



Pacific
Community
Communauté
du Pacifique

PACIFIC FOOD-BASED DIETARY GUIDELINES REVIEW WORKSHOP

31 January–2 February 2017, Suva, Fiji

Workshop Report

Report prepared by the Public Health Division
of the Pacific Community

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List of Abbreviations

DFAT	The Australian Department of Foreign Affairs and Trade, formerly known as the Australian Agency for International Development (AusAID)
CDC	Centre for Disease Control
eLENA	e-Library of Evidence for Nutritional Actions
EU	European Union
FAO	Food and Agriculture Organisation
FBDG	Food-Based Dietary Guidelines
FNU	Fiji National University
GI	Glycaemic Index
GSHS	Global School Health Surveys
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MOHMS	Ministry of Health and Medical Services of Fiji
NCDs	Non-Communicable Diseases
PICTs	Pacific Island countries and territories
PINDA	Pacific Island Nutrition and Dietetic Association
POHLN	The Pacific Open Learning Health Net
PPRP	Policy, Planning and Regulation Programme
SDGs	Sustainable Development Goals, officially known as Transforming our world: the 2030 Agenda for Sustainable Development
STEPS	WHO STEPwise approach to surveillance of NCD risk factors
SPC	The Pacific Community, formerly known as the Secretariat of the Pacific Community
TWG	Technical Working Group
UNICEF	United Nations International Children's Emergency Funds
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHO PEN	WHO Package of Essential Noncommunicable Disease Interventions

Summary – Key Recommendations

1. The workshop provided an opportunity for rethinking how the guidelines can be best used to address the increasing food and nutritional issues in the Pacific region.
2. Key issues and recommendations are listed below.
 - i. Focus the guidelines on the healthy population rather than specific groups (i.e. those with diseases such as diabetes, overweight, high blood pressure), but include a clear statement about whether the guidelines are appropriate for these specific groups, and develop additional resources to support modifications of revised guidelines for specific groups.
 - ii. Better advocacy and communication of the guidelines at regional and national levels, including the development of a range of communication materials that widely convey and promote the key guideline messages.
 - iii. Build national capacity in the area of nutrition with more training opportunities, including training of trainers and national level.
 - iv. Strengthen the monitoring and evaluation (M&E) of the guidelines – i.e. how the guidelines are used, whether the messages are understood, and whether they promote behaviour change. However, given the difficulty and complexity of assessing behaviour change, it was suggested to focus monitoring on the use and appropriateness of the guidelines, and that any changes in behaviour should be monitored using existing data sources (e.g. STEPS and Global School Health Surveys (GSHS)). It was also suggested that it would be appropriate to review the guidelines every three to five years. The M&E framework for the physical activity guidelines was noted as an example to follow.
 - v. Retain the three food group concept, focus on local foods, and include number of servings from each food group and make healthy food options look more delicious than unhealthy options.
 - vi. Emphasise the use of visual images such as the use of hands as a visual guide to show the recommended serving size for each food group.
 - vii. Retain the inclusion of lifestyle recommendations for physical activity, and alcohol and tobacco use.
 - viii. Develop a handbook with background explanatory information to support the recommendations.
 - ix. Develop separate guidelines for children.
 - x. Develop specific resources for people with diabetes and other chronic disease conditions such as hypertension, gout and cardiovascular diseases, given that the guidelines are for the healthy population, but also noting that modified guidelines for healthy people would be relevant for people with chronic diseases.

3. The following is the list of the revised guidelines based on group-work discussions and feedback.
- Eat a variety of foods from the three food groups in the right amounts each day, choose fresh local foods:
 - **Energy foods** such as yams, cassava, taro, sweet potato, breadfruit, rice and bread.
 - Eat at least 5–6 servings each day.
 - **Protective foods** such as vegetables like long beans, island cabbage, tomatoes, cucumber, capsicums, and carrots, and fruits like papaya, ripe bananas, mangoes and pineapple.
 - Eat 5+ servings each day.
 - **Body-building foods** such as fish, lean beef and pork, chicken without skin, eggs, dried beans, low-fat milk and other milk products.
 - Eat at least 1–2 servings each day.
 - Eat more protective foods every day by including them in each meal.
 - Choose and prepare foods with less salt, fat and sugar.
 - Prepare, store and keep food safe. Wash hands thoroughly with soap before and after preparing food.
 - Drink plenty of safe and clean water each day.
 - Be physically active every day. Do at least 30 minutes of moderate-intensity activity (e.g. brisk walking) on five or more days each week.
 - Feed babies with breast milk only (nothing else) for the first six months of life. Start complementary feeds of other foods and liquids at the end of six months and continue some breastfeeding for at least two years.
 - Do not smoke, use tobacco products, drugs or chew betel nut.
 - Avoid drinking alcohol, kava or home brew. If one does drink alcohol, avoid heavy drinking.
 - Take time to relax, and enjoy time with family and friends.

Background

1. The Pacific Food-Based Dietary Guidelines (FBDGs) were developed by the SPC Lifestyle Health Section in 2002 with input from the members of the Pacific Island Nutrition and Dietetic Association (PINDA). The guidelines were developed to communicate and promote healthy eating messages to the general population. The key messages were presented as a package of four posters (Figure 1). A training manual was also developed with background information on how the guidelines were developed and how to use them.

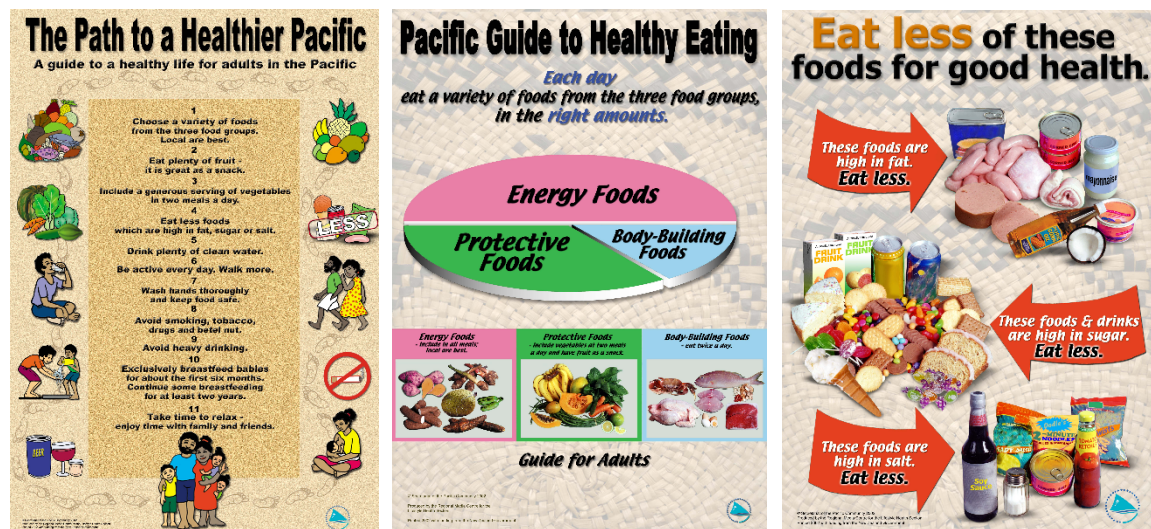


Figure 1. Posters developed for promoting healthy eating.



2. Most countries have adopted these regional guidelines, and adapted and translated these into their own languages to promote healthy eating messages that suit their specific national context. SPC has supported the printing of these national guidelines over the years. Requests for reprinting have been put on hold until a review is completed to ensure the guidelines are consistent with current scientific evidence. More recently, Niue has started this review process with assistance from the Food and Agriculture Organisation (FAO).
3. The FBDGs were developed for the healthy adult population and do not extend to children and infants. Nor were they designed to treat nutrition related problems such as diabetes or heart

diseases. However, given the magnitude of the double burden of malnutrition in the region, there is a need to redefine the scope of the current guidelines in order to also address these issues.

4. In preparation for the workshop, a questionnaire was developed and disseminated to nutritionists in Pacific countries. The questionnaire was to assess how widely the guidelines were communicated and used.
5. This workshop was convened to review these guidelines and how they can be improved in order to enhance the promotion of healthy eating messages to the public.
6. Pacific nutritionists from several countries and regional agencies were invited to participate in the workshop. A list of participants is attached in Annex 2.

Workshop Objectives

1. The objectives of the workshop were as follows.
 - i. Review the existing Pacific Food-Based Dietary Guidelines.
 - ii. Update existing guidelines and/or develop new guidelines based on the review outcomes.
 - iii. Identify ways of improving and enhancing the guidelines to best address the food and nutrition challenges in the Pacific today.

Workshop Programme

1. To achieve these objectives, the workshop was held over three days. The detailed workshop programme is attached as Annex 1.

DAY 1

Introduction and Background

Welcome and Introduction

Speaker: Mr Sunia Soakai, Deputy Director, Policy, Planning and Regulation Programme (PPRP), Public Health Division, SPC.

