

SEA-NUT-175
Distribution: General

Food and Nutrition Policy and Plans of Action

*Report of the WHO-FAO Intercountry Workshop
Hyderabad, India, 17–21 December 2007*



**World Health
Organization**

Regional Office for South-East Asia

© World Health Organization 2008

All rights reserved. Requests for publications, or for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – can be obtained from Publishing and Sales, World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India (fax: +91 11 23370197; e-mail: publications@searo.who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication does not necessarily represent the decisions or policies of the World Health Organization.

Printed in India

Contents

	<i>Page</i>
1. Background	1
2. Objectives and expected outcome of the workshop	3
2.1 General objective.....	3
2.2 Specific objectives.....	3
3. Proceedings of the workshop	3
3.1 Session 1: Introduction.....	4
3.2 Session 2: Four pillars of good health and nutrition	7
3.3 Session 3: Food and nutrition plans and policies	8
3.4 Session 4: Updating inter-sectoral and integrated national food and nutrition plans and policies	17
3.5 Session 5: Forging partnerships	23
3.6 Session 6: Putting plans to practice	27
3.7 Session 7: Review and evaluation of the training course.....	29
4. Recommendations	31

Annexes

1. List of participants.....	33
2. Country Action Plans.....	36
3. Programme	42
4. Abbreviations.....	45

1. Background

The International Conference on Nutrition (ICN), convened jointly by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) in 1992 served as a motivating force for countries around the world to develop and implement food and nutrition policies and plans of action. The World Declaration and Plan of Action for Nutrition adopted by the ICN have in fact provided a technical framework for the preparation of national plans of action through nine strategies, which involve various sectors of government, international agencies, non-governmental organizations (NGOs) and the private sector.

In 1996, the World Food Summit (WFS) reinforced the validity of the goals and strategies identified at the ICN. It also provided an exceptional opportunity to reaffirm the commitment to achieve food and nutrition security for all and to invest resources effectively at national, regional and global levels in order to accelerate the translation of national nutrition plans into meaningful action and visible results.

Subsequent to ICN, FAO and WHO have jointly conducted regional workshops to assist countries in formulating national plans of action on nutrition and to review their implementation. Some of the important workshops held in the South-East Asia (SEA) Region were: WHO/the United Nations Children's Fund (UNICEF)/FAO Regional workshop on National Plans of Actions for Nutrition held in New Delhi, in 1995 (an ICN follow-up); and WHO/FAO Joint Intercountry Workshop, held in 1999 to Review Implementation of National Plans of Action for Nutrition, New Delhi.

In the context of various emerging and re-emerging issues like natural calamities, political instabilities, growing infectious diseases (like HIV/AIDS), surging rates of prevalence of noncommunicable diseases and impact of globalization and market economy on availability of foods, etc. policy-makers and programme managers are confronted with significant challenges. The experience of WHO and FAO in supporting countries to develop and implement food and nutrition plans indicates that policy-makers of various sectors need the capacity to critically analyse the existing food and nutrition responses, so as to fully understand the increasing complexity of food and nutrition policy development.

A number of agencies have already recognized these factors and developed high quality tools and materials to address this situation. The United States Agency for International Development (USAID) project has developed the "PROFILES" programme, an advocacy tool to promote the importance of nutrition. WHO has designed a short training course that focuses on equipping policy-makers to evaluate and modify existing food and nutrition policies in light of the changing context of food and nutrition policy. FAO and the Interagency Working Group (IAWG) have been helping countries to develop integrated monitoring and surveillance systems, such as Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS).

WHO and FAO have planned a series of workshops to introduce an integrated package covering the different components mentioned above, coupled with a pool of technical expertise for policy-makers, planners and programme managers of Member countries of the SEA Region, in order to help them evaluate/implement/update the inter-sectoral food and nutrition policies.

Countries of the SEA Region are at different stages of development and implementation of national nutrition policies and plans. Bangladesh, India, Indonesia, Myanmar, Nepal, and Sri Lanka have already established national plans and policies and have revised them, at least once. Bhutan has reportedly established nutrition programmes as a fundamental component of primary health care. These seven countries also participated in the WHO-FAO Inter-Country Workshop on Updating and Implementing Inter-sectoral Food and Nutrition Policies and Plans, held at the National Institute of Nutrition, Hyderabad, India in April 2005.

In continuation of these efforts, it was proposed to organize a similar workshop for the remaining four Member countries in the Region. Of these, Thailand has documented its achievements in policy establishment and implementation of plans; Maldives has reportedly evaluated its National Nutrition Strategic Plan (2002-2006) and developed a new plan (2007-2011); Timor-Leste and DPR Korea have been concentrating on management of emergency and crisis situations. Policy-makers, planners and managers from Maldives and Thailand participated in the present workshop. Representatives from regional offices of FAO and WHO also participated along with one representative each from the WHO Collaborating Centres in Nutrition Research from Indonesia and Thailand.

2. Objectives and expected outcome of the workshop

2.1 General objective

- To facilitate Member countries to establish and update national inter-sectoral food and nutrition policies and action plans.

2.2 Specific objectives

- To review the situation with regard to development of national food and nutrition policy and plans of action;
- To identify priorities and strategic directions for development of national food and nutrition policies and plans; and
- To develop a framework for operational action plans for implementation of national inter-sectoral food and nutrition plans and policies.

At the end of this workshop, participants will be equipped with skills necessary to:

- Assess and review food and nutrition plans and policies;
- Develop effective and sustainable national food and nutrition plans and policies; and
- Promote implementation of inter-sectoral food and nutrition programmes at national or local level.

3. Proceedings of the workshop

In a brief inaugural session, Dr B. Sesikeran, Director, National Institute of Nutrition (NIN), welcomed the delegates and WHO and FAO representatives (Annex 1). Dr Biplab K Nandi, Senior Food and Nutrition Officer, FAO Regional Office for Asia and the Pacific, delivered the FAO statement and reiterated the role of the effective partnership between FAO and WHO and its networking with international players such as UNICEF, World Food Programme (WFP), Micronutrient Initiative (MI), and the national and local governments, in improving the food and nutritional status

of the population (Annex 2). Dr Nugroho Abikusno, Temporary International Professional (Nutrition), WHO/SEARO, presented the historical perspective of national plans of action, and their role and potential. He also reviewed the aims and objectives, the course content and the background material of the current workshop and emphasized that the emerging key elements should be identified and prioritized, and nutrition policy and plans of action developed based on the needs of the respective countries. He also suggested that these activities should be followed up with countries of the South-East Asia Region at the proposed follow-up workshop the following year.

3.1 Session 1: Introduction

The session was initiated with a brief round of introduction, in which, the participants and facilitators had the opportunity to introduce themselves to each other. The concept of 'food supply chain (FSC)' was introduced to participants who were asked to identify their role within that chain. Although participants were from different disciplines and backgrounds they identified that they had a definite role to play in one or more areas of the FSC. They appreciated the complexity of the modern FSC and identified the need for a multi-sectoral approach to strengthen the food and nutrition policy and plans of action.

Food news and "making connections"

Within groups, the participants discussed the latest media headlines from their own countries. The activity was aimed at helping them understand the role of media in advocacy for food and nutrition security and also to identify the current food and nutrition-related issues of concern for the public that may influence the plans, policies and their implementation. During discussions, some important news items pertaining to individual countries, such as: (i) increase in the prevalence of chronic degenerative diseases, metabolic syndrome and overweight; (ii) procurement of re-heated oil from street vendors by gasoline agencies for conversion into bio-diesel in Thailand; (iii) decreased consumption of fish (the main source of protein) in Maldives due to increasing number of dead reef fish because of ecological changes; (iv) introduction of virgin coconut oil, a value-added coconut product on the World Food Day for better livelihood in Maldives;

(v) increase in prices of food commodities such as wheat flour and chicken due to food shortage and government regulation in Malaysia; (vi) food safety issues in the school milk programme due to contamination at various stages of FSC in Malaysia; (vii) the rising concern about high pesticide residues in food in almost all countries of the SEA Region; (viii) food shortage in times of disaster like the tsunami; and (ix) increasing prevalence of obesity in schoolchildren in Indonesia, were brought to the fore.

The activity on "making connections" was a "general deliberation" session, wherein participants flagged their views on key food and nutrition issues, which were identified as cross-cutting issues. They were also briefed on the interconnection between food production and delivery; access to food; food consumption; and food safety, hygiene and nutrition.

Identifying the ongoing trends in food and nutrition

The next activity focused on identifying the ongoing trends in society with regard to food and nutrition in respective countries. The groups attempted to track the most obvious changes that had taken place in the last two decades and project the possible changes that may occur in the next 20 years and their possible positive and negative impacts on the overall food and nutrition scenario.

