GOVERNMENT OF SAMOA

NATIONAL FOOD & NUTRITION POLICY 2013

Ministry of Health

Faaiuga a le Kapeneta mo le Faiga Faavae o Taumafa ma Taumafa Tatau

GOVERNMENT OF SAMOA

CABINET SECRETARIAT

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27 Novema 2013

Mo le Faatinoina
Minisita o le Soifua Maloloina
Ofisa Sili o Pulega Matagaluega o le Soifua Maloloina

Mo le silafia (ma nisi fuafuaga talafeagai)
Palemia
Minisita o Tupe
Ofisa Sili o Pulega Matagaluega o Tupe

Pepa o Faamatalaga mo le Taliaina e le Kapeneta o le National Food and Nutrition Policy 2013-2018

F.K.(13)Faapitoa 27

I lana Fonotaga FK(13)Faapitoa 27 o le Aso Lua 26 Novema, na talanoaina ai e Kapeneta le Pepa PK(13)1805 ma faamaonia ai i lona tulaga aoao tetele, ae ua faatonuina le Matagaluega o le Soifua Maloloina ina ia faataoto loa fuafuaga ma polokalame talafeagai mo le faatinoina auaua'i o lenei faiga faavae, e fuafua i vaegatupe e mafai ona faamatuuina mai i le tala faatatau o le tupe i tausaga taitasi.

(Vaosa Epa)
FAILAUTUSI O LE KAPENETA

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Introduction

Although there have been considerable improvements in the health and consequent life expectancy of people in Samoa, food and nutrition related disease continues to threaten long term health and wellbeing.

The National Food and Nutrition Policy 2013-18 will facilitate and support action through the entire food and nutrition system (food production, processing, distribution, nutrition knowledge and food consumption, sanitation, as well as preventive health actions) to achieve better nutrition and health outcomes for Samoans.

This updated multi-sectoral National Food and Nutrition Policy builds on recent review findings from the National Food and Nutrition Policy for Samoa 1995 and consultations with health sector partners. It has been developed to be in line with current Government of Samoa policy and global models such as the Samoa National Plan of Action for Nutrition 2002-07, Samoa National Plan of Action for Infant and Young Child Feeding 2006-2010, Global Strategy for Infant and Young Child Feeding (WHO), Global Strategy on Diet, Physical Activity and Health (WHO) and relevant UN Millennium Development Goals.

Background

i. Food, Nutrition and Health: a priority for Samoa

Good nutrition is essential to reduce non-communicable diseases incidence, micronutrient deficiency disease and malnutrition. Improving nutrition outcomes often requires actions through multiple sectors including health, agriculture, water and sanitation, poverty reduction modelling, and the private sector.

Emerging issues such as climate change and urbanisation are factors that weigh a heavy health burden on the people of Samoa with nutrition a key priority for health intervention. Environmental factors including availability of safe water, sanitation and the effects of drought can hinder the food system in subtle ways which can have a profound effect on people's health. Food availability, access and safety can also be influenced by attitudes to food – intake of high calorie foods and food preparation-all emerging factors where the need for food and nutrition policy reform is essential at this time.

ii. Food System

The food system covers all aspects of food[i] - from field, to table and back again. This includes farming and agricultural practices through to the manufacture and packaging of food and food products. It also includes the transportation, sale and distribution of food, as well as the waste that it generates. Food consumption - the what, where, when, why and how of eating – is also covered. The food system ('food chain') is affected by complex interaction of economic,

social, health and environmental issues. Adopting a whole of food system approach to improving nutrition is often referred to as the 'farm to the plate' idea where in order to achieve nutritional benefits for the community the whole food system must be managed responsibly and deliberately.

A healthy food system is essential for optimal nutritional needs to be realised. It provides the advantage of access to affordable, nutritious, sustainable, safe food that reduces the incidence of preventable disease in the community.

If not managed properly the food system can negatively affect both the food supply and the availability of food during shifts in climate or economy. Practices such as enhanced local food production, improved management and disposal of organic waste, recycling water and community education about foods which are environmentally friendly are all essential for a sustainable and resilient food system for Samoa[ii].

iii. Food Security

Food Security exists when 'all people, at all times, have physical, social and economic access to sufficient, safe, nutritious food to meet their dietary needs and food preferences for an active and healthy life'[iii] .

For people to be food secure, they need to be able to get the right amounts of nutritious, appropriate foods whenever they need them. Many factors affect food security, including climate change, trade agreements, the community's response to globalisation, urbanisation and related stress on infrastructure, gaps in transportation, increasing waste, pollution and deforestation. These factors all impact on food availability, access, utilization and stability.

With an increasing dependence on imported foods, especially in urban areas, food security will continue to be a challenge in Samoa. The increasing import dependence is mirroring a rise in energy consumption in Samoa as diets change from traditional food intake to mainly imported low-quality foods[iv].Improving food security will need to include actions to develop better transport systems for locally produced food as well as effort to address the decline in local agricultural production[v].

iv. Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve their health by focusing on the social, environmental and economic conditions which impact on health and well-being. It is based on the understanding that health is not merely 'the absence of disease, but rather a state of complete physical, spiritual and mental well-being, which is influenced by a number of social, environmental and economic factors, known as 'determinants of health'(Ottawa Charter 1986).

The process of health promotion works to encourage individuals and communities to adopt healthier behaviours and to make healthier choices throughout their lives.
It does this in two main ways;

i. The mobilisation (bringing together) of communities to work together towards healthier lifestyles, and
ii. The influencing of social conditions to create a suitable environment which enables and supports communities and individuals to make appropriate, healthy choices.

Health promotion and prevention programs emphasise approaches that work to address the root causes of ill health by focusing on changing the conditions and environments in which people live, work and play. There is growing evidence worldwide of the benefits and effectiveness of investing in these approaches. This investment is amplified when individuals and organisations work together to tackle our biggest health challenges. A strong economy and prospering community can only be built on a healthy and active society.

