Meeting Report


25–27 March 2015
Manila, Philippines
MEETING REPORT

WORKSHOP ON IMPLEMENTATION AND MONITORING
OF THE ACTION PLAN TO REDUCE THE DOUBLE BURDEN
OF MALNUTRITION IN THE WESTERN PACIFIC REGION (2015–2020)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
25–27 March 2015
NOTE

The views expressed in this report are those of the participants of the Workshop on Implementation and Monitoring of the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020) and do not necessarily reflect the policies of the conveners.
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Keywords: malnutrition – prevention and control / Regional health planning / nutrition disorders /
SUMMARY

Malnutrition in all its forms, including undernutrition, micronutrient deficiencies, overweight and obesity, is one of the leading causes of death and disability globally. High prevalence of low birth weight, stunting, anaemia and suboptimal breastfeeding continue to undermine health and development in many countries. At the same time, the prevalence of obesity, diabetes and other diet-related noncommunicable diseases (NCDs) is increasing in the Western Pacific Region.

In October 2014, the WHO Regional Office for the Western Pacific presented the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020) to the sixty-fifth session of the Regional Committee.

To support countries in implementing and monitoring the regional action plan, WHO organized a three-day workshop with Member States from nutrition, NCDs and related sectors. The Workshop on Implementation and Monitoring of the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020) took place in Manila, Philippines, from 25 to 27 March 2015. This workshop focused on Asian countries – 11 countries participated (Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), Japan, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Singapore and Viet Nam), along with development partners and other observers. A similar workshop took place with the Pacific island countries in April 2015.

The workshop included plenary presentations and group work on issues such as strengthening delivery of nutrition services, promoting healthier food environments, tools for policy implementation (including costing) and indicators for monitoring the implementation of the action plan. The workshop stimulated the dialogue between national focal persons for NCDs, nutrition and non-health sector stakeholders on integrated approaches to improve nutrition and promote healthy diets, and initiate discussions on potential intercountry action networks to foster implementation of effective nutrition actions in the Region.

This report summarizes the outcomes of the three-day workshop, including plenary presentations, discussions, group work and recommendations for Member States and WHO. Countries agreed upon a set of immediate country actions and short- and medium-term priority actions by 2017, and agreed upon a baseline and mid-term benchmarks for 2017 for tracking the implementation of the regional action plan.

The objectives of the Workshop on the Implementation and Monitoring of the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020) were met. Participants acknowledged the urgency of addressing the double burden of malnutrition in all countries in the Region. Participants also acknowledged needs:

1) to develop common interventions to tackle undernutrition and diet-related overweight, obesity and NCDs;
2) to develop and implement appropriate legislative and regulatory instruments, towards addressing the double burden of malnutrition;
3) to strengthen delivery of essential nutrition services, and ensure provision of basic services essential to preventing malnutrition, such as sustained access to safe drinking water, sanitation and hygiene, by updating in-service and pre-service training curricula and guidelines, and enhancing linkages between relevant sectors;
4) to expand nutrition services beyond undernutrition, to include prevention and management of childhood, adolescent, and adult obesity and diet-related NCDs; and
5) promote and protect healthy food environments to address the double burden of malnutrition, through:
i. restrictions on marketing, based on the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children and the International Code of Marketing of Breast-milk Substitutes;

ii. nutrition labelling;

iii. salt reduction strategies; and

iv. food-based approaches, such as food-based dietary guidelines.

Participants recognized:

1) barriers to promoting and protecting healthy food environments, such as lack of food standards, inadequate human and financial resources, lack of policy coherence across sectors, lack of political will and low priority for nutrition at upper levels of government, and interference by the food and beverage industry (e.g. conflict of interest); and

2) the need to collaborate, through intercountry networks and further joint work.

Participants agreed on a set of immediate, short- and medium-term country-specific priority actions, to be implemented by 2017.

Member States are encouraged to, through the Ministry of Health:

1) Adapt global nutrition-related targets to the national context, setting appropriate country targets for 2025.

2) Use the action plan to review and update nutrition-related policies and laws, as it reflects important overarching discussions including those related to the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, Second International Conference on Nutrition (ICN2), and the Sustainable Development Goals.

3) Strengthen the capacity of health and non-health professionals, through review of in-service and pre-service curricula, update of guidelines and guidance materials, and training.

4) Strengthen capacity to ensure delivery of basic services essential to preventing malnutrition, such as sustained access to safe drinking water, sanitation and hygiene, by updating in-service and pre-service training curricula and guidelines, and enhancing linkages between relevant sectors.

5) Strengthen legal frameworks to promote and protect healthy food environments, through restrictions on marketing, nutrition labelling, and food-based approaches (such as food-based dietary guidelines).

6) Adopt a national nutrient profiling model to inform and support efforts in regulating nutrition labelling and the marketing of foods and non-alcoholic beverages to children.

WHO is requested to support countries:

1) Setting national targets based on global nutrition and NCD targets;

2) Updating, planning and costing national plans;

3) Updating and developing in-service and pre-service curricula and other technical guidance needed to improve and scale-up the delivery of essential services to prevent and manage malnutrition, also including sustained access to safe drinking water, sanitation and hygiene.

4) Developing and implementing legal frameworks for restriction of the marketing of
breastmilk substitutes and foods and non-alcoholic beverages to children and nutrition labelling; and

5) Establishing intercountry networks and other forms of regional collaborative mechanisms.

Recommendations for WHO also include:

6) Provide more guidance in the Package of Essential NCD (PEN) interventions for primary health care in low-resource settings protocol on nutrition/healthy diets.

7) Strengthen recommendations and guidance, reinforced with updated evidence, to advocate government promotion and protection of healthy food environments through stronger legal frameworks.

8) Develop tools, including a regional nutrient profiling model, to inform and support country efforts in strengthening legal frameworks on restriction of the marketing of foods and non-alcoholic beverages to children, and nutrition labelling.

9) Develop a regional surveillance mechanism for the nutrition-related targets.

10) Provide guidance on how to engage with non-state actors (by finalizing the Framework for Engagement with Non-State Actors).

11) Hold a regional consultation in 2017 for mid-term monitoring and evaluation of the implementation of the action plan.
1. INTRODUCTION

1.1 Background

In October 2014, the WHO Regional Office for the Western Pacific presented the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020)* to the sixty-fifth session of the Regional Committee. This plan was prepared in consultation with Member States. The plan was part of the progress report on nutrition and received a number of supportive statements from Member States. The action plan calls for elevating nutrition in national development agendas; protecting, promoting and supporting optimal breastfeeding and complementary feeding practices; strengthening and enforcing legal frameworks that protect, promote and support healthy diets; improving accessibility, quality and implementation of nutrition services across public health programmes and settings; and using financing mechanisms to reinforce healthy diets. The proposed actions are intended to advance achievements towards the eight nutrition-related global targets endorsed at the World Health Assembly in 2012 and 2013.