Key points of discussion

Positive changes: Marked increase in the variety and quality of foods available due to globalization and improved food technology; increase in production and imports leading to adequate accessibility to foods; increased awareness on food safety, improved preservation and storage facilities; more food subsidies; greater awareness on nutrition; better health-care facilities and reduction in the prevalence of iodine deficiency disorders (IDD) and in severe forms of protein energy malnutrition (PEM) and vitamin A deficiency (VAD).

Negative changes: Market-driven food economy, free market for food franchise due to an open economy, decrease in millet consumption, traditional healthy foods replaced with convenience and processed foods which are more refined, high in fat content and are less healthy; faulty infant and young child-feeding practices; increase in the consumption of

junk/fast foods; eating out more often, effect of inappropriate food advertisements through mass media, increase in sedentary lifestyles; lack of physical activity; high prevalence of IDA; high folic acid deficiency in some countries such as Maldives and Malaysia; increase in prevalence of obesity and NCDs such as diabetes, hypertension, cardiovascular disease (CVD), cancer and infectious diseases like HIV/AIDS.

Future changes: Consumer- and international-driven food market/economy, increased availability of variety of foods with improved quality and better accessibility due to increased production, technological advancements, open markets, better transportation and storage, stringent food safety and hygiene laws on one hand and uncontrolled consumption of processed / junk foods, lower physical activity leading to higher incidence of NCDs on the other. Thus, the SEA Region would face the double burden of undernutrition as well as overnutrition.

Participants identified some of the key issues to promote good community nutrition and health. These were:

- (1) Issues on food and nutrition security, i.e. food market, production, availability and accessibility, etc. have to be considered to revamp the food policy.
- (2) Encouraging and implementing self-sufficient economy in Thailand.
- (3) Advertising of unhealthy foods should be censored.
- (4) Encouraging healthy food choices and physical activity.
- (5) Synthesizing area-specific multisectoral and multipronged approaches while drafting the food and nutrition policy and plans of action.
- (6) Involving the ministries of meteorology/ environment for drafting/promoting food and nutrition plans/ policies in disaster-prone countries.
- (7) Promoting better infant and young child-feeding practices, such as initiation of breastfeeding within one hour, exclusive breastfeeding until six months and continuation of breastfeeding together with complementary feeding even during disasters.

3.2 Session 2: Four pillars of good health and nutrition

During this session, the participants, in groups, were asked to identify both the positive and negative impacts of food and nutrition on public health and national development.

Key points of discussion

Positive impacts: longevity; better quality of life; increased productivity; lower foodborne diseases; increase in food exports, improved learning and earning capacities, less health expenditure, lower prevalence of NCDs, increased physical activity, increased productivity and national income, decrease in the incidence of foetal diseases, improvement in nutritional and health status and improved food and nutrition security.

Negative impacts: There will be an increase in the double burden of malnutrition; higher prevalence of NCDs, neural tube defects (NTDs) and infectious diseases like HIV/AIDS; incidence of foodborne diseases may rise; higher prevalence of micronutrient deficiencies such as iodine deficiency and vitamin A deficiency, increased infant mortality rate, maternal mortality rate and total mortality, increased drug resistance and increased food production costs, increased access to fast foods, lowered immunity, loss of person-days, increased morbidity and mortality, abuse of mass media, higher health-care costs, increase in population pressure, osteoporosis in geriatric population, undesirable maternal and adolescent and neonatal health and nutritional status, etc.

In addition, participants were asked to define public health in relation to the four pillars, namely nutrition, food safety, sustainable access to food; and healthy lifestyles. Participants discussed their understanding of these terms and the facilitator shared the standard definitions with them to ensure everyone thoroughly understood their meanings.

Participants were also asked to categorize the changes in food supply chain and demand identified in previous activities related to the four pillars, in order to understand the linkages between the two and outline their respective impacts on public health. The need for a comprehensive food and nutrition plan and policy was emphasized to build a good foundation for health and nutrition.

3.3 Session 3: Food and nutrition plans and policies

Group discussion, presentations and general deliberations were the main activities of this session. At the end of this session, participants were expected to be able to describe what food and nutrition policies are; outline the existing policy commitments and summarize, analyse and link them with the four pillars, and understand and identify what food and nutrition plans and policies ideally address.

What is food and nutrition policy?

As part of this activity, participants were asked to identify the general format of a nutrition policy, the key elements, key stakeholders and the important steps involved in developing the food and nutrition policy.

Participants contributed to drafting the definition of food and nutrition policy as follows:

“The Food and Nutrition Policy encompasses the collective efforts of the government and other stakeholders to influence the decision-making environment of food producers, food consumers and food marketing agents in order to improve the nutritional status of the population.”

This definition was not acceptable to all as some participants felt that it was more inclined towards food security and did not address nutrition security. The groups felt that it would be more appropriate to identify the key elements and stakeholders before being able to define the food and nutrition policy comprehensively.

In plenary, the participants identified the following:

Key elements for developing the food and nutrition policy

- Sustainable food production, processing, distribution and consumption
- Ensure optimal food quality and safety

- Collective/multi-sectoral efforts for sustainable food and nutrition security
- Achieve and maintain nutrition well-being and healthy lifestyle of the population

Key stakeholders for developing food and nutrition policy

- Government
- UN agencies
- International organizations
- Nongovernmental organizations (national and international)
- Industry
- Professional bodies
- Academia/researchers
- Consumers
- Mass Media

Steps involved in developing the food and nutrition policy

- Understanding the need for a policy;
- Review the current food and nutrition status of the population;
- Review the existing the policies (if any) and identify the lacunae;
- Develop appropriate food and nutrition policy using:
 - Direct policy instruments; and
 - Indirect policy instruments;
- Develop plans of action for implementation;
- Evolve an effective and strong monitoring and evaluation mechanism; and
- Establish a nutrition surveillance system to facilitate programme appraisal and follow-up action.

Understanding the 1992 ICN comments

Dr Biplab K Nandi, Senior Food and Nutrition Officer, FAO Regional Office for Asia and the Pacific (FAO RAP) presented the FAO's perspective on 'food system development' in the context of the ICN commitments. He dwelt on FAO's mandate and on developing nutritional well-being through food-based approach. He pointed out that the number of undernourished adults according to FAO's recent report was as much as 854 million around the world, out of which Asia and the Pacific contributed about 524 million. While pointing at the recent WHO findings, that about 300 million adults around the world and 115 million in developing countries were obese, he emphasized that the major issues of concern for the SEA Region was the rapidly occurring nutrition transition leading to emerging nutrition problems such as overnutrition and obesity, particularly in children. He elucidated that the Millennium Development Goals (MDGs) were multidisciplinary in scope and helped in recognizing the links between agriculture, nutrition, health and education. He elaborated on how investing in nutrition was critical to achieving the MDGs and tackling the double burden of malnutrition. He also pointed out that FAO and the World Bank and Standing Committee on Nutrition (SCN) considered that achieving the MDGs, particularly the MDG1: "eradicating extreme poverty and hunger" would be by repositioning nutrition as central to development and proposed to develop a global strategy for accelerated action in nutrition. In his presentation, Dr Nandi also mentioned the challenges the countries of the SEA Region were facing because of urbanization, globalization and nutrition transition and how they affected the diets and lifestyles of populations, particularly children and adolescents. He reiterated that policy-makers should make use of the new information with particular reference to processed foods and omega -3 fatty acids to alleviate some of the nutritional problems, particularly the NCDs. Some of the major recommendations put forward by Dr Nandi were:

- To put in place the policies and programmes at every level to help individuals and families adopt healthy diets (particularly the traditional/indigenous foods) and physical activity to address the double burden of malnutrition.
- To reconceptualize dietary quality by making the term 'adequate food' more holistic by considering not only quantity of energy but also the overall quality.

- To direct the food system approach and communications strategy at the nutrition community and other stakeholders to promote and strengthen integrated action to address the entire malnutrition burden.
- To build-in nutrition considerations in agriculture policy and agriculture considerations in nutrition and other related policies in efforts to improve nutrition and health.

He also emphasized the need for countries to develop strategies (considering both demand and supply) to change consumer behaviour on a continuous basis towards adopting healthy diet and lifestyles. He concluded by saying that a sound food system approach encompassed both food-based nutrition as well as healthy agriculture for healthy people.

Dr Nugroho Abikusno, Temporary International Professional (Nutrition for Health and Development), WHO South-East Asia Regional Office, gave an overview of the Global Strategy on Infant and Young Child Feeding and the Global Strategy on Diet, Physical Activity and Health.

In the group activity that followed these sessions, delegates were asked to discuss on how each of the nine components of the ICN addressed the four pillars of food and nutritional plans and policies, namely nutrition; food safety; sustainable access to food; and healthy lifestyles.

