Coordinating Committee. It is intended that the formulation of the plan culminates in the Government’s endorsement of a National Nutrition Policy.

Monitoring and Evaluation Mechanisms
No systematic monitoring and evaluation mechanisms exist. It is intended that an intersectoral surveillance system is established along with the implementation of the proposed FPAN.
Annex 3

French Polynesia

National Food and Nutrition Policy
There is no officially endorsed National Food and Nutrition Policy. However, nutritional objectives have been incorporated in the Health Plan for 1995-1999. A policy on food distribution, commercialization and pricing ensures household food security as far as imported foods are concerned (80% of foods consumed). Several regulations on food safety exist, but they are not well adapted to the local reality.

Available Data on Food Security, Nutrition and Food Safety
Statistics on local food production and food imports are published annually for the entire territory.
Annual health statistics exist, especially for women and children. Mortality data show the increasing importance of noncommunicable diseases. A survey among labourers in 1987 showed the following prevalences: hypertension in 16% of men and 7% of women; diabetes in 10 to 20% of the population; and obesity in 9 to 30% of the population.
Few data exist on food-related infections or chemical and parasitic contamination. Safe drinking water is only available in Bora Bora Island and in Papeete. There is a constant risk of ciguatera poisoning.

National Food and Nutrition Committee
There is no National Food and Nutrition Committee.

Dietary Guidelines
Dietary guidelines do not exist. However, the nutritionist has disseminated a set of nutrition recommendations.

National Plan of Action for Nutrition
The Nutrition Bureau of the Department of Health is preparing a Plan of Action for Nutrition. Its objectives and strategies have been integrated in the Health Plan for 1995-1999. The Plan of Action involves many sectors, including health, agriculture, education, social welfare, nongovernmental organizations and the private sector.

Monitoring and Evaluation Mechanisms
Monitoring or evaluation mechanisms do not exist.
Guam

National Food and Nutrition Policy
Guam does not have a National Food and Nutrition Policy, but nutrition is incorporated in certain broad health goals set at the Second Governor's Conference in 1990. In addition, Guam develops nutrition intervention strategies guided by 'Healthy People 2000: National Health Promotion and Disease Prevention Objectives', a publication of the U.S. Department of Health and Human Services.

Available Data on Food Security, Nutrition and Food Safety
The availability of data on food security or food safety has not been reported upon. The Pregnancy Nutrition Surveillance System (PNSS) and the Pediatric Nutrition Surveillance System (PedNSS) routinely collect data on nutrition from participants in the U.S. Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Surveys have also been carried out, e.g., the Guam Community Nutrition Needs Assessment (1990), the nutrition intervention study Project Health Start (1992), and the annual Behavioural Risk Factor Survey (since 1992). The main reported nutritional problems were noncommunicable diseases (diabetes, overweight/obesity, cardiovascular diseases). The Community Nutrition Needs Assessment found that the age adjusted mortality rate for diabetes in Guam was five times higher than in the U.S., and for heart disease and cerebrovascular disease, two and two and one half times higher respectively. Project Health Start found that 20.7% of elementary school children were above the 95th percentile of weight for height. The 1992 Behavioural Risk Factor Survey found that 32.4% of respondents were overweight (38.6% of male; 27.7% of female respondents).

National Food and Nutrition Committee
There is no National Food and Nutrition Committee. The main responsibility for planning, implementation and evaluation of nutrition programmes and services lies with the Department of Public Health and Social Services, Nutrition Health Services Section.

Dietary Guidelines
There are no dietary guidelines. Nutrition programmes, such as the School Lunch and School Breakfast Programs, are based on the nutrient requirements set by the Recommended Dietary Allowances (RDAs) of the U.S. National Academy of Sciences.

National Plan of Action for Nutrition
A National Plan of Action for Nutrition as such does not exist.

Monitoring and Evaluation Mechanisms
The PNSS and the PedNSS provide a monitoring mechanism for those who are in the WIC Program. The annual Behavioural Risk Factor Survey can provide some data to evaluate the general health status of the population.
Annex 3

Kiribati

National Food and Nutrition Policy
A National Food and Nutrition Policy was drafted in 1992 with support from UNICEF and is currently under review. After review, the draft policy will be submitted to Government for endorsement. The policy is mentioned in the Third National Health Plan (1992-1995).