Health promotion strategies and programs must be adapted to the local needs. The most effective health promotion requires a set of mixed interventions that reflect the social, cultural and economic status of the local community. A single health issue cannot be addressed completely through one single strategy; a multi-faceted approach is more effective.

v. Food and Nutrition Policy Principles in action

The National Food and Nutrition Policy 2013-18 is based on the Ministry of Health, health promotion principles. These health promotion principles are:

- Strengthen and build healthy public policies
- Create enabling and supportive environments
- Strengthen community action
- Build and develop personal life skills for individuals
- Continue to strengthen reorientation of health services[vi]

In addition to health promotion principles, the National Food and Nutrition Policy 2013-18 directs efforts towards addressing the social and environmental determinants of health, in tandem with biological and medical factors. These principles are implemented across key food areas essential for creating focus on the food system.

Vision: **Nutritional health for Samoa**

Aim: **Access to safe, affordable, nutritious and sustainable food**

Situation Analysis

a. Noncommunicable diseases

The greatest health threat to Samoa is the ongoing impact of non-communicable disease (NCD). In Samoa, non-communicable diseases (NCDs) including obesity, diabetes, heart disease, high blood pressure, stroke and cancer are increasing and have been identified as a top health priority. The most recent survey found that almost 30% of men and over 50% of women in Samoa were obese, the diabetes rate is 23.1%, the hypertension rate was 21.4% and the prevalence of cardiovascular diseases risk factors related to metabolic syndrome has also reached epidemic levels.[vii].

The development of overweight and obesity in children is of great concern, given the health risks associated with this, and the likelihood of developing unhealthy lifestyles which persist into adulthood[viii]. The Global School Health Survey conducted in 2010, across the country, in 13-15 year olds found that 43.4per cent of boys and 59.1per cent of girls were overweight, of which 15.7per cent and 22.3per cent respectively being obese. These levels are quite alarming and very high compared to other countries in the region. Changes in dietary patterns and food supply along with reductions in physical activity associated with increased sedentary behaviours are being seen in adults, and similar trends are likely in children. In studies since 1979, increasing rates of overweight and obesity in children has been found, with particular weight increases during adolescence. Research in 2009 has indicated high cholesterol and triglyceride levels which prelude heart disease. In addition to cardiovascular disease risk, inadequate fruit and vegetable intake has indicated poor nutrition persisting in the community. This has also been confirmed by surveys in the community reporting low fruit and vegetable consumption for households (DHS 2009).

The risks for non-communicable disease are alarming with 1 in 3 adults aged 25-64 years (33.8per cent) predicted to develop an NCD in the future[ix]. NCDS are the leading cause of death in Samoa accounting for 70% of all deaths. Cardiovascular disease (including heart attacks, stroke, and coronary heart disease) is the principal cause of death but cancers, chronic respiratory diseases and diabetes are also important. At least one quarter of NCD deaths in Samoa are premature (under age 60) [x].

Morbidity patterns in public health facilities are dominated by non-communicable disease with type 2 diabetes mellitus cases doubled from 264 to 523 between 2009 and 2011.

b. Other Nutrition Related Problems

Malnutrition is still reported in young children. An audit of malnutrition cases admitted to the paediatric ward of the TTM Hospital from 2006 to June 2010

reported that 182 malnourished children were admitted. Ninety six percent of the cases were aged less than 2 years with the peak being 12-18 months. Contributing factors such as insufficient nutrient intake, poor quality water and sanitation and inadequate infant feeding practices all contribute to malnutrition.

Recent data presented in the Demographic Health Survey 2009 states that micronutrient intakes such as Vitamin A and iron are moderately at risk. The incidence of anaemia is of public health significance; with children 0-2 years and pregnant women reported as the most vulnerable groups. Of the malnutrition cases reported in 2006-2010, 51 per cent were reported to have anaemia.

In addition to the risk of anaemia, children under the age of two remain at risk with infant feeding practices continuing to be a challenge especially in rural areas. WHO recommends that exclusive breast feeding should be maintained until six months of age, at which time infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. (Infant and Young Child Feeding WHO 2005) Although Samoa has adopted these recommendations only 51 per cent of children under the age of six months are exclusively breastfed and only 40 per cent of Samoan children between 6-23 months are fed in accordance with the IFYC standards. It is clear that infant feeding regimes could be improved and that risk persists in this age group.

The incidence of pneumonia, infectious diseases and food borne related conditions are also an indicator of poor health in the community and possible co-morbidity related to food and nutrition issues. Pneumonia cases in public health facilities almost doubled from 789 to 1506 cases between 2009 and 2011.

c. Dental Health

Healthy teeth and gums are needed to eat the well balanced diet that is essential for good health. The national approach to dental health is oral health promotion with an emphasis on nutrition.

Although current data is unavailable anecdotal reports state dental caries and poor dental health is a major concern for children.

Key Strategic Areas

The review of the National Food and Nutrition Policy 1995 in July 2012 identified key strategic areas (KSA) for the MOH to develop an integrated approach to coordinating food and nutrition outcomes in the future.

These key strategic areas will be a focus as partners collaborate to implement the action plan strategies. The health sector partners together with the MOH will continue to work together on these key strategic areas that impact the partnerships effectiveness.

KSA 1: Collaborate with health sector partners
KSA 2: Build capacity for the food and nutrition policy implementation by strengthening workforce skills
KSA 3: Improve food system understanding in the community
KSA 4: Strengthen collaboration with community members to improve community mobilization
KSA 5: Advocate for societal change through legislation and regulation reform
KSA 6: Provide key messages to the community that affect behaviour and attitudes
KSA 7: Strengthen evidence base research

KSA 1: Collaborate with health sector partners

Strengthening relationships and building networks with health sector partners ensures an efficient use of resources. Heath sector partners can work together with the MOH by collaborating on specific aspects of the policy action plan. It is important to build a strong association and collaboration between MoH and its partners where there is an exchange of information about programs and research that can benefit common goals across portfolios.