Key points of discussion

All the delegates agreed on the following links among the four pillars of food and nutrition plans and ICN strategies;

- *Nutrition – is addressed by all the nine ICN strategies;*
- *Food safety – addressed and fulfilled by the ICN strategies 1, 3, 5, 8 and 9;*
- *Sustainable access to food – addressed by strategies 1, 2, 6, 8 and 9; and*
- *Healthy lifestyle – is addressed by strategies 1, 4, 5, 7, 8 and 9 of the ICN.*

Assessing the existing food and nutrition plans and policies

Further to this activity, the groups were asked to analyse various policy documents, and summarize and examine to what extent they addressed

and linked to the four pillars. The policies that were analysed by the groups were:

- (1) The Global Strategy on Infant and Young Child Feeding; and
- (2) The Global Strategy on Diet, Physical Activity and Health.

The group felt that components of the Global Strategy on Infant and Young Child Feeding and the Global Strategy on Diet, Physical Activity and Health will sufficiently address most elements of the pillars of national plans and policies. Some of the links between these strategies and the four pillars are given below:

Components of the global strategies	Four pillars for a food and nutrition policy			
	Nutrition	Food safety	Sustainable access to food	Healthy lifestyle
Global Strategy on Infant and Young Child Feeding				
Maternal leave.	✓			✓
Promoting appropriate and adequate feeding practices.	✓	✓	✓	
Care of the mother with child in hospitals.	✓			✓
Support feeding in exceptional and difficult conditions.	✓	✓	✓	✓
Global Strategy on Diet, Physical Activity and Health				
Fiscal policy (taxation on healthy and unhealthy foods, tobacco, and alcohol).	✓	✓	✓	✓
Agricultural policy.	✓	✓	✓	✓
School policy and programmes.	✓	✓	✓	✓
Government consultation with other stakeholders on food and nutrition policy.	✓	✓	✓	✓
Promotion of preventive health services.	✓	✓		✓

Key points of discussion

Groups in general felt that the policies/ strategies were comprehensive and addressed all facets of the relevant nutritional problems. They felt that the following key principles should be included in the policies and strategies:

- Should be multi-sectoral to address all major chronic NCD risk factors and have a long-term perspective;
- The implementation of strategies should address all age, sex and socioeconomic groups;
- Advocacy must be continuous and sustainable;
- The entry point at the country level should be political;
- Need-based and country-specific tools to be developed for use;
- Both the macro and micro levels should be addressed through a combination of approaches to have the desired impact; and
- Food safety and hygiene issues should be integrated.

Each country representative made a presentation of his/her country's nutrition policies/ national plans of action highlighting the following aspects:

- Status of the plan (adopted, not adopted, revised/not revised);
- Whether there is any specific timeframe;
- Coordination between various sectors (as an advantage as well as a barrier) and how it is envisaged in the plan or policy; and
- Linking goals, commitments, strategies and policies.

Country presentations on respective food and nutrition plans and policies

Maldives

The country developed its first national nutrition plans (NNP) of action in 1992. However it was the Second NNP (1997-2000), first implemented through the Ministry of Health, which focused mainly on food safety and growth monitoring of children. It was in the Third National Nutrition Strategic Plan (NNSP: 2002-2006) that the "triple A" approach was incorporated to "assess", "analyse" and "act" upon nutrition concerns. Despite identifying new target groups such as women of child-bearing age,

adolescents, schoolchildren and older adults, most of the activities concentrated only on pregnant women and under-five children. Major impediments identified were limited on nutritional matters technical capacity; competing health priorities; insufficient budget and human resources; and very weak multi-sectoral coordination. Further-more, the tsunami delayed some of the envisaged NNSP activities and many were either postponed or cancelled. However, with increased funding due to the tsunami, new activities were initiated in 2006 that included integration of infant and young child-feeding with the integrated management of childhood illness, development of the positive deviance health approach, establishment of the online nutrition and child health surveillance system, development of the breastmilk substitute code, and initiation of the First National Micronutrient Survey which is currently under way.

The Fourth NNSP (2007-2010) has just been developed using a participatory process that envisages promotion of MDGs and contains provisions for improved multi-sectoral coordination. This plan would deal with the existing and emerging nutrition concerns using the “triple A” cycle, as well as establish the rights-based approach. A “lifecycle” perspective would be incorporated to address the cycle of inter-generational malnutrition and growth failure. It would build on existing programmes, learn from both successes and failures and aim to regularly monitor and evaluate the NNSP outcomes and impact. In order to operationalize the plan, the country plans to revitalize the National Nutrition Committee and create a small action-oriented Nutrition Taskforce to manage implementation. The terms of reference would be developed, budget drafted and action plan finalized to include advocacy for nutrition, capacity-building to establish core nutrition competency and adoption and enforcement of food-related legislation/regulation. The NNSP has enlisted 10 goals and identified indicators and targets to be achieved by 2010. Maldives plans to develop the draft National Food and Nutrition Policy by the end of 2010.

Thailand

The country presentation gave an overview of current health situation related to food and nutrition, highlighting the double burden of malnutrition particularly among children and adults, rising prevalence of nutrition-related chronic diseases and food safety concerns. The conceptual framework for food and nutrition security and components of a successful

community-based programme were elucidated. In order to realize the MDG 1, the country set a goal that by 2015, not more than 5% of the under-5 children should be underweight. The National Nutrition Programme (2006-2007) has five sub-programmes to address healthy eating habits among children and adults, waist measurement as early warning signals and control of iodine deficiency disorders. The nutrition interventions being promoted are food fortification, nutrition labelling, nutrition education, food-based approach (Nine Thai food based dietary guidelines), basic public health measures such as nutrient supplementation (iron and vitamin A), immunization, environmental sanitation and deworming, etc. and community-based integrated approach to ensure food and nutrition security. The country has also institutionalized a strong mechanism to ensure food safety. The food and nutrition policy has been incorporated under the health development plan and Thailand's Healthy Lifestyle Strategy (2007-2016) to create a proactive health system to address food safety, strengthen food security system and equip individuals, families and communities for self-care and health promotion, set up a mechanism to attain self-reliance in health and prevent or decrease nutrition-related degenerative chronic diseases. The policy discusses preventive dietary measures using lifecycle approach, emphasizing the consumption of fruits and vegetables in plenty, checking on the amount and quality of fat used and moderation of salt intake in addition to adequate physical activity and maintenance of normal body weight. The "right to food" is a recent inclusion in the plan. The involvement and commitment of high-level officials such as the Honourable King and Queen and the Prime Minister are the key success factors for Thailand's food and nutrition policy and plans of action.

Indonesia

The country's NPAFN (2006-2010) was formulated in consultation with various stakeholders including health, agriculture, education, food and drug agency, academia, food and nutrition societies and various non-governmental organizations. The plan has been revised based on the lessons learnt from past experiences. The presentation while highlighting the key elements of the policy, identified the key elements that the policy could integrate in the future, as also the barriers to its implementation, both at the provider and community level. The strategic issues linked to food, nutrition, food security, healthy living pattern and institutionalization were

discussed. The first community-level survey based on basic health research being conducted currently includes nutrition as one of the major components and envisages generating basic health and nutrition information at the district/city level by the end of 2008. The components ranged from preparedness for natural disasters, promotion of nutrition education and addressing the issues related to the double burden of disease.

Malaysia

The country presentation addressed the National Nutrition Policy and the Second National Plan of Action for Nutrition (NPANM 2006-2015). The policy goal is to achieve and maintain the nutritional well-being of Malaysians to enable nation-building in line with Vision 2020 by (i) providing access to adequate, nutritious, safe and quality food for all; (ii) promoting and supporting strategies for healthy eating and active living practices; (iii) providing access to nutrition information, education and resources to make informed choice; (iv) preventing and controlling nutritional deficiencies and excesses, particularly in vulnerable groups; (v) promoting optimum infant and young child feeding practices; (vi) strengthening institutional capacity in nutrition; and (vii) integrating and synergising the efforts of relevant stakeholders including research and development in planning, implementation, monitoring and evaluation of effective and sustainable food and nutrition programmes.

The NPANM II, in addition to the above, addresses prevention and control of PEM, obesity, micronutrient deficiencies (iron, vitamin A and iodine) and diet-related non-communicable diseases. The country's plan identified indicators and targets to be achieved by 2015 through strategies, advocacy measures and activities involving the Ministry of Health, other ministries such as agriculture, human resources, women, family and community development, education, rural development, and other agencies such as universities, NGOs, and the domestic trade and private sectors. It was emphasized that NPANM II required collaborative efforts, advocacy of the plan with other related agencies and close monitoring of its implementation at the state level to achieve national targets.