1.2 Meeting organization

The workshop took place from 25 to 27 March 2015 at the WHO Regional Office for the Western Pacific in Manila, Philippines. The workshop included presentations, discussions and group work on strengthening delivery of nutrition services, promoting healthier food environments, tools for policy implementation (including costing) and indicators for monitoring the implementation of the Action Plan. Eleven countries participated (Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Singapore and Viet Nam), along with development partners and other observers. The full list of participants is available at Annex 1.

1.3 Meeting objectives

The objectives of the meeting were:

1) to share country experiences on addressing the double burden of malnutrition;
2) to discuss regional opportunities for collaboration on implementation and monitoring of the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*; and
3) to discuss and finalize mid-term benchmarks for implementing the action plan.

2. PROCEEDINGS

2.1 Opening session

The workshop was opened by Dr Susan Mercado, Director, Division of NCD and Health through the Life-Course, who gave the opening remarks on behalf of Dr Young-soo Shin, Regional Director for the Western Pacific. The opening remarks highlighted the regional burden of undernutrition and overweight and obesity and the need to work beyond historical silos to combat all forms of malnutrition. The importance of policy coherence across sectors and of tracking progress to ensure greater accountability was emphasized.
2.2 Plenary 1: Global, regional and country overviews

An overview of the nutrition situation in the Region was presented, showing some concerning trends: i) all countries in the Region are beset by the double burden of malnutrition; ii) overweight and obesity among adults and children are increasing in countries; iii) nutrition-related NCDs are increasing in many countries; and iv) despite some achievements, undernutrition continues to be a major challenge in the Region.

Global updates included the six global nutrition targets agreed at the World Health Assembly in 2012, the nine voluntary NCD targets (with two relating directly to nutrition), the Sustainable Development Goals (SDGs) currently under development, of which all are at least indirectly related to nutrition and require nutrition thinking and input. Country adaptation of global nutrition-related targets is critical to strengthen accountability. The new WHO sugars guideline was released in March 2015 and provides an important tool for countries, in addition to the WHO e-Library of Evidence for Nutrition Action (eLENA).

The complexity and dimension of the challenges with the double burden of malnutrition forces us to work outside the silos and approach malnutrition from a systems perspective, not only considering health systems but food systems as a whole, in the context of globalization and trade.

2.3 Plenary 2: Strengthening delivery of nutrition services: linkages with other programmes

This session discussed different levels of integration/collaboration that could be explored by countries (Figure 1). Countries were encouraged to consider interventions to address undernutrition and overweight/obesity, and different forms of integrated service delivery, for example:

1) Integration of services to target a specific population group, e.g. Integrated Management of Childhood Illnesses (IMCI). The objective of this form of integration is for individuals in the target group to receive all appropriate interventions (“one-stop shop”). For example: tuberculosis services need to care for clients who may be smoke, be HIV positive, malnourished or have diabetes.

2) Integration of services through multipurpose service delivery points: a range of services for a catchment population is provided at one location and under one overall manager. Examples include multipurpose clinics or multipurpose outreach visits, e.g. integration of nutrition into maternal and child health services.

3) Integration can mean working across sectors. It occurs when there are institutionalized mechanisms to enable cross-sectoral funding, regulation or service delivery (e.g. water, sanitation and hygiene (WASH), education, agriculture).

4) “Integrated services” to some means achieving continuity of care over time. This may be about lifelong care for chronic conditions such as HIV/AIDS, or a continuum of care between more specific stages in a person’s life-cycle – for example antenatal, postnatal, newborn and child care.
Group work sparked rich discussions on nutrition service delivery, integration of services, challenges and ways forward, for example:

1) Lack of trained human resources and financial resources within health sector and nutrition;
2) Gaps in action on overweight and obesity;
3) Lack of or difficulty in communication (information is not shared) and collaboration between ministries and sectors, for example due to lack of awareness of win-win situations;
4) Weak nutrition labelling and lack of regulation in nutrition-related issues, such as marketing to children.

The group work also highlighted that integration of services is still in its early stages – more advocacy is needed to move nutrition out of vertical/siloed thinking. For example, simple integration of WASH and nutrition is rarely considered (or integration of undernutrition/overweight services to focus on healthy diets when counselling mothers/care givers).

Participants identified specific actions and broader plans including developing a body mass index (BMI) survey among pregnant women, enhancing community empowerment in nutrition, developing coordination mechanisms across sectors to enhance coherence, collaboration and integration across sectors, advocacy to policy-makers on healthy school meals. The discussion that followed included the importance of systems thinking, as nutrition is a cross-cutting issue. The next actions between 2015 and 2017 need to be realistic. Countries were encouraged to start intercountry networks to share best practices.

2.4 Plenary 3: Promoting healthy food environments

The session included five presentations: global updates on NCDs, diet and physical activity; marketing of foods and non-alcoholic beverages (FNAB) and breastmilk substitutes (BMS); nutrient profiling; salt reduction; and food system interventions for better nutrition.

Global updates on NCDs: The NCD global monitoring framework has been set up with 25 indicators for the nine voluntary global NCD targets. A number of policy options have been proposed to countries, including salt intake reduction and breastfeeding promotion, protection and support. Regulatory efforts are still relatively slow and patchy. WHO is working to build the evidence on fiscal
interventions to address NCDs and obesity, which will translate into technical support to countries. For example, there is evidence that taxation of soft drinks can reduce consumption by 20–50%.

Marketing of FNAB and BMS to and for children: There is a huge contrast between industry product promotion and government health promotion investments. Evidence was presented that marketing of infant formula, in breach of the WHO International Code of Marketing of Breast-Milk Substitutes, is widely pervasive, and that adolescents are highly exposed to FNAB marketing. Evidence shows that marketing of infant formula and unhealthy foods negatively affects breastfeeding practice and child health. There is no evidence that voluntary codes work. Action is needed to restrict unhealthy marketing, social marketing to promote health, with a human-rights-based approach. Industry interference is also a challenge that needs to be recognized and addressed.

Nutrient profiling is an important tool that can help influence the wider environmental determinants of diets, and can be used to support public health interventions aimed at improving diets, including regulation of marketing of food to children, nutrition labelling (i.e. front-of-package labelling), procurement of foods for public institutions (e.g. schools) and health claims. Recently WHO Regional Office for Europe released a nutrient profiling model, which could be adapted and serve a purpose in the Region. Another issue that can be further explored in the Region is front-of-pack labelling. Codex standards and guidelines can be used as benchmarks to guide and judge national regulations.

Salt reduction: the Regional Office has supported advocacy on salt reduction. Successful country include: in Mongolia, salt consumption was twice as high as the WHO recommended level. Through advocacy, public consultation, the development of a National Strategy Reduction of Salt Intake and a partnership with sectors of the food industry, Mongolia managed to reduce salt content in bread by 12% without impact on consumer perception of the product. Other countries, like Kiribati, have taken a school-based approach to salt reduction. A WHO salt reduction toolkit is available for use in countries.