Available Data on Food Security, Nutrition and Food Safety
Statistics from the Ministry of Health, complemented by several surveys, provide data on nutrition and nutrition-related diseases. Data on food security and food safety were not reported upon. Food safety legislation is now being drafted by the Ministry of Commerce, Industry and Tourism.

Surveys that were done are the 1985 National Nutrition Survey, the 1989 Vitamin A Survey and a Dietary and Cardiovascular Survey. Nutritional problems identified were protein energy malnutrition (10-15% of children under five years of age were underweight (1985)), vitamin A deficiency (14.7% of children between 6 months and 5 years old had one or more signs of vitamin A deficiency (1989)), iron deficiency anaemia (7% in pre-school children and 15% in pregnant women (1985)) and diabetes and hypertension, especially in urban communities.

National Food and Nutrition Committee
All government ministries are represented in the Kiribati National Food and Nutrition Committee, as well as a nongovernmental organization, the "Foundation for the People of the South Pacific". The Ministry of Health and Family Planning is the lead agency.

Dietary Guidelines
No formal dietary guidelines have been developed.

National Plan of Action for Nutrition
A National Plan of Action for Nutrition has not yet been developed. It is intended that the Nutrition Policy will provide goals and objectives for each ministry. These goals and objectives will be the base for each ministry to draw up its plan of action, for the Kiribati National Food and Nutrition Committee to review and present to Government for endorsement.

Monitoring and evaluation mechanisms
A monitoring and evaluation mechanism does not exist, but is intended to include it in the National Plan of Action.
Commonwealth of the Northern Mariana Islands

National Food and Nutrition Policy
There is no explicit national food and nutrition policy.

Available Data on Food Security, Nutrition and Food Safety
There is no formal collection or monitoring of food supply data. Businesses which serve or sell retail food are inspected regularly by Department of Health Services sanitation staff. Data on nutrition-related diseases are available through statistics of the Ministry of Health and different surveys, which show that noncommunicable diseases are prevalent and that protein-energy malnutrition occurs occasionally. Breast-feeding rates have decreased substantially. Per capita alcohol consumption is high. While rates of nutrition-related cancers are still relatively low compared with Western nations, the rates of cardiovascular disease are equivalent to and the rates of diabetes have surpassed those.

National Food and Nutrition Committee
A national food and nutrition committee does not exist. Agencies involved with nutrition issues include the Department of Health Services, the Northern Mariana College, the Public School System, the Head Start pre-school programme, the Manamko (aging) programme, and the Department of Agriculture.

Dietary Guidelines
There are no dietary guidelines formally adopted, but the U.S. Recommended Dietary Allowance figures are commonly used.

National Plan of Action for Nutrition
A National Plan of Action for Nutrition does not exist.

Monitoring and Evaluation Mechanisms
There is no formal monitoring or evaluation mechanisms in place, but repeated surveys can show some trends.

NB: the Commonwealth of the Northern Mariana Islands did not participate in the workshop; this summary is based on the country report which was received prior to the workshop.
Annex 3

Marshall Islands

National Food and Nutrition Policy
The National Nutrition and Children’s Council (NNCC) has initiated the drafting of a National Food and Nutrition Policy, as well as a breast-feeding policy. These documents are still being developed, and will possibly be approved by the NNCC by August 1995, to be followed by endorsement by the Government.

Available Data on Food Security, Nutrition and Food Safety
Although food security and food safety elements are being implemented, no data are available.
Health problems related to nutrition are prevalent, such as undernutrition, obesity, cardiovascular diseases and diabetes.

National Food and Nutrition Committee
In 1991, the National Nutrition and Children’s Council (NNCC) was established by the Government of the Marshall Islands. The NNCC was charged with the development of policies for food security and safety, and the coordination of nutrition programmes, services and activities. The NNCC is composed of all the department heads or secretaries, selected church leaders, private sectors, and local governments. The chairperson is the Chief Secretary, Co-chairperson is the Secretary of Health, and the Secretariat is with the Secretary of Social Services.

