



GOVERNMENT OF SAMOA

# SAMOA NATIONAL FOOD AND NUTRITION POLICY

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## PLAN OF ACTION

**2021-2026**

MINISTRY OF HEALTH

1 June 2021

## Key message



The vision of '*nutritional health for Samoa*' remains relevant to this third National Food and Nutrition Policy (NFNP) for Samoa, for the period of 2021-2026. Our mission, which is '*to reduce malnutrition, and food and nutrition-related diseases in Samoa*', further articulates the Government of Samoa's commitment to address food and nutrition as our fundamental public policy duty for improving Samoa's population health, and for making progress towards the achievement of our Health Sector Plan vision of '*A Healthy Samoa*'.

Food and nutrition security is a key determinant of health, and this depends on what people eat as their normal diets. It is important that our people are able to access and afford the required food and nutrient composition that they need for their health throughout their life cycle. With the rising burden of non-communicable diseases (NCD), it evidently shows the ongoing challenge of improving sustainable food and nutrition securities for the optimal health of Samoan people.

It is fundamental that food is safe and healthy for consumption, and that Samoa maintains and develop its food system to ensure food and nutritional securities, to protect public health from foodborne diseases, and to reduce the prevalence of NCD. Food and nutritional health is becoming a key concern worldwide, and this is the same for Samoa, especially with the ongoing threats of climate change and environmental degradation within the context of rising populations and demographic changes.

This NFNP for Samoa, for 2021-2026, articulates the Government's commitments towards improving food and nutritional health in Samoa. It provides a framework of measures that the Government and its partners wishes to adopt, develop and implement to address food and nutritional health issues and challenges in Samoa.

We know that the Government will not be able to implement this NFNP and its Plan of Action, without the full support and collaboration of its partners, in the private sector, civil society, and development community. We therefore ask for your full support and collaboration to work with us, in the implementation of this NFNP, in the hope it will contribute to improved food and nutritional health for Samoa's people, now and into the future, and that we will continue to achieve our collective vision of *A Healthy Samoa*.

Faafetai.

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Hon. Faimalotoa Kolotita Stowers  
**MINISTER OF HEALTH**

## Foreword



This National Food and Nutrition Policy and Plan of Action for 2021-2026 sets out what we as a sector will undertake to improve food and nutrition development in Samoa.

The ongoing challenges with food and nutritional health will remain with us for years, given the increased prevalence rates of NCD, and the emerging and re-emerging of communicable and tropical diseases, including foodborne diseases.

Our main concern is the soaring rates of overweight and obesity amongst our young children. Children are particularly vulnerable to malnutrition as the nutrition transition progresses amongst many Samoan families and individuals, where significant shifts are taking place from the consumption of traditional foods to mostly imported processed foods.

We need the support of everyone to combat these challenges. To respond to the challenges and issues, we have proposed six strategic priorities as outcome areas for progressive achievements for improved food and nutritional health in Samoa, through the implementation of this NFNP Plan of Action 2021-2026:

- Leadership and governance for a multi-sector approach to food and nutrition enhanced;
- Samoa's policy and regulatory framework for food and nutrition strengthened;
- Improved sustainable food and nutritional focus across the communities, and using the life cycle approach through targeted interventions;
- Societal awareness, understanding and ownership of food and nutrition issues and solutions enhanced;
- Capacity building and learnings in food and nutrition development strengthened; and
- Resourcing commitments for food and nutrition development enhanced.

We trust that with your support and collaboration, we can make further progress in building *nutritional health for Samoa*, and ***'to reduce malnutrition, and food and nutrition-related diseases in Samoa'***, and to achieve ***'nutritional health for Samoa'*** through the implementation of food and nutrition measures outlined in this NFNP 2021-2026, and thereby contributing to our health sector vision of *A healthy Samoa*.

Faafetai.

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Leausa Toleafoa Dr Take Naseri  
DIRECTOR GENERAL OF HEALTH

## Summary

|                               |   |
|-------------------------------|---|
| <u>Vision:</u>                | <i>“Nutritional health for Samoa”</i>   |
| <u>Mission:</u>               | <i>“To reduce malnutrition, and food and nutrition-related diseases in Samoa”</i>   |
| <u>Targets:</u>               | <i>5% reduction in under-5 stunting.<br/>5% reduction in under-5 overweight<br/>No increase in childhood/adolescent overweight.<br/>5% reduction in the childhood/adolescent obesity.<br/>5% reduction in adult overweight.<br/>5% reduction in adult obesity.<br/>5% reduction in adult diabetes.<br/>5% reduction in adult raised blood pressure.<br/>5% reduction of anaemia in women of reproductive age.<br/>5% increase in 6-month exclusive breastfeeding rate.<br/>5% increase in intake of fruits and vegetables in communities.<br/>5% reduction in mean population intake of salt/sodium.<br/>5% reduction in foodborne diseases.<br/>5% reduction in DMFT (Decayed Missing and Filled Teeth) Index.</i>   |
| <u>Strategic objectives:</u>  | <ol style="list-style-type: none"><li><i>1. To foster inter-sectoral governance and leadership for an integrated and multi-sectoral approach to food and nutrition in Samoa.</i></li><li><i>2. To strengthen the policy and regulatory framework for improved food and nutritional health in Samoa.</i></li><li><i>3. To further develop and implement interventions for improved sustainable food and nutritional focus across the communities, and using the life cycle approach for targeted interventions for women, infants and children, and other vulnerable groups.</i></li><li><i>4. To raise societal awareness and understanding of food and nutrition issues and challenges, and for community to effect own social and behavioural changes;</i></li><li><i>5. To enhance capacity building in food and nutrition.</i></li><li><i>6. To strengthen resourcing commitments for food and nutrition development, including implementation of the NFNP Action Plan 2021-2026.</i></li></ol> |
| <u>Resourcing:</u>            | <i>Government of Samoa, Development Partners</i>  |
| <u>Governance Structure:</u>  | <i>Food and Nutrition Policy Committee established under the Food Safety Act 2015.</i>  |
| <u>Implementing Partners:</u> | <i>Government agencies, non-governmental organisations &amp; community-based organisations.</i>   |

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## Acronyms

|       |   |
|-------|---|
| ACEO  | Assistant Chief Executive Officer                     |
| ADB   | Asia Development Bank                                 |
| ADRA  | Adventist Development and Relief Agency International |
| AGO   | Attorney General Office                               |
| APTC  | Australia Pacific Training Coalition                  |
| CBO   | Community based organisation                          |
| CSO   | Civil society organisation                            |
| DFAT  | Department of Foreign Affairs and Trade (Australia)   |
| DHS   | Demographic and Health Survey                         |
| FNPC  | National Food and Nutrition Policy Committee          |
| GoS   | Government of Samoa                                   |
| HPED  | Health Protection and Enforcement Division            |
| HSP   | Health Sector Plan                                    |
| LMIC  | Low-and middle-income countries                       |
| M&E   | Monitoring and Evaluation                             |
| MAF   | Ministry of Agriculture and Fisheries                 |
| MCIL  | Ministry of Commerce, Industry and Labour             |
| MCR   | Ministry of Customs and Revenue                       |
| MESC  | Ministry of Education, Sport and Culture              |
| METI  | Matuaileoo Environment Trust                          |
| MFAT  | Ministry of Foreign Affairs and Trade                 |
| MJCA  | Ministry of Justice and Court Administration          |
| MNRE  | Ministry of Natural Resources and Environment         |
| MoF   | Ministry of Finance                                   |
| MoH   | Ministry of Health                                    |
| MWCSD | Ministry of Women, Community and Social Development   |
| NCD   | Non-Communicable Diseases                             |
| NFNP  | National Food and Nutrition Policy                    |
| NGO   | Non-governmental organisation                         |
| NUS   | National University of Samoa                          |
| SAME  | Samoa Association of Manufacturers and Exporters      |
| SBB   | Sugar-Sweetened Beverage                              |
| SBH   | Samoa Business Hub                                    |
| SBS   | Samoa Bureau of Statistics                            |
| SCCI  | Samoa Chamber of Commerce and Industry                |
| SDG   | Sustainable Development Goal                          |
| SDS   | Strategy for the Development of Samoa                 |
| SFA   | Samoa Farmers Association                             |
| SFFI  | Samoa Federated Farmers Incorporated                  |
| SFHA  | Samoa Family Health Association                       |
| SNCC  | Samoa National Codex Committee                        |
| SROS  | Scientific Research Organisation of Samoa             |
| STA   | Samoa Tourism Authority                               |
| SWAG  | Samoa Women Association of Growers                    |
| UN    | United Nations  |
| USP   | University of the South Pacific                       |
| WHO   | World Health Organisation                             |
| WIBDI | Women in Business Development Incorporated            |

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# 1. STRATEGIC FRAMEWORK FOR THE POLICY

## 1.1. Introduction

This ‘National Food and Nutrition Policy (NFNP) 2021-2026’ sets out the strategic public policy direction and commitment for improving food and nutrition in Samoa for 2021-2026. It builds on the progress made and lessons learnt from the implementation of the previous (the second) NFNP 2013-2018 (see NFNP 2013-2018 Review Report, 2020). The formulation of the NFNP 2021-2026 involved a desktop and literature review as well as stakeholder consultations conducted together with the Review of the NFNP 2013-2018 (Roberts-Aiafi, 2020).

The NFNP 2021-2026 underlines the importance of nutrition in enhancing population health, preventing food and nutrition related diseases, and strengthening food and nutrition security. Food is a composition of nutrients required for good nutrition and health. It must be safe for consumption, and provides for an adequate nutritional diet for healthy growth. Efforts aimed at improving food and nutrition must address the whole food system; from farm to table (and back again), including farming and agricultural practices, food trade, food manufacturing and processing, packaging, transportation, distribution, sale, and the waste that is being generated.

The Situational Analysis in [Annex C](#) provides a snapshot of the key food and nutritional health issues and challenges in Samoa, existing public policy responses and approaches undertaken to address those issues/challenges, gaps identified with existing responses and approaches, as well as the lessons learnt from the implementation of the NFNP 2013-2018.

## 1.2. Policy linkages and commitments for food and nutrition

This NFNP 2021-2026 is aligned to the national development policy, the ‘Strategy for the Development of Samoa’ (SDS) 2016-2020, and Samoa ‘Health Sector Plan’ (HSP) 2019-2030, as well as other national and sectoral policies (e.g. Agriculture Sector Plan, Non-Communicable Diseases (NCD) Control Policy 2018-2023 and National Tobacco Control Policy 2019-2024). The Samoa 2040 vision further stressed that investments in nutrition as part of building human capital pillar will allow Samoans to realise their potential as productive members of society.

The Government’s vision for Samoa, as articulated in its SDS 2016-2020, is ‘*an improved quality of life for all*’, and its health sector’s vision (Health Sector Plan (HSP) 2019-2030) of ‘*a healthy Samoa*’ further contributes to the SDS vision and expected development outcomes. The NFNP, which articulate the Government of Samoa’s (GoS) public policy responses for improved food and nutritional health for Samoan people, aims to contribute to the overall expected development outcomes for Samoa as outlined in the SDS and HSP.

The SDS key outcome 6: ‘*a healthy Samoa and well-being promoted*’ makes explicit reference to an inclusive health service where emphasis is on health prevention, protection and compliance, and NCD control and reduction initiatives. Other initiatives include the implementation of excise duties on tobacco, alcohol products, and sugary and salt content items to help reduce NCD incidences. Partnerships and community involvement and ownership will increase through the implementation of programs aimed at improving water quality and safety, decreasing air pollution, and minimising water and food borne diseases.



The HSP key outcomes 2 and 3: improved prevention, control and management of NCD, communicable diseases, and neglected tropical diseases involved efforts aimed at improving food and nutritional health. These HSP two outcome areas together with HSP key outcome 6: ‘improved healthy living through health promotion and primordial prevention’ identified specific interventions aimed at improving food and nutritional health in Samoa. These include increasing excise duty on sugar-sweetened beverages (SSB) and other unhealthy products, strengthening regulations on advertising and sales of unhealthy products, measures to reduce the harmful effects of alcohol, promotion of physical activity, and school health programs.

The NFNP 2021-2026 is developed taking into account all national, regional and international commitments for improving food and nutrition. Figure 1 outlines the linkages of existing policy responses aimed at strengthening food and nutrition at the global, regional and national (Samoa) levels (also see section 3.1.2 of [Annex C](#)).

Figure 1: Global, regional and national policy frameworks and guides on food and nutrition



### 1.3. Key policy issues

Key policy issues identified from the desktop review, stakeholder consultations and the review findings of the previous NFNP 2013-2018 (see [Annex C](#)) are summarised as follows:

#### 1.3.1. Leadership and governance for a multi-sector approach

The NFNP is a national policy. Its scope is beyond the mandated portfolios of the MoH as the lead agency of this Policy. Addressing the key food and nutritional challenges facing Samoa as a nation and as a society is a matter of national security. It is a priority agenda for the government to consider and address in order to achieve a healthy population, for today, tomorrow and in the future. As such, strong multi-sector governance and leadership are required for the effective formulation, implementation, enforcement and monitoring of food and nutrition policy, legislative and administrative requirements, knowledge building, and other public policy developmental areas. The leadership efforts of all authorities with mandates and interests in national food and nutrition are essential for addressing food and nutritional health in Samoa. Collaborative leadership is needed for building and strengthening partnerships, alliances and collaborative efforts in food and nutritional health.

#### 1.3.2. An integrated and inter-sectional approach for food and nutrition

Improving the optimal state of nutrition for current and future generations, and addressing the multi-faceted problems with the increased prevalence of nutrition-related diseases, while at the same time contribute to sustainable socio-economic development require a comprehensive and integrated approach through an inter-sectoral strategy. Food and nutritional health problems are nation-wide and whole-of-society issues and challenges necessitating integrated interventions undertaken by various government authorities,<sup>i</sup> together with the genuine support of development partners, and with the inclusive engagement of private sector, civil society and community. Social changes in food and nutritional health patterns requires the empowerment of everyone involved in policy and implementing roles as well as local communities.

#### 1.3.3. A strong policy and regulatory system for improved food and nutritional health

Samoa must have a strong and robust policy and regulatory system for food and nutrition if it is serious about reducing the increasing burden of NCD and controlling the emergence/re-emergence of communicable and tropical diseases as well as foodborne diseases. There is an ongoing need to strengthen the effective and efficient implementation and enforcement of food safety measures legislated under the Food Safety Act 2015 and Food (Safety and Quality) Regulations 2017. At the same time, additional food standards that are needed to further strengthen the policy and legislative framework for food and nutrition in Samoa should be identified and developed through the roles of the National Food and Nutrition Policy Committee (FNPC) and Samoa National Codex Committee (SNCC).

Standard operating procedures and guidelines must be in place for the consistent, effective and efficient implementation, enforcement, monitoring and evaluation (M&E) of food and nutrition control measures. They guide staff in the performance of their legislative,

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<sup>i</sup> Ministry of Health (MoH), Ministry of Agriculture and Fisheries (MAF), Ministry of Natural Resources and Environment (MNRE), Ministry of Commerce, Industry and Labour (MCIL), Ministry of Finance (MoF), Ministry for Customs and Revenue (MCR), Ministry of Women, Community and Social Development (MWCSO), Scientific Research Organisation of Samoa (SROS), Ministry of Foreign Affairs and Trade (MFAT), Public Service Commission (PSC), etc.

enforcement and M&E roles, and they should be well-understood by implementing staff, partners, food industry players, and communities.

Ongoing improvements in the policy and regulatory system (through policy analysis and legislative changes) require proper and ongoing M&E of the implementation of food and nutrition measures, for the identification of gaps, lessons learnt, and areas needing improvement.

#### **1.3.4. Strengthening capacity building and resourcing commitments enhanced food and nutrition development**

The development, implementation, enforcement, M&E of food and nutrition measures require adequate capacity building and resourcing commitments. There is a need to increase the workforce of the MoH who are tasked with the implementation and enforcement of food safety legislation, including those with policy and regulatory formulation roles. These include building the knowledge and skills of staff working in the different areas of food and nutrition across the health sector, such as nutritionists, dieticians, nurses, medical officers, environmental health officers, community health workers, educators, agriculturalists, food processors, and others.

Sufficient (financial, human and physical) resources are needed for the roll-out of programs aimed at improving food and nutrition in the wider community. Ongoing targeted capacity building programs for the food industry are required to improve broader understanding about the food system; how the actions and attitudes of those in the food industry can contribute to sustainable food security, food safety, and nutritional health in Samoa.

Enhancing knowledge involved strengthening evidence-based understanding to inform policy and programs about food and nutrition, and can be used for encouraging collaborative partnerships through the involvement of different actors (in government, private sector, civil society and community) in those programs. Research will strengthen evidence-based policy and programmatic approaches on food and nutrition. Strengthening evidenced-based research, analysis and M&E will inform better understanding about food and nutrition issues and further policy changes.

#### **1.3.5. Health promotion and prevention for societal awareness, understanding and ownership to effect social and behavioural changes**

People need to understand the food that they eat, and how that contribute to their health and the well-being of their families and children. Reducing the prevalence of food and nutrition-related diseases/illnesses, compliance with food safety legislation, and protecting the food system require ongoing health promotion, advocacy, civic education and awareness. It is important to continue health promotion and prevention initiatives/programs for improved societal awareness about food and nutrition issues and solutions. Monitoring and evaluation of these initiatives/programs is needed for ongoing improvements.

