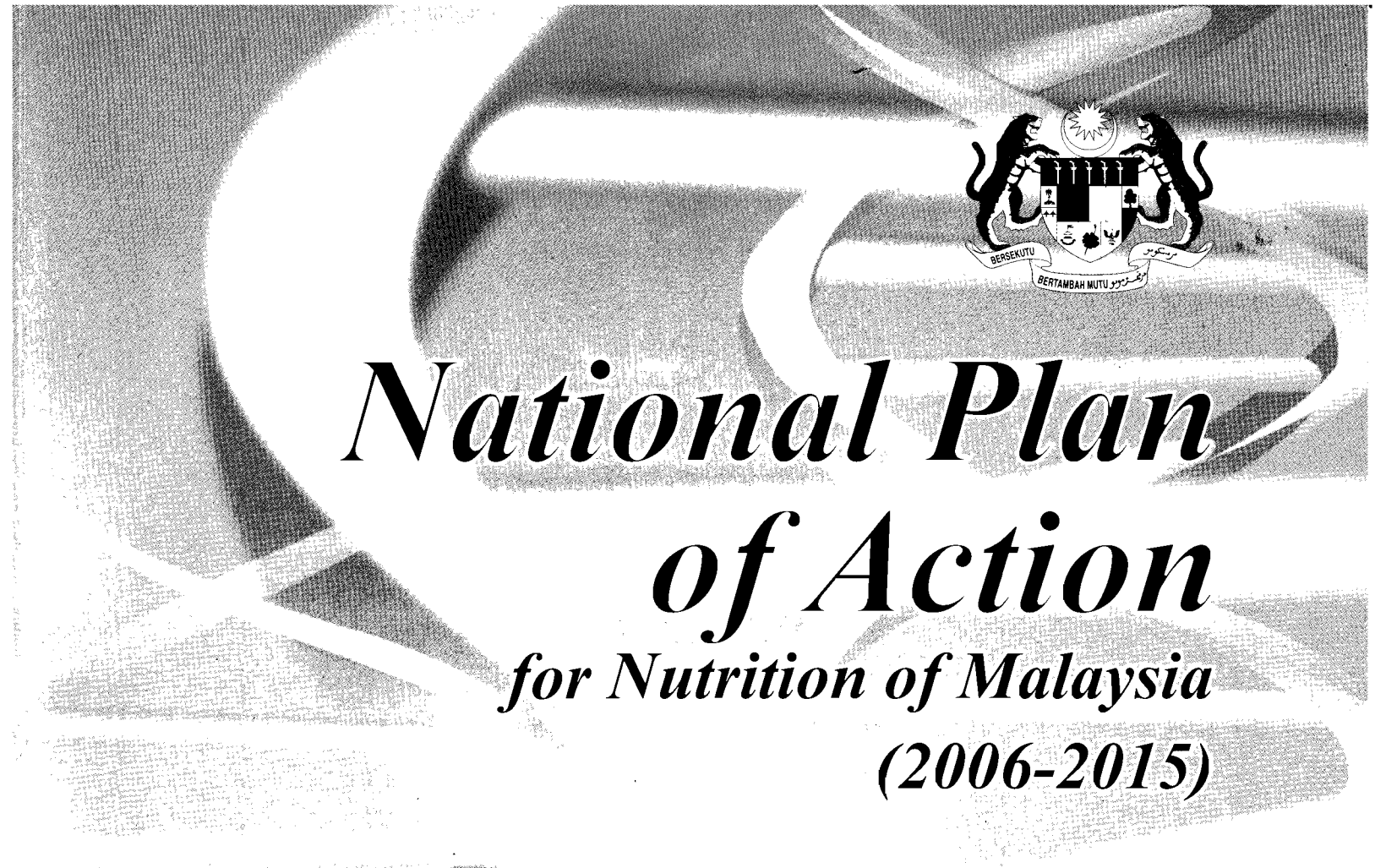


National Plan of Action for Nutrition of Malaysia (2006-2015)

National Coordinating Committee on Food and Nutrition
Ministry of Health Malaysia
2006

The National Plan of Action for Nutrition of Malaysia II 2006 – 2015

Contents **Page**

FOREWORD BY MINISTER OF HEALTH			1
FOREWORD BY DEPUTY DIRECTOR GENERAL OF HEALTH			2
1.0	INTRODUCTION		3
2.0	THE FOOD AND NUTRITION SITUATION		3
3.0	CURRENT FOOD AND NUTRITION INTERVENTIONS		7
4.0	OBJECTIVE OF THE NPANM II		16
	4.1	General Objectives	16
	4.2	Specific Objectives	16
5.0	INDICATORS AND TARGETS		16
	5.1	Improving Breastfeeding and Complementary Feedings Practices	16
	5.2	Improving Food Intake and Dietary Practices	17
	5.3	Reducing Protein – Energy Malnutrition	17
	5.4	Reducing Micronutrient Deficiency	18
	5.5	Reducing Overweight and Obesity	18
	5.6	Preventing and Controlling Diet-Related Non-Communicable Diseases	19
6.0	STRATEGIES		20
	6.1	Foundation Strategies	20
	6.2	Enabling Strategies	20
	6.3	Facilitating Strategies	20
7.0	NPANM II FRAMEWORK		22

8.0 ACTIVITIES

8.1 Activities for Foundation Strategy 23

8.2 Activities for Enabling Strategy 24

8.3 Activities for Facilitating Strategy 37

9.0 IMPLEMENTATIONS 45

10.0 REFERENCES 46

11.0 APPENDIX

11.1 List of Abbreviations 48

11.2 NCCFN Committee 50

11.3 NPANM II Drafting Committee 51

11.4 NPANM II Editorial Committee 54

FOREWORD BY THE MINISTER OF HEALTH MALAYSIA

The World Declaration on Nutrition and Plan of Action adopted by the International Conference on Nutrition (ICN) in Rome in December 1992 called a concerted multisectoral effort and commitment of all nations, non-government organisations and the international community to eliminate or reduce substantially, within the decade, starvation, widespread undernutrition and micronutrient deficiencies which hinder progress in human and societal development around the world. Malaysia rallied to this call with the first National Plan of Action for Nutrition of Malaysia (NPANM) covering the period of 1996 to 2000.

The development and formulation of the second NPANM reflect the natural follow through of the first plan. It is also based on the goals and objectives of the National Nutrition Policy approved by the government in 2003. It is imperative for the country to continually address nutrition issues and to face the current and future challenges and the prospects of nutrition development both globally and locally in order to ensure the nutritional well-being of the population. In addition, the impact of globalization and Malaysia's own development on the health and nutritional status of Malaysians must be monitored and issues must be addressed appropriately.

The National Plan of Action for Malaysia II (NPANM II) is a document detailing the recommendations for strategies, targets, programmes and activities of the implementing agencies for the period of 2006 to 2015.

We in the Ministry of Health believe and aspire that NPANM II will continues as the guiding principles and framework for the integration of all nutrition and nutrition-related activities in the country through the multisectoral and collaborative approach of all stakeholders.

(THE HONOURABLE DATO' SERI DR. CHUA SOI LEK)
MINISTER OF HEALTH MALAYSIA

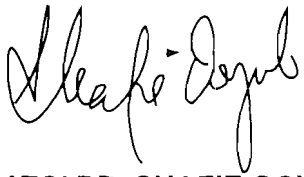
FOREWORD BY THE DEPUTY DIRECTOR GENERAL OF HEALTH MALAYSIA

The national Plan of Action of Malaysia II (NPANM II) is the follow-up of the first NPANM formulated in 1994. As with NPANM I (1996 – 2000), NPANM II is a culmination of consultation and collaboration among various agencies, institutions, and non-government organisations (NGOs) coordinated by the multisectoral National Coordinating Committee on Food and Nutrition (NCCFN).

The second National Plan of Action for Nutrition (NPANM II) provides framework and window of opportunity particularly for more creative and effective nutrition promotion and research efforts towards further improving the nutritional well-being of the people, in line with the objectives of the National Nutrition Policy of Malaysia.

I would like to record my thanks to all the workshop participants from different agencies and organizations for their valuable input in developing the first draft of the plan. I therefore wish to express my appreciation and sincere thanks to every member of the NCCFN and the NPANM II Editing Committee for their deliberation and input to finalise the preparation of NPANM II. In addition, I would like to express my utmost gratitude to the Nutrition Section, Division of Family Health Development, for providing the necessary secretarial and technical support.