Dietary Guidelines
Dietary guidelines have not been developed. The NNCC will work on guidelines this year.

National Plan of Action for Nutrition
A draft National Plan of Action for Nutrition has been developed, but not endorsed by the Government. The Ministry of Health and Environment will take the initiative to introduce the Plan of Action to the NNCC in the meeting in April 1995.

Monitoring and Evaluation Mechanisms
There are no monitoring or evaluation mechanisms.
Federated States of Micronesia

National Food and Nutrition Policy
The National Food and Nutrition Policy is part of the National Health Policy in response to the objectives of the National Five Year Development Plan.

Available Data on Food Security, Nutrition and Food Safety
The report of the Federated States of Micronesia did not include statements on the availability of data on food security, nutrition or food safety.

National Food and Nutrition Committee
A National Food and Nutrition Commission was endorsed by the President in 1991, with representation from the Departments of Health Services (Secretariat), Education, Resources and Development, the Offices of Planning and Statistic, of Disaster Control and Management, of Public Information, and of Tax and Revenue. At state-level there is a Health and Nutrition Council, with members from nongovernmental organizations.

Dietary Guidelines
There are no dietary guidelines. A MODFAT diet plan is being piloted, but guidelines of this diet plan have not been incorporated into government policy.

National Plan of Action for Nutrition
A draft Plan of Action for Nutrition is now under review by department/agency members of the Food and Nutrition Commission. It is hoped that the plan will be introduced to the Government for adoption by October 1995.

Monitoring and Evaluation Mechanisms
At the moment there is no formal structure for monitoring or evaluation.
Annex 3

Nauru

National Food and Nutrition Policy
Nauru does not have a national food and nutrition policy.

Available Data on Food Security, Nutrition and Food Safety
Data on food security and food safety are scarce. Practically all foods are imported, including all kinds of animal meat and poultry products. Regarding nutrition, dietary surveys have been carried out since 1976. The dietary survey in 1976 showed a mean caloric intake of about 6000 calories/day. It was reported that overeating and lack of exercise typify the Nauruan lifestyle. Obesity is found to be a major nutritional problem, with an increasing prevalence over the years. In 1976 68.5% of men and 74.3% of women, and in 1994 81.0% of men and 79.2% of women were found to have a body mass index greater than 30 kg/m². Of people questioned, 47.7% attempted to lose weight last year, but only 16% of those managed to lose weight and keep their weight down.

National Food and Nutrition Committee
There is no National Food and Nutrition Committee.

Dietary Guidelines
There are no dietary guidelines.

National Plan of Action for Nutrition
A National Plan of Action for Nutrition has not yet been developed.

Monitoring and Evaluation Mechanisms
No formal monitoring or evaluation mechanisms exist.
New Caledonia

National Food and Nutrition Policy
There is no National Food and Nutrition Policy. At the provincial level the health sector has identified nutrition objectives, but without linkages with other sectors.

Available Data on Food Security, Nutrition and Food Safety
The prevalence of noncommunicable diseases such as diabetes, hypertension and obesity, is increasing. Data on food security are available, e.g., from food balance sheets, and general economic data. Data on food safety are available from the territorial veterinary office.

National Food and Nutrition Committee
There is no National Food and Nutrition Committee.

Dietary Guidelines
Dietary guidelines have not been developed.

National Plan of Action for Nutrition
There is no Plan of Action for Nutrition.

Monitoring and Evaluation Mechanisms
No special monitoring mechanism exists for nutrition, and very little evaluation is carried out in this area.
Annex 3

Niue

National Food and Nutrition Policy
There is no National Food and Nutrition Policy.

Available Data on Food Security, Nutrition and Food Safety
Two Health surveys were conducted in the 1980s; the Noncommunicable Disease Survey in 1980 and the Women’s Health Survey in 1983. These surveys created an awareness about increasing levels of noncommunicable diseases and stimulated nutrition education and food production promotion. The 1987 National Nutrition and Dietary Survey revealed that overweight and obesity were major nutritional problems, especially in women from 30 to 59 years. Overweight was also found in children 8 to 12 years of age, indicating that overweight and obesity may commence in late childhood.

