

Vanuatu Food Safety, Security & Nutrition Policy



Ministry of Health
Vanuatu Government
Republic of Vanuatu



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Vanuatu Government

**Vanuatu Food Safety,
Security & Nutrition Policy**
2022 – 2030
&
**Health Sector
Implementation Plan**
2022 – 2026

1 Foreword



Secure access to safe and nutritious food is fundamental to population health and a cornerstone of achieving the stable, sustainable, and prosperous nation outlined in the National Sustainable Development Plan 2016-2030.

Improving the nutrition environment and food system in Vanuatu demands a coordinated effort across all sectors. It requires acknowledging the impact the likes of trade, agriculture and fisheries have on what sources of food are available, with what levels of nutrients and at what cost. It demands consideration of the education, youth development and training sectors in thinking about nutrition education and what skills we're equipping our young people with to ensure that safe, secure and nutritious foods are available in all communities. Lands, resources and climate change sectors are integral in providing input into how our food and nutrition environments are changing and indeed, how we must adapt. While our justice and social services sectors continually remind us that issues of food safety, security and nutrition are not experienced equally across communities. These sectors provide clarity and integral advice on how we can ensure equity in our response. So, while the health sector seeks to promote and protect health and prevent and responding to challenges that may emerge, food safety, food security and nutrition span well beyond health alone. These foundations of our society truly are everyone's business.

It is for this reason that it is a pleasure to present the Vanuatu Food Safety, Security & Nutrition Policy 2022 – 2030 and associated health sector implementation plan. High level direction provided in these strategic documents has been guided by multisectoral input and reflects the diverse roles we all must play in ensuring improved population nutrition and a safe and secure food system over the next eight years.

Changes in our trade, economic and environmental climates will continue to have implications on population health and the Vanuatu food and nutrition landscape into the future. However, I am confident that our strong partnerships across government, private and civil sectors will hold us in good stead for pre-empting and strategically responding to these challenges.

On behalf of the Ministry of Health, I would like to take this opportunity to thank all our partners for their sustained commitment to this endeavour. I am confident that, through collective effort, we can ensure a nutritious, safe and secure food environment and have a substantial impact on national health and wellbeing in Vanuatu.

The block contains a handwritten signature in blue ink, which appears to read 'Judith Melsul'. To the right of the signature is a circular official stamp. The stamp has 'REPUBLIC OF VANUATU' at the top and 'REPUBLIQUE DE VANUATU' at the bottom, separated by two stars. In the center, it reads 'ACTING DG OF HEALTH' and 'DG INTERIM DE LA SANTE'.

Judith Melsul
Acting Director General
Vanuatu Ministry of Health

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2 Acronyms

DCIR	Department of Customs and Inland Revenue
EHU	Environmental Health Unit – Ministry of Health
FAO	Food and Agriculture Organisation of the United Nations
HINI	High Impact Nutrition Interventions
HISU	Health Information Systems Unit – Ministry of Health
HPU	Health Promotion Unit – Ministry of Health
IEC	Information, Education, and Communication
MALFFB	Ministry of Agriculture, Livestock, Forests, Fisheries & Biosecurity
MFEM	Ministry of Finance and Economic Management
MOET	Ministry of Education & Training
MOH	Ministry of Health
MOJCS	Ministry of Justice and Community Services
MTTCNVB	Ministry of Tourism, Trade, Commerce and Ni-Vanuatu Business
NCD	Non-Communicable Disease
NCDU	Non-Communicable Disease Unit – Ministry of Health
NDMO	National Disaster Management Office
NDTC	National Drugs and Therapeutics Committee
NSDP	National Sustainable Development Plan
NU	Nutrition Unit – Ministry of Health
RMNCAHU	Reproductive, Maternal, Neonatal, Child and Adolescent Health Unit – Ministry of Health
SDG	Sustainable Development Goals
SLO	State Law Office
SU	Surveillance Unit – Ministry of Health
UNICEF	United Nations Children’s Fund
VNSO	Vanuatu National Statistics Office
WHO	World Health Organisation

3 The Vanuatu Food & Nutrition Landscape

Significant progress has been made in improving population health in the 42 years since Vanuatu's independence. However, like many other nations in the region, old challenges remain while new ones continue to emerge. In the food and nutrition context, Vanuatu has a rich history of safe and secure food sources and considerable dietary diversity built off fertile lands and plentiful oceans.(1) However, macro forces including changing agricultural, societal, economic, trade, environmental and climactic conditions are placing pressure on the food system and, in turn, changing the diet-related health of Ni-Vanuatu men, women and children.(2-4)

Vanuatu is in the midst of an epidemiological transition.(5) This phenomenon has seen a slow but steady reduction in communicable disease morbidity and mortality as well as a decline in conditions linked to under-nutrition, including wasting and micronutrient deficiencies. Concurrently however, not only has the burden of non-communicable diseases (NCDs) increased but these conditions are progressively impacting younger demographics.(6) As such, NCDs – namely cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are steadily eroding national health and life expectancy gains. When combined, the remaining burden of communicable diseases, under-nutrition and micronutrient deficiencies and the growing burden of NCDs result in a double burden of disease. This double burden places considerable strain on households and communities as well as Vanuatu's health system and national economic development.(7, 8) With many of the health conditions contributing to this double burden of disease diet and food system-related, addressing malnutrition in all its forms is an urgent and integral task to achieving the '*stable, sustainable and prosperous Vanuatu*' envisaged by the National Sustainable Development Plan (NSDP).(9)

All forms of malnutrition are a product of poor diets, knowledge and resource gaps and unhealthy environments.(10) Addressing malnutrition in all its forms hence requires recognition of the central role of the food system and the synergies that exist between food safety, food security, optimum nutrition and population health.(11)

The triple burden of malnutrition: Overweight, underweight & micronutrient deficiencies

Malnutrition can be broadly categorised into three forms: over-nutrition, undernutrition and micronutrient deficiencies.(12) Coined the 'triple burden of malnutrition',(13) forms of malnutrition no longer exist in isolation but instead commonly co-exist in societies.(14-16) Vanuatu is not immune to this trend, with individuals unfortunately experiencing different forms of malnutrition across the life course.(17)

Overweight, obesity & NCDs

One of the most significant shifts in the food and nutrition landscape across the Pacific region has been the increasing reliance on imported food sources.(4, 12) Typically more highly processed than traditional foods, increasing consumption of energy dense and nutrient poor foods has had a detrimental impact on population health in many countries, including Vanuatu. Driven by a combination of factors including cost, accessibility and dietary preference, when combined with reduced physical activity, this population-level shift in diet has seen a rising rate of overweight and obesity and an increase in NCDs.

While the latest NCD STEPS survey in Vanuatu dates back to 2011, figures from the time suggested a national obesity prevalence of 18.8% in those over the age of 25, with a slightly higher prevalence amongst women (23.3%) than men (13.9%).(18) Similar rates were also noted with overweight and

obesity in the 2013 Vanuatu demographic and health survey, where 50% of women and 36% of men were identified as having a BMI greater than 25.(19) Updated estimates, drawing on regional data, suggest a current prevalence of obesity in Vanuatu of 23.5% in adults as well as an increasing prevalence amongst children, currently standing at 6.9% amongst adolescents aged 10-19.(20-22)

The prevalence of overnutrition and trends noted in relation to NCDs are of considerable concern to population health in Vanuatu. National mortality data indicates that NCDs contribute to between 52-60% of premature mortality.(6) Diabetes is now projected to impact 12.3% of adults between 20-79 years of age, increasing substantially from the 2.8% in 1998.(23, 24) NCD STEPS figures from 2011 also found hypertension and raised cholesterol levels present in 28.6% and 36.5% of the adult population respectively.(18) Given the significant and multidimensional cost of NCDs to individuals, families and the health system,(25, 26) prevention is key. However, with less than a third of ni-Vanuatu adults consuming recommended levels of fruit and vegetables, salt consumption exceeding recommendations and declining levels of physical activity, a concerted effort is needed to understand and address the structural drivers contributing to these risk factors and their ramifications on population health.(18, 27, 28)