Health promotion and prevention programs must aim at effective mobilisation and empowerment of local communities, to build their sense of ownership of their food and nutrition problems and in finding solutions. Providing adequate information and disseminating the right messages can contribute to positive changes at the individual and society levels, through lifestyle choices, and through communities working together to address issues

affecting sustainable food systems in Samoa. Advocacy programs through policy and regulatory reforms will encourage and support local changes that will mitigate food and nutrition issues.

## 1.4. Guiding principles

The following principles guide the Samoa National Food and Nutrition Policy 2021-2016:

Figure 2: NFNP 2021-2016 guiding principles



## 1.5. Overarching policy statements

Guided by the guiding principles outlined under Section 1.4, the policy statements outlined below signify the collective commitments required for food and nutrition in Samoa. They provide broad policy guidelines on the development, implementation and enforcement of Samoa's food and nutrition system:

- ✚ The Government of Samoa has a duty of care to initiate, develop and implement measures that ensure the optimal state of nutritional health for the people of Samoa, now, and into the future. It will work with partners, community, private sector and civil society in the fulfilment of this duty.
- ✚ Food security, food safety, and nutritional health are the responsibility of everyone, with the Government providing leadership and governance directions through public policy measures that aim to promote, improve and sustain food security, safety and nutrition.
- ✚ Food must be safe for consumption and provides the necessary nutrients for the healthy development of the Samoa population. Therefore, the food system must be protected from the commercial and vested interests of those in the food industry.
- ✚ Economic, financial or political interests must not undermine all efforts aimed at mitigating nutrition-related problems and diseases, and promoting sustainable food security and nutritional health, given the long-term and enormous impact that malnutrition and nutrition-related diseases has on population health and public expenditure.
- ✚ All relevant sectors of government, civil society and nongovernmental organisations, must engage in food and nutrition development initiatives and take action within their social, cultural, occupational and political networks and spheres of influence.
- ✚ As part of the regional and international community, the government and its partners and people are committed to the implementation of all measures to promote and improve food security, safety and nutrition in Samoa.
- ✚ The government and its partners are committed to allocate sufficient resources towards the implementation and further strengthening of food and nutrition measures, as well as to demonstrate accountability for addressing the effects of nutrition-related diseases and other related issues.
- ✚ People are entitled to know about food and nutrition issues, problems, challenges and including services and support that are available to people when they need assistances.
- ✚ People must play their part in ensuring their own health development and well-being through the exercise of their individual human rights in making healthy choices. They can promote those healthy choices and behaviours in their families, communities and organisations.
- ✚ The international development community must play their part in assisting countries in resolving food and nutrition issues and challenges.

## 1.6. Roles and responsibilities

Ensuring food security, safety and nutrition in Samoa is the responsibility of everyone. Table 1 identifies the roles and responsibilities of the leading authorities in the government and non-government sectors for food and nutrition in Samoa. These roles and responsibilities provided are indicative and reflect those that directly or in-directly relate to food and nutritional health:

*Table 1: Roles and responsibilities for food and nutrition*

| Actor/Authority  | Mandate  | Roles and responsibilities in food and nutrition   |
|--|--|--|
| <b>Parliament</b>  |  |  |
| Legislative Assembly of Samoa                              | Law maker  | <ul style="list-style-type: none"> <li>• Make the law of Samoa on food and nutrition in alignment with international and regional obligations and national policy directions.</li> <li>• Provide leadership support for the implementation and enforcement of food and nutrition policy and legislative measures.</li> </ul>   |
| <b>Members of Parliament (MPs)</b>                         |  |  |
| Elected constituency members.<br>Elected national leaders. | Act in the public interest.  | <ul style="list-style-type: none"> <li>• Voice constituents or community views on food and nutrition issues and solutions.</li> <li>• Provide leadership support on food and nutrition initiatives.</li> </ul>   |
| <b>Cabinet</b>   |  |  |
| Policy makers.<br>Ministers.                               | Act in the public interest.  | <ul style="list-style-type: none"> <li>• Provide strategic policy positions on food and nutrition measures.</li> <li>• Make policy decisions on food and nutrition measures.</li> <li>• Provide executive leadership support for the implementation and enforcement of food and nutrition measures.</li> <li>• Avoid or manage conflict of interest with the food industry on food and nutrition measures.</li> </ul>  |
| <b>Multi-sector</b>  |  |  |
| National Food and Nutrition Policy Committee (FNPC)        | Food Safety Act 2015.<br>Food (Safety and Quality) Regulations 2017. | <ul style="list-style-type: none"> <li>• Provide multi-sectoral governance and leadership for food and nutrition measures.</li> <li>• Ensure the development of multi-sectoral work plans to implement food and nutritional measures.</li> <li>• Ensure implementation of the National Food and Nutrition Policy and Plan of Action through the provisions of strategic policy guidance and oversight.</li> <li>• Provide advice to the Director General of Health on any matter dealing with the food legislation referred to it under a term of reference issued by the Director General.</li> <li>• Support the coordination of inputs from different agencies on food and nutrition initiatives, programs and activities.</li> <li>• Lead communication and advocacy about the importance of food and nutritional health.</li> <li>• Liaise within agency on effective implementation of food and nutrition initiatives.</li> <li>• Support advocacy, strategies and programs to promote food security, food safety and nutritional health.</li> </ul> |
| Samoa National Codex Committee (SNCC).                     | Samoa National Codex Strategic Plan 2017-2021.                       | <ul style="list-style-type: none"> <li>• Ensure development and implementation of plans and policies to strengthen responses to codex related issues, in alignment with internationally prescribed principles.</li> <li>• Promote and coordinate the development of food standards for Samoa.</li> </ul>   |

|                                 |   |   |
|---------------------------------|---|---|
|                                 | Codex Alimentarius (WHO-FAO)  | <ul style="list-style-type: none"> <li>• Encourage the development of new standards for locally made and imported products to ensure food safety.</li> <li>• Facilitate the development of Samoa’s food standards, guidelines and codes of practice to protect the health of consumers and to ensure fair practices in the food trade.</li> <li>• Provide coordinated advice and guidance to all agencies with a role in the development and implementation of food safety and nutritional health measures.</li> <li>• Providing strategic monitoring and evaluation of food standards in Samoa.</li> <li>• Ensure publication of approved food standards for Samoa.</li> <li>• Build understanding of stakeholders and public awareness about codex standards and guidelines.</li> </ul>   |
| <b>Administrative authority</b> |   |   |
| MoH                             | Food Safety Act 2015.<br>Food (Safety and Quality) Regulations 2017.  | <ul style="list-style-type: none"> <li>• Lead agency of food and nutrition public policy measures.</li> <li>• Facilitate implementation of the National Food and Nutrition Policy and Plan of Action.</li> <li>• Administration of the Food Safety Act 2015 and Food (Safety and Quality) Regulations 2017.</li> <li>• Enforcement of Food Safety Act 2015 and Food (Safety and Quality) Regulations 2017.</li> <li>• Take a strategic approach on issues of food and nutrition.</li> <li>• Secretariat of the National Food and Nutrition Policy Committee.</li> <li>• Provide monitoring and evaluation of National Food and Nutrition measures.</li> <li>• Lead the initiation, development and implementation of food and nutrition public policy interventions including services, programs, projects and activities.</li> </ul>   |
| MAF                             | Agriculture and Fisheries Ordinance 1959.<br>Quarantine (Biosecurity) Act 2005.<br>Agriculture Sector Plan. | <ul style="list-style-type: none"> <li>• Lead agency of the agriculture and fisheries sector, the mainstay of sustainable food security and good nutrition.</li> <li>• Provide regulatory and technical advice, training and support for farmers, agri-processors and exporters including those for improving food and nutritional health in the food system.</li> <li>• Guide and coordinate coherent actions of stakeholders to ensure sustainable development of a food system that provide nutritional health for Samoan people.</li> <li>• Provide incentives for good nutrition and environmentally sound agriculture development.</li> <li>• Lead the implementation of actions that will improve the availability and access to lower cost nutritionally superior diet based largely of locally produced foods.</li> <li>• Use agriculture as a platform for delivery of messaging on nutrition knowledge and practices.</li> <li>• Ensure food safety through good agricultural practices and quarantine.</li> </ul> |
| MCIL                            | Competition and Consumer Commission Act 2016.<br>Trade, Commerce and Industry Act 1990.                     | <ul style="list-style-type: none"> <li>• Ensure consumer protection through food pricing and supporting taxation.</li> <li>• Ensure incorporating of health perspectives in the development of food standards through the role of the National Codex Committee (sits under the MCIL).</li> <li>• Ensure consumer protection through competition and anti-competitive measures.</li> </ul>   |



|       |   |  |
|-------|---|--|
|       | Occupational Safety and Health Act 2002. Samoa National Codex Strategic Plan 2017-2021. Codex Alimentarius (WHO-FAO)        | <ul style="list-style-type: none"> <li>• Support and facilitate implementation of food and nutrition measures (e.g. breastfeeding in the workplace, maternity leave, and clean and healthy workplaces), especially those that fall under the mandated role of the MCIL.</li> <li>• Ensure the Occupational Safety and Health of workers and employees in the food industry.</li> <li>• Support and promote commercial activities that ensure food safety, food security and nutritional health.</li> <li>• Lead agency on the Trade, Commerce and Industry Sector - ensures that food and nutrition measures are addressed in sector development initiatives.</li> </ul>   |
| MNRE  | Education legislation   | <ul style="list-style-type: none"> <li>• Lead agency of the environment and water sectors.</li> <li>• Ensure integration of sustainable development and management of natural resource and environment approaches and practices in food and nutrition responses and measures.</li> <li>• Provide advice on ways to mitigate the environmental impact of the existing food system activities, such as measures to mitigate food loss and manage food waste.</li> <li>• Ensure implementation of national food and nutrition measures (food waste management, soil testing, etc.) that fall under MCIL's mandated role.</li> <li>• Collaborate with partners in the health sector to ensure a sustainable and safe food and nutrition system for Samoa.</li> </ul> |
| SROS  |   | <ul style="list-style-type: none"> <li>• Develop and implement needed research on food and nutrition.</li> <li>• Provide accredited food testings for verification of food safety and nutritional value.</li> <li>• Provide evidence on food and nutrition to support food and nutritional knowledge.</li> <li>• Promote scientific and technical knowledge with the aim of adding value to local foods and for increased accessibility by local people and tourists of local foods.</li> </ul>  |
| MFAT  | Foreign Affairs Act 1976. Trade, Commerce and Industry Act 1991. Trade Agreements.  | <ul style="list-style-type: none"> <li>• Ensure that food and nutritional health measures are addressed through trade requirements.</li> <li>• Consider food and nutritional health aspects in trade negotiations, policies and other requirements through the role of the National Working Committee on Trade Arrangements, National Codex Committee and other governance mechanisms.</li> <li>• As Chair of the Samoa SDGs Taskforce, address food and nutrition measures under the SDGs through role of the taskforce.</li> <li>• Provide advice on food trade matters and issues as to ensure food security, food safety, and nutritional health.</li> </ul>   |
| MWCSO | Village Fono Act 1990. Ministry of Internal Affairs Act 1995. Ministry of Women Affairs Act 1990. Ministry of Youth, Sports | <ul style="list-style-type: none"> <li>• Support food and nutrition measures through its community and social development role.</li> <li>• Support the implementation of food and nutrition measures at the community levels, through the governance and leadership roles of the village institutions, committees and representatives (e.g. Sui o Nuu and Sui Tamaitai o Nuu).</li> <li>• Act as an information broker on food and nutrition issues given its engagement with communities. This include</li> </ul>   |



|      |   |  |
|------|---|--|
|      | and Cultural Affairs Act 1993.  | <p>referrals of community concerns regarding food and nutrition to other relevant government authorities.</p> <ul style="list-style-type: none"> <li>• Promote the consideration of cross cutting issues (gender, disability, etc.) in food and nutrition measures.</li> <li>• Support the implementation and enforcement of food and nutrition measures through the district development planning and implementation processes.</li> <li>• Empower women, persons with disabilities and other vulnerable groups in nutrition-related livelihood interventions.</li> </ul>   |
| MESC | Education Act 2009. Other legislation governing the education sector.   | <ul style="list-style-type: none"> <li>• Ensure incorporation of food and nutrition education materials into the school curriculums for all levels of the education system.</li> <li>• Facilitating food and nutrition measures through education policies, programs and initiatives at the sector, ministry, sector partner and school levels.</li> <li>• Ensure that all schools in Samoa adopt and implement the national school nutrition guidelines and food safety measures.</li> <li>• Ensure the effective and efficient implementation of food legislation in all schools and other educational facilities.</li> <li>• Conduct educational programs to educate and strengthen teachers/educators, students, and other staff about food and nutrition.</li> <li>• Support advocacy and campaigns on food and nutrition through the roles of the education sector.</li> </ul> |
| MCR  | Excise Tax Rates Act 1983. Customs Act 2014. Excise (Importation Administration) Act 1984. Excise Tax (Domestic Administration) 1984. | <ul style="list-style-type: none"> <li>• Examine and advise on taxation and other revenue opportunities.</li> <li>• Continuous consider and advice on food taxation measures that promote and encourage healthy choices for local people and businesses.</li> <li>• Ensure effective collection of revenue from food taxation and other revenue sources.</li> <li>• Conduct M&amp;E of taxation and revenue trends.</li> <li>• Ensure effective customs and board control management and administration as to ensure food safety.</li> <li>• Take a strategic approach on issues of food and nutrition.</li> </ul>   |
| AGO  | All laws. Constitution of Samoa   | <ul style="list-style-type: none"> <li>• Provide litigation services on cases of non-compliance with the food legislation.</li> <li>• Prosecution of cases of non-compliance with the food legislation.</li> <li>• Provide effective and efficient legal advice, legislative drafting and other legal services on food and nutrition aspects.</li> <li>• Lead agency on the Law and Justice Sector.</li> </ul>   |
| STA  | Legislation governing the tourism sector  | <ul style="list-style-type: none"> <li>• Lead agency of the tourism sector.</li> <li>• Promote local food production and consumption, food safety and nutritional health through the tourism industry.</li> <li>• Provide inputs from a food tourism perspective into the development of food security, food safety and nutritional health.</li> </ul>   |
| NUS  | National University of Samoa Act 1997, other  | <ul style="list-style-type: none"> <li>• Ensure incorporation and delivery of courses and other education programs on food and nutritional health into the curriculum.</li> </ul>  |

|   |  |   |
|---|--|---|
|   | legislation governing the education sector   | <ul style="list-style-type: none"> <li>Promote and conduct research for knowledge building on food and nutrition.</li> </ul>  |
| Samoa Business Hub (SBH)  | Charitable Trust Act 1965. Other relevant legislation.   | <ul style="list-style-type: none"> <li>Promote food and nutritional health through its role in the development of small businesses in Samoa.</li> <li>As a partner, incorporate food security, food safety, and nutritional health elements into its capacity building and training programs for small businesses.</li> </ul>   |
| <b>Private sector</b>   |  |   |
| Food growers, manufacturers, processors, wholesalers, exporters, importers, businesses, tourism operators, restaurants, supermarkets, shops, food vendors, etc.   | Food legislation in Samoa.   | <ul style="list-style-type: none"> <li>Ensure compliance with food legislation in Samoa.</li> <li>Provide inputs on the formulation, monitoring and evaluation of food and nutrition measures.</li> <li>Advocate on issues that will promote and improve food security, food safety and nutritional health in Samoa.</li> <li>Seek training and other capacity building on food and nutrition policy and legislative requirements.</li> </ul>   |
| <b>Civil society – Non-governmental organisations and community based organisations</b>   |  |   |
| Sports Organisations, Samoa Cancer Society, Samoa Nurses Association, Samoa Medical Association, SFHA, Samoa Red Cross, SAME, SCCI, Samoa Umbrella of NGOs, Salvation Army, METI, SWAG, WIBDI, Nobesity, SFA, SFFI, Samoa Journalism Association, Market Vendor Associations, etc., | The Samoa Incorporated Societies Ordinance 1952.<br><br>Own constitution and legislation.  | <ul style="list-style-type: none"> <li>As partners, provide advocacy, awareness and educational programs on food and nutrition.</li> <li>Promote healthy choices and behaviours through advocacy and awareness programs.</li> <li>Through partnerships with government and other agencies working in the sector, provide food and nutrition programs on ways to improve food security, food safety and nutritional health.</li> <li>Act as advocates and promoters of food and nutrition in the food industry, business sector, and community through the roles that their organisations play in food and nutrition.</li> </ul>   |
| Village fono, faith-based or church organisations, village or community based formal and informal organisations including those for farmers and growers (e.g. Poutasi Village Development Trust, Aumaga, Komiti o Tina, etc.).  | Village Fono Act 1990.<br>Samoa Incorporated Societies Ordinance 1952.<br>Charitable Trusts Act 1965.<br>Cooperative Societies Ordinance 1962. | <ul style="list-style-type: none"> <li>Promote food and nutrition through local village law and order and use of authority to put into place bylaws on food and nutrition (food security improvement activities - e.g. vegetable gardens, fruit trees growing), food safety initiatives, healthy eating, physical activities, etc.)</li> <li>Implement in villages and churches advocacy, awareness and educational programs on food and nutritional health.</li> <li>Promote good nutritional or healthy behaviours through advocacy and awareness programs in villages and churches (e.g. spiritual programs and pastors' speeches, talks and counselling).</li> <li>Act as advocates and promoters of food and nutrition in the community through their village governance roles.</li> </ul> |
| <b>Development partners</b>   |  |   |
| WHO, DFAT, MFAT, World Bank ADB, UN, etc.   | Bi-lateral and multi-lateral agreements  | <ul style="list-style-type: none"> <li>Support food and nutrition strengthening in Samoa through donor policies, programs and development assistances – financial, technical, assets, etc.</li> <li>Facilitate timely access to assistances for the effective and efficient implementation of food and nutrition programs and activities that are supported by development partners.</li> </ul>   |

## 2. POLICY AGENDA AND PLAN OF ACTION, 2021-2026

### 2.1. Vision and mission

**Vision:** *Nutritional health for Samoa.*

**Mission:** *To prevent and reduce malnutrition, and food and nutrition-related diseases in Samoa.*

### 2.2. Strategic objectives

The key objectives of the National Food and Nutrition Policy (NFNP) 2021-2026 are:

1. To foster inter-sectoral governance and leadership for an integrated and multi-sectoral approach to food and nutrition in Samoa;
2. To strengthen the policy and regulatory framework for improved food and nutritional health in Samoa;
3. To further develop and implement interventions for improved sustainable food and nutritional focus across the communities, and using the life cycle approach for targeted interventions for women, infants and children, and other vulnerable groups;
4. To raise societal awareness and understanding of food and nutrition issues and challenges, and for community to effect own social and behavioural changes;
5. To enhance capacity building in food and nutrition; and
6. To strengthen resourcing commitments for food and nutrition development, including requirements for the implementation of the NFNP Plan of Action 2021-2026.