KSA 2: Build capacity for the food and nutrition policy implementation by strengthening workforce skills

Strengthening the workforce knowledge of those who deliver key messages to the community is an important role for MOH. Providing workforce skills opportunities about food and nutrition builds capacity for implementation of policy aims.

In addition, key education areas have been cited in the action plan and are aimed at various streams; tertiary education opportunities such as nutritionists, nurses and NGO partners; public domain areas such as food outlets, secondary schools teachers, students; general community and key leadership partners such as the Chamber of Commerce.

KSA 3: Improve food system understanding in the community

Food system understanding in the community is essential for creating emphasis on actions that link to food security and food availability improvements. The community can take an active part in supporting the food system if they have

the information they need to understand how their actions and attitudes can contribute to sustainable food.

KSA 4: Strengthen collaboration with community members to improve community mobilization

Community decisions about food and nutrition must be well informed. It is important for MOH to consider how to improve the dissemination of nutrition health information to the community so that solutions around nutrition, food safety, food security and food sustainability can be achieved. The community participates in solutions for health more readily when they understand how their decisions make an impact both on the community and on food they eat.

KSA 5: Advocate for societal change through legislation and regulation reform

The community relies on MOH to provide leadership for protecting the food system because it understands the link between food and nutrition related disease and its impact on the community.

Informing food and nutrition legislation and policy decision makers is a primary role that MOH can provide due to its expertise. In the absence of legislation and policy the community, industry and donor partners lack the ability to completely engage in activities that have a positive impact on the food system. The absence of food legislation will continue to hinder MOH ability to provide food safety. Food legislation advocacy is a priority for MOH to improve food, nutrition and health outcomes by continuing to support this as an agenda for development and progress.

KSA 6: Provide key messages to the community that affect behaviour and attitudes

Adequate health information can affect positive change for lifestyle choices and managing food system issues as a community and as individuals. Education programs and campaigns have been a strong health promotion practice and MOH will endeavour to continue to support programs which deliver clear and strong messages.

KSA 7: Monitoring and Evaluation

Scientific research and best practice evaluation provide the evidence base for program and policy development. Health sector partners wish to benefit from the most advanced research information to ensure resources are utilized wisely,

they can then achieve positive health outcomes for Samoa. Expertise provided by MOH is essential for the most relevant food and nutrition research projects to be engaged. Building a strong evidence base will inform all health sector partners and encourage partnerships that work in a coordinated way.

Health sector partners should collaborate on these key strategic areas (KSA) to create an effective partnership and to coordinate a sector wide approach to food and nutrition.

Policy Legislative Framework

The following international and national framework documents contextualize the conception and development of the National Food and Nutrition Policy.

a. Health Sector Plan 2008-2018

A vision for healthy Samoans where health promotion and primordial prevention strategies are a priority and where:

- Children are nurtured in Body, Mind and Spirit,
- Environments invite learning and leisure,
- People work and age with dignity,
- Ecological balance is a source of pride and,
- The Ocean that surrounds us is protected for future generations

b. National Legislation and Regulations

- Ministry of Health Act 2006
- Health Ordinance Act 1959
- Food and Drugs Act 1967
- Tobacco Control Act 2008
- Labour and Employment Act 1972
- Occupational Safety and Health Act 2002
- Draft Food Bill
- Draft Food (Safety and Quality) Regulations
- Draft Food (Marketing of Products for Infants and Young Children) Regulations

c. National Policy and Guidelines

- Strategy for the development of Samoa 2012-2016
- Samoa National Plan of Action for Nutrition 2002-07
- Samoa National Plan of Action for Infant and Young Child Feeding 2006-2010
- Samoa's National Disaster Management Plan 2011-2014
- National non-communicable Disease Policy 2010-2015
- National Health Promotion Policy 2010-2015

- Samoa National Drinking Water Standards 2008
- National Tobacco Control Policy and Strategy 2010-2015
- Safe Motherhood Policy 2000
- Protocols/Guidelines for Standard Management in Pregnancy and Childhood 2012
- Samoa School Nutrition Standards 2012
- Healthy Eating and Lifestyle Guidelines for Samoa2008
- Draft Child Health Policy (MOH)
- Draft Samoa National Prevention Policy (MOH)
- HIV AIDS Policy 2010-2015

d. National Health Sector Partner Strategies

- Agriculture Sector Plan 2011-2015
- Trade Policy Statement 2012
- National Export Strategy 2009 - 2012
- State of the Environment Report 2006
- Ministry of Education, Sports and Culture Strategy and Policies Plan 2006-2015
- Ministry of Women, Community and Social Development Sector Plan 2010-2015
- Trade, Commerce And Manufacturing Sector Plan 2012-2016
- The Scientific Research Organisation of Samoa Corporate Plan 2013-2015
- Samoan Tourism Development Plan 2009-2013

e. Regional and International Policy and Guidelines

- WHO Country Cooperation Strategy 2012-18
- Global Strategy on Diet, Physical Activity and Health, WHO, 2004
- Millennium Development Goals UN2000
- Convention on the Elimination of All Forms of Discrimination Against Women.1979
- Convention on the Rights of the Child 1989
- Global Strategy for Infant and Young Child Feeding, WHO, 2003
- WHO / UNICEF Regional Child Survival Strategy 2006
- International Labour Organization Convention 183 and Recommendation 191, 2000 and C184, 2001
- Codex Standards, Codes of Practice, Guidelines and Recommendations of the Codex Alimentarius Commission
- International Health Regulations WHO 2005
- WTO Technical Barriers to Trade (TBT), Sanitary and Phytosanitary Agreement (SPS) and Agreement on Agriculture (AOA)

Health Sector Partners

The Ministry of Health vision of 'A Healthy Samoa' requires collaboration with sector partners to ensure policy implementation is supported by a coordination of resources and skills. It is acknowledged that the challenges in the health sector can only be met by working together with sector partners'[xi].