Underweight & stunting

Forms of undernutrition associated with the insufficient intake of dietary energy and protein remain a challenge in Vanuatu. At least 8% of ni-Vanuatu experience undernourishment, where an individual's dietary intake of energy is lower than that needed to live a healthy and active life.(29, 30) Undernourishment is far more prevalent amongst rural than urban demographics, while rates over time suggest the condition is worsening across the population.(28, 29)

With undernutrition most common amongst children, addressing all forms of childhood malnutrition is essential to reducing childhood morbidity and mortality and improving the physical and cognitive development of children. Based on data collected from the 2013 Vanuatu demographic and health survey and regional projections, childhood wasting in Vanuatu currently sits at 4.7%.(19, 20) This form of acute undernutrition, which measures weight-for-height, is associated with substantial weight loss, caloric deprivation or disease.(10) Given the impact of severe undernourishment on the immune system, wasting is life threatening and significantly increases a child's risk of disease and developmental delay. At much higher rates than wasting, stunting in children under the age of five in Vanuatu currently stand at 28.7%, based 2013 data and similar regional projections.(19, 30) This metric of low height-for-age is an indication of impaired growth typically associated with chronic malnutrition and repeated infections.(10) Stunting negatively impacting physical and cognitive development contributing to a higher burden of disease across the life course, reduced mental capacities and intergenerational cycles of malnutrition that, in turn, impact on population health and economic productivity.(31) When compare to global standards, the current prevalence of childhood stunting in Vanuatu – affecting close to one in three children – places the condition of high public health significance.(32)

Addressing childhood undernutrition requires a focus on the support systems and environments that surround children. In particular, the first 1000 days spanning conception through the two years of age remains a key window for securing optimum nutrition for future generations. This window encapsulates addressing optimum maternal health and nutrition to promote foetal health and guard against low birth weight. In Vanuatu a trend projected to have worsened in recent years now sees 10.9% of ni-Vanuatu infants born with low birth weight (weighing less than 2500 grams).(28, 30) Early

initiation and exclusive breast feeding for the first six months of life are also integral components of the first 1000 days; practices currently maintained by 85.4% and 72.6% of ni-Vanuatu mothers or care providers respectively.(20, 28) While the transition to healthy and diverse semi-solids and solids at around the six month mark is the final instrumental step in building robust foundations for lifelong health and nutrition. With the diets of 71% of ni-Vanuatu children between the ages of six months and two years meeting minimum dietary diversity, some work remains in promoting this important transitional stage of nutrition.(19) Changing societal trends demands a renewed focus on the first 1000 days to ensure that, at all points possible, essential infant and young child feeding practices are promoted and protected and care providers are continually supported.

Micronutrient deficiencies

Micronutrient deficiencies remain the least obviously and most challenging form of malnutrition to measure at a population level.(33) Often referred to as ‘hidden hunger’, micronutrient deficiencies refer to the inadequate intake of vitamins and minerals essential for human health. Micronutrient deficiencies of greatest public health concern include vitamin A, iron and iodine while inadequate folate, vitamin D and zinc can also have devastating health consequences for women and children in particular.(10)

In Vanuatu, iron-deficient anaemia is a significant public health concern, projected to impact 28.5% of women of reproductive age and 31% of children under the age of five.(12, 30) With low population consumption of iron from animal origins, whereby absorption by the body is higher, the predominant consumption of plant base iron sources contributes to this population deficiency.(29) While there is a relative dearth in timely data on vitamin A intake, dietary intake amongst children is suggested to be relatively high, with 88.4% of children under five fed vitamin A rich foods in the 24 hour period prior to the 2013 Vanuatu demographic and health survey.(19) More recent analysis of local food sources also suggests vitamin A to be widely available.(29) However, vitamin A supplementation data from 2013 peaked at 24.8% amongst children under five, and mild to moderate Vitamin A-associated night blindness is projected to be present amongst ni-Vanuatu children and pregnant women.(19, 34) The 2013 Vanuatu demographic and health survey also found that just 49% of children under five were engaged routinely in deworming campaigns, a practice known to reduce the potential of micronutrient deficiencies.(19) In relation to iodine deficiencies, while demographic and health survey data found 50.7% of households were utilising salt with adequate iodine fortification,(19) research from Tanna has suggests up to 60% of women of reproductive age may be iodine deficient.(35)

Some progress has been made in addressing micronutrient deficiencies in Vanuatu with legislative changes made to promote food fortification, further expansion of supplementation campaigns for children and women of reproductive age, and the integration of deworming programs into the nation’s expanded program of immunisation. While these measures do hold promise in reducing the risk of micronutrient deficiencies in at-risk groups, further work is needed to address the underpinning food system, environmental and health system causes of this more invisible form of hunger.

Food security

It is imperative to note that food security underpins a nutritious and food safe society and, as such, is an important component in addressing all forms of malnutrition.(36) While population food security is dynamic, shifting over time and between demographics, understanding contemporary trends is integral in determining how to strengthen the system and, in turn, improve population health and nutrition.

Data collected on food security as part of the NSDP baseline survey and supplementary sources provide a relatively comprehensive picture of Vanuatu's contemporary food security context.(29) At a macro level, the NSDP baseline survey found that while 76.7% of ni-Vanuatu are food secure, 20.9% face moderate food insecurity, while 2.4% are severely food insecure.(29) These figures suggest that despite the fact that 39% of food consumed by ni-Vanuatu derives from household production and two thirds of the population are reliant on agriculture as their main source of livelihood, almost a third of people remain food insecure.(12, 29)

The relatively high cost of diets is a key driver of food insecurity as well as compromised dietary diversity, with an average of 400 VUV per person per day (60% of total expenditure) spent acquiring food.(29, 37) Further, despite more than 30 foods contributing to 90% of the population's dietary energy consumption, seven contribute to 50%, and rice alone accounts for 20% of energy consumption.(29) Considering ready access to oceans and hence fish, consumption of protein is relatively low as is dietary intake of calcium.(29) Trade liberalisation and the logistics of archipelagic agriculture and access to markets has also seen locally produced food sources increase in price while imported, often energy dense and nutrient poor, sources have become more physically and financially accessible.(4, 29, 37) With more than 50% of dietary energy now acquired through cash-based purchases, there is a growing association between wealth, food security and dietary energy consumption.(29) However, as future economic development is likely to see greater household wealth capable of alleviating some forms of malnutrition, careful consideration must be granted to ensuring that such does not further exacerbate forms of overnutrition and micronutrient deficiencies.

4 Approach to Policy Design

Development of the Vanuatu Food Safety, Security & Nutrition Policy 2022-2030 commenced in November 2021 and was led by the Nutrition Unit within the Ministry of Health's Directorate of Public Health. With support from the World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and a health policy consultant, the comprehensive policy redesign process stretched across nine months and drew on input from representatives spanning health, trade, agriculture, non-government and civil society organisations, development partners, technical agencies and industry. A full list of organisations and individuals who contributed to the policy can be found in Section 10 Acknowledgments.

The policy design process comprised of six stages:

1. **Review of existing policy:** A desktop review and stakeholder consultation were undertaken to map progress against the 2016-2020 National Nutrition Policy and Strategic Plan prior to commencing the next policy cycle. These review processes drew on quantitative evidence from national, regional and global sources as well as first-hand qualitative accounts of opportunities and challenges present in the Vanuatu context to provide a solid foundation for future planning.
2. **Contextual scan:** Concurrently to the review of existing policy, a scan of available literature, reports, policies and relevant global, regional and national commitments was undertaken to identify nutrition, food safety and food security areas of concern and strategic points for intervention.
3. **Agreement on high level principles and policy direction:** The review and contextual scan informed the identification of high-level commitments across the three policy domains. The policy's scope, vision, goal, approach and guiding principles were initially workshopped amongst the policy's steering committee before being further refined through input from a broader audience during the consensus building process.
4. **Iterative development and review:** The policy was drafted and refined through an iterative process of review and re-development involving input from the policy's steering committee and other key informants.
5. **Consensus building:** Two policy consensus building workshops garnered further input and support for the policy from a range of national stakeholders. This process also ensured alignment of the policy with relevant legislation, policies and strategic action in other sectors.
6. **Final revisions and policy launch:** Following integration of input from stakeholders, a final draft of the policy was presented to the policy steering committee. The policy was then submitted to the Ministry of Health Executive Committee for endorsement by the Director General and Minister of Health in the third quarter of 2022.