I believe the National Plan of Action for Nutrition of Malaysia II is an important document as well as a guide to the implementation of nutrition programmes and activities in the country in the Ninth and Tenth Malaysia Plans.



(DATO' DR. SHAFIE OOYUB)
Deputy Director General of Health Malaysia
Chairman of the National Coordinating Committee on Food and Nutrition

THE NATIONAL PLAN OF ACTION FOR NUTRITION OF MALAYSIA II 2006-2015

1.0 Introduction

The National Plan of Action for Nutrition of Malaysia (NPANM) II is a 10-year plan for the period of 2006 to 2015. The objectives, strategies, activities and targets of NPANM II are based on the National Nutrition Policy review of NPANM I (1996-2000) and its implementation beyond 2000. Current and emerging issues in nutrition were also taken into consideration in the development of NPANM II. The policy was approved by the Cabinet on 17 December 2003. A national workshop to develop NPANM II was held from 26 to 29 April 2004 with the participation of representatives from government agencies, the academia, non-government organizations (NGOs), professional bodies and the private sector.

The NPANM II draft was approved by the National Coordinating Committee on Food and Nutrition (NCCFN) on 2 November 2004 and subsequently presented to the Food Safety and Nutrition Council on 22 February 2005. The final draft was approved by the Cabinet on 20 April 2005.

2.0 The Food and Nutrition Situation

Increasingly more developing countries are undergoing nutritional changes which are characterised by manifestations of the dual burden of malnutrition. While macronutrient and micronutrient deficiencies persist resulting in poor nutritional status and morbidity, the prevalence of overweight and obesity has been on the rise in urban and rural areas in many countries.

Malaysia typifies a rapidly developing which has undergone major demographic and socioeconomic changes since attaining independence in 1957. Notably, fertility rates decline substantially from 6.94 in 1995 to 2.94 in 2005, while life expectancy at birth markedly increased from 48.5 years to 73.1 years during the same period. Urbanisation growth rate 3% in recent years has resulted in 62% of the present population, which is estimated as 25.35 million in 2005, living in urban areas. The country has also experienced an epidemiological transition from a situation with the

predominance of infectious diseases to one distinguished by the growing prevalence of chronic and degenerative diseases. In recent years, coronary heart disease, cancer and stroke constitute the leading causes of mortality, accounting for more than 40% of medically certified deaths.

Set against this backdrop, fundamental changes in the food supply patterns have emerged in the recent decades. These changes have led to not only increasing amounts of food available but also to changes in the composition of the diet. Availability of food commodities has increased considerably on a per capita basis, principally for meat, sugar, vegetables oils, vegetables milk, eggs and fish. The amount of total calories available was on an upward trend from 2,407 calories per capita in 1965 to 2,881 in 2002. Over the same period, the proportion of calories from cereals declines from 59% to 45%, while that from animal products rose to 18% of total calories.

While food availability data is useful in portraying trends and patterns on food supply at the macro level, such information has intrinsic limitations and does not depict actual consumption in various population groups. Intakes of the poorer groups are usually found to be lower than the availability levels. Based on several dietary studies, albeit mostly on a relatively small sample size, poor households are frequently reported to suffer from deficient intakes of calories, iron, calcium, folate, retinol and the B complex vitamins. Detrimental nutritional outcomes are the consequences particularly among the vulnerable, namely young children, pregnant and lactating mothers, and the elderly.

In relation to nutrition of infants and young children, the subject of breastfeeding practices in Malaysia has been the focus of numerous studies over the decades. The overall prevalence of ever breastfed remains high at 88.6% according to the Second National Health and Morbidity Survey (NHMS II) in 1996, compared to the Malaysian Family Life Survey (MFLS) prevalence of 85% in 1998. However, the median duration of breastfeeding appears to have declined from 6 months (MFLS) to 4.5 months (NHMS II). NHMS II also noted that the prevalence of exclusive breastfeeding through the first four to six months was low at 29% and bottle-feeding was high at 86% among children aged below 2 years.

The principal outcomes of undernutrition affecting young growing children are underweight and stunting. According to the Ministry of Health/UNICEF Survey that was

undertaken nationwide in 1998-2000 among children less than six years, 19.2% were underweight (< -2SD weight-for-age) and 16.7% stunted (< -2SD height-for-age). Based on the surveillance data of the Ministry of Health (MOH), the overall prevalence of underweight among children aged below five years was 17.3% in 2004 compared to 25% in 1990. In contrast, research studies often report prevalence of underweight and stunting in children of similar ages from poor households exceeding 25% and 30% respectively.

Meanwhile in adults, the problem of underweight has also been reported in urban and rural areas. NHMS II determined the overall prevalence of underweight in adults as 25.2%, while other studies on smaller numbers of subjects reported underweight rates for men and women at 7% and 11% in urban, and 11% and 14% in rural areas, respectively. Undernutrition not only brings about energy deficits affecting growth and physical performance, but also results in the "hidden hunger" problem of micronutrient deficiency. An important micronutrient deficiency in Malaysia over the decades is anaemia, affecting chiefly young children, women of childbearing age and the elderly. Based on the MOH/UNICEF survey in 1998-2000, the prevalence of anaemia in children below six years of age was 17.7% for boys and 20.5% for girls. Research studies have also recorded anaemia prevalence levels of 20 to 25% in children, adults and the elderly from poor communities. The prevalence is appreciably higher among pregnant women, often exceeding 25%.

Another micronutrient deficiency that has been monitored for many years is Iodine Deficiency Disorders (IDD) especially in Sarawak and Sabah. Through legislation on universal salt iodisation, which was fully implemented in 2000, the gravity of IDD has abated to a large extent in Sabah. Since 2002, the median urinary iodine levels of children aged 8 to 10 years in Sabah has been within the normal range. Continued monitoring efforts, however, are needed in Sarawak and some endemic districts in the peninsula to further reduce the prevalence of IDD in the areas.

Prior to the 1960s, vitamin A deficiency accompanied by clinical symptoms used to be encountered among young undernourished children from poor communities. However, the situation has improved significantly over the years. The finding of the MOH/UNICEF survey in 1998 - 2000, in which 2.5% of boys and 4.5% of girls less than five years of age

had blood retinol level ≤ 0.7 μmol/L, indicated that vitamin A deficiency prevalence in Malaysia is at a mild sub-clinical level.

As for other nutrient deficiency, there is a dearth of data. Recent research interests have emerged but tend to be limited to a few nutrients such as calcium, vitamin D, zinc and folate. More studies should supported to establish intake levels and deficiency prevalence of nutrients for which data is lacking among Malaysians, including the nutrients mentioned above as well as selenium, vitamins K and B_{12}.

As a country bearing the dual burden of malnutrition, Malaysia is also confronted with the mounting problem of overweight and obesity. NHMS II found 4.4% obesity (body mass index or BMI ≥ 30.0 kg/m²) and 16.6% overweight (BMI = 25.0 – 29.99 kg/m²) in adults aged 18 years and above in 1996. Since then, several studies have reported rising prevalence of overweight and obesity in men and women from both urban and rural areas. The preliminary result of the first Malaysia Adult Nutrition Survey conducted in 2002 and 2003 (MOH, 2006) showed that 26.7% of Malaysian adults aged 18 to 59 years are overweight and 12.2% were obese.

An emerging paradox is the overweight burden on the poor, especially among women, as revealed by studies that identified one-third to half of women from poor households as being overweight and obese.

The prevalence of overweight in Malaysia children is marked lower than that in adults. The MOH surveillance data showed that in 2004, 4.1% of children aged below five years were overweight (weight-for-age ≥ 2SD). By the same criteria, the MOH/UNICEF survey (1998-2000) recorded 2.9% male and 2.2% female children below six years as overweight, with higher prevalence in metropolitan (3%) and large urban areas (2.8%) than in rural areas (1.8%). The proportion of overweight children in poor rural communities remains relatively low, below 1% generally.

The escalating problem of overweight and obesity in Malaysia reflects the global trend in modern industrialised countries, which face similar underlying factors of an upsurge in consumption of energy-dense food accompanied by increasing sedentary work and leisure lifestyles. A consequent major challenge is the rising medical and healthcare costs and other problems linked to nutrition-related chronic diseases. Death from chronic diseases worldwide accounted for more than half of projected total deaths in

2005, with cardiovascular disease contributing 30%, followed by cancer (13%), chronic respiratory diseases (7%) and diabetes (2%).

