



Republic of Mauritius

MINISTRY OF HEALTH AND QUALITY OF LIFE

National Plan of Action

For Nutrition

2009–2010

June 2009

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EXECUTIVE SUMMARY

The National Plan of Action for Nutrition (2009-2010) is a planning tool for action. It spans a wide range of nutrition issues and also defines the strategies and interventions for nutrition for the years 2009 and 2010. The National Plan of Action for Nutrition aims at addressing the needs of a wide range of service providers and other sectors involved in nutritional issues. It points out priority interventions for the Ministry of Health & Quality of Life and also sets actions which need to be implemented by other agencies.

The National Plan of Action for Nutrition further puts emphasis on the need for partnerships outside the health sector and offers guidance for inter-sectoral and inter-Ministerial actions as well as actions amongst other agencies, Governmental and non-governmental organizations and the food industry.

The following broad priority areas for action were identified following a consultative workshop involving Government agencies and other stakeholders, including the civil societies and the private sector:

- *Prevention and management of chronic diseases*
- *Maintaining a healthy weight for all age groups*
- *Nutrition labelling*

The key priority interventions for the areas of work that will be addressed within the two years include:

- 1. The setting up of a Nutrition Taskforce, chaired by Director General Health Services to monitor the implementation of the NPAN (2009-2010) and evaluate progress made.**
- 2. A National Food -based Dietary Guidelines will be developed and implemented. This will be based on the public health concerns in the Republic of Mauritius and will be relevant for people of different ages, lifestyles and cultures.**
- 3. A study will be conducted on the re-use of cooking oils in Mauritius. This matter is of concern being given that vegetable oils are heated at very high temperatures for frying foods, trans- fatty acids (TFA) are produced. Legislation to limit the utilization of re-used oil will be considered.**
- 4. In order to increase the consumption of fruits and vegetables, a fruit and vegetable promotion initiative will be launched in collaboration with other stakeholders. This will allow for an integrated approach using different aspects such as production, availability and promotion of fruits and vegetables in addressing the problems relating to nutrition**
- 5. In view of the rising global food prices, starchy foods, including potatoes will be promoted as staples.**

- 6. The School Food Guidelines which consist essentially of food items sold in school canteens will be revisited. Regulations will be made so as to control the sale of food items of limited nutritional value in school canteens.**
- 7. Nutrition labelling will be introduced. This new labelling system on foodstuffs known as “Front of Pack Traffic Light Signpost Labeling” tells at a glance, the levels of sugars, fat, saturated fat and salt using colour codes where red means high, amber means medium and green means low.**
- 8. Overweight and obesity will be highlighted as major public health concerns. A yearly national media campaign for specific age groups will be carried out, with the production of nutrition education materials and using different media such as television, radio, advertisements and paper inserts**
- 9. A “Comité de Surveillance” will be set up to specifically consider monitoring and surveillance regarding food advertising.**

For each area of intervention, a description is given for its selection, along with the objective and suggestions for specific activities that can be carried out, and the agencies that could implement them.

The approaches for action in the strategies have been framed along the lines of the Ottawa Charter; working to ensure healthy policy, creating supportive environments, strengthening community action, developing personal skills, reorienting services and programmes, as well as monitoring, research and evaluation.

A process for selecting or amending priority actions for each year of the implementation plan will also be developed by the Ministry of Health and Quality of Life in partnership with relevant agencies. Funding proposals have only been made for those programmes which are not being already implemented by the Ministry of Health and Quality of Life and other agencies, both governmental and non governmental.

The National Plan of Action for Nutrition will be reviewed by the end of 2010.

1. INTRODUCTION

Cardiovascular diseases (CVD's) and related deaths are among the leading causes of death in the Republic of Mauritius. Many people also die prematurely or suffer from other preventable diseases such as diabetes, cancers and obesity. Improving nutrition, achieving healthy weight across the population as well as increasing physical activity can reduce the risk of these diseases and conditions. Extensive research carried out over the past years provides information on optimal diets as well as the most successful public health interventions, both individual and population-based, which are effective in achieving them.