### 2.3. Strategic outcome areas

Six strategic outcome areas, if implemented effectively and within the required timeframe of this NFNP Plan of Action 2021-2026, will contribute towards the achievement of the above vision, mission and strategic objectives. These six strategic outcome areas and indicative proposed actions corresponding to each of those six outcome areas are outlined as follows:

#### **Strategic outcome 1: Leadership and governance for a multi-sector approach to food and nutrition enhanced**

Strategic outcome area 1 focuses on fostering the leadership and governance requirements for a multi-sectoral and integrated approach to food and nutrition. It will be difficult to see improved collaborative efforts toward the development and implementation of food and nutrition measures without building the needed inter-sectoral leadership and governance among all agencies with a role in improving food and nutrition in Samoa. This includes building partnerships and collaborative efforts required for the implementation of initiatives and activities proposed and outlined in this NFNP 2021-2026.

Proposed indicative initiatives and activities that will aim to contribute to the progressive achievement of strategic outcome 1 include:

- 1.1. Establishment and operationalisation of the National Food and Nutrition Policy Committee (FNPC).
- 1.2. Strengthening the role of the FNPC.
- 1.3. Establishment of a National Food and Nutrition Focal Point.
- 1.4. Sensitising political leaders to the need for improved food and nutrition in Samoa.
- 1.5. Enhancing partnerships and collaborative efforts for food and nutrition.

### **Strategic outcome 2: Samoa's policy and regulatory framework for food and nutrition strengthened**

The Food Safety Act 2015 and Food (Safety and Quality) Regulations 2017 are fairly new developed legislation. They exist with many other relevant legislation that are also providing the governing legislative framework for food and nutrition in Samoa, and are administered by other agencies such as the Ministry of Agriculture and Fisheries (MAF), Ministry of Natural Resource and Environment (MNRE), and Ministry of Commerce, Industry and Labour (MCIL). There is a need for the coordination of all the relevant laws governing food and nutrition in Samoa. Strengthening the implementation and enforcement of existing laws is needed. At the same time, gaps in the legislative/regulatory framework needs identification including the undertaking of policy analyses for additional food standards and other regulatory needs.

Proposed indicative initiatives and activities that will contribute to the progressive achievement of strategic outcome 2 include:

- 2.1. Implementation and enforcement of food legislation (e.g. Food Safety Act 2015, Food (Safety and Quality) Regulations 2017, Food (Marketing of Products for Infants and Young Children) 2020 and others).
- 2.2. Development of additional food standards and other regulatory requirements.
- 2.3. Review, development and implementation of food and nutrition fiscal policy - food pricing and taxation measures.
- 2.4. Development of national operating procedures and guidelines on food and nutrition, including organisational and institutional level operating policies on food and nutrition.
- 2.5. Strengthen surveillances of food and nutrition-related diseases.
- 2.6. Strengthen monitoring and evaluation of food and nutrition measures.

### **Strategic outcome 3: Improved sustainable food and nutritional focus across the communities and using the life cycle approach through targeted interventions.**

Existing and ongoing efforts aimed at strengthening sustainable food and nutritional across the communities should continue and given extra support for improved coverage and effectiveness. Continuing support should be provided towards efforts aimed at controlling and reducing food related (communicable and non-communicable) diseases. Targeted responses requires using the life cycle approach to assess the nutritional needs of the different age groups. The first 1,000 days of a child's life are critical for their future development. The focus on maternal nutrition and infant and young child feeding is important for both women (of reproductive ages) and children, especially given increasing rates of infant and childhood stunting, overweight and obesity in Samoa (see section 2.1 of [Annex C](#)).

Proposed indicative initiatives and activities that will aim to contribute to the progressive achievement of strategic outcome 3 include:

- 3.1. Active promotion of breastfeeding in all health settings, workplaces, community settings, and other public places.
- 3.2. Continuation and scale-up of interventions aimed at addressing maternal health and infant and young child feeding issues.
- 3.3. Interventions for increased uptakes of needed nutritional food for healthy development.
- 3.4. Strengthen service provisions on nutritional health, including targeted services for reducing child malnutrition.

#### **Strategic outcome 4: Societal awareness, understanding and ownership of food and nutrition issues and solutions enhanced**

Initiatives and activities under strategic outcome 4 will aim at improving community and local people's awareness and understanding of food and nutrition issues. They include efforts for the mobilisation and empowerment of community groups and individuals to find solutions to their food and nutrition issues/problems. Efforts on strengthening health-promoting schools should be targeted given the increasing number of children with overweight and obesity issues. The roll out implementation of several health promotion and awareness programs will involve building and forming partnerships with various organisations in government, private sector and civil society sectors and the village communities. Annual multi-media campaigns will provide strong key health messaging about addressing food and nutrition.

Proposed indicative initiatives and activities that will aim to contribute to the progressive achievement of strategic outcome 4 are:

- 4.1. Health promoting communities.
- 4.2. Health promoting schools.
- 4.3. Health promoting workplaces.
- 4.4. National and event-based and issue-based programs including multi-media campaigns on issues and solutions.

#### **Strategic outcome 5: Capacity building and learnings in food and nutrition development strengthened**

Improving food and nutritional health in Samoa requires building the knowledge and skill bases about different areas and aspects of the food and nutrition system. There is a need to assess current and capacity building requirements for the adoption and implementation of food and nutrition measures such as those outlined in this NFNP Plan of Action 2021-2026. These include strengthening the school and education curriculum on food and nutrition, providing accredited in-service training for different workers and change agents involved in different development areas of food and nutrition. Improving capacity further involved building and strengthening knowledge through evidence-based research, analysis, monitoring and evaluation on food and nutrition system in Samoa.

Proposed indicative initiatives and activities that will aim to contribute to the progressive achievement of strategic outcome 5 include:

- 5.1. Strengthening of the curriculum on food and nutrition and education strategies on food and nutrition.
- 5.2. Capacity building for key change agents (food safety staff, nutrition staff, dieticians, environmental health staff, food taxation staff, etc.) working in food and nutrition areas.
- 2.7. Capacity building for food industry to enhance understanding and compliance with food and nutrition legislative requirements, including a stock take and review of current levels of understanding about, and compliance with, food and nutrition.
- 5.3. Strengthen research, studies and analysis including information management for building evidence-based understanding on food and nutrition areas.

## **Strategic outcome 6: Resourcing commitments for food and nutrition development enhanced**

Improving food and nutritional health in Samoa requires commitments from the leadership and partners for resource allocation in order to implement food and nutritional measures. Financial and technical support from development partners should be solicited to support implementation of programs/initiatives outlined in this NFNP's Action Plan. Strengthening the linkages between policy, annual work planning and budgetary processes and mechanisms is needed:

Proposed indicative initiatives and activities that will aim to contribute to the progressive achievement of strategic outcome 6 include:

- 6.1. Address misalignment of food and nutrition performance management measures in national budgets and those in approved national policies and plans.
- 6.2. Seek development partners' support for the implementation of programs/projects on food and nutrition development.

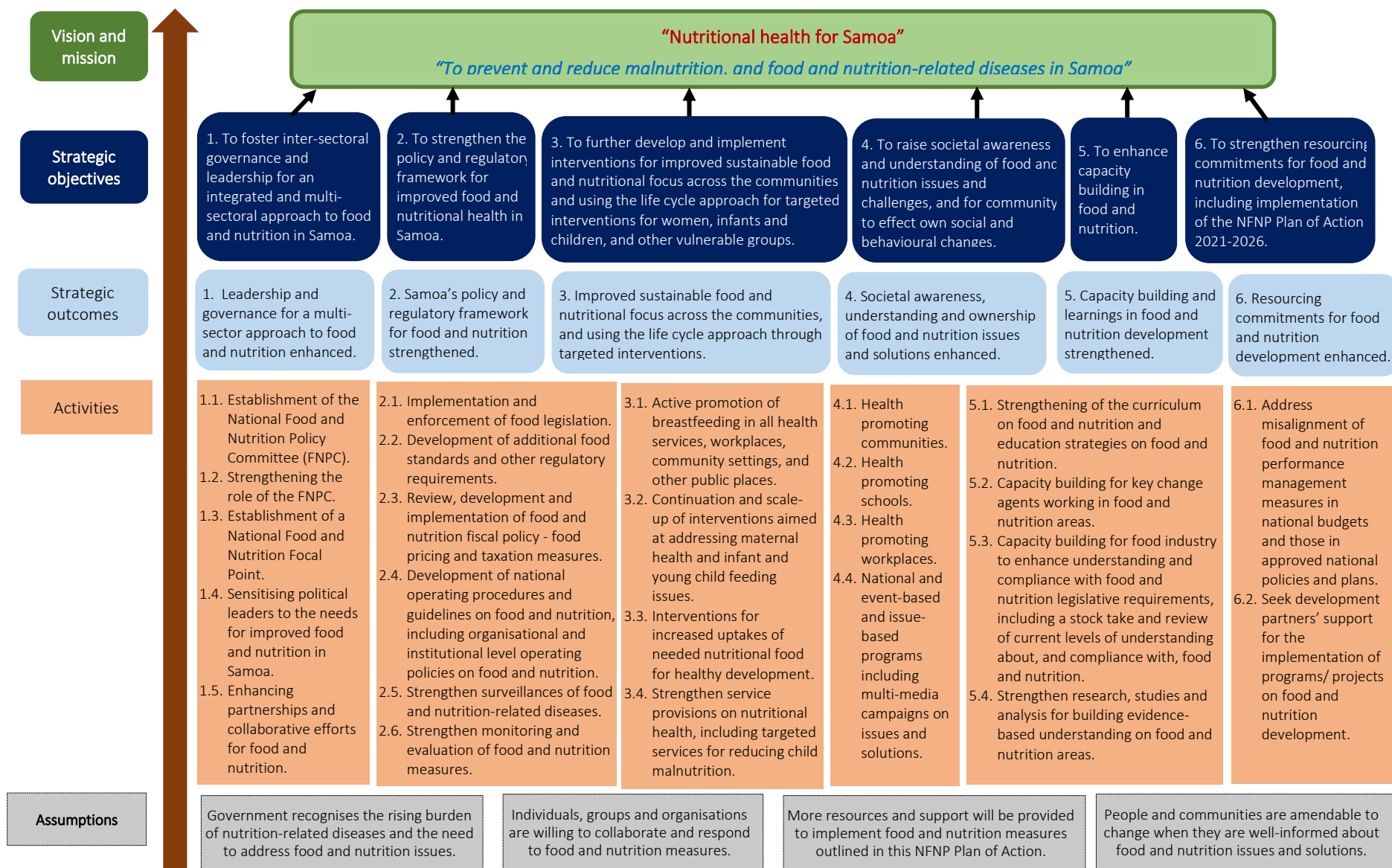
### **2.4. Activity implementation plan**

[Annex A](#) gives the detailed activity Implementation Plan of this NFNP Plan of Action for 2021-2026.

### **2.5. Theory of change**

The Theory of Change presented in Figure 3 shows the linkages between the vision, mission, strategic outcomes and activities as well as the assumptions about what will be required to achieve the vision, mission and outputs through the implementation of the activities. It presents a logical framework about the change expected to happen if this National Food and Nutrition Plan of Action is implemented within its 5-year period of 2021-2026.

Figure 3: Theory of change



## 3. IMPLEMENTATION

### 3.1. Activity implementation plan and costing

The National Food and Nutrition Policy (NFNP) Plan of Action 2021-2026's Activity Implementation Plan (with costing) is in [Annex A](#).

All organisations identified as lead responsible agents for the implementation of the Activity Implementation Plan in [Annex A](#) must ensure integration of this Implementation Plan in their organisations' annual work plans and budget preparations, reviews and evaluation processes and mechanisms, as well as developmental initiatives and programs. The work of these organisations are coordinated through the National Food and Nutrition Policy Committee (FNPC).

It is important to maintain flexibility with the implementation of the NFNP Plan of Action 2021-2026, as a rolling plan that is regularly reviewed, revised and adapted to ensure relevancy and taking into consideration lessons learnt from previous years' implementation progress.

### 3.2. Governance and implementation arrangements

Under the Food Safety Act 2015, the FNPC is a legislative body with a specific mandate of providing advice on any matter relating to food, including food and nutrition policy. As such, the FNPC will provide the strategic direction, policy advice, and coordination of multi-sectoral work plans to assist with the implementation of food and nutrition measures in Samoa. With this mandated function, the FNPC provides the overall leadership and governance oversight for the implementation of this NFNP Plan of Action 2021-2026.

The MoH National Food and Nutrition Policy Focal Point (FNPFPP) of the NFNP will be the Secretariat to the FNPC and will be the key leading facilitator of the implementation of this NFNP Plan of Action 2021-2026. The FNPC together with the FNPFPP will be the leading agents of change of this NFNP Plan of Action 2021-2026.

Included in the NFNP Plan of Action for 2021-2026 are specific activities aimed at improving the resourcing of the MOH in terms of additional staff to lead the implementation of this FNPC and enforcement roles of food legislation. Similarly, each member organisation represented on the FNPC and other health sector partners needs to identify a food and nutrition focal point within their ministry/agency/organisation to work with the other FNPC members in coordinating the implementation of this FNPC Plan of Action 2021-2026.

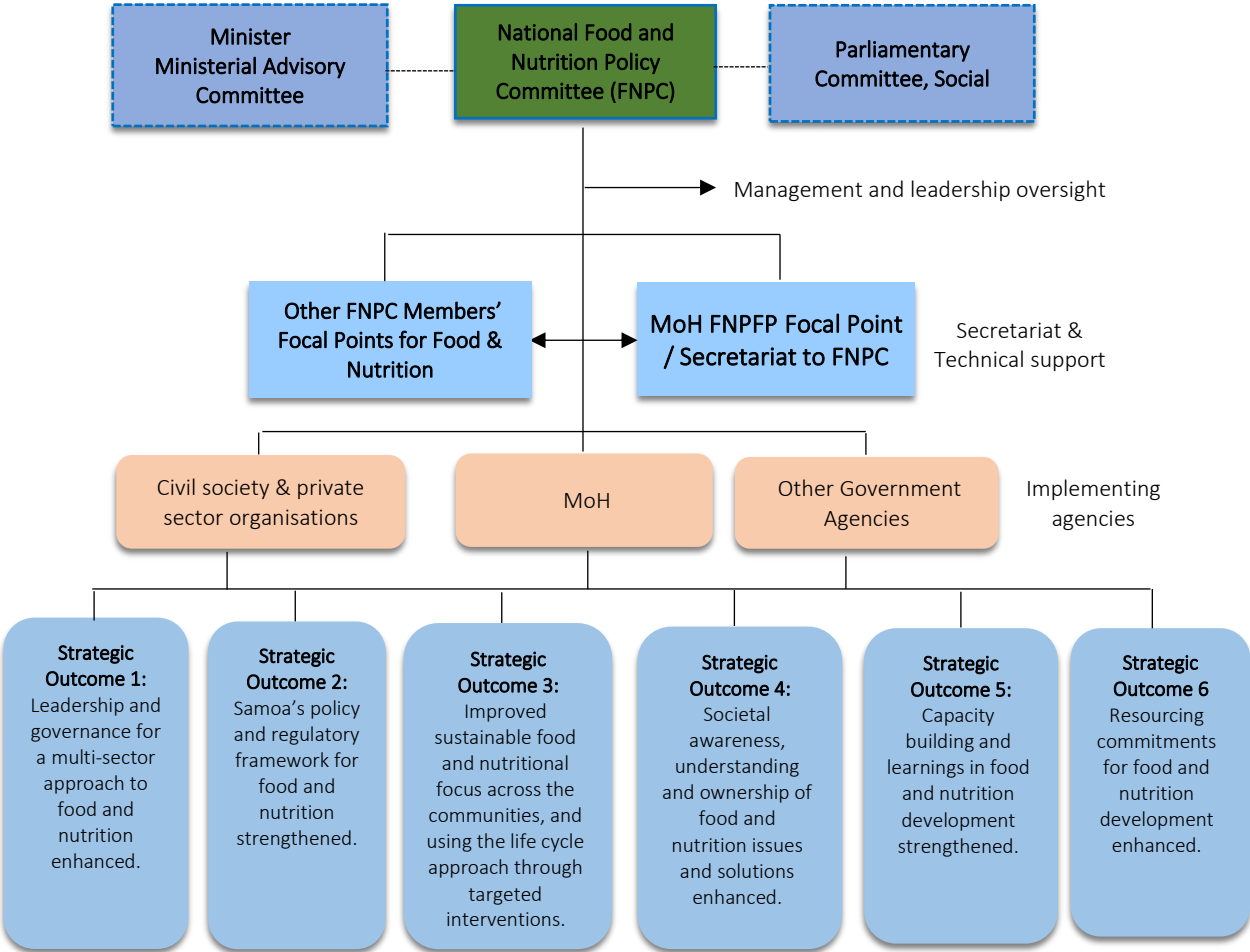
Further outlined in this NFNP Plan of Action 2021-2026 are activities aimed at fostering partnerships between government and non-government partners on the implementation of food and nutrition measures outlined in the Implementation Plan (see [Annex A](#)). Section 1.6 identifies the roles and responsibilities of different actors in the food and nutrition system.