3.0 Current Food Nutrition Interventions

Nutrition interventions to improve the nutritional well-being of the Malaysian population have been implemented by the Ministry of Health in collaboration with other ministries. They include the Ministry of Social Welfare and Rural Development, Ministry of Education, Ministry of Agriculture, Ministry of Information, Ministry of Rural Development, Ministry of Youth and Sports, Ministry of Domestic Affairs, Ministry of Internal Trade and Consumer Affairs, Ministry of Women, Family and Community Development, Ministry of Housing and Local Government, non-government organisation (NGOs) and the food industries. The programmes and activities that have been carried out include alleviation of macronutrient and micronutrient deficiencies, nutrition promotion and improving household food security.

The NGOs that has been involved in nutrition intervention programmes include the Malaysian Society for the Study on Obesity (MASO), Nutrition Society of Malaysia (NSM). Malaysian Dietitians Association (MDA), Malaysian Paediatric Association (MPA), Obstetric and Gynaecology Association, Malaysian Breastfeeding Advisory Association (PPPIM), Malaysian Federation of Malaysian Manufactures (FMM), Private Hospital Association (PHA), Assiciation of Registered Childcare Providers Malaysia (ARCPM) and the Malaysian Lactation Advisors and Consultants Associations.

3.1 Alleviation of Macronutrient and Micronutrient Deficiencies

Rehabilitation Programme for Malnourished Children

The main macronutrient deficiency problem among Malaysian children is protein and energy malnutrition. This is manifested in children being underweight for their age. The Ministry of Health started a programme for the rehabilitation of malnourished children in June 1989. It was an immediate strategy to rehabilitate 12,690 children who were detected to be undernourished through the Nutrition Surveillance System in 1988. This programme, better known as the "Food Basket Programme", is still being carried out in government health clinics.

The objectives of the programme are:

i) To improve health and nutritional status through food and micronutrient supplementation.
ii) To improve health through provision of sanitary facilities and clean water supply.
iii) To improve health through providing education on health and nutrition.

The criteria for eligibility for this programme are children aged less than six years who are underweight (weight-for-age is less than -2SD of the median) and from hardcore poor families.

They are given foods and multivitamin supplement every month until they are recovered, with the minimum period of six months of supplements. The basic food items include rice, wheat flour, ikan bilis, green gram, cooking oil, biscuits, full cream milk and multivitamins. Some of the food items can be exchanged with other foods depending on the local preference and their availability. These food supply approximately 150% of the child's Recommended Daily Allowance (RDA) for calorie and 250% RDA for protein, taking into consideration that the foods are likely to be shared among other siblings.

Close monitoring of the children is done through monthly nutrition assessment in the health clinics and home visits by the health staff. Nutrition education and counseling are also given to the parents or care givers to ensure that the children obtain maximum benefits from the programme. Instructions and demonstrations on the preparation of nutritious meals using items from the food basket are also given. Families that have no water supply or sanitation facilities are provided assistance such as piped water supply and toilet facilities. The families may be referred to other agencies which can provide appropriate assistance to improve their economic status.

The number of recipients for this programme has decreased since it began, from 12,690 children in 1989 to 4986 in 2004. From 1994 until 2004, the average number of new cases was 2407 per year.

A study was conducted in 2002 to evaluate this programme. It found that 76 percent of the children showed improvement in weight-for-age after being enrolled in the programme for about two and a half years. Several weaknesses of the programme were reported. These included the delay in the delivery of foods once a child was identified to

be eligible in the programme, unsuitability and unacceptability of some of the food especially among infants and younger children. The food items were found to be low in key nutrient such as calcium and iron.

The study also found that there were poor linkages and coordination with the relevant agencies. The programme has been revised and a new approach has been identified for future implementation.

Other malnourished children who are not eligible for the "basket food" are given one kilogram of full cream milk per month as a food supplement.

The Ministry Of Rural and Regional Development under its Division of Proverty Eradication has carried out a similar food assistance programme since 2002. It is called the "Balances Food Supplementary Programme". It is one of ten programmes conducted under the "Health Community Development Scheme". It provides balanced and nutritious food supplementation packages to school children aged 12 years and below from hardcore poor households. The programme aims to promote physical growth and learning capacity of the target school-going children.

Prevention and Control of Iodine Deficiency Disorder (IDD)

Activities to control IDD in Malaysia are focused in endemic areas, namely the state of Sabah and certain districts in the states of Sarawak, Perlis, Kedah, Perak, Terengganu and Kelantan. The objectives of the IDD Prevention and Control Programme are:

i) To reduce the prevalence of goiter among children eight to ten years to less than five percent.
ii) To increase the median urinary iodine excretion of school-age children to more than 100µg/dl.
iii) To increase the proportion of population in iodine deficient areas consuming adequately iodised salt to more than 95 percent.

Several interventions have been carried out in these states.

The interventions are:

i) Mandatory universal salt iodisation in the state of Sabah through the gazettement of Sabah as a goitre endemic area in 1999.

ii) Mandatory salt iodisation in endemic districts in Sarawak through the gazattement of 16 districts and three sub-districts in Sarawak as goitre endemic area since August 1990.

iii) Distribution of iodised salt to pregnant women living in endemic areas through government health clinics.

iv) Iodination of water supply in villages, health clinics, schools, long houses and community water supply located in remote villages of the endemic areas. However, water iodination has been phased out owing to problems in the supply of iodine source and the high cost of maintenance.

v) Nutrition and health education on food choices and preparation with the objectives to promote the intake of iodine-rich food, the proper use and storage of iodised salts and ways to reduce goitrogens in food.

Monitoring of iodised salt is in line with the Malaysian Food Act 1985 (revised in 2004) which states that iodine content in iodised salt should be 20 to 30 ppm or 20 to 30 mg iodine per kilogram of salt.

3.2 Nutrition Promotion

Nutrition promotion in the country involves giving nutrition education and dissemination to the target groups and providing the infrastructure for the community to have access to the nutrition information. The programmes and activities that are carried out include Nutrition Education through Health Clinics, Healthy Eating, Promotion of Breastfeeding, Complementary Feeding, Healthy Community Kitchens *(Dapur Sihat), Institutional Feeding,* Healthy Eating through Healthy Shopping, Healthy Catering, Healthy Cafeterias and Healthy School Canteens.

Healthy Eating

Healthy Eating was a yearly component of the thematic Healthy Lifestyle Campaign when it was first lunched in 1991, with "Cardiovascular Disease" as the theme. "Healthy Eating" was the theme of the Healthy Lifestyle Campaign in 1997 that focused

on behavioural change. It emphasised on dietary and lifestyle practices that promoted heath and prevented the development of chronic diseases. Healthy eating promotion provides the community with the nutrition massages developed based on current scientific evidence. They were also based on the recommendations of the World Health Organisation (WHO) and the Food and Agriculture Organisation (FAO) for diet and nutrition and the prevention of chronic diseases.

Prime and supportive nutrition messages are developed annually for specific target groups. These educational massages are disseminated to the community through various electronic and print media for various setting such as health clinics, schools, work places and food outlets.

The spin-offs from the Healthy Eating promotion were development of the Malaysian Food Pyramid and the Malaysian Dietary Guidelines in 1999. The eight principles incorporated in the Malaysian Dietary Guidelines are:

1. Enjoy a variety of foods.
2. Maintain a healthy body weight by balancing food intake with regular physical activity.
3. Eat more rice and other cereal products, legumes, fruits and vegetables.
4. Minimise fat in food preparation and choose foods that are low in fat and cholesterol.
5. Use small amount of salts and choose foods low in salt.
6. Reduce sugar intake and choose foods low in sugar.
7. Drink plenty of water daily.
8. Practise and promote breastfeeding.

The dietary guidelines were designed to prevent nutritional deficiency and chronic diseases and targeted at the population aged two years and above.

The Ministry of Health was worked in partnership with various government agencies, non-government organisations and professional bodies in promoting healthy eating. Two recipe books have been published as a result of collaborative efforts between the Ministry of Health and the Nutrition Society of Malaysia. "Health Recipe, Wise Choice" Volume 1 is a collection of local recipes and Volume 2 is a collection of ethnic and

traditional recipes. In both books, the original recipes have been modified to reduce use of fat, oil, coconut milk, sugar and salt. Their fibre content have been increased by use of vegetables.

