

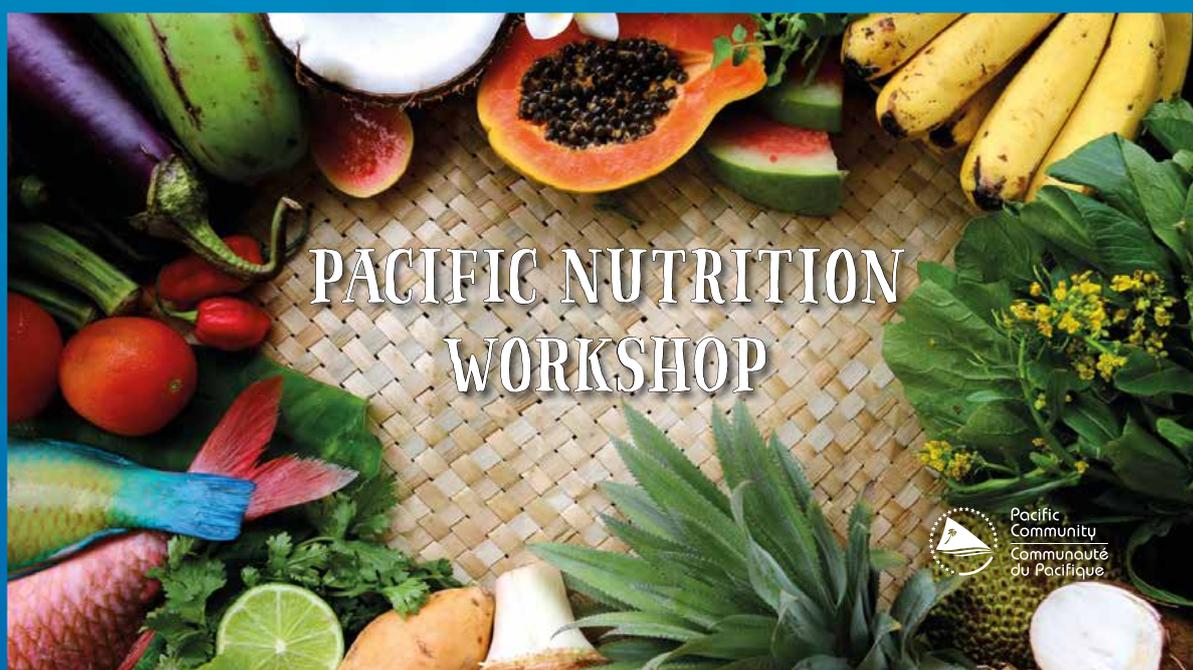


Pacific
Community
Communauté
du Pacifique

Pacific nutrition workshop report

Nadi, Fiji

28–30 November, 2017



Prepared by the Pacific Community



PHD
Public Health Division

Pacific nutrition workshop report

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Suva, Fiji, 2018

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Executive summary

The Pacific Nutrition Workshop was organised and hosted by the Pacific Community (SPC). It was held in Nadi, Fiji from 28–30 November 2017. Nutritionists from 20 Pacific Island countries and territories and regional partner agencies attended the workshop.

The workshop was seen as an opportunity to present *Pacific guidelines for a healthy diet and lifestyle*, the revised and updated version of the Pacific guidelines that were developed by SPC in 2000 in collaboration with member countries. The workshop also aimed to strengthen nutrition networks and foster knowledge exchange.

During the workshop, participants:

- accepted *Pacific guidelines for a healthy diet and lifestyle* for adoption, endorsement and use at national level, and supported regional endorsement at the Heads of Health meeting;
- recommended development of additional resources to support the communication of the guidelines to the public;
- recommended that additional guidelines be developed for specific groups, such as infants and young children, pregnant women and people with diabetes;
- recommended that a training package be developed to train health professionals in countries on how to use the guidelines;
- participated in a market place event that highlighted national actions and resources to address food and nutrition issues;
- agreed that there is a need for networking for professional development, and identified communicating via an email group as the more feasible option and most accessible to all;
- networked with regional agencies and identified opportunities for South-South collaboration and support to scale up nutrition interventions at national level, and
- were encouraged to advocate their national governments to support national scholarships for nutrition.



An innovative approach to capture the workshop discussions in visual graphics was done by a local artist. The images will be used to support the communication of the guidelines.

A key outcome of the workshop was the development of plans of action on how the guidelines will be adapted, used and communicated in countries. SPC and regional agencies remain committed to supporting the implementation of these plans.

Upon further discussions with the technical resource persons after the workshop, to be consistent with the recommendations outlined in the handbook, the title of the guidelines was amended and the guidelines will be referred to in future communications as the '**Pacific guidelines for healthy living**'.

Background

Pacific countries are facing the consequences of a double burden of malnutrition with high prevalence of nutrition-related diseases such as diabetes, obesity, heart diseases and some cancers, as well as micronutrient deficiencies. Unhealthy diets, lifestyles and environment are key risk factors contributing to this increasing double burden of malnutrition.

Communicating nutrition information on what foods to eat and how much to eat is an essential component of food and nutrition programmes. In 2002, the Pacific Community (SPC), in close collaboration with Pacific nutritionists, published posters, fact sheets and a training manual on Pacific dietary guidelines.¹ The guidelines were commonly referred to as the Pacific food-based dietary guidelines. Most Pacific countries have adapted and translated these regional guidelines into their own languages to suit their specific national context. However, the effectiveness of the guidelines has not been evaluated.

Given the limited improvement in the nutrition outcomes in the region, SPC convened the Pacific Nutrition Expert Group Workshop in January 2017. Expert nutritionists from several Pacific countries and regional agencies were invited to review the 2002 guidelines and look at how they could be improved to promote healthy diets and lifestyle messages to the public. The key recommendation from the review workshop was for SPC to update the visual presentation of the guidelines and to develop a handbook to explain them. A technical working group was convened to assist SPC with this work.

This Pacific Nutrition Workshop was convened to present the revised guidelines and the recommendations from the technical review workshop held in January. Dietitians, nutritionists and health promotion colleagues from 20 Pacific Island countries and territories (PICTs) and partner agencies accepted the invitation to attend. The participant list is attached as Appendix A.

Workshop objectives

The objectives of this workshop were:

- to present the handbook *Pacific guidelines for a healthy diet and lifestyle* and the supporting resources;
- to assist countries to develop action plans for the adoption, endorsement and use of the Pacific guidelines at national level;
- to identify the challenges and support needed to use the guidelines to scale up nutrition interventions at the national level; and
- to assess the need for a Pacific nutrition network for professional development.

¹ SPC. *Background materials for four posters: Healthy Eating in the Pacific, Pacific Guide to Healthy Eating, Eat Less of These Foods for Good Health, the Path to a Healthier Pacific and a detailed manual for local trainers*. 2002. SPC: Noumea, New Caledonia.

Day 1 – Tuesday, 28 November

Session 1 – Welcome and introductions

Chair: Sunia Soakai

Opening prayer: Maca Temoirikomalani

Opening remarks: Jimaima Schultz

1. Ms Schultz provided an overview of the status of dietary guidelines in the Pacific over the last 50 years. In the early 1950s, malnutrition was the main health issue in Pacific Island countries and territories (PICTs). Since that time, diet has changed significantly, with increased consumption of highly processed and energy-dense foods, people have become less physically active, and smoking and alcohol consumption have increased. As a result, PICTs are now experiencing the triple burden of malnutrition, micronutrient deficiency, and over-nutrition (obesity).
2. SPC has led the development of food-based dietary guidelines for the Pacific. Ms Schultz highlighted important considerations for food guidelines, including:
 - the need for the guidelines to incorporate physical activity messages, to reflect the complex interplay between physical activity and diet for maintaining healthy weight;
 - the need for guidelines to be simple and easily understood by communities;
 - the complexity of messaging about healthy diet, as messages are not 'black and white' as they are for other non-communicable disease (NCD) risk factors (e.g. anti-smoking messages); and
 - the need for research to identify whether messages are understood, and whether they have an impact on health outcomes.
3. Ms Schultz suggested strategies to increase the uptake of dietary guidelines in PICTs, including the importance of:
 - advocating for guidelines to be endorsed at national level, and integrated with related national plans (e.g. NCD plans);
 - utilising social media and other media to communicate the guidelines;
 - building collaborations across government, with civil society, with media and potentially with the food industry;
 - developing a communications strategy and resources to support dissemination in a range of settings, including to health professionals, the public, schools and the food industry;
 - developing a monitoring and evaluation plan to track uptake and understand the effectiveness of the guidelines;
 - identifying champions to advocate for uptake of the guidelines; and
 - emphasising the link between food and sustainability.

Introduction and workshop objectives: Karen Fukofuka

4. SPC convened a Pacific Nutrition Expert Group workshop in January 2017, to discuss the need for updating the 2002 Pacific food-based dietary guidelines. Recommendations from the January workshop were to enhance visual presentation of the guidelines, develop a handbook with detailed explanatory notes, support networking across the Pacific, improve advocacy and communication of the guidelines at regional and national levels, and build national capacity in the area of nutrition.
5. The objectives of the workshop are:
 - to present the handbook *Pacific guidelines for a healthy diet and lifestyle* and the supporting resources;
 - assist countries to develop action plans for the adoption, endorsement and use of the Pacific guidelines at national level;
 - identify the challenges and support needed to use the guidelines to scale up nutrition interventions at national level; and
 - assess the need for a Pacific nutrition network for professional development.

Session 2 – Challenges and strategies in addressing food and nutrition issues in the Pacific

Chair: Dr Si Thu Win Tin

Overview of global and regional nutrition situation: Elisiva Na'ati

6. Ms Na'ati provided an overview of global nutrition commitments, including the sustainable development goals (SDGs). Nutrition will influence achievement of 12 of the 17 SDGs. She also highlighted the global nutrition targets for 2020, including reducing stunting, wasting anaemia and childhood obesity; increasing rates of exclusive breastfeeding in the first six months, and reducing prevalence of low birth weight, adult overweight and adult diabetes.
7. Limited data are available in the Pacific, but it is clear that childhood wasting and stunting are still a major issue in some PICTs. Data from population-based surveys indicate a high prevalence of overweight and obesity in adolescents aged 13–17 years and adults in PICTs. There is also a high prevalence of anaemia among women of reproductive age. Most PICTs are achieving the global target to increase exclusive breastfeeding for the first six months after birth to 50%, but there is still room for improvement.

Discussion

8. Meeting attendees asked whether obesity standards for children and adults in the Pacific should be different from international standards, given the different physiology of Pacific people. It was agreed that the Pacific should utilise international standards, to allow international comparisons, and to ensure that physiological differences are not used as an 'excuse' for the high rates of obesity in PICTs.

Overview of global and regional nutrition strategies and commitments: Seini Kurusiga

9. Mrs Kurusiga highlighted the global burden of malnutrition, drawing attention to nutrition issues including the triple burden of undernutrition coexisting with overnutrition and obesity, food security, stunting, and micronutrient deficiencies among children and women. Various global commitments to address nutrition, including those from the International Congress on Nutrition (1992), the World Food Summit, the World Food Security Summit, the Rome Declaration on World Food Security, the Right to Food Guidelines (2002), and the Millennium Development Goals (MDGs), were made over the years to address nutrition. In addition, nutrition is implicated directly in SDG 1, 2, 3 and 6 and indirectly in nine other goals.
10. Global strategies include the Global Strategy on Diet, Physical Activity and Health adopted by the 57th World Health Assembly 2004, the 2008–2013 Global Strategy for the Prevention and Control of Communicable Diseases, and the WHO Comprehensive Implementation Plan for Maternal Infant and Young Child Nutrition. In addition, the UN General Assembly declared 2016–2025 as the Decade of Action on Nutrition, providing an unprecedented opportunity for nutrition action and implementation.
11. Challenges in addressing nutrition at the national level include lack of political will, low capacity in nutrition, lack of ownership in national plans of action on nutrition (NPAN) and other UN supported initiatives, confusion caused by NPANs being replaced by NCD plans, and weak coordination and collaboration by development partners providing nutrition support to countries.