Key points of discussion

While critically examining the integration of activities of various sectors for effective implementation of existing plans and policies, the countries in general, identified the following lacunae:

- Difficulty in collaboration at higher level;
- Preparedness to meet food and nutrition insecurity situation during disasters;
- Lack of political commitment and resources;
- Lack of awareness at all levels;
- Low priority for nutrition in various sectors;
- Weak IEC strategies; and
- Inadequate monitoring, evaluation and research mechanisms.

The Thailand team suggested that the Maldives team should formulate an appropriate policy to import fortified food.

Summing up the country presentations, the facilitators identified “lack of inter-sectoral coordination” as the common hurdle in implementing the National Nutrition Policy, particularly in Maldives. The plan, policy and programmes were reviewed and the need to explore opportunities for advocating the cause of nutrition was reiterated. It was suggested that programmes should also try to address the problems of geriatric population and gender discrimination in nutrition plans of all participating countries. It was also felt that the food and nutrition committees should be backed by a legislation/regulation and should have a working secretariat. During the course of discussions, it was also observed that country presentations in general had overlooked or emphasized less on the monitoring and evaluation components that are key to the implementation of any plan.

3.4 Session 4: Updating inter-sectoral and integrated national food and nutrition plans and policies

This session aimed to link the four pillars to an inter-sectoral national food and nutrition plan and policy, identify key elements for success and plan to update existing policies and NPA. The participants, by the end of this

session, were expected to be able to recognize how the existing national plans and policies may promote particular aspects of the four pillars and demonstrate how the food and nutrition concerns could be tackled at national as well as international level.

Other national policies that have a bearing on food and nutrition

As part of this activity, participants were assigned the task of identifying and assessing respective national policies and plans (other than the ones on nutrition) already in place, both formal and informal, existing since ICN 1992, which had a direct/indirect bearing on food and nutrition and asked the country groups to analyse how they addressed the four pillars. Country representatives listed out different written policies, legislations, fiscal measures and monitoring mechanisms of their respective countries. The plans / policies they listed included the ones on economic and social development, agriculture, health and transportation, legislations on maternal leave, national nutrition committees, code for infant formula and breast-milk substitutes, public health acts, consumer protection acts, import/export regulations, acts to ban tobacco, uninhabited island regulation, food hygiene regulation and food labelling. They also mentioned that fiscal measures like duties on export of food, subsidies on staple foods and food allowances and research and development activities of respective departments of health and institutes of nutrition, such as studies on the magnitude of macro- and micro-nutrient deficiencies, health and morbidity surveys and virgin coconut oil etc., and the monitoring mechanisms such as nutrition and food safety surveillance systems, electronic reporting and national health examination have a direct / indirect bearing on at least one of the four pillars.

Elements and barriers for success

This session aimed at enabling the participants to be able to identify the barriers and the elements that can help in development and successful implementation of the respective national food and nutrition plans and policies. The countries were asked to critically examine and evaluate the existing plans and policies in order to identify the obstacles in their effective implementation. In general, all the countries in their presentations pointed out following lacunae: (1) Limited technical capability; (2) Lack of

commitment and inter-sectoral coordination; (3) Competing government priorities resulting in low priority to nutrition; (4) Natural and man-made calamities; (5) Climatic changes; (6) Lack of awareness and knowledge disparity on food and nutrition in communities and policy makers; (7) Inadequate budgetary provisions for nutrition plans and policies and lack of manpower in the field of nutrition; (8) Political instability; (9) Bureaucracy in government sectors; (10) Globalisation and free trade; (11) expensive food commodities such as fruits and vegetables; (12) Lack of reach of developmental activities to the core poverty groups; (13) Absence of strict timeframes for implementing, monitoring, and evaluation processes; (14) Financial constraints for certain governmental programmes.

The elements for successful implementation of national nutrition plans and policies were discussed and identified, country-wise. They are as follows:

Maldives

- Political willingness;
- Greater national and international funding;
- More opportunities for capacity building;
- More awareness among the public;
- High literacy rate;
- Homogenous society; and
- More islands for commercial agriculture and fishery purposes.

Thailand

- Commitment of high level policy makers;
- Adequate participation of stakeholders and community;
- Strong basic health-care infrastructure;
- Strong academic support leading to evidence-based scientific approach; and
- Surplus food availability

Indonesia and Malaysia

- Political Stability;
- Creating awareness on importance of food and nutrition among political leaders and decision-makers for promoting health and national development;
- Establishment of a National Food Safety and Nutrition Council;
- Establishment of a National Fitness Council (Ministries of Health, Youth and Sport, Housing and the local government);
- Mandate from Members of the Cabinet for a food and nutrition policy;
- Political support and commitment leading to projection of nutrition in national agenda;
- Nutrition is included in national development plans making it easy to justify budget requests;
- Making 'nutrition' relevant to all, and making everyone responsible for their health;
- Involvement of the mass media in promotion of FNP and creating community awareness;
- Increased community participation; and
- Promotion of public-private partnership.

Key points of discussion

The points that were commonly agreed upon as key elements for success of NPANs were:

- (1) There should be a definite road map on the roles of different departments for achieving effective inter-sectoral coordination.*
- (2) An inbuilt mechanism for monitoring, evaluation and review should be included.*
- (3) There should be a mechanism for assigning roles, responsibilities and accountability.*
- (4) Due emphasis should be given in country plans to address both the naturally occurring and man-made emergency situations.*
- (5) Plans to rehabilitate those most (and directly) affected as well as neighbouring populations during and immediately after emergency situations.*

- (6) *Plans should also provide information to identify potential early-warning systems within the community for enabling rapid disaster management.*
- (7) *Plans should effectively integrate nutritional security issues with food safety and hygiene.*

Linking emerging and re-emerging issues with food and nutrition plans and policies

The next activity aimed at helping participants understand the links between emerging and re-emerging issues and food and nutrition plans and policies so that they may be utilized for promoting these plans. Each of the country groups was assigned at least two emerging or re-emerging issues from a set of ten examples and were asked to identify the actions to deal with the issues, link such actions to the four pillars and outline how food and nutrition plans can be promoted through these issues. The issue on water shortage, sanitation and hygiene was to be addressed by all country groups. Dr Abikusno proposed to change the tenth example from severe acute respiratory syndrome (SARS) to avian influenza.

The topics for discussion ranged from acute shortages due to disasters and natural calamities to complying with World Trade Organization (WTO) standards, from health and nutrition of newborn infants to school lunch programmes for enhanced school attendance as well as preventing obesity-related chronic diseases and HIV/AIDS.

The key points that emerged from discussions and that were found to be relevant and applicable to all countries were as follows:

Key points of discussion

- *The school lunch programmes can be complemented with sustained and continuous education on health promotion, nutrition, hygiene and sanitation to students and parents and by integrating the “Feeding Minds” and “Fighting Hunger” programmes in the curriculum.*

- *In the disaster-and calamity-prone areas, early warning systems within the community may be developed to ensure ownership of management so that adequate care can be taken for storage/shifting of foods to handle food insecurity during calamities. Mechanism for development/rebuilding of infrastructure, procurement of funds, food and medical aid from local government and external agencies to be put in place.*
- *During disasters, when the government/non-government/international organizations take up free distribution of food, adequate care is to be taken to identify and provide rehabilitation of the most vulnerable groups like the elderly, pregnant and lactating women and infants and young children.*
- *It was felt that participating countries in general need to tackle the problem of “overweight” before it turns into obesity and assumes epidemic proportions. The important measures to tackle this problem were identified as (i) to develop and educate on food-based dietary guidelines for healthy food choices; (ii) to support facilities to improve physical activity like establishment of community health clubs; (iii) to bring about legislation to enforce control on commercialization of obesity-risk diet; and (iv) national screening programmes for early identification of obesity and related chronic diseases and risk factor surveillance.*
- *As regards food and nutrition insecurity situation among infants and young children, delegates felt that promoting exclusive breastfeeding, complementary feeding and dietary diversification clubbed with timely education and awareness creation were the key.*
- *Countries in general appreciated the policy of granting a six month paid maternity leave and felt that it was one of the important steps towards promoting breastfeeding practices.*

Mapping water sources and promotion of research and development for appropriate water treatment system during normal and emergency situations, development of national guidelines for potable water and establishment of a continuous monitoring, enforcement and reporting system.