However, a rigorous policy design process that centres evidence, collaboration and community ownership is only the first step in achieving sustainable progress in the Vanuatu food and nutrition context. The policy's accompanying 2022-2026 health sector implementation plan seeks to build on the commitments made in the policy and provide direction and oversight of implementation to ensure realisation of the policy's vision for nutrition, food safety and food security in Vanuatu.

5 Scope, Vision, Goal & Approach

Scope

This policy and its strategic direction apply a health lens to considering the current food and nutrition challenges faced by Vanuatu. Aligning with vision of food and nutrition security devised as part of the 2021 United Nations' Food System Summit national dialogue and encompassed in the Gudfala Kakae Policy, the Vanuatu Food Safety, Security & Nutrition Policy outlines the role of the health sector and its partners in achieving these ends.

Vision

A healthy, sustainable and prosperous Vanuatu where all people enjoy access to nutritious, safe and secure food.

Goal

To improve health for all through optimum nutrition, food safety and food security.

Approach

To protect and promote adequate nutrition, food safety and food security for all through sustainable, evidence-informed and coordinated multisectoral action in Vanuatu.

6 Guiding Principles

The Vanuatu Food Safety, Security and Nutrition Policy is guided by several underpinning principles. These principles seek to recognise and account for the broader policy landscape that influences nutrition, food safety and food security locally, nationally and internationally. They reflect national principles of good governance and draw inspiration from nutrition, food safety and food security related global and regional policy frameworks as well the Healthy Islands vision, principles, and strategies. The policy's guiding principles aim to ensure consistency in design and implementation; assuring a relevant and meaningful approach is taken to enacting related action and, ultimately, achieving the policy's goal and vision for the future of Vanuatu.

Multi-sectoral engagement and coordination

Achieving robust population nutrition, food safety and food security is dependent on the actions of individuals, communities, departments, ministries, and other public and private sector actors spanning well beyond the health sector. Coordinated design and multi-sectoral engagement in the delivery and evaluation of action is essential to achieving meaningful and sustainable progress. A multi-sectoral approach necessitates brings together international, national, provincial and community actors. Meaningful multisectoral engagement and coordination in nutrition, food safety and food security also requires establishing and maintaining respectful relationships that acknowledge the explicit and implicit roles all actors and agencies play in shaping the food and nutrition environment.

A systems approach

An appreciation of the interconnected and interdependent factors that influence the food and nutrition landscape in Vanuatu is integral to identifying the various levers through which improved population health may be achieved. A systems approach appreciates complexity and recognises the

way in which laws and policies, funding mechanisms, bureaucratic and political processes, and social and cultural institutions shape not only the food and nutrition landscape but also govern how and where actors may best intervene. Combined with multi-sectoral input, a systems approach permits policy design and enactment to holistically consider the relationships between components of the nutrition and food systems, allowing for the identification of causal pathways, feedback loops, points of resistance and areas where intervention may be most fruitful. Systems thinking can also promote active horizon scanning, allowing for the proactive identification of intended and potentially unintended consequences associated with various courses of action. This forward-thinking approach can improve the selection of strategies by enabling negative actions to be foreseen and, where possible mitigated. A systems approach can also more holistically inform the design and facilitation of policy monitoring and evaluation functions.

Community collaboration & ownership

Public policy is most successful when it is owned and driven by those that it will influence. Extending beyond informing the public or providing time-bound opportunities for consultation, collaboration with and empower of communities sees their input and decision making as not only a valuable asset to the policy development process but an integral part of co-designing sustainable and community-led solutions. Genuine collaboration with a diverse cross-section of the community is likely to bring to light aspects of nutrition, food safety and food security not otherwise apparent from bureaucratic or political levels alone. Early and ongoing collaboration, where community input is considered with the same validity as other forms of policy advice, can support the development of richer understanding of the policy problems and their potential locally devised, locally led and locally owned solutions.

A life course approach

This approach recognises the important role that various stages of one's life play in determining future health and wellbeing. Evidence indicates there are several critical life stages where optimum nutrition greatly influences long term health outcomes. These critical periods of growth and development include in utero and during early infancy (known as 'the first 1000 days'), throughout early childhood and into adolescence, during pregnancy and as we reach our later years. Strategic action that ensures safe and secure access to food and optimum nutrition during these critical periods provides considerable population benefits. Of greater significance however, a targeted life course approach to addressing population nutrition also holds immense potential for reducing the future incidence of disease and poor health. The adoption of a life course approach ensures that the policy and subsequent action is primarily focused on prevention.

Social determinants & structural drivers

Population nutrition and public access to safe and secure food does not occur in a vacuum. Instead, these conditions are influenced a range of social, cultural, political, economic, environmental and technological forces. An in-depth understanding of these often-invisible forces can aid in the design and enactment of strategies that address the underpinning causes rather than the consequences of social conditions that are contributing to compromised population health and wellbeing. Responding to structural drivers of poor health, particularly as they relate to nutrition, food safety and food security in Vanuatu, requires the interrogation of commercial determinants, and the climactic and environmental conditions that contribute to the national food landscape. Recognition of and the development of policy that is responsive to the complex political economy and interplay between

these social and political determinants of health is dependent on genuine multisectoral engagement and a systems approach to health policy making.

Equity & intersectionality

The impact of nutrition, food safety and food security issues are not experienced universally. The intersecting and overlapping social, economic and political identities of individuals and communities means that forces influencing nutrition, food safety and food security can be experienced in vastly different ways. Policymaking in this space must recognise and seek to counter such inequities. While aimed at universally improving population nutrition, food safety and food security, the inclusion of this principle in the Vanuatu Food Safety, Security and Nutrition Policy requires that policy makers specifically embed measures that seek to support disenfranchised demographics. In the context of nutrition, food safety and food security, this includes recognising the unique needs of a number of social groups including women and girls, people living disabilities and the differential experiences of individuals with lower incomes in rural and urban settings.

Transparency

Transparency sits centre to accountability and public trust. Extending beyond community engagement in policy design and implementation, transparency also demands that the policy process is clearly communicated, that consistent monitoring is in place, and that data and information collected during the policy's monitoring and evaluation phases are made available to inform future direction and strategic action. Transparent policymaking also requires identifying any of the policy's unintended consequences and reporting against strategies that have not achieved their intended successes in as much detail and as frequently as those generated to showcase policy successes. As a principle underpinning the policy, transparency is a cornerstone of the policy's commitment to quality improvement and good governance.

7 Key Policy Areas

The Vanuatu Food Safety, Security and Nutrition Policy is comprised of three Key Policy Areas (KPAs):

KPA1: Nutrition

KPA2: Food safety

KPA3: Food security

While separated into three distinct domains for the purpose of strategic planning, nutrition, food safety and food security are intricately connected. As such, actions that successfully address one key policy area are likely to raise the profile of and be complementary to the achievement of priorities aligned against other domains.

KPA1: Nutrition

Policy statement: Improve population nutrition through coordinated multisectoral action that recognises the complex social, cultural, economic and environmental drivers of diet and health.

Optimum nutrition is critical to achieving full physical, intellectual, and human potential. For this reason, the United Nations Declaration of Human Rights acknowledges access to adequate food as an inalienable right afforded to all people.(38) Nutrition also plays an integral role in the realisation of other rights and is central to the Sustainable Development agenda.(39, 40) At the societal level, investments in nutrition hold significant social and economic benefits for nations. Good nutrition is associated with greater educational participation and plays an important role in breaking the intergenerational cycle of poverty and inequity. With full participation in the labour market dependent on a healthy population, government investments in population nutrition return gains as high as 16:1 for every dollar invested.(41)

However, Vanuatu like many other low- and middle-income countries, continues to face a triple burden of malnutrition. This means forms of undernutrition, including stunting and wasting, are present alongside micronutrient deficiencies and forms of overnutrition. Malnutrition in all its forms risks eroding population health gains by contributing to an escalation in NCDs and elevated risks of morbidity and mortality across the life course, as well as having negative repercussions on education, employment, and social engagement. As such, preventing malnutrition in all its forms and ensuring timely and appropriate management where it does occur is fundamental to population health and development.