Background on the development of the guidelines and the role of guidelines in addressing nutrition issues: Karen Fukofuka

12. Ms Fukofuka highlighted the importance of guidelines as a tool to support health promotion activities, providing advice for making food and lifestyle choices that promote good health, prevent diseases, reduce risk of diet and lifestyle related conditions, and assist in developing policies related to food and nutrition.
13. The 2002 Pacific food-based dietary guidelines were developed by Pacific nutritionists. They were developed for adults, based on regional dietary patterns, adjusted to meet international nutrient goals. The guidelines were presented as a set of four complementary posters with additional supporting resources. A regional review of the guidelines undertaken by SPC in 2016 found that the guidelines were still technically sound. However, the implementation and communication of the guidelines were limited, due to insufficient resources and capacity to evaluate impact, lack of understanding on the use of the guidelines at national level by untrained staff, and some confusion on how to communicate the guideline messages. Suggestions for improvement of the guidelines included keeping messages clear and simple, providing more opportunity to share information and learn from each other, providing regular training on the use of the guidelines, developing additional resources and new ways of communicating the guidelines, and strengthening monitoring and evaluation of their use.

Session 3– Countries’ experience on adoption and implementation of the guidelines

Chair: Jimaima Schultz

This session comprised poster presentations from representatives from four countries which adopted the 2002 Pacific food-based dietary guidelines: Cook Islands, Solomon Islands, Kiribati and Niue. Posters are provided in Appendix C.

Cook Islands – Karen Tairea and Mareta Jacob

14. Cook Islands developed their own guidelines in 1992, but adopted the Pacific guidelines when they were released in 2002. The guidelines were used for nutrition education in schools, communities, and individual counselling. They were adapted for schools, and used the food pyramid rather than the healthy plate. Lessons learned included the importance of ongoing staff training due to staff turn-over, the need for detailed explanatory notes to support each guideline, and the need to adapt the guidelines for children. Challenges included messaging around serving sizes (the ‘pie chart’ represents proportions of the three food groups consumed over the whole day) and a lack of materials to communicate the ‘healthy plate’ with recommended portion sizes and proportions of the three food groups at each meal. An additional challenge was that the Pacific guidelines did not reflect food available on the atolls of Cook Islands. There is also a need for resources for interactive activities to support communicating the guidelines to communities.

Solomon Islands – Salome Namohunu and Mavis Kwanairara

15. Solomon Islands adopted, adapted and translated the 2002 Pacific guidelines in 2011 and used them to promote healthy eating in communities and schools and to support the dietary services in hospitals. They were also used in the calculation of the minimum wage and to determine the content of the emergency food basket. Key challenges identified included lack of impact assessment, the use of overseas guidelines that were inconsistent with the adopted Pacific ones, limited training opportunities for users, and few creative facilities to develop promotional resources. Using the guidelines as a tool to raise awareness of the link between diet and NCDs was identified as an opportunity and a way forward.

Kiribati – Ntaene Tanua and Mweritonga Rubeuariki

16. Kiribati adopted and translated the 2002 Pacific guidelines in 2011 and used them in health promotion interventions and training programmes. A key achievement was the incorporation of the guidelines into the new primary and secondary school syllabus developed in 2017. Incorporating the guidelines into cooking demonstrations was identified as a successful strategy for communicating guidelines to communities. The main challenges for Kiribati are the limited availability of local foods and the need to include imported foods in the guidelines.

Niue – Alicia Hipa and Breana Pasisi

17. Niue adopted, adapted and translated the 2002 Pacific guidelines in 2005 but they were not comprehensively communicated to the public due to lack of training for health staff on how to use and communicate them. In 2016, Niue, with assistance from FAO and SPC, convened a steering committee to develop an updated version of the guidelines. The new guidelines will emphasise consumption of healthy local foods. These will also be translated into the local language and an effective communication strategy will be developed to guide communication efforts. The new guidelines are currently being finalised to be launched on the 2018 World Food Day.

Discussion

18. Guam reported that a key challenge has been engaging parents to ensure that children are provided with healthy meals at home, and asked whether any countries had found successful strategies to engage parents. Niue reported that joint home-gardening projects between school and community were a successful strategy. Other countries, however, expressed concern that such gardens may not be sustainable due to space restrictions.
19. Incorporation of the guidelines into the school curriculum was identified as a challenge by several PICTs, and it was suggested that SPC could provide regional support for this by developing supportive resources for teaching the guidelines in schools.
20. The participants discussed the fact that many countries focus on communicating the guidelines to children, and there is a perception that it is 'too late' to change adult eating behaviours. The participants agreed that parents also need to be educated about healthy eating behaviours to ensure that health messages children learn in school are reinforced at home.
21. Some participants reported that growing new fruits and vegetables was a way to engage communities who are curious to try new foods. However, countries must be careful not to introduce invasive species but rather focus on growing climate-resistant local varieties of fruit trees.
22. It was suggested that the new guidelines need to recognise climate change and sustainability.
23. High turnover of nutrition staff was identified as a key challenge, particularly in smaller countries. There is a need for university-level nutrition training to be available in the region and for more in-country training options, as sending students to Fiji is not always feasible, and there is a need for strategies to draw students back to the Pacific when they travel off-island to study. Another option discussed by the participants was training local volunteers to communicate basic nutrition messages to complement the work of nutritionists.
24. Overseas trainers use overseas resources when they conduct nutrition education in Pacific countries. This is particularly challenging for the French and US-affiliated PICTs, where nutrition education resources are sometimes required to align with French/US guidelines, which may not be suitable for the Pacific context. Potential solutions include requiring all trainers to be registered with the Ministry of Health (in place in Cook Islands), and requiring all overseas researchers to be registered with the government (in place in Palau).

Session 4 – Country experience on developing and implementation of specific guidelines and their challenges

Chair: Solene Bertrand-Protat

French Polynesia – Marjorie Bourges and Helene Thual

25. French Polynesia developed dietary guidelines in 2012, and presented them in a poster with an information booklet to communicate the key messages to public. The key messages of the guidelines are personalised to encourage personal responsibility and ownership. The guidelines are: (i) I have a balanced diet; (ii) I grow, I cook and I eat local products; and (iii) I move for my health. There is also supporting information about limiting consumption of salt and sugar.

New Caledonia – Isabelle Capart and Emillie Simonet

26. New Caledonia developed their dietary guidelines in 2008 for a five-year period, and they were evaluated and updated in 2013. The aim of the guidelines was to improve population nutrition status and to stabilise the overweight prevalence in children. The guidelines covered the four strategic areas: (i) promote balanced diets; (ii) promote regular physical activity; (iii) make the environment more conducive to healthy lifestyles; and (iv) coordinate professionals for overweight screening and care. The development of the 'eat better, move more' guidelines involved multiple sectors and disciplines, and the promotional tools were formulated and validated by repeated testing for appropriateness and reach. The effectiveness of the guidelines was evaluated by the health barometer survey. Additional tools are being developed to support work already started.

Fiji – Ateca Kama, Maca Temoirokomalani and Sainimere Vulibeci

27. Fiji has had several iterations of dietary guidelines, including the *Health and Nutrition Guide for Fiji* (1987), *Health and Food Guide* (1992), *Food and Health Guidelines for Fiji* (2013) and *Food and Health Guidelines for Fiji* (2017). The National Food and Nutrition Centre leads on developing the guidelines, in consultation with key stakeholders. There are ten guidelines in *Food and Health Guidelines for Fiji* and the National Food and Nutrition Centre has developed a communication plan for them. Targeted at infants and young children, women and adults in general, the guidelines are used to raise general awareness about nutrition. They will also be used as an individual counselling tool, for media advocacy and as a teaching aid. Opportunities to strengthen implementation of the guidelines include incorporating the guidelines into pre-service training for health staff and teachers, and promoting information sharing across the Pacific.

Palau – Tino Faatuuala and Verna Kyota

28. Palau released the first edition of their dietary guidelines in 1999, a second edition in 2006 and the current edition in 2014. The current edition was developed by a coalition funded by the Australian government. The guidelines have been disseminated in a range of ways, including working with restaurants as part of the Healthy Menu programme run by Ministry of Health, workshops with community partners, and food handler training. Challenges at community level include inconsistent messaging about healthy diet, lack of community knowledge about healthy diet, and limited availability and affordability of healthy foods. Challenges for nutritionists have included a shortage of technical personnel and limited funding.

Discussion

29. A key challenge is the increasing availability of cheap, imported foods. While the guidelines promote consumption of local foods, they need to also recognise that imported foods are cheap, readily available, and widely consumed by the population. There is a need for supportive guidelines on appropriate consumption of imported foods.
30. Fiji has a cohort of over 100 dietitians, and capacity to support other PICTs. The Fiji National University (FNU) is able to provide training to nutritionists from across the Pacific, and is potentially available to develop a community nutrition training course covering basic nutrition knowledge. This will be covered in more detail in FNU's presentation on Day 3, and FNU is seeking advice from this meeting about whether there is a need for this course, and if so how it should be structured. Workshop participants suggested there is a need for in-country training, as travel to Fiji is expensive and not feasible for many countries, and they recommended that FNU investigate delivery modes such as online, short courses and in-country training.

Session 5– Market Place

Chair: Solene Bertrand-Protat

31. This was an interactive session, with each country having a display table to showcase and share their nutrition resources and success stories.

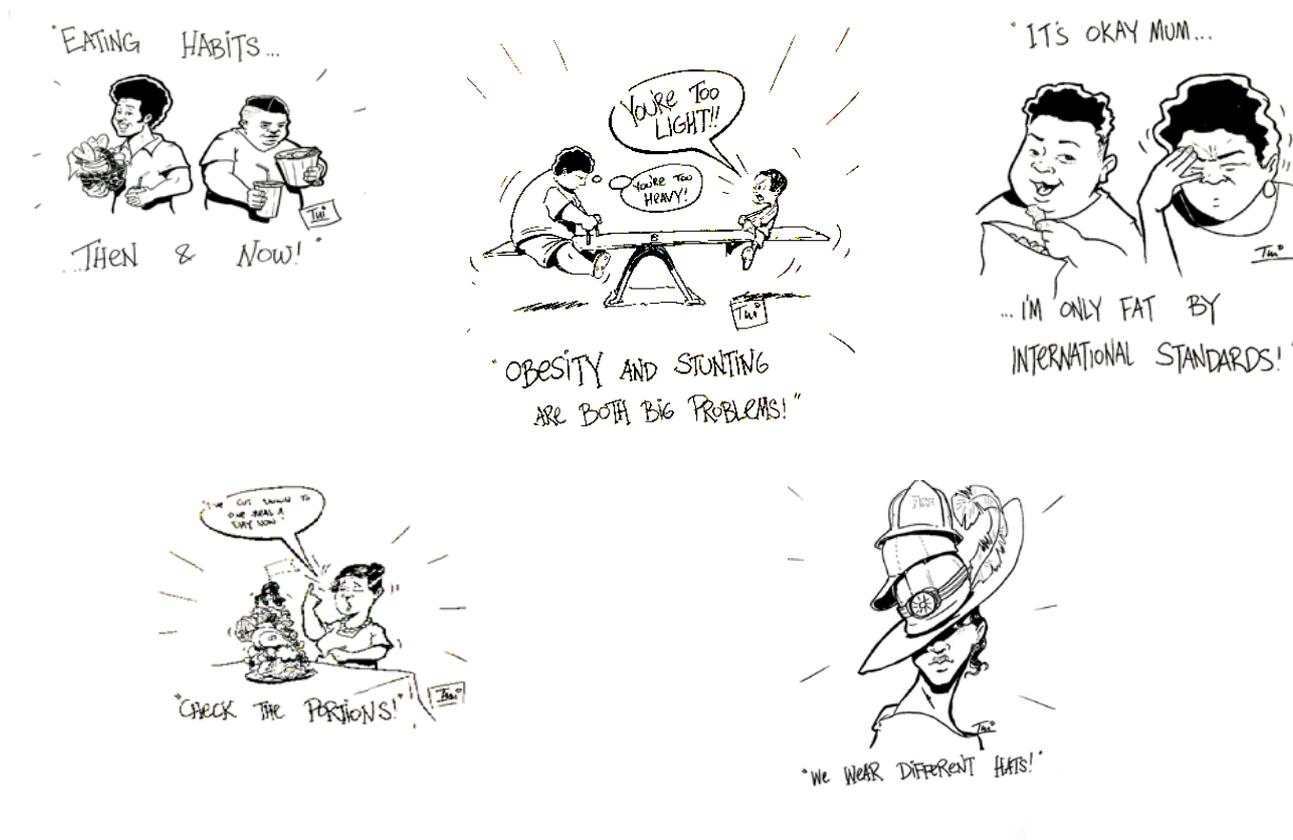


Figure 1: Delegates from Vanuatu, Cook Islands and Guam showcasing their resources

Day 2 – Wednesday, 29 November

Day 1 Recap

Recap from Day 1 was presented using the illustrations by Tui Ledua from *Kanalevu Animation and Illustrations*.