Food system interventions for better nutrition: the primary importance of the food system in improving household food security and alleviating and preventing malnutrition is clear. The food system should be reshaped to be more nutrition sensitive. This includes actions such as encouraging farmers and providing incentives to diversify crop production; reducing distorted incentives to produce low-nutrient staple foods; promoting better processing, preservation and storage of nutrient rich foods; promoting local and traditional varieties that are dense in nutrients; promoting nutrition labeling, nutrition education for farmers and consumers; and price incentives for healthy foods.

Discussion included:
- The food industry is part of the rise in diet-related NCDs, but must be part of the solution (enable informed decisions: labelling; marketing restrictions; reformulation). Discussion included the similar strategies used by the tobacco and food industries, the lobby at government levels and the push for voluntary rather than regulatory measures.
- The need to consider the issue of litigation. When governments come to strengthening legal measures on marketing and other issues, the food industry is very likely to react with lawsuits against countries on alleged violation of business rights, freedom of speech, or an appropriation of foreign investment, for example. Countries would very likely win at any level, however the threat of litigation is usually enough to stop country action. WHO is building legal capacity to support countries in these issues; countries should remember this when the subject comes up.
- Public-private partnerships are a very strong issue at the moment and countries highlighted the need for support on how to deal with this. From the experience with food fortification, voluntary measures tend not to work, as only regulation has brought significant results.

During group work, countries mapped policies and laws in different settings, as well as policies and laws being drafted, and laws not being implemented but that they would like to develop in the upcoming years. Several countries are implementing the International Code of Marketing of Breast-milk Substitutes, even if partially, through both voluntary and legal measures. There is great variation on policy implementation in the countries. Some countries have dietary guidelines in place and expressed the need to update them, while others would like to start developing them in the next two
years. The same is valid for nutrition labelling. Several countries expressed their interest in developing a nutrient profiling model, which could help in front-of-pack labelling and marketing. Most countries do not yet have regulations on the marketing food and non-alcoholic beverages and/or breastmilk substitutes. Stronger WHO guidance on marketing regulation would facilitate country action. Table 1 summarizes the main success factors, barriers and reasons for non-action identified on the formulation and implementation of policies and laws to promote healthier food environments.

Table 1. Success factors, barriers and reasons for non-action on policies and laws to promote healthier food environments

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<th>Success factors</th>
<th>Barriers</th>
<th>Reasons for non-action</th>
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<tr>
<td>• Strong commitment of different actors in the government and civil society</td>
<td>• Issues not being prioritized nationally</td>
<td>• WHO does not recommend / require regulation (e.g. “weak” set of recommendations on marketing) – stronger advice is needed for countries</td>
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<td>• Strong coordination mechanisms</td>
<td>• Challenges in consensus building among stakeholders/sectors and sustaining good communication/dialogue</td>
<td>• Food industry interference</td>
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<td>• Commitment from decision-makers at all levels</td>
<td>• Constraints in human and financial resources</td>
<td>• No technical and financial support</td>
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<td>• Line ministries with clear roles and responsibilities</td>
<td>• Lack of awareness by policy-makers</td>
<td>• Lack of standardized, simplified and consistent nutrition information provided to the public</td>
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<td>• Political will and support from government for national regulation</td>
<td>• Food industry lobby/influence</td>
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<td>• Priority under national social/economic plans in the short and long term</td>
<td>• Trade participation</td>
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<td>• Alignment of national and regional policies and plans</td>
<td>• Increasing number and variety of imported foods</td>
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<tr>
<td>• Multisectoral collaboration</td>
<td>• General education level, as well as health and nutrition literacy so that the population can understand nutrition messages and labels</td>
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<td>• Increased awareness by policy-makers</td>
<td>• Poor health professional capacity</td>
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<td>• International support (United Nations, nongovernmental organizations)</td>
<td>• Limited capacity and involvement of local authorities</td>
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<td></td>
<td>• No system for monitoring and evaluating impact</td>
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<td></td>
<td>• Limited implementation at subnational level</td>
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<tr>
<td></td>
<td>• Lack of expertise on costing</td>
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<tr>
<td></td>
<td>• Limited resources for enforcement and monitoring/inspecting</td>
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Countries recognized and called for stronger WHO support on legislation and advocacy for nutrition, as well as technical support and clear guidance on actions to promote healthier food systems, as well as efforts on advocacy to decision- and policy-makers and building evidence and legal capacity.

2.5 Lunch session on conflict of interest in health professional societies

This session highlighted industry marketing activities and interference that may influence health professional practices and decisions by: (i) promoting products in scientific forums and community events; (ii) sponsoring scientific events organized by health professional organizations; (iii) sponsoring professionals to participate in marketing and promotional messaging; (iv) displaying industry materials, paraphernalia and other giveaways in health facilities; and (v) providing free samples of breastmilk substitutes. Accepting industry gifts, donations and sponsorships creates a potential for conflict of interest that prevents health professionals from upholding the highest ethical and from providing evidence-based advice. Conflicts of interest must therefore be prevented by, for
example, conducting risk assessments based on practices of the health professional organization; conducting policy review and enhancement to align to international recommendations and standards; developing codes of conduct and monitoring compliance. Associations are encouraged to break the ties with the baby food industry and refuse all sponsorships and support that cause conflict of interest.

2.6 Plenary 4: Tracking progress towards global nutrition targets

The session started with a presentation of the six global nutrition targets agreed at the World Health Assembly in 2012, and follow-up processes including the six policy briefs developed and the tracking tool that has been set up online by WHO headquarters. Countries report on progress on the targets at World Health Assembly, and work is ongoing to report on the targets to the General Assembly of the United Nations from 2017. Countries were invited to set national targets. Mid-term targets can also be set. This process should align with the SDGs processes and indicators as well. Actions that can help progress towards the achievement of the targets are: assessing the resources available, ensuring that development policies and programmes include nutrition, and creating links between different sectors as well as different stakeholders, and developing and implementing suitable monitoring and evaluation mechanisms. The tracking tool includes only data from 2005–2012 as a baseline, if there are recent surveys that are not reflected countries are invited to share these to update the tool. Countries received print outs of the data available in the tracking tool; and were able to identify whether they are off- or on-track to meet the global targets. The tool can also help in adapting national targets and in determining the number of people that would need to be targeted to improve on a target.