The Promotion of Breastfeeding

Another important aspect of health eating is the promotion of breastfeeding which has been an integral component of maternal and child health services in the country since the 1950s. A multi-pronged strategy has been adopted in the promotion of breastfeeding since the 1970s. This include mass media education, lactation management training (18 hours) and breastfeeding counseling course for health professionals (40 hours), and school curriculum development (Physical and Health Education) for primary and secondary school children. This effort started in 1979 with the publication of the Malaysian Code of Ethics for Infant Formula Products. It is an indication of the government's commitment to protect, support and promote breastfeeding. The code covers the basic principles of marketing and product information for all infant formula products (including feeding bottles and teats) in Malaysia. It also provides guidelines on ethical practices for the infant formula industry and the medical and health professionals in the healthcare system. The code was developed based on the International Code of Marketing of Breast Milk Substitutes. There are three committees set up under this code:

i) The National Committee on the Code of Ethics for Infant Formula Products – to formulate policies on the promotion, protection and support of breastfeeding.

ii) The Vetting Committee on the Code of Ethics for Infant Formula Products – to vet all materials including product labeling related to infant formula products.

iii) The Disciplinary Committee on the Code of Ethics for Infant Formula Products – to coordinate investigations on specific complaints in alleged violations of the code.

The code has been revised several times since 1979 and is now in its fourth revision.

The promotion of breastfeeding was reinforced when the Ministry of Health launched the Baby Friendly Hospital Initiative (BFHI) in August 1993, an initiative adopted from the WHO. Its objective is to mobilized and involved maternity hospitals, wards and hospital staff to technically support breastfeeding. It also aims to create a demand for hospitals that support mothers who wish to breastfeed.

This initiative ensures that the maternity facilities in the baby friendly hospitals fully practise all the ten steps to successful breastfeeding. In March 1998 Malaysia was recognised by the WHO for making all 110 government hospitals baby friendly, after Sweden and Oman. In 2005 all 114 government hospitals were recognised as baby friendly. Four private hospitals have also been recognized as baby friendly.

To support this effort, BFHI training and advocacy activities have been carried out. These include:

i) Lactation management courses for state trainers
ii) Breastfeeding counsellors' course
iii) Mother-to-mother support training for local women with breastfeeding experience.
iv) Short courses for administrators and policy makers on the promotion of breastfeeding
v) Seminars on breastfeeding
vi) Exhibition and counseling on breastfeeding
vii) Launching of baby friendly shopping centres

The World Breastfeeding Week in the first week of August is also observed by the Ministry of Health. During this week all state health departments have their own activities such as exhibitions and public forums on breastfeeding.

3.3 Improving Household Food Security

The World Summit-Plan of Action defined food security as *"....when all people, at all times, have physical and economics access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life."*

This implies that besides having enough food for the individual and family, other conditions must prevail to ensure true food security. The food available to the household must be shared according to individual need; it must be of sufficient variety, quality and safety; and each member must have good health status in order to utilise the food consumed.

The Food and Agriculture Organisation's (FAO) goals for achieving food security are to :

- ensure a safe and nutritionally adequate food supply at the national and household levels
- ensure stability in food supply during the year and from year to year
- ensure each household has physical, social and economic access to enough food to meet its needs

Improving household food security is one of the nine thrust areas in the first National Plan of Action for Nutrition Malaysia (NPANM) 1996-2000. Nine strategies and activities have been identified for implementation to ensure availability of quality and safe food at affordable prices to all household at all times. These strategies and activities may have contributed directly or indirectly towards improving household food security in this country.

A strategy that could have contributed indirectly towards improving household food security is the incorporation of nutritional objectives, considerations and components into the national policies and programmes. For example, one of the specific objectives of the third National Agricultural Policy (NAP 3) is enhancing food security both at the national and household levels. Other strategies include the strengthening of technical capabilities in the Ministry of Agriculture and Agro-Based Industry to integrate nutrition in agricultural and development projects; research to improve food production, utilisation and distribution; and research on cost-effective indicators to measure household food security.

The following strategies and activities of the Ministry of Agriculture and Agro-Based Industry could have direct positive impact on household food security, they are: -

i) enhancing rice production; zoning of areas for growing vegetables
ii) encouraging aquaculture to increase fish production
iii) improving post-harvest handling
iv) establishing an integrated food cold-chain to lower post-harvest loses and increase supply
v) encouraging home and community gardens
vi) encouraging farmers to sell direct to consumers

vii) improving employment opportunities in rural areas by encouraging private sector involvement in agriculture

viii) effective dissemination of nutrition information

Activities mentioned in other thrust areas of NPANM I that may have an impact on food security are the Poverty Eradication Programme, Programme for the Hardcore Poor, and the Social Welfare Programme. These programmes are mainly targeted at poor families in the rural areas. Special programme for poor families in the urban areas, for example the NADI programme in Kuala Lumpur, have been handled by the local authorities.

Many of these activities have been successfully implemented and monitored by their respective agencies because they are part of the existing programme in those agencies. The Ministry of Agriculture and Agro-Based Industry closely monitors the self-sufficiency level of major food items such as rice, fish, meat, poultry, fruits and vegetables. It also monitors the local demands and exports to ensure that national food security is maintained.

Several other activities in NPANM I may have contributed to the improvement of household food security. These include the Ministry of Health's efforts in the prevention and control of infectious diseases, promotion of breastfeeding, care of infants, young children, pregnant women and lactating mothers, prevention and control of micronutrient deficiencies, promotion of healthy lifestyle, and the Rehabilitation Programme for Malnourished Children. The Ministry of Education School Feeding Programme is also an effort to improve household food security in Malaysia.

4. Objectives of NPANM II

4.1 General Objective

To achieve and maintain optimal nutritional well-being of Malaysian

4.2 Specific Objectives

1. To enhance the nutritional status of the population
2. To prevent and control diet-related non-communicable diseases

5. Indicators and Targets

To meet the objective of NPANM II, the following indicators and targets have been set

5.1 Improving Breastfeeding and Complementary Feeding Practices

Indicators for action	Target for improvement by the year 2015
Prevalence of exclusive breastfeeding at 4 months	Increase from 29% (1996) to 40%
Prevalence of exclusive breastfeeding at six months	Establish 15% exclusive breastfeeding up to six months amongst infant
Timely introduction to complementary foods	Establish 50% timely introduction to complementary food amongst six to under ten months

5.2 Improving Food Intake and Dietary Practices

Indicators for action	Target for improvement by the year 2015
Energy and nutrients adequacy	Increase proportion of the people meeting the Malaysian Recommended Nutrient Intake (RNI) compared to the First Malaysian Food Consumption Survey
Dietary practices	Increase proportion of people meeting the recommendations in the Malaysian Food Pyramid compared to the First Malaysian Food Consumption Survey Increase proportion of people aware of the Malaysian Dietary Guidelines compared to the National Health and Morbidity Survey III, 2006

5.3 Reducing Protein-Energy Malnutrition

Indicators for action	Target for improvement by the year 2015
Low birth weight	Reduce from 8.9% in 2000 to 6%
Children below 5 year :	
• Underweight	Reduce from 10.6% in 2003 to 5%
• Stunting	Reduce from 19% in 2000 to 10%
• Wasting	Reduce from 13% in 2000 to 6.5%
Underweight :	
• Children 6 to 12 years	Reduce by 25%
• Children 13 to18 years	Reduce by 25%

Indicators for action	Target for improvement by the year 2015
Chronic energy deficiency :	
• Above 18 to 59 years	Reduce from 25% in 1996 to 15%
• Above 60 years	Reduce from 29.4% in 1996 to 20%

5.4 Reducing Micronutrient Deficiency

Indicators for action	Target for improvement by the year 2015
Anaemia :	
• Children below 5 years	Reduce from 18% in 2001 to 9%
• Pregnant women	Reduce from 43.8% in 2003 to 30%
Iodine deficiency:	
• School children 8 to 10 years	Median urinary iodine excretion level between 100 µg/L and 200 µg/L
Vitamin A deficiency:	
• Children below 5 years	Reduce the prevalence of low serum vitamin A (less than 30 µg/dl) from 19.8% in 2000 to 10%