1. Mr Sunia Soakai opened the workshop and welcomed expert nutritionists from the Pacific region on behalf of SPC. He noted the importance of the review and the need to ensure that appropriate and relevant tools are developed to assist Pacific nutritionists and health professionals in order to promote healthy eating messages to the public and to guide food and nutrition policy and programme formulation.
2. He noted that the main objective of the workshop is to review the existing Food-Based Dietary Guidelines and look at how we can improve them in order to best address the food and nutrition challenges we are facing in the Pacific region today. He also acknowledged this opportunity to strengthen relationships and partnerships among nutritionists in the region. He hoped that through this workshop:
 - i. nutritionists and health professionals will have the appropriate evidence-based tools and resources to help achieve the goals of their food and nutrition programmes;
 - ii. the general public will have access to nutritional information in simple language that is easily understood and culturally acceptable; and
 - iii. policy makers will have access to evidence-based information to guide food and nutrition policy formulation in order to address food and nutrition related health problems such as non-communicable diseases (NCDs) and malnutrition.

Food and Nutrition Challenges in the Pacific Region

Presenter: Ms Elisiva Na'ati, Nutrition Adviser, SPC.

3. Ms Na'ati presented an overview of food and nutritional challenges in the Pacific region. She noted the high rates of nutrition-related health problems in many Pacific Island countries and territories (PICTs) including a high prevalence of both undernutrition (such as wasting) and overnutrition (such as obesity) in children under five. She also noted the high prevalence of overweight, obesity, high blood glucose levels and diabetes in both adolescents (13–15 years of age) and adults (25–64 years of age). NCDs are the leading causes of death in PICTs and responsible 60–80% of deaths in the region.
4. Ms Na'ati highlighted a range of challenges related to an unhealthy diet. At the regional level, the challenges included the need to meet existing commitments to global targets, overlapping agendas of regional organisations and insufficient resources. At the national level, challenges included insufficient resources and staff capacity to support nutrition-related activities and inadequate food systems (e.g. food regulations and enforcement mechanisms) to promote healthy eating. At an individual level, challenges included limited access to information about nutrition and competing priorities that make it difficult to maintain a healthy diet.

5. The presentation also identified some key considerations for the development of the revised FBDGs. These included the need to decide on whether to develop dietary guidelines for specific population groups (e.g. children, pregnant and breastfeeding women), the development of additional resources to support implementation of the guidelines, the need to adapt the guidelines in a country-specific context and the importance of incorporating monitoring and evaluation mechanisms. Ms Na'ati also noted the global and regional commitments to be considered (e.g. Global Nutrition Targets 2025, Sustainable Development Goals (SDGs)) and the technical support from regional agencies.

General discussions:

6. The participants noted the following additional considerations and recommendations.
 - i. Make better use of the internet and social media to disseminate nutrition messages.
 - ii. Create a publication of endorsed guidelines on official websites such as national Ministry of Health websites. Few PICTs currently have their guidelines available online.
 - iii. Develop a range of communication materials to widely convey and promote the key guideline messages.
 - iv. Conduct regular training on the guidelines, given the high turnover of nutrition staff in PICTs. Training for teachers, health professionals and agriculture extension officers were identified as priorities.
 - v. Undertake regular M&E to determine if/how the guidelines are implemented in PICTS and to assess any impact on health outcomes. Although the monitoring and evaluation tools were developed for the 2002 Pacific FBDGs, these were not used.

Review Process and Findings

Presenter: Ms Karen Fukofuka, NCD Adviser – Food Security, SPC.

7. The Pacific FBDGs were released in 2002 and included four posters, a training manual and a series of fact sheets. The four posters were the visual representation of the guidelines and these included the following: 'The Path to a Healthier Pacific', 'Healthy eating in the Pacific', 'Pacific guide to healthy eating' and 'Eat less of these foods for good health'.
8. The review was conducted in late 2016. The objectives of the review were to:
 - i. determine awareness of the guidelines and whether they are being used;
 - ii. identify challenges with using the guidelines; and
 - iii. identify ways to improve the guidelines.
9. The review process had four components, which were:
 - i. a regional survey;
 - ii. interviews with developers of 2002 Pacific FBDGs;
 - iii. a review of the background documents and resources; and
 - iv. a literature review of the development and use of FBDGs.
10. The summary of the review findings were presented.
 - i. *Regional survey:*
 - a. A survey was sent to 28 PICTs NCD focal points and nutritionists, and only ten responses were received – 9/10 from the health sector nutritionists and 1/10 from another health professional. Despite the low response rate, those who

responded provided useful information, which supported observations of low-awareness of the guidelines in the region.

b. Key findings were:

- *Awareness* – 8/10 respondents were aware of the 2002 Pacific FBDGs, five of these had adapted them into local language and three had developed their own FBDGs using the 2002 Pacific FBDGs as a base. 2/10 respondents had never heard of the Pacific FBDGs. The majority of the respondents were nutritionists who were also the end users of the developed guidelines. They indicated that the guidelines were used mostly to support health promotion programmes aimed at promoting healthy eating messages in communities and schools, where the posters were distributed and displayed during health education events. One respondent had received training in use of the Pacific FBDGs. One respondent reported that their national guidelines were currently being evaluated, and one indicated plans to evaluate their guidelines in 2017.
- *Challenges with implementation* – Respondents identified challenges related to implementing the guidelines, including difficulty communicating portion sizes for each food group, the existing 'pie chart' was confused with a plate, and limited opportunities to network with other Pacific nutritionists in order to learn from each other. A lack of training on the use of the guidelines was also identified with most respondents not being aware of the existence of the training manual and how to use the guidelines appropriately.
- *Suggestions for improvement* – suggestions for improvement included a simpler and more colourful visual representation of the guidelines, provision of more networking opportunities to share country experiences, adding recommended serving sizes for each food group, development of specific guidelines for pregnant women and children, regular training for health professionals in the use of the guidelines, and development of supporting resources such as videos and booklets.

ii. *Interviews with developers of the 2002 Pacific FBDGs:*

- a. Interviews were conducted with Dr Wendy Snowdon and Ms Jimaima Schultz who lead the development of the 2002 Pacific FBDGs.

b. Key findings:

- *What worked well* – these were attributed to a range of factors, which included a clear link between diet and health, engagement with PINDA, regional support and resources available for development of the guidelines, building on the widely understood concept of three food groups, inclusion of lifestyle recommendations, emphasis on locally available foods, the scientifically sound process of developing the guideline content and training provided on the use of guidelines.
- *Challenges* – the main challenges noted were that the use and evaluation of the guidelines varied between countries even though monitoring and

evaluation tools were developed as part of the training manual. Portion size was not covered in the guidelines, as this was deemed too difficult to explain at the time. High turnover of staff at the country level was also a key challenge as the guidelines were designed to be implemented at national level. Advocacy efforts to raise awareness of the guidelines were limited due to limited resources.

- *Suggestions for improvement* – The interviewees suggested that for the revised guidelines, it will be important to improve communication and promotion of guidelines both at regional and national levels, improve the pictorial representation of the guidelines as well as provide advice on serving sizes. Clear guidelines on how to use the revised FBDGs will depend on how they will be presented; noting that the current four posters were intended to be used as a package, but this was not always the case.

iii. *Review of background documents:*

- a. A range of background documents were developed to support the developed guidelines. These included a train-the-trainer manual, which included recommendations for monitoring and evaluation, and fact sheets covering specific nutrition issues (e.g. healthy weight, sugar intake). These were printed and distributed to countries on demand. Distribution costs were charged to countries, which limited the distribution of the resources to countries. These were also translated into French for the French speaking countries. All these resources were also available in electronic form for countries to print as needed. The cost of printing theses at the country level contributed to low distribution and usage.

iv. *Literature review:*

- a. The literature review found that mostly developed countries created and use FBDGs. They emphasised ensuring nutritional information is easy to understand, as well as being culturally appropriate. The pictorial representation of FBDGs varied across countries and they included pyramids, shells, taro leaves and palm trees. Most FBDGs incorporated serving size recommendations, and some included lifestyle recommendations such as alcohol and tobacco consumption. There has been limited evaluation of the effectiveness of FBDGs in the changing of health behaviour; even in countries that have guidelines – including PICTs.

Country Experience

11. Nutritionists from the Pacific region were invited to share their experiences. A summary of the presentations is provided below. Countries represented at the workshop included Cook Islands, Fiji, Palau, Solomon Islands, Tuvalu, Vanuatu and the French Territories. The representative from Kiribati withdrew due to a family emergency, but submitted a prepared presentation.