3.5 Session 5: Forging partnerships

Food Insecurity and Vulnerability Information and Mapping System (FIVIMS)

At the beginning of this session, Dr Biplab Nandi, representative of Food and Agriculture Organization (FAO), made a brief presentation on Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS), which is a system or network of systems that assembles, manages, analyses and disseminates information about people who are “food insecure” and/or malnourished, or are ‘at risk’ of becoming “food insecure” and malnourished. Speaking about the evolution of FIVIMS, Dr Nandi said that it started with the South American countries pointing out the need for hunger mapping system in 1996 which went on to become FIVIMS. The main goal of this mapping and information system is to contribute to the reduction of food insecurity and vulnerability and increased attention to food insecurity issues. He reiterated that any nutrition plan or policy would not be successful without adequate inputs primarily from the agriculture sector and also from other relevant sectors. He also pointed out that, as generally misunderstood; poverty alleviation need not necessarily lead to decrease in prevalence of undernutrition. Since the nutritional status is affected by a number of factors and socioeconomic milieu of the country, a multi-sectoral approach is therefore, very important. The FIVIMS in this context can be seen as a tool to utilize the financial resources for addressing food insecurity in more cost-effective way.

Discovering possible partners

The aim of this activity was to investigate the potential for partnerships to promote the food and nutrition plans and to identify problems and opportunities of working in partnership.

As a part of this task the specific country groups were asked to identify various players (government, NGOs, private sector, civil society) with particular reference to their national food supply chains and they were asked to put them in appropriate place in relation to the food chain. The details are given in the tables below:

Maldives

Food supply chain	Government partners	NGO partners	Private partners
Supply of agricultural inputs	Respective ministries of agriculture, health, food and drug safety.	(To identify potential partners)	Big fisheries and agriculture companies, domestic shop owners and STC.
Primary production	Respective ministries of fisheries, agriculture, health, food and drug safety.	(To identify potential partners)	Big fisheries and agriculture companies, domestic shopowners and STC.
Primary food processing	Respective ministries of fisheries, agriculture and health.	(To identify potential partners)	Big fisheries and agriculture companies, MIFCO and beverage companies such as Coca Cola.
Secondary food processing	Respective ministries of Fisheries, agriculture and health.	(To identify potential partners)	Big fisheries and agriculture companies, MIFCO and beverage companies such as Coca-Cola
Food distribution	Respective ministries of fisheries, agriculture, trade, commerce, export, STO.	(To identify potential partners)	Big fisheries and agriculture companies, MIFCO and beverage companies such as Coca-Cola
Food retailing, catering and domestic food preparation	Ministry of trade, civil supplies and commerce, island heads, restaurants and schools.	(To identify potential partners)	Fisheries and agriculture companies, MIFCO and beverage companies such as Coca Cola.

STO: State Trading Organization

STC: Small Trading Companies

MIFCO: Maldives Industrial Fisheries Company.

Thailand

Food supply chain	Government partners	NGO partners	Private partners
Supply of agricultural inputs	Respective ministries of agriculture, public health, industries, commerce and academia.	Green Peace	CPF and SAHA
Primary production	Ministry of Agriculture.	Farmers Association and Chamber of Commerce	CPF and SAHA
Primary food processing	Respective ministries of agriculture and public health	Chamber of Commerce and Consumer Protection Association	Small and medium-scale entrepreneurs, micro enterprises and OTOP
Secondary food processing	Respective ministries of public health, engineering, industries and commerce.	Consumer Protection Association, Fruits and Vegetables Association, Consumer International	CPF and SAHA
Food distribution	Ministries of agriculture and public health, FDA, DMS, food institutions, academia	Consumer Protection Associations, Chamber of Commerce and industry associations.	Retailing industry associations and TISCO.
Food retailing, catering and domestic food preparation	Ministries of public health, engineering and commerce, hospitals, schools, hotels and trains	Consumer Protection Association, Provincial Consumer Association	Central Super Markets, malls, "7 to 11" and Lotus Express chain of convenience stores, Thai Airlines, Thai Restaurants' Association

CPF - Chareon Pokphand Foods

SAHA - Saha Pathanapibul Public Co. Ltd.

TISCO Bank - TISCO Bank Public Co. Ltd.

OTOP - One *tambon* one product (note: *tambon* means district)

FDA - Food and Drug Administration

DMS - Department of Medical Sciences

Malaysia

Food supply chain	Government partners	NGO partners	Private partners
Supply of agricultural inputs	Respective ministries of agriculture, rural development, health, domestic trade and consumer affairs.	(To identify potential partners)	Federation of Malaysian Manufacturers.
Primary production	Respective ministries of agriculture and human resources.	(To identify potential partners)	Small- and Medium-scale Entrepreneurs' Corporation.
Primary food processing	Respective ministries of agriculture, health, rural development, <i>halaal</i> , water energy and communication, social regulatory authorities.	(To identify potential partners)	Federation of Malaysian Manufacturers' and Small and Medium-scale Entrepreneurs' Corporation.
Secondary food processing	Respective ministries of agriculture, rural development, science, technology and innovation, small-scale industries, research and development institutions	(To identify potential partners)	Federation of Malaysian Manufacturers and Consumer Associations.
Food distribution	Respective ministries of agriculture, transport, community development, education, domestic trade, customs and information technology.	(To identify potential partners)	Federation of Malaysian Manufacturers and Consumer Associations.
Food retailing, catering and domestic food preparation	Ministries of domestic trade, health, education, higher education, university, disaster management.	(To identify potential partners)	Federation of Malaysian Manufacturers, Consumer Associations and Giant Supermarket Chain, private hospital associations, Consumer International

3.6 Session 6: Putting plans to practice

By the end of this session, participants were expected to acquire the skills to identify and prioritize possible actions, responsibilities, partners, timing and resources and develop a strategy for the development of national food and nutrition scenarios.

As part of this session, a presentation was made by the facilitator to familiarize the delegates with the concept of advocacy and key steps in designing the advocacy programmes for nutrition in order to provide them with a comprehensive understanding of the concept. The presentation covered the definition of advocacy, setting aims for advocacy, identifying target audience, conceiving strategies and campaigns and developing messages of advocacy. During discussions that followed the session, it was unanimously agreed that even advocacy could be effective only if the media was sensitized first. Also it needed to be people-centred and adequately followed up.

“Profiles”

Participants were introduced to the concept of “Profiles” by Dr Sanjay Kumar, CARE- India. “Profiles” is computer software that converts data on malnutrition into functional consequences based on cost-benefit analysis and thereby indicates its effect on the productivity of the country in quantifiable economic terms. During the discussion on “Profiles”, most delegates agreed that nutrition was an important tool in national development and felt that this kind of software needed to be made available to the public in all countries of the SEA Region so that it can be tested and used for advocating the importance of nutrition to the decision- and the policy-making authorities.

Planning for advocacy for national food and nutrition plans and policies and priorities for updating national food and nutrition policies

After briefing participants on the principles of advocacy and “Profiles”, the facilitator assigned them the task of identifying three to four key areas for updating the plans and policies, identifying potential partners and drawing on advocacy. The Thailand team also felt that it was possible to incorporate the identified areas in the plan within the required resources available (e.g.

government budget), and that the impact on the vulnerable would be high. The identified key areas and partners are presented in the table below:

Country	Key issues	Partnerships	Advocacy
Maldives	<ol style="list-style-type: none"> 1. Anaemia among adolescent girls and women in the reproductive age group. 2. Exclusive Breastfeeding and appropriate complementary feeding practices. 3. Revitalization of the National Nutrition Committee. 4. Agriculture diversification and distribution. 	Government, educational institutions, food industry, NGOs and farmers' associations.	Advocacy at all levels.
Thailand	<ol style="list-style-type: none"> 1. Thailand Healthy Lifestyle: Overweight, chronic NCDs. 2. Micronutrient deficiency: Iron deficiency anaemia 3. Infant and young child feeding, particularly breastfeeding 	Community, schools, hospitals, media, NGOs, private sector, academia, government	Advocacy at all levels.
Indonesia	<ol style="list-style-type: none"> 1. Food insecurity at household level. 2. Prevalence of undernutrition, particularly among children. 3. Prevalence of overweight among the population. 	Government, NGOs, private sector and Logistics Bureau.	Advocacy at all levels.
Malaysia	<ol style="list-style-type: none"> 1. Increase in the prevalence of obesity among primary schoolchildren. 2. High prevalence of anaemia among children and pregnant women. 3. Low physical activity in the population. 4. Low consumption of fruits and vegetables among the population. 	Government, National Nutrition Committee, educational institutions and industry.	Advocacy at all levels.

Next steps

Each country group was asked to formulate operational plans to focus on the key areas identified with a definite timeframe towards updating food and nutrition plans and policies. The country action plans and the corresponding timeframe to achieve them are given in Annex 2.

3.7 Session 7: Review and evaluation of the training course

This session gave an opportunity to participants to review and evaluate the workshop activities. This was done first by each participant completing an evaluation form individually, followed by a group discussion in which people took turns to provide their views on how the course worked or did not work for them.