The WHO European Region has developed a Childhood Obesity Surveillance Initiative (COSI). COSI is an example of a surveillance system applied across countries in the European Region to monitor the trends of overweight and obesity in primary school children. COSI aims to measure trends in overweight and obesity in children aged 6.0–9.9 years, to monitor the progress of the epidemic and to permit intercountry comparisons. The COSI protocol is in accordance with the international ethical guidelines for biomedical research involving human subjects. All procedures were also approved by local ethics committees. The protocol was based on the need to establish a cross-national consistent methodology, approach to data collection, analysis, interpretation and dissemination. All COSI countries measure child weight and height, and some countries also apply the optional family record, collecting simple indicators of child dietary intake and physical activity/inactivity patterns and parental education. Primary schools were selected randomly from the list of all primary schools centrally available in each country. Using a standardized approach with the same key features and core variables in all participating countries, COSI managed to fill the gap of missing official data for the age group 6–9 years in a cost-effective way. Success factors in this experience were the country-led, participatory process, strong commitment of national teams, cost-effective implementation as they used existing structures, and COSI becoming the official source of national data. Gaps and challenges include difficulty fulfilling requirements, burden on schools, reluctance of parents, insufficient financial and human resources, and changes in government policy and priorities.

When planning surveillance systems there are a series of questions to answer, including: for whom are data/information collected? Who collects the data? How are data collected? When (how often) are data collected? Who analyzes the data? Who reports the data and when? Who does what with the data? What data should be collected? Where do the resources come from? Where is the system based? Equally important is to ensure the cyclical data flow, meaning that the originators of the data always receive the analysis results and feedback on potential quality issues. Attributes of an ideal surveillance system include: simplicity, flexibility, data quality, acceptability, sensitivity, predictive value positive, representativeness, timeliness and stability.

2.7 Plenary 5: Policy implementation tools for prioritizing country actions

Policy implementation tools were presented to support country in adapting global guidelines. These tools include:
1) surveillance: Nutrition Landscape Information System (NLIS) and WHO growth standards;
2) implementation: Global database on the Implementation of Nutrition Action (GINA) and Nutrition-Friendly Schools Initiative (NFSI); and
3) planning and adaptation of global targets, strategies and guidelines: landscape analysis country assessment, evidence-informed planning for scaling-up nutrition action, e-Library of Evidence for Nutrition Actions (eLENA), Global Nutrition Targets Tracking Tool, OneHealth Tool and System of Health Accounts.

Countries were invited to use these tools. Countries were requested to help keep GINA up to date with their latest policies and laws relevant for nutrition.

2.8 Country presentations on priority actions and next steps

Participants discussed and agreed on a set of immediate country actions and short- and medium-term priority actions by 2017, which are presented in Annex 3. They also agreed on a baseline and mid-term benchmarks for 2017 for tracking the implementation of the regional action plan, presented in Annex 4.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The objectives of the Workshop on the Implementation and Monitoring of the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020) were met. Participants acknowledged the urgency of addressing the double burden of malnutrition in all countries in the Region. Participants also acknowledged needs:

1) to develop common interventions to tackle undernutrition and diet-related overweight, obesity and NCDs;
2) to develop and implement appropriate legislative and regulatory instruments, towards addressing the double burden of malnutrition;
3) to strengthen delivery of essential nutrition services, and ensure provision of basic services essential to preventing malnutrition, such as sustained access to safe drinking water, sanitation and hygiene, by updating in-service and pre-service training curricula and guidelines, and enhancing linkages between relevant sectors;
4) to expand nutrition services beyond undernutrition, to include prevention and management of childhood, adolescent, and adult obesity and diet-related NCDs; and
5) promote and protect healthy food environments to address the double burden of malnutrition, through:
   i. restrictions on marketing, based on the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children and the International Code of Marketing of Breast-milk Substitutes;
   ii. nutrition labelling;
   iii. salt reduction strategies; and
   iv. food-based approaches, such as food-based dietary guidelines.
Participants recognized:

6) barriers to promoting and protecting healthy food environments, such as lack of food standards, inadequate human and financial resources, lack of policy coherence across sectors, lack of political will and low priority for nutrition at upper levels of government, and interference by the food and beverage industry (e.g. conflict of interest); and

7) the need to collaborate, through intercountry networks and further joint work.

Participants agreed on a set of immediate, short- and medium-term country-specific priority actions, to be implemented by 2017.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to, through the Ministry of Health:

1) Adapt global nutrition-related targets to the national context, setting appropriate country targets for 2025.

2) Use the action plan to review and update nutrition-related policies and laws, as it reflects important overarching discussions including those related to the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, Second International Conference on Nutrition (ICN2), and the Sustainable Development Goals.

3) Strengthen the capacity of health and non-health professionals, through review of in-service and pre-service curricula, update of guidelines and guidance materials, and training.

4) Strengthen capacity to ensure delivery of basic services essential to preventing malnutrition, such as sustained access to safe drinking water, sanitation and hygiene, by updating in-service and pre-service training curricula and guidelines, and enhancing linkages between relevant sectors.

5) Strengthen legal frameworks to promote and protect healthy food environments, through restrictions on marketing, nutrition labelling, and food-based approaches (such as food-based dietary guidelines).

6) Adopt a national nutrient profiling model to inform and support efforts in regulating nutrition labelling and the marketing of foods and non-alcoholic beverages to children.

3.2.2 Recommendations for WHO

WHO is requested to support countries:

1) Setting national targets based on global nutrition and NCD targets;

2) Updating, planning and costing national plans;

3) Updating and developing in-service and pre-service curricula and other technical guidance needed to improve and scale-up the delivery of essential services to prevent and manage malnutrition, also including sustained access to safe drinking water, sanitation and hygiene.

4) Developing and implementing legal frameworks for restriction of the marketing of breastmilk substitutes and foods and non-alcoholic beverages to children and nutrition
labelling; and
5) Establishing intercountry networks and other forms of regional collaborative mechanisms.

Recommendations for WHO also include:

1) Provide more guidance in the Package of Essential NCD (PEN) interventions for primary health care in low-resource settings protocol on nutrition/healthy diets.

2) Strengthen recommendations and guidance, reinforced with updated evidence, to advocate government promotion and protection of healthy food environments through stronger legal frameworks.

3) Develop tools, including a regional nutrient profiling model, to inform and support country efforts in strengthening legal frameworks on restriction of the marketing of foods and non-alcoholic beverages to children, and nutrition labelling.

4) Develop a regional surveillance mechanism for the nutrition-related targets.

5) Provide guidance on how to engage with non-state actors (by finalizing the Framework for Engagement with Non-State Actors).