12. **Cook Islands** – *Presenter: Ms Karen Taieri, Health Promotion Manager, Ministry of Health.*
 - i. Country capacity – The nutrition workforce consists of two trained nutritionists and one nutrition officer within the Ministry of Health, and they work collaboratively with a range

- of non-health sectors including Ministries of Education and Agriculture, Red Cross, Non-Government Organisations (NGOs), local gyms, Cook Islands Football Association, churches, National Environment Service, Customs Authority and the National Statistics Office. Cook Islands has a National Strategy and Action Plan for NCDs 2015–2019.
- ii. Current status – Cook Islands uses the Pacific FBDGs in the development of health promotion programmes (such as village health festivals held once a month), provide nutritional advice to individuals/health professionals, school education programmes, and development of school/workplace nutrition policies.
 - iii. Recommendations for the way forward – Key messages need to be consistent while being simultaneously tailored for the different stakeholders such as schools and agriculture. Training on the use of the guidelines was identified as essential to ensure consistency in the promotion of key messages. Cook Islands also recommended developing specific FBDGs for children and those with NCDs. In addition, supporting resources on portion size, and the fat, sugar, and salt content in popular foods need to be developed to support national efforts. A regular review (every five years) was recommended as an essential component of implementation. To support Cook Islands’ effort, technical assistance was requested for the development and printing of promotion materials.
13. **Fiji** – *Presenter: Ms Ateca Kama, Manager Food and Nutrition Centre, Ministry of Health.*
- i. Country capacity – Fiji has over 100 dietitians and nutritionists, 75 of whom are currently in the Ministry of Health and Medical Services (MOHMS), while others are in academia, food industry and international and regional agencies. The MOHMS nutritionists collaborate with a wide range of governmental and non-governmental sectors such as agriculture, education, faith-based organisations and the Fiji Consumer Council.
 - ii. Current status – Fiji developed its own guidelines based on the 2002 Pacific FBDGs used in the development of national food and nutrition programmes. Fiji has a range of nutrition policies including, for example, a 2008 National Food and Nutrition Policy, school canteen policy and the 2009 Food and Health Guidelines for Fiji. These are available online at <http://www.nutrition.gov.fj/>.
 - iii. Recommendations for the way forward – Fiji recommended that standardised regional advocacy material be developed, but tailored to the country context and available in local languages. Fiji recommended the Pacific FBDGs be reviewed every five years.
14. **Palau** – *Presenter: Mr Tino Faatuuala, Dietitian, Ministry of Health.*
- i. Country capacity – The nutrition workforce in Palau consists of one qualified dietitian, several volunteers and other health workers.
 - ii. Current status – Palau currently uses the Palau Health Eating and Active Living Guide, which was developed in 2014 by an AusAID volunteer (who was a dietitian) for the Ministry of Health. The new Palau guidelines were based on the 2002 Pacific FBDGs. The ‘healthy taro leaf’ was developed as a visual representation of the dietary guidelines to show the proportions of the three food groups that make up a healthy diet for the people of Palau: 50% fruit and vegetables, 25% protein and 25% starchy foods. Hands were used as a guide to show portion sizes for each food in the food groups.

- iii. Recommendations for the way forward – The revised Pacific FBDGs will need to be adapted for use in Palau to ensure consistency of key messages with the new Palau guidelines. The Centre for Disease Control (CDC) dietary guidelines for Americans are also being used in Palau; thereby, key messages need to be consistent and adapted to the Palau context and culture. Palau recommended establishing an M&E mechanism for regular review of the guidelines. Palau requested support in the editing and layout of the printed materials to support national efforts to promote healthy diet and lifestyles.

- 15. **Solomon Islands** – *Presenter: Ms Salome Diatalau, Chief Nutrition Officer, Ministry of Health.*
 - i. Country capacity – Solomon Islands has 11 nutritionists who work in health, academia, international agencies, private sector and a recent graduate who is yet to find employment. They work collaboratively to support school nutrition programmes, national food fortification programme, health information programmes (e.g. data collection, analysis and dissemination) for community-based initiatives. Solomon Islands already has a range of food and nutritional policies in place – National Food Security Plan, National Nutritional and Healthy Lifestyle Plan 2007–2017, Breastfeeding Policy, Baby Friendly Hospital Initiative 2010, Solomon Islands Food-Based Dietary Guidelines 2010 (adapted from the regional guidelines), Food and Nutrition Guidelines for Disaster and Emergency 2015, and Pure Food Act 1996. The FBDGs were used to develop the Solomon Islands healthy food basket, which was used to inform calculations of the minimum wage.
 - ii. Current status – Solomon Islands FBDGs are used to develop health information, nutritional counselling and education tools, and support policies and plans (e.g. nutrition guidelines during emergencies). The FBDGs are also used for menu planning (e.g. in hospitals, institutions), nutrition programme development (e.g. school health and health promotion programmes), and as the basis for all key nutrition messages (e.g. in public awareness campaigns). Solomon Islands supports the review process and will use the revised guidelines to support the implementation of their national programmes.
 - iii. Recommendations for the way forward – Solomon Islands identified technical and financial assistance for training of trainers and development of guidelines for specific population groups (children and elderly people). Solomon Islands also requested support to adapt and print the Pacific FBDGs, and for printing of the existing *Helty Kaekae* resource. Solomon Islands recommended the guidelines be reviewed every five years, and that a monitoring framework be developed to monitor the implementation of guidelines at the country level.

- 16. **Tuvalu** – *Presenter: Ms Pauke Maani, Nutritionist, Ministry of Health.*
 - i. Country capacity – Tuvalu has one qualified nutritionist, based within the Ministry of Health and works collaboratively with non-health agencies, including other government ministries (Education, Revenue, Sport and Agriculture) and non-government organisations (e.g. Red Cross, Tuvalu Cooperative Society). Tuvalu has an existing Food Safety Act, NCD Handbook for adults and children, and a National Strategic Plan for NCDs 2011–2015, which is being reviewed.

- ii. Current status – Tuvalu adapted the Pacific FBDGs and used them to support national campaigns to raise awareness on nutrition through the media. FBDGs were also used in individual counselling in NCD clinics and health centres, churches and community education programmes.
 - iii. Recommendations for the way forward – Tuvalu recommend developing specific guidelines for children and pregnant women. Tuvalu also recommended reviewing FBDGs every three to five years. To support national efforts, Tuvalu requested technical assistance to adapt and print promotion materials.

- 17. **Vanuatu** – *Presenter: Ms Louisa Tokon, Food and Nutrition Security Officer, Ministry of Agriculture, Forestry, Fisheries, Livestock and Biosecurity.*
 - i. Country capacity – Vanuatu has five qualified nutritionists who work in health, agriculture, NGOs and the private sector, which enhanced good collaborations across the different government ministries, communities and partner agencies such as FAO, European Union (EU), Ministries of Education (Health Promoting Schools) and Sports (Women’s Island Cricket programme), and Slow Food Movement (local network promoting local food). Nutrition is identified as a national priority in the National Sustainable Development Plan, NCD and Nutrition Policy and Strategic Plan (2016–2020), and Healthy School Canteen Guidelines. Vanuatu is also drafting Infant and Young Child Feeding (IYCF) Guidelines.
 - ii. Current status – Vanuatu uses the Pacific FBDGs as the basis of nutritional promotional materials, and has developed a range of resources including a flip chart, poster and flashcards to communicate the messages to the various stakeholders.
 - iii. Recommendations for the way forward – The revised Pacific FBDGs will need to be adapted to the country context and aligned with national plans and policies. To support national efforts, Vanuatu identified support for national training of trainers and development of monitoring and evaluation tools as priorities. Vanuatu also supports recommendations for regular review of the guidelines every three to five years.

- 18. **French territories** – *Presenter: Ms Solene Bertrand-Protat (on behalf of the French speaking countries).*
 - i. Country capacity – New Caledonia and French Polynesia have qualified nutritionists and dietitians working mostly in health while Wallis and Futuna have none.
 - ii. Current status – The French territories have developed their own FPDGs and an extensive range of supporting resources and used for prevention programmes and awareness campaigns, including tailored guidelines for specific groups (e.g. pregnant women).
 - iii. Recommendations for the way forward – A key challenge for the French territories is that their guidelines need to be consistent with French guidelines, as the school curriculum in the French territories is the same as it is in France.

- 19. **Kiribati** – *Prepared by Ms Ntaene Tanua, who withdrew due to a family emergency.*
 - i. Country capacity – Kiribati currently has two qualified newly graduated nutritionists who work in the Ministry of Health.

- ii. Current status – The 2016-2019 National Health Strategic Plan identified food and nutrition security as priority areas for action. Kiribati adopted and adapted the Pacific FBDGs into the local language and context were used in the community and school health promotion events. The National Nutrition Policy was developed in 1997 and is currently under review.
- iii. Recommendations for the way forward – The regional guidelines would need to be adapted to suit country needs and contexts. Additional resources and training on how to use the guidelines will be required to support national efforts.