Technical and financial support are to be made available to all implementing partners/organisations so that they are able to implement food and nutrition initiatives re activities and programs identified in this NFNP Plan of Action 2021-2026. Technical and financial support through bilateral and multilateral assistances are to be solicited to enable the implementation of this Plan of Action.

Incorporating all of the above, the implementation governance structure of this NFNP Plan of Action 2021-2026 is in Figure 4:

Figure 4: NFNP Plan of Action 2021-2026 Implementation Governance Structure



### 3.3. Resourcing and funding

The Government of Samoa’s (GoS) leadership support and budget allocation should be sought on the implementation of this NFNP Plan of Action. Financing options available to the government through the FNPC to implement this NFNP Plan of Action include:

- Reallocation of existing ministries’ funded outputs and activities;

- Allocation of funding collected from food taxation into food and nutrition measures on the basis that it is revenue generated from food taxation. This will provide incentives for MOH and its partners to strengthen food and nutrition policy, regulatory, advocacy and awareness functions; and
- Financial and technical assistances sought from bilateral and multi-lateral arrangements with development partners – at the national, regional and global levels.

The FNPC and MOH should also seek financial support from development partners (WHO, World Bank, DFAT, MFAT NZ, UN agencies, etc.) and relevant regional and global organisations (SPC, Pacific Island Forum Secretariat (PIFS), etc.) for the implementation of this NFNP Plan of Action 2021-2026.

### 3.4. Monitoring and evaluation

The Monitoring and Evaluation (M&E) framework of this NFNP Plan of Action 2021-2026 is provided as [Annex B](#). M&E activities are subject to the GoS and contributing development partners' policies and guidelines on M&E.

Improvement in implementation and in the development of follow-up or subsequent action plans (beyond this 2016-2026 Plan of Action) require the sharing of information on the progress of implementation and lessons learned with relevant partners and stakeholders.

M&E will be led by the MOH as the key leading ministry responsible for food and nutrition. The FNPC and agencies' focal point on food and nutrition (most are key members of the FNPC) will provide the coordination and technical support in the performance of this role. Such support is needed for the production of reliable data and information for M&E, such as for the preparation of required reports documenting implementation progress on the NFNP Plan of Action 2021-2026.

**Annual work plan and budget:** the annual work plan and budget will serve as the primary reference documents for the purpose of monitoring the achievement of results. The FNPC with support of its member organisations and FNPPF are tasked with the responsibility of ensuring implementation of the NFNP Plan of Action 2021-2026. As such, it is important to ensure alignment of the annual work plan and budget for this NFNP Plan of Action 2021-2026 to FNPC member organisations and other implementing partners' policy, planning and budgetary processes.

**Sixth monthly and annual reporting:** Sixth monthly and annual reports need preparation by the FNPC Secretariat or FNPPF. Reports also need to be submitted to Cabinet on a regular basis to inform leaders about achievements made. Reports should include updated information and narrative summary of results achieved against the NFNP Plan of Action 2021-2026, lessons learnt and way forward.

**Annual reviews:** Based on the above reports, annual reviews should be conducted in the fourth quarter of the year or shortly after, to assess progress made against the NFNP Plan of Action 2016-2026 and to review the annual plan for the following year. In the last year of the Plan of Action, this review will also be a final assessment. This review is driven by the FNPC and should involve all key stakeholders for feedback. The review must focus on the extent to which progress is being on the NFNP Plan of Action 2021-2026. Any changes to the Implementation Plan based on available resources and lessons learnt should be considered at meetings of the FNPC.

**Mid-term and completion reviews/evaluation:** Ongoing improvements and maintaining momentum in the implementation of the NFNP Plan of Action 2021-2026 require regular independent evaluation to assess progress and to map the way forward. The implementation of food and nutrition measuring including the enforcement of food legislation is a complex area because of the required attitudinal changes that need to happen. As such, ongoing reflections through reviews and evaluations are critical for feedback and ongoing improvements.

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## Annexes

### A: Implementation Plan

| Vision: "Nutritional health for Samoa"   |           |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    |   |             |  |   |                                |
|--|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|----|----|--------|----|----|----|--------|----|----|----|---|-------------|--|---|--------------------------------|
| Mission: "To prevent and reduce malnutrition, and food and nutrition-related diseases in Samoa"  |           |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    |   |             |  |   |                                |
| Strategies and Actions   | Year 1    |    |           |    | Year 2    |    |           |    | Year 3    |    |    |    | Year 4 |    |    |    | Year 5 |    |    |    | Outputs                                 | Responsible | Partners   | Budget (SAT\$)  | Inputs & Budget Descriptions   |
|  | 2021/2022 |    | 2021/2023 |    | 2021/2024 |    | 2021/2025 |    | 2021/2026 |    |    |    |        |    |    |    |        |    |    |    |   |             |  |   |                                |
|  | Q3        | Q4 | Q1        | Q2 | Q3        | Q4 | Q1        | Q2 | Q3        | Q4 | Q1 | Q2 | Q3     | Q4 | Q1 | Q2 | Q3     | Q4 | Q1 | Q2 |   |             |  |   |                                |
| <b>Strategic outcome 1: Leadership and governance for a multi-sector approach to food and nutrition enhanced.</b>  |           |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    |   |             |  |   |                                |
| <b>1.1. Establishment and operationalisation of the National Food and Nutrition Policy Committee (FNPC).</b>   |           |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    |   |             |  |   |                                |
| 1.1.1. Develop Terms of Reference of the FNPC.   | x         |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    | Approved FNPC TOR                       | MoH         | FNPC members - MAF, MNRE, STA, MCIL, MCR, MESC, Rep SNCC, Rep of Private-sector body responsible for food consumers, SUNGO as the national representative of NGOs. | 25,000  | 5k annual administrative costs |
| 1.1.2. Initiate the FNPC.  | x         |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    | First meeting of FNPC.                  | MoH         |  |   |                                |
| 1.1.3. Ensure regular meetings of the FNPC.  |           | x  | x         | x  | x         | x  | x         | x  | x         | x  | x  | x  | x      | x  | x  | x  | x      | x  | x  | x  | FNPC quarterly meetings                 | MoH         |  |   |                                |
| 1.1.4. Submit regular progress reports to the Health Minister and Cabinet on the FNPC's work and key outcomes.   |           |    | x         |    |           |    | x         |    |           |    |    | x  |        |    |    |    |        |    |    |    | 6 monthly or annual reports of the FNPC | MoH         |  |   |                                |
| <b>1.2. Strengthening the role of the National Food and Nutrition Policy Committee (FNPC).</b>   |           |    |           |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    |   |             |  |   |                                |
| 1.2.1. Conduct an introductory workshop for the FNPC on the NFNP, key food legislation, with emphasis on key planned initiatives aimed at strengthening food and nutrition in Samoa. |           |    | x         |    |           |    |           |    |           |    |    |    |        |    |    |    |        |    |    |    | Workshop report and papers.             | MoH         | 5,000  | 5k workshop costs   |                                |
| 1.2.2. Provide regular training and capacity building for FNPC members and partners on food and nutrition areas.   |           |    |           |    |           |    | x         |    |           |    |    | x  |        |    |    |    |        |    |    |    | Training reports and papers             | MoH         | 50,000   | 10k annual training costs, TA inputs if needed (if TA is not needed, reallocate funding to promotion and implementation programmes with relevant sector |                                |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
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|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        | partners (NGOs, CBOs, private sector organisations etc.). |
| 1.2.3. Through the FNPC, build collaboration amongst sector partners on the implementation of food and nutrition measures, using the NFNP 2021-2026 as a roadmap for clarification of each partner's key expected responsibilities in the implementation of those measures. | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  | 25,000 | 5k annual administrative costs                            |
| 1.2.4. Consider the relocation of the National Codex Committee under the leadership of the MoH as the lead agency given the need to give priority consideration to issues/concerns on public health interests over commercial/ business interests.                          |   | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
| <b>1.3. Establishment of a National Food and Nutrition Focal Point (NFNFP).</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
| 1.3.1. Appoint a National Food and Nutrition Focal Point (NFNFP) within MoH.  | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  | 45,000 | 45k salaried person.                                      |
| 1.3.2. National Food and Nutrition Focal Point (NFNP) to provide Secretariat role to the FNPC.  |   | x |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
| <b>1.4. Sensitising political leaders to the need for more public policy focus towards improving food and nutrition in Samoa.</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
| 1.4.1. Conduct regular briefings with the Parliamentary Committee, Social Sector on food and nutrition issues and responses/ measures.  | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   |  |  |  | 5,000  | 5k administrative costs                                   |
| 1.4.2. Incorporate food and nutrition topical areas into existing and ongoing capacity building (e.g. seminar series) for Members of Parliaments.   |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |   | x |  |  |  | 25,000 | 5k annual training costs, TA inputs if needed             |
| <b>1.5. Enhancing partnerships and collaborative efforts for food and nutrition.</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
| 1.5.1. Strengthen existing partnerships, alliances and collaborations for improved food security, food safety and nutritional health.   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |
| 1.5.2. Identify needed partnerships for food and nutrition.   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |        |   |









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|---|--|---|---|---|--|---|---|--|--|---|---|--|---|--|--|--|--|--|--|--|--|--------------------|---|--------|--|
| 2.3.2. Reconsider the introduction of price controls on unhealthy and healthy foods in accordance with the Samoa's nutrient profiling model.  |  | x |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  | Cabinet paper, FNPC reports/ meeting papers. | MCIL   | FNPC members       |   |        |  |
| 2.3.3. Regularly review food taxation and pricing to recommend necessary adjustments that will enable increased access to healthy foods and discourage consumption of unhealthy foods.                              |  |   | x |   |  | x |   |  |  | x |   |  |   |  |  |  |  |  |  |  | Review reports/FNPC reports and meeting papers.        | MCR                | FNPC members  | 30,000 | 30k, TA inputs if needed (if TA is not needed, reallocate funding to promotion and implementation programmes with relevant sector partners (NGOs, CBOs, private sector organisations etc.).) |
| 2.3.4. Conduct regular monitoring and evaluation of food taxation and pricing on consumption behaviours including implications on food and nutritional health.  |  |   |   | x |  |   | x |  |  |   | x |  |   |  |  |  |  |  |  |  | M&E Reports - FNPC reports and meeting papers.         | MoH                | FNPC members  | 25,000 | 5k annual implementation costs   |
| 2.3.5. Conduct studies/research and assessments to identify the influence and impact of existing food pricing and taxation on consumer behaviours and to propose areas to consider for improvements.                |  |   | x |   |  |   | x |  |  |   |   |  | x |  |  |  |  |  |  |  | Assessments/Studies - FNPC reports and meeting papers. | MoH<br>MCR<br>MCIL | FNPC members  | 25,000 | 5k annual implementation costs   |
| <b>2.4. Development of national operating procedures and guidelines on food and nutrition, including organisational and institutional level operational policies on food and nutrition.</b>                         |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |
| 2.4.1. Develop a manual of food and nutritional health, incorporating all operational policies, procedures and guidelines relating to food and nutritional health, including but not limited to those listed below: |  |   |   | x |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  | Approved Manual  | MoH                | FNPC members, health sector partners, food industry | 30,000 | 30k, TA inputs if needed (if TA is not needed, reallocate funding to promotion and implementation programmes with relevant sector partners (NGOs, CBOs, private sector organisations etc.).) |
| a. Samoa nutrition guidelines incorporating the following:  |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |
| • Food based dietary guidelines for Samoa.  |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |
| • Food Composition Table for Samoa  |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |
| • Infant and young child feeding.   |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |
| • Baby friendly hospitals, workplaces, communities, other public places.  |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |
| • School nutrition guidelines.  |  |   |   |   |  |   |   |  |  |   |   |  |   |  |  |  |  |  |  |  |  |                    |   |        |  |















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|--|--|--|---|---|--|--|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|-------------|---|--------|---------------------------------|--|
| 4.2.5. As part of 4.2.4, develop personal food and nutrition knowledge including oral health skills for pre-school and school age children and families.   |  |  | x |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  | FNPC reports/meeting papers.                                   | MESC        |   | 50,000 | 10k annual implementation costs |  |
| 4.2.6. In connection with Activity 4.1.2 above, implement and monitor obesity reduction initiatives in schools, with priorities given to pre-schools and primary schools. This includes an integrated approach to school-based programs as part of the overall movement towards strengthening public health (e.g. under the PEN <i>Faasamoa</i> ).   |  |  |   | x |  |  |  | x |  |   |  |  |  |  |  |  |  |  |  |  | FNPC reports/meeting papers.                                   | MESC        | FNPC members, health sector partners, food industry, community-based organisations. | 50,000 | 10k annual implementation costs |  |
| 4.2.7. Advocate for the consideration by government (or local government) subsidization of school lunches in order to address school nutrition issues for children. This will require the development of a policy guideline and a proposal for government consideration of this initiative.  |  |  |   |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  | Policy paper for Cabinet to consider                           | MESC<br>MoH |   |        |                                 |  |
| <b>4.3. Health promoting workplaces.</b>   |  |  |   |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |             |   |        |                                 |  |
| 4.3.1. As part of Activity 2.4.1 above, develop a health promoting workplace model - encompassing key components of food and nutrition.  |  |  | x |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  | Health Promoting Workplace Model. FNPC reports/meeting papers. | MoH         | FNPC members, health sector partners, food industry, community-based organisations. |        |                                 |  |
| 4.3.2. Guided by the health promoting workplace model develop under 4.3.1, develop, implement and monitor initiatives that promote healthy lifestyle improvement in private and public sector organisations (i.e. healthy workplaces). This includes an integrated approach to health promoting and prevention programs as part of the overall movement towards strengthening public health (e.g. under the PEN <i>Faasamoa</i> ). |  |  |   | x |  |  |  |   |  | x |  |  |  |  |  |  |  |  |  |  | FNPC reports/meeting papers.                                   | MoH         |   | 25,000 | 5k annual implementation costs  |  |
| <b>4.4. National, public event-based and issue-based targeted programs including multi-media campaigns on issues and solutions.</b>  |  |  |   |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |             |   |        |                                 |  |
| 4.4.1. Promotion for awareness about food safety   |  |  | x |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  | FNPC reports/meeting papers, MoH reports.                      | MoH         | FNPC members, health sector partners, food industry,                                | 50,000 | 10k annual implementation costs |  |
| • Messaging on safe water across the community.  |  |  |   |   |  |  |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |             |   |        |                                 |  |











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|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|-----|-----------|--|--|
| 6.2.2. Seek development partners' financial and technical support to implement initiatives/actions outlined in this NFP Plan of Action 2021-2026. | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | FNPC reports/<br>meeting papers. | MoH |           |  |  |
| <b>Total for Outcome Area 6</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |     | -         |  |  |
| <b>Grand Total</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |     | 2,500,000 |  |  |