Population nutrition is influenced by multidimensional and interconnected determinants. Effective action to address malnutrition as well as achieve and sustain improved population nutrition, must recognise and respond to various underlying forces and the influence such forces have on individuals' and communities' food, social, health and living environments.(41)

In response, this policy commits to the following overarching strategies:

- Review and strengthen legislative measures aimed at improving the Vanuatu nutrition landscape and ensure adequate resourcing to support compliance and enforcement nationwide. This includes but is not limited to adopting measures that protect children from the harmful impact of food marketing; ensuring the health of women and children through the protection and promotion of breastfeeding; integrating nutrition perspectives into trade discussions; broadening the use of fiscal measures to incentivise healthy products; instilling fortification provisions; and reviewing food labelling requirements and compliance.

- Work in partnership with other government ministries to solidify a national approach to nutrition governance.
- Advocate for the availability, affordability, and accessibility of healthy diets through multisectoral policy and programmatic interventions that target food production, farming and importation; supply chains, transport and market access; and marketing, promotion and price.
- In partnership with other government ministries and civil society groups, enhance public awareness of nutrition through the dissemination of information, education and communication materials and health promotion messaging tailored to specific demographics and health-promoting settings.
- Strengthen clinical and public health capacities to prevent and manage childhood underweight, wasting, stunting and micronutrient deficiencies. This includes revitalising of the Baby Friendly Hospital Initiative, training and resourcing health workers to deliver breastfeeding and infant and young child feeding education and counselling and scaling up nutrition assessments and interventions as part of routine early childhood checks.
- Strengthen clinical and public health capacities to promote optimum nutrition and prevent micronutrient deficiencies in women of reproductive age in line with the national RMNCAH policy.
- Enhance and support the resourcing of public health and clinical interventions to prevent and manage over-nutrition and diet related NCDs in line with the Vanuatu NCD Policy 2021-2030.
- Improve system-level preparedness and response capabilities for the provision of timely nutrition interventions in response to and recovery from disasters.
- Enhance systems associated with routine data collection, information management and the conduct of timely context-specific nutrition research to strategically inform future policy and programmatic decisions.

KPA2: Food safety

Policy Statement: Establish a trusted national food safety system that protects and promotes population health by mitigating risk and responding effectively to food safety concerns and incidents.

Food safety plays a fundamental role in ensuring good health and is essential to equitable and sustainable development. An effective food safety system is not only integral to population health and safety, but it also underpins public trust and confidence in the food system. While food safety risks cannot be eliminated in their entirety, strategic and well-coordinated measures can mitigate the risk of foodborne diseases and ensure that food safety incidences and emergencies are met with timely and effective action.

The consumption of unsafe food continues to present a very real risk to population health and safety in Vanuatu. Many hard to manage risks remain, while new developments in global, regional, national and community-level food production, processing, trade, distribution and consumption have seen new risks and challenges to food safety emerge. Contemporary management of food safety necessitates system-level awareness of technological, demographic and socioeconomic changes and their ramifications on a more globalised food supply chain. With the modern food system increasingly adding distance between producers and consumers, this has not only altered the types of food in demand but also the power dynamics that govern the relationships between actors in the food system.

An effective food safety system must respond to the growing complexity of food safety issues and requires collaboration between stakeholders both domestically and internationally. It requires that

prevention and response mechanisms are embedded in production systems; storage and distribution channels; processing, packaging and retail systems; and at the community level, including in the home and other locations where food is prepared and consumed. A food safety system must place risk assessment, risk management and risk communication at the fore to prevent ill health, respond effectively to food safety incidents and ensure public trust in the food system.

In response, this policy commits to the following overarching strategies:

- Review and strengthen the Food (Control) Act and associated regulations in line with Codex Alimentarius and ensure adequate resourcing to support consistent compliance and enforcement.
- Develop guidelines and procedures for conducting food safety related regulatory impact assessments and processes for adjusting legislation.
- Strengthen the national approach to food inspections in line with national regulations to ensure a context-specific risk-based approach to inspection activities that covers domestically produced, imported and exported foods.
- Advocate for increased resourcing to support tailored training of food inspectors and the roll out of coherent and coordinated risk-based food inspection plans at the national and provincial levels.
- Increase access to and utilisation of the Vanuatu food reference laboratory and support the facility gaining extended capacity to test food composition and food safety hazards
- Enhance systems of surveillance, risk management and response.
- Strengthen systems and relationships associated with the provision of time-sensitive and strategic research capable of informing future food safety policy and practice.
- Strengthen procedures and related governance structures for investigating and responding to food safety incidents and emergencies.
- In collaboration with government and industry stakeholders, review and strengthen national food recall, traceability and control import and export systems.
- In partnership with industry and consumer groups, enhance food safety communication protocols ensuring well defined channels of communication regarding good management practice for food processing industries standards and consumer awareness.
- Enhance public awareness of food safety through both general and risk-stratified dissemination of information, education and communication materials.
- Strengthen programs designed to enhance the food safety knowledge and practice amongst food system actors across the supply chain.

KPA3: Food security

Policy Statement: Strengthen and ensure sustainability of the national food system to provide equitable access to safe and nutritious food.

Food and nutrition security plays an important role in population health and wellbeing. A food secure society is defined by the United Nations' Committee on World Food Security as one where 'all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their food preferences and dietary needs for an active and healthy life'.⁽³⁶⁾ This multifaceted definition requires consideration of all domains of the food systems from food production and availability through to affordability and consumption. Ensuring a food secure society also requires recognition of diverse food system actors and demands collaboration between government agencies and with stakeholders across the public and private sectors.

Food security has always been important to the population and Government of Vanuatu. The nation's archipelagic makeup creates considerable population dispersal which challenges access, price and the quality of food.(29) Mirroring the conditions of other small island developing states, geographic dispersal and remoteness in Vanuatu also challenge food system economies of scale and negatively impact on responsive food security programming.(16) A contemporary nutrition transition that has seen an increased dependency on processed and imported foods and a resultant decrease in nutrition quality, combined with ever-increasing individual and national vulnerability to natural hazards and the impacts of climate change place substantial strain on national food security. While combined conditions decrease the capacity of the national food system to ensure sufficient, safe and nutritious food to all people at all times, they also weakening the system resilience in the face of future shocks.(12)

With food security often spearheaded by government departments of agriculture, sustainably addressing food security challenges demands that food security is also championed by health actors. While traditionally providing remedial treatment to populations impacted by inadequate food security, the integration of health, and in particular, nutrition perspectives into the design and evaluation of food security responses will ensure a more holistic, proactive and sustainable approach to addressing dynamic food system pressures.

In response, this policy commits to the following overarching strategies:

- Work in partnership with other government ministries to solidify the national approach to food system governance as outlined in the Gudfala Kakae Policy.
- Advocate for the availability, affordability, and accessibility of healthy diets through multisectoral policy and programmatic interventions that target food production, farming and importation; supply chains, transport and market access; and marketing, promotion and price.
- Strengthen programs designed to enhance food security knowledge and incentivise food secure, nutrient-enhancing and fortifying practices amongst actors across the food system.
- In partnership with other government ministries and civil society groups, enhance public awareness of nutrition security through action-focused information, education, and communication materials.
- Ensure nutrition security remains central to multisectoral efforts to enhance food security and food system resilience to climate change, natural disasters and other system shocks.
- Improve system-level surveillance, risk management and response capabilities to monitor trends and provide timely and coordinated food and nutrition security interventions in response to disasters.
- Coordinate and strengthen information management and monitoring systems and advocate for timely and context-specific food and nutrition security research to inform future policy and programmatic decisions.