Those partners included in the action plan can work together with MOH to achieve a coordinated approach for implementing the strategies for the Food and Nutrition Policy goals.

The key health sector partners are-

- The Public
- Government Ministries and Agencies
- Development Partners
- Private Health Providers
- Health Professional Associations
- Traditional Health Providers (including Traditional Birth Attendants)
- Non-government organizations (NGOs)
- Religious Organizations
- Community Based Organisations
- Academic Institutions

Monitoring and Evaluation Framework

The Ministry of Health M & E Framework provides the context for the monitoring and evaluation of the National Food and Nutrition Policy 2012-2017. The specific framework indicators are related to:

- Health Promotion and Primordial Prevention Strategy and
- Millennium Development Goals[xii].

In addition all actions specified within this policy include measurable indicators which will be regularly monitored. The Ministry of Health will facilitate reviews of the progress of the policy, and seek appropriate input to make modifications as needed and in response to relevant research and data. This will ensure that actions progress on schedule, are relevant and that the overall policy is implemented.

National Food and Nutrition Policy Action Plan

The action plan is the way the MOH will implement the goals and objectives of the Policy in partnership with the key stakeholders.

The goals for the Policy are contextualized through areas; Food Nutrition and Health, Food Availability, Access and Use and Food Safety. These areas focus

partners broadly so that the food system is exposed to an optimal amount of expertise in every area; building capacity for the MOH to respond to the complexity of a continuum of health needs.

Goals

1. FOOD, NUTRITION AND HEALTH

1.1. Inform disaster risk management
1.2. Promote appropriate infant and young child feeding
1.3. Prevent malnutrition and micronutrient deficiencies
1.4 Strengthen food and nutrition education
1.5 Strengthen promotion of dental health
1.6 Promote healthy eating and lifestyles
1.7. Promote healthy food business practices

2. FOOD AVAILABILITY, ACCESS AND USE

2.1. Improve access to affordable and nutritious food
2.2. Strengthen the promotion of local food production
2.3. Strengthen the community's understanding about the nutritional value of food
2.4. Collaborate with key partners to promote the preparation of healthy, safe food in the community
2.5. Advocate for food pricing and taxes to promote healthy food availability
2.6. Strengthen monitoring and evaluation of food security
2.7. Collaborate with sector partners to promote sustainable food
2.8. Collaborate with sector partners on strategies that reduce the negative effects of food production and use on the environment

3. FOOD SAFETY

3.1. Protect the community from public health risk
3.2. Promote awareness about food safety issues
3.3. Prevent and manage food borne disease outbreaks
3.4. Monitor and evaluate food safety