Agencies' Perspective

20. Regional agencies represented at the workshop included United Nations International Children's Emergency Funds (UNICEF), Food and Agriculture Organisation (FAO) of the United Nations, World Health Organization (WHO) of the United Nations, Fiji National University (FNU) and McCabe Centre for Law and Cancer.
21. UNICEF: *Ms Seini Kurusiga, Nutrition Officer.*
 - i. UNICEF provided an overview of their nutrition-related activities. UNICEF's focus is on the 'First 1000 Days' of life and uses the Pacific FBDGs alongside its infant and young child feeding (IYCF) resources. UNICEF emphasised the importance that the revised Pacific FBDGs cover maternal and infant nutrition, and that the messaging be consistent across PICTs and regional organisations.
22. FAO: *Ms Ann Hayman, Food Safety and Nutrition Consultant, FAO Sub-regional Office for the Pacific Islands.*
 - i. FAO presented an overview of findings of a survey of over 80 countries in relation to success factors in the development of FBDGs. Key success elements of FBDGs included: multi-sectoral, science-based and practical (reflect available food, cooking methods, budgets), respond to country priorities (e.g. breastfeeding, budget), appropriate, focused on changing behaviour and be implemented.
 - ii. FAO provides technical support for the development, revision and implementation of FBDGs, and maintains a document repository for FBDGs from around the world. These are available on the following website: <http://www.fao.org/nutrition/education/food-dietary-guidelines/home/en/>.
 - iii. FAO also provides a link for a new publication *Plates, Pyramids, Planet*, which highlighted the issues of health and sustainability in policy setting. This is available at: <http://www.fao.org/documents/card/en/c/d8dfeaf1-f859-4191-954f-e8e1388cd0b7/>.
 - iv. FAO currently supports the review of the Niue FBDGs, which include developing new Niuean FBDGs based on the review outcomes, developing communication materials and supporting awareness campaigns.
23. FNU: *Ms Ditoga Kabukeinamala Sauliga, Lecturer Dietetic and Nutrition, Department of Public Health and Primary Care.*
 - i. FNU has a key role in nutrition capacity building in the Pacific region, and is the main provider of nutrition/dietetics training in the region.
 - ii. FNU currently uses Fiji's FBDGs as a teaching tool, but will incorporate the revised Pacific FBDGs into the curriculum.

- iii. FNU indicated that it is also available to provide evidence-based advice on the revised Pacific FBDGs, support curriculum development for communicating the guidelines in schools, and provide advice on monitoring and evaluation of the guidelines.
24. McCabe Centre for Law and Cancer: *Ms Daiana Buresova, Regional Coordinator – Pacific.*
- i. The McCabe Centre for Law and Cancer primarily focuses on tobacco, but also runs courses on NCDs and the law, and is now expanding to cover obesity and the law and it recognises the dietary guidelines as important tools in the promotion of healthy diets. Ms Buresova emphasised the importance of multi-sectoral collaboration in development of the revised Pacific FBDGs.
25. World Health Organization (WHO) of the United Nations: *Dr Wendy Snowdon, Team Coordinator, Pacific NCD and Health through the Life Course.*
- i. WHO's role in nutrition is primarily through the collaboration of its headquarters with FAO on developing nutrient guidelines, rather than food-based guidelines. Fact sheets and guidance materials on the use of these nutrient guidelines are regularly reviewed and updated. The nutrient guidelines provide recommendations on the safe levels of essential nutrients in the diet, and FBDGs are a critical tool for communicating the nutrient guidelines in terms that are relevant to the general public.
 - ii. WHO emphasised that changes to nutrient guidelines need to be reflected in the new Pacific FBDGs, particularly those related to trans-fats, sugar intake, salt, and 'free sugars'. WHO now considers fruit juices to be sources of 'free sugars' and emphasises guidance to choose whole fruits instead.
 - iii. WHO publishes systematic reviews related to food recommendations on their eLENA site, available at: <http://www.who.int/elena/en/>.

General discussions after partner agency presentations:

26. Capacity building was identified as a key area that needs to be addressed to support implementation of the guidelines at a national level. Training was noted as a key area that agencies can support as there are limited options for university study in the area of nutrition, particularly online study. The following options for online study were identified:
- i. The Children's Healthy Living Summer Institute at the University of Hawaii offers a range of online child health and nutrition courses <http://www.outreach.hawaii.edu/summer/features/FEA-ChildHealth.asp/>.
 - ii. The Pacific Open Learning Health Net (POHLN) offers a free online food safety course <http://courses.polhncourses.org/mymoodle/>.
27. Participants acknowledged and welcomed the technical assistance received from partner agencies. Continued assistance is required and recommended in order to support implementation of the revised guidelines, once they are completed. Required assistance will include developing fact sheets for health professionals and interpretation of technical information and evidence (e.g. findings from systematic reviews).

Background and Context of the Pacific Food-Based Dietary Guidelines

Presenter: Dr Wendy Snowdon, WHO.

28. Dr Wendy Snowdon, one of the developers of the 2002 Pacific FBDGs, provided a comprehensive overview of the process of developing the previous Pacific FBDGs. Development of the Pacific FBDGs commenced in 1996 at a nutrition workshop on the rethinking of food guidance in the Pacific region, where agreement was made to retain the three food group concept. The pyramid, shell and plate were debated as possible pictorial representations of the three food groups.
29. The literature review provided scientific evidence on the nutrient recommendations and how these should be reflected through the three food groups to ensure a nutritionally balanced diet that is based on the usual food and meal patterns in the Pacific region.
30. The process of determining usual food consumption patterns included collecting information of typical menus and adapting these as minimally as possible to meet the recommended nutrient requirements for a healthy diet. These adapted menus were then used to develop the relative proportions of the three food groups that are presented in the food guide.
31. A key change to the three Pacific food groups was the decision to have the 'Energy food group' focused on 'starchy energy foods' with greater emphasis on locally grown starchy staples and remove fatty, sugary and salty foods in a separate resource by advising that these fatty, sugary and salty foods should be consumed in moderation.
32. The key messages of the Pacific FBDGs were presented in a pictorial format as a set of four posters.
33. A user manual, train-the-trainer materials, supporting fact sheets, and a monitoring and evaluation tool were also developed to support the implementation of the guidelines at the national level. The resources were piloted in Cook Islands, Fiji, Republic of the Marshall Islands and Vanuatu, with a focus on assessing the acceptability of removing fatty, sugary and salty foods from the 'energy foods' group. Feedback from the pilot countries helped to further refine the presentation of the guidelines.
34. To support dissemination, all PICTs were offered discussion workshop about the Pacific FBDGs (e.g. whether to adopt the guidelines, how they need to be modified to suit countries, etc.). Most PICTs decided to adopt the Pacific FBDGs with some local adaptations; the French territories, Guam and the Commonwealth of the Northern Mariana Islands opted to retain their existing guidelines.

General discussions:

- i. Participants acknowledged the work that went into developing the Pacific FBDGs.

Objectives and Scope for the Revised Guidelines

Presenter: Ms Karen Fukofuka, SPC.

35. In order to guide and focus the discussions on reviewing and updating the content of the guidelines, Ms Fukofuka gave a brief presentation on key issues to be considerations for the revised Pacific FBDGs. The justification for revising the guidelines is clear as the evidence on the burden of food and nutritional problems in the Pacific region is increasing.
36. Other key issues to consider and reach a consensus on included the following.
 - i. The purpose of the guidelines.
 - ii. What needs to be covered (i.e. key messages, whether to include information about portion size and lifestyle statements; key messages to reflect the latest evidence

especially for fat, sugar and salt; are the current recommendations still appropriate, if not how can they be improved/re-phrased to reflect current evidence, etc.).

- iii. The intended users of the guidelines.
- iv. How to phrase key messages so that they are culturally acceptable and appropriate.
- v. Monitoring and evaluation – how often to review the guidelines.

General discussions:

- 37. There was extensive discussion on the need to monitor and evaluate the guidelines, including how the guidelines are used, whether the messages are understood, and whether they promote behaviour change (e.g. healthier diet). However, it was acknowledged that assessing behaviour change is difficult – a range of factors influence health behaviour, so it is difficult to claim that any behaviour changes are due to the guidelines. It was suggested that the monitoring process focuses on the use of, and appropriateness of the guidelines, and that behaviour change is monitored by using existing data sources (e.g. STEPS and GSHS surveys), and that it would be appropriate to review the guidelines every three to five years.
- 38. The group proposed that the guidelines focus on the healthy population rather than specific groups (e.g. those with diabetes, obesity, high blood pressure, etc.), but include a clear statement about whether the guidelines are appropriate for these specific groups, as well as supporting documents about how the guidelines should be modified for specific groups.
- 39. It was also recommended that research is needed to better understand how people of the Pacific region choose foods, portion size, etc. Previous research has identified cost and convenience as the main determinants of food choices in the Pacific region.

DAY 2

Guidelines

Summary of Day 1

40. The workshop provided an opportunity to rethink how the guidelines can be best used to address the increasing food and nutritional issues in the Pacific region.

41. Key issues raised:

- The guidelines should focus on providing healthy eating recommendations for healthy people.
- There was limited awareness and use of the guidelines and the need for better advocacy and communication of the guidelines in the region and in countries was highlighted.
- There was limited capacity at a national level and the need for more training opportunity was noted.
- The need to monitor and evaluate the guidelines – including how the guidelines are used, whether the messages are understood and whether they promote behaviour change – was raised. However, given the difficulty and complexity of assessing behaviour change, it was suggested that monitoring focus on the use and appropriateness of the guidelines, that behaviour change be monitored using existing data sources (e.g. STEPS and GSHS surveys), and that it would be appropriate to review the guidelines every three to five years.

Food Groups

Presenter: Ms Jimaima Schultz, Pacific Nutritionists.

42. Recommended nutrient intakes were established to address human nutritional needs throughout the course of people's lives. As people eat foods rather than nutrients, WHO and FAO recommended that dietary guidelines be based on whole foods rather than nutrient recommendations. Grouping similar foods together based on their nutrient contents is one way of defining the food groups. Different countries define their food groups based on eating patterns, traditional/indigenous foods, and are culturally sensitive to the population, foods available, accessible and affordable. For example:

- New Zealand: fruit and vegetables, cereals grains, lean meat, legumes and nuts, milk and dairy products.
- French territories: dairy, protein, fruits, grain and vegetables.
- Asian countries: Rice and alternatives, fats/oils/sugar/salt, meat and alternatives, fruits and vegetables.
- Pacific region: Body-building, energy and protective foods.