Session 6 – Revised *Pacific guidelines for a healthy diet and lifestyle*

Chair: Ms Karen Tairea

Introducing the revised guidelines and supporting handbook: Karen Fukofuka

32. The 2002 Pacific guidelines were referred to as the Pacific food-based dietary guidelines. The revised version is called *Pacific Guidelines for a Healthy Diet and Lifestyle* to reflect the inclusion of messages about healthy lifestyles. The new guidelines are presented in two versions – one for the general public, and one for health professionals with additional information. There is also a handbook for health professionals and others delivering food and nutrition programmes, with the technical background information about each of the guidelines. The handbook also suggests ways the guidelines can be used by individuals, health care services, communities and governments. Individual actions are strengthened when the environment in which they live is favourable to healthy living.

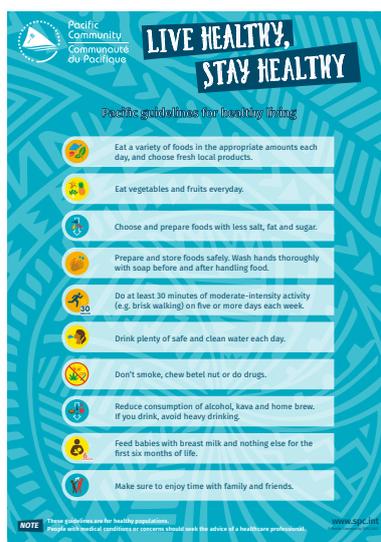


Figure 2: The guidelines – a shorter and simpler version to be used in public awareness campaigns.



Figure 3: The guidelines – a longer and expanded version to be used in health education sessions.

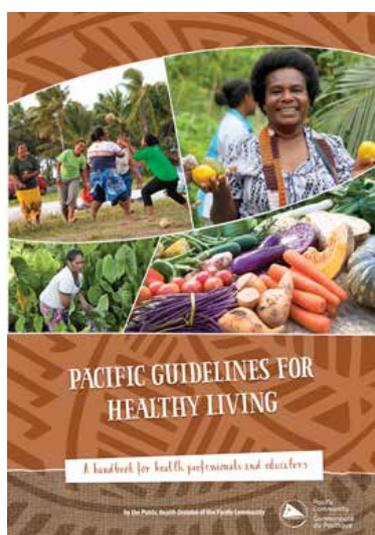


Figure 4: The guideline handbook for health professionals with technical explanations for the guidelines

Guideline 1 – Eat a variety of foods from the three food groups in the appropriate amounts each day, and choose fresh local produce: Elisiva Na’ati

33. Key messages for Guideline 1

- **Variety:** Eating a variety of foods from the three food groups, to ensure nutritional adequacy and a balanced diet each day. Emphasis is on promoting consumption of local foods.
- **Correct amount:** the amount of food is determined by energy requirements, which depend on factors such as age, life stage and level of physical activity.

Recommendations for communicating the guideline to different groups

- *Individuals:* Emphasise the importance of regular meal patterns, eating local food, and using small plates as a way of controlling the amount of food consumed.
- *Health services:* Train health professionals on the use of the guidelines; provide nutrition counselling on the three food groups and nutrition education in communities.
- *Community:* Develop healthy food policies for different settings; raise awareness about the nutritional value of local foods; conduct education sessions with cooking demonstrations; ensure accessibility of nutritious local foods in the community.
- *Government:* Implement a national campaign to promote healthy local foods; seek endorsement of policies that support production of local food; strengthen taxation and legislation enforcement on unhealthy food and beverages.

Guideline 2 – Eat vegetables and fruits every day: Elisiva Na’ati

34. Key messages for Guideline 2

- Eat a variety of fresh local vegetables and fruits every day.
- Aim for five or more servings every day.

Recommendations for communicating the guideline to different groups

- *Individuals:* Encourage snacking on fresh vegetables and fruits, and having salads and cooked vegetables with meals.
- *Health care services:* Promote the nutritional value of local vegetables and fruits; promote the use of healthy dietary guidelines; provide training for health professionals.
- *Community:* Adopt healthy food policies in schools, churches and workplaces; raise awareness of the benefit of growing and eating local vegetables and fruits.
- *Government:* Support implementation of national 5+ a day campaign to promote consumption of vegetables and fruits; introduce reduction of taxes on imported vegetables and fruits; integrate food security into national policies to support production of local produce; improve market access for locally grown produce.

Guideline 3 – Choose, prepare and eat foods with less salt, fat and sugar: Elisiva Na’ati

35. Key messages for guideline 3

- Choose, prepare and consume foods with less added salt, fat and sugar.
- Aim for less than 5 g (or less than 1 teaspoon) of salt per day.
- Beware of hidden salt, fat and sugar in your food.

Recommendations for communicating Guideline 3 to different groups

- *Individual:* Use herbs and spices to flavour foods; avoid adding salt and sugar to foods and drinks; check nutrient labels for hidden salt, sugar and fat.
- *Healthcare services:* promote use of guidelines, continue nutrition counselling, and train health professionals.
- *Community:* Raise awareness, develop healthy eating policies for different settings.
- *Government:* Use taxation and legislation to promote reduced consumption of unhealthy foods; mount national awareness campaigns.

Discussion

36. Concerns were raised about the differences in the proportions of the three food groups and the Healthy Plate proportions, which can confuse messages to the general public. Participants were encouraged to provide technical input on this issue during the group work sessions. It was explained that Healthy Plate proportions were meant to represent what a single healthy meal should look like, emphasising increased consumption of vegetables. The three food group proportions, on the other hand, represent the total daily food intake with the recommended relative amounts of the three food groups to be eaten each day for good health.

37. The participants asked why Guideline 2 was changed from ‘Eat fruits and vegetables’ to ‘Eat vegetables and fruits’. It was explained that this was to emphasise the importance of eating vegetables, and because eating more vegetables than fruits each day is recommended.

Guideline 4 – Prepare and store food safely. Wash hands thoroughly with soap before and after handling food: Karen Fukofuka

38. Key message for guideline 4

- Food must be nutritious **AND** safe to eat.

Recommendations for communicating Guideline 4 to different groups

- *Individuals:* Keep clean, wash hands with soap before and after handling food, keep cooking utensils clean.
- *Health care services:* Conduct food safety training for food handlers; strengthen capacity for surveillance of food-borne diseases.

- *Community*: Raise awareness on food safety practices; develop food safety guidelines for food handlers; develop and implement healthy food policies in schools, churches and workplaces; raise awareness on ciguatera fish poisoning.
- *Government*: Adopt and endorse food safety legislation; work with the food industry to ensure compliance with legislative requirements for safe and nutritious foods.

Discussion

39. The group emphasised a need for stronger enforcement of food labelling, particularly to ensure that imported foods are labelled in local languages, and that food is not imported/sold beyond its expiry date.

Guideline 5 – Do at least 30 minutes of moderate-intensity activity (e.g. brisk walking) on five or more days each week: Solene Bertrand-Protat

40. Key message for this guideline

- Being physically active is good for your health. This is in line with the existing *Pacific Physical Activity Guidelines for Adults*. SPC has developed the *Live Healthy Stay Healthy* booklet, and *Physical activity in the Office* brochure to support the promotion of the key messages.

Recommendations for communicating Guideline 5 to different groups

- *Individual*: If you are not physically active, start now; anything that makes your body move is good (e.g. active transport, walking, and gardening); increase your level of physical activity gradually, and add vigorous physical activity for extra health and fitness benefits; involve friends and family to increase your motivation.
- *Health care services*: Develop and implement physical activity guidelines; facilitate and coordinate physical activity programmes and competition in the workplace; promote the benefits of physical activity.
- *Community*: Establish physical activity programmes; undertake sports and fun games to encourage participation in physical activity; build and maintain walking tracks and physical activity places.
- *Government*: Develop and endorse a national physical activity policy that creates supportive environments for physical activity.

Discussion

41. It was suggested that the guidelines emphasise the importance of strengthening links and cooperation with other sectors (e.g. Ministry of Sport) to promote physical activity.

Guideline 6 – Drink plenty of safe and clean water each day: Karen Fukofuka

42. The key messages for this guideline

- Water is essential for life, water is the best drink.
- To maintain fluid balance for health, drink water.

Recommendations for communicating Guideline 6 to different groups

- *Individual:* Water is the best drink to choose. Drink at least 6-8 cups of water each day, more if you are being active, and avoid drinking sugary drinks.
- *Healthcare services:* Make safe drinking water available; promote 'water only' policies.
- *Community:* Promote 'drink water only' in schools, community events and churches.
- *Government:* Ensure that water and sanitation policies are enforced, and safe drinking water is available in homes, schools, communities and work places.

Guideline 7 – Do not smoke, chew betel nut or do drugs: Solene Bertrand-Protat

43. The key messages for this guideline

- There is no safe level of smoking, using drugs or chewing betel nut.
- Smoking, chewing betel nut and doing drugs affect your body physically and mentally.
- Do not engage in these risky behaviours.

Recommendations for communicating Guideline 7 to different groups include:

- *Individual:* Make the decision to stop, seek support from professionals and families; if you do not successfully quit the first time, try again.
- *Health care services:* Provide cessation counselling for tobacco and drugs; develop guidelines for appropriate use of prescription drugs; screening guidelines for cancers.
- *Community:* Raise awareness of the harmful effects of drugs; support tobacco free environments.
- *Government:* Adopt and enforce legislation and policies; increase taxes and regulate sale of tobacco and betel nut.

Guideline 8 – Reduce consumption of alcohol, kava and home brew. If you drink, avoid heavy drinking: Solene Bertrand-Protat

44. The key messages for this guideline

- There is no defined safe level of alcohol intake, and no recommendations for kava.
- If you choose to drink, avoid heavy drinking.

Recommendations for communicating Guideline 8 to different groups

- *Individual:* Avoid heavy drinking of alcohol and kava; while drinking, avoid activities that put yourself or others at risk.
- *Health care services:* Provide counselling to individuals seeking help.
- *Community:* Raise community awareness about the dangers of alcohol, make alternative drinks available at community events.
- *Government:* Increase taxes on alcohol; develop and implement alcohol policies and legislation.

Guideline 9 – Feed babies with breast milk and nothing else for the first six months of life: Karen Fukofuka

45. The key messages for this guideline

- Breastfeeding benefits both the baby and mother.
- Breastmilk is the best food for baby; it promotes health and development, strengthens the immune system and protects against future risk of NCDs.
- Breastfeeding benefits the mother by promoting recovery from childbirth and decreasing the risk of breast and ovarian cancer; it is a natural form of birth control and is cheap and convenient.

Recommendations for communicating Guideline 9 to different groups

- *Individual mother:* Initiate breastfeeding one hour after birth; make space and time to breastfeed baby.
- *Healthcare services:* Promote a breastfeeding awareness week; implement and monitor the Baby Friendly Hospital initiative; train staff on infant and young child feeding practices; support implementation of First 1000 Days initiatives; support mothers who are not able to breastfeed to ensure that an alternative to breastmilk is available and prepared safely.
- *Community:* Support the Baby Friendly Hospital and First 1000 Days initiatives; support World Breastfeeding Week; and encourage establishment of mother/baby groups.
- *Government:* Support implementation of the Infant and Young Child Feeding global strategy; develop and adopt legislation to support breastfeeding in workplaces and extend maternity leave; adopt and enforce legislation on the code for marketing of breastmilk substitutes.

Guideline 10 – Relax and make sure to enjoy time with families and friends: Solene Bertrand-Protat

46. The key message for this guideline

- People who are stressed are at greater risk of lifestyle diseases.

Recommendations for communicating Guideline 10 to different groups

- *Individual:* Take time out to enjoy time with friends and family; do not take work home; if you are stressed, seek help from family, friends and health professionals; do physical activity to relieve stress.
- *Health care services:* Develop guidelines; provide counselling for stress management.
- *Community:* Support wellness programmes.
- *Government:* Develop occupational health policies.

Session 7 – Communicating the guidelines

Chair: Dr Si

Framework for dissemination and communication of the guidelines: Karen Fukofuka

47. Karen presented the recommended framework for dissemination and communication of the guidelines at national level. This involves four phases.
- **Phase 1: Advocating for the guidelines to be endorsed at regional and national level** – The guidelines need to be endorsed, and recognised as the guiding documents for diet and lifestyle programmes. At the regional level, this includes relevant regional ministers' meetings. At the national level, this follows national processes.
 - **Phase 2: Disseminating the endorsed guidelines to countries and stakeholders, and raise awareness** – The aim of this phrase is to raise awareness among stakeholders to enhance acceptance and usage of the guidelines, including distributing the guidelines widely, conducting awareness campaigns and workshops.
 - **Phase 3: Using the adapted/adopted guidelines at country level** – To promote the use of the guidelines, specific training on the use of the guidelines is required. In addition, it is important that guidelines are incorporated into nutrition programmes in schools, workplaces, primary care facilities and other settings.
 - **Phase 4: Communicating guideline messages to the general public** – To communicate messages to the public, messages need to be clear, simple and practical. They need to be targeted to specific groups, and can be delivered in a range of formats, including mass media campaigns and individual counselling.