National Food and Nutrition Committee
A National Food and Nutrition Committee was established in 1986. It is coordinated by the Department of Health, and includes representatives from the Departments of Agriculture, Forestry and Fisheries, of Education and of Community Affairs, as well as from nongovernmental organizations such as the Women’s Group, the Youth Group and Niue Island Amateur Sports Association.

Dietary Guidelines
Dietary guidelines have not been developed.

National Plan of Action for Nutrition
There is no Plan of Action for Nutrition.

Monitoring and Evaluation Mechanisms
Monitoring or evaluation mechanisms do not exist.
Palau

National Food and Nutrition Policy
Palau does not have a National Food and Nutrition Policy yet, but the Ministry of Health has started efforts to form one. It is intended to involve all relevant sectors, such as the Division of Agriculture, Division of Marine Resources, Ministry of Education, and also NGOs, like the Palau Community Action Agency and the Nutrition Action Workers Organization. It is anticipated that the National Food and Nutrition Policy will be part of a larger National Health Policy.

Available Data on Food Security, Nutrition and Food Safety
Statistics of the Ministry of Health report on leading causes of death. Since 1990 surveys have also generated valuable information, e.g. on household expenditures, agriculture, eating patterns, and the nutritional status of pregnant women. A situation analysis on household food security will take place in April 1995, with support from the South Pacific Commission. Death statistics show that the main nutrition problems are noncommunicable diseases.

National Food and Nutrition Committee
There is no National Food and Nutrition Committee, but the Ministry of Health has formally requested the President to appoint a committee to develop a Food and Nutrition Policy and a National Plan of Action for Nutrition. An informal multisectoral organization called the Nutrition Action Workers Organization was formed in 1993 as a result of a WHO training on nutrition education.

Dietary Guidelines
There are no dietary guidelines accepted as government policy, but health workers commonly use the ‘Good Health’ guidelines developed by the South Pacific Commission.

National Plan of Action for Nutrition
A National Plan of Action for Nutrition does not exist, but initial steps have been taken for its development.

Monitoring and evaluation mechanisms
No formal monitoring or evaluation mechanisms are in place.
Annex 3

Papua New Guinea

National Food and Nutrition Policy
A National Food and Nutrition Policy was endorsed as early as 1978, and has been revised into a draft National Food and Nutrition Policy in 1992. The draft has yet to be presented to the National Executive Council. The goal of the draft policy is to improve the nutritional well-being of those suffering from nutritional problems and maintain or improve the nutritional level of the general population, so that they live a healthier lifestyle and contribute to the overall social and economic development of the country.

Available Data on Food Security, Nutrition and Food Safety
There are no reliable data on the production of food crops and livestock, but recent studies indicate that the country produces a wide range of staples, vegetables and livestock. The 1980 and 1993 census indicated that over 80% of the population are engaged in semi-subsistence food production. The rural population consume most of what they produce, yet malnutrition exists, due to inadequate knowledge and traditional taboos. There is a clear indication that the domestic food production is insufficient to meet the food demand of the urbanized population. Rice forms an increasingly important part of the diet, and 135 000 metric tonnes were imported in 1992.

Nutritional data on children under the age of five years are collected on a national and local level by maternal and child health clinics. In addition, three national nutrition surveys have been carried out (in 1975, 1978 and 1982).

The country report for Papua New Guinea did not include a statement on food safety data.

National Food and Nutrition Committee
A National Food and Nutrition Committee was established in 1978, and has since discussed issues related to food and nutrition policies, programmes and project implementation. The Department of Health is the lead agency on nutritional issues and the Department of Agriculture and Livestock is the lead agency on issues relating to food supply and production. The other members include Education, Welfare and nongovernmental organizations.

It is thought that a permanent Secretariat should be established to coordinate intersectoral food and nutrition issues and facilitate regular meetings.

Dietary Guidelines
Dietary guidelines have not been developed. However, recommended dietary allowances have been included in the Nutrition Manual, which has been revised and will be printed in 1995.

National Plan of Action for Nutrition
There is no Plan of Action for Nutrition.