43. The three food group concept has been in the Pacific region for many years and is based on traditional meal patterns – starchy staple, leafy-green vegetables, and fish/seafood/meat/poultry,

and focused on locally grown foods. What foods to include in each group and how to present these has changed (see Figure 2 and Figure 3):



Figure 2. Recommended nutritional intakes in 1985.



Figure 3. Recommended nutritional intakes in 2002.

Energy foods

44. The energy group promotes locally grown starchy energy foods such as taro, breadfruit and green bananas. It also includes cereals and cereal products that are not locally grown such as rice, wheat flour, bread, roti, crackers, etc. Energy foods can be divided into starchy, fatty and sugary foods. Recommendations to reduce intakes of fatty, salty and sugary foods led to high-fat, salt and sugar foods being removed from the energy food group and placed into an 'eat less' group. Inclusion of these foods in the energy food group in earlier versions of the guidelines caused confusion.

Protective foods

45. The WHO recommended consumption of five or more servings a day of fruit and vegetables. The current guidelines promote eating 'plenty of fruits, they are good as snacks' and to 'include generous servings of vegetables in two meals a day'.

Body-building foods

46. Guidelines recommended eating foods from this food group at least twice a day. Posters included photos of fish, seafood, lean meat, chicken, milk, eggs and cheese. Images of processed meats such as tinned corned beef were removed as emphasis was on fresh local foods.
47. Group-work discussion were focused on the following questions:
- i. Health problems we face in the Pacific region have now evolved alongside the transition of changing lifestyles, which has resulted in the double burden of malnutrition. In its current format, can the guidelines adequately address the nutritional issues that we now face?
 - ii. What are the guidelines' strengths and weaknesses?
 - iii. Do the guidelines need to be re-defined? If so, why and how?

Group-work feedback and recommendations:

48. Group 1:

- acknowledged that the nutrition situation has changed since the guidelines were developed; however, it felt that the three food group concept is still relevant and it should be retained but with modifications;
- suggested redefining the energy food group into subgroups to also include fat and sugar, but with a note saying to avoid these;
- liked the visual representation (poster format) of the key message, but felt that it needed to make the healthy options look more delicious than the unhealthy options; and
- recommended producing a technical paper to underpin the key messages on the poster.

49. Group 2:

- recommended retaining the three food group concept and the focus on local foods;
- suggested putting 'local is best' for all three food groups;
- recommended specifying number of serves per day for each group using hands as a guide for serving size;
- recommended to need to include beverages not just food;
- recommended developing an explanatory background booklet/paper; and
- Other additional comments relating to the visual representation of the three food group concept:
 - Energy foods – suggested grouping root crops (taro, yams, etc.) together and tree fruits (bananas, breadfruit) together.
 - Protective foods – suggested adding more vegetables to reflect emphasis on eating more vegetables. Group vegetables together, fruits together and add eggplant, green beans, and for leafy-green vegetables spread out the leaves.
 - Body-building foods– suggested separating nuts/seeds, having more plant sources of protein, putting egg with chicken rather than dairy, showing chicken with no skin, or chicken pieces, and putting an

emphasis on low-fat milk. Pictures should represent portion size – e.g. show a portion of taro rather than a whole taro.

General discussions and key recommendations:

50. The discussions noted the need to address unhealthy eating somehow but were also cautious about messaging what to eat versus not to eat. Putting both on the one poster might be confusing. It may be best to just focus on what people should eat.
51. The discussions also noted the need to decide whether to change the title to 'The three Pacific Food Groups' (and include unhealthy foods with a message to eat less), or keep 'Healthy Eating in the Pacific' with an emphasis on healthy foods, or 'Eat a variety of food for good health'.
52. Key recommendations included:
 - i. retaining the three food group concept, focus on local foods, include number of servings from each food group and make healthy food options look more delicious than unhealthy options;
 - ii. SPC to draft a revised version of the poster by incorporating comments of recommendations; and
 - iii. SPC to develop a booklet/handbook/background paper to provide additional explanatory information supporting the poster.

Lifestyles

Presenter: Dr Si Thu Win Tin, SPC.

53. Unhealthy diet is one of the modifiable risk factors of NCDs alongside physical inactivity, tobacco smoking and harmful use of alcohol, kava and other drugs. Dr Si pointed out that diet cannot realistically be separated from other lifestyle factors. He noted that there is little point in losing 10 pounds or so if you start smoking to distract yourself from eating. Trying to lose weight by diet alone without physical activity is unhealthy. It is always important to consider all aspects of lifestyle when looking into NCDs.
54. The 'Path to Healthier Pacific' included recommendations for physical activity ('Be active every day. Walk more'), tobacco, drugs, betel nuts ('Avoid smoking, tobacco, drugs and betel nut') and alcohol ('Avoid heavy drinking'). However, are these recommendations still adequate for addressing the NCD epidemic in the region or do they need to be modified to reflect current evidence?
55. Examples of lifestyle messages from other countries' guidelines – including the Solomon Islands, Australia, New Zealand, Thailand and the Philippines – were presented for consideration. The regional guidelines for physical activity and recommendations for alcohol were also discussed.
56. Working groups were asked to consider the following:
 - i. Should other lifestyle messages be included in the revised FBDGs? If no, why?
 - ii. What other lifestyle messages should be included?
 - Physical activity? Tobacco? Alcohol? Home brew? Betel nut? Drugs? Kava? Others?

iii. How would you like to phrase these messages?

- ‘Be active every day. Walk more’_OR ‘Be active every day in as many ways as you can, your way’ OR ‘Do at least 30 minutes of moderate-intensity physical activity on five or more days each week’ OR ... something else?
- ‘Avoid heavy drinking’_OR ‘If you drink, keep your intake low’ OR ‘If you choose to drink alcohol, limit intake? OR ... something else?
- ‘If you don’t smoke, don’t start – if you smoke, stop smoking’ OR ... something else?
- ‘Avoid smoking, tobacco, drugs, betel nuts’_OR ‘Exercise regularly, do not smoke, and avoid drinking alcoholic beverages’ OR ... something else?
- ‘Make good choices about what you eat and drink, and stay physically active to keep healthy’ OR ... something else?

Group-work feedback and recommendations:

57. Group 1:

- recommended retaining the lifestyle messages but with the following modifications:
 - Physical activity – modify recommendation to ‘Do at least 30 minutes moderate-vigorous activity on at least 5 days each week’ with the definition of ‘moderate-vigorous’ and other levels of physical activity to be included in the booklet/handbook to accompany the guidelines.
 - Tobacco use – modify recommendation to ‘Avoid the use of tobacco products, drugs and chewing betel nut’.
 - Alcohol – not to include kava, as the evidence is not clear on whether it’s harmful or not. Also not to include specific drugs (e.g. ice, marijuana) and keep the recommendation simple and clear. Use ‘Avoid binge drinking’ instead of ‘Avoid heavy drinking’.

58. Group 2:

- recommended retaining the lifestyle recommendations in the guidelines with modifications:
 - Physical activity – keep recommendation simple – ‘Be physically active every day for at least 30 minutes’.
 - Tobacco use – the evidence is clear that smoking kills so the recommendation must also be clear to reflect the evidence. Therefore modify the recommendation to ‘Stop smoking’ or ‘Do not smoke’.
 - Alcohol – modify recommendation to ‘If you drink, drink responsibly’.
 - Develop a booklet/handbook as supporting documentation with additional detail explanations and evidence to support the recommendation.
- recommended changing ‘Path to a healthy Pacific’ to ‘Food and Health Guidelines for the Pacific’ to reflect the holistic approach to health and the inclusion of recommendations for other modifiable risk factors of NCDs.

General discussions and key recommendations:

59. It was noted that WHO guidelines says there are no safe levels of alcohol consumption. However, saying 'Don't drink' won't be publicly accepted, so there is a need to find an acceptable message. 'Drink responsibly' is a message used by alcohol companies. Also need consider whether we need separate messaging about home brew, as it can be much more dangerous than manufactured alcohol.
60. The groups recommended retaining other healthy lifestyle messages in the guidelines but with modifications to reflect current scientific evidence.
- Physical activity – the groups agreed and recommended changing message to 'Do at least 30 minutes of moderate-vigorous physical activity on at least 5 days each week' and include examples of what is meant by moderate-vigorous physical activity.
 - Tobacco – agreed and recommended 'Avoid smoking, use of tobacco products, drugs and betel nut'.
 - Alcohol – agreed and recommended 'If you drink alcohol, kava or home brew – drink responsibly' but will need to reconsider the term 'drink responsibly' as this phrase is a key marketing slogan for Heineken.

Portions and Serves

Presenter: Karen Fukofuka.