5.5 Reducing Overweight and Obesity

Indicators for action	Target for improvement by the year 2015
School children:	
• To 12 years	Prevalence not more than 10%
• 13 to 18 years	Prevalence not more than 15%
Adult:	
• Overweight	Prevalence not more than 30%
• Obese	Prevalence not more than 15%

5.6 Preventing and Controlling Diet-Related Non-Communicable Diseases

Indicators for action	Target for improvement by the year 2015
Cardiovascular disease	Prevalence of hypercholesterolemia (>5.2 mmol/L) not more than 20% compared to the National Health and Morbidity Survey III, 2006 Decrease proportion of people with dietary fat intake more than 30% of total calories compared to the First Malaysian Food Consumption Survey Prevalence of overweight and obesity in adult not more than 30% and 15% respectively in adult compared to the First Malaysian Food Consumption Survey
Cancer	Increase proportion of people doing adequate exercise (at least 30 minutes a day, 3 times a week) compared to the First Malaysian Food Consumption Survey
Osteoporosis	Increase proportion of people consuming fruits and vegetables, whole grains and legumes as recommended in the Malaysian Food Pyramid Increase proportion of people consuming foods rich in calcium as indicated in the Recommended Nutrient Intake (RNI) for Malaysia and practicing adequate physical activity

6. Strategies

The National Nutrition Policy strategies constitute the basis in formulating the objectives of NPANM II. To ensure effective implementation, monitoring and evaluation of the plan of action, these strategies are oriented into the **foundation, enabling** and **facilitating strategies.**

6.1 Foundation Strategy

The national Nutrition Policy strategy on **"incorporating nutrition objectives. considerations and components into national developmental policies and programmes"** forms the overarching strategy and is vital for the effective operation of the plan.

6.2 Enabling Strategies

Five strategies of the policy, identified as having direct impact on achieving the specific objectives of the plan, serve as the enabling strategies. These are:

- Improving household food security especially among the low income group
- Promoting optimal infant and young children feeding practice
- Preventing and controlling nutritional deficiencies
- Promoting healthy eating and active living
- Supporting efforts to protect consumers in food quality and safety

6.3 Facilitating Strategies

Five other policy strategies, identified as providing the mechanism and support for the realisation of the enabling strategies, form the facilitating strategies of the plan. These are:

- Ensuring all have access to nutrition information
- Continuous assessment and monitoring of the nutrition situation

- Promoting continuous research and development
- Ensuring nutrition and dietetics are practised by trained professionals
- Strengthening institutional capacity in nutrition activities

7.0 NPANM II Framework

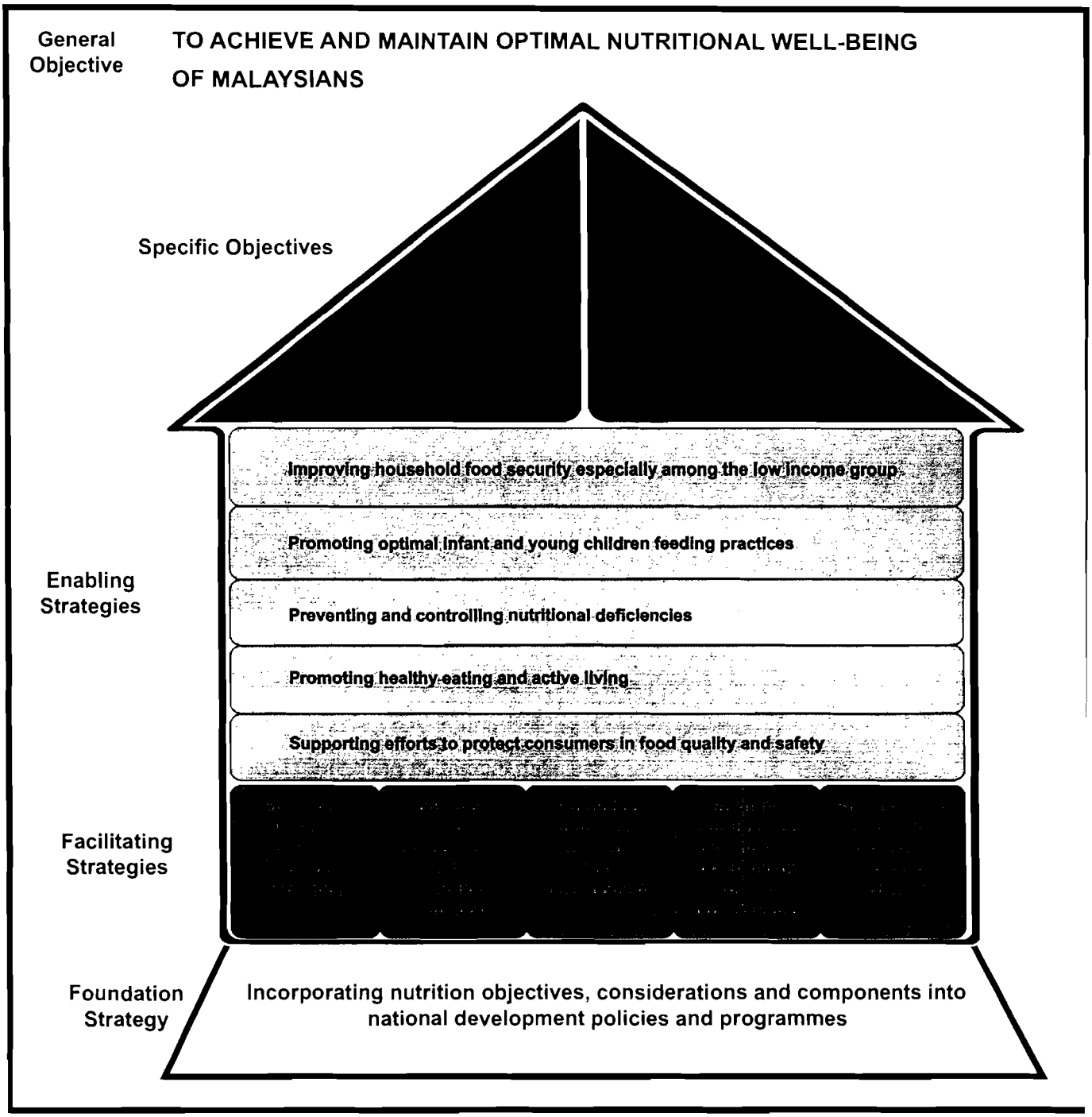


Figure 1: A Pictorial Representation of Components in NPANM II and Their Linkages

8. Activities

8.1 Foundation Strategy

8.1.1 Incorporating nutritional objectives, considerations and components into national development policies and programmes

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Incorporate nutrition policy statement(s) and programmes in the development plans of all relevant ministries and agencies for the 9th and 10th Malaysia Plans	9th MP 2006-2010 10th MP 2010-2015	Number of ministries and agencies having nutrition policy statements and programmes in their development plans. Number of nutrition-related projects	By 9th MP all major ministries and agencies By 10th MP all relevant ministries and agencies At least one project per year	MOH (NPANM secretariat) PMD (EPU) MOE, MOA&ABI MY&S MRRD MWF&CD MH&LG MDT&CA MEWT
2.	Ensure commitment and support of all relevant agencies for nutrition through the National Food Safety and Nutrition Council (NFSNC)	2006-2015	Number of council meetings	Twice a year	All members of the council
3.	Establishment of the National Institute of Nutrition (NIN) as a focal point for multisectoral collaboration in nutrition planning, advocacy, training, research and development	2008	NIN established	Set up in 2008	MOH
4.	Ensure effective coordination and monitoring of National	2006-2015	Number of advocacy activities	All states	NCCFN

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
	Plan of Action for Nutrition (NPANM) II through the National Coordinating Committee for Food and Nutrition (NCCFN)		Number of states having State Exco and District Office meetings with NPANM II as an agenda		
5.	Provision of adequate resources for nutrition and nutrition-related activities:				
	i. Funds	2006-2015	Specific funds for nutrition under various agencies	To increase by 10%	MOH (NCCFN)
	ii. Manpower, nutritionist and other required personnel		Number of posts	As recommended in Facilitating Strategy section 8.11 (item no. 3)	