The individual feedback forms were instantly analysed by the facilitator and following inferences were drawn:

- Of participants, 65% felt that the duration of the workshop was just about right.
- All participants felt that the course content was extremely relevant.
- All participants expressed the view that the quality of training as well as facilitation was high.
- Many of them expressed that the workshop could have been held in another city, as they faced some logistic difficulties.
- They also suggested that this workshop be followed up.

Feedback from participants in country groups

Thailand

- Learnt about the very relevant four pillars of good health and nutrition and would address them adequately to update the current nutrition policy and also to develop the country's future nutrition plans of action and policy.
- Efforts would be made to utilize FIVIMS and the "Profiles" software.

- The workshop helped participants to exchange information and develop good connections with other countries of the Region for future interactions.

Malaysia and Indonesia

- The learning methods were very good and practical with adequate hands-on experience in developing national nutrition plans of action and policy.
- In future, organizers should ensure that personnel selected for a workshop should be represented adequately in order to address the four pillars.
- The MDGs should be part of the reference material.
- The lessons learnt from this workshop would be followed-up to update and implement the country's action plan.
- In the case of Indonesia, participants would report to the Ministry of Health and also to the Director-General, Research and Development, National Institute of Health.

Maldives

- The aims of the workshop were adequately met, except the third specific objective which was met partially.
- The training material and workshop exercises were appropriate and adequate.
- Organizers should have informed participants about the structure of the workshop well in advance, which would have helped them, bring all the relevant material/ documents required for the workshop.

All participants from different countries of the SEA Region were of the view that Thailand would serve as a good model for developing and implementing the national nutrition plans of action and policy.

Views of organizers and facilitators

- Dr Biplab Nandi (FAO) expressed the view that the workshop had been well conducted and that the organizers/facilitators had

become self-sufficient in undertaking and conducting such exercise-oriented workshops. As compared to the earlier workshop, lesser number of countries of the SEA Region, participated in the current one. Dr Nandi felt that time management had been better during the workshop and that the lessons learnt from the previous workshop had been well addressed. Contributions made by participants had also been better.

- Dr Nugroho Abikusno (WHO) stated that there would be a follow-up to this workshop in the next year and that the country reports of the previous workshops should be made available. He also said that he will report to all other Member countries of WHO and develop Terms of Reference for the next workshop/review.
- The facilitators indicated that they had encountered problems regarding the follow-up as some of participants had retired while most participating countries did not respond. They felt that one of the country representatives should be made the focal point to report the follow-up actions and progress.

4. Recommendations

- (1) Participating countries should be informed well in advance (at least one more month in addition to the existing time limit) about the workshop, so that they come well prepared with the required and relevant information. At the same time it was recommended that the nomination process be made less rigorous and time consuming.
- (2) A mechanism should be evolved to follow up this workshop and to review the progress every year.
- (3) The proceedings of the workshop should be shared with the local offices of WHO and FAO respectively in Member countries so as to strengthen the follow-up activities.
- (4) WHO and FAO should play a major role in coordinating meetings for intersectoral coordination.

- (5) The organizers identified the following participants to act as focal points for contact and follow-up in future:
- Thailand – Dr Visith Chavasit;
 - Maldives – Dr Mariyam Abdullah;
 - Malaysia – Dr Datin Safiah Md. Yusof; and
 - Indonesia – Dr Sunarno Rane Widjojo.

Annex 1

List of participants

Maldives

Ms Shazla Mohamed
Junior Laboratory Scientific Officer
Maldives Food and Drug Authority
Male'
Mobile (+960) 7761960
Fax: (+960) 3329024
E-mail: shazlamohamed@mfd.gov.mv

Ms Mariyam Abdhulla
Deputy Director
Department of Public Health
Male'
Tel: (+960) 3317709
Fax: (+960) 3314635
E-mail: Mariyam@dph.gov.mv

Mr Ali Fahmy
Regional Health Officer
S. Hithadhoo Regional Hospital
S. Hitahdhoo
Mobile (+960) 7720155
Fax (+960) 6885047
E-mail: ali.fahmy@gmail.com

Mr Hussain Faisal
Assistant Agriculture Officer
G. Green Lodge
Banafsaa magu
Male', Republic of Maldives
Tele: 7604822
E-mail: info@bigimaldives.com

Thailand

Dr Khawanchai Visithanon
Deputy Director
Bureau of Policy and Strategy
Office of the Permanent Secretary
Bangkok, Thailand
Tel: 662 590 1392
Fax: 662 590 1393
E-mail: kvisit@hotmail.com

Mr Awat Chaolilitkul
Nutritionist
Head of Technical Support Section
Department of Health
Bangkok, Thailand
Tel: 662 590 4310
Fax: 662 590 4339
E-mail: awatnut@anamai.moph.go.th
King4304@gmail.com

Mrs Jongkolnee Vithayarungruangri
Director
Food Safety Operation Centre
Department of Medical Sciences
Bangkok, Thailand
Tel: 662 965 9730
Mobile: 6681 9331768
Fax: 662 588 3020
E-mail: jongkonee@gmail.com
foodsafety_1@hotmail.com

WHO Collaborating Centres

Dr Visith Chavasit
Director
Institute of Nutrition, Mahidol University (INMU)
Salaya, Phutthamonthon
Nakhon Pathom 73170, Thailand
Tele: (662) 441-9740
Fax: (662) 441-9344
E-mail: nuvca@mahidol.ac.th

Dr Sunarno Rane Widjojo
Director
The Centre for Research and Development in
Nutrition and Food
Jl. Dr Sumeru No. 63
Bogor 16112, Indonesia
Tele: 62 251 321763 (O)
0811-848-473 (M)
Fax: 62 251 326348
E-mail: p3gizi@indo.net.id

Temporary Adviser

Prof Indira Chakravarty
Director & Dean
Department of Biochemistry and Nutrition
All India Institute of Hygiene and Public Health
Directorate General of Health Services
110, Chittaranjan Avenue, Kolkata
Tele: 033-2241 5747
Fax: 033-2241 8717
E-mail: indiracal@hotmail.com

UN agencies and other partners

FAO

Dr Biplab K. Nandi
Senior Food and Nutrition Officer
Food and Agriculture Organization
Regional Office for Asia and the Pacific
Bangkok, Thailand
Tele: 662-6974143
Fax: 662-6974445
E-mail: biplab.nandi@fao.org

USAID

Dr Ashi Kohli Kathuria
Deputy Officer Director
Office of Social Development
United States Agency for International
Development
American Embassy, Shantipath
Chanakyapuri, New Delhi-110021
Tele: 91-11- 419 8709(O)
91-11-689 0651 (R)
Fax: 91-11-419 8454
E-mail: akathuria@usaid.gov

World Food Programme

Dr Minnie Mathew
Senior Programme Adviser
UN-World Food Programme,
2, Poorvi Marg, Vasant Vihar
New Delhi-110057
Tele: 91-11-2615-0000
E-mail: Minnie.Mathew@wfp.org

CARE-India

Dr Sanjay Kumar
Manager M&E
CARE India
27, Hauz Khas Village
New Delhi-110 016

Facilitators (from NIN)

Dr G N V Brahmam
Deputy Director & Head
Division of Field Studies & I/C Extension and
Training Division
National Institute of Nutrition (ICMR)
Jamai-Osmania PO
Hyderabad- 500007, INDIA
Telefax: +91-040-27019141
Mobile: +91 9441491797
Fax: 040-27019074
E-mail: gnvbrahmam@yahoo.com
gnvbrahmam@gmail.com

Mr G.M. Subba Rao
Senior Research Officer
(Communication & Journalism)
Extension and Training Division
National Institute of Nutrition (ICMR)
Jamai-Osmania PO
Hyderabad – 500604, India
Phone: +91-40-27008921/22 Ext- 321
Telefax: +91-40-27018234
E-mail: gmsubbarao@yahoo.com

Mr Anil Kumar Dube
Communicationist
Extension & Training Division
National Institute of Nutrition
Jamai-Osmania PO
Hyderabad- 500604, INDIA
Telefax: 91-040-27018234
E-mail: anildube@gmail.com

Local observers (from NIN)

Dr A. Laxmaiah
Deputy Director
Division of Community Studies
National Institute of Nutrition
Jamai-Osmania PO
Hyderabad – 500 604
E-mail: avulalaxman@yahoo.com
Telefax: 91-040-27019141

Dr B.A. Ramalakshmi
Assistant Director
Clinical Division
National Institute of Nutrition
Jamai-Osmania PO
Hyderabad – 500 604
E-mail: barl124@yahoo.co.in
Phone: 91-040-27008921 Ext: 283
Fax: 91-040-27019074