61. As people become more aware of the kinds of foods that are healthy, the next most frequently asked question is 'how much do I need or should eat?', therefore it is timely to include some guidance in this area. The guidance on how much food to eat is very individualistic and dependent on age, gender, health status and activity level. However, it is crucial now to consider the question of 'how much' given the high prevalence of obesity in PICTs.
62. As noted in earlier presentations, the amount of food from each food group was not included in the current guidelines as it was deemed too difficult a concept to communicate to the public back then. The recommendations were phrased as 'eat plenty or generous servings of', 'drink plenty of', 'eat less of'. The 'Pacific guide to healthy eating' was a specific guide for adults that presented the proportions of each food group, based on the recommended nutrient requirements for healthy adults that were established by WHO. The visual representation of the proportions was presented as a pie chart, which was often confused as a plate.
63. Karen noted the need to be consistent with the terminology used, as portions and serves are not the same. A *portion* is the amount of food eaten for a meal or snack. It varies according to personal choice and can be big or small. Studies have shown that portions of food have increased over the years. A *serve*, on the other hand, is a standard measured amount of food or drink, such as one slice of bread or one cup of milk (250 mL), and it enables people to compare nutritional and energy value of one food product against another in the same food group.
64. Including the number and size of servings can provide guidance on what a healthy diet looks like, help people make healthy food choices, control the amount of food they consume and avoid food wastage.
65. Examples of how other countries communicate this information were shared with the groups. These included the US MyPlate, French Polynesia 'la Manuia Te Ea', New Caledonia 'La main, un repère au quotidien' and Australia 'Eat for Health'.

66. The following questions were proposed to guide and focus group-work discussions.

- How should we incorporate serving sizes into the FBDGs?
- Are there any additional resources to support communication of recommendations for portion sizes?
- Are there any other considerations?

Group-work feedback and recommendations:

67. Group 1:

- recommended including number of servings for each group and the use of hands to show an example of serving sizes of foods from each food group:
 - Energy foods – 6–8 servings with a fist to show example of serving size.
 - Protective foods – 5+ servings (3+ of vegetables and 2+ of fruits) with cupped open hands to show example of serving size.
 - Body-building foods – at least 2 servings with the palm as an example of serving size.
 - Oils and fats recommended using tip of thumb as guide for serving size.
- also recommended using a picture of a healthy plate to show recommended portion sizes of what a healthy meal looks like with all the food groups in it;
- supported developing of a booklet/handbook with more detailed information to support the recommendations; and
- also suggested including a footnote for each poster to specify that recommendations can be different for those with medical conditions such as people with diabetes.

68. Group 2:

- recommended using a healthy plate to show an example of a healthy meal for each day;
- recommended the use of hands as a guide for portion sizes to help quantify what we mean by 'plenty' or 'generous';
- recommended (given the need to promote consumption of more servings of vegetables than fruits) to change wording to 'Vegetables and Fruits' and not 'Fruits and Vegetables';
- recommended the need to be clear of the definitions of terminology used in order to avoid confusion; and
- suggested including energy and protein values for serving sizes of foods (this is especially significant when training institutions such as FNU use the guidelines as a teaching tool).

General discussions and key recommendations:

69. The following recommendations were made during the ensuing discussions:

- i. Inclusion of the recommended number and examples of size (amount) of each serving of food for each food group.
- ii. Use hands as a visual guide to show the recommended serving and portion size for each food group.
- iii. Use visual images such as a plate model to show an example of a healthy plate of food for a meal.

- iv. Develop a booklet/handbook to provide detailed explanatory information to support the recommendations.

Food Security and Food Safety

Presenter: Karen Fukofuka, SPC.

70. Food security covers all aspects of the food system from production to consumption – from farm/sea to fork. Food must be nutritious and safe to eat. World experts at the 2009 World Summit defined food security as *‘when all people all times have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life’*. Key elements of food security include availability (sufficient quality and quantity), access (affordability, functioning markets and policies), utilisation (nutrition quality and variety, safety and sanitation) and stable environments (physical, political and socioeconomic environments). The Pacific guidelines emphasise consumption of local foods.
71. Key elements of food security and safety are reflected in the current guidelines.
 - Nutrition – recommendations include ‘eating a variety of foods from the three food groups each day’, ‘eat more fruits and vegetables’ and ‘eat less foods which are high in fat, sugar and salt’. These recommendations highlight the importance of eating nutritious foods. There is great evidence to support the importance of eating more fruits and vegetables, and local is best. The suggestion to include the number and sizes of servings supports the concept that sufficient nutritious food is recommended to meet dietary needs.
 - Safety and sanitation – recommendations include ‘wash hands thoroughly’, ‘keep food safe’ and ‘drink plenty of clean water’.
 - Accessibility – recommendations focus on the consumption of local foods – ‘local is best’.
 - Availability – by focusing on local foods it implies that the food being promoted for consumption is available locally. Photos of local foods were used in the posters.
72. Examples of how other countries address these issues were share with the group. These included the following.
 - Fiji ‘Food and Health Guidelines for Fiji’ – ‘Grow your own food’ is one of the key recommendations.
 - Niue ‘Ko e puhala ke moui olaola’.
 - New Zealand healthy eating statement #5 – ‘buy, gather, prepare, cook and store food in ways that keep it safe’ – strong emphasis on ‘local is best’.
 - Food-based dietary guidelines for Antigua & Barbuda.
73. The group-work discussions focused on the following questions.
 - i. Should we retain current statements or modify them?
 - ii. If we modify them, how will we do this?
 - iii. Are there any additional comments?

Group-work feedback and recommendations

74. Group 1:

- supported the focus on local foods – as discussed in previous recommendations – and retaining the key messages with some modifications:
 - Food safety recommendations to include ‘wash hands thoroughly with soap before and after preparing foods’. It also recommended that the accompanying booklet/handbook refer to the *Five keys to safer food* manual (produced by WHO) as well as the food safety legislations.
 - Water – recommendation to change to ‘drink plenty of safe and clean water’.

75. Group 2:

- supported the focus on local foods and an emphasis on ‘local is best’ and ‘go local’, but also need to be realistic with availability of imported foods and to include healthy imported foods, keeping in mind that not everyone will have access to these;
- recommended to retain the recommendation for drinking clean water, but as to quantifying how much water to drink (e.g. 6-8 glasses of water a day), the group recommended that this should be based on scientific evidence; and
- recommended modifying the food safety recommendation to include ‘prepare, store and keep food safe’.

General discussion and key recommendations:

76. The following recommendations were made during the ensuing discussions:

- Retain focus on promoting local foods as per previous recommendations, especially for outer islands and rural areas where imported foods are often very expensive. Noting the role of imported foods in providing variety to the local diet and the importance of including healthy imported varieties of food (where appropriate but not as the main focus). Additional information should be included in the proposed booklet/handbook.
- Modify the food safety recommendation to ‘prepare, store and keep food safe’ and ‘wash hands thoroughly with soap before and after preparing food’.
- Modify drinking water recommendation to ‘drink plenty of clean and safe water’ and consider including the quantity if there is scientific evidence on the minimum amount of water people need to consume. Alternatively focus messaging on ‘choose water rather than less healthy drinks’.
- Additional information to support these recommendations to be included in the proposed booklet/handbook.

Children and Pregnant Women

Presenter: Ms Seini Kurusiga, Nutrition Officer, UNICEF.

77. Ms Kurusiga presented the evidence to support the need to develop specific guidelines for children and pregnant women. She presented data on stunting, low birthweight, wasting, overweight, anaemia, especially among women of reproductive age. She noted the high incidence of exclusive breastfeeding but this is not always continued one or 2 years after birth of a child. Seven of the

eight global nutrition targets established by the 2015 World Health Assembly (to be achieved by 2025) focused on nutrition outcomes for children and pregnant women.

78. Other issues to consider included the following.

- Recommend inclusion of the Water, Sanitation and Hygiene (WASH) program recommendations as failure to do so renders children to nutritional problems.
- Maternal nutrition before and during pregnancy as this influences pregnancy outcomes. A poor nutritional status of a mother contributes to poor nutritional outcomes for both mother and baby. In addition, recommended approaches to addressing NCDs include life course approaches.

79. The 'Path to a Healthier Pacific' recognised the linkages between child nutrition and the risk of developing NCDs later in life, and included one recommendation to promote and support breastfeeding – 'exclusively breastfeed babies for about the first six months. Continue breastfeeding for at least two years'.

80. Ms Kurusiga presented a list of suggested messages for the group to consider.

- Eat additional food during pregnancy and lactation.
- Exclusive breastfeeding for six months.
- Start complementary feeds (of other foods and liquids) at the completion of six months.
- Children and adolescents should consume an adequate and nutritious diet.
- Wash hands with soap and clean water before preparing or eating food.
- Exclusively breastfeed babies until six months: give only breast milk and no other foods or liquids to your baby for the first six months of life.

General discussions and key recommendations:

81. The following recommendations were made during the ensuing discussions:

- i. Agreed to retain this recommendation in the guidelines with modifications to improve the complementary feeding part, noting that exclusive breastfeeding is included in the 'Path to a healthier Pacific' and the importance of addressing nutrition in the life course.
- ii. Develop a separate guideline for children.
- iii. Inclusion of additional information for pregnant women in the proposed booklet/handbook.