## B: Monitoring and Evaluation Framework

| Indicators  | Baselines    | Targets      | Means of verification  | Risks  | Strategies to manage risks   |
|---|--------------|--------------|------------------------|--|--|
| <p>Vision: Nutritional health for Samoa.<br/>           Mission: To prevent and reduce malnutrition, and food and nutrition-related diseases in Samoa.<br/>           Strategic objectives:</p> <ul style="list-style-type: none"> <li>✦ To foster multi-governance and leadership for an integrated and multi-sectoral approach to food and nutrition in Samoa;</li> <li>✦ To strengthen the policy and regulatory framework for improved food and nutritional health in Samoa;</li> <li>✦ To further develop and implement interventions for improved sustainable food and nutritional focus across the communities, and using the life cycle approach for targeted interventions for women, infants and children, and other vulnerable groups;</li> <li>✦ To raise societal awareness and understanding of food and nutrition issues and challenges, and for community to effect own social and behavioural changes;</li> <li>✦ To enhance capacity building in food and nutrition; and</li> <li>✦ To strengthening resourcing commitments for food and nutrition development, including requirements for the implementation of the NFNP Action Plan 2021-2026.</li> </ul> |              |              |                        |  |  |
| 1. 5% reduction in under-5 stunting.  | 7.3% (2019)  | 4.0% (2025)  | DHS, Research          | Targets (while benchmarked against global targets) are difficult to reach given the required behavioural and social changes in people's healthy lifestyles and eating habits, which are influenced by food availability and accessibility as well as by the food culture in Samoa. | This NFNP 2021-2026 included measures aimed at improving the policy and regulatory framework for food, as well as those aimed at raising awareness and understanding about food and nutritional health, with the aim that these measures will assist with influencing people and community's social habits and behaviours to make healthier choices. |
| 2. 5% reduction in under-5 overweight.  | 8.7% (2019)  | 8.3% (2025)  | DHS, Research          |  |  |
| 3. No increase in childhood/ adolescent overweight.   | 52.6% (2014) | 50.0% (2025) | DHS, Research          |  |  |
| 4. 5% reduction in childhood/ adolescent obesity.   | 21.6% (2014) | 20.5% (2025) | DHS, Research          |  |  |
| 5. 5% reduction in adult overweight.  | 77.8% (2016) | 73.9% (2025) | DHS, Research          |  |  |
| 6. 5% reduction in adult obesity.   | 47.5% (2016) | 45.1% (2025) | DHS, Research          |  |  |
| 7. 5% reduction in adult diabetes.  | 24.7% (2014) | 23.5% (2025) | DHS, Research          |  |  |
| 8. 5% reduction in adult raised blood pressure.   | 23.8% (2015) | 22.6% (2025) | DHS, Studies/ Research |  |  |
| 9. 5% reduction of anaemia in women of reproductive ages.   | 31.3% (2016) | 29.7% (2025) | DHS, Studies/ Research | Targets (while benchmarked against global targets) are difficult to reach given the required   | This NFNP 2021-2026 included measures aimed at improving the policy and regulatory framework for food, as well as those aimed at raising   |
| 10. 5% Increase in 6-month exclusive breastfeeding rate.  | 50.7% (2019) | 53.2% (2025) | DHS, Studies/ Research |  |  |



|  |                                  |                                  |   |   |   |
|--|----------------------------------|----------------------------------|---|---|---|
| 11. 5% Increase in intake of fruits and vegetables in communities (at least 20 servings per week). | 1.7% women<br>0.5% men<br>(2019) | 1.8% women<br>0.6% men<br>(2025) | DHS, Studies/<br>Research                         | behavioural and social changes in people's healthy lifestyles and eating habits, which are influenced by food availability and accessibility as well as by the food culture in Samoa. | awareness and understanding about food and nutritional health, with the aim that these measures will assist with influencing people and community's social habits and behaviours to make healthier choices. |
| 12. 5% reduction in mean population intake of salt/sodium.   | 2.2grams per day (2017)          | 2.1 grams per day (2025)         | DHS, Studies/<br>Research                         |   |   |
| 13. 5% reduction in foodborne diseases   | NA                               | 5% reduction (2026)              | Surveillance and M&E Reports, Administrative data | Capacity of MoH and partners to strengthen surveillance for the prevention and control of foodborne diseases.   | Regular assessment of existing and required capacities in order to strengthen capacities on surveillance and monitoring and to respond appropriately.   |
| 14. 5% reduction in DMFT (Decayed Missing and Filled Teeth) Index                                  | 2.58 (1997)<br>3.7 (2012)        | 3.5 (2025)                       | Oral health survey                                | Capacity of MoH to undertake regular oral health surveys.   | Dental health leadership to provide monitoring of oral health in Samoa, through these regular surveys.  |

### Strategic Outcome 1: Leadership and governance for a multi-sector approach to food and nutrition enhanced.

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| 1. FNPC established  | FNPC not yet established (2020)         | FNPC activated and is in operation (2021)                   | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority given to FNPC establishment and operation.  | Reminders and push from MoH National Food and Nutrition Focal Point on the need to have the FNPC established |
| 2. Number of FNPC meeting  | 0 (2020)                                | Quarterly meetings (2026)                                   |   |   |  |
| 3. Number of reports to Cabinet on FNPC meetings/work.                                   | 0 (2020)                                | 6-monthly and annual reports (2026)                         |   |   |  |
| 4. Number and quality of training and capacity building opportunities available to FNPC. | 0 (2020)                                | 1 training/capacity building opportunity per year (2026)    |   | Competing priorities resulting in limited attention and priority given to the need to build multi-sectoral capacities and collaboration | Reminders and push from MoH National Food and Nutrition Focal Point on the need to have the FNPC established |
| 5. Collaboration and coordination amongst sector partners on the NFNP implementation     | Limited (2020)                          | Improved collaboration and coordination                     |   |   |  |
| 6. National Codex Committee relocated to under the leadership of the MoH.                |   |   |   |   |  |
| 7. National Food and Nutrition Focal Point (Role/Position) appointed.                    | Not clear who is the focal point (2020) | National Focal Point appointed and is providing secretariat |   | MoH leadership and management not seeing the need for this post given   | Ongoing push from SPPRD (Strategic Policy and Planning Research Division) and HPED (Health                   |

|  |                              |  |   |   |   |
|--|------------------------------|--|---|---|---|
|  |                              | role to the FNPC (2021)  |   | completing priorities especially with COV-19 response priorities.   | Promotion and Enforcement Division) on the need for this role.  |
| 8. Number of briefings with Parliamentary Committee, Social.   | 0 (2020)                     | 1 briefing per quarter (2026)  | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority given to building political leadership for food and nutrition.  | Ongoing drive from SPPRD and HPED on the need for building political leadership for improved focus on addressing food and nutrition in Samoa. |
| 9. Number of capacity building initiatives for MPs.  | 0 (2020)                     | 1-2 initiatives per year (2026)  |   |   |   |
| 10. Number of agreements between partners.   |                              | 10 agreements per year (2026)  |   | Lack of appetite and priority given to strengthen and formalise working partnerships for implementation of food and nutrition measures. | Partnerships and collaboration to build through the role of the FNPC.   |
| 11. Number of private sector and civil society organisations (partners) implementing food and nutrition programs.  |                              | 6 per year (2026)  |   |   |   |
| <b>Strategic outcome 2: Samoa's policy and regulatory framework for food and nutrition strengthened</b>  |                              |  |   |   |   |
| 12. Evidence on implementation status of, and compliance levels with food legislation.   | Unknown (2020)               | 100% known (2026)  | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority and capacities within MoH and partners to drive and implement food and nutrition measures.                  | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED.          |
| 13. Compliance level with food legislation.  | Unknown (2020)               | 60% compliance (2026)  |   |   |   |
| 14. Monitoring and evaluation reports on food legislation.   | Unknown (2020)               | 6 monthly reports (2026)   |   |   |   |
| 15. Number of tests on food, water, soil including pesticides conducted/completed with reports on results made available to inform policy, programming and service decision-making | Regular water testing (2020) | Tests undertaken to support verification of all food standards under the existing food legislation, including tests of pesticide levels (2026) |   |   |   |
| 16. Further recommendations on implementation of options and additional standards needed for   |                              | 100% implementation of recommendations   |   |   |   |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| controlling food and nutrition-related issues in Samoa.   |  | provided in the 2015 Study.  |   |  |  |
| 17. Consideration of the introduction of price controls on foods.   | None (2020)                            | Price controls introduced (2026)   |   |  |  |
| 18. Number of food taxation revisions approved and effected.  | 2 (2018 & 2020)                        | Annual revisions (2026)  | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority and capacities within MoH and partners to drive and implement food and nutrition measures. | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED. |
| 19. Number and quality of assessments/studies/ research on impact/influence of food taxation  |  | Annual assessments/studies/ research (2026)  |   |  |  |
| 20. Manual in place on food and nutrition documenting operational policies, procedures and guidelines.  | Some in place, but scattered (2020)    | One consolidated Manual in place (2026)  |   |  |  |
| 21. Regular surveillance reports on food and nutrition-related diseases.  |  |  |   |  |  |
| 22. M&E Framework on all food and nutrition measures developed and is being utilised for M&E purposes.  |  | One consolidated M&E Framework in place & regular M&E Reports produced on a 6 monthly basis (2026) |   |  |  |
| <b>Strategic outcome 3: Improved sustainable food and nutritional focus across the communities, and using the life cycle approach through targeted interventions.</b> |  |  |   |  |  |
| 23. Breastfeeding Committee revived and is in full operation.   |  |  |   |  |  |
| 24. Promotional initiatives implemented.  |  | 6-monthly and annual M&E Reports (2026)  | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority and capacities within MoH and partners to drive and implement food and nutrition measures. | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED. |
| 25. M&E Reports on Baby Friendly Initiative in all health settings, workplaces, communities, and other public places  | Last M&E Reports were in 2014/2015. No |  |   |  |  |

|   |                          |  |   |  |  |
|---|--------------------------|--|---|--|--|
|   | recent reports<br>(2020) |  |   | Lack of priority given to M&E functions and activities.  | Strengthen M&E capacities of MoH and sector partners.  |
| 26. Work place policies that strengthening protection of breastfeeding rights of working women established.   | 0<br>(2020)              | 30% of workplaces have baby friendly workplace policies. |   |  |  |
| 27. Maternity leave increased to 6 months and increase for working mothers in private sector on par with mothers working in the public sector.                  | 4 weeks<br>(2020)        | 8 weeks<br>(2026)  |   |  |  |
| 28. Number of capacity building initiatives on Baby Friendly and breastfeeding initiatives conducted  |                          | 2 initiatives per year<br>(2026)                         | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority and capacities within MoH and partners to drive and implement food and nutrition measures. | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED. |
| 29. Assessment report on interventions and services addressing maternal health and infant and young child feeding.  |                          | Assessment report<br>(2026)                              | DHS and other research.   | Lack of priority given to M&E functions and activities.  | Strengthen M&E capacities of MoH and sector partners.  |
| 30. M&E reports on implementation of actions addressing maternal health and infant and young child feeding (including those to build awareness and capacities). |                          | 6-monthly and annual M&E Reports<br>(2026)               |   |  |  |
| 31. M&E reports on implementation of strategies to control marketing of foods and non-alcoholic beverages to children.  |                          |  |   |  |  |
| 32. Reports on uptake of fruits and vegetables, and other required and most needed supplements in the community.  |                          |  |   |  |  |

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| 33. Assessment report on services and programs providing nutrition services.   |  | Assessment report (2026)                |   |   |   |
| 34. M&E reports on implementation of actions addressing nutrition-related diseases and other health issues.                                  |  | 6-monthly and annual M&E Reports (2026) |   |   |   |
| 35. 85% coverage of all primary/pre-school children in Samoa by the school dental health programs targeting the 5yrs – 12yrs old aged group. | 60% (2020)   | 85% (2025)                              | Regular Reports (2026)  | Lack of efforts to integrate oral and dental health services with other health services (e.g. PEN <i>Fa'aSamoa</i> ). Lack of human and financial resources). | Additional resources made available. Consolidated efforts for better integration and utilisation of existing resources for improved services outreach of the dental and oral health division. |
| <b>Strategic outcome 4: Societal awareness, understanding and ownership of food and nutrition issues and solutions enhanced.</b>             |  |   |   |   |   |
| 36. Health promoting community, health promoting workplace, and health promoting school models documented and are in place.                  | Models cited as used but not documented as guidelines (2020) | Health promoting models in place (2026) | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority and capacities within MoH and partners to drive and implement food and nutrition measures.  | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED.  |
| 37. M&E reports on the adoption and implementation of community-based health promotion and awareness initiatives.                            |  |   |   | Lack of priority given to M&E functions and activities.   | Strengthen M&E capacities of MoH and sector partners.   |
| 38. Independent assessment report on the implementation status of the health promoting school model across Samoa.                            |  | Assessment report in place (2026)       |   |   |   |
| 39. M&E reports on implementation of the health promoting school model, including assessing of capacities, awareness and                     |  | 6-monthly and annual M&E Reports (2026) |   |   |   |

|   |                                 |   |   |   |  |
|---|---------------------------------|---|---|---|--|
| programs aimed at monitoring and reducing obesity in schools.   |                                 |   |   |   |  |
| 40. M&E reports on implementation of the health promoting workplace model.  |                                 |   |   |   |  |
| 41. M&E reports on promotion initiatives for awareness about food safety, healthy lifestyles, malnutrition and nutrition-related diseases, sustainable food and nutrition security. |                                 |   |   |   |  |
| 42. Reduction in the use of unsafe pesticides in the community  |                                 | 50% reduction   | Surveys and reports   | Commercial interests over health interests  | More awareness and evidence made available to convince decision makers and public about the dangers and risks of unsafe pesticide use.   |
| <b>Strategic outcome 5: Capacity building and learnings in food and nutrition development strengthened</b>  |                                 |   |   |   |  |
| 43. Partnerships formed with education sector key agencies/ organisations on education policy strengthening activities for food and nutrition.                                      | Ad hoc (2020)                   | Partnerships formed and formalised (2026)   | FNPC reports and meeting papers. MoH administrative data/records. | Lack of leadership priority and capacities within MoH and partners to drive and implement food and nutrition measures.                    | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED.   |
| 44. Food and nutrition policy embedded in national education strategies and school operations.  | Not explicitly reflected (2020) | Food and nutrition policy reflected in national education strategies and school operation guidelines (2026) | FNPC reports and meeting papers. MoH administrative data/records. | Lack of priority given to M&E functions and activities.<br>Lack of priorities given to food and nutrition education and capacity building | Strengthen M&E capacities of MoH and sector partners.<br><br>Build the need to address food and nutrition issues through strengthening food and nutrition education and capacity building via the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED. |
| 45. School curricula on nutrition strengthened.   |                                 | M&E Reports (annual) assessing the curricula on nutrition (2026)  |   |   |  |
| 46. Number of pre-service and in-service training for teachers including number of participants.  |                                 | Training/ M&E reports (6 monthly and annual) (2026)   |   |   |  |

|  |                   |  |   |  |  |
|--|-------------------|--|---|--|--|
| 47. Increase in tertiary scholarships in nutrition and graduates with majors in nutrition.   | 1 per year (2020) | 10% in scholarship allocation for studies in nutrition (2026).               |   |  |  |
| 48. Assessment report on existing and required capacities for implementation of food and nutrition measures.                                   |                   | Assessment report (2026)   |   |  |  |
| 49. Increased food and nutrition manpower and capacities including revised organisational structure to accommodate increase manpower.          |                   |  |   |  |  |
| 50. In-service accredited training on food and nutrition (inclusive of food trade aspects) developed.  |                   | In-service accredited training on food and nutrition is in place (2026).     |   |  |  |
| 51. Number of training on food and nutrition and number of health worker participants in trainings.  |                   | Training/M&E reports (6 monthly and annual) (2026)                           |   |  |  |
| 52. Capacity building/training package on food and nutrition policy and legislative measures and requirements.                                 |                   | Capacity building/training package on food and nutrition is in place (2026). |   |  |  |
| 53. Number of training on food and nutrition & number of food industry participants in trainings.  |                   | Training/M&E reports (6 monthly and annual) (2026)                           | FNPC reports and meeting papers. MoH administrative data/records. | Lack of priorities given to food and nutrition education and capacity building.<br><br>Lack of priority given to M&E functions and activities. | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED. |
| 54. M&E reports on understanding of food safety partners, business sector, food industry, academic and education institutions, etc., on issues |                   | 6-monthly and annual M&E Reports (2026)                                      |   |  |  |

|   |                           |  |   |  |   |
|---|---------------------------|--|---|--|---|
| relating to the food system and nutritional health.   |                           |  |   |  |   |
| 55. New technology/recipe modification for improved nutritional quality of locally produced processed food adopted and implemented.                                 |                           | 5 technology/recipe modification undertaken (2026)   |   | Lack of priority given to the implementation of these new developmental areas of the food and nutrition system.  | Build shared leadership and collaboration through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD and HPED.  |
| 56. Initiatives aimed at strengthening capacity of food industry on ways to reduce fat, trans fatty acids, salt and sugar in food products adopted and implemented. |                           | 5 initiatives adopted and implemented (2026)   |   | Lack of priority given to M&E functions and activities.  | Strengthen M&E capacities of MoH and sector partners.   |
| 57. Routine data collection improved  |                           | Regular updated analysis of data collected on food and nutrition                               |   |  |   |
| 58. Food and nutrition database established and used to capture baseline, surveillance and M&E data relating to national food and nutrition.                        |                           | Food and nutrition database established (2026)   |   |  |   |
| 59. Number and quality of research conducted on issues relating to food and nutrition.  |                           | 10 research conducted (2026)   |   |  |   |
| <b>Strategic outcome 6: Resourcing commitments for food and nutrition development enhanced</b>  |                           |  |   |  |   |
| 60. Alignment of indicators in policy, planning and programming documents of MoH and sector partners strengthened.  | Misalignment noted (2020) | Alignment of food and nutrition measures strengthened in policy and planning mechanisms (2026) | FNPC reports and meeting papers. MoH administrative data/records. | Lack of priorities given to ensure alignment of policy, planning and financial measures on food and nutrition.<br><br>Competing priorities amongst sectors and priorities leading to limited | Build the need to address issues concerning policy, planning and resourcing for the implementation of the NFNPC Plan of Action 2021-2026 through the roles of the FNPC and National Food and Nutrition Focal Point, SPPRD, HPED and FNPC. |
| 61. Improved national budget allocation for the   |                           | 20% increase in budget allocation  |   |  |   |



|  |                |  |  |   |  |
|--|----------------|--|--|---|--|
| implementation of food and nutrition policy/measures.  |                | (2026)   |  | national budget allocation for food and nutrition implementation.               | Sector coordination divisions of MoH and partners to coordinate efforts seeking development assistances from development partners for the effective and efficient implementation of the NFNP Plan of Action 2021-2026. |
| 62. Dialogue amongst FNPC about financing options for food and nutrition measures strengthened.  | Limited (2020) | FNPC dialogue on NFNP financing and implementation strengthened (2026)           |  | Competing priorities within the health sector for development partners support. |  |
| 63. Development partners financial and technical support made available to support implementation of the NFNP Plan of Action 2021-2026 | Limited (2020) | 30% increase in financial and technical support from development partners (2026) |  |   |  |

## C: Situational Analysis

### 1. Introduction

This situational analysis provides the background and context for the development of the 'National Food and Nutrition Policy (NFNP) 2021-2026 for Samoa. It includes an analysis of the key food, nutrition and health challenges in Samoa, current approaches and gaps on food and nutrition. It builds on the progress made and lessons learnt from the implementation of the second NFNP 2013-2018, which are documented and reported in the November 2020 Review Report of the NFNP 2013-2018. This Review Report must be consulted on the lessons learnt and recommendations on the way forward for the next NFNP based on the Review findings of the previous NFNP and its action plan.