Discussion

48. For Phase 4, it was suggested that in addition to mass media and individual counselling, community settings should also be identified as a priority setting.

Group work session – Disseminating the guidelines

49. This session consisted of group work covering the process for endorsement and dissemination of the guidelines, challenges and opportunities, and resources required. At the end of the session, each group reported back to the whole meeting. Key points presented for each phase are summarised below.

Phase 1: Advocating for the guidelines to be endorsed at regional and national level

- **Will the guidelines be adopted/adapted?** Most countries will adopt/adapt the Pacific guidelines, some countries have their own guidelines but may still also adopt Pacific guidelines if they are consistent with their existing guidelines.
- **What is the process for endorsement?** The process varies, but typically involves the Ministry of Health advocating to senior decision makers (e.g. Minister for Health, Cabinet) to seek endorsement. Extensive consultation with a broad range of stakeholders will be essential.

- **Who are the stakeholders?** The Ministry of Health is the lead agency; other stakeholders include ministries of education, agriculture, police and fisheries; civil society organisations; faith-based organisations; health professionals, including primary caregivers; and non-government organisations.
- **What are the advocacy strategies?** A range of strategies was suggested, including public launches and media coverage, presentations to political leaders, presentations to staff at health forums, and advocacy on national awareness days (e.g. World Diabetes Day).
- **What technical assistance and resources are required?** Technical assistance will be required to support training of stakeholders, translation into local languages, development of education materials tailored to different groups (e.g. children), and graphic design/artists to produce locally relevant images. Funding will be required for printing of education materials.
- **What are the potential risks?** Potential risks include a lengthy period to obtain endorsement, changes in government leadership, political complexity and competing priorities, and lack of funding and staff.
- **Timeline:** The proposed timeline varies, but most countries estimated it would take 6–12 months to adopt/adapt the guidelines.

Phase 2: Disseminating the endorsed guidelines to countries and stakeholders, and raise awareness and Phase 3: Using the adapted/adopted guidelines at country level

- **How will you inform stakeholders about the guidelines?** Ministries of health will lead the dissemination of the guidelines. Guidelines will be disseminated to government agencies through the usual dissemination channels. Other avenues include regular meetings with the private sector, the media, and national awareness days. Timelines for undertaking stakeholder consultations vary for each PICT.
- **How will the guidelines be used?** The guidelines will be used for health promotion planning, advocacy and to guide development of food policies and standards. They will also be used to advise ministries of education in curriculum development, by the media for public messaging, by health workers to raise community awareness about healthy lifestyles, and also by civil society organisations, the private sector, faith-based organisations and non-governmental organisations.
- **What are the risks?** Adequate consultation in Phase 1 will minimise the risks in Phases 2 and 3. Ongoing risks include funding limitations, competing priorities for organisations and individuals, and changes of political leadership.
- **What technical assistance and resources are required?** Technical assistance requirements include translation and tailoring resources to specific target groups (e.g. children).

Phase 4: Communicating guideline messages to the general public

- **What are the target groups?** Participants agreed that the guidelines should be disseminated to the general public, and that additional resources will need to be developed to support dissemination of the guidelines to targeted groups (e.g. children).
- **What communication strategies can be used to reach this group?** Strategies for mass media communications include video clips shown in public places and television, use of high-profile 'champions', radio spots, billboards, posters, press releases in local papers, drama shows, social media, community-based awareness activities, interactive resources for children and training resources for health professionals. Other strategies include provision of individual motivational counselling by health practitioners, and establishing links with related programmes (e.g. maternal and child health programmes).
- **What technical assistance and resources are required?** Additional resources suggested by the participants include resources tailored to specific groups (e.g. children), resources related to

substance use (alcohol, kava and homebrew), detailed resources for health practitioners about how to deliver individual counselling, and practical tools for the community (e.g. menu planner, recipe book). Technical assistance required includes graphic artists to develop resources, IT support to develop websites and apps, translation services, and printing. Participants also requested SPC to assist countries to develop communications plans for disseminating the guidelines.

- **What are the risks?** Risks identified by participants included staff turnover, change of government, funding limitations, the high cost of some aspects of dissemination (e.g. television advertisements, translation services), and conflicting information that may undermine the guidelines and confuse community members (e.g. diet plans on the internet). It will also be essential to pre-test materials with community members.

Additional presentation: Regional health architecture

Presenter: Sunia Soakai

50. Mr Soakai provided an overview of the regional health architecture, to clarify how technical work on the guidelines connects to high-level regional governance. Mr Soakai provided an overview of the Healthy Islands Vision. The vision was first developed in 1995, and Pacific health ministers recommitted to it in 2015. The vision is that healthy islands should be places where:
 - children are nurtured in body and mind;
 - environments invite learning and leisure;
 - people work and age with dignity;
 - ecological balance is a source of pride; and
 - the ocean which sustains us is protected.
51. The role of the Pacific health ministers is to strategically set the health agenda and identify priorities for advancing the health of Pacific people. This includes actions to be taken at regional and country level. The Pacific health ministers helped raise NCDs on the global agenda by declaring that the Pacific was in an NCD crisis in multiple forums, and by endorsing the NCD roadmap in 2015. The role of the heads of health is to design the regional health agenda, ensuring that countries are at the centre of planning. The heads of health are the technical working arm of Pacific health ministers, and advise and oversee implementation of decisions made at Pacific health ministers' meetings.

Discussion

52. Participants were advised that to raise the profile of nutrition at the senior level, they can make a submission to the heads of health to have an agenda item on nutrition, and recommend that this also be raised at the Pacific health ministers' meeting. As country ministers set the agenda for heads of health and Pacific health ministers meetings, it would be most appropriate for a country minister to advocate for this agenda item. Participants were also encouraged to advocate within their country for workforce development and scholarships to build the nutrition workforce.

Session 8 – Development of individual country action plans

Chair: Elisiva Na'ati

53. In this session, country representatives worked to develop individual country action for the adoption/adaption, endorsement, dissemination, communication and implementation of the revised guidelines. The country action plans were further refined on Day 3, and presented to the participants.

Day 3 – Thursday, 30 November

Day 2 Recap

Recap from Day 2 was presented using the illustrations by Tui Ledua from *Kanalevu Animation and Illustrations*.



Session 9: Partners' support

Chair: Seini Kurusiga

54. In this session, representatives from partner agencies gave presentations outlining what support they are able to provide to strengthen nutrition in the region, with a focus on workforce development opportunities.

Fiji National University: Ditoga Kabukeinamala

55. FNU offers a Bachelor in Nutrition and Dietetics programme, which aims to provide education in food and nutrition tailored to the needs of PICTs. To support national nutrition actions, FNU can also provide short courses, up-skilling programmes, advice on research projects, and training materials, provided there is a demand for these services.

World Health Organization: Wendy Snowdon

56. For WHO, the guiding nutrition document for the Pacific region is the *Regional Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region 2015–2020*. This plan contains regional targets linked to the global nutrition targets for nutrition, and aims to elevate nutrition on the national development agenda, promote breastfeeding and complementary feeding, strengthen and enforce relevant legal frameworks, improve access to nutrition services, and use financing mechanisms to reinforce healthy diets. WHO provides technical support aligned to each of these goals, and also professional development opportunities, such as regional meetings and training. Additional useful resources include the *Ending Childhood Obesity (ECHO) Report*, and the eLena e-Library of essential nutrition actions www.who.int/elena.

McCabe Centre for Law and Cancer: Diana Buresova

57. The McCabe Centre is a joint initiative of Cancer Council Victoria and the Union for International Cancer Control. The McCabe Centre can provide training and capacity-building related to legislative aspects of nutrition (e.g. Intensive legal training course on law and NCD prevention) ; research and analysis; generating and sharing knowledge (e.g. participating in advisory groups and expert consultations), developing and fostering networks among stakeholders.

United Nations Development Programme: Ferdinand Strobel

58. UNDP has a broad focus on social, cultural and ecological determinants of health, and supports the implementation of large health programmes, e.g. the Global Fund for HIV TB and Malaria. Key challenges identified by UNDP in relation to nutrition include the need to reach beyond health sector/services, recognise cultural aspects of food, and strengthen links with other sectors such as climate change.

Japan International Cooperation Agency: Masako Kikuchi

59. JICA has offices in eight PICTs and can support dissemination of the guidelines through technical cooperation projects, training opportunities and follow-up initiatives. Relevant JICA projects currently under way include the NCD Prevention and Control project in Kiribati and Fiji, and the Health Promoting Village project in Solomon Islands. JICA also has 224 volunteers working across the Pacific, 64 of whom work in nutrition-related areas (e.g. farming). Training opportunities available through JICA include residential training courses in Japan, and the Pacific Leaders Educational Assistance for Development of State (Pacific LEADS), which sponsors young leaders from PICTs to attend masters courses at Japanese universities.

Food and Agriculture Organization – Karen Fukofuka on behalf of FAO

60. FAO provides funding support to countries through projects designed and approved in their five-yearly Multi-Country Programming Framework (CPF); the current programme is for 2018–2022. The implementation of guidelines at national level fit well with the FAO CPF 2018–2022 objectives. Specific support can be provided for:

- technical expertise for adaptation of the Pacific guidelines to national context;
- technical assistance with developing implementation plans;
- training workshops; and
- procurement of implementation materials, e.g. posters, videos, radio/TV ads for national campaigns.

The Pacific Community: Karen Fukofuka

61. SPC can provide support across its five strategic areas for NCDs:

- improve political leadership and ownership at national and regional level;
- strengthen healthy public policy and legislation in all relevant sectors, including the development of the guidelines as a policy tool for food and nutrition;
- enhance multi-sectoral engagement, collaboration and networking;
- strengthen capacity and knowledge for effective implementation and action; and
- establish accountability, research, monitoring and evaluation, and surveillance.

Specific support that SPC can provide to strengthen implementation of the guidelines includes hosting regional meetings and workshops; development of advocacy tools, guidelines and policies; professional placements and courses; in-country training on NCD risk factors and nutrition; provision of health education and promotion materials; and regional networking and South-South collaboration.

Discussion

62. Participants asked about the availability of online courses in nutrition. There are currently no online courses tailored to the Pacific, but FNU could develop one if there is sufficient demand. In addition, WHO is currently developing online courses on salt, healthy eating and physical activity that will be available through the Pacific Open Health Learning Network (POHLN), and FNU is considering developing a face-to-face masters in nutrition programme.

63. Ferdinand Strobel of UNDP described a recent research project, in which a household income and expenditure survey was used to classify food purchased by the household as traditional versus non-traditional, and healthy versus less healthy. This is being used as a policy tool to track trends in food expenditure patterns over time.

64. Participants asked whether regional agencies can support scholarships for PICT representatives to study nutrition; the key need is for entry-level nutrition programmes (e.g. certificate, diploma and bachelor degree), rather than ongoing professional development for existing staff. A key challenge is that courses are either free but non-accredited (e.g. POHLN courses), or accredited but not free. WHO offers a fellowship programme, but this is highly competitive. SPC is unable to support scholarships. Participants were encouraged to advocate to their national governments to highlight the need for scholarships to increase the nutrition workforce.

Additional presentation: MANA Dashboard

Presenter: Dr Erin Passmore

65. Dr Passmore provided an overview of the Pacific Monitoring Alliance for NCD Action (MANA), and the MANA Dashboard. Pacific MANA was established to provide a mechanism for coordinating and strengthening NCD monitoring in the Pacific. Pacific MANA brings together Pacific Island countries and territories and technical partners concerned with monitoring data related to NCDs. The Pacific MANA Dashboard is a monitoring tool for PICTs to track progress on NCD-related policies and legislation. Indicators cover four areas: leadership and governance, prevention, health system response

programmes, and routine monitoring processes. Indicators are scored by a 'traffic light' colour scheme. The dashboards include a specific indicator on food-based dietary guidelines, and a range of other nutrition-related indicators covering trans-fats, reducing salt consumption, unhealthy food marketing to children, food fiscal policies (e.g. tax on unhealthy foods), healthy food policies in schools, marketing of breast milk substitutes, baby-friendly hospitals, and maternal nutrition and breastfeeding.