DAY 3

The Way Forward

Summary of Day 2

82. Presentations and discussions focused on reviewing the content of the existing guidelines. Key recommendations included:

- i. retaining the three food group concept, focus on local foods, including the number of servings from each food group and making healthy food options look more delicious than unhealthy options;
- ii. emphasising the use of visual images such as the use of hands as a guide for showing the recommended serving and portion size for each food group;
- iii. retaining the inclusion of lifestyle recommendations for physical activity, alcohol and tobacco use;
- iv. Developing a handbook with background explanatory information to support the recommendations; and
- v. Developing separate guidelines for children.

Diabetes

Presenter: Ms Elisiva Na'ati, SPC.

83. Diabetes is a major health problem in the Pacific region; therefore, the question raised by Ms Na'ati is whether we need to include recommendations for diabetes in the revised guidelines.

84. Dietary recommendations for people with diabetes are not included in the current guidelines. However, a diabetes factsheet was produced as one of the supporting resources, which included the following dietary recommendations that were essentially the same as those for the general public.

- Avoid eating sugar and sugary foods. This includes hidden sugar found in biscuits, cakes, etc.
- Eat regularly, do not miss meals. Aim for three meals per day.
- Eat less fatty foods such as fried foods, canned meats and butter.
- Use less salt and eat less salty foods.
- Eat a healthy, balanced diet with plenty of variety.

85. These recommendations were also reflected in the 'Diabetes is Everybody's Business' and WHO PEN Intervention 1 with additional information on the glycaemic index (GI) of foods.

Group-work feedback and recommendations:

86. Group 1:

- suggested not to include diabetes recommendations in the guidelines, but to refer people with diabetes and other medical conditions to a dietitian;
- suggested developing a different set of guidelines and resources for people with diabetes;
- suggested including brief information on diabetic diet in the guidelines handbook;
- noted the importance of consistent messages across different resources to be developed.

87. Group 2:

- suggested not to include specific diabetes recommendations in guidelines, as guidelines focus on the healthy population and it needs to be kept simple;
- recommended developing specific resources based on modified guidelines for people with chronic diseases – diabetes, heart diseases, gout;
- recommended including additional information on healthy eating for people with chronic diseases including diabetes in the proposed handbook;
- noted that the key messages for people with diabetes are basically the same as for the general population with minor modifications. Suggested to consider modifying the guidelines to make them more diabetic friendly – e.g. change ‘eat plenty of fruits’ to ‘eat two servings of fruit each day’.

General discussions and key recommendations:

88. The following recommendations were made after the ensuing discussion:

- i. Specific recommendation for people with diabetes should not be included in the revised guidelines. The guidelines should focus on healthy populations, with a footnote to explain that these guidelines are for healthy adults, and people with medical conditions should seek the advice of a healthcare professional.
- ii. Develop specific resources for people with diabetes and other chronic disease conditions such as hypertension, gout and cardiovascular diseases.

Niue’s Food-Based Dietary Guidelines Review

Presenter: Ms Jimaima Schultz, Pacific Nutritionist and Ms Ann Hayman, FAO.

89. Niue is currently reviewing their guidelines with assistance from FAO. Ms Schultz is the consultant who is leading this process and she shared her experiences as an example for the group to consider. The review process in Niue is led by the Department of Agriculture in close consultation with health, education and other governmental and non-governmental stakeholders. The main goal of the project was to produce up-to-date FBDGs that address national health concerns.

90. Steps in developing Niue’s FBDGs:

- i. Establish a multi-sectoral working group.
- ii. Identify public health issues and nutritional problems.
- iii. Determine the energy and nutrient needs, and recommended daily intakes.
- iv. Define food groups – local, relevant, socially acceptable.
- v. Identify food servings of local dishes.
- vi. Analyse and model nutrient needs and goals in order to ensure that they are met in the guidelines.
- vii. Develop guideline messages.
- viii. Develop visual representation of guidelines.

91. Additional steps Niue is taking to adapt the Pacific FBDGs:

- i. Review and retention of relevant aspects of regional guidelines.
- ii. Agreement on key messages for Niue.
- iii. Translation into Niuean (involves re-translation to English to check it is technically correct, and testing of translated version with communities).
- iv. Implementation of a communication plan.
- v. Implementation plan (including monitoring and evaluation).
- vi. Presentation to cabinet for endorsement.
- vii. Develop a communication plan to promote the use of the guideline.

92. Ms Schultz shared key lessons learnt (to date), which included the following:

- FBDGs are one of the major components of the 'Path to a healthier Niue'.
- Linkages of FBDGs messages to current National Plans of Action are important so that the FBDGs have a multi-sectoral application that is supported by strong multi-sectoral partnerships.
- The Niue Department of Agriculture Department led and drove the processes with support from FAO.
- The translation procedures follow country processes and were re-checked by the group with re-translation back to English by independent persons to ensure the messages were technically correct. The translated messages were then tested with communities and schools.

Guideline Presentation Format

93. The 2002 FBDGs were presented as a series of four posters that were accompanied with a trainer manual and fact sheets, so this session focused on how to present the guidelines once they are finalised.

94. As discussed and agreed on in earlier sessions, there were several issues to consider, which were as follows:

- Develop a comprehensive handbook for health professionals with more explanatory information to support the recommendations with a separate one for children and those with chronic conditions.
- Present key recommendations on one page – a more visual presentation.
- Develop specific communication resources (e.g. posters, pamphlets, DVDs, etc.) for the general population.
- Use more examples of nicer food images for the posters, include serving sizes using hands as a guide, make posters attractive, and keep the messages consistent and simple. Use examples from other countries that were shared during the earlier presentations.
- Develop a 'healthy plate' resource to show what a healthy meal looks like with appropriate serving sizes.

95. Country participants were also asked to list other additional resources and support that they would like in order to help communicate guidelines at a national level. Suggestions include the following.
- Posters, pamphlets, booklets, banners, stickers, games, flipcharts, fact sheets, interactive videos, etc.
 - Key messages and resources to be tailored for specific groups.
 - Resources to include serving sizes.

The Way Forward

96. Monitoring and evaluation was raised as a key element in the implementation of the guidelines, therefore the group recommended that a monitoring and evaluation framework be developed alongside the development of the supporting materials.
97. It was noted that in the 2002 FBDG, the M&E plan was for countries to monitor guidelines themselves with SPC providing guidance on how to do this. SPC was to monitor how the guidelines were used in each country. It was intended for SPC to collect information from countries on how many posters were disseminated, how many people were trained in their use, which organisations were reached, how they were used, etc. However, this was not completed due to staff changes at both regional and national levels.
98. To guide the development of the M&E framework, it was recommended that the monitoring and evaluation approach be based on Pacific Physical Activity Guidelines M&E framework. In recognition that it will be very difficult to prove that any changes in health behaviours are due to the guidelines, it was agreed that monitoring and evaluation approach should focus on process indicators and policy changes, and complemented by use of existing health surveys (e.g. STEPS) to track changes in health behaviour. SPC was then tasked with drafting the M&E framework for the revised guidelines
99. The finalisation process included the following.
- i. The group volunteered to continue as the Technical Working Group (TWG) to finalise the guidelines.
 - ii. The recommendations from this workshop are to be incorporated into the revised guidelines and supporting resources, and circulated to TWG for review.
 - iii. Revised guidelines are to be pilot tested in the selected countries and the feedback would be used to finalise recommendations.
 - iv. There should be the development of a communicating plan to raise awareness and dissemination of the revised guidelines in countries and regional agencies.
 - v. A draft M&E framework with appropriate process and impact indicators should be created.
 - vi. Once guidelines are finalised, training on the use of the guidelines will be conducted and include all PICTs.
 - vii. The recommendation is to review the guidelines every five years.

Closing

100. On behalf of the group, Ms Karen Tairea thanked SPC for hosting the workshop and for the regional agencies for the support. Mr Sunia Soakai formally closed the meeting, and proposed to have an annual or bi-annual meeting of nutritionists in order to keep this network together.
101. Feedback from the participants was positive and it was noted that the length of the workshop was about right, and that the majority felt that the objectives of the workshop were achieved. They also provided feedback on areas that need improving, which included country participants to present on dissemination impacts at a country level and to include the role of other key ministries such as Agriculture and Education.

Annex 1 – Workshop Programme

Pacific Food-Based Dietary Guidelines Workshop

Workshop Programme

31 January–2 February 2017

Pasifika Conference Room, Pacific Community, Lotus Building, Ratu Mara Rd, Nabua, Suva, Fiji

Workshop Objectives:

The objectives of the workshop are:

1. to review the Pacific Food-Based Dietary Guidelines (Pacific FBDGs) developed in 2000;
2. to identify ways of improving and enhancing the Pacific FBDGs to best address the food and nutrition challenges in the Pacific today; and
3. to develop new guidelines based on the review outcomes.