Monitoring and Evaluation Mechanisms
In general, monitoring and evaluation of food and nutrition activities are carried out through reviews, seminars, workshops and surveys by the implementing agencies on a regular basis, depending on the type of programmes.
Samoa

National Food and Nutrition Policy
A draft National Food and Nutrition Policy is being translated into Samoan, and it is anticipated that the policy will be presented to the Minister of Health in the near future. The sectors involved in the National Food and Nutrition Council contributed to the draft. The Health Policy includes a section on nutrition. The new Food and Nutrition Policy will build on the Health Policy.

Available Data on Food Security, Nutrition and Food Safety
Data on food security are available from FAO food balance sheets, which show that there is enough total food (local production and import) for the population. However, local production is decreasing. In 1992 food imports accounted for 48% of the total dietary energy requirements. Available data show that noncommunicable diseases and their risk factors are increasing, e.g., in Apia, the urban area, obesity increased from 37.7% to 56.9% in men and from 58.2% to 75% in women over the period 1978 to 1991. The levels of diabetes also rose sharply. No recent national and regional figures on undernutrition exist. In 1979 an increase over the last decade was reported. As of now, there are still reports of children being admitted to hospital for undernutrition and protein-energy malnutrition. Studies on iron deficiency anaemia show that 56.2% of women were anaemic in 1980, while 63% of children 0-15 years were anaemic. No data are available on food safety. Routine monitoring of food and water quality will start this year.

National Food and Nutrition Committee
A National Food and Nutrition Council (NFNC) was established in 1987, but ceased to function after two meetings. It was reconvened in 1991 to write the country paper for the International Conference on Nutrition in Rome, 1992. The lead Ministry in the multisectoral NFNC is the Department of Health. The other members include: Agriculture, Forests & Fisheries; Education; Lands, Survey & Environment; Women’s Affairs; Youth, Sports and Culture; Trade; Commerce & Industry; Foreign Affairs; Planning Office; Broadcasting; Rural Development; Treasury; nongovernmental organizations and churches. Regional and international organizations are also included.

Dietary Guidelines
Dietary guidelines drafted by the Nutrition Centre in the Department of Health are in use, but need revision. It is intended to develop age-specific guidelines. The guidelines have not been accepted as government policy.

National Plan of Action for Nutrition
A National Plan of Action for Nutrition is being developed. At present the various government departments and other organizations are working to produce proposed activities for the plan. The sectors responsible for the Plan of Action are those represented on the NFNC plus some other government departments and corporations.

Monitoring and Evaluation Mechanisms
No monitoring mechanisms have been established. It is intended to begin setting up a nutrition surveillance system towards the end of this year, based on health data already collected by the health system. There are no evaluation mechanisms, but these will be put into place when the National Plan of Action for Nutrition is adopted.
Annex 3

Solomon Islands

National Food and Nutrition Policy
A National Food and Nutrition Policy was endorsed by Government in September 1994. All relevant public and private sectors, including nongovernmental organizations, were involved in its preparation, which started after the 1989 National Nutrition Survey. As of now, the policy needs to be disseminated to all sectors and institutions.

Available Data on Food Security, Nutrition and Food Safety
Data on food security and food safety are either lacking or outdated.
Food production increased from 60.4 (1971-73) to 104 (1987), based on 1979-81 figures.
The 1989 National Nutrition Survey showed that of children under five years of age, 23% were underweight, 12% were stunted and 21% wasted. Regional differences existed, with underweight being most prevalent in Western and Isabel provinces. Iron deficiency was a significant problem among women and children surveyed because of the high prevalence of malaria and parasitic diseases. Anaemia in women was 25% (1989).
Dietary patterns vary considerably between rural and urban areas, with traditional root crops remaining a major element of the rural diet, and rice and other imported foods being commonly consumed by urban residents.
There is anecdotal evidence that the prevalence of noncommunicable diseases is increasing.

National Food and Nutrition Committee
The National Food and Nutrition Committee (NFNC) was established in 1990, with representation from relevant sectors, including nongovernmental organizations and churches. The NFNC was not active in the period 1992-93, but has been revived and is becoming active, also because of its full time secretarial support. The Ministry of Health and Medical Services is the lead agency, and the NFNC is directly responsible to the Permanent Secretary of Health.

Dietary Guidelines
No dietary guidelines have been developed.