The formulation process of this National Food and Nutrition Policy 2021-2026 involved a desktop and literature review and consultations, which were conducted as part of the Review process of the NFNP 2013-2018. These are documented in the above-mentioned November 2020 Review Report of the implementation of the NFNP 2013-2018.

The following sections provide an overview of those Review findings including a snapshot of the food and nutritional health challenges and concerns for Samoa, which are required for situating targeted policy responses, strategies and actions that are needed to addressing the key challenges and concerns.

### 2. Food, nutrition and health challenges

Food is fundamental to life and food nutrition is a key determinant of health. 'A healthy Samoa', premised on 'an improved quality of life' for all, requires a food nutrition system; that provides for a healthier population, of today, and tomorrow - by enabling nutrition-related choices for the well-being and prolonged health of everyone. It should ensure 'access to safe, nutritious and sufficient food for all people all year round', and of 'eradicating all forms of malnutrition'. Nutrition, which depends on the entire food system, is a public health concern, of preventing diseases, prolonging life, and promoting health through nutrition.

However, countries worldwide are facing the imbalances in the food systems, contributing to ongoing challenges of nutritional insecurities, diseases, and premature deaths. Rising populations, demographic changes and the impacts of climate change and environmental degradation further exacerbate these problems. These problems for Small Island Developing States (SIDS) in particular are becoming key areas of growing public health concerns given their smallness, isolation, and extreme (environmental, social and economic) vulnerability and fragility. Rapid rates of urbanisation, globalisation, migration and trade further affect the entire food nutrition and public health systems.

Globally, malnutrition, in all its forms, including diseases (communicable and non-communicable) continue to be ongoing burdens. Current estimates, in 2019, show that 690 million people (8.9%) globally are undernourished; expected to increase to around 12% to 19% due to the added impact of the COV-19 pandemic. A total of 21.3% of under-five year old aged children world while are stunted, 6.9% wasted, and 5.6% overweight. Non-communicable diseases (NCDs) (attributed to unhealthy diets and other lifestyle behavioural factors) are the leading cause of global deaths; 71% (or 40 million of) people died every year

from NCDs. In 2016, 78% of global deaths, and 85% of global premature adult deaths from NCDs, occurred in low-and middle-income countries (LMICs) (WHO, 2018).

Samoa is no exception to the ongoing nutritional health issues. Although there have been notable achievements in other health outcomes such as increased life expectancy and reduced infant mortality rates and prevalence of sexually transmitted diseases, reducing maternal mortality rates is not yet achieved. At the same time, NCDs are on the rise and reducing communicable diseases remains an unfinished business. The 2019 measles epidemic showed declining immunisation rates, signifying a weakening focus on primary health over the past recent years. The COV-19 pandemic is adding further pressure on Samoa’s small health administration to provide ongoing emergency and priority responses within limited capacities.

## 2.1. The multi burden of malnutrition

Samoa faces the multi burden of malnutrition<sup>vi</sup> – the co-existence of under-nutrition (stunting, anaemia, and other nutrient deficiencies) along with NCDs. Table 1 gives Samoa’s nutritional health status across the life cycle, from infants to childhood, adolescents and adults. Comparisons over the years show a worsening situation in all nutrition indicators, except under-five wasting and 5-19 aged underweight where there is a slight improvement. When compared globally, Samoa is doing relatively well in under-five wasting and stunting, as well as 6-month exclusive breastfeeding. However, Samoa exceeds the global averages (i.e. worse off) in all other nutrition indicators - under-five overweight, 5-19 aged overweight and obesity, as well as adult diabetes, overweight, obesity and raised blood pressure.

Table 2: Nutritional health status in Samoa

Source: Choy, et al. (2017); WHO (2019); SBS (2019); Development Initiatives Poverty Research Ltd (2020)

| Nutrition indicators             | N                 | M    | F    | N                 | M    | F    | Global average     | Global Targets       |
|----------------------------------|-------------------|------|------|-------------------|------|------|--------------------|----------------------|
| <b>Infant (%)</b>                | <b>1999-2013*</b> |      |      | <b>2019**</b>     |      |      | <b>2015-2018</b>   | <b>2025</b>          |
| Under-five wasting               | 3.9 [2013]        | 3.0  | 4.9  | 3.1 [2019]        |      |      | 7.3 [2018]         | 5.0%                 |
| Under-five stunting              | 4.9 [2013]        | 5.6  | 4.1  | 7.3 [2019]        |      |      | 21.9 [2018]        | 4.0% (40% reduction) |
| Under-five overweight            | 5.3 [2013]        | 6.2  | 4.3  | 8.7 [2019]        |      |      | 5.9 [2018]         | 5.5%                 |
| Under-five with anaemia          | 23.2 [1999]       |      |      | 34.1 [2015]*      | 32.5 | 35.8 |                    |                      |
| 6 months exclusive breastfeeding | 70.3 [2013]       |      |      | 51.7 [2019]       |      |      | 42.2 [2018]        | At least 50%         |
| Low birth rate                   |                   |      |      |                   |      |      | 14.6 [2015]        | 10.5%                |
| <b>Childhood/adolescent (%)</b>  | <b>2000*</b>      |      |      | <b>2014*</b>      |      |      | <b>2016</b>        | <b>2025</b>          |
| 5-19 aged underweight            |                   | 2.2  | 1.6  |                   | 1.4  | 0.9  | 31.6 (M); 25.9 (F) |                      |
| 5-19 aged overweight             |                   | 25.4 | 37.1 |                   | 47.5 | 57.6 | 19.2 (M); 17.5 (F) |                      |
| 5-19 aged obesity                |                   | 8.8  | 6.4  |                   | 23.3 | 19.9 | 7.8 (M); 5.6 (F)   |                      |
| <b>Maternal (%)</b>              | <b>2000*</b>      |      |      | <b>2016*</b>      |      |      | <b>2015-2018</b>   | <b>2025</b>          |
| Reproductive women with anaemia  |                   |      | 22.1 |                   |      | 31.3 | 32.5               |                      |
| Pregnant women with anaemia      |                   |      | 34.1 |                   |      | 42.5 | 40.1               | 15.0%                |
| <b>Adults (% and grams)</b>      | <b>2000-2017*</b> |      |      | <b>2014-2016*</b> |      |      | <b>2014-2017</b>   | <b>2025</b>          |
| Adult diabetes                   |                   | 15.5 | 18.7 |                   | 22.7 | 26.6 | 9.0 (M); 7.9 (F)   | 9.0% (M); 7.9% (F)   |
| Adult overweight                 |                   | 65.3 | 74.5 |                   | 73.6 | 82.0 | 38.5 (M); 39.2 (F) |                      |
| Adult obesity                    |                   | 28.3 | 45.5 |                   | 39.9 | 55.0 | 11.1 (M); 15.1 (F) | 10.4% (M); 14.4% (F) |
| Adult raised blood pressure      |                   | 25.2 | 19.4 |                   | 26.6 | 21.0 | 24.1 (M); 20.1 (F) | 18.2% (M); 15.2% (F) |
| Sodium intake (grams per day)    | 2.2 [2017]        |      |      |                   |      |      | 5.6 [2017]         | 3.95g per day        |

N – National. F – Female. M – Male. \* Source: WHO (2019). Samoa Country Overview – Malnutrition Burden; \* Source: Choy, et al. (2017); Global averages/targets were obtained from 2020 Global Nutrition Report. \*\* SBS (2019). Blank means data not available.

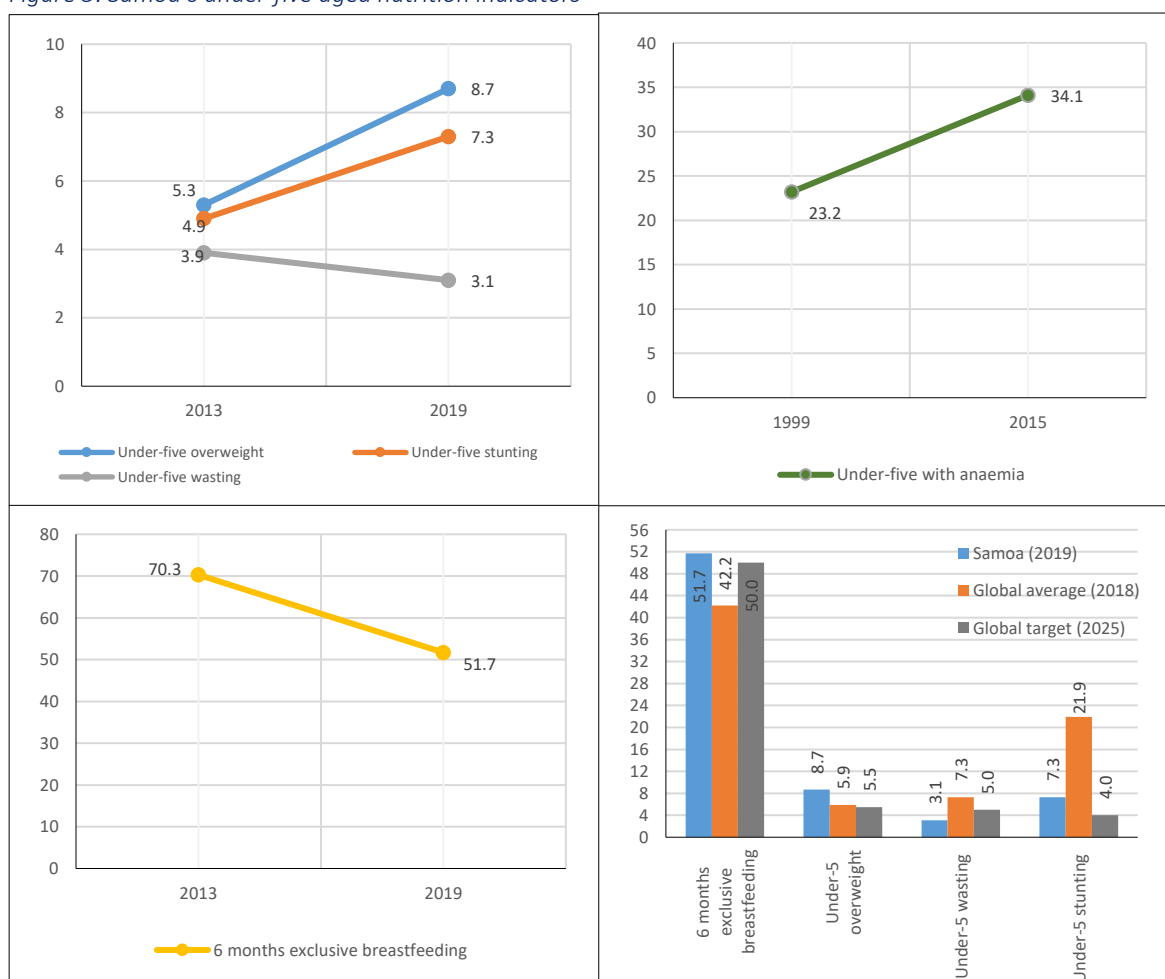
<sup>vi</sup>Malnutrition includes both under-nutrition and over-nutrition. It relates to imbalances in energy, and specific macro and micronutrients- as well as in dietary patterns. The emphasis has been in relation to inadequacy, but it also applies to both excess and imbalanced intakes. It occurs when the intake of essential macro- and micronutrients does not meet or exceeds the metabolic demands for those nutrients and those metabolic demands vary with age, gender and other physiological conditions and are affected by environmental conditions including poor hygiene and sanitation that lead to food- as well as waterborne diarrhea (World Food Summit Declaration, 1996).

### 2.1.1. Nutritional health among Samoan infants

With the exception of stunting (which improved by 21%), all other infant nutritional indicators (overweight, stunting, anaemia and exclusive breastfeeding) have worsened over the years. Overweight, stunting and anaemia increased by 64%, 49% and 47% respectively, while 6- month exclusive breastfeeding decreased by 26%. Despite declining trends in the 6-month exclusive breastfeeding, wasting and stunting nutrition indicators, the situation in Samoa is still better when compared to the global averages.

However, in 2019, infant overweight in Samoa (8.7%) went above the global average (of 5.9%). Samoa met the 2025 global targets for 6 months breastfeeding and wasting, but has not yet reached the 2025 global targets for overweight and stunting. There is a need for ongoing efforts to further improve and sustain the situation in Samoa in its infant nutritional health.

Figure 5: Samoa's under-five aged nutrition indicators

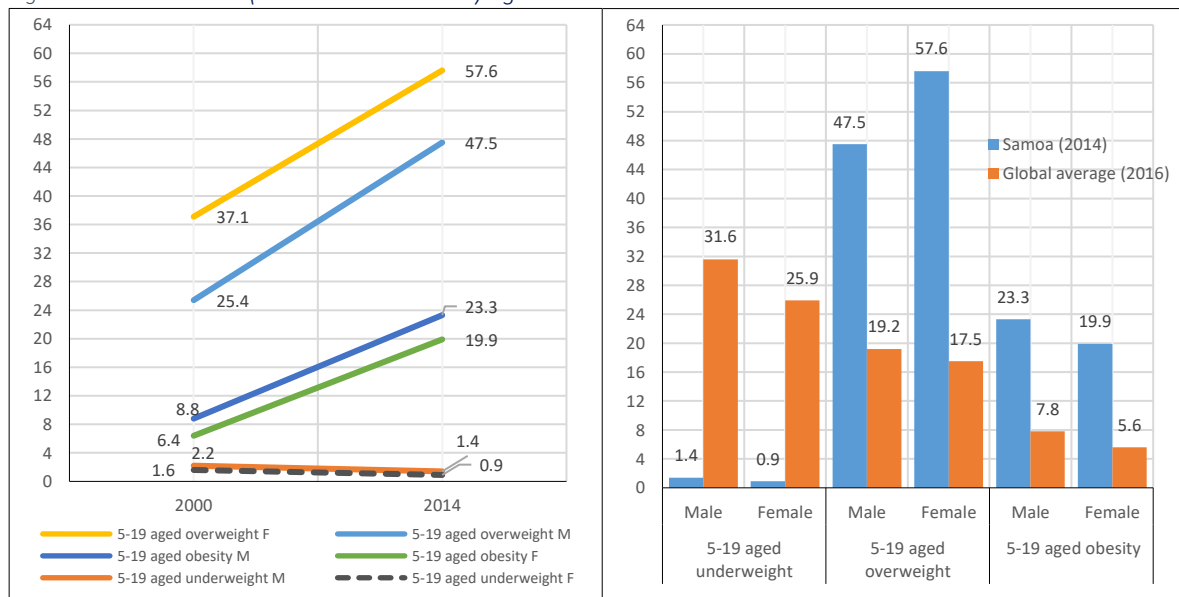


### 2.1.2. Nutritional health among Samoan childhood and adolescents

Similarly, while childhood and adolescent underweight decreased by 36% (for males) and 44% (for females), childhood and adolescent overweight increased by 87% (for males) and 55% (for females) between 2000 and 2014. Childhood and adolescent obesity also increased substantially by 165% (for males) and 211% (for females) during the same period.

Childhood and adolescent underweight in Samoa is way below the global average. However, childhood and adolescent overweight in Samoa exceeded the global averages by 28.35 (for males) and 40.1% (for females). As well, childhood and adolescent obesity in Samoa exceeded the global averages by 15.5 (for males) and 14.3% (for females).