Dr V. Sudershan Rao
Senior Research Officer
Food & Drug Toxicology Research Centre
National Institute of Nutrition
Jamai-Osmania PO
Hyderabad – 500 604
E-mail: vemulasr@yahoo.com
Phone: 91-040-27008921 Ext: 321
Fax: 91-040-27019074

Dr Radhika
Research Officer
Division of Community Studies
National Institute of Nutrition
Jamai-Osmania PO
Hyderabad – 500 604
E-mail: radhika.madhari@gmail.com
Telefax: 91-040-27019141

Secretariat

WHO/SEARO

Dr Nugroho Abikusno
Temporary International Professional (Nutrition)

Nutrition for Health and Development
WHO, South-East Asia Regional Office
New Delhi, India
Tele: (91-11)-23309313 (Direct)
(91-11)-23370804 (Extn.26313)
Fax: (91-11)-23378510, (91-11)-23370197
E-mail: abikusnon@searo.who.int

Others

Datin Dr. Safiah Md. Yusof
Deputy Director(Nutrition)
Family Health Development Division
Ministry of Health Malaysia
Level 7, Block E10,
Parcel E, Precint 1,
Federal Government Administrative Complex,
65290 Putrajaya, Malaysia
Tel: 03-8883 4082
Fax: 03 8888 6175
E-mail: mysafiah@moh.gov.my;
mysafiah257@yahoo.com

Annex 2 Country action plans

Maldives

Key activities	Target/time frame	Performance indicator	Monitor	Accountability	Audit	Review
Issue no. 1: Reduce anaemia among adolescents and women of reproductive age						
1. Providing Iron/folate to adolescents	To improve coverage from 0% to 25% within three years	Provision of iron with folic acid	Six months	MoH, DPH, MoE	NNC, MoH	MoH, NNC on yearly basis
2. Include adolescents as a target group for advocacy	Awareness creation in schoolage children within three years	Distribution of information leaflet	Six months	MoE, Schools	MoH	MoH, MoE, Schools
Issue no. 2: Promote exclusive breastfeeding for six months and providing appropriate complementary feeding practices						
1. Establishing June 2008 as the deadline for enacting the Maldives Breast Milk Substitutes (BMS) Code	No promotion, of BMS after June 2008	No promotion after June 2008	routine inspection	MoH, MFDA,	NNC, MoH, MoT	MoH, NNC and MFDA on yearly basis
2. Provide orientation regarding the BMS Code regulation	Making all importers & retailers aware of the BMS Code by June 2008	50% aware of BMS Code	By yearly basis	MFDA, MoH	MFDA, MoH, NNC	MFDA, MoH, MoT, NNC
Issue no. 3: Revitalization of the National Nutrition Committee						
Revitalization of the Committee	Operational Committee to be in place before April 2008	Meetings held every three months	MoH, DPH	MoH, DPH	MoH, DPH	MoH, DPH on yearly basis
Issue no. 4: Agriculture diversification and distribution						
1. Increase awareness on consumption of fruits and vegetables	Increase the percentage of people complying by 50% within three years	Increase in number of people taking fruits & vegetables	On yearly basis	MoFAMR	NNC	MoFAMR, within year
2. Increase market access	Opening three markets in atolls in three years.	Number of markets	On yearly basis	MoFAMR	MoFAMR, NNC	MoFAMR, within year

Thailand

Key activities	Target/time frame	Performance indicator	Monitor	Accountability	Audit	Review
1. Healthy Lifestyle	Adult BMI: Male, Female < 25 Waist Circumference Male < 36 " Female < 32 " in Five years (2008-2012)	> 75% population below the cut-off level	National Annual Health Screening, E-health report.	National Health Commission, MoPH, MoA, MoE, MSDHS, Mol, NHSO, SSO, THF Local government	Local health authority reports to MoPH yearly.	MoPH Inspector General (annually).
2. Nine FBDCs advocacy	General adult population Five years (2008-2012)	75% of households consume < 30% energy from fat < 8% energy from sugar	National Nutrition Survey: Organization survey	National Food Com., MoPH, MoE, MoA, MSDHS, Mol, NHSO, SSO, THF Local government media, NGOs	Local health authority reports to MoPH yearly.	MoPH Inspector General (annually).
3. Iron deficiency	1. Hb in pregnant women > 11 gm/dl 2. Iron-fortified fish sauce @ 3 mg/serving Five years (2008-2012)	1. IDA in pregnant women < 10%. 2. 50% of fish sauce in the market is fortified	ANC clinic record, report (Iron tablet supplement). National Nutrition Survey	National Food Commission, MoPH, MoE, MSDHS, Mol, NHSO, SSO, THF Local government media, NGOs	Local health authority reports to MoPH yearly.	MoPH Inspector General (annually).
4. Exclusive breastfeeding	10% of lactation is exclusive breastfeeding Five years (2008-2012)	100% of health facilities become breastfeeding promotion places. Legalized extension of maternal leave period to six months	National Nutrition Survey.	National Food Commission, MoPH, MoE, MSDHS, Mol, NHSO, SSO, THF Local government media, NGOs	Local health authority reports to MoPH yearly.	MoPH Inspector General (annually).

Indonesia	Key activities	Target/time frame	Performance indicator	Monitor	Accountability	Audit	Review
	Food insecurity at household level						
	<ol style="list-style-type: none"> Increase productivity and production of staple food. Assessment and development of food processing technology. Training and enhancing farmers' capacity. Increase diversity of food production. Increase effectiveness of irrigation services. Increase and facilitate access of farmers to quality production means. 	<p>% of HHs consuming energy < RDI to be decreased by 5%</p> <p>Two years</p>	<ol style="list-style-type: none"> Availability of staple food for consumption. Number of trained farmers. Availability of materials relating to quality production. 	Every six months.	<ul style="list-style-type: none"> Department of Agriculture, Department of Public Works, Regional Government, National Logistics Bureau 	Internal Auditor.	Inter-departmental committee.
	Prevalence of "underweight" among children						
	<ol style="list-style-type: none"> Revitalization of the <i>Posyandu</i> and <i>Puskemas</i>. Intensify counselling for exclusive breastfeeding Intensify the implementation of growth monitoring. Provide supplementary feeding to malnourished children Training and re-training village voluntary workers (<i>kadre</i>) 	<p>Reduce the prevalence of "underweight" among children <5 years by 3 %</p> <p>Two years</p>	<ol style="list-style-type: none"> Increase in the number of active <i>posyandus</i> Increase <i>posyandu</i> coverage (SKDN, BCM, immunization). Increase the number of trained health personnel. Increase in exclusive breastfeeding practices. Increase of antenatal services in the <i>puskesmas</i> 	Every six months.	<p>Department of health, Department of National Education</p> <p>Department of Home Affairs</p> <p>Department of Agriculture</p> <p>Department of Industry</p> <p>Department of Trade</p> <p>State Ministry for Women Empowerment</p> <p>Family Welfare Group (PKK)</p> <p>Regional Government.</p>	Internal Auditor.	Inter-departmental committee.
	Prevalence of over weight						
	<ol style="list-style-type: none"> Conducting periodic monitoring of BMI. Conducting integrated management of excessive nutrition cases and of degenerative and other diseases. Mass campaign for prevention of "overweight" and obesity. 	<p>Prevalence of "overweight" among under-five children, schoolchildren and adolescents does not increase</p> <p>Two years</p>	No increase in the percentage prevalence of "overweight" among children and adolescents.	Number of clinics (at community level, hospitals, health centres) that can provide services on managing obesity	Department of Health Department of National Education		