National Plan of Action for Nutrition
The NFNC is currently drafting a National Plan of Action.

Monitoring and Evaluation Mechanisms
There are no monitoring or evaluation mechanisms incorporated in the current draft of the National Plan of Action for Nutrition.
Tokelau

**National Food and Nutrition Policy**
A National Food and Nutrition Policy does not exist.

**Available Data on Food Security, Nutrition and Food Safety**
The report on Tokelau did not include a statement on the availability of data on food security, nutrition or food safety.

It is thought that the prevalence of noncommunicable diseases is rising.

**National Food and Nutrition Committee**
There is no National Food and Nutrition Committee. The Ministry of Health is the lead agency as regards nutrition issues.

**Dietary Guidelines**
No dietary guidelines have been formulated. A very first step could be the current preparation of the Tokelau Cooking Book.

**National Plan of Action for Nutrition**
A National Plan of Action has not been developed.

**Monitoring and Evaluation Mechanisms**
No monitoring or evaluation mechanism is in place.
Tonga

National Food and Nutrition Policy
A National Food and Nutrition Policy was drafted by the National Food and Nutrition Committee in 1986. This policy has not been submitted yet to the Cabinet for approval as a government policy.

Available Data on Food Security, Nutrition and Food Safety
Data on food security and food safety are available through the Ministry of Agriculture. Data on nutrition are available at the national level. The last National Food and Nutrition Survey was conducted in 1986. Age groups covered in this National Survey were children aged 1 to 4 years, and adults aged 15 to 49 years. Specific nutritional problems are mainly obesity and noncommunicable disease risk factors. There seems to be a minor problem with anaemia in pregnancy at Vava'u Island.

National Food and Nutrition Committee
The National Food and Nutrition Committee (NFNC) was formulated and endorsed by the Cabinet in 1982, but ceased to function in the late 1980s. It was revived in late 1994, and is active now. The NFNC is under the Central Planning Department, and the Chairman of the NFNC is the Director of this Department. Representatives of the NFNC include both government departments, nongovernmental organizations, as well as co-opted members who are called in as they see fit.

Dietary Guidelines
There are no formal dietary guidelines. However, guidelines on the draft National Food and Nutrition Policy are being used on an ad hoc basis. The NFNC is to be responsible for developing and updating guidelines.

National Plan of Action for Nutrition
The National Plan of Action, developed by the NFNC, has been finalized and will be submitted to the Cabinet in due course. Once it is approved it will become a government policy, and will be operated under the NFNC.

Monitoring and Evaluation Mechanisms
A monitoring mechanism to cover such things as food shortage prediction, risk prevalence, etc., will be developed by the NFNC. The intention is to cover the total population rather than target groups. An evaluation mechanism will be developed by the NFNC to assess the progress of the National Plan of Action.
Tuvalu

National Food and Nutrition Policy
A National Food and Nutrition Policy has just been finalized in a national workshop where all government key sectors were represented. The policy is now awaiting Cabinet’s approval. Although no yet endorsed, some aspects of the policy have already been adopted in the Pure Food Ordinance.

Available Data on Food Security, Nutrition and Food Safety
It is reported that one of the primary causes of poor nutrition is the increasing reliance on imported foods. In the period 1985-89 about 30% of imports were food, beverages and tobacco. Nutrition related problems like infant malnutrition, anaemia, dental caries, obesity, diabetes and heart disease are reported to be increasingly common. In the Primary Health Care Survey of 1993, 77% of school age children and 23% of women of childbearing age were found to be anaemic. Obesity is most prevalent in adult women 30 years and above.
The Tuvalu country report does not include a statement on food security or food safety.

National Food and Nutrition Committee
A National Food and Nutrition Committee, called the National Primary Health Care Advisory Committee, was established several years back, with the Director of Health as Chairman. The Committee has representatives from Health, Agriculture, Education and Community Affairs.

Dietary Guidelines
A dietary guideline is part of the finalized National Food and Nutrition Policy. Although the document has not officially been endorsed, the guideline has been integrated into the nutrition and health education programme of the Ministry of Health. Updating of such guideline would be the responsibility of the abovementioned Committee.