Figure 6: Samoa's 5-19 (child and adolescent) aged nutrition indicators



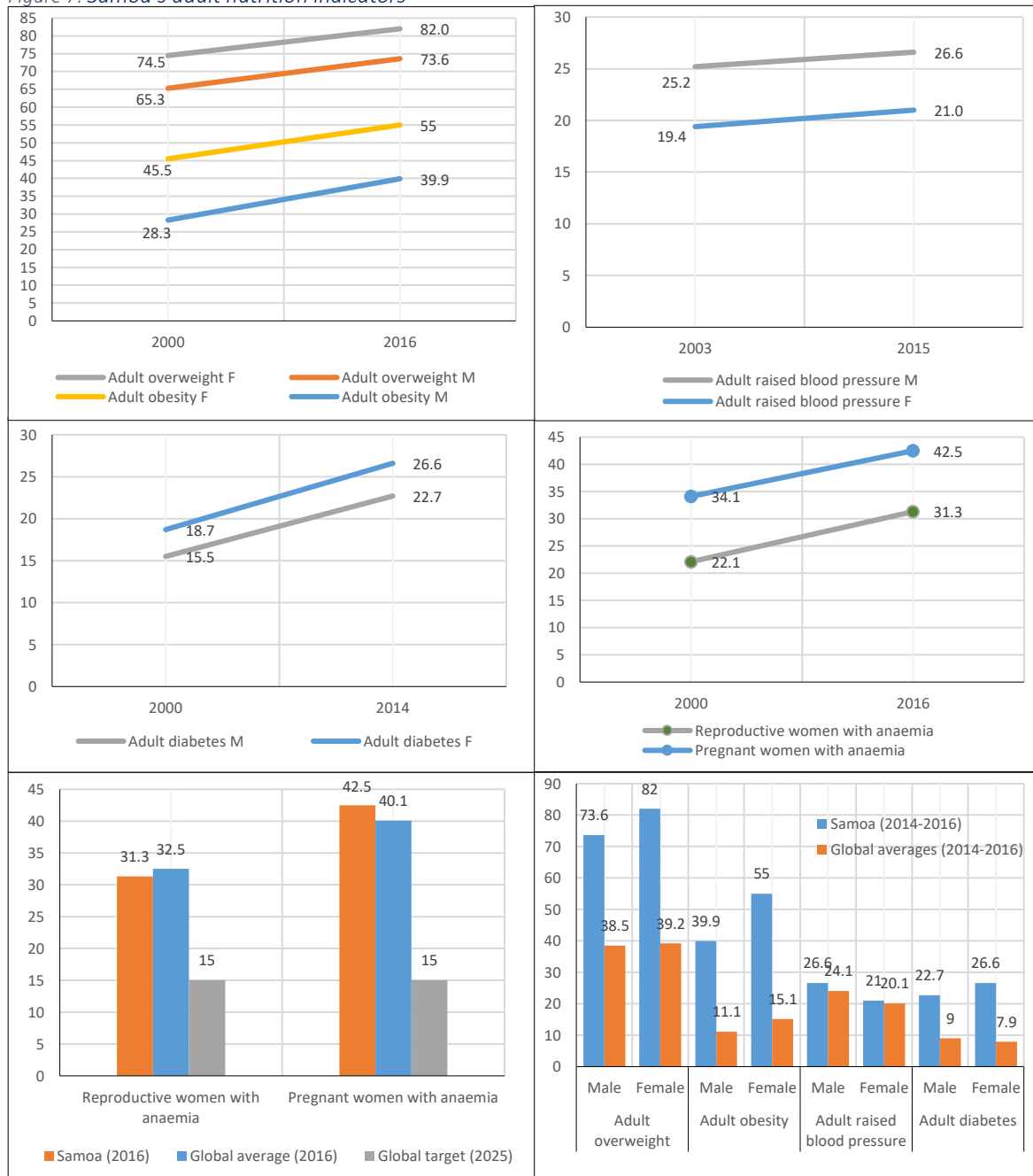
### 2.1.3. Nutritional health among Samoan adults

Nutritional indicators for Samoan adults have worsened over the last 14 to 16 years. From 2000 to 2016, obesity increased by 41% (for males) and 21% (for females), while overweight increased by 13% (amongst males) and 10% (amongst females). Similarly, from 2000 to 2014, diabetes increased by 46% (amongst males) and 42% (amongst females). While raised blood pressure increase by 6% and 8% respectively amongst male and females adults from 2003 to 2015. As well, anaemia amongst women of productive ages and pregnant women increased by 42% and 25% respectively, from 2000 to 2016.

All nutritional indicators for Samoan adults exceeded global averages. The overweight prevalence amongst Samoan adult males and male is 35.1% and 42.8% higher than the global averages. Obesity exceeded global averages by 28.8% (males) and 39.9% (females) while diabetes are 13.7 (males) and 18.7 (females) higher than the global averages. Raised blood pressure is slightly higher than the global levels, by 2.5% (males) and 0.9% (females).

Anaemia amongst women of the productive ages remains slightly lower (by 1.2%), while anaemia amongst pregnant women is higher (by 2.4%), than the global averages.

Figure 7: Samoa's adult nutrition indicators



## 2.2. Non-communicable diseases

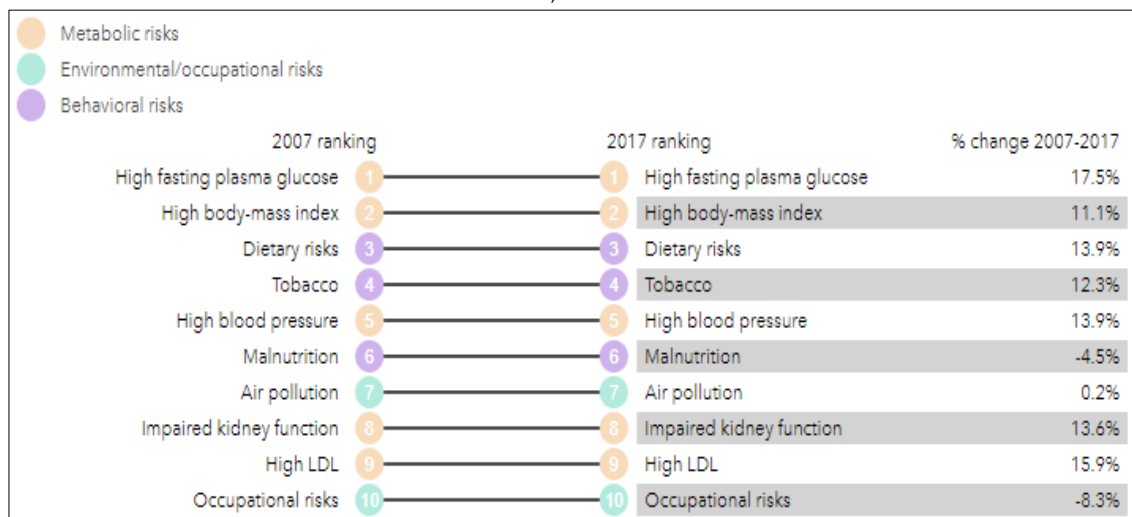
Existing evidence shows not only high but also soaring prevalence rates of NCDs associated risk factors (smoking, dietary risks diet, and alcohol use) when compared to global averages.<sup>vii</sup> Figure 4 shows that prevalence rates of all NCDs risk factors (except malnutrition and occupational risks) that drive the most death and disability in Samoa have increased by over 10% over the 10-year

<sup>vii</sup> Samoa's proportionality mortality due to **diabetes** is **9%** (global average is **4%**); **22% for other NCDs** (global average is **15%**); and the risk of **premature death** is **21%** (global average is **19%**). Samoa is the top **4<sup>th</sup>** country (out of the 21 countries) in the Western Pacific Region with the highest proportional mortality due to **diabetes** and is the top **5<sup>th</sup>** country (out of the 21 countries) in the Western Pacific Region with the highest proportional mortality due to **cardiovascular diseases** and **other NCDs** (WHO, Noncommunicable diseases country profiles 2018, 2018).

period of 2007 to 2017. Dietary risks increased by 13.9%, with high fasting plasma glucose (diabetes) and high LDL (low-density lipoproteins) increased by 17.5% and 15.9% respectively. High body-mass index and high blood pressures had also increased by 11.1% and 13.9% respectively.

Figure 8: What risk factors drive the most death and disability combined in Samoa?

Source: Institute for Health Metrics and Evaluation, 2017



Research (Lin, et al., 2017) show significant increases in Type 2 Diabetes Mellitus (DM) and obesity prevalence over the last 30 years in Samoa. Type 2 DM increased from 1.2% (males) and 2.2% (females) in 1979 to 19.6% (males) and 19.5% (females) in 2013. During this 35-year period (1979-2013), obesity prevalence also increased from 27.7% to 53.1% for males, and from 44.4% to 76.7% for females. These are substantial increases in Type 2 DM of 1,533% (for males) and 786% (for females) while obesity prevalence increased by 92% (for males) and 73% (for females). With these trends, Type 2 DM rates were expected to reach 26% (both males and females), while 59% (for males) and 81% (for females) for obesity prevalence, by 2020 (MoH, 2018). The 2019 Samoa Demographic and Health Survey-Multiple Indicator Cluster Survey (DHS-MICS) preliminary results identified 85.2% of women (aged 15-49) as obese/overweight (SBS, 2019).

These alarming prevalence rates of NCDs position Samoa at a critical level when compared to other countries on the global level. Risk factors (i.e. smoking, nutrition/unhealthy diet, harmful consumption of alcohol and physical inactivity (SNAP)) are acquired behavioural and lifestyle factors that are preventable. Dietary behaviours are directly linked to NCDs - it is what and how much people consume as normal diets across their life course (from infant to adolescent, and to adult, life cycle) that are the underlying contributory factors to the high prevalence of diseases in Samoa and other countries.

## 2.3. Food, nutrition and dietary issues

### 2.3.1. Dietary patterns

Nutrition is a key determining factor for health, diseases and disabilities, and this depends on what people eat as their normal diets. Malnutrition in its all forms including the rising burden of NCDs is associated with significant nutritional shifts (and lifestyle changes) in Samoa over the years. With urbanisation, monetisation and globalisation, dietary patterns have changed from traditional foods to increased dependence on imported foods, which

resulted in increased consumption of canned foods, sugar-sweetened beverages (SSB), and micronutrient-poor processed foods. This increasing consumption of 'modern diet' (energy-dense and micronutrient-poor highly processed foods), together with shifts towards a more sedentary way of life, adversely affects health across the life course.

Children are particularly vulnerable to malnutrition as this nutrition transition progresses. Malnutrition in young children are proven to be closely linked with increased mortality and impaired cognitive, physical and metabolic development which will continue affect their health from young ages into adults (Choy, et al., 2018; Choy, et al., 2017; Choy, et al., 2020). These changes in dietary structures are contributing to the high levels of obesity and other associated metabolic disorders among the Samoan population.

Existing dietary patterns of most Samoan children and adults are not nutritionally balanced, and are inadequate for appropriate development and healthy growth, contributing to a higher risk of malnutrition (under- and over-nutrition), and which can result in long-term risk of diseases and premature NCDs mortality (Thow & Reeve, 2015; FAO, 2017; Choy, et al., 2017). For instance, the FAO (2017) study identified that the average Samoan consumes excessive amounts of sodium,<sup>viii</sup> protein and iron, but fall far short of the required vitamins. Other similar research (Choy, et al., 2018; Choy, et al., 2017; Choy, et al., 2020) which focused mainly on examining Samoan children's diets have identified that most young children in Samoa exceed recommended levels for carbohydrate, fat and protein (macronutrients) and sodium intake. However, more than half of the children studied have inadequate dietary micronutrients (calcium, potassium and vitamin A and E) intake.

Further household expenditure on the consumption of fruits and leafy vegetables is relatively low. The latest 2019 Samoa DHS-MIC identified that only 1.7% of Samoan women and 0.5% of men (aged 15-49) consumed at least 20 servings of fruits per week, and only 1.5% of women and 0.7% of men (aged 15-49) consumed at least 20 servings of vegetables per week (SBS, 2019). This is a reduction from 9% (women) and 18% (men) consumed at least 20 servings of fruits per week, and 4% (women) and 17% (men) consuming at least 20 servings of vegetables per week in 2014 (SBS, 2014; 2019).

The evidence shows that the Samoan diet is not appropriate for healthy developments, especially amongst the young (future) generations, and this is contributing to the high and increasing levels of NCDs in Samoa. The diet and nutritional intakes must change in order to attain and maintain a healthy Samoa.

### **2.3.2. Factors influencing food and diets**

Price, availability, preference, convenience, and culture are factors determining population food intake. The 2017 FAO study identified that the availability of lower cost, nutritionally superior diet has been identified as critical to improving food security, and health. However, the minimum cost of a diet which meets the food and nutrition needs of households (recommended calorie, protein, fat, sodium, vitamin A, and iron intake, including recommended intake of total dietary fibre, vitamin C and E, and share of food energy from carbohydrates) is more expensive than the food poverty line established for Samoa in 2015.

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<sup>viii</sup> Sodium intake is around 50% higher than intake recommended, while average energy (calories) per adult male equivalent is 50% higher than recommended for average active male, and 100% higher than recommended for average sedentary male (Thow & Reeve, 2015, p. 46).



The study further shows that only 37% of the top 30 food items (by share of expenditure) are locally produced, an indication that imported (processed) food items have become a far more important share of food expenditure in Samoa households.

Price appears to have a significant influence on consumption in Samoa. Perceived cost of food was more strongly associated with dietary intake than either healthfulness or social status, with decreasing consumption with increasing food cost. Studies have shown that the consumption of modern food in spite of references for traditional foods (e.g. fish and vegetables) is likely to be due to lower costs and convenient availability of modern foods (e.g. cereal, instant noodles and bread). As well, the increased movement of people into waged labour has reduced time available for traditional food preparation leading to increased use of faster-cooking foods (e.g. white rice and instant noodles) and other convenient foods (e.g. simple to cook and food takeaways).

With its strong communal society, eating and feasting is a cultural norm for Samoan communities (churches, villages, districts, organisations, groups etc.) and families to socialise and maintain connections and customs. The influence of culture on food intake (and hence obesity) is of particular importance in Samoa. This is observed in the bulk preparation and sharing of foods during *faalavelave* (events such as funerals, weddings, title ceremonies, birthdays, etc.) and family *toonai* (Sunday feast) given social obligations to feed and consume large portion of foods for large social gatherings.

Having more (perceived) 'prestige' foods (e.g. meat and canned food which are associated with modern diet) to eat and share is a reflection of social status, with the regular replacement of traditional foods (e.g. drinking coconuts and local Samoa chicken) with modern foods (e.g. canned soft drinks and corned beef) - and this is often observed during traditional gift exchanges (*sua*) during rituals and festivities. Traditional beliefs (e.g. *e sau le aso ma lona ai; ole fuata ma lona lou*) further partly contribute to the practice of consuming all, or larger amount of, food, such as eating all food by the end of the day, resulting in people eating more than what they actually need.

## 2.4. Food security and food safety

Food safety is a major element of the public health system, but continues to face numerous challenges causing a range of diseases and illnesses, and increasing the burdens on public health. Food and nutrition security is without food safety. Having a healthy and nutritional balanced diet depends fundamentally on the security and safety of the food systems in Samoa.<sup>ix</sup> Many factors (such as globalisation of food supply chains, urbanisation, climate and environmental changes, decline in local food production, sanitation and food waste) continue to affect food and nutrition security and safety in many subtle ways, contributing to the increased prevalence of waterborne and foodborne diseases. Fish and seafood poisoning for instance is becoming a major threat to the Pacific and Samoa due to temperature variations (ADB, 2011).

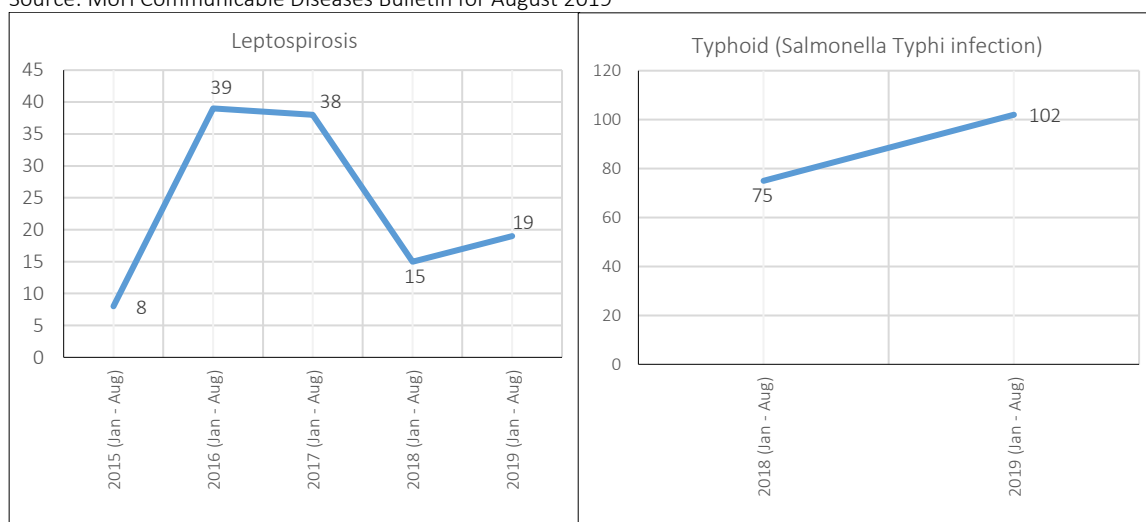
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<sup>ix</sup> Food and nutrition security exists when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life." It covers availability, access, utilization and stability issues in a food system (World Food Summit Declaration, 1996).

Unsafe food leads to foodborne and waterborne diseases (e.g. typhoid, tuberculosis, and leptospirosis) and illnesses (e.g. diarrhoea, gastroenteritis, hepatitis and cancer), which are usually infectious or toxic, and caused by bacteria, viruses, parasites, toxins and chemicals in contaminated food or water. According to the WHO (2020), unsafe food contributes to 1 in 10 people in the world falling ill (40% are among under-five children) and 420,000 (30% of which are under-five children) die every year due to eating contaminated food. In the Western Pacific Region, foodborne diseases kill more than 50,000 (1 to 37,000) people (17% are under-five children) while 125 million people (32% are under-five children) get sick from contaminated food each year. A 2018 World Bank study identified that unsafe food costs LMICs US\$110 billion in lost productivity and medical expenses each year.