6) Hold a regional consultation in 2017 for mid-term monitoring and evaluation of the implementation of the action plan.
ANNEX 1

LIST OF PARTICIPANTS, REPRESENTATIVES OF AGENCIES, WHO COLLABORATING CENTRES, AND OTHER PARTNERS/OBSERVERS AND SECRETARIAT

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ANNEX 2

PROVISIONAL PROGRAMME

Wednesday, 25 March 2015

08:30–08:40 Opening Ceremony
Regional Director, Regional Office for the Western Pacific

08:40–8:50 Introduction by participants

08:50–09:00 Overview of the Consultation

09:00–09:30 Coffee/mobility break
Group photo

09:30–09:45 Global update: ICN2, SDGs, updated guidelines on sugar, fat, and salt
Dr Chizuru Nishida, Coordinator, Nutrition Policy & Scientific Advice, WHO Headquarters

09:45–10:00 Global update: Developments on Noncommunicable diseases
Dr Temo Waqanivalu, Programme Officer, Surveillance and Population-based Prevention, WHO Headquarters

10:00–10:15 Regional update (Asia): Double Burden of Malnutrition
Dr Katrin Engelhardt, Technical Lead, Nutrition, Regional Office for the Western Pacific

10:15–10:30 Discussion

10:30–12:00 Country presentations

12:00–13:00 Lunch break

13:00–13:30 Overview presentation on Integrated Service Delivery
Dr Rasul Baghirov, Coordinator, People-centered Services, Regional Office for the Western Pacific

13:30–14:30 Group work 1a: Mapping nutrition services and standards, including gaps in delivering services

14:30–15:00 Group work 1b: Exploring collaboration and integration of identified services, including challenges in collaboration and integration

15:00–15:30 Coffee/mobility break

15:30–16:30 Report back and discussion

16:30–17:15 Reflections from other programme areas (Communicable Disease, Water Sanitation and Hygiene, Noncommunicable Diseases, Maternal and Child Health, Baby Friendly Hospital Initiative, Food Safety)
17:30-19:00  Cultural Night for all participants  
Al Fresco, Cafeteria, Regional Office for the Western Pacific

**Thursday, 26 March 2015**

08:30–08:45  Recap – Day 1

08:45–09:00  Introduction: Overview and objectives of the session  
*Dr Katrin Engelhardt, Technical Lead, Nutrition, Regional Office for the Western Pacific*

09:00–09:15  Updates from HQ: Healthy diets and NCDs  
*Dr Temo Waqanivalu, Programme Officer, Surveillance and Population-based Prevention, WHO Headquarters*

09:15–09:30  Marketing of Foods and Non-Alcoholic Beverages and Breast-Milk Substitutes to and for Children: Systematic review of evidence  
*Professor William Bellew, The Boden Institute, University of Sydney*  
*WHO Collaborating Centre for Physical Activity, Nutrition and Obesity*

09:30–09:45  Nutrient profiling/labelling  
*Dr Chizuru Nishida, Coordinator, Nutrition Policy & Scientific Advice, WHO Headquarters*

09:45–10:00  Regional approach to salt reduction  
*Dr Sonia McCarthy, Technical Officer, Noncommunicable Diseases and Health Promotion, Regional Office for the Western Pacific*

10:00–10:15  Food-based approaches to nutrition improvement  
*Ms Nomindelger Bayasgalanbat, Regional Advisor for Nutrition, Food and Agriculture Organization for Asia and the Pacific*

10:15–10:30  Discussion

10:30–11:00  Coffee/mobility break

11:00–12:00  Group work 2 – Mapping actions in promoting healthy food environments in different settings, identification of challenges and potential solutions  
- marketing (foods and non-alcoholic beverages and breast-milk substitutes)  
- labelling  
- salt reduction  
- food-based approaches

12:00–13:00  **Lunch break**  
*Brown Bag: Conflict of Interest in Health Professional Societies*  
*Alessandro Iellamo, Consultant, Nutrition, Regional Office for the Western Pacific*  
Foyer, Regional Office for the Western Pacific

13:00–15:00  Continuation of Group work 2

15:00–15:30  Coffee/mobility break

15:30–17:00  Report back and discussion
Friday, 27 March 2015

08:30–08:40 Recap – Day 2

08:40–09:20 Tracking progress towards global nutrition targets
Ms Monika Blössner, Technical Officer, Growth Assessment and Surveillance, WHO Headquarters

09:20–10:30 Group work 3 – Monitoring actions to achieve national nutrition targets

10:30–10:45 Coffee/mobility break

10:45–11:10 Policy implementation tools for prioritizing country actions
Dr Chizuru Nishida, Coordinator, Nutrition Policy & Scientific Advice, WHO Headquarters
Ms Kaia Engesveen, Technical Officer, Nutrition Policy & Scientific Advice, WHO Headquarters

11:10–12:00 Group work 4 – Finalization of country priority actions and next steps

12:00–13:00 Lunch break
*Brown Bag: One Health Tool (Nutrition Module)*
Ms Kaia Engesveen, Technical Officer, Nutrition Policy & Scientific Advice, WHO Headquarters
Foyer, Regional Office for the Western Pacific

13:00–15:00 Country presentations
Discussions

15:00–15:30 Coffee/mobility break

15:30–16:00 Conclusions and recommendations
Next steps
Closing
Dr Takeshi Kasai, Director, Division of Programme Management
Regional Office for the Western Pacific
## ANNEX 3