8.2 Enabling Strategies

8.2.1 Improving household food security especially among the low income group

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Continue existing food and programmes for the identified vulnerable groups:	By 2015	Number of recipients	All eligible groups	MOH MWF&CD
	i. Programme for the Rehabilitation of Malnourished Children				
	ii. Supplementary feeding programmes for children, pregnant and lactating mothers				

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
	iii. Food assistance to other groups				
2.	Provide nutritious and safe supplementary foods to eligible pre-school and primary school children:				MOH MOE MWF&CD
	i. Continue the School Supplementary Feeding Programme	2006-2015	Number of recipients	100% of eligible recipients	MRRD (KEMAS)
	ii. Review the criteria for eligibility to increase coverage	2006-2015	Criteria reviewed	Coverage increase to 50%	MOE
	iii. Continue School Milk Programme through: - Free milk distribution to eligible children	2006-2015	Number of recipients	100% of eligible recipients	MOE Industry
3.	Ensure access to affordable, safe and nutritious food in schools through:				MOH MOE
	i. Enforcement of the 2004 School Canteen Guidelines	2006	Number of schools complying with the guidelines		Association Canteen Operator MH&LG
	ii. Ban on sale of non-nutritious and unhygienic foods outside school premises	2006-2015	Number of schools with "No Hawking" signs outside their premises		Local Authorities MOH
4.	Develop food service and management guidelines for boarding schools (hostels), special homes and institutions	2006-2007	Guidelines prepared	No. of schools, special homes, institutions using guidelines	MOE MWF&CD Universities Professional bodies

8.2.2 Promoting optimal infant and young child feeding practices

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Review the existing Breastfeeding Policy and develop a comprehensive policy, guidelines and curriculum for breastfeeding and complementary feeding of young children	End of 2006	Policy developed	National policy and guidelines developed Curriculum developed	MOH MRRD MWF&CD Universities NGOs (PPPIM, PPPLM, RCPA)
2.	Implement policy, guidelines and curriculum through:				
	i. Advocacy to related agencies	2006-2015	Advocacy session to all relevant agencies: MOH, KEMAS, RCPA, Information Dept, Women Devt, LPPKN, Community Devt, Welfare Dept, MH&LG,MHR,FMM	All related agencies advocated	MOH
	ii. Intra and inter agency training	2006	Training Module	One training module	MOH
	• Development of training modules for training the trainers	2006	Number of training courses Number of participants trained	Two national training sessions per year 80 participants per year	MOH
	• Training of trainers	2006	Number of echo training sessions Number of participants trained	At least one training session per agency At least 30 participants per training session	MOH MRRD (KEMAS) Relevant NGOs MWF&CD
	• Echo training (to be integrated into existing training programmes of related agencies)				

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
3.	Monitor and evaluate activities				
	• Develop monitoring tools	2006-2007	Monitoring tools	Piloted in 2006 and implemented in 2007	MOH
4.	Strengthen and expand the implementation of Baby Friendly Hospital Initiative (BFHI) to:				
	i. Alternative Birthing Centres (ABCs) and health centres that conduct deliveries	2007	Number of centres	100% ABCs and health centres with deliveries	MOH
	ii. Private hospitals	2006	Number of private hospitals	100% private hospitals	MOH
	iii. Other health facilities	2008	Number of other health facilities	100% other health facilities	MOH
	iv. Public areas	2006-2015	Number of baby friendly public areas	30% by 2010 60% by 2015	MOH MH&LG
5.	Extend and strengthen education on exclusive breastfeeding and child feeding to working mothers				MOH MOI
	i. Development of educational materials (including AVAs and TV trailers)	2006-2015	Number of sessions	Working mothers	NGOs
	ii. Dialogue with and use of mass media to create an environment supportive of exclusive breastfeeding	2006-2007	Number of educational materials	Working mothers	
		2007	Number of dialogue sessions	Mass media	
6.	Promote breastfeeding and adequate child care facilities at work place (for public and private sectors)	2006-2015	Number of breastfeeding and child care facilities at work place	50% by 2010 100% by 2015	MOH MHR MWF&CD

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
	Development of guidelines on the establishment of breastfeeding and child care facilities at work place				MH&LG FMM
7.	Strengthen the establishment of support groups in the community for breastfeeding and infant feeding	2006-2015	Number of support groups established	One per district by 2015	MOH
8.	Strengthen the implementation of the Code of Ethics for Infant Formula products through continuous advocacy	2006-2015	Number of seminars/training on the Code of Ethics	One per year	MOH
9.	Regulate inappropriate marketing and distribution of complementary foods	2006-2015	Draft regulation develop	Completed by 2010	MOH
10.	Adopt the policy of maternity entitlement consistent with the International Labour Organisation (ILO) Maternity Convention and Recommendations: to extend maternity leave to 4 months	2006	Duration of maternity leave	Four months' maternity leave	MWF&CD
11.	Develop nutritious foods for infants based on local foods and culture	2006-2015	Publication of food items developed		MOH Universities MARDI

Note: Infant is defined as from birth up to 12 months; young child is defined as 12 to 36 months

8.2.3 Preventing and controlling nutritional deficiencies

i) Preventing and controlling protein energy malnutrition (PEM)

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Setting up a National Technical Committee for PEM (as well as those at risk) to:	2006-2015	Committee established		MOH
	i. Monitor the prevalence of protein energy malnutrition problem amongst various groups		Collection of data and information on prevalence by location, affected groups, severity and causes	Updated data and recommendations made	
	ii. Implement coordinated intervention programmes to address PEM		Number of programmes implemented	At least one coordinated programme	

ii) Preventing and controlling iron deficiency anaemia (IDA), vitamin deficiency (VAD) and folic acid deficiency

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Set up National Micronutrient Technical Committee for iron, vitamin A and folic acid	2006	Multisectoral and multi-disciplinary committee established	2006	MOH
2.	Conduct a national survey for iron and folic acid in relevant groups	2006-2008	Survey conducted	Nationwide	MOH
3.	Review the need for a national food fortification programme	2009-2010	Review conducted and decision made	2010	MOH MDT&CA Industries

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
4.	Conduct systematic evaluation of the iron supplementation programme being undertaken by maternity hospitals and antenatal clinics	2006-2008	Completed evaluation with recommendations	2008	MOH Universities
5.	Continue the distribution of iron supplement to children under the rehabilitation programme for the malnourished	2006-2015	Number of children receiving supplementation	All beneficiaries	MOH
6.	Implement iron supplementary programme for pre-school and primary school children, and adolescent girls	2008-2015	Number of children receiving supplementation	All targeted children and adolescent girl	MOH MOE MR&RD
7.	Promote intake of folic acid amongst vulnerable groups e.g. pregnant women and adolescent girls, including s upplementation when necessary	2006-2015	Number of education programmes/ activities	All attendees in antenatal clinics and pre-marital courses: adolescent girls	MOH JAKIM MOE
8.	Promote dietary diversification to increase the consumption of micronutrient-rich foods including fruits and vegetables	2006-2015	Number and type of promotion activities/ programmes by setting target group	Various setting and target groups	MOH MOA&ABI MRRD
9.	Set up a technical committee to examine deficiencies in other minerals and trace elements e.g. calcium, zinc and selenium, and recommend appropriate actions	2010	Recommendations made	2015	MOH

iii) Preventing and controlling iodine deficiency disorders (IDD)

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Strengthen the IDD Technical Committee at national and state levels	2006-2015	Regular IDD Technical Committee meetings involving the industries and consumer groups	All states with IDD problem	MOH
2.	Update guidelines on IDD in line with the current strategies	2006-2015	Updated guidelines	Every year	MOH
3.	Train health personnel on IDD control, including urinary iodine determination and use of ultrasonography in the detection of goitre	2006-2015	Number of personnel in the following categories trained: -Assistant Environmental Health Officers in charge of food safety and quality -Public Health Nurses -Medical and Health Officers / Medical Assistants	All staff in the categories in the IDD affected areas are trained	MOH
4.	Continue with monitoring and evaluation activities	2006-2015	Median urinary iodine levels Proportion of samples of iodised salt at specific levels of the distribution chain not complying with the Food Act 1983 and Food Regulations 1985	Gazzetted areas	MOH
5.	Conduct a national survey on IDD	2008-2010	Survey conducted	Nationwide	MOH