Food, Nutrition and Health Action Plan

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
1.1. Inform disaster risk management	1.1.1 Collaborate with Disaster Advisory Committee on developing operational guidelines for nutrition and infant and young child feeding during emergencies in readiness for first response(during initial rapid assessments)	MOH, MNRE/DMO, WHO, FAO, MAF, NHS, MWCSD, Samoa Red Cross	Operational guidelines developed to support a sector wide approach to managing disaster planning nationally	Government, Donors (WHO, FAO, etc)
	1.1.2 Contribute technical and expert advice during national disaster relief efforts and monitor food and nutrition related issues for the Disaster Plan procedures	MOH, MNRE/DMO, WHO, FAO, MAF, NHS, MWCSD, Samoa Red Cross	Evidence of efforts to protect the community from public health risk during and following disasters	
1.2. Promote appropriate infant and young child feeding (IYCF)	1.2.1 Promote national and community support for and awareness about infant and young child feeding issues	MOH, NHS, SFHA, Universities, WHO, SPAGHL, UNICEF, AUSAid, NZAid, MWCSD	Evidence of increased national and community support for and awareness about IYCF as evidenced through community-led initiatives A National approach to coordinating IYCF	
	1.2.2 Collaborate with sector partners to ensure IYCF capacity building and continued education for health staff and other relevant stakeholders	MOH, NHS, WHO, UNICEF, AUSAid, NZAid, MWCSD, SFHA, MESC, NUS, OUM	Increased IYCF content in pre-service and in-service education for health sector	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	1.2.3 Build capacity for and monitor Baby Friendly Hospital Initiative and breastfeeding initiatives in other settings e.g. health centres, workplaces, community settings	MOH, NHS, WHO, UNICEF, SFHA, AUSAid, NZAid, MCIL, PSC	Baby Friendly and Breastfeeding Initiatives established in hospitals and other settings	
	1.2.4 Finalise, implement and enforce the draft Food (Marketing of Products for Infants and Young Children) Regulations	MOH, NHS, SFHA, GPs Association, MWCSD, MCIL, AG, MFAT, Samoa Chamber of Commerce, media, WHO, UNICEF	Regulations on Marketing of Food Products for Infants and Young Children finalised, implemented and enforced	
	1.2.5 Strengthen protection of breastfeeding rights of working women	MOH, NHS, WHO, UNICEF, PSC, AUSAid, NZAid, MWCSD, MCIL, Samoa Chamber of Commerce	Evidence of improved protection of breastfeeding rights for working women through national or settings-based policies	
	1.2.6 Encourage research and monitoring of issues related to IYCF	MOH, WHO, UNICEF, MWCSD, NUS, OUM	Increase in information related to IYCF to inform policy and planning	
1.3. Prevent malnutrition and micronutrient deficiencies	1.3.1 Implement research that establishes rates of malnutrition and micronutrient deficiencies and develops evidence for responding to the deficiencies	MOH, NHS, MOF, MWCSD, MESC, MNRE-soil, FAO, WHO, UNICEF, ICCIDD, AUSaid, NZAid, Universities, Red Cross,	Rates of malnutrition and micronutrient deficiencies established. Evidence based	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
		SROS	strategies available to inform programs for improving maternal and child health and wellbeing	
	1.3.2 Establish routine data collection and reporting for on anaemia in pregnant women and young children	MOH, NHS, MOF, WHO, UNICEF, AUSaid, NZAid, Samoa Red Cross	Data on anaemia in pregnant women and young children routinely collected and reported	
	1.3.3 Promote community awareness about the causes of and solutions for malnutrition and micronutrient deficiencies	MOH, NHS, SFHA, MAF, MOF, MNRE-soil, FAO, WHO, UNICEF, AusAID, NZAid, USP, NUS, OUM, Samoa Red Cross	Evidence of strategies and activities implemented to increase community awareness about malnutrition and micronutrient deficiencies	
	1.3.4 Finalise, implement and enforce the Food Safety and Quality Regulations specific to the fortification of flour, rice and iodisation of salt	MOH, AG, MCIL, FAO, WHO, UNICEF, AUSAid, NZAID, MOR, Chamber of Commerce, SROS	Fortified flour and rice and iodized salt only products available	
	1.3.5 Advocate adequate iron supplements for deficient groups based on evidence	MOH, NHS, MCIL, FAO, WHO, UNICEF, AUSAid, NZAID, MESC, MWCSD, MNRE –soil SPAGHL, Chamber of Commerce	Targeted interventions delivered for iron deficient groups in the community e.g. young children and pregnant women	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
1.4. Strengthen food and nutrition education	1.4.1 Collaborate with education sector on policy strengthening activities for food and nutrition	MOH, NHS, MESC, NCECE, Universities, Media, MOF, SPGHL, MAF, MCIL, MWCSD, FAO, WHO, UNICEF	Increased teacher capacity for cross curricula -nutrition strategy Increased participation rates in agriculture learning	
	1.4.2 Develop personal food and nutrition knowledge and skills for pre-school and school age children and families	MOH, MAF, NGOs, MESC, Universities, Private and Religious Schools, NCECE, MCIL, MWCSD, FAO, WHO, UNICEF	Food and nutrition knowledge and skills evident in pre-school and school children	
	1.4.3 Build capacity for education sector to respond to health promoting school model	MOH, MAF, NUS, MESC, NCECE, Private and Religious Schools, MOH, WHO, FAO, NGOs	Evidence of food and nutrition education and promotion being delivered by teachers in schools. Teachers attend accredited workshops offered overseas or locally to build capacity to deliver nutrition education	
	1.4.4 Promote local food education	MOH, .NHS, Academic Institutions, SROS, MCIL,MAF,MOF,MOR,	Increased child, youth and adult awareness of culturally specific foods	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
		FAO,WHO, UNICEF, AUSAid, NZAid, MESC, Private and Religious Schools, NCECE, MWCSD, MNRE, NGOs, WIBD, SPAGHL, media	and nutritional benefits	
	1.4.5 Advocate for continued strengthening for the existing school curricula on nutrition in food and textiles, health, agriculture, environmental science and physical education	MESC, MOH, NUS	Increased cross curricula food and nutrition	
	1.4.6 Promote food and nutrition policy to be embedded with national education strategies	MESC, Private and Religious Schools, NECEC, Academic Institutions, MOH, WHO, FAO	Compulsory School Nutrition Standards implemented across all preschools and schools in the education sector	