8 Food Safety, Security & Nutrition Health Sector Implementation Plan 2022-2026

KPA	Strategic Alignment	Priority Action Areas	Indicators	Responsibility Lead & supporting
1. Nutrition	Legislation	Develop and operationalise national regulations that restrict the marketing of unhealthy food and non-alcoholic beverages to children.	- The presence of national regulations on the marketing of unhealthy food and non-alcoholic beverages to children. - # of compliance/enforcement checks undertaken annually.	MOH (NCDU, NU , RMNCAHU), WHO, UNICEF, SLO
		Adopt policy and legal measures to protect and promote breastfeeding by exploring the utility of a National Breastfeeding Policy and making revision of the Public Health Act to ensure national alignment with the Intentional Code of Marketing of Breastmilk Substitutes.	- Consultation is undertaken and a report is produced looking at the utility and potential benefits of a National Breastfeeding Policy - The Public Health Act is amended to include detail in alignment with the International Code of Marketing of Breastmilk Substitutes. - # of compliance checks undertaken annually.	MOH (NCDU, NU , RMNCAHU) UNICEF, WHO, SLO
		Work with MTTCNVB to ensure health representatives are present and health perspectives are reflected in negotiating national trade commitments.	- # of health submissions made to MTTCNVB annually. - # of joint MOH/MTTCNVB meeting regarding the revision of trade arrangements and/or future trade negotiations.	MOH (NCDU , NU, EHU), WHO, MTTCNVB
		Review and revise the use of targeted fiscal measures (including taxation and subsidies) to improve the national food environment drawing on global and regional best practice and national evidence.	- A joint report analysing the impact of current fiscal measure and providing recommendations on future options is produced. - Proportion of recommendations adopted in adjustments to the Excise Tax Act or other relevant fiscal policies.	MOH (NCDU , NU), WHO, MFEM (DCIR)
		Conduct a review on the state of and national compliance with CODEX general standards for the labelling of pre-packaged foods and guidelines on nutrition labelling, and act on findings to strengthen legislative protections.	- A report examining the state of national compliance with CODEX general standards for the labelling of pre-packaged foods and guidelines on nutrition labelling is produced.	MOH (NCDU , NU, EHU), WHO, FAO, MTTCNVB

			- Proportion of findings adopted and/or legislative or policy changes made.	
		Review national fortifications regulations outlined in the Food Act and compliance by national food and beverage industries and importing bodies.	- A report examining the state of national fortification regulations, industry compliance and enforcement capacities is produced outlining recommendations for future action. - Proportion of recommendations adopted in adjustments to the Food Act and/or enforcement capabilities.	MOH (NU, EHU), MTTCNVB
	Governance*	Ensure consistent health representation on the National Food System Council.	- Proportion of National Food System Council meetings where health representation was present.	MOH (NU), MALFFB
		Work with the National Food System Council to include nutrition specific and nutrition sensitive measures as part of routine sector monitoring.	- # of nutrition measures routinely collected by the National Food System Council through sector wide monitoring. - Proportion of nutrition measures collected by the National Food System Council on a biennial basis.	MOH (NU), MALFFB
	Accessibility of healthy diets*	Work with public and private sector agriculture and industry representatives to map the national nutrition landscape to identify bottlenecks contributing to poor nutrition and opportunities to intervene including an emphasis on reformulation.	- # and breadth of stakeholder engaged in nutrition landscape mapping. - A report mapping the national nutrition landscape including bottlenecks and opportunities is produced and presented to the National Food System Council.	MOH (NU , NCDU, EHU, HPU), MALFFB, WHO, FAO, private sector
		Disseminate success stories for improved health and nutrition practice; partnerships; legislation and community development through various media channels.	- # of success stories shared (disaggregated by national, provincial and community-levels and private and public sector initiatives). - # of media channels used and their potential reach.	MOH (NU, NCDU, HPU), WHO, MALFFB, FAO
	Nutrition literacy & health promotion	Review, endorse and disseminate the <i>National Guidelines for Healthy Diet and Lifestyle</i> and targeted nutrition IEC materials on key topics including NCD risk factors, diabetes, IYCF and anaemia.	- Revised <i>National Guidelines for Healthy Diet and Lifestyle</i> are endorsed by the Public Health Directorate and National Nutrition Sub-Cluster.	MOH (NU, NCDU, HPU), WHO, UNICEF

			- # of public health and PHC organisations and facilities that have received copies of the <i>National Guidelines for Healthy Diet and Lifestyle</i>. - # IEC materials developed, reviewed and published. - Proportion of health facilities that have received IEC packages annually.	
		Work with the MOET to review and revise nutrition content included in primary and secondary school curriculum.	- A collaborative review of nutrition curriculum is undertaken with a report of recommendations published. - Proportion of recommendations acted up in revised curriculum.	MOH (NU , HPU), MOET, UNICEF
	Infant & childhood undernutrition	Conduct high impact nutrition intervention (HINI) capacity building workshops with primary health care workers nation-wide.	- # of HINI workshops conducted. - Proportion of primary health care workers engaged in HINI workshops (disaggregated by province).	MOH (NU , RMNCAHU), UNICEF, WHO
		Advocate for the inclusion of essential nutrition commodities on the national essential medicines list.	- # of essential nutrition commodities available on the national essential medicines list. - # of nutrition commodity stockouts reported annually.	MOH (NU , NDTC), WHO, UNICEF
		Review, update and disseminate national guidelines on the management of childhood undernutrition to all health facilities.	- Revised national guidelines on the management of childhood undernutrition are endorsed by the Ministry of Health and National Health & Nutrition Cluster. - Proportion of health facilities with access to the updated national guidelines on the management of childhood undernutrition.	MOH (NU , RMNCAHU), UNICEF
		Review the implementation status of the Baby Friendly Hospital Initiative in hospitals nationwide and provide greater coverage of antenatal, maternity, post-natal and maternal and child health services through expansion of the program to primary care settings.	- A consolidated national report on the state of Baby Friendly Hospital Initiative uptake across provincial hospitals is produced. - # of health care facilities implementing the Baby Friendly Hospital Initiative with support from national and provincial nutrition and RMNCAH contact points (disaggregated by province and facility level).	MOH (NU , RMNCAHU , provincial leads & health facilities), UNICEF, WHO

			- # of internal and external of Baby Friendly Hospital Initiative facility audits reported annually.	
		Launch a vitamin A supplementation, deworming and childhood malnutrition screening campaigns to align with annual Child Health Week celebrations.	- # of campaign related activities undertaken during Child Health Week (disaggregated by province) - # of children engaged in Child Health Week related nutrition activities.	MOH (NU, RMNCAH , HPU), UNICEF
	Nutrition & reproductive health	Advocate for the introduction and expansion of multi-micronutrient powders for women of reproductive age who may be at risk of micronutrient deficiencies.	- A report on the state on multi-micronutrient powders use in Vanuatu and the potential benefits and feasibility of extending use to at-risk women of reproductive age is produced and circulated to relevant stakeholder. - # of meetings conducted with relevant stakeholders to discuss the expanded use of multi-micronutrient powders.	MOH (NU, RMNCAHU)
		Work with the Department of Women's Affairs to advocate for the maternal and child health benefits associated with extending national maternity leave entitlements.	- # of joint meetings between Department of Women's Affairs and MOH regarding maternal and child health policy changes. - # of joint statements made by Department of Women's Affairs and MOH regarding maternal and child health policy changes.	MOH (NU, RMNCAHU), MOJCS (DWA)
		Run a campaign to raise public awareness of workplace breastfeeding entitlements enshrined in the Employment Act.	- # of media briefings disseminated regarding workplace breastfeeding entitlement. - # of news stories, media appearances and national social media posts regarding workplace breastfeeding entitlement and their potential reach. - # of workplace breastfeeding entitlement IEC materials developed and disseminated to workplaces and business houses.	MOH (NU, RMNCAHU, HPU)
	NCDs	Conduct NCD-related diet management training with health workers and community leaders	- # of NCD-related diet management training sessions conducted.	MOH (NCDU , NU, HPU)