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
6.	Prepare a proposal to gazette the whole of Sarawak as a goitrous region under existing provisions of the Food Act 1983 and Food Regulations 1985	2006-2008	Gazettement	Implemented by 2008	MOH Sarawak State Government
7.	Strengthen the enforcement of regulations on iodised salt	2006-2015	Number of samples taken for inspection	100% compliance	MOH
8.	Review the need to gazette Peninsular Malaysia as a goitrous region under existing provisions of the Food Act 1983 and Food Regulations 1985	2008	Decision made	2010	MOH
9.	Strengthen the capacity and capability of regional public health/dedicated laboratories in IDD Designate Institute for Medical Research (IMR) as an IDD referral laboratory	2006-2015	Adequate trained personnel specifically for IDD	At least two trained staff members for each laboratory (Public health laboratories in Sungai Buloh and Ipoh, IDD laboratories in Kota Kinabalu and Baling) An officer to be assigned to take charge of the referral laboratory	MOH
10.	Involve the salt industry (salt importers, distributors, wholesalers, retailers) in the programme	2006-2015	Number of meetings involving the salt industry Number of participating salt importers, distributors, wholesalers and retailers	At least annually The salt industry	MOH

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
11.	Strengthen consumer education on IDD prevention and control	2006-2015	Number of education programmes conducted	Communities in IDD affected areas	MOH MOE KEMAS JHEOA

8.2.4 Strategies in promoting healthy eating and active living for all

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Intensify healthy eating programmes	2006-2015	Number of targeted healthy eating-related activities	Six per year	MOH NSM MASO NGOs
2.	Establish a programme focusing on the prevention and control of obesity				MOH MDA
	i. Set up an inter-sectoral technical committee on obesity	2006	Inter-sectoral technical committee on obesity set up	At least one inter-sectoral technical committee meeting a year	MH&LG MY&S Other relevant mins. & assoc.
	ii. Strengthen the obesity component in the "Wellness Clinics" at Health Centres	2007-2015	Standard operation procedures for the programme devel-oped and implemented	To develop and establish Standard operating procedures for the programme	NSM MASO NGOs
	iii. Develop a childhood obesity prevention programme	2007-2008	Standard operation procedures for the programme developed and implemented Number of campaigns on obesity	To develop and establish standard operating procedures for the programme	MY&S

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
	vi. Increase awareness campaign on obesity among all sectors of the community	2006-2015		At least one campaign a year	
	v. Establish a weight management programme for the overweight and obese individuals in all age groups	2006-2015	All clinics with nutrionists will implement the programme	Programme to be piloted in 2007 and implemented from 2008 onwards	
3.	Educate health care providers, pre-school teachers and care givers on appropriate nutritional are for the identified vulnerable groups				MOH MWF&CD MRRD MOE
	i. Produce educational materials for target groups	2006-2015	Number of nutrition educational materials produced	At least one educational material per group	Relevant NGOs (e.g. AIDS council)
	ii. Disseminate information to target groups and care givers/child minders	2006-2015	Number of target groups and care givers given information	All target groups	
	iii. Develop training modules	2006-2015	Training modules developed		
	iv. Conduct training	2006-2015	Number of training courses and number of participants		
	v. Develop and review institutional menus	2006-2015	Number of institutional menus developed	At least one training session per year	
4.	Carry out consultations with the food industry to develop a wider variety of healthy food choices	2006-2015 Initiated in 2005	Consultation carried out Appropriate changes in line with healthy eating principles	Annually Fast food industries Food manufactures Supermarkets	MOH MDT&CA NGOs FMM SMIDEC

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
					Universities Consumer associations
5.	Promote availability of healthy food choices: • in eating outlets • by food caterers	2006-2015 Initiated in 2005	Consultation carried out Appropriate changes made to existing menu, in line with healthy eating principles	Annually Fast food i ndustries	MOH NGOs MDT&CA Consumer associations
6.	Promote availability of healthy food choices in school canteens in line with the Malaysian Dietary Guidelines and the new School Canteen Guidelines	2006-2015	Number of promotional activities Availability of healthy food choices in school canteens	All schools by 2010	MOE MOH
7.	Promote physical fitness activities for the general population at work place	2006-2015	Promotion carried out	Nationwide	MOH
8.	Support and participate in the training of physical fitness instructors using the revised *Basic Fitness Instructor Course* which includes nutrition component	2006-2015	Number of trained personnel	All districts should have accredited physical fitness instructors	MY&S MY&S MOH Department of National Unity and Integration MH&LG
9.	Incorporate nutrition considerations in the review of National Sports Policy (NSP), 1988 to meet the objectives of the National Nutrition Policy	2006-2015	Nutritionist involved in review of NSP	Nutrition considerations adopted in NSP	MY&S MOH NSM

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Produce educational materials to improve consumer awareness on food labelling, food safety and consumer rights to safe and quality foods	2006-2015	Type and number of educational materials produced	At least one educational material produced annually on food labelling, food safety and consumer rights	MOI MOH DT&CA Food industry Professional bodies NGOs Consumer associations
2.	Educate consumers on food labelling	2006-2015	Number of consumer education activities	4At least six times a year	MOI MOH MDT & CA Food Industry Professional bodies NGOs (Consumer associations) Mass media
3.	Integrate aspects of food labelling (including nutrition labelling and claims) into the school curriculum	2006	Relevant aspects integrated	By 2006	MOH MOE
4.	Support the implementation of the National Food Safety Policy and the National Plan of Action for Food Safety	2006-2015	Number of programmes with nutrition input	All relevant programmes requiring nutrition input	MOH Universities Professional bodies Industry

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
5.	Review the Nutrition Labelling Regulation gazetted in 2003 for: a) List of mandatory foods b) Mandatory nutrients	From 2008	Review completed	Annually	MOH

8.3 Facilitating Strategies

8.3.1 Ensuring all have access to nutrition information

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Intensify the publicity of Healthy Eating Programmes	2006-2015	Number and frequency of media publicity	Increase in electronic media and print coverage by 50%	MOH MAI MWF & CD MY & S
2.	Review the Malaysian Dietary Guidelines and publish the updated version for specific groups	2006-2007	Relevant Dietary Guidelines published	2008	MOH
3.	Produce educational material based on the Malaysian Dietary Guide-lines (e.g. posters, book-lets and pamphlets)	2006-2010	Number and type of educational materials produced Percentage of the population that have access to educational materials	At least one educational material prepared annually for each dietary guideline At least 20% of adult population have access to the material	MOH

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
4.	Carry out nutrition education activities based on the Malaysian Dietary Guidelines	2006-2015	Number and type of promotional activities by setting and target groups	Various settings and target groups	MOH MOI NGOs Consumer associations Professional bodies
5.	Advocate the inclusion of dietary guidelines into appropriate programmes and activities of various ministries, agencies, professional bodies, NGOs and industries	2006-2015	Number of advocacy activities	All relevant ministries, agencies, professional bodies, NGOs and industries	MOH NSM MDA MASO Universities
6.	Implement and enforce the School Canteen Guidelines, 2004	2006	Number of schools that comply with the guidelines	100% by 2010	MOH MOE
7.	Establish nutrition promotion centers (e.g. Nutrition Information Centre) equipped with nutritionists and appropriate materials	2006-2015	Number of equipped centres	Minimum one centre per state by MOH	MOH Private sector Professional bodies
8.	Provide education on nutrition labelling and claims to : i. Food industry ii. Consumers	2006-2015	Number of educational activities conducted according to: -type of food industry -consumers	All categories of food industry especially small and medium scale industry All consumers	MOH MOI MDT & CA NGOs Consumer bodies Professional bodies

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
9.	Educate consumers on appropriate use of dietary supplements	2006-2015	Number and type of promotional activities by setting and target group	Consumers	MOH MOI MDT & CA NGOs Consumer bodies Professional bodies
10.	Review periodically dietary protocols for the management of obesity and diet-related non-communicable diseases such as cardiovascular diseases, diabetes and cancer	2006-2015	Protocols review and updated	Twice between 2006 and 2015	Professional bodies MOH
11.	Support efforts in the regulation and enforcement of mass media advertisement on foods	2007	Gazettement of relevant advertise-ment	Food industry and mass media	MOH

8.3.2 Continuous assessment and monitoring of the nutrition situation

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Conduct periodic and comprehensive national nutrition surveys	2006-2015	Surveys conducted	Once every five years nationwide All age groups	MOH Universities Research institutes