Session 9 – Pacific Nutrition Network

Chair: Dr Wendy Snowdon

Networking opportunities – what works: Jimaima Schultz

66. Ms Schultz shared her experience with the Pacific Island Nutritionists and Dietitians Association (PINDA). It was established by Pacific nutritionists and dietitians and it worked for a time. Having a dedicated secretariat, resources and commitment from the region contributed to its success at the time. The dietitians and nutritionists also contributed financially to the running of the association. Unfortunately, after a period of time, commitment waned, priorities shifted and resources directed elsewhere. A decision was made to close the association. Ms Schultz emphasised the importance of everyone playing a part and contributing to the network to make it work. Ms Schultz acknowledged the physical and logistical challenges we face in hosting a face-to-face meeting in our maritime region, but she noted that the technological advances we have now could allow us to connect through social media and other telecommunication channels, even though there could be internet connectivity challenges.

New opportunities and options: Elisiva Na'ati

67. Ms Na'ati noted that there is currently no formal networking for nutritionists in the Pacific, many are working in isolation and struggling to make progress in their areas of work. Ms Na'ati highlighted the importance of networking for professional development. She drew attention to the different options for networking that are available: group email, website/internet, biannual meetings, attachment to the Australia Dietetic Association (ADA) and the New Zealand Dietetic Association (NZDA), or a Pacific nutrition association. Each option comes with opportunities and challenges. We need to choose the options that are feasible and practical for the Pacific.

Discussion

68. The presentations were followed by a group work session, where participants discussed the need for networking, taking into account the different options presented by Ms Na'ati.

69. Feedback from group discussions

- The participants agreed there is a need for a Pacific nutrition network for the following reasons:
 - to share experiences, ideas and resources unique to the Pacific;
 - to reinforce support and be more effective at all levels of the community;
 - to make them stronger by working together;
 - to collaborate for ideas and best practice;
 - for motivation and inspiration;

- to facilitate recruitment;
 - to exchange programmes;
 - to update and exchange information;
 - to advocate for nutrition to be a priority; and
 - to contribute to professional development.
- The most popular option for networking is through social media, as everyone is using Facebook and other social media platforms.
 - Group emails were identified as the preferred option for networking, as it is low-cost and easy to set up, although internet connectivity can be a problem. Countries also need to respond to emails. SPC was identified as the responsible agency to moderate/maintain the email group.
 - Reviving the Pacific Island Nutritionists and Dietitians Association was noted as a good forum to build capacity in the region but would require a dedicated secretariat and resources to run the association.
 - Biannual meetings were identified as important opportunities to build nutrition capacity and share expertise and experiences. However, the participants acknowledged that hosting a face-to-face meeting requires a lot of resources and time to organise, as well as the logistics of bringing everyone together, given that we are a maritime region.
 - Joining the ADA or NZDA were considered as opportunities to broaden the scope of available support. However, this may not be applicable for the French and US territories. Also, the Australia and New Zealand associations may not reflect the realities of the small island states.
 - Developing a specific website for the network was also noted as a good platform for networking as everyone has access to the internet. However, it would be expensive to set up, manage and maintain, and internet connectivity is still a challenge for some countries. It was also noted that some existing groups already have their own websites, such as the Pacific Diet website.

SPC will consider the recommendations from the group.

Session 10 – Next steps and wrap up

In this session, individual countries reported back to the group on their country action plan. The country action plans are presented in Appendix D.

Next steps and wrap up: Dr Si Thu Win Tin and Karen Fukofuka

Following this meeting, SPC will finalise the handbook and develop additional resources to communicate the guidelines, and work with countries to implement their action plans. SPC will also present the guidelines and handbook at the next heads of health meeting for endorsement.

Closing remarks: Sunia Soakai

Mr Soakai thanked the workshop participants, partner agencies and SPC staff for their contributions to the workshop.

Appendix A: List of Participants

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Appendix B: Workshop agenda

The objectives of the workshop are:

- to present the handbook *Pacific guidelines for a healthy diet and lifestyle* and the supporting resources;
- to assist countries to develop action plans for the adoption, endorsement and use of the Pacific guidelines at national level;
- to identify the challenges and support needed to use the guidelines to scale up nutrition interventions at national level; and
- to assess the need for a Pacific nutrition network for professional development.

Day 1 – Tuesday, 28 November			
Time		Agenda Item	Speaker
Start	End		
8.00 a.m.	8.30	Registration	
		Session 1 – Welcome and introductions	Chair: Sunia Soakai
8.30	8.45	<ul style="list-style-type: none"> ▪ Opening prayer ▪ Opening remarks 	Jimaima Schultz
8.45	9.00	<ul style="list-style-type: none"> ▪ Introduction and workshop objectives 	Karen Fukofuka
9.00	9.30	<ul style="list-style-type: none"> ▪ Participant introductions 	All
		Session 2 – Challenges and strategies in addressing food and nutrition issues in the Pacific <i>Presentations and discussions</i>	Chair: Dr Si Thu Win Tin
9.30	9.50	<ul style="list-style-type: none"> ▪ Overview of food and nutrition situation – global and regional 	Presenter: Elisiva Na’ati
9.50	10.10	<ul style="list-style-type: none"> ▪ Commitments and strategies for nutrition – global and regional 	Presenter: Seini Kurusiga
10.10	10.30	<ul style="list-style-type: none"> ▪ Background on the development of the guidelines and the role of guidelines in addressing nutrition issues 	Presenter: Karen Fukofuka
10.30	11.00	Morning tea and group photo	
		Session 3 – Countries’ experience on adoption and implementation of the guidelines and their challenges <i>Poster presentations and discussions – countries that adopted the regional guidelines</i>	Chair: Jimaima Schultz
11.00	12.30 p.m.	<ul style="list-style-type: none"> ▪ Cook Islands ▪ Solomon Islands ▪ Kiribati ▪ Niue ‘Wrap up and panel discussion on the challenges and opportunities’	

12.30	1.30	Healthy lunch	
		Session 4 – Country experience on developing and implementation of specific guidelines and their challenges <i>Presentations and discussions from countries that developed their own guidelines</i>	Chair: Solene Bertrand-Protat
1.30	3.00	<ul style="list-style-type: none"> ▪ French Polynesia ▪ New Caledonia ▪ Fiji ▪ Palau Wrap up and panel discussion on the challenges and opportunities	
3.00	3.30	Afternoon tea and physical activity break	
		Session 5 – Market Place	Chair: Solene Bertrand-Protat
3.30	4.30	<ul style="list-style-type: none"> ▪ Showcase of nutrition resources, evidence-based interventions, success stories, etc. by countries and partners and an opportunity to learn from one another 	All
		End of day 1 and Zumba at 5 p.m.	

Day 2 – Wednesday, 29 November			
Time		Agenda Item	Speaker
Start	End		
8.30 a.m.	8.40	Recap Day 1	Erin Passmore
		Session 6 – Revised Pacific guidelines for a healthy diet and lifestyle and supporting resources <i>Short presentations and Q and A</i>	
8.40	9.00	Introducing the revised guidelines and supporting handbook <ul style="list-style-type: none"> ▪ Structure and contents of the guidelines/ supporting handbook 	Chair: Ms Karen Tairea Presenter: Karen Fukofuka
9.00	9.30	Guidelines 1–3 <ul style="list-style-type: none"> ▪ Short presentation of the guidelines with Q and A 	Presenter: Elisiva Na’ati
9.30	10.00	Guidelines 4, 6 and 9 <ul style="list-style-type: none"> ▪ Short presentation of the guidelines with Q and A 	Presenter: Karen Fukofuka
10.00	10.30	Guidelines 5, 7, 8 and 10 <ul style="list-style-type: none"> ▪ Short presentation of the guidelines with Q and A 	Presenter: Solene Bertrand-Protat
10.30	11.00	Morning tea and physical activity break	
11.00	11.30	Session 7 – Communicating the guidelines <ul style="list-style-type: none"> ▪ Short presentation of framework for dissemination and communication of the guidelines <ul style="list-style-type: none"> ○ Phase 1 ○ Phase 2 ○ Phase 3 ○ Phase 4 	Chair: Dr Si Presenter: Karen Fukofuka
11.30	12.15 p.m.	<ul style="list-style-type: none"> ▪ Group work – Phase 1 Process for endorsement, challenges and opportunities, support/ resources required ▪ Group work – Phases 2 and 3 • Disseminating and using the guidelines, challenges and opportunities, support/ resources required 	All Facilitators: Ferdinand Strobel Dr Naomi Hamada Dr Wendy Snowdon Jimaima Schultz Seini Kurusiga
12.15	12.30	<ul style="list-style-type: none"> ▪ Group work feedback 	
12.30	1.30	Healthy lunch	
1.30	2.30	<ul style="list-style-type: none"> ▪ Group work – Phase 4 <ul style="list-style-type: none"> ○ Communicating guideline messages to the general public, communities and stakeholders, challenges and opportunities, support/resources required 	All
2.30	3.00	<ul style="list-style-type: none"> ▪ Group work feedback 	
3.00	3.30	Afternoon tea and physical activity break	
		Session 8 – Development of individual country action plan	Elisiva Na’ati
3.30	4.30	Individual country work plan: adoption/adaption; endorsement, dissemination, communications and implementation of the revised guidelines	All
End of day 2 and workshop dinner 6.30 p.m.			

Day 3 – Thursday, 30 November			
Time		Description Agenda Item	Speaker
Start	End		
8.30 a.m.	8.40	Recap Day 2	Erin Passmore
		Session 9: Partners support <i>Short presentations and panel discussions</i>	Chair: Seini Kurusiga
8.40	10:30	<ul style="list-style-type: none"> ▪ FNU ▪ WHO ▪ McCabe Law ▪ UNDP ▪ JICA ▪ SPC Panel discussion with partners and opportunities for professional development	Partner agency representatives
10.30	11.00	Morning tea and physical activity break	
		Session 10 – Pacific Nutrition Network	Chair: Dr Wendy Snowdon
11.00	11.15	Networking opportunities <ul style="list-style-type: none"> - What works - New opportunities and options 	Jimaima Schultz Elisiva Na’ati
11.15	12.00 p.m.	Group work: <ul style="list-style-type: none"> - Why do we need a network? - How – mode or form? - How can you support the network in your professional role/capacity? 	All
12.00	12.30	Group work feedback and open discussion	
12.30	1.30	Healthy lunch	
		Session 11 – Next steps and wrap up	
1.30	2.45	<ul style="list-style-type: none"> ▪ Individual countries report back to group on their action plan drafted/developed on Day 2 ▪ Workshop evaluation ▪ Next steps and wrap up 	Dr Si/Karen Fukofuka Erin Passmore
2.45	3.00	Closing remarks	Sunia Soakai
3.00 p.m.		Closing and afternoon tea	