Chronic diseases have a major impact on the demand for health services. High costs of treatment, lost productivity and premature death negatively impact on economies. Several trends suggest that the problem will grow steadily worse unless urgent action is taken. Some of these trends include: increased consumption of animal fats and unhealthy hydrogenated fats (trans- fatty acids); widespread displacement of nutrient- rich foods (such as fruits, vegetables and legumes) by energy-dense nutrient poor foods; global marketing and consumption of salty, sugary and fatty snacks. Optimal health for Mauritians can only be achieved when greater efforts are made in health promotion and prevention of illness, with nutrition as an integral part of these efforts.

In 1992, at the International Conference on Nutrition, a joint venture of the World Health Organization (WHO) and the Food and Agriculture Organization (FAO), participating countries endorsed a World Declaration on Nutrition and made a commitment to develop national plans of action for nutrition. To support the achievement of these universal objectives, the Global Plan proposed nine theme areas for action, spanning the health, social, economic, environmental and foreign policy domains namely:-

- Incorporating nutrition objectives, considerations and components into development policies and programmes ,
- Improving household food security,
- Protecting consumers through improved food quality and safety,
- Preventing and managing infectious diseases,
- Promoting breastfeeding,
- Caring for the socio-economically deprived and the nutritionally vulnerable,
- Preventing and controlling specific micro-nutrient deficiencies,
- Promoting appropriate diets and healthy lifestyles, and
- Assessing, analyzing and monitoring nutrition situations

1.1 JUSTIFICATION

The strategies of World Health Organization (WHO) and the Food and Agriculture Organization (FAO), gave a technical framework for the preparation of the National Plan of Action for Nutrition (NPAN). A National Plan of Action for Nutrition for Mauritius, 1994 to 1999, had been prepared according to guidelines established at the International Conference on Nutrition (1992). This is a revised and updated National Plan of Action 2009-2010. New concepts have been added following the results of the National NCD and Nutrition Surveys 2004.

While significant progress has been made on the nutritional issues raised in the NPAN, this new plan builds on the directions and recommendations from the NPAN that have already been achieved, while recognising the need for new issues to be addressed and a change in focus in some areas.

Clearly the health sector alone cannot achieve the goals of these strategies, as the determinants of health often lie outside the direct control of the health sector. The approaches for action in the strategies are framed by the Ottawa Charter; working to ensure healthy policy, creating supportive environments, strengthening community action, developing personal skills, reorienting services and programmes, and monitoring, research and evaluation.

Coordination and collaboration are required across sectors and regions, between government and civil society and involving both the public and private sectors. There is also a need to go beyond providing nutrition information to Mauritians about what constitutes a healthy diet. Comprehensive and coordinated efforts must be made using a range of strategies. These include:

- Putting emphasis on Health Promotion,
- Development of food and nutrition guidelines,
- Collaboration and coordination among many partners, and
- Creation of supportive environments in locations such as schools, work site restaurants and supermarkets.

1.2 SITUATION ANALYSIS

- Diseases of the circulatory system account for 36% deaths and diabetes accounts for 22.6%.
- Cancer accounts for 5.8% of deaths among males and 5.4 % of deaths among females
- In adults 20-74 years, 25.4% are overweight and 10.3% are obese.
- The prevalence of overweight in children 5-11 years is 7.9% among boys and 7.5% among girls.
- 8.5 % of boys and 7.8 % of girls aged 5-11 years are obese.
- In adolescents aged 12-19 years, 7.3 % are obese, 8.4% are overweight and 17.8% are underweight
- The prevalence of underweight in children aged 5-11 years is 24.3%
- The prevalence of anaemia among female adolescents aged 12-19 years is 16.4%.
- The prevalence of anaemia among pregnant women is 9 %.
- The mean duration of exclusive breastfeeding is 2.0 months and the mean duration of any breastfeeding is 13.6 months.
- 30.7% of children aged 5-11 years and 38.4% of adolescents aged 12-19 years do not eat any fruit daily

Island of Rodrigues

- In adults 20-74 years, 33.0 % are overweight and 23.0 % are obese.
- The prevalence of overweight in children 5-11 years is 7.7% among boys and 7.1% among girls.
- 5.5 % of boys and 4.6 % of girls aged 5-11 years are obese.

- The prevalence of underweight in children aged 5-11 years is 15.8%
- In adolescents aged 12-19 years, 6.2 % are obese, 6.7% are overweight and 11.8% are underweight
- 51.1% of children aged 5-11 years and 53.6% of adolescents aged 12-19 years do not eat any fruit daily.
- The prevalence of anaemia among female adolescents aged 12-19 years is 27.0 %.