	1.4.7 Advocate for tertiary scholarships to increase the nutrition skills in the workforce	MOH, NHS, MESC, MWCSD, MOF,MCIL, MAF, MFAT, Academic Institutions	Increased number of students studying food and nutrition	
	1.4.8 Collaborate with academic institutions to promote food system understandings	MOH, MESC, SROS, Academic Institutions,	Strengthened nutrition education streams within academic curriculum. Local food and nutrition courses available	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	1.4.9 Implement and monitor obesity reduction projects in pre-schools and schools	MOH, MESC, Private and Religious Schools, NCECE, MWCSD, SPAGHL, Academic Institutions	Schools implementing projects which include strong evaluation project	
1.5. Strengthen promotion of dental health	1.5.1 Promote dental health information	MOH, NHS, Dental Practitioners, MESC, NCECE, Private and Religious Schools, Chamber of Commerce	Evidence of campaigns on dental health. Evaluation demonstrates increased dental health awareness in the community	
	1.5.2 Improve **maternal** dental health information distribution	MOH, NHS, Dental Practitioners, SFHA	Nursing workforce delivers antenatal education about dental health and relevant interventions for maternal health	
	1.5.3 Advocate price control on dental products	MCIL, AG, MOH, Dental Practitioners, NHS	Price control implemented	
	1.5.4 Identify dental research priorities	MOH, NHS, MESC, MWCSD, NGOs, Dental Practitioners	Dental research plan developed	
1.6. Promote healthy eating and lifestyles	1.6.1 Advocate for and conduct research about people's attitudes to food and food consumption	MOH,NHS, MOF, MWCSD, Tourism, SPAGHL, WHO, FAO, Academic Institutions,	Increased data available about factors affecting food consumption and why	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
		NGOs	people consume the food they do	
	1.6.2 Promote increased uptake of fruit and vegetables in the community	MOH, NHS, MAF, MWCSD, MOF, MFAT, Tourism, NGOs, Media, Chamber of Commerce, SPAGHL, Religious Organisations, Academic Institutions, WHO, FAO	Increased percentage of population consuming at least 5 servings of fruit and vegetables per day	
	1.6.3 Promote regular physical activity for improved physical fitness	MOH, NHS, MOF, MWCSD, Tourism, SPAGHL, Sports Organisations, Religious Organisations	Increased percentage of the population physically active	
	1.6.4 Promote reduced smoking and alcohol consumption in the community	MOH, NHS, MOF, MWCSD, MESC, Tourism, SPAGHL, Religious Organisations, Sports Organisations	Decreased percentage of the population smoking and binge drinking	
	1.6.5 Strengthen nutritional component of sport training	Sporting Institutes, Sports Organisations, Olympic committee, schools, gyms	Nutrition messages embedded in sports training	
	1.6.6 Strengthen nutrition curriculum focus for health and allied health workforce training courses	NHS, MOH, NUS, OUM	Highly skilled health workforce able to deliver food and nutrition education in the community / primary health care	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	1.6.7 Provide food and nutrition information to the community about the management NCD with a focus on diabetes	NHS, MOH, National Diabetes Centre	Food and nutrition information with a focus on NCD distributed to the community	
	1.6.8 Provide information to the community about the prevention of obesity in children	NHS, MOH, MWCSD, MESC, NCECE, Private and Religious Schools	Information about childhood obesity distributed to the community	
	1.6.9 Implement and monitor salt reduction project strategy (ref. Best Buy)	MOH, NHS, MOF, MWCSD, Chamber of Commerce, Tourism, SPAGHL, WHO, George Institute, SROS	Reduced salt intake	
	1.6.10 Implement and monitor strategy to control trans-fatty acids in food supply	MOH, NHS, MOF, MWCSD, SROS, Tourism, Chamber of Commerce, SPAGHL, WHO	Evidence of reduced transfat utilization across the food industry e.g. fast food outlets. Evidence of reduced transfats in imported foods	
	1.6.11 Collaborate with sector partners for strengthening community-based approaches for reducing obesity	MOH, NHS, WHO, AUSAid, NZAid, MWCSD, MNRE, Samoa Red Cross, SPAGHL, NGOs,	Proactive community based activities that promote the reduction of obesity	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	1.6.12 Develop and promote strategies to control the marketing of foods and non-alcoholic beverages to children	MOH, AG, Chamber of Commerce, MESC, Private and Religious Schools, SPAGHL, media, WHO, Sports organizations	Reduced "junk" food promotion to children in various settings, e.g. Prime TV time, schools, sports	
1.7. Promote healthy food business practices	1.7.1 Promote healthy lifestyle improvement projects amongst private and public sectors e.g. healthy workplaces	Chamber of Commerce, Tourism, MCIL,MAF,AG, SBEC, SAME	Healthy lifestyle projects implemented by private and public sectors	
	1.7.2 Promote the business sector understanding of issues related to the food system	MOH, MCIL, Chamber of Commerce, SROS, Tourism, MAF, MFAT, SBEC, SAME, FAO, WHO, WIBD	Evidence of activities to promote understanding of the food system throughout the business sector	
	1.7.3 Collaborate with food safety partners to build food industry capacity to improve food safety	MOH, Chamber of Commerce, SROS, Tourism, MCIL,MAF,AG, SBEC, Food Industry, FAO, WHO	Positive industry practice for food safety	
	1.7.4 Promote the use of locally produced foods by all food industry partners e.g. supermarkets, hotels, restaurants, small shops, govt catering, institutions (hospitals, boarding schools)	MOH,NHS, MCIL, Chamber of Commerce, SROS, Tourism, MWCSD, MESC, MNRE, MAF, MFAT, SBEC, SAME, FAO, WHO, NGOs	Increased utilisation of locally produced foods in business	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	1.7.5 Strengthen capacity building for food importers, distributors and processors on ways to reduce fat, trans fatty acids, salt and sugar in food products	MOH, MCIL, AG, MAF, MOF, MNRE, Samoa Red Cross , NGOs, Chamber of Commerce, Food Industry, FAO, MFAT	Reduced levels of fat, trans fatty acids, salt and sugar in food products	