Appendix C: Countries' poster presentations

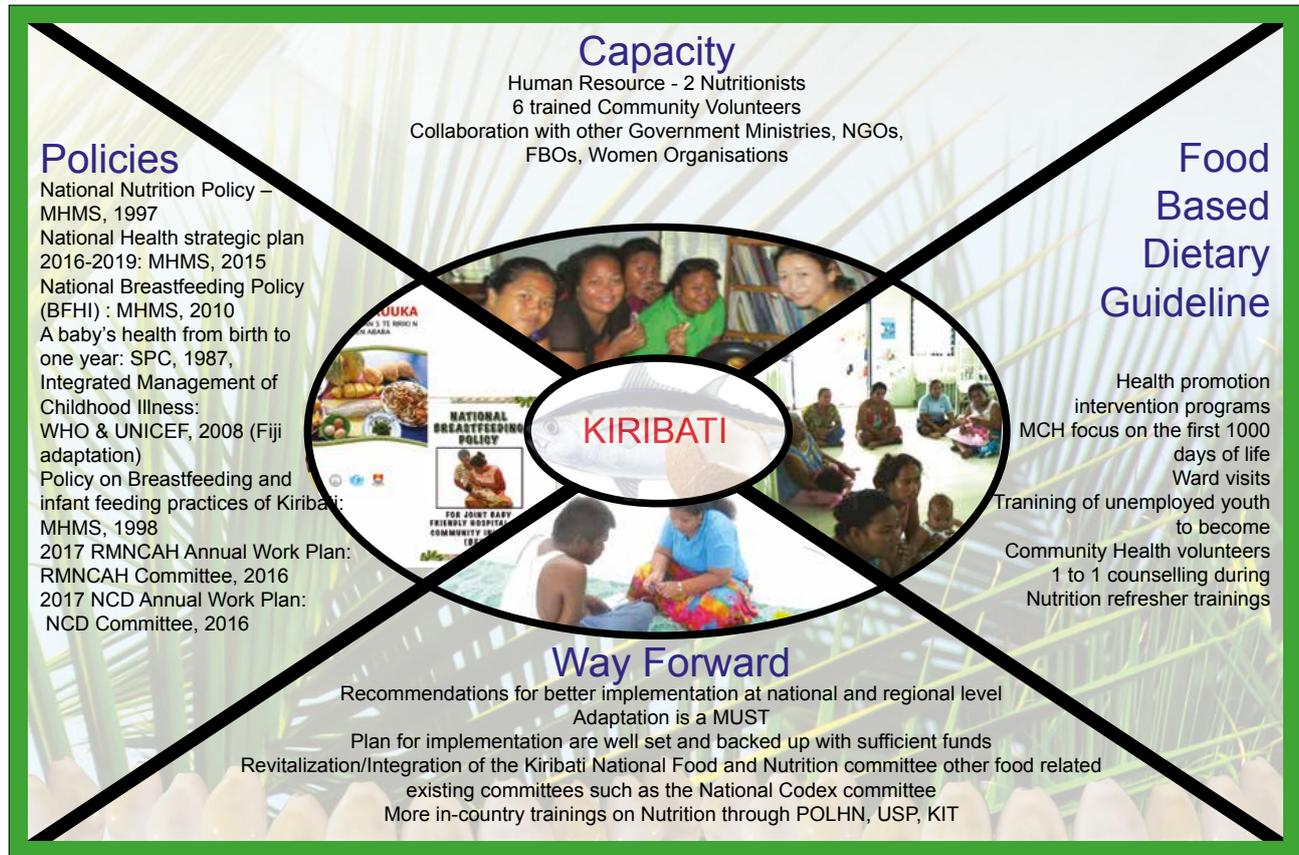
Cook Islands



FOOD BASED DIETARY GUIDELINES

2002	USES
<ul style="list-style-type: none"> ○ SPC Guidelines adopted when developed ○ Current CIDG outdated 	<ul style="list-style-type: none"> ○ Tool/resource for nutrition Education ○ Community ○ Schools ○ Groups/individuals 
ADAPTATIONS	CHALLENGES
<ul style="list-style-type: none"> ○ 2015 adapted for use as school resource for pilot project  ○ Added food pyramid ○ Programs developed for specific guidelines e.g 5+a day  	<ul style="list-style-type: none"> ○ Servings not addressed ○ No pictures for Atolls ○ Expensive to reproduce in country 
LESSON LEARNT	OPPORTUNITIES
<ul style="list-style-type: none"> ○ Training required ○ Needed an explanation booklet ○ Needed to adapt for children  	<ul style="list-style-type: none"> ○ Develop/include activities for teaching 

Kiribati



Niue

FIRST REGIONAL FBDG	CHALLENGES	NIUES REVISED FBDG
	<ul style="list-style-type: none"> ✓ POSTERS <p>Did not highlight that it was the FBDG Lack of communication with the Public Perceived only as Health Promotion material</p> ✓ COMMUNICATION EXPERT <p>Time Family/Village commitments New Job Involving and changing people delayed movement and constantly needed to update new members—different perspectives</p> 	
<p>When were the guidelines adopted? <i>It was adapted in 2005 and endorsed in 2008</i></p> <p>Who was involved in the translation process? <i>Gaylene Tasmania and Ketiligi Hetutu</i></p> <p>Were the guidelines endorsed? <i>YES</i></p> <p>How were the guidelines communicated, used and monitored?</p> <ul style="list-style-type: none"> ✓ Community awareness programs ✓ Posters on display for the public viewing at the hospital and the schools ✓ Used during workshops ✓ Lack (No) monitoring of this FBDG 	<div style="text-align: center; border: 1px solid blue; border-radius: 15px; padding: 5px; background-color: #e0e0ff;"> WAY FOWARD </div> <ul style="list-style-type: none"> ✓ Niue FBDG campaign—use of steering committee, retain the collaboration between Departments and Ministries ✓ Incorporate into schools <ul style="list-style-type: none"> - more sustainable - changes mind sets of the younger people - channelling this influence so young people can take to homes ✓ DAFF's perspective—linking FAO projects (fruit trees & schools curriculum. ✓ Officially launch end products with the food and nutrition policy and one other doc. ✓ Endorse new & revised guidelines 	<p>When were the guidelines adopted? <i>Revised in 2016 and today remains ongoing</i></p> <p>Who was involved in the translation process? <i>Steering committee drafted and translated; Natasha, Breana, Grizelda, Birtha, Alana, Gaylene and Sifa.</i></p> <p>Were the guidelines endorsed? <i>No, still work in progress</i></p> <p>How were the guidelines communicated, used and monitored? <i>NA</i></p>
	<h1 style="color: blue; text-decoration: underline;">NIUE ISLAND</h1>	

Appendix D: Country work plans

American Samoa – Ms laneta Ah Ping

Key message: To advocate for nutrition as a national priority

Phase	Activities	Responsible	Time-frame	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Present the Pacific guidelines to the Director of Health to seek approval for adopting and using them 2. Write proposal for funding support to strengthen implementation of nutrition programmes through adopting and adapting the Pacific guidelines 	laneta	Jan 2018	TA for consultation
Dissemination	Translation and printing and distribute to: <ul style="list-style-type: none"> - Government departments - LBJ - Department of Health - Schools and community colleges - Community clinics - Restaurants, cafes - Churches - Community groups, villages 	Department of Health	2018	Translation Funding for printing
Use of the guidelines	<ol style="list-style-type: none"> 1. Training – training of health staff to use the guidelines 2. Advocacy – advocate for increased investment in nutrition programmes 3. Health education in community 4. Counselling – LBJ and community clinics 		1 year	TA for training
Communication	<ol style="list-style-type: none"> 1. Raise awareness of the guidelines through media, TV interviews, text messages through BlueSky network 2. Community events 3. Identify champions 			Funding for promotion and awareness raising Graphic artist

CNMI – Ms Astrid Poole

Key message – ‘Get in their faces but do not get overwhelmed’

Phase	Activities	Responsible	Time-frame	TA and Resources Required
Adoption/adaptation and endorsement	<ul style="list-style-type: none"> - Develop a communication plan to raise awareness and promote the guidelines - Find out who my decision makers are - key contacts - Reach out to potential champions and local celebrities, big corporations <p>Adaptation:</p> <ul style="list-style-type: none"> - Remove kava, determine food groups and align with US dietary guidelines - Review what is being done with different agencies 	USDA Head Start WIC		Graphic artist FB Ads Email list + CHC Fridge in café?
Dissemination	<ul style="list-style-type: none"> - Reach out to media – local newspaper, TV, Radio, social media - Reach out to community groups – sport groups, MVA, schools, churches - Community volunteers - Community events – MC announcements @ events - Reach out to restaurants, shops, encourage health pledges - Reach out to government ministries 			
Use of the guidelines	<ul style="list-style-type: none"> - Schools as part of the health education programme - Community events - Restaurants and stores - Counselling for hospital in-patients – change to new guidelines? - Continuing education for health professionals 		3 years	
Communication	<p>Communicate the guidelines through:</p> <ul style="list-style-type: none"> - Facebook page, social media - Media TV and radio spots, newspapers - Schools – create learning standards in the curriculum, school principals pledge to ban SSBs in schools - Workplace wellness @ CHC – e.g. pledge water only and promote activities in local paper - Community events and MC @ events to promote healthy diets and lifestyles messages - Calendar – promote a guideline in each month - Community education programmes – e.g. breastfeeding education 			

Cook Islands – Ms Karen Tairea and Dr Mareta Jacob

Key message:

Phase	Activities	Responsible	Timelines	TA and Resources Required
Adaptation, adoption and endorsement	1. Form steering group to adapt guideline to Cook Island context (Karen, Mareta, MOE, Agriculture, Community Rep, Red Cross, CINCW)	Karen and Mareta	Dec 2017 – Jan 2018	Printed resources
	2. Consultation with key stakeholders <ul style="list-style-type: none"> (MOE – teachers, CI Red Cross members, Sports codes (Just play), traditional leaders, health staff, local gyms, chef association, churches, etc) 	Steering Committee	Feb 2018	Printed resources for dissemination to stakeholders
	3. Finalising of guidelines (adoption)	Steering Committee	March 2018	
	4. Endorsement by MOH executives, pass on to minister for endorsement by Cabinet	Steering Committee	March 2018	
Dissemination	1. Translation of guidelines to Cook Islands Maori	Steering Committee and Health Promotion	March 2018	
	2. Printing of guidelines, development and printing of supporting resources	Health Promotion	April–May 2018	Funding for layout of printed material
	3. Launch of guidelines – invite stakeholders, leaders, media, etc.	Steering Committee and Health Promotion	Option 1: 31 May 2018 (WNTD) or July 2018 during health conference	
	4. Training of key users	MOH - Health promotion	End July 2018 or August 2018	TA to assist with training
	5. Distribute nationally	Health promotion	August 2018 on onwards	

Phase	Activities	Responsible	Timelines	TA and Resources Required
Use of guidelines	<p>Use in different settings:</p> <ul style="list-style-type: none"> - Health facilities, schools, work places, churches, agriculture and climate change programmes, civil society and other NGOs. - Community sessions on healthy living and NCDs, development of school food policies and tuckshop menus, food and nutrition policy for MOH, hospital menu, school curriculum, etc. 	MOH and key stakeholders	After launch and training	Printed resources
Communication	<ul style="list-style-type: none"> - Mass media – newspaper, radio, television (spots and advertisements) - Social media – MOH website and FB, other government websites with link to MOH - Printed material – posters, leaflets, banners - Promotion items – stickers, magnets - Cooking demonstrations - Mega events – health conference, nurses forum, sports events/programmes, church events, constitution, etc. - Settings – workplaces, school and churches 		After launch	TA to develop communication plan, graphics Funding for printing and mass media ads, etc.
Monitoring and Evaluation	<ul style="list-style-type: none"> - Survey – questionnaire: hard copy and online 		1 year after launch	TA develop questionnaire

Federated States of Micronesia – Ms Selma Primo and Emihne Johnson

Key message: 2016–2025 is the decade of action on nutrition, use of the guidelines to achieve SDGs

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ul style="list-style-type: none"> - Introduce the <i>Pacific guidelines for a healthy diet and lifestyle</i> to the Secretary and Preventative Health Advisory Council - Present the guidelines to key stakeholders at the 6th FSM NCD Summit - Develop an action plan to raise awareness and promote the guidelines 	Selma and Emi	December	Karen Fukofuka
Dissemination	<ul style="list-style-type: none"> - Adapt guidelines to fit FSM context - Develop key messages – catchy, simple, colourful, short - Printing of guidelines and distribute to all NCD coordinators - Promote in schools, newspaper, radio programme, TV, FB 	FSM Health		Printing Graphic artist
Use of the guidelines	<ul style="list-style-type: none"> - Training – train educators on how to use the guidelines - Conduct training for outreach workers at state level - Incorporate into school curriculum - Use in hospital canteen and in-patient education - Train chefs in schools, hospitals and restaurants on how to use the guidelines 			
Communication	Communicate the guidelines to the public through: <ul style="list-style-type: none"> - newspapers, posters, video for hospital outpatient rooms - Peer teaching - Presentations to traditional leaders - Individual counselling 			Local experts

Fiji – Ms Ateca Kama, Ms Maca Temoirokomalani and Sainimere Vulibeci

Key message – ‘we walk the talk together’

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ul style="list-style-type: none"> - National guidelines already endorsed - Adopting guidelines 7 and 10 of the <i>Pacific guidelines for a healthy diet and lifestyles</i> 	MOHMS and NFNC	Ongoing	Funding
Dissemination	<ul style="list-style-type: none"> - Media advocacy - Motivation counselling for behaviour change - Settings approach – focus on wellness - Calendar of events/celebrations 	MOHMS and SPC	Ongoing	Funding
Use of the guidelines	<ul style="list-style-type: none"> - Training on the guidelines - Incorporate guidelines into education curriculum 	MOHMS SPC WHO	Ongoing	
Communication	Developing the Fiji communication plan on behaviour change strategy (what, who, where, how)	MOHMS NFNC SPC WHO Development Partner	Dec 2018	Consultant
Monitoring	KAP survey (knowledge, attitude, practice) - Google survey monkey	MOHMS WHO SPC	Ongoing	Funding
Evaluation	Population surveys – NNS, STEPS	WHO SPC MOHMS	10 yearly	Funding software

French Polynesia – Marjorie Bourges and Ms Helene Thual

Key message:

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ul style="list-style-type: none"> - Presentation and validation of recommendations by the Head of Health and the Ministry of Health - Collaboration of all the actors concerned (addiction, maternal and child protection, public health hygiene, promotion and health divisions, mental health) => approval for content, visual/layout and translation into Tahitian language). 	Head of Health – Prevention Department	6 months	
Dissemination	<ul style="list-style-type: none"> - Official letter from Head of Health to health professionals (dispensaries, hospital, private sector) - Dissemination to the health committees of primary health centres - Head of Health official website (+ via intranet when available) 	Head of Health	15 days	
Use of the guidelines	<ul style="list-style-type: none"> - Implementation of the prevention plan 2018–2022 - NCD Plan 2018–2022 	Head of Health – Prevention Department		
Communication	<p>Integration to existing projects:</p> <ul style="list-style-type: none"> - setting up of a mobile application on behaviour change for a healthier life - Workplace health approach - The 'EATTTITUDE' lifestyle awareness campaign + Facebook page <p>Solicitation of the promotion of health division to decide what kind of IEC material they need to promote the guidelines to the population.</p> <p>Head of Health website and intranet</p>	Head of Health Prevention Department	1 year	<p>Tools on:</p> <ul style="list-style-type: none"> - Mental health - Physical activity - Food security

Guam – Ms Rosae Calvo and Mr Ronald Laguana

Key messages:

These Pacific guidelines are culturally relevant for Chamorros

Use the Pacific guidelines as a link to cultural renaissance and engagement with other agencies

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/ adaptation and endorsement	<p>Most of the guidelines are addressed in Live Healthy Guam, Guam NCD Strategic Plan 2041–2018, but with gaps</p> <p>Goal: to increase awareness of Pacific guidelines and incorporate missing objectives into the current programmes</p> <ul style="list-style-type: none"> - Present to NCD Consortium - Identify gaps in current strategic plan (reduce fat/sugar, betel nut chewing, water and stress) and incorporate the relevant guidelines where appropriate - Propose updating messaging <ul style="list-style-type: none"> o MyPlate -> 3 food groups o Adapt Pacific guidelines as reference resource 	DPHSS Pacific Nutrition workshop reps	Jan 2018 Reps -> DPHSS March 2018	Resources: - Pacific guidelines - handbook and graphics - NCD Strategic Plan - DPHSS -> 6 BHWC
Dissemination	<ul style="list-style-type: none"> - Engage other agencies to align strategies - Distribute guidelines to NCD teams, govt agencies <ul style="list-style-type: none"> o Print handbook and distribute to NCD team leaders o Print posters -> to government agencies o NCD teams to distribute posters to all stakeholders and communities 	DPHSS NCD Team	2018	Incentives translation
Use of the guidelines	<ul style="list-style-type: none"> - By NCD teams, partners and agencies - To be incorporated into existing activities – cooking demos, recipe development, healthy food promotions, etc. 			Training on the use of the guidelines
Communication	<ul style="list-style-type: none"> - Print – posters, magazines, newspapers, brochures - Schools - Social media, internet, TV commercials, press releases - Videos, interactive games 	NCD team, Community partners		

Kiribati – Ms Ntaene Tanua and Ms Mweritonga Rubeuariki

Key message: 'taking a holistic approach for a promising change: lifestyle and diet'

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/ adaptation and endorsement	<ol style="list-style-type: none"> Adapt the guidelines to local context through consultations with stakeholders <ul style="list-style-type: none"> Adapt to suit local situation and commonly consumed foods Include supplementary information for imported foods (Fortified and or enriched food products. Kiribati imports most of its food) Development of training package in local language– include training manual, flipcharts, IEC materials) Consultation with stakeholders (incorporate guidelines into National Food and Nutrition Security Policy) Presentation of finalised adapted guideline to Senior Management Committee for approval and submit to Cabinet for endorsement 	<p>DPHSS Agriculture, Fisheries, Environmental Health Mental health senior staff</p> <p>Nutrition DPHSS PS</p>	<p>2018 Q1 and Q2</p> <p>2018 Q1-3</p>	<p>Funding for consultation</p> <p>Printing of adapted guidelines and training package material</p>
Dissemination	<ol style="list-style-type: none"> Roll out of training package to targeted groups: health workers, stakeholders; Ministries of Agriculture, Education, Fisheries; MLHRD MWYSA; tertiary institutions Communities (FBO, women's groups, youth groups) and through stakeholders (NCD multi-sectoral committee) 	NIUT and HP	<p>2018 Q3 and Q4</p> <p>2018 Q1 and Q2</p>	Funding to conduct training
Use of the guidelines	<ol style="list-style-type: none"> Training of staff on nutrition Guide development of key messages for education and awareness campaigns Support health promotion activities Individual counselling for adoption of healthy diet and lifestyle 	Task Force	2018 Q3 and Q4	TA and funding
Communication	<ol style="list-style-type: none"> Public awareness <ul style="list-style-type: none"> National and health events e.g. Health Day, Easter, Food Week, Diabetes Week, Independence, House of Parliament sessions, inter primary and secondary Radio programme : current affairs, 50 programme Newspaper, text messages Church messages and gatherings Road shows/hip-hop drama delivering key messages Individual Training package to have motivational counselling 	<p>NCD Multi-NCD Committee</p> <p>Nutrition and District Principal nursing officers</p>	<p>2018 Q3 and Q4</p> <p>2018 Q3 and Q4</p>	<p>Funding to carry out awareness campaign and activities</p> <p>Trained public health nurses</p>

Marshall Islands – Mr Tanner Smith and Mr Armando Reyes

Key message - ‘Through collaboration with others, we can make things better for the RMI’

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ul style="list-style-type: none"> - Adapt guidelines from 1995 to include exercise, betel nut and food group recommendations - Lobby local government and national government to endorse guidelines 	MALGOV, MOE, MOH, R and D	1 year to get passed through local and national government agencies	Presentation materials Local legal assistance
Dissemination	<p>Community:</p> <ul style="list-style-type: none"> - School nutrition programs promoting nutrition guidelines. - World Food Day float. - Local Farmers Market cooking demonstrations and handouts for new guidelines. <p>Hospital:</p> <ul style="list-style-type: none"> - Training for hospital and wellness center staff on new guidelines. 	<p>Community: Local NGO, Faith-based, Local government</p> <p>Hospital: Health Promotions, NCD clinic, Hospital Dietary Services</p>	1 year after endorsement	<p>Community: Banners for world food day. Posters for schools.</p> <p>Hospital: TA for developing staff training programme on using guidelines. Patient education handouts for the hospital use.</p>
Use of the guidelines	<p>Community:</p> <ul style="list-style-type: none"> - Work with Ministry of Education to have guidelines included in health component of the curriculum - Work with local restaurants to develop healthy menu options and salt reduction programmes <p>Hospital:</p> <ul style="list-style-type: none"> - Use the nutrition guidelines to develop healthy menu guides for patients - In-patient counselling and self-management sessions 	<p>Community: MOE, MOH, Local NGOs, Local government. Youth associations in RMI (Y2YIH). Restaurant owners</p> <p>Hospital: Hospital Dietary Services, JICA dietician.</p>	We expect widespread use within 1 year after full dissemination	<p>Community: Funding for health curriculum TA to adapt guidelines into curriculum</p> <p>Hospital: Training for hospital staff and kitchen staff to use guidelines</p>
Communication	<p>Community:</p> <ul style="list-style-type: none"> - Mass media campaign, posters, brochures. Facebook campaign <p>Hospital:</p> <ul style="list-style-type: none"> - Counseling in hospital and Wellness Center areas 	<p>Community: NTA, MOE, MOH, Local Radio Stations, Local Newspaper. Facebook</p> <p>Hospital: NCD clinic and Health Promotions staff. Wellness Center staff</p>	Started at same time as dissemination but continued throughout process until full use of guidelines achieved	<p>Community: Funding for mass media text messages through NTA Printing for posters and IEC material Facebook page promotions TA to do short videos for showing on local TV station</p> <p>Hospital: Training of staff on teaching guidelines with SMG Printing of posters and mass text messages on health issues specific to RMI</p>

New Caledonia – Ms Isabelle Capart and Ms Emille Simonet

Key message:

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<p>Presentation to <i>Agence sanitaire et sociale de NC</i> (ASSNC)</p> <p>Presentation in multi-thematic steering committee</p> <p>Discussions, modifications, validation by the steering committee</p> <p>Presentation to the members of the government in charge of health and education</p> <p>Validation by government members</p>	<p>ASSNC</p> <p>Government</p>		
Dissemination	<p>Printing flyers and posters, creating a mailing list</p> <p>Dissemination of vocational training of teachers (initial and continuing)</p> <p>Dissemination in private and public enterprises</p> <p>Dissemination to doctors via unions, associations and medical evenings</p> <p>Health professionals</p> <p>Dispensaries, care structures</p> <p>Nursing students and caregivers (IFSI)</p> <p>Health promotion structures / prevention</p> <p>Dissemination to religious leaders</p> <p>Sensitisation/awareness sessions with religious associations or women's associations</p>	ASSNC + partners		
Use of the guidelines	<p>Integration in the 'eat better move more' programme 2018-2022 for the NC</p> <p>Organisation of awareness sessions in the workplace</p>	ASSNC + partners		
Communication	<p>TV / radio spot to inform about the existence of recommendations</p> <p>Facebook page, internet/social media</p> <p>Leaflets, posters</p> <p>Press</p>	ASSNC		

Niue – Ms Alicia Hipa and Ms Breana Pasisi

Key message: ‘Local is Best’ – value traditions, culture, language and customs.

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> Niue adopted the earlier version of the regional guidelines in 2005. This was reviewed in 2016 and new guidelines to be endorsed in 2018. Raise awareness among politicians on the importance of the guidelines and importance of their endorsement. Aiming to launch new guidelines in October during World Food Day 2018 	DAFF Health Education NGOs	June 2018 for endorsement Oct 2018 for launch	SPC for funding for printing
Dissemination	<p>Schools:</p> <ul style="list-style-type: none"> incorporate into school curriculum for health and PE and horticultural classes FNTC cooking classes Health Promoting Schools – school canteen <p>Department of Health:</p> <ul style="list-style-type: none"> Pt counselling Community awareness programmes <p>Sports events:</p> <ul style="list-style-type: none"> Promoting water, smoke-free and alcohol free Eateries/cafes? 	DAFF Department of Health Village Councils Spots (NISCGA)	Q4 2018 and 2019 and beyond	Training package
Use of the guidelines	<p>Department of Health:</p> <ul style="list-style-type: none"> Hospital menu Health promotion programmes Nutrition ANC – breastfeeding <p>Department of Agriculture, Forestry and Fisheries:</p> <ul style="list-style-type: none"> ‘Local is Best’ - promoting local foods and traditional agricultural practices 		2019	
Communication	<p>Development of IEC materials:</p> <ul style="list-style-type: none"> Posters, pull-up banners, short TV ads Social media 			

Palau – Mr Tino Faatuuala and Ms Verna Kyota

Key message :

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Meeting with partners to adopt and adapt the guidelines for Palau – room for improvement 2. Present the guidelines to Minister for Health for endorsement <p><i>Note: New Minister for Health – opportunity to brief minister on nutrition issues for Palau and how the implementation of the guidelines can help address these issues.</i></p>	MOH lead Stakeholders	Jan – March 2018	Meeting expenses materials
Dissemination	<ol style="list-style-type: none"> 1. Email copies of the handbook to stakeholders 2. Conduct training workshop with stakeholders 3. Community programmes 4. Bureau of Agriculture – food security, World Food Day 5. PNCC – evaluate dissemination process and determine who received the guidelines, identify gaps 			Printing
Use of the guidelines	<ol style="list-style-type: none"> 1. Food safety programmes – training of food handlers 2. Incorporate into school curriculum 3. Training for health professionals – to be conducted by dietitian 4. Community health centres – patient counselling and education sessions 	MoH Health Education	Ongoing	Training package and programme
Communication	<ol style="list-style-type: none"> 1. Through internal emails to all health staff 2. Community-based programmes 3. Use existing programmes and networks 	MOH and Public Health	Once a month	Printing