Malaysia

Key activities	Target/time frame	Performance indicator	Monitor	Accountability	Audit	Review
Issue no. 1: Increase in the prevalence of obesity among primary schoolchildren.						
1. Healthy eating and active living programme for primary schoolchildren	Prevalence of "overweight" and obesity in schoolchildren (6-12 years) not more than 10% Five years (2008-2012).	Coverage: 75% schools in the whole country to have this programme.	HMIS school health e-reporting system.	State Nutrition Officer, State Education Officer	State Executive Counsellors; State Health Department Action Committee. Yearly returns of school health e-monitoring system.	Review Committee: MoH, school inspectors and University, state executive counsellors.
2. Advocate to State Nutrition Officers, Ministry of Education officials and State Executive Counsellors on combating obesity among primary schoolchildren	The top three states with a high prevalence of "overweight" and obesity among primary schoolchildren agree to carry out a pilot project. March 2008.	Meeting/workshop. A working group set up at state level to carry out a pilot project.	Report of meeting/workshop	State Nutrition Officer, State level Education Officer	Technical Committee for Prevention of Obesity (MoH level).	
3. Implement a pilot project to implement healthy eating and active living programme in selected schools in a district. Accumulate 30 minutes of physical activity daily five days a week. Healthy canteen/bring fruits to school/subsidized fruits/plain water only in schools.	At least three states with a high prevalence of "overweight" and obesity. July 2008	A district plan of action for the project: "Healthy eating and active living for schoolchildren" is developed for three states.	Progress reports, minutes of meetings of working groups.	State Nutrition Officer, State Epidemiology Officer, State-level Education Officer, Parent-teacher Association (PTA), (local supermarket)	State Executive Counsellors i/c education and health; Technical Committee for Prevention of Obesity (MoH level).	Two monthly visits to project districts by the Technical Committee members; other State Nutrition Officers, state-level education officers; PTA/teachers from other districts or states.
4. Based on the pilot project review, develop a district plan of action to combat obesity in primary school children.	Five or more states agree to carry out this project. January 2009	A state plan of action for the project: "Healthy eating and active living for schoolchildren" is developed for five states.	Report of meeting/workshop; Minutes of meetings of working groups.	State Nutrition Officer, State-level Education Officer, PTA, (local supermarket)	State Executive Counsellors i/c education and health; Technical Committee for Prevention of Obesity (MoH level).	Two monthly visits to project districts by the Technical Committee members; other State Nutrition Officers, state-level education officers; PTA/teachers from other districts or states.

Key activities	Targets/time frame	Performance indicator	Monitor	Accountability	Audit	Review
Issue no. 2: High prevalence of anaemia among pregnant women (and children)						
1. 1. Anaemia prevention programme for pregnant women.	Reduction in percentage of anaemia in pregnant women from 29% to 20%. Five years (2008-2012)	Coverage of top five states with high prevalence of anaemia in pregnant women.	HMIS e-reporting system.	State Nutrition Officer; State MCH Officer;	State Health Department; Action Committee; Technical Committee for Prevention of Anaemia (MoH).	Review Committee from MoH, Obstetrics and Gynaecology (O&G) specialist, Ministry of Women, Family and Community Development.
2. Develop a district action plan to improve iron status of pregnant women in a select district as a pilot project area. Compliance of consumption of iron tablets among pregnant women; Promote consumption of green leafy vegetables, eggs and other iron-rich foods. Nutrition education on iron- promoting and iron-inhibiting foods.	One or more districts with a high prevalence of anaemia in pregnant women. March 2008	Meeting/ workshop. A working group set up at state level to carry out a pilot project.	Monitor the estimated Hb levels in pregnant women in the pilot project area.	Nutrition Officer of the pilot district, District Medical Officer	State Health Department; Action Committee; Technical Committee for prevention of Anaemia (MoH).	Review Committee from MoH, O&G specialist, Ministry of Women, Family and Community Development. Other state nutrition officers; other state MCH officers.
3. Develop a state action plan to improve iron status of pregnant women.	Five or more states with high prevalence of anaemia in pregnant women. March 2009.	A state plan of action for "anaemia prevention programme in pregnant women".	Progress reports, minutes of meetings of working groups. HMIS e-reporting system on prevalence of anaemia in pregnant women.	State Nutrition Officer; State MCH Officer;	State Health Department; Action Committee; Technical Committee for Prevention of Anaemia (MoH).	Review Committee from MoH, O&G specialist, Ministry of Women, Family and Community Development. Other state nutrition officers; other state MCH officers.
4. Carry out a pilot project in primary schools to supplement children with multivitamin tablets (iron, vitamin C, folic acid, vitamin A).						

Key activities	Target/time frame	Performance indicator	Monitor	Accountability	Audit	Review
Issue no. 3: Low physical activity level in the population						
1. Carry out advocacy to practise physical activity in school curriculum, during and after school hours.	July 2008	BMI of schoolchildren reduced.	Weight, height	Headmaster of the school	Quarterly returns of school health monitoring system.	Lecturers in physical education
2. Select a district to implement a pilot project on healthy eating and active living	April 2008					

Annex 3

Programme

Day 1: Monday, 17 December 2007

09:00 hrs	Registration	
09:30 hrs	Welcome	<i>Dr G.N.V. Brahmam, NIN</i>
	FAO statement	<i>Dr Biplab K. Nandi, FAO RAP</i>
10:00 hrs	Opening presentation – NPANs, a history, their role and their potential	<i>Dr Nugroho Abikusno</i>
10:30 hrs	Review of course content, aims and objectives and workshop materials.	<i>Dr Nugroho Abikusno</i>
11:00 hrs	Session 1	
	Introductions (Activity 1.1)	
11:30 hrs	Food news (Activity 1.2)	<i>Mr G.M. Subba Rao</i>
12:15 hrs	Making connections (Activity 1.3)	
14: 00 hrs	Identify the on-going trends in food/nutrition and society (Activity 1.4)	<i>Mr G.M. Subba Rao</i>
15:00 hrs	Session 2	<i>Dr G.N.V. Brahmam</i>
	Importance of food and nutrition for health and development (Activity 2.1)	
	Defining the four pillars (Activity 2.2)	
16:30 hrs	Closing, and wrap up of day	

Day 2: Tuesday, 18 December 2007

09:30 hrs	Session 3	
	What is food and nutrition policy (Activity 3.1)	<i>Dr G.N.V. Brahmam</i>
10:00 hrs	Understanding the 1992 ICN commitment (Activity 3.2, part 1)	<i>Dr Nugroho Abikusno</i> <i>Dr Biplab K. Nandi</i>

- 11:15 hrs Activity 3.2, part 2 - Linking global strategies
- Infant and young child feeding *Dr Nugroho Abikusno*
 - Diet, physical activity and health
- Group work
- 14:00 hrs Assessing existing food and nutrition plans and policies (Activity 3.3) *Dr G.N.V. Brahman*
- Country presentation and discussion
- 16:30 hrs Closing, and wrap up of day

Day 3: Wednesday, 19 December 2007

- 09:30 hrs **Session 4**
- Other national policies that have a bearing on food and nutrition (Activity 4.1) *Mr Anil K. Dube*
- 10:30 hrs Elements and barriers for success (Activity 4.2)
- 11:45 hrs Relating emerging and re-emerging issues with food and nutrition plans and policies (Activity 4.3) *Mr Anil K. Dube*
- 14:00 hrs **Session 5** *Dr Biplab K. Nandi*
- FIVIMS (Activity 5.1)
- 15:15 hrs Discovering possible partners (Activity 5.2) *Dr G.N.V. Brahman*
- 15:45 hrs Review past experiences of partnership (Activity 5.3)
- 16:30 hrs Closing, and wrap up of day.

Day 4: Thursday, 20 December 2007

- 09:30 hrs **Session 6**
- Advocacy *Mr G.M. Subba Rao*
- 10:00 hrs Profiles *Dr Sanjay Kumar, CARE-India*
- 11:15 hrs Planning for advocacy for national food and nutrition plans and policies (Activity 6.1) *Mr G.M. Subba Rao*
- 12:15 hrs Activity 6.1 continued
- Presentation of plan

14:00 hrs	Priorities for updating national food and nutrition plans (Activity 6.2)	<i>Mr G.M. Subba Rao</i>
15:15 hrs	Activity 6.2 continued Brief feedback on priorities	<i>Mr G.M. Subba Rao</i>
16:00 hrs	Next steps (Activity 6.3)	
16:30 hrs	Closing, and wrap up of day.	
Day 5: Friday, 21 December 2007		
09:30 hrs	Activity 6.3 continued	<i>Mr G.M. Subba Rao</i>
11:00 hrs	Draft summary report	
11:30 hrs	Session 7 Evaluation (Activity 7.1)	<i>Dr Nugroho Abikusno</i>
12:00 hrs	Closing remarks and thanks	

Annex 4

Abbreviations

CVD	Cardiovascular Disease
FBDGs	Food based dietary guidelines
FSC	Food supply chain
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
IAWG	Interagency Working Group
IDA	Iodine Deficiency Anaemia
IDD	Iodine Deficiency Disorders
IMR	Infant Mortality Rate
IYCF	Infant and young child feeding
MMR	Maternal Mortality Rate
MNDs	Micronutrient Deficiencies
MI	Micronutrient Initiative
NPAFN-	National Plan of Action for Food and Nutrition
O&G	Obstetrics and Gynaecology
PEM	Protein Energy Malnutrition
PTA	Parent Teachers' Association
SARS	Severe Acute Respiratory Syndrome
SCN	Standing Committee on Nutrition
SEAR	South-East Asia Region
TMR	Total Mortality Rate
USAID	United States Agency for International Development
VAD	Vitamin A deficiency
WFP	World Food Programme
WTO	World Trade Organization