Food Availability, Access and Use Action Plan

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
2.1. Improve access to affordable and nutritious food	2.1.1 Strengthen promotion of dietary guidelines	MOH, NHS, MAF, MCIL, MOR, MOF, MFAT, WHO, UNICEF, AUSAid, NZAid, MWCSD, Academic Institutions, MSEC, Private and Religious Schools	Increased knowledge about dietary guidelines for promoting healthy food and healthy lifestyles	Government, Donors (WHO, FAO, etc)
	2.1.2 Collaborate with primary health care services sector to strengthen actions that reduce obesity	MOH-NHS,WHO, AUSAid, NZAid, MWCSD, NGOs	Sector partners actively engaged in a coordinated response to reducing obesity in the community	
	2.1.3 Strengthen capacity building actions for health workers on issues related to food trade and trade agreements e.g. WTO, PICTA	MOH, NHS, MFAT, MAF, MCIL, AG, MOR, MOF, WHO, UNDP, SPC, C-POND	Increased health worker knowledge about food trade, trade agreements and how they affect health	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	2.1.4 Conduct a feasibility study to analyse the options for Samoa to consider in addressing nutrition related health problems and advise on policy direction to control diet related health problems	MOH, MFAT, MAF, MfR, MCIL, MAF	Increased implementation of policy options to control diet related health problems	
	2.1.5 Promote transport systems improvement to link locally produced food to market and to promote economic gain	MOH,MWTI, MAF	Improved transport systems and greater access to local foods	
2.2. Promote local food production	2.2.1 Collaborate with sector partners on key messages they could utilize to promote locally produced food	MOH, MAF, MCIL, MESC, MOF, Chamber of Commerce, FAO, WIBD, NGOs	Key messages promoted in the community that affect attitudes to food	
	2.2.1 Advocate for more locally grown food	MOH, NHS, MOF, MNRE-soil, FAO, WHO, AusAID, NZAid, USP, Red Cross, NGOs, MAF, MCIL, MOR, Samoa Chamber of Commerce, MESC, Private and Religious Schools, WIBD, SPAGHL	Increased local food production	
2.3. Strengthen the community's understanding about the nutritional value of food	2.3.1 Promote research and development of under-utilised indigenous nutritious crops and dissemination of findings.	MOH, MAF, MNRE,MWCSD, MESC,SROS, WIBD, Academic Institutions	Increased utilisation of indigenous crops	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
2.4. Collaborate with key partners to promote the preparation of healthy, safe food	2.4.1 Promote food preparation messages to the community focusing on lower fat, salt and sugar and safe food preparation	MOH, MWCSD, MESC, NCECE, APTC, NUS, Media, NHS	Households using improved food preparations techniques	
	2.4.2 Advocate for new technology/recipe modification to improve the nutritional quality of locally produced processed foods	MOH, SROS, Chamber of Commerce, MCIL, SAME, MAF, FAO, Tourism, WHO, USP, FAO	Improved variety of local food based products and dishes which are healthy	
2.5. Advocate for food pricing and taxes to promote healthy food availability	2.5.1 Review and adjust import duties, price controls and taxes to increase availability of healthy foods and products that support healthy lifestyles	MOH,.MCIL, FAO ,WHO AUSAid, NZAID, MOF, MOR,MESC,MWCSD,MNRE,SPAGHL, Chamber of Commerce, tourism	Evidence of pricing that supports healthy eating and lifestyles	
2.6. Strengthen monitoring and evaluation of food access and availability	2.6.1 Advocate for research on access to and availability of food	MAF, MOH, SROS, Chamber of Commerce, MCIL, MfR, MOF, FAO, Tourism, WHO, USP	Information available for promoting improved access to and availability of healthy local food and other healthy food options Improved food quality and affordability	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
2.7. Collaborate with sector partners to promote sustainable food	2.7.1 Collaborate with sector partners on strategic directions for food sustainable systems approach	MOH,MCIL,MOF,FAO,WHO AUSAid, NZAid, MESC,MWCSD,MNRE,SPAGHL, WIBD	Food System information will be available to the community and industry	
	2.7.2 Collaborate with health sector partners to build capacity for continued sustainable food strategy implementation sector wide	MOH, MCIL,MOF,MAF,FAO,WHO AUSAid, NZAid, MESC, MWCSD, MNRE, SPAGHL, Chamber of Commerce, WIBD	Food production according to nutritional needs of the population Increased community awareness about the food system Decrease reports of food wastage Improved food system awareness in the community and business sector	
	2.7.3 Promote environmental health	MOH,MCIL,MOF,FAO,WHO AUSAid, NZAid,MESC, MWCSD, MNRE,	Sustainable food system	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	models that integrate food and nutrients for built, natural, social and economic areas	SPAGHL, Chamber of Commerce, IBD	awareness	
2.8. Collaborate with sector partners on strategies that reduce the negative effects of food production and use on the environment	2.8.1 Promote education and awareness about food waste and its impact on the environment	MOH,MCIL,MOF,MOF,FAO,WHO AUSAid, NZAid, MESC,MWCSD,MNRE,SPAGHL,	Increased community awareness about sustainable food	
	2.8.1 Advocate for research that informs health sector partners about sustainable food	MOH,MCIL,MOF, ,FAO,WHO AUSAid, NZAid, MESC,MWCSD,MNRE,SPAGHL	Improved land use Reduce impacts measurable on the environment	
	2.8.2 Advocate for community awareness programs for food system responsibility	MOH,MCIL,MOF,FAO,WHO AUSAid, NZAid, MESC,MWCSD,MNRE,SPAGHL	Food System education available to the community	
	2.8.3 Advocate for regulations to prevent use of injurious packing material for packaging food and water and non-recyclable packaging	MOH,MCIL,MOF,FAO,WHO AUSAid, NZAid, MESC,MWCSD,MNRE,SPAGHL	Improved recycle packaging Less use of injurious packaging	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
	2.8.4 Advocate for recycling facilities which include food waste management	MOH,MCIL,MOF,FAO,WHO AUSAid, NZAid, MESC,MWCSD,MNRE,SPAGHL	Available food waste management systems including recycling	
	2.8.5 Drive national and Pacific regional policy development for continuous improvement for the reduction of greenhouse gas emissions and management of land fill	MOH, NGO partners, Pacific region partners, MNRE, MOF, MFAT, UN/FAO	Collaborative solutions for the management of environmental challenges relating to the food system will be developed	

Food Safety Action Plan

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
3.1. Protect the community from public health risk	3.1.1 Finalise and implement Food Bill and regulations	MOH,AG, MAF, MFAT, MWCSD,MCIL,	Food Bill and Regulations adopted and implemented Reduced incidence of food borne disease reports	Government, Donors (WHO, FAO, etc)
	3.1.2 Promote key messages on good hygiene and food preparation practices to reduce food borne related incidence in the community	MESC,MOH, SROS, Media, Chamber of Commerce, MESC,NCECE, MWCSD	Improved food safety information and knowledge in the community	
3.2. Promote awareness about food safety issues	3.2.1 Promote awareness about the dangers of unsafe pesticide use	MOH,MNRE,MAF,FAO,MOF	Increased awareness about the dangers of unsafe pesticide use in the community	
	3.2.2 Promote water quality awareness in the community	MOH,NHS, Samoa Water Board	Collaborative water management in the community	
3.3. Prevent and manage food borne disease outbreaks	3.3.1 Contribute technical and expert advice during national disaster relief efforts	MOH, NHS, Disaster Advisory Committee, SWA, MOH, Red Cross	Reduced risk for food borne disease outbreaks during disasters	
	3.3.2 Build capacity of food businesses on issues related to food safety	MOH,NHS,MOF, MWCSD, MNRE, FAO, WHO, AUSaid, NZAid, USP, Red Cross, SROS	High incidence of food safety compliance for food businesses	
3.4. Monitor	3.4.1 Regular and planned	NHS,MOF, MWCSD, MNRE-soil,	Reduced incidence of	