Day	Time	Agenda Item	Presenter/Speaker
Day 1	9.00–9.30 a.m.	Welcome and Introductions	Mr Taniela Sunia Soakai
		Workshop objectives and overview for Day 1	Karen Fukofuka
	9.30–10.30 a.m.	Food and nutrition challenges in the Pacific	Elisiva Na'ati
	10.30–11.00 a.m.	Refreshment break	
	11.00 a.m.–1.00 p.m.	Review process and findings Country experience with FBDGs <i>5 minutes presentation from country participants</i> Partner Perspective <i>5 minute presentation from partners</i>	Karen Fukofuka Country participants Partner representatives
	1.00–2.00 p.m.	Lunch break	
	2.00–3.00 p.m.	Background and context of the Pacific FBDGs	Dr Wendy Snowdon
	3.00–3.30 p.m.	Refreshment break	
	3.30–4.30 p.m.	Objectives for the revised guidelines	Karen Fukofuka
	4.30 p.m.	End Day 1	

Day	Time	Agenda Item	Presenter/Speaker
Day 2	8.30 – 9.00 a.m.	Recap of Day 1	Karen Fukofuka
		Overview for Day 2	Solène Bertrand-Protat
	9.00–10.30 a.m.	Guideline content – Food groups <i>5–10 minute presentation followed by small group discussion</i>	Ms Jimaima Schultz
	10.30–11.00 a.m.	Refreshment break	
	11.00 a.m.–12.00 p.m.	Guideline content – serving sizes <i>5–10 minute presentation followed by small group discussion</i>	Karen Fukofuka
	12.00–1.00 p.m.	Guideline content – Lifestyle <i>5–10 minute presentation followed by small group discussion</i>	Dr Si
	1.00–2.00 p.m.	Lunch	
	2.00–3.00 p.m.	Guideline content – Food safety, food security <i>5–10 minute presentation followed by small group discussion</i>	Karen Fukofuka
	3.00–3.30 p.m.	Refreshment break	
	3.30–4.30 p.m.	Guideline scope – Children and pregnant women <i>5–10 presentation followed by small group discussions</i>	Seini Kurusiga, UNICEF
	4.30 p.m.	End Day 2	
	6.00 p.m.	Workshop Dinner	SPC Host

Day	Time	Agenda Item	Presenter/Speaker
Day 3	8.30–9.00 a.m.	Recap of Day 2	Solène Bertrand-Protat
		Overview for Day 3	Elisiva Na’ati
	9.00–10.00 a.m.	Guideline scope – Diabetes <i>5–10 minute presentation followed by small group discussion</i>	Elisiva Na’ati
	10.00–10.30 a.m.	Summary of key guideline content	Karen Fukofuka
	10.30–11.00 a.m.	Refreshment break	
	10.30 a.m.–12.00 p.m.	Guideline content – Presentation of revised guidelines <i>5–10 presentation followed by small group discussions</i>	Solène Bertrand-Protat
	12.00–1.00 p.m.	Next Steps - <i>Finalisation process</i> - <i>Supporting resources</i>	Karen Fukofuka
	1.00–2.00 p.m.	Lunch	
	2.00–3.30 p.m.	Next Steps - <i>Training on the use of the guidelines</i> - <i>Promotion and communication</i> - <i>Possible monitoring and impact assessments</i>	Karen Fukofuka
	3.30–4.00 p.m.	Refreshment break	
	4.00–4.30 p.m.	Wrap up and closing	Karen Fukofuka
	4.30 p.m.	End Day 3	

Workshop Facilitators:

Day 1: Karen Fukofuka

Day 2: Solène Bertrand-Protat

Day 3: Elisiva Na’ati

Workshop Rapporteurs & Secretariat:

SPC NCD Team

Annex 2 – List of Participants

COUNTRY REPRESENTATIVES	
Country	Contact Details
<i>Cook Island</i>	Ms Karen Tairea Health Promotion Manager Community Health Services Ministry of Health – Te Marae Ora P.O. Box 109 Phone: +682 29110 – Ext: 732 Email: k.tairea@health.gov.ck
<i>Fiji</i>	Ms Ateca Kama Manager Food and Nutrition Centre Ministry of Health and Medical Services P.O. Box 2450 Phone: +679 331 3055 Email: ateca.kama@yahoo.com Ms Maca Rokomalani Senior Nutritionist Ministry of Health and Medical Services Phone: +679 331 4988 Email: maca.rokomalani@govnet.gov.fj
<i>Palau</i>	Mr Tino Faatuuala Dietitian & Food Service Manager Ministry of Health Phone: Email: palaupaddle@gmail.com
<i>Solomon Islands</i>	Ms Salome Diatalau Chief Nutrition Officer Ministry of Health Phone: +677 21202 /7910066/7164455 sdiatalau@moh.gov.sb
<i>Tuvalu</i>	Ms Pauke Maani Nutritionist Ministry of Health Phone: +688 20765 Email: pauke01@gmail.com
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<i>Kiribati</i>	Ms Ntaene Tanua Senior Nutritionist Ministry of Health and Medical Services Phone: +686 730 33695 Email: mzntanua@gmail.com
<i>Niue</i>	Ms Alicia Hipa Public Health Information Officer Department of Health Ministry of Health and Social Services Phone: +683 5521 Email: Alicia.hipa@mail.gov.nu

PARTNER AGENCIES	
Agency	Contact Details
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<i>UNICEF</i>	Ms Seini Kurusiga, Nutritionist UNICEF Pacific 3 rd & 5 th Floor FDB Building, 360 Victoria Parade, Suva Private Mail Bag, Suva, Fiji. Phone: +679 3236113 Email: skurusiga@unicef.org
<i>McCabe Centre for Law and Cancer</i>	Ms Daiana Buresova Regional Coordinator – Pacific Region McCabe Centre for Law and Cancer Suva, Fiji. Phone: +679 9938 914. Email: Daiana.Buresova@mccabecentre.org
<i>Pacific Nutritionist</i>	Jimaima Schultz Pacific Nutritionist Suva, Fiji. Email: jimaima63@gmail.com
SECRETARIAT	
<i>SPC</i>	Taniela Sunia Soakai Deputy Director Policy Planning & Regulations Programme Public Health Division Phone: +679 337 9428 Email: sunias@spc.int
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	<p>Elisiva Na'ati NCD Adviser – Nutrition Policy Planning & Regulations Programme Public Health Division Phone: +679 337 9442 Email: elisivan@spc.int</p>
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	<p>Solene Bertrand-Protat NCD Officer Policy Planning & Regulations Programme Public Health Division Phone: +679 337 9380 Email: soleneb@spc.int</p>
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Annex 3 – Workshop Evaluation

Workshop participants were asked to complete a feedback form at the end of the workshop. Thirteen people completed the form. The results are summarised below.

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	No answer
1. Overall I was satisfied with the workshop.	9	4				
2. The workshop has enhanced my knowledge.	8	3		1		1
3. The aims of the workshop were clear.	8	5				
4. The presentations were interesting.	6	7				
5. There was a good balance between presentations, group work and discussions.	7	6				
6. The facilitation of the group-work discussions allowed fair sharing of views and opinions	8	4	1			
7. The catering was of a good standard and have choice for healthy food.	9	3	1			
8. The workshop was well organised.	8	5				

9. The length of the workshop was:

- too short: 0.
- about right: 11.
- too long: 1.
- no answer: 1

10. The objectives of the workshop are listed below. ***Please indicate whether you agree these workshop objectives were achieved.***

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Objective 1: Review the existing Pacific Food-Based Dietary Guidelines	8	5			
Objective 2: Update existing guidelines and/or develop new guidelines based on the review outcomes	7	5	1		
Objective 3: Identify ways of improving and enhancing the guidelines to best address the food and nutrition challenges in the Pacific today	7	5	1		

The following questions were open-ended. Key themes from participant responses are summarised below. When more than one respondent gave similar feedback, this is indicated below.

11. Which parts of the workshop did you find the most useful? Why?

- Discussion sessions (3 respondents)
- Session on background and context of FBDGs (3 respondents)
- Country presentations (3 respondents)
- Portion size
- Diabetes
- Adaptation of guidelines in Niue
- All the Tuesday PowerPoint presentations by SPC staff

12. Were there any relevant topics you think were missing from the workshop, or not covered in enough detail?

- Serving sizes/portions (3 respondents)
- Monitoring and evaluation (2 respondents)
- Methodology for the current Pacific FBDGs update (will it be the same as method used for the previous FBDG)
- Dietary guidelines for adolescents
- WHO standards related to trans-fat, sugar, alcohol – as this would have provided scientific basis for framing aspects of the guidelines
- Advocacy

13. What could be improved for future workshops?

- More in-depth discussion sessions
- Pre-meeting of all presenters before the workshop to clarify and guide/standardise the process
- Clearer instructions on location and how to get there by taxi
- Countries to present on dissemination impacts at individual and country levels
- Presentations on role of other key ministries such as Agriculture and Education
- Provide a list of participants and email contacts on Day 1
- Session on monitoring and evaluation
- Session from technical partners on global dietary guidelines that are evidence based
- Room layout – was difficult and impolite to turn my back on other participants. Have a round/oval table so everyone can see each other
- Keep to the time schedule
- Make sure the sound system works for exercise breaks

14. Do you have any other comments or suggestions?

- Loved the physical activity breaks (3 respondents)
- More training needed
- Important that there is a scientific basis for all guidelines (e.g. number of glasses of water)
- Guidelines on alcohol, smoking, tobacco, betel nut, kava , drugs may benefit from expert input on their impact on health, and should be consistent with guidelines from other agencies in the region
- At next meeting, each country to report on monitoring and evaluation of the new guidelines