While some communicable diseases have been eradicated, other remains prevalent in Samoa. The available MoH annual reports for 2014 to 2016 shows an average of around 2,000 number of consultations/treatments (per year) carried out by the Communicable Diseases Unit at the hospital clinics. The MoH's (latest) August 2019 communicable diseases bulletin shows an 11% increases of reported diarrhoea in 2019 (January-August) compared to the previous years of 2013-2018. Figure 5 further shows increased numbers of reported leptospirosis and typhoid cases collected by the MoH National Health Surveillance & International Health Regulations Division for the period of 2015-2019. The number of reported typhoid (*salmonella typhi* infection) cases increased from 2018 to 2019 by 36%. While reported leptospirosis cases increased from 2015 to 2016 and 2018, but decreased from 2017 to 2018, and further increased by 27% from 2018 to 2019 (January-August). These reported data indicated that there is an increased prevalence of foodborne diseases in Samoa.

Figure 9: Reported leptospirosis and typhoid, 2015-2019  
Source: MoH Communicable Diseases Bulletin for August 2019



The food and nutritional issues and challenges discussed in the sections above demonstrate that addressing those issues and challenges is a matter of national security and priority – for the government to work with its people on actions to resolve this national dilemma, now and in the near future.

### 3. Current approaches and gaps on food and nutrition public policy responses

#### 3.1. Global and regional efforts

##### *3.1.1. Global, regional and national policy frameworks and guides*

Figure 6 outlines key policy frameworks and guidelines developed over decades by key international development agencies (WHO, FAO and UNICEF), and Pacific regional inter-governmental organisations (e.g. Secretariat of the South Pacific, and Pacific Island Forum Secretariat), to promote efforts towards addressing food and nutrition. Most of these global and regional commitments are voluntary; countries will need to develop and implement actions in their contexts to achieve food and nutrition targets stipulated in these global and regional policy frameworks.

Access to safe and nutritional food, as a fundamental right, was stressed by the 1992 International Conference on Nutrition and by the 1996 World Food Summit. The UN Decade of Action on Nutrition 2016–2025 calls governments to address all forms of malnutrition and diet related NCDs at the World Health Assembly (WHA) in 2012, at the Second International Conference on Nutrition (ICN2) in 2014 and as part of the 2030 Sustainable Agenda. Governments are to establish national nutrition targets in line with the Global Nutrition Targets and diet-related NCD targets, commit to implement one or more of the 60 recommendations in the ICN2 Framework of Action, and to allocate or mobilize adequate financial resources to support domestic and international action to achieve these targets.

The 2030 SDG Agenda further calls for actions to ensure sustainable, resilient food systems for healthy diets; aligned health systems providing universal coverage of essential nutrition actions; social protection and nutrition education; trade and investment for improved nutrition; safe and supportive environments for nutrition at all ages; and strengthened governance and accountability for nutrition.

The Global Action Programme on Food Security and Nutrition in SIDS (GAP) 2017 aims to accelerate action on food security and nutrition in SIDS to support their efforts towards attaining the 2030 Agenda for Sustainable Development, bringing the SDGs and the SAMOA Pathway together. It recommends actions (at the global, regional and national levels) to achieve three objectives for SIDS: enabling environments for food security and nutrition; sustainable, resilient, and nutrition-sensitive food systems; and empowered people and communities for improved food security and nutrition.

The 2015 Yanuca Island Declaration on health in Pacific island countries and territories is a call from Pacific Island Health Ministries on actions to address the mounting health challenges facing the Pacific countries. Recommended areas for actions included strengthening leadership, governance and accountability; nurturing children; reducing avoidable disease burden and premature deaths; and promoting ecological balance.

Corresponding to the GAP on Food Security and Nutrition in SIDS 2017, the 2018 Joint Action Framework for Food Security and Nutrition in the Pacific Islands aims to accelerate progress towards the food security and nutrition goals of PICTs by strengthening the coherence and coordination of development partner support for food security and nutrition in Pacific countries. The Joint Action Framework has four objectives of building environments for food

security and nutrition; sustainable, resilient, and nutrition-sensitive food systems; and empowered people and communities. These were to be achieved through four priority outcomes: evidence-base strengthened to support multi-sectoral policy action; enhanced multi-sectoral commitment and action; improved sustainability, resilience and nutrition-sensitivity of Pacific SIDS food systems; and actions scaled up to improve food security and nutrition among key target groups.

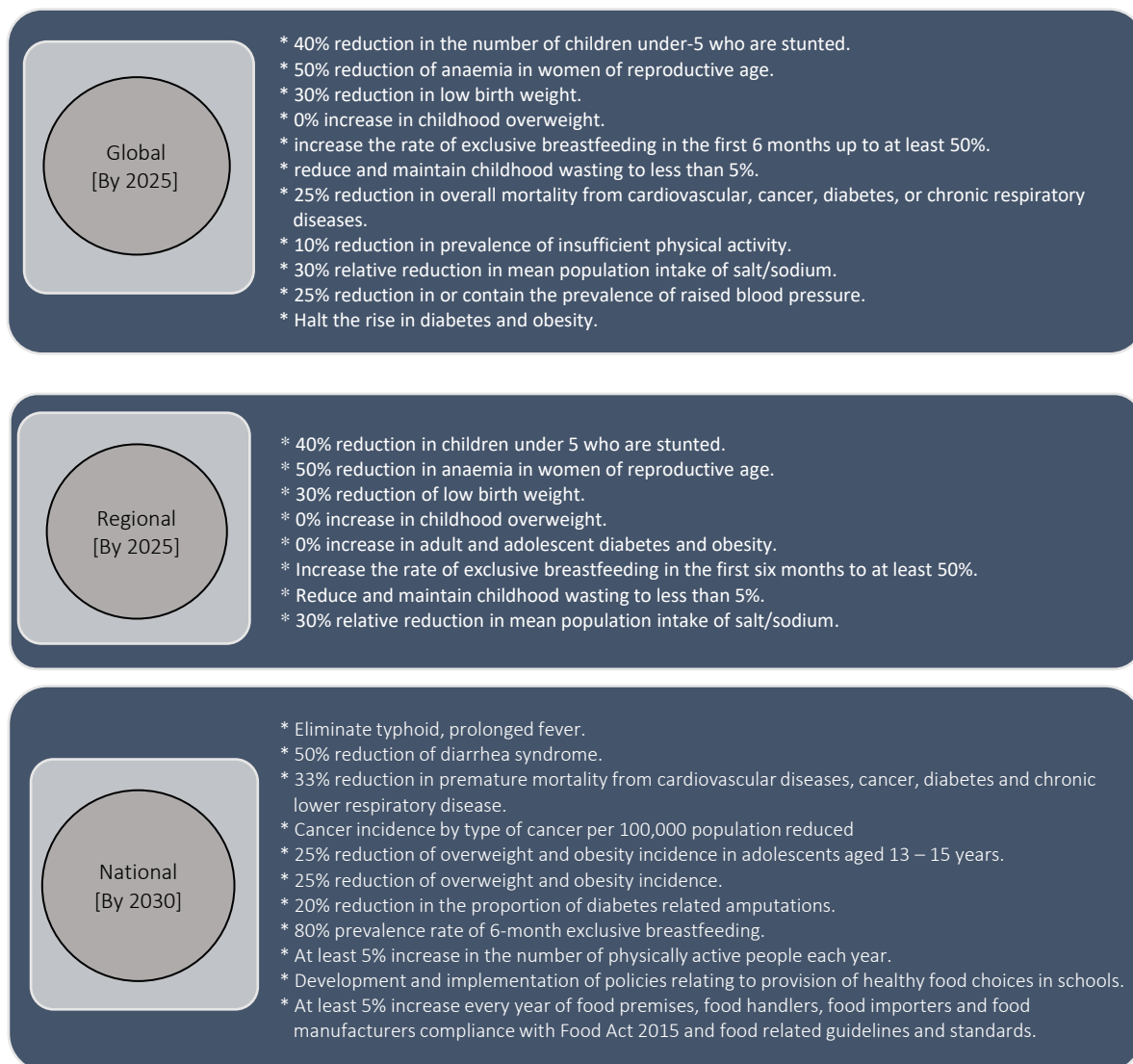
Figure 10: Global, regional & national policy frameworks/guides on food and nutrition



### 3.1.2. Food and nutrition targets - global, regional and national levels

The global, regional and national policy frameworks stipulate targets for countries to map their progress towards the adoption and implementation of actions on food and nutrition. Figure 7 outlines key targets for food and nutritional health indicators at the global, regional and national (Samoa) levels.

Figure 11: 2025 global, regional and national food and nutritional health targets



The Samoa NCDs Control Policy 2018-2023 further outlines indicators and targets relating to food and nutrition, as re-stated below:

- A 10% decrease in prevalence of diabetes, hypertension, mortality rates attributable to NCDs, rheumatic heart diseases, and cancer.
- 20% of people eating five serving of fruits and vegetables per day.
- 30% of children at primary school that eat at least five servings of fruits and vegetables per day.
- A 15% in the number of people engaged in physical activity for at least 30 minutes per day.
- Mean population intake of less than five grams of salt per day.
- At least 10% reduction of obese and overweight children in primary school.
- At least 65% increase of excise tax on unhealthy foods.
- At least 60% of inspected regulated food complying with labelling requirements.
- At least 90% food handlers issued with a health card.
- 80% of steps of the Baby Friendly Initiative implemented.

## 3.2. Samoa National Food and Nutrition Policy 2013-2018

### 3.2.1. Overview

The NFNP 2013-2018 provided the overarching philosophy and strategic framework for a comprehensive approach to food and nutrition in Samoa through the implementation of strategies identified for the 2013-2018 period. The policy stated in its introduction that it intended ‘to 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’.

The vision of the NFNP 2013-2018 is ‘nutritional health for Samoa’, to be achieved through the mission of ‘access to safe, affordable, nutritious and sustainable food’. The NFNP 2013-2018 Action Plan outlines a total of 19 goals and 75 strategies for implementation, together with identified responsible agencies and indicators corresponding to each strategy. Through addressing three broad interrelated areas of food, nutrition and health; food availability, access and use; and food safety, the NFNP intended to contribute to seven key result areas (KRAs):

- Collaboration with health sector partners;
- Capacity building for food and nutrition policy implementation by strengthening workforce skills;
- Improvement in the food system understanding in the community;
- Strengthening of collaboration with community members to improve community mobilisation;
- Advocacy for societal change through legislation and regulation reform;
- Provisions of key messages to the community to affect behaviour and attitudes; and
- Strengthening of evidence base research.

### 3.2.2. Implementation status

A review of the NFNP 2013-2018 was conducted in October-November 2020 to establish progress made so far in the achievement of the Policy targets within its timeframe, and to identify any issues and challenges affecting the effective and efficient implementation and in meeting the goals and objectives of the Policy.

The Review intends to inform the development of this next NFNP and Plan of Action for 2021-2026 for Samoa. The Review Report (Roberts-Aiafi, 2020) is to be consulted, on the implementation status, issues and challenges, as well as the lessons learnt on the adoption and implementation of food and nutrition policies, strategies and actions for Samoa.

The Review assessed the overall effectiveness of the implementation of the NFNP 2013-2018 2.6 (out of 5) – indicating a moderately successful achievement. A total of 13% of the NFNP Action Plan 2013-2018 were assessed as achieved, 64% as partially achieved, and 23% not achieved. This overall assessment is indicative of the effectiveness, efficiency and impact level of the Policy.

The Review identified progressive achievements in a number of areas, such as strengthening the legislative framework on food safety, ongoing collaboration on addressing food standards through the National Codex Committee, as well as adjustment of taxation on

unhealthy and healthy food items. There has been an increased focus on research on nutrition and diet patterns in Samoa, and ongoing partnerships with Ministry of Education, Sport and Culture on health promoting schools. There is continuous health promotion, awareness and advocacy on nutrition issues/matters, some strengthening food and nutrition knowledge in collaboration with health partners, and an improved nutrition focus in NCDs outreach programs (e.g. PEN Faasamoa).

The Review assessed limited implementation in a number of strategies of the NFNP Action Plan 2013-2018, and these are reiterated as follows:

- Strengthening of dental health including the contribution of food and nutrition to dental health;
- Development of food and nutrition guidelines during disaster and emergency responses;
- Strategies to implement and monitor trans fatty acids in food supply;
- Capacity building for food importers, distributors and processors on ways to reduce fat, trans fatty acids, salt and sugar in food products;
- Promotion of healthy lifestyle improvement projects amongst private and public sectors;
- Strategies to control the marketing of foods and non-alcoholic beverages to children;
- Community-based approaches and projects for reducing obesity;
- Strengthening promotion of dietary guidelines including operationalisation at the local community and family levels;
- Promotion of environmental health models that integrate food and nutrients for built, natural, social and economic areas;
- Promotion of education and awareness about food waste and its impact on the environment;
- Advocating for research that informs health sector partners about sustainable food;
- Advocating for community awareness programs for food system responsibility;
- Driving national and Pacific regional policy development for continuous improvement for the reduction of greenhouse gas emissions and management of land fill;
- Limited reporting against and through the NFNP framework on measures undertaken to reduce fish/seafood contamination through protection of marine areas;
- Limited information on actions undertaken for monitoring of pesticide levels in food, including knowledge made available for the awareness of the public; and
- Lack of evidence regarding awareness levels across the community about unsafe pesticide use especially about which pesticide that are safe and not safe, including information about dangers/risks.

Impact of the NFNP 2013-2018 in terms of outcome indicators/targets was difficult to assess given the absence of an M&E framework and outcome indicators/targets and the lack of limited evaluative data to establish a clear connection between the implementation of the NFNP and any existing nutritional indicators for Samoa.

### **3.2.3. Key lessons learnt and way forward**

The above-mentioned Review Report (Roberts-Aiafi, 2020) further identified the key lessons learnt with the implementation of the NFNP 2013-2018, which should be considered in the formulation and implementation of the next NFNP 2021-2026.

#### **a) Shared understanding of the policy and its implementation**

The lack of having a shared awareness and understanding of the NFNP and its Action Plan 2013-2018 was identified as one of the most important issues impacting on effective and efficient implementation. The consultations with implementing agencies of the Policy revealed that around 80% of the key implementing agencies (identified as 'responsible agents' for the implementation of the 75 strategies) did not know that this Policy existed. Having a shared understanding is about having ownership of the strategies and actions, as well as an appreciative knowing about what is needed to be implemented to contribute to the progressive achievement of the national vision, mission and goals outlined in the Policy.

#### **b) Multi-sectoral leadership and governance for effective and efficient implementation**

There has been no formalised and active mechanism implemented or building the needed multi-sectoral leadership and governance for the implementation of NFNP. The NFNP 2013-2018 identified strong association and collaboration between MoH and its partners for the implementation of the Policy. However, collaboration on the Policy has been implemented. The National Food and Nutrition Policy Committee (FNPC) established under the Food Safety Act 2017 has not been activated, which should provide the needed multi-sectoral leadership and governance food and nutrition policy development and implementation.

It is crucial that this FNPC is initiated and operated as a matter of priority to provide the overall strategic leadership and governance mechanism for the next NFNP 2021-2026. The work of this Committee needs to be facilitated by the MoH (as the lead agent of the NFNP) through regular meetings (as per requirements under the Food Safety Act 2017 and Food (Safety and Quality) Regulations 2017) and reporting to provide ongoing collaborative support and coordination for the NFNP and food and nutrition interventions in Samoa.

Approaches for implementation of food and nutrition interventions appeared to differ with the health sector and other portfolios or sectors (e.g. agriculture and commerce/business development) due to conflicting interests. Therefore, it is important to have these contested interests and views discussed through the multi-sectoral approach to be provided and facilitates by the MoH through the FNPC and other existing mechanisms such as the National Codex Committee.

#### **c) Policy design/formulation**

Gaps identified with policy design and implementation arrangements must be considered in future policy development. These gaps are reiterated as follows:

- The absence of specific activities/actions corresponding to the implementation and progressive achievement of the strategies and goals;



- The absence of specific timelines for the implementation of the different strategies;
- Too many 'responsible agents' listed for each strategy led to agency confusion about who is the agent that should take the lead and be held responsible and accountable for the implementation of each strategy;
- Development partners should not have been listed as responsible agents as they do not have implementing roles, although their important role in providing technical and financial assistances is to be stipulated and acknowledged;
- The absence of implementation arrangements for the NFNP and its Action Plan led to confusion about implementing and monitoring roles, including having a key focal point for the monitoring and facilitating the implementation process;
- The absence of an M&E framework mechanisms for ongoing monitoring and regular evaluation against progress and achievements of the NFNP and its Action Plan; and
- Duplication of some of the NFNP strategies with those in policies and plans of other sectors (e.g. Agriculture sector plan).

#### d) **Implementation and capacity building**

There is a need to adopt a programmatic approach to the NFNP in order to facilitate the availability of development assistances for the implementation and operationalisation of the NFNP action plan across the sector. Identification of required implementation capacities, clarification of roles and responsibilities for the NFNP implementation, and addressing existing overlaps and duplications in the performance are needed for improved utilisation of existing limited capacities and resources. M&E (policy, processes and implementation) of the NFNP and its implementation was lacking, an area that need serious attention for improvement.