Goal	Strategy	Responsible Agents	Indicator	Funding Sources
and Evaluate food safety	testing for food contamination	FAO, WHO, AUSaid, NZAid, USP, Red Cross, SROS	reports of food borne disease	
	3.4.2 Monthly data collation of reports of food borne illness	MOH, NHS, Food Industry partners	Monthly reports	
	3.4.3 Strengthen services for testing food contamination	MOH, NHS, SROS	Improved capacity for food testing evident	
	3.4.4 Drive measures to reduce fish/seafood contamination through protection of marine areas	MOH , MAF, MNRE,NHS	Reduced incidence of food borne illness due to seafood consumption, especially consumption of crustaceans	
	3.4.5 Monitor pesticides levels in food	MOH,NHS,AG,MNRE,MCIL,MAF	Reduced levels of pesticides in foods	
	3.4.6 Promote safe water	MOH, Samoa Water Board, Community	Improved water quality	

Glossary

Chronic disease	a disease that is long lasting or recurrent. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear
Community Mobilization	Community mobilization is where people plan and do things for themselves. They take charge, transforming their community and their lives. Community mobilization allows people in the community to: • identify needs and promote community interests. • promote good leadership and democratic decision making. • identify specific groups for undertaking specific problems. • identify all the available resources in the community. • plan the best use of the available resources. • enable the community to better govern itself.
Health care	prevention, treatment and management of illness and the preservation of mental and physical wellbeing through services offered by the medical and allied professions
Food	Food is the source of energy and nutrients the body needs to grow and develop [and it] is essential for life[xiii]
Food Safety	is the absence of food borne illness risk. Food borne illnesses are defined as diseases, usually either infectious or toxic in nature, caused by agents that enter the body through the ingestion of food or water. Every person is at risk of food borne illness
Noncommunicable disease	diseases not capable of being passed on or transmitted from one person to another(lifestyle disease)
Nutrition	Nutrition (including water) covers all areas pertaining to the acquisition of a secure, adequate diet; the health implications and physiological contributions of the nutrients obtained; and the influence of such factors as work burden, disease and lifestyle on health, nutritional status and physical performance of the individual[xiv]It is both an outcome and input for national development. The nutritional well-being of a

population is a reflection of the performance of social and economic sectors in national development. Adequate nutrition is also an essential input for many human functions.

Obesity

Obesity is defined as an excess of body fat. Fat is deposited on our bodies when the energy (kilojoules or kilocalories) we consume from food and drink is greater than the energy used in activities and at rest. Small imbalances over long periods of time can cause you to become overweight or obese. Adults with a body mass index (BMI) of 30 or greater are classified as obese(international standard measure), but different measures are used for children and teenagers.

Obesity increases the risk of many diseases. Chronic conditions and diseases associated with obesity include diabetes, high blood pressure, atherosclerosis, cardiovascular disease, stroke, some cancers and sleep apnoea

Obesity is difficult to tackle because of the many contributing factors. The International Obesity Taskforce suggests the following measures[xv]:

1. Help families to understand how to provide a healthy environment for themselves and their children. This would include decisions about activity and eating habits.
2. Identify high risk groups in the community.
3. Change city planning to include venues for safe, accessible and affordable physical activities.
4. Improve the nutritional value of processed foods.
5. Reduce food marketing to children.
6. Reduce the price of healthy foods such as fruits, vegetables and wholegrain products.
7. Improve the nutrition and variety of food available at school canteens and in workplaces.
8. Improve opportunities for physical activity in schools and workplaces.
9. Increase education for health professionals on how to recognise and manage weight problems in patients.
10. Invest in community education programs on weight management.

Policy

'broad statement of goals, objectives and means that create the framework for activity'

	' governing body's 'standing decision' by which it regulates, controls, promotes, services and otherwise influences matters within is sphere of authority'[xvi]
Primordial prevention	the prevention of risk factors beginning with change in social and environmental conditions in which these factors are observed to develop and continue high risk to the health of all age groups
Sector wide approach (SWAp)	an approach characterized by the existence of a comprehensive sector policy framework, with a clear strategy and priorities: - Short and medium term sectoral expenditure programmes in place(recurrent and development) - Ongoing participation of key stakeholders - Sectoral activities sit within a sound macroeconomic framework - Government led donor coordination - Donor support identified within sector policy framework, and directed to priority areas - Donors move to the use of Government systems[xvii]
Standards	indicators or benchmark to regulate, guide and/or measure the quality of the performance and/or practice of health care professionals and service

[i] *Sustainability Unpacked 2010,K.Vogt et al*
[ii] *Towards a Food Secure Pacific: Framework for Action on Food Security in the Pacific, 2010*
[iii] *WHO 2005*
[iv] *Food Security and Climate Change in the Pacific Asia Development Bank2011*
[v] *Towards a Food Secure Pacific: Framework for Action on Food Security in the Pacific, 2010*
[vi] *MOH Health Promotion Policy 2010-15*
[vii] *Samoa Childhood Obesity Situational Analysis 2012*
[viii] *School Health Survey 2010 Samoa*
[ix] *GWAS Study of Adiposity in Samoans, McGarvey et al., Brown University, USA*
[x] *The Economic Costs of Non-communicable Diseases in the Pacific Islands, 2012*
[xi] *MOH Health Sector Plan 2008-18*
[xii] *MOH Monitoring and Evaluation Framework*
[xiii] *Source: FAO (1999) "Get the best from your food" Package of educational materials*
[xiv] *FAO/WHO (1992) International Conference on Nutrition - Major Issues for Nutrition Strategies- 1992, Theme Paper No. 8: Incorporating nutrition objectives into development policies and programmes, p.3FOOD*
[xv] *http://www.iaso.org/about-iaso/iasomanagement/iotf/*
[xvi] *The Impact of Various Definitions of Policy on Nature and Outcomes of Policy Analysis, Guba E.G. 1984; Making Health Policy, Buse, Mays & Walt 2005*
[xvii] *Ministry of Health Sector Plan 2008-2018*