### SHORT- AND MEDIUM-TERM PRIORITY ACTIONS FOR EACH COUNTRY BY 2017

**Brunei Darussalam**

<table>
<thead>
<tr>
<th>Proposed priority action</th>
<th>Who is responsible? (Lead)</th>
<th>Who else can contribute? (partners)</th>
<th>What is expected?</th>
<th>Timeframe to see some results</th>
<th>What resources are available?</th>
<th>Immediate next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016:</td>
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<tr>
<td>• Review, endorse new National Dietary Guidelines (NDGs)</td>
<td>Tech. Working Group (TWG) within MoH:</td>
<td>Non-health sector:</td>
<td>Multisectoral Technical working group at national level</td>
<td>10 years</td>
<td>Health Promotion Budget</td>
<td>Literature review</td>
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<tr>
<td>• Population-based communication strategy (including Food industry, community e.g. schools)</td>
<td>Health Promotion Centre</td>
<td>Agriculture</td>
<td>A planned communication strategy</td>
<td></td>
<td>Local nutritionists and dietitians</td>
<td>Activate TWG within MoH</td>
</tr>
<tr>
<td>• Monitoring and review (5 yearly)</td>
<td>Community Nutrition Division</td>
<td>Fisheries</td>
<td>A planned monitoring and review framework</td>
<td></td>
<td>Consultant e.g. from Malaysia</td>
<td>Pre-test new NDGs</td>
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<td>• Work on the implementation of the International Code of Marketing for BMS</td>
<td>Clinical Dietitians</td>
<td>Education</td>
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<td>Writing-up in progress</td>
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<td>• By 2016, to develop, endorse and implement the Health Workers’ Code in the MoH</td>
<td>National Committee on NCD Prevention &amp; Control</td>
<td>NGOs</td>
<td></td>
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<td></td>
<td>In-country consultation with relevant non-health sectors</td>
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<td>• By 2017 – to incorporate the Health Workers</td>
<td>University Brunei Darussalam</td>
<td>University Brunei Darussalam</td>
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<td>Formulate key message for media promotion</td>
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<tr>
<td>• TWG for Key Strategy 2 of the MIYCN Taskforce (MoH)</td>
<td>Attorney General Chambers (PMO)</td>
<td>Non-health sector:</td>
<td></td>
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<td></td>
<td>Present to Executive committee of the MoH &amp; high-level structure Nat. HP committee</td>
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<td>• Radio Television Brunei</td>
<td>Radio Television Brunei</td>
<td>Agriculture</td>
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<td>Distribution of advocacy materials</td>
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<td>• Media &amp; Cabinet (PMO)</td>
<td>Media &amp; Cabinet (PMO)</td>
<td>Fisheries</td>
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<td>• Ministry of Home Affairs</td>
<td>Ministry of Home Affairs</td>
<td>Education</td>
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<td>• Dept of Agriculture &amp; Agri-foods</td>
<td>Dept of Agriculture &amp; Agri-foods</td>
<td>NGOs</td>
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<td>• Measurable Outcomes:</td>
<td>University Brunei Darussalam</td>
<td>University Brunei Darussalam</td>
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<td>• Health-care workers who do not violate the HW Code</td>
<td>Attorney General Chambers (PMO)</td>
<td>Attorney General Chambers (PMO)</td>
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<td>• Health-care workers knowledge on the HW Code</td>
<td>Radio Television Brunei</td>
<td>Radio Television Brunei</td>
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<td>• Improvements in national EBF</td>
<td>Media &amp; Cabinet (PMO)</td>
<td>Media &amp; Cabinet (PMO)</td>
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<td>• 5 years after full implementation</td>
<td>Ministry of Home Affairs</td>
<td>Ministry of Home Affairs</td>
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<tr>
<td>• Budget for consultancy, for advocacy work (local expertise lacking)</td>
<td>Dept of Agriculture &amp; Agri-foods</td>
<td>Dept of Agriculture &amp; Agri-foods</td>
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<tr>
<td>• To establish monitoring mechanisms (including penalties) for Health Workers Code violations</td>
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<td>• To build capacity for monitoring</td>
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<tr>
<td>• Develop advocacy material</td>
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<tr>
<td>• To educate and raise awareness regarding the Health Workers Code among all stakeholders including health-care</td>
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<tr>
<td>Organize National Nutrition Day on 6 November annually</td>
<td>CARD/ MOH/ MAFF/ MOP/ MRD</td>
<td>all DPs</td>
<td>Public awareness on nutrition will be raised annually</td>
<td>None</td>
<td>Call for consultation with stakeholders</td>
<td></td>
</tr>
<tr>
<td>Develop M&amp;E program and report mechanism to ensure the implementation the NSFSN</td>
<td>CARD and line ministries</td>
<td>WFP, UNICEF, FAO, WHO</td>
<td>M&amp;E and Report are developed and share to stakeholders</td>
<td>2016</td>
<td>None</td>
<td>Call for consultation with stakeholders</td>
</tr>
<tr>
<td>Implement National Salt Reduction Plan</td>
<td>Prevention Medicine</td>
<td>WHO, WFP, UNICEF</td>
<td>Restrict Marketing of Food and Beverage to Children</td>
<td>None</td>
<td>Develop National Salt Reduction Action Plan</td>
<td></td>
</tr>
<tr>
<td>Replace trans fat with polyunsaturated fat</td>
<td>MEF, MOIH, MOC, MOH, CARD</td>
<td>WHO, WFP, UNICEF, Trade Union</td>
<td>Manage food taxes and subsidies</td>
<td>2018</td>
<td>None</td>
<td>Regulate meeting</td>
</tr>
<tr>
<td>Raise public awareness of healthy diet physical activities through mass media</td>
<td>MOH, MOLVT, MOEYS, MOI</td>
<td>WHO, UNICEF, WFP</td>
<td>Low income people will gain their knowledge</td>
<td>2017</td>
<td>None</td>
<td>Develop IEC Materials</td>
</tr>
<tr>
<td>implementation and enforcement of Sub decree 133 and joint parkas on Marketing of Product on IYCF (FTRM page 16)</td>
<td>MNP/MNCHC, DDF</td>
<td>WHO (support TA &amp; Financial) UNICEF, HKI, WVC</td>
<td>Activities in FTRM will be implemented</td>
<td>2017</td>
<td>Partial from HKI, UNICEF</td>
<td>Review and update the existing monitoring tools and conduct training to stakeholders. Organize regular meetings with Oversight board and executive working group</td>
</tr>
</tbody>
</table>
Develop tools to improve detection of SAM and MAM at the community level. | NNP/MNCHC/ MOH | UNICEF/ WFP/ IRD and other DPs | Detection of SAM and MAM will be developed | 2017 | None |

Develop specific local products for the treatment of SAM & MAM which are widely accepted by Cambodian | NNP/MNCHC/ MOH | UNICEF/ WFP/ IRD and other DPs | Local products will be produced | 2017 | UNICEF, WFP, IRD France | Acceptable study on new products |

Improve IYCF practices at health facilities and community level through BFCl, BFHI approach | NNP/MNCHC/ MOH | All stakeholders | BFCl & BFHI will be improved & expend | 2017 | Partial from some DPs | Update mass media and other materials. |

China

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<tbody>
<tr>
<td>Enhance National Nutrition and Health surveillance system</td>
<td>NHFPC</td>
<td>China CDC, provincial CDC, county CDC - Need support from WHO (technical and funding); To show status of nutrition and trend of changes, achievement of intervention; to evaluate policy etc</td>
<td>2015 surveillance among adult population is ongoing; and 2016 will be focus on Children, locating and pregnant women.</td>
<td>Budget for the surveillance are allocated by center government.</td>
<td>Continue Implementation and evaluation the impact</td>
<td></td>
</tr>
<tr>
<td>Nutrition intervention</td>
<td>MOE &amp; NHFPC</td>
<td>Education system from national to school, health sector from national to community. - Need support from WHO (technical and funding) 0-24m children in rural China received YYB; 6-12y student received lunch subsidy.</td>
<td>Nutrition improvement of target population</td>
<td>Budget for the surveillance are allocated by center government.</td>
<td>Continue Implementation and evaluation the impact</td>
<td></td>
</tr>
<tr>
<td>Establish breastmilk substitutes monitoring system</td>
<td>MOH</td>
<td>WHO, UNICEF China office give technical and funding support, mass medias Exposure the violations of companies</td>
<td>Generate working framework and mechanism by 2016</td>
<td>China code regulation, BFHI Initiative</td>
<td>Raise sustainable fund and coordinate related partners</td>
<td></td>
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</tbody>
</table>