National Plan of Action for Nutrition
A National Plan of Action has been developed as part of the National Food and Nutrition Policy.

Monitoring and Evaluation Mechanisms
Formal monitoring and evaluation mechanisms are not in place; the evaluation of the National Plan of Action for Nutrition would be the task of the abovementioned Committee.
Annex 3

Vanuatu

National Food and Nutrition Policy
The National Food and Nutrition Policy was drafted by the Vanuatu National Food and Nutrition Committee and endorsed by the Council of Ministers in 1986. The policy is independent from the National Health Policy. It will be reviewed after the second National Nutrition Survey which will be carried out in 1996. To date the Nutrition Section and Health Department have been responsible for most of the implementation.

Available Data on Food Security, Nutrition and Food Safety
Recent data illustrate that food security is becoming a problem, especially in the urban areas. It is reported that rice provides a cheap energy source compared to all rootcrops.

Data on the nutrition situation have been mainly generated by the National Nutrition Survey of 1983. It showed that 23% of children 0 to 5 years of age were underweight. Anaemia was found to be prevalent in 86.6% of pregnant women and 93.3% of lactating mothers. Although breast-feeding is almost universal in Vanuatu, 22% of children under two years of age were bottle-fed in urban areas, whereas in rural areas this was 7%.

The National Nutrition Survey has been complemented by a number of localized surveys, showing a decrease in the prevalence of underweight in children. A survey on noncommunicable diseases was carried out in 1993. Nutrition-related disorders were two to three times more prevalent in urban than in rural areas. The overall prevalence of noncommunicable diseases appears to be increasing.

Data on food safety are not available yet.

National Food and Nutrition Committee
After the dissemination of the 1983 National Nutrition Survey results, the Vanuatu National Food and Nutrition Committee (NFNC) was established. The Ministry of Health was the lead agency. In 1992 the NFNC became less active, and so a working group was formed with members from Planning, Agriculture, Health and Women’s Affairs, which assisted in drawing up the Vanuatu National Food and Nutrition Surveillance System. Since then the NFNC has weakened again.

Dietary Guidelines
The guidelines set down for use in the Pacific region have been followed. No specific dietary guidelines for Vanuatu are in place.

National Plan of Action for Nutrition
First steps have been taken to draft a National Plan of Action for Nutrition.

Monitoring and Evaluation Mechanisms
The Vanuatu National Food and Nutrition Surveillance System functions as a monitoring mechanism for the food and nutrition situation. It has also assessed the impact of the National Food and Nutrition Policy to date and assessed the effectiveness of the food and nutrition programmes.
ONE MODEL TO THE SUCCESSFUL COMPLETION OF A NATIONAL PLAN OF ACTION FOR NUTRITION (as suggested by Samoa)

(1) **Obtain support**
   - Formulate fact sheets presenting problems;
   - Make direct contact with sector heads and/or highest government officials to seek understanding and support;
   - Use media and community groups to mobilize support.

(2) **Prepare a meeting for sector heads**
   - Each sector to prepare an overview of activities related to food and nutrition;
   - Obtain support for meeting - if necessary, ask for money and/or a consultant;
   - Prepare a tentative work plan, time frame, etc. for presentation
   - Take care of all organizational matters.

(3) **Conduct meeting for sector heads**
   - Present food and nutrition overview;
   - Finalize a workplan (to include establishment of Food and Nutrition Task Force);
   - Obtain agreement for financial support for the implementation of the workplan;
   - Identify workplan coordinator;
   - Set time frame for reporting on implementation of workplan (maybe twice a year).

(4) **Implement workplan**
   - Identify one liaison person in each sector;
   - Establish Task Force to meet regularly and prepare a draft Plan of Action (with help from a consultant?);
   - Finalize time frame and organizational structure for preparing a Plan of Action for Nutrition;
   - Establish sectoral work groups;
Annex 4

- Sectoral working groups prepare sectoral plans and activities and report back to Task Force;
- Task Force gather sectoral plans and finalize draft Plan of Action (small workshop?).

(5) **Endorse Plan of Action**

- Present Plan of Action to meeting of sectoral heads for endorsement and presentation to Cabinet;
- Present National Plan of Action to Cabinet for endorsement