			- # of health care workers engaged in NCD-related diet management training sessions (disaggregated by province). - # of health care workers engaged in NCD-related diet management training sessions (disaggregated by organisation & province).	
		Work with the Health Promoting Schools Committee to revitalise, promote and monitor the school food guidelines, healthy drinks and school canteen policies in line with the MOET's School Improvement Strategy	- A report reviewing and providing recommendations on the national adoption of the school food guidelines and policies on health drinks and school canteens is produced. - Proportion of schools where the school food guidelines, healthy drinks and school canteen policies have been adopted. - # of schools supported in adopting or revising school food guidelines, healthy drinks or school canteen policies.	MOH (HPU , NU, NCDU), MOET
	Disaster response capacities	Formalise and operationalise the National Nutrition Sub-Cluster under the National Health & Nutrition Cluster framework including convening biannual meetings to strengthen the network and its strategic direction outside of disaster settings.	- Terms of reference for the National Nutrition Sub-Cluster are reviewed and endorsed by the Ministry of Health and National Health & Nutrition Cluster - # of Nutrition Sub-Cluster meetings conducted annually. - # of stakeholder and breadth of organisations present in National Nutrition Sub-Cluster meetings	MOH (NU), UNICEF, WHO
		Work with the National Disaster Management Office and Food and Agriculture Cluster to review national disaster supply guidelines to ensure the appropriate prepositioning of nutrition supplies.	- A joint review and recommendations on essential nutrition supplies requirements during disasters is produced. - Proportion of prepositioned disaster response supplies that contain essential nutrition supplies.	MOH (NU), NDMO , UNICEF, WHO
	Data collection, management & research	Work with health facilities to ensure consistent recording and centralised reporting of nutrition-related conditions.	- Facility level-specific guidelines are in place nationally for recording and reporting nutrition-related conditions - Proportion of health facilities (disaggregated by level) reporting nutrition-related conditions.	MOH (NU , NCDU, HISU , HPU, provincial leads & health facilities)

			- The presence of nutrition-related conditions in annual MOH reports.	
		Ensure nutrition related questions and/or indicators are included in relevant national and provincial surveys, including the upcoming NCD STEPS survey, multi-indicator cluster survey (MICS), demographic and health survey (DHS) and global school health survey (GSHS).	- # of national and provincial surveys including nutrition questions or producing nutrition indicators - The frequency in which nutrition indicators are collected and reported.	MOH (NU , NCDU), MFEM (VNSO)
		Routinely dissemination relevant regional, national and subnational nutrition related research and policy briefs to stakeholders and policy makers.	- # of research papers and policy briefs widely circulated to stakeholders and policy makers annually - # of stakeholder and breadth included in routine research dissemination - # of consultations undertaken with stakeholders and policy makers to explain the ramifications of research findings on policy and practice	MOH (NU , NCDU, HPU), UNICEF, WHO
2: Food Safety	Legislation	Review and revise the existing Food (Control) Act and associated regulations in line with CODEX Alimentarius standards and global and regional best practice.	- A regulatory impact assessment of the Food (Control) Act and associated regulations is published with recommendations. - The presence of a revised Food (Control) Act - Proportion of review recommendations acted upon.	MOH (EHU), SLO
		Strengthen food safety compliance and enforce capacities.	- Annual environmental health compliance budget. - # of compliance officers (disaggregated by province). - # of compliance checks undertaken (disaggregated by province). - # of re-breaches recorded & - # of warnings and fines issued.	MOH (EHU)
	Risk assessment	Conduct a national situation analysis of the Vanuatu food safety system to identify strengths and weaknesses spanning domestically produced, imported, and exported food sources, supply chains and retail sources.	- A national situation analysis of the food safety system is conducted, and report produced. - # of recommendations acted upon.	MOH (EHU)

		Review, revise and disseminate food inspection guideline and associated training that ensures a context-specific and risk-based approach to inspection activities that aligns with international best practice.	- Revised food inspection guidelines are published. - Proportion of food inspectors who have received training on the revised guidelines. - # of activities undertaken to raise awareness of the revised guidelines amongst food system actors (disaggregated by national and provincial activities). - # of compliance checks conducted based on the revised food inspection guidelines.	MOH (EHU)
	Public awareness & communication	Establish food safety communication protocols to ensure food system actors are aware of their obligations under the Food (Control) Act and where further information and support can be accessed.	- Food system communication protocols are established in collaboration with food system actors. - # of food system actors engaged in the development of communication protocols. - # of food system actor-specific food safety IEC materials developed and disseminated. - # of food system actors reached by food safety communication channels. - Frequency of formal information provision to food system actors.	MOH (EHU), MALFFB
		Expand programs designed to enhance the food safety knowledge and practice amongst food system actors across the supply chain.	- # of tailored food safety awareness programs/packages developed by the EHU. - # of food safety awareness programs conducted with food system actors (disaggregated by province). - # of participants in food safety awareness programs.	MOH (EHU), WHO
		Conduct food safety campaigns and develop and disseminate general and risk-stratified food safety IEC materials.	- # of food safety campaign conducted. - # of food safety campaign related activities undertaken (disaggregated by province). - # of media channels used in the dissemination of food safety information and their potential reach. - # of food safety IEC materials developed, reviewed and published. - # of IEC materials distributed during public and targeted events.	MOH (EHU), WHO, FAO

	Infrastructure & supplies	Equip food inspectors with inspection tool kits and other resources required to plan and conduct coordinated risk-based food safety inspections that can closely monitor business houses in ensuring long-term compliance at the national and provincial levels.	- National and provincial level budgets allocated to food safety inspections. - Proportion of food inspectors with access to inspection tool kits. - # of compliance checks undertaken (disaggregated by province).	MOH (EHU)
		Strengthen the partnership between the MOH and the Vanuatu food reference laboratory; working collaboratively to extend the facility's capacity to conduct timely investigations of food composition and food safety hazards.	- # of joint strategic meetings between MOH and Vanuatu food reference laboratory staff. - # of collaborative investigations undertaken. - # of joint submissions made to respective ministries regarding resourcing, training and extending the laboratory's scope of practice.	MOH (EHU, NU), MALFFB, FAO
		Explore opportunities for Vanuatu to join food safety laboratory networks across Asia Pacific.	- A review of regional food safety laboratory networks is undertaken. - # of regional food safety meetings and summits attended by Vanuatu delegates. - # of regional food safety partnerships established.	MOH (EHU), WHO, MALFFB, FAO
	Surveillance, response & recall systems	Develop national investigation forms for food borne diseases and disseminate to provincial health facilities.	- # of food borne disease national investigation forms developed with appropriate investigation governance and processes in place. - Proportion of health facilities with access to investigation forms (disaggregated by health facility level). - # of investigation forms lodged and investigations undertaken.	MOH (EHU, HIS provincial leads & health facilities)
		In collaboration with the MOH Surveillance unit, explore the feasibility of extending surveillance capacities to food borne diseases.	- # of joint strategic meetings between MOH EHU and SU to explore national food safety surveillance capacities. - # of additional food safety indicators monitored by the SU.	MOH (EHU, SU)

		Develop a multisectoral food safety emergency response plan including standard operating procedures for food handling and risk reporting during disasters.	- A food safety emergency response plan is developed in collaboration with disaster response agencies and partners and circulated with disaster clusters - # of disaster response clusters with access to food safety emergency response plan - Proportion of disasters where the food safety response plan is enacted. - Proportion of disasters where the adherence with the food safety response plan is assessed as part of the disaster response evaluation	MOH (EHU, NU), MALFFB, NDMO, FAO, WHO, UNICEF
		Establish a formal national food recall and traceability system in line with InfoSan in collaboration industry stakeholders and regional and global partners.	- A feasibility study on developing a national food recall and traceability system is undertaken and published. - # of stakeholder engaged in consultation regarding a national food recall and traceability system - A food recall and traceability system is piloted with adjustments informing national scale up. - # of recall and traceability activations made.	MOH (EHU), WHO
	Data collection, management & research	Conduct a food safety knowledge, attitudes and practice study with market-based food handlers to inform future training and supports to strengthen food safety in traditional food markets.	- Findings from a food safety knowledge, attitudes and practice study with market-based food handlers are published with recommendations. - # of market-based food handlers involved in the study. - # of traditional markets included in the study. - Proportion of recommendations acted upon.	MOH (EHU), WHO
		Advocate for the inclusion of food safety related questions and/or indicators in relevant national and provincial surveys.	- # of national and provincial surveys including food safety questions or producing nutrition indicators - The frequency in which food safety indicators are collected and reported.	MOH (EHU), MFEM (VNSO)
		Develop a centralised repository of Vanuatu-specific and regional food safety research and reporting to inform future policy and programmatic decisions.	- A centralised food safety research and reporting repository is created and accessible to relevant government and partner agencies. - # of recorded included in the repository.	MOH (EHU), WHO