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
2.	i. Continue nutrition surveillance for children below five years	2006-2015	Data and information on nutritional status by target group and location	Improve coverage by 25% (MOH clinics)	MOH MOE MWF&CD
	ii Establish surveillance for pre-school children		System established	System established by 2008	MRRD (KEMAS)
	i. Establish surveillance for school children				PMD
	iv. Establish surveillance for the elderly		System established	System established by 2010	Dept of National Unity & Integration
3.	Growth monitoring for all pre-school and school children			All relevant agencies (government and private conducting pre-school programmes	MOE MOH
	i. Advocacy	2006-2015	Advocacy activities carried out		MWF&CD
	ii. Training including use of child health cards	2007-2015	Training carried out		MRRD (KEMAS)
	iii. Provide technical support including data collection and analysis	2008-2015	Technical support provided		Private kindergartens Professional bodies
4.	Strengthen the acquisition and dissemination of information on assessment and monitoring of the nutrition situation	2006-2015	Number of nutrition materials acquired and disseminated by the Nutrition Information Centre, MOH	All relevant agencies	MOH Universities Research institutions

8.3.3 Promoting continuous research and development in food and nutrition

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Establish nutrition research priorities	2006-2015	Nutrition research priorities established	2006 – in time for IRPA & MOH 9th Malaysia Plan	MOH (NCCFN)
2.	Plan and provide training in nutrition research	2006-2015	Number of personnel trained Number of training courses	All personnel involved in research	Universities MOH Other relevant agencies
3.	Incorporate nutrition components into studies of other disciplines, e.g. poverty, economics, education, consumerism and environment	2006-2015	Number of research incorporating nutrition	10 research projects by 2010	MOSTI Other relevant agencies
4.	Establish smart partnership with industries and research and development foundations	2006-2015	Number of research projects Amount of funding received	At least one collaborative project per year	Universities MOH (NCCFN) Industry R&D foundations Professionals Bodies
5.	Develop the research capabilities of the National Institute of Nutrition (NIN) to be a centre for collaborative research at national and international levels	2010-2015	Number of research staff and type of equipment meeting recognized norms	2015	MOH (NIN)

8.3.4 Ensuring that nutrition and dietetics are practiced by trained professionals

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Periodic review of nutrition and dietetic curriculum in universities	2006, to evaluate every five years	Number of meetings between universities and potential employers	Two meetings per year	Universities MOH Food industry Relevant agencies
2.	Enact the proposed Allied Health Professional Act (AHPA) for: i. Credentialing and registration ii. Use of code of professional conduct of nutritionists and dietitians	2006	AHPA enacted Code to be made known to all nutritionists and dietitians	Tabled in Parliament by 2006 Use of code by nutritionists and dietitians	MOH NSM MDA
3.	Provide more opportunities for post graduate, sub-speciality training and cross-disciplinary training for dietitians and nutritionists	2006-2015	Number of trained personnel	All nutritionists and dietitians	Universities Agencies with nutritionists and dietitians

8.3.5 Strengthening institutional capacity in nutrition activities

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
1.	Set up a committee/technical working group (TWG) to review current agency and institutional capacity in nutrition activities, including: i. infrastructure ii. human resources iii. finance iv. training and research activities, information	2006	Number of institutions and agencies reviewed	At least three institutions reviewed every two years	MHE Universities
2.	Strengthen the nutrition capacity in all relevant institutions within MOH (including BPKK, BKKM, IMR, IKU): i. Continuous professional development (CPD) (conferences, courses, post-graduate training) ii. Up-to-date equipment	2006-2015	Number of personnel meeting the minimum CPD points Type of equipment meeting recognised norms	All relevant institutions in MOH	MOH
3.	Advocate for more nutritionists in relevant ministries and industries dealing with food, nutrition and fitness	2006-2015	Number of nutritionist	MOH – 1 in every district/health centre MOA&ABI – 1 per state MOE – 1 per district	MOH MOA&ABI MOE MY&S MWF&CD MRRD

No.	Activities	Time Frame	Performance indicator	Target	Implementing agency
				MY&S-1 per major sport MWF&CD- 1per state MR&RD-1 per state Industry- at least one per company	Industry dealing with food Nutrition and fitness
4.	Strengthen nutrition componenet in the training of: i. Health professionals ii. Teachers	2006-2015	Nutrition curriculum developed for each target group	One curriculum per group	MOH
5.	Include nutrition component in the current Food Handlers' Training Course mandatory for canteen operators, food caterers, cooks, hawkers and other food services personnel	2006	Inclusion of nutrition component into the training curriculum	All canteen operators, food caterers, cooks, hawkers and other food services personnel	MOH Local government
6.	Carry out training on the effective use of dietary protocols for the management of chronic diseases	2008-2015	Number of training sessions Number of trained personnel	All relevant health care professionals	Professional bodies MOH

9. Implementation

The National Coordinating Committee for Food and Nutrition (NCCFN) being the highest body in the country has the overall purview to monitor and evaluate the implementation of the plan

Appropriate technical working groups and committees are established to focus on relevant nutritional issues and to implement activities accordingly. These include TWG for Nutrition Policy, Nutrition Guidelines, Nutrition Training, Nutrition Research and Nutrition Promotion. Terms of reference for the technical working groups (TWG) are as follows:

- To review and strengthen the National Nutrition Policy
- To advocate the National Nutrition Policy and NPANM II
- To identify the nutrition training needs of related agencies
- To develop nutrition modules and conduct nutrition training based on the modules
- To identify nutrition research priorities in the country based on NPANM II
- To plan, coordinate and evaluate nutrition research related to NPANM II
- To revise the current Malaysia Dietary Guidelines and develop new guidelines
- To implement, monitor and evaluate the nutrition promotion activities identified in NPANM II
- To act as focal points in the development of nutrition educational materials

The plan has included several agencies and organisations which could implement the activities at the national and local levels. However, the participation and active involvement of other agencies does not preclude them from contributing in other ways. It is important that the plan be implemented with the guiding principle of close collaboration within the multisectoral framework.

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11.0 Appendix

List of Abbreviations

	Abbreviation	Name of agency
1.	FMM	Federation of Malaysian Manufactures
2.	JAKIM	Department of Islamic Development Malaysia
3.	JHEOA	Department of Orang Asli Affairs (Jabatan Hal Ehwal Orang Asli)
4.	KEMAS	Community Development Division (Jabatan Kemajuan Masyarakat)
5.	MARDI	Malaysian Agricultural Research and Development Institute
6.	MASO	Malaysian Associate for the Study of Obesity
7.	MDA	Malaysian Dietitians Association
8.	MDT & CA	Ministry of Domestic Trade and Consumer Affairs
9.	MEWT	Ministry of Energy, Water and Telecommunications
10.	MHE	Ministry of Higher Education
11.	MHR	Ministry of Human Resources
12.	MH & LG	Ministry of Housing and Local Government
13.	MOA & ABI	Ministry of Agricultural and Agro-Based Industry
14.	MOE	Ministry of Education Malaysia
15.	MOH	Ministry of Health Malaysia

Abbreviation		Name of agency
16.	MOI	Ministry of Information Malaysia
17.	MOSTI	Ministry of Science, Technology and Innovation
18.	MPA	Malaysian Paediatic Association
19.	MRRD	Ministry of Regional and Rural Development
20.	MWF & CD	Ministry of Women, Family and Community Development
21.	MY&S	Ministry of Youth and Sports
22.	NCCFN	National Coordinating Committee for Food and Nutrition Malaysia
23.	NGO	Non-Government Organisation
24.	NSM	Nutrition Society of Malaysia
25.	PHA	Private Hospital Association
26.	PMD	Prime Minister's Department
27.	PPPLM	Breastfeeding Advisory and Lactation Consultant Association of Malaysia *(Persatuan Penasihat dan Pakar Laktasi Malaysia)*
28.	PPPIM	Malaysian Breastfeeding Advisory Association
29.	RCPA	Registered Childcare Providers Association
30.	SMIDEC	Small and Medium Industries Corporation

11.1 The National Coordinating Committee for Food and Nutrition (NCCFN)

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Implementing and Coordinating Unit, Prime Minister's Department

Ministry of Agriculture and Agro-Based Industry

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