Papua New Guinea – Ms Vicky Wari, Ms Eileen Dogimab and Ms Roselyn Gatana-Chika

Key message: To adopt the guidelines and adapt as appropriate for PNG

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Form working group to review the guidelines and adapt them to fit PNG context as appropriate 2. Undertake consultation with stakeholders 3. Submit to the Secretary of Health for endorsement 4. Approval from Health Board 	DOH Nutrition, NCD Policy and Planning Sections	March 2018	TA from SPC/WHO/UNICEF Printing
Dissemination	<ol style="list-style-type: none"> 1. Printing of guidelines 2. Development of IEC materials for the guidelines – for the general public and for health professionals 3. Disseminate materials to health facilities, schools, FSC, media, targeted groups and other stakeholders 4. Conduct workshops and raise awareness on the guidelines with stakeholders 	DOH	June 2018	TA Graphic artist TA for the development of training package
Use of the guidelines	<ol style="list-style-type: none"> 1. Training for health professionals 2. Education through schools, students 3. Advocacy with provisional health authorities 4. Evaluation of dissemination of nutrition materials 	DOH	Ongoing starting June 2018	Distribution of materials TA for training
Communication	<ol style="list-style-type: none"> 1. Schools 2. Health facilities 3. Media – newspaper, TV, videos, billboards, flyers, T-shirts 4. Churches, communities 5. Training institutions 6. Hotels, restaurants 7. World health day events and other community events 8. Women's fitness and healthy lifestyles programmes 	DOH	Ongoing	Printing

Samoa – Ms Andolosa Manuele and Mr Darryl Pupi

Key message: ‘Work together for a healthier Samoa and Pacific’

Phase 1	Activities	Responsible	Time-frame	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Present the <i>Pacific Guidelines for Healthy Diet and Lifestyle</i> to the Nutrition Section and relevant sections (Health Promotion, Food Safety) within the Ministry of Health. <ol style="list-style-type: none"> a. Adaptation of the guideline into our local context <ol style="list-style-type: none"> a. Conduct advocacy meetings and consultations with NCD Steering Committee b. Finalise changes and recommendations on the guidelines. c. Submit finalised <i>Pacific Guidelines for Healthy Diet and Lifestyle</i> to Director General/Chief Executive Officer of Health for endorsement d. Endorsed copy of guideline is then submitted to Minister for Health for signature and submission to Cabinet Meeting for final approval 	<p>Nutrition Section NCD Coordinator</p> <p>NCD Committee</p>	<p>Yearly (Financial Year Base)</p>	<p>If funded by SPC then we can use TA</p> <p>Graphic designer</p> <p>Resource booklet copies</p> <p>Training materials</p>
Dissemination	<ol style="list-style-type: none"> 1. Launching of the <i>Pacific Guidelines for Healthy Diet and Lifestyle</i> 2. Distribute the guidelines to relevant multi- sectoral stakeholders. 3. Incorporate the guidelines into national policies and food and nutrition standards and guidelines 4. Conduct consultations and training for relevant stakeholders 5. Mass media campaign to create more awareness (TV ads, spots, radio talks, billboards, posters, PSC circulars) 	<p>Nutrition Section NCD Coordinator SPAGHL</p>	<p>Ongoing</p>	<p>Resource booklet copies</p> <p>Training materials</p>

Phase 1	Activities	Responsible	Time-frame	TA and Resources Required
Use of the guidelines	<ol style="list-style-type: none"> Incorporate the guidelines into national policies and guidelines. <ul style="list-style-type: none"> Food and Nutrition Policy (2013–2018) reviewed NCD Plans National health programmes in communities <ul style="list-style-type: none"> World Health Day World No Tobacco Week Healthy Lifestyle Week World Breastfeeding Week Physical Activity Programmes Wellness is Beauty Nutrition Awareness Programmes <ul style="list-style-type: none"> PEN Fa'asamoa Programme Baby Friendly Hospital Initiative (BFHI) Training of trainers programmes in preschool and schools MAF SACCEP: Fruit tree distribution Cabinet submission on taxation of SSBs CODEX Marketing breastmilk substitutes Training of relevant stakeholders on the use of the guidelines 	<p>Nutrition Section NCD Coordinator</p> <p>Stakeholders</p>	Ongoing	Funding for printing guidelines and IEC materials
Communication	<ol style="list-style-type: none"> Conduct mass media campaign <ul style="list-style-type: none"> TV advertisements, radio talks, billboards, banners Development of IEC materials: standardised presentations, posters, pamphlets, bumper stickers, t-shirts Champions – community role models, e.g. sports stars 	Nutrition Section HEAPS MESC	Ongoing	Graphic Designer Communication specialist
M&E	<ol style="list-style-type: none"> Monitoring and evaluation of implementation of guidelines <ul style="list-style-type: none"> Develop questionnaires Undertake evaluation of programmes and consultations National Surveys (STEPS, DHS, Global School Health Survey) 	MOH Nutrition Unit HEAPS	Ongoing	Funding for printing materials

Solomon Islands – Ms Salome Namohunu Diatalau and Ms Mavis Kwanairara

Key message:

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Adopt and adapt the Pacific guidelines 2. Infographics for Solomon Islands 	Nutrition Unit, MHMS SPC	2018–2019	Printing Infographics – SPC
Dissemination	<ol style="list-style-type: none"> 1. Through training programmes <ol style="list-style-type: none"> a. Health workers 		2019	TA required for training Training package
Use of the guidelines	<ol style="list-style-type: none"> 1. Review of nutrition plans and policies 2. Integrate into nutrition policies, training and IEC materials 		2019	Funds for printing of IEC materials
Communication	<ol style="list-style-type: none"> 1. Launching, campaigns, radio awareness, billboards, health radio programmes 		2019	Funds for awareness campaigns

Tokelau – Ms Barbara Tali and Ms Lialia'ai Filipo

Key messages: 'Know your proportions for your meal' and 'Move to live' (30 minutes a day)

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Adopt and adapt the Pacific guidelines 2. Translate into local language 3. Raise awareness in the Department of Health on the guidelines 4. Seek approval from the three <i>taupulega</i>/women's groups/men's groups/youth/church leaders/stakeholders 5. Seek approval from the three atolls and national government 	Minister of Health Director of Health	2 months for translation 1 month for awareness workshop across 3 atolls	Printing Funding for awareness workshops
Dissemination	<ol style="list-style-type: none"> 1. Launching of guidelines once endorsed 2. National events, e.g. World Food Day 3. Distribute the guidelines to all relevant stakeholders and partners 4. Promote on Tokelau Health Department FB page 5. Distribute to all households so that each family has a copy 6. Advertise around the villages 	MOH Stakeholders	2018	Funding Printing
Use of the guidelines	<ol style="list-style-type: none"> 1. Incorporate the guidelines into National NCD plan and relevant government policies 2. Health education – community awareness and training on the use of the guidelines 3. Incorporate into ongoing community education programmes, especially for those for school children 	MOH leading MOE	Ongoing	Funding for training
Communication	<ol style="list-style-type: none"> 1. Cooking demonstrations on proportions of a meal and healthy plate 2. Promote 'go local' 3. FB page on Tokelau Department of Health FB 4. Telecommunications – txt of key messages 			

Tonga – Dr Ofa Tukia and Ms Ilisa Topui

Key message: Communicate the three food groups in the appropriate amounts each day.

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Conduct consultation meeting with key stakeholders to review the Pacific guidelines and adapt as appropriate for Tonga 2. Collate and finalise comments and inputs 3. Submit final document to NCD Committee for approval 4. Submit to Cabinet for endorsement 5. Publish, launch, disseminate and use 	National Food and Nutrition Advisory Committee, TongaHealth	Q2, 2018	TA from SPC and WHO for adoption Funding for consultation meetings
Dissemination	<ol style="list-style-type: none"> 1. Key stakeholders and partners of the NCD Committee 2. Public announcement at official launch 3. Outreach programmes and healthy settings 	MOH TongaHealth	Q3	Funds for printing and promotions
Use of the guidelines	<ol style="list-style-type: none"> 1. In each setting, develop and implement policies, and incorporate the guidelines into these policies <ul style="list-style-type: none"> - Church conference policies - School food policies - MAFF and Labour - Food safety and regulations - Customs 2. Patient education and counselling 3. Community education programmes 	MOH Stakeholders	Ongoing	Funds for training Education materials
Communications	<ol style="list-style-type: none"> 1. Integrate through existing health promotion programmes – HPS, training of trainers 2. Mass media campaigns 3. Health promotion staff 	Programme managers	Ongoing	TA graphic designer for preparation of communication materials

Tuvalu – Ms Pauke Maani and Ms Miliesi Kapuafu

Key message: 'Value life and promote health with local healthy diet.'

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Adopt and adapt the Pacific guidelines and translate into local language 2. Seek endorsement from Public Health Unit ->Secretary of Health -> Minister for Health 	PHU staff	6-12 months	TA from SPC and WHO
Dissemination	<ol style="list-style-type: none"> 1. Conduct awareness workshops with schools, churches, communities, youth groups and women's councils 2. Advocate to MOE, MOH, MNR on the importance of adopting the guidelines 	MOH and PHU	Ongoing	Funding for printing of materials
Use of the guidelines	<ol style="list-style-type: none"> 1. Conduct training for health workers on the use of the guidelines 2. Incorporate guidelines into national primary care plans, NCD plan and other relevant national food and nutrition programmes 	MOH and PHU	Ongoing	TA from SPC and WHO for training
Communications	<ol style="list-style-type: none"> 1. Radio talk shows 2. Community events 3. Staff emails 4. Drama/skits/singing competition – relay key message 5. Display promotion posters in schools, restaurants, guest houses, hotels/motels 	PHU NGOs MNR Other stakeholders		TA from SPC and WHO to develop key messages and promotion materials

Vanuatu – Mr Graham Tabirap and Ms Nerida Hinge

Key message: Develop and use our dietary guidelines

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Develop concept paper to seek approval from government to accept and adopt and adapt the Pacific guidelines as appropriate for Vanuatu 2. Endorse the adapted guidelines as the Vanuatu Dietary Guidelines (VDG) 3. Launch 	Nutrition and Health Promotion Unit	2018	TA from SPC and WHO
Dissemination	<ol style="list-style-type: none"> 1. Raise awareness and advocacy of CDG through media outlets – radio spots, TV ads 2. Advocacy to partners and champions of programmes 3. Develop and print IEC materials 	Nutrition Unit lead Health Promotion Unit	2018 and onwards	Funding TA from SPC, WHO and FAO
Use of the guidelines	<ol style="list-style-type: none"> 1. Training of health staff at national and provincial hospitals and clinics 2. Incorporate institutions training programmes - Vanuatu College of Nursing Education (VCNE) and Vanuatu Institute of Teaching and Education (VITE) 3. Incorporate VDG into national primary and secondary care programmes – RMNCAH, EPI, HPS, Family Health, etc. 4. Advocacy to policy makers 5. Strengthen MOH nutrition programmes 	Nutrition Unit		Funding
Communications	<ol style="list-style-type: none"> 1. Develop and implement mass media campaign to promote key guideline messages, billboards 2. National events 3. Publish articles 	Nutrition and Health Promotion Units	2018 and onwards	Funding and TA for development of mass media campaign

Wallis and Futuna – Ms Malia Lape and Ms Peni Lakina-Logote

Key message:

Phase 1	Activities	Responsible	Timeframe	TA and Resources Required
Adoption/adaptation and endorsement	<ol style="list-style-type: none"> 1. Hold consultation meeting within the health agency with staff: <ul style="list-style-type: none"> - Director of the Health Agency + director of care + head of the prevention unit and doctor in charge (meeting in tele medicine with Futuna) -> to raise awareness about the guidelines and seek approval 2. Conduct interactive consultation workshops with all other relevant partners to raise awareness of the guidelines <ul style="list-style-type: none"> - the prefect + the chiefs (community leaders) 3. Adaptation of guidelines # 7 and # 8 4. Translation into local language (in Wallisian and Futunien) 	<p>Prefecture</p> <p>health, sport, environment, gendarmerie service</p>	3 months	SPC technical and financial support (posters, roll-up)
Dissémination	<ol style="list-style-type: none"> 1. Once the guidelines are approved during the meetings, each department will take care of the dissemination (after training by the Health Agency team on how to use the guidelines) 	Health promotion staff	1 week	Official letters and meetings
Use of the guidelines	<ol style="list-style-type: none"> 2. Training of health staff 3. Health promotion 4. Community education 	Health promotion staff	1 week	Pre-test with communities leaders
Communications	<ol style="list-style-type: none"> 1. General public – via the media (radio, TV) + meetings in the villages with the collaboration of the partners concerned by the guidelines + incorporation into the curricula of primary schools 2. With young people – at mass gatherings organised throughout the year in districts 5. World Health Day events organised by the Health Agency (WDD – WORLD NO TOBACCO DAY – World Food Day – Environment Day – Health Day, etc.) 	<p>Health promotion staff</p> <p>Youth groups</p> <p>Wallis and Futuna medias</p> <p>Head of Catholic Schools</p>	<p>6 months – 1 year</p>	<p>Creation of television spots by college students or unemployed youth</p> <p>Scenes to get the message across</p> <p>SPC for technical and financial assistance</p>

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