3: Food Security	Governance*	Ensure consistent health representation on the National Food System Council	- Proportion of National Food System Council meetings where health representation was present.	MOH (NU), MALFFB
		Work with the National Food System Council to include nutrition specific and nutrition sensitive measures as part of routine sector monitoring.	- # of nutrition measures routinely collected by the National Food System Council as part of sector wide monitoring. - Proportion of nutrition measures collected by the National Food System Council on at least a biennial basis.	MOH (NU), MALFFB
	Accessibility of healthy diets*	Collaborate with public and private sector agriculture and industry representatives to map the national nutrition landscape to identify bottlenecks contributing to poor nutrition and opportunities to intervene.	- # and breadth of stakeholder engaged in nutrition landscape mapping. - A report mapping the national nutrition landscape including bottlenecks and opportunities is produced and presented to the National Food System Council.	MOH (NU , NCDU, EHU, HPU), MALFFB, WHO, FAO, private sector
		Disseminate success stories for improved health and nutrition practice; partnerships; legislation and community development through various media channels.	- # of success stories shared (disaggregated by national, provincial and community-levels and private and public sector initiatives). - # of media channels used and their potential reach.	MOH (NU, NCDU, HPU), WHO, MALFFB, FAO
	Nutrition security literacy	Develop tailored tool kits for primary producers, local food manufacturing and importing bodies, and retailers that draws on stakeholder input and regional best practice for improving nutrition security.	- # of stakeholder engaged in the scoping and design of tool kits. - # of tailored tool kits developed, endorsed by the National Food System Council and published. - # of tool kit awareness and dissemination campaigns conducted - # of tool kits disseminated (disaggregated by food system actors)	MOH (NU, NCDU, HPU), MALFFB, WHO, FAO
		Work with the National Food System Council to understand community perceptions of food security and build a repository of responsive IEC materials.	- # of community consultations or surveys undertaken to garner community perceptions of food security. - # IEC materials developed, reviewed and published. - A centralised repository of food security IEC materials is created and accessible to relevant government and partner agencies.	MOH (NU, HPU), MALFFB, FAO

			- # of recorded included in the repository.	
		Work with the MOET to expand school food security programs and the inclusion of food security content in primary and secondary school curriculum.	- # of joint MOH, MOET and MALFFB meeting regarding school food security programs and curriculum. - Proportion of primary and secondary schools supported in conducting food security programs.	MOH (NU , HPU), MOET, MALFFB, FAO, UNICEF
	Food system resilience	In collaboration with MALFFB, promote short term crops that are climate resilient and of high nutritional value.	- # of coordinated campaigns undertaken to promote resilient and nutritious crops - # of campaign related activities undertaken (disaggregated by province). - # of media channels used in the dissemination campaign information and their potential reach.	MOH (NU, HPU), MALFFB, FAO
		Support the Vanuatu slow food movement in promoting and preserving traditional approaches crop cultivation and food preparation.	- # Slow food events and campaigns supported by the MOH - Potential reach of MOH-supported slow food events and campaigns	MOH (NU, HPU), MALFFB, FAO
		Promote and support the establishment of gardens at provincial health facilities as a means of education and subsidised food production.	- # of health facilities with established gardens (disaggregated by facility level). - Estimated yield from health facility gardens.	MOH (NU provincial leads & health facilities),
	Surveillance, risk management & disaster response	Support improved data coordination between ministries to monitor national and provincial food security and its impacts on population health.	- # of joint inter-ministerial meeting regarding data coordination for food security monitoring. - # of data coordination innovations undertaken to improve the monitoring of food security.	MOH (NU, SU), MALFFB , FAO, UNICEF, WHO
		Advocate for Food Security and Agriculture Cluster endorsement of the food assistance guidelines for disasters.	- Food assistance guidelines for disasters are reviewed and revised where necessary - Food assistance guidelines for disasters are endorsed by the Food Security and Agriculture Cluster	MOH (NU), MALFFB , FAO, UNICEF, WHO

		Work with the National Disaster Management Office and Food and Agriculture Cluster to ensure local pre-positioned and immediate disaster supplies are prioritised in the national disaster supply guidelines.	- A joint review and recommendations on localising disaster supplies is produced. - Proportion of prepositioned and immediate disaster response supplies derived from local suppliers.	MOH (NU), MALFFB, FAO, UNICEF, WHO
		Develop rapid assessment tools for food security responses to communities during disasters.	- A collaborative review of existing tools is produced with recommendations for revisions to tool design and their use in disasters. - # of revised rapid assessment tools produced. - # of revised rapid assessment tools used in response to emergencies	MOH (NU), MALFFB, FAO, UNICEF, WHO
		Developed and disseminate disaster preparation checklist for families with infants, young children, pregnant women and other vulnerable demographics.	- Emergency preparation checklists are developed, endorsed and published - # of checklists disseminated as part of routine antenatal and childhood health checks.	MOH (NU, RMNCAHU), WHO, UNICEF
	Research	Promote the development of shared food security research agenda between government ministries and development partners.	- # of joint meeting regarding the development of a shared research agenda. - # of food security research projects facilitated collaborative across government.	MOH (NU, NCDU), MFEM (VNSO)
		Develop a centralised repository of Vanuatu-specific and regional food security research and reporting to inform future policy and programmatic decisions.	- A centralised food security research and reporting repository is created and accessible to relevant government and partner agencies. - # of recorded included in the repository.	MOH (EHU) WHO

* Priority areas outlined under 'governance' and 'accessibility of healthy diets' are consistent across the nutrition and food security KPAs.

Implementation, resourcing and monitoring and evaluation

The Nutrition, Environmental Health, NCD and Health Promotion units with the Vanuatu Ministry of Health have primary responsibility for the execution of the 2022-2026 Health Sector Implementation Plan. However, beyond recurrent government resources provided through the Directorate of Public Health, resource expansion and collaboration with other public health and curative services units, development partners and cross-sectoral organisation remains essential to achieving the policy's overarching vision of *a healthy, sustainable and prosperous Vanuatu where all people enjoy access to nutritious, safe and secure food*.

Approach to monitoring and evaluation

The approach taken to the design, monitoring and evaluation of the Vanuatu Food Safety, Security & Nutrition Policy and Health Sector Implementation Plan draws on lessons learned from the previous iteration of the policy. The 2016-2020 strategic plan provided an immensely detailed account of actions and associated timeframes to map out the theory of change and alignment of such with the policy's overarching goals. However, while of significant technical value if associated with high fidelity execution, the rigidity of this approach prevented implementing bodies from adjusting actions, or indeed the sequence of actions, to account for changing bureaucratic, political or social contexts. During annual monitoring and ex post evaluation, this structured approach also undervalued work which had not been outlined in the strategic plan but had been undertaken in line with the policy's overarching goal of promoting improved nutrition and population health.

The 2022-2026 Health Sector Implementation Plan has hence been constructed to outline priority action areas within the sector as well as potential indicators of progress. This approach was identified by stakeholders as providing the necessary flexibility to empower implementing bodies to collaborate, innovate and leverage off funding, social or political tides to progress contextually appropriate priorities in alignment with the overarching direction set by the policy.