**Hong Kong SAR (China)**

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<tbody>
<tr>
<td>Salt and Sugar Reduction</td>
<td>Food and Health Bureau The Committee on Reduction of Salt and Sugar in Food established by the</td>
<td>- Food Industry - Centre for Food Safety - Department of Health - International Advisory Panel - Health Professionals (e.g. public health physicians, primary)</td>
<td>- Assessment and monitoring of local situation - Setting out priority areas for reduction of salt &amp; sugar in food and setting of local</td>
<td>3 years</td>
<td>Government will provide secretariat support</td>
<td>- To conduct surveys to (i) collect consumption information on salt and sodium (i.e. amount of intakes and sources of intakes); (ii) examine sodium and sugar contents in food. - To hold different Working</td>
</tr>
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<tr>
<td>Health Claims in infant formula, follow-up formula, and foods for infant and young children (IYC)</td>
<td>Government</td>
<td>care professionals, nutritionist) Media Consumer Council Education sector</td>
<td>reduction targets and product reformulation - Promote and public education strategies</td>
<td><strong>3 years (to be confirmed)</strong></td>
<td>Government</td>
<td>Groups meetings to discuss: * various reduction targets (with food industry) * health promotion strategy (with stakeholders such as the media and Consumer Council)</td>
</tr>
<tr>
<td>BFHI accreditation</td>
<td>Hospital Authority</td>
<td>Baby-friendly Hospital Initiative Hong Kong Association (BFHIHK) Doctors, nurses, and relevant hospital staff Representatives of Obstetrics and Gynaecology, Paediatrics, Dietetics Department of Health Private hospitals</td>
<td>Obtain award “Baby Friendly” certification by all public hospitals in Hong Kong Hospital Authority of Hong Kong has pledged to seek designation for all 8 public birthing hospitals as Baby Friendly Hospitals (BFH) by 2020</td>
<td>Hospital Authority</td>
<td>3 hospitals awarded the Certificate of Intent as BFH in 2013 (Queen Elizabeth Hospital (QEH) awarded the next level of Certificate of Commitment in Jan 2014 QEH is expected to be awarded the “Baby Friendly” certification by early 2015.</td>
<td></td>
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<tr>
<td>National Food Labelling Law</td>
<td>Consumer Affairs Agency</td>
<td>- Food industry &lt;br&gt;- Supermarket &lt;br&gt;- Convenient store</td>
<td>-Mandatory food labelling &lt;br&gt;-Health claims by company (optional)</td>
<td>By 2020, after transition period for 5 years</td>
<td>Government subsidy</td>
<td>The system starts in April 2015</td>
</tr>
<tr>
<td>Nutrition labelling for “healthy diet”</td>
<td>The Ministry of Health, Labour and Welfare</td>
<td>- Consumer Affairs Agency &lt;br&gt;- Food industry</td>
<td>Promotion of healthy diet</td>
<td>To be started in 1-2 years</td>
<td>Government subsidy</td>
<td>Review of standard</td>
</tr>
<tr>
<td>Health Japan 21 (Salt reduction)</td>
<td>The Ministry of Health, Labour and Welfare</td>
<td>Local governments &lt;br&gt;Food industry &lt;br&gt;Restaurants</td>
<td>&lt; 8g/day NCD prevention</td>
<td>To be achieved by 2017</td>
<td>Government subsidy</td>
<td>Dietary Reference Intakes No salt on the table</td>
</tr>
<tr>
<td>Nutrient Profiling</td>
<td>The Ministry of Health, Labour and Welfare</td>
<td>- Consumer Affairs Agency &lt;br&gt;- Food industry</td>
<td>Standardization to classify healthy or unhealthy food</td>
<td>To be introduced by 2017</td>
<td>Technical support by WHO Government subsidy</td>
<td>Preparation committee to be established in the Ministry</td>
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</table>
## The Lao People's Democratic Republic

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<tbody>
<tr>
<td>Objective 1. Elevate nutrition in the national development agenda</td>
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<tr>
<td>NCDs reports for monitor achievement implementation at sub national level</td>
<td>Health care Dept/MOH</td>
<td>UNICEF KOICA</td>
<td>Report tool for PEN package</td>
<td>2017</td>
<td>WHO (TA.costing)</td>
<td>Set up report system Identify report indicators Dissemination National action plan for NCDs</td>
</tr>
<tr>
<td>Establish Multi-sectoral of NCDs committee</td>
<td>Health care Dept /MOH</td>
<td>Line ministries</td>
<td>National Committee</td>
<td>2016</td>
<td>GOs</td>
<td>Submit for approval from Prime minister office Dissemination to committee members</td>
</tr>
<tr>
<td>Objective 2. Protect, promote and support optimal breastfeeding and complementary feeding practices.</td>
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<tr>
<td>Upgrade degree of code breast milk substitute To be regulation the first draft</td>
<td>MOH</td>
<td>UNICEF WHO</td>
<td>Draft Jul 2015</td>
<td>2016</td>
<td>UNICEF</td>
<td>1.Consultation meeting 2.Identify code indicators</td>
</tr>
<tr>
<td>Objective 3. Strengthen and enforce legal frameworks that protect, promote and support healthy diets.</td>
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<tr>
<td>Development standards for foods and drinks sold in schools;</td>
<td>MoE</td>
<td>NNC. Sec</td>
<td>Regulation</td>
<td>2017</td>
<td>GOs, Donors</td>
<td>Consultation meeting Drafting regulation Piloting Finalize Dissemination Training</td>
</tr>
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<tr>
<td>1. Development of an interactive video training materials on breastfeeding counselling and complementary feeding for health workers at PHC and community</td>
<td>Ministry of Health and Sports</td>
<td>Relevant agencies of Ministries</td>
<td>Training materials for health workers and community to assist mothers and child carers</td>
<td>2015</td>
<td>WHO Country office funds</td>
<td>Start developing based on WHO and UNICEF training handbook on breastfeeding counselling and complementary feeding (WHO)</td>
</tr>
<tr>
<td>2. Revision of food composition table and dietary guidelines</td>
<td>Ministry of Health and Sports and Ministry of Agriculture</td>
<td>Relevant agencies of Ministries</td>
<td>Revised table and dietary guidelines</td>
<td>2017</td>
<td>Request to WHO and FAO</td>
<td>- Advocacy meeting - Training of staff (WHO and FAO)</td>
</tr>
<tr>
<td>4. Food labelling system formulated and regulated</td>
<td>Ministry of Agriculture</td>
<td>University of Technology and Public Health Institute</td>
<td>Step-by-step approach taken: Regulation Introduction Implementation Monitoring of enforcement</td>
<td>2016-17</td>
<td>Government and industry funds</td>
<td>Advocacy meeting</td>
</tr>
<tr>
<td>5. Endorsement of the national policies on nutrition, salt reduction and IYCF</td>
<td>Ministry of Health and Sports</td>
<td>All Ministries</td>
<td>Endorsed</td>
<td>2015</td>
<td>Government</td>
<td>Childhood obesity component will be added National workshop (September 2015) on childhood obesity which will cover the updates from the WHO regional workshop (March 25–27) Collect comments from other sectors</td>
</tr>
</tbody>
</table>
### The Philippines