An annual traffic light system of monitoring progress against priority action areas will align with and inform annual Ministry of Health business planning for the units involved. With indicators incorporating data points available to the Ministry of Health as well as those housed within partner agencies, annual monitoring will also act as an opportunity to collaboratively consider progress to date and plans for the following year with multisectoral partners, funding bodies and agencies capable of providing identified technical input. An evaluation of the 2022-2026 Health section Implementation Plan will be undertaken at the end 2026 drawing on progress against indicators, national and provincial detail pertaining to the nutrition, food safety and food security context as well as extensive stakeholder input. The 2026 evaluation will subsequently inform the 2027-2030 Health Sector Implementation Plan and any necessary adjustments to the policy's overarching approach and/or strategic objectives. With several nation-wide health and demographic surveys tabled by the Government of Vanuatu and its partners for the 2022-2026 period, the 2026 evaluation and strategic planning for 2027-2030 will also be the platform for formalising more specific measures of policy success that align with both global and national health and sustainable development goals.

9 Alignment

Harmonisation between high level objectives, strategies and, where possible, activities within and across sectors is key to efficient, effective, and sustainable development. Through ongoing engagement with national and regional stakeholders and an extensive desktop review, global and regional and national governance, nutrition, food safety and food security frameworks informed the development of the policy's objectives and means for achieving such goals.

National alignment

The policy development process prioritised aligning with overarching and health system direction set by the Government of Vanuatu.

National Sustainable Development Plan

The Vanuatu Food Safety, Security & Nutrition Policy 2022-2030 and 2022-2026 health sector implementation plan align with national direction and nation building aspirations outlined in the National Sustainable Development Plan (NSDP). Guiding national direction between 2016-2030, the NSDP seeks to realise *a stable, sustainable and prosperous Vanuatu* through a just and inclusive society that embraces its vibrant cultural identity, preserves its natural environment, fosters sustainable growth and builds responsive and resilient institutions that serve all citizens.(9)

The NSDP is underpinned by three pillars: society, environment and economy, as well as 15 aligned policy goals. The Vanuatu Food Safety, Security & Nutrition Policy 2022-2030 and direction outlined in health sector implementation plan specifically align with Society Goal 3: Quality Health Care and Environment Goal 1: Food and Nutrition Security

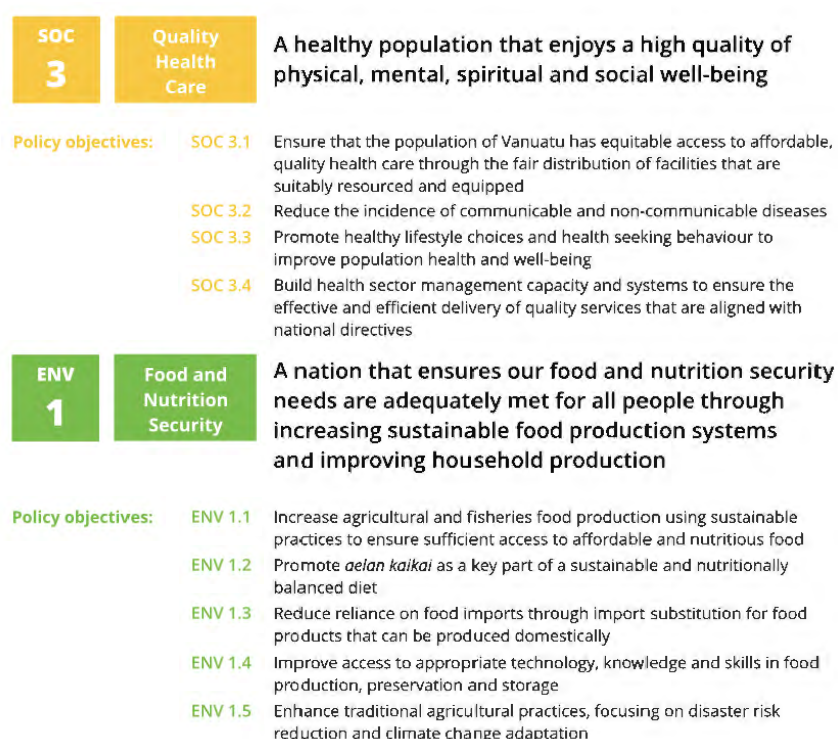


Figure 1 NSDP Society Goal 3 and Environment Goal 1 and their respective policy objectives

Health Sector Strategy

The national Health Sector Strategy (HSS) 2021-2030 guides directions of the Ministry of Health and has also been informed by the NSDP. Through effective decentralisation, strong leadership, a focus on primary care and strengthened secondary and tertiary healthcare, the HSS seeks to ensure a *healthy population that enjoys a high quality of physical, mental, spiritual and social well-being.*(42)

The six strategic goals of the HSS draw specifically from society, environment and economy goals of the NSDP. These goals spans health sector leadership and partnerships; reorientation and strengthening of clinical, public health and management systems; and fostering public trust and confidence in the health sector.

Table 1 Vanuatu Health Sector Strategy 2021-2030: Strategic Goals (SGs)

SG1	Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship.
SG2	Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality health care.
SG3	Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases.
SG4	Optimise real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and health-seeking behaviours.
SG5	Revitalise health sector management capacity and systems at all levels, including accountability through corporate and clinical governance and leadership with evidence-based policies and plans supported by strong monitoring and information systems.
SG6	Redefine collaborative action and expand our partnerships to meet the greater health needs of the people of Vanuatu.

Inter & intra-sectoral alignment

Alignment with and harmonisation between food safety and food security and nutrition objectives and approaches outlined in this document and other sector-specific action was also prioritised as part of the design of the policy and its implementation plan. The following were accounted for in the development of Nation Nutrition Policy's strategic direction:

- Vanuatu Gudfala Kakae Policy and the Food System Principles 2022-2030, Ministry of Agriculture, Livestock, Forestry, Fisheries & Biosecurity
- Vanuatu National Child Protection Policy 2016-2026, Ministry of Justice & Community Services
- National Gender Equality Policy 2020-2030, Ministry of Justice & Community Services
- Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021-2030, Ministry of Health
- Vanuatu Sanitation and Hygiene Policy 2021-2030, Ministry of Health
- National Environmental Health Policy and Strategy 2012-2016, Ministry of Health
- National Policy and Strategy for Healthy Islands 2011-2015, Ministry of Health
- Vanuatu Reproductive Maternal, Newborn, Child and Adolescent Health Policy, Strategy and Implementation Plan 2021-2025, Ministry of Health
- Vanuatu Workforce Development Plan 2019-2025, Ministry of Health
- Vanuatu Dietary Guidelines, Ministry of Health
- Ministry of Health Corporate Plan 2022-2025, Ministry of Health

The following Acts and their associated regulations have also been considered in policy design:

- Animal Importation and Quarantine Act
- Employment Act
- Excise Tax Act
- Food (Control) Act
- Health Practitioners Act
- Meat Industry Act
- Nurses Act
- Public Health Act

Regional & global alignment

Regional and global evidence and health governance principles as well as food safety, security and nutrition goals, objectives and strategic frameworks have also informed the direction set by the Vanuatu Food Safety, Security & Nutrition Policy 2022-2030. Consideration at the global and regional levels was given to the following reports, shared objectives and frameworks:

Regional alignment:

- The 2050 Strategy for the Blue Pacific Continent
- The Yanuca Island Declaration on Health in the Pacific in the 21st Century & the Framework of Action for Revitalisation of Health Islands in the Pacific
- The Regional Framework for Action on Food Safety in the Western Pacific

Global alignment:

- The UN Sustainable Development Agenda
 - Goal 2 – Zero hunger: Target 2.1 (end hunger), Target 2.2 (end all forms of malnutrition) and Target 2.4 (sustainable food production & resilient agriculture)
 - Goal 3 – Good health and wellbeing: Target 3.2 (end preventable deaths in newborns and children under 5) and Target 3.4 (reducing NCD-related premature mortality)
 - Goal 12 – Responsible consumption and production: Target 12.3 (halve food waste)
- The Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway
- The Global Action Programme on Food Security & Nutrition in Small Island Developing States
- The Codex Alimentarius
- The World Health Organisation’s Essential Nutrition Actions: Mainstreaming nutrition through the life-course
- The World Health Assembly’s Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition and associated 2025 Global Nutrition Targets
- The World Health Organisation’s Global Status Report on Prevention and Control of NCDs and associated 2025 Voluntary Global Targets for the Prevention & Control of NCDs
- The World Health Organisation’s Global Strategy for Food Safety 2022-2030

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