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<tr>
<td>Work for legislation on marketing of sugar-sweetened beverages</td>
<td>DOH and NNC</td>
<td>DepED, DOF, NGOs, Civil society Consumer groups, Nutrition and health professional organizations, NCD Coalition, WHO, mass media</td>
<td>Legislation imposing additional tax on SSB</td>
<td>2016–2017</td>
<td>Evidence Technical staff from various agencies and organizations</td>
<td>Build evidence through a policy note with assistance from WHO and technical experts Conduct high-level advocacy Mapping of legislators to identify sponsor and champions Enhancement of draft bill with the legislative sponsor/s</td>
</tr>
<tr>
<td>Development of policy on salt reduction</td>
<td>DOH and NNC</td>
<td>NCD Coalition, WHO (technical support, funding, evidence/data), DOST-FNRI, FDA, Consumer groups, Phil. Chamber of Food, Manufacturers, DepED</td>
<td>Policy brief DOH Administrative Order Providing Guidelines on the Reduction of Salt Consumption Communication campaign to reduce salt consumption</td>
<td>2015 2016</td>
<td>Evidence Technical assistance Tool kit on salt reduction</td>
<td>Development of policy brief Drafting of AO Drafting of communication plan for implementation in 2016 Advocacy to various sectors</td>
</tr>
<tr>
<td>Work for a legislation on the regulation of marketing of unhealthy</td>
<td>DOH and NNC DepED</td>
<td>CWC UNICEF WHO (technical</td>
<td>Nutrient Profiling Study on current practice on</td>
<td>2016 2016</td>
<td>FNRI as institution to do the profiling in collaboration</td>
<td>Build evidence through nutrient profiling, study on marketing practices, policy note with</td>
</tr>
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</tr>
<tr>
<td>foods and non-alcoholic beverages to children</td>
<td></td>
<td>support, funding for nutrient profiling and study marketing to children, evidence/data) Phil. Pediatric Society NCD Coalition DOST-FNRI DILG, Health Justice, Consumer groups, Civil Society, Mass media</td>
<td>marketing to children Policy brief Draft bill on marketing</td>
<td>2015 2016</td>
<td>with DOH, NNC and DepED (but requiring financial assistance from DOH-NCDPC) Advocacy groups</td>
<td>assistance from WHO and technical experts Conduct high-level advocacy to generate position papers supportive of the bill Mapping of legislators to identify sponsor and champions Drafting of proposed bill Filing and committee deliberations</td>
</tr>
<tr>
<td>Nutrition labelling</td>
<td>FDA DOH NNC</td>
<td>DILG DepED CHED Mass media Consumer groups</td>
<td>Improved use of the nutrition labels (percent of consumers reading the nutrition labels) Compliance of food manufacturers to the food and nutrition labelling policies</td>
<td>2017</td>
<td>Policy FDA personnel for monitoring</td>
<td>Development of communication campaign to promote use of nutrition labels for improving consumer food choices Monitoring compliance to AO</td>
</tr>
<tr>
<td>Promoting healthier food options</td>
<td>NNC DOH DepED</td>
<td>DILG CSC DA</td>
<td>Increased availability of healthier food options in schools and communities</td>
<td>2017</td>
<td>Nutritional Guidelines for Filipinos Pinggang Pinoy DepED policy</td>
<td>Communication campaign DepED updated policy Monitoring</td>
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## Singapore

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<tr>
<td>Expand community and school-based weight management programmes for all O/SO students (aged 6-18 yrs) and their parents</td>
<td>Health Promotion Board (HPB)</td>
<td>1) MOE, ECDA (Early childhood development agency), schools, SportSG (Sports Association), parents support groups, community leaders and private companies 2) Tap on WHO’s resource toolkits to plan, implement, monitor and evaluate programmes reach and effectiveness.</td>
<td>1) Increase reach and participation 2) Increase in nutrition knowledge and practices 3) Increase in physical activity 3) Reduce overweight/obesity in children/youth</td>
<td>2017</td>
<td>1) Financial support from government 2) Manpower 3) Technical expertise</td>
<td>1) Engage key stakeholders to support and promote programmes in various platforms. 2) Train health professionals to promote and facilitate programmes. 3) Work with research department to monitor and evaluate programme effectiveness</td>
</tr>
<tr>
<td>Develop and implement marketing strategies to promote healthier foods and drinks to children and youth</td>
<td>HPB (Marketing department)</td>
<td>Government agencies, private companies e.g. supermarkets, media owners</td>
<td>1) Increase awareness of the importance of adopting a healthy lifestyle. 2) Increase healthy lifestyle practices. 3) Increase awareness of the availability and accessibility of healthier food choices, weight management programmes</td>
<td>2017</td>
<td>1) Financial support from government. 2) Strong marketing team from HPB</td>
<td>1) Develop a comprehensive strategic marketing plan 2) Plan budget &amp; costing 3) Conduct ground sensing with private companies and media owners.</td>
</tr>
</tbody>
</table>
### Viet Nam

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<tr>
<td>dialogue and coherent nutrition planning.</td>
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</tr>
<tr>
<td>Developing and Costing nutrition plan 2016-2020 (double burden malnutrition)</td>
<td>MOH/NIN</td>
<td>Related sectors, WHO (technical</td>
<td>Plan and budget</td>
<td>2016</td>
<td>Nutrition statistics, Nutrition strategy</td>
<td>Get plan support and financial commitment</td>
</tr>
<tr>
<td>support for policy, costing)</td>
<td></td>
<td>support for policy, costing)</td>
<td></td>
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</tr>
<tr>
<td>Developing Dietary guideline for different groups</td>
<td>NIN</td>
<td>WHO</td>
<td>Dietary guideline for different groups developed approved by MOH</td>
<td>2016</td>
<td>Current VN guideline, WHO guidelines</td>
<td>Get technical and financial support</td>
</tr>
<tr>
<td>Developing National Guideline for School meals in primary schools</td>
<td>MOH/NIN and MOET</td>
<td>WHO</td>
<td>National guideline for school meals developed and approved by MOH</td>
<td>2016</td>
<td>Related Vietnam and WHO guidelines, Pilot guideline</td>
<td>Get political and financial support</td>
</tr>
<tr>
<td>Food fortification Decree approved</td>
<td>MOH/FA/NIN</td>
<td>WHO, UNICEF NGOs</td>
<td>Decree approved by Prime Minister</td>
<td>2016</td>
<td>Draft of decree</td>
<td>Advocacy to high level policy makers</td>
</tr>
<tr>
<td>Salt reduction</td>
<td>MOH/NIN</td>
<td>Related ministries (MIC, MCI...)</td>
<td>National program implemented</td>
<td>2016</td>
<td>Pilot model, Government and WHO support</td>
<td>Developing plan of action, Getting financial commitment</td>
</tr>
</tbody>
</table>
Annex 4

Baseline and Mid-Term Benchmarks for 2017

Currently being summarized, will be added soon.