1.3 NATIONAL PLAN OF ACTION FOR NUTRITION (2009-2010)

General Objectives

The objectives of this NPAN are to achieve the following by the year 2010:

- (1) To increase the mean duration of exclusive breast-feeding to 3 months in infants
- (2) To reduce underweight, as measured by growth indices, to half the 2004 level in children aged 5-11 years;
- (3) To reduce nutritional anaemia in female adolescents 12-19 years as indicated by haemoglobin levels under 12 g/dl, to 10%;
- (4) To reduce nutritional anaemia in pregnant women, as indicated by blood haemoglobin levels below 11 g/dl to 5%.
- (5) To establish dietary recommendations for adults for the prevention of chronic diet-related diseases based on the World Health Organisation's population nutrient intake goals which are summarised in the table below:

Ranges of population nutrient intake goals

Dietary factor	Goal (% of total energy)
Total fat	15-30%
Saturated fatty acids	< 10%
Polyunsaturated acids (PUFAs)	6-10%
n-6 Polyunsaturated fatty acids (PUFAs)	5-8%
n-3 Polyunsaturated fatty acids (PUFAs)	1-2%
Trans fatty acids	<1%
Monounsaturated fatty acids (MUFAs)	By difference
Total carbohydrate	55-75%
Free Sugars	<10%
Protein	10-15%
Cholesterol	<300 mg per day

Dietary factor	Goal (% of total energy)
Sodium Chloride (sodium)	< 5g per day (< 2g per day)
Fruits and vegetables	≥ 400g per day
Total dietary fibre	From foods
Non-starch polysaccharides (NSP)	From foods
Additional specifications for alcohol (ethanol): < 15g/day for women and < 30g/day for men;	

- (6) To reduce obesity in the adult population by 3%.
- (7) To adopt and enforce legal measures to ensure the provision of safe food and food supplies to the entire population.
- (8) To increase the average apparent consumption of fruit and vegetables by two fold.
- (9) To decrease the average apparent consumption of oils and fats by 10%;
- (10) To promote a fair distribution of available food resources, compatible with the needs of individuals, with special attention to vulnerable groups.

New proposals submitted following the results of the National NCD and Nutrition Surveys 2004 directly relevant to improvement of the nutritional status of the population have been included in this Plan which will be reviewed every two years.

1.3.2 Implementation

The Plan of Action will be implemented by the agencies identified for each intervention, according to an established time-table.

The Plan will be reviewed by the Nutrition Taskforce in 2010

1.4 THE WAY FORWARD

1.4.1 NUTRITION TASKFORCE

Objective: To set up a multisectoral Taskforce in view of advising in the implementing, monitoring and evaluating the National Plan of Action for Nutrition

1.4.2 Description

A Nutrition Taskforce will be set up to integrate the efforts of private and public sectors in attaining objectives of the National Plan of Action

The Taskforce will advise Government on all matters relating to nutrition as formulated in the National Plan of Action. In particular, it will identify the potential benefits and risks to nutritional status of all proposed development programmes, both in the public and in the private sectors of the national economy.

The Taskforce will monitor and evaluate the implementation of the National Plan of Action and recommend to the Ministry of Health and Quality of Life modifications to the current Plan should these be considered essential to the continued well-being of the population.

The Taskforce will review the National Plan of Action for Nutrition, yearly, taking into consideration progress in the science of nutrition and on the basis of information obtained about parameters associated with the nutritional status of the Mauritian population.

1.4.3 **Implementation**

The Nutrition Taskforce will be composed of representatives from each of the following Government Ministries:

Health;
Agriculture, Fisheries and Natural Resources;
Economic Planning and Development;
Education and Human Resources;
Energy, Water Resources and Postal Services;
Finance;
Information;
Labour and Industrial Relations;
Social Security, Senior Citizens Welfare and Reform Institutions
Trade and Shipping;
Women's Rights, Child Development and Family Welfare.
Consumer Protection and Citizen's Charter
Relevant partners of the Civil Society.

In addition, the Taskforce will co-opt representatives from the University of Mauritius, the main sectors of food production and food processing, as well as representatives of national consumer organisations and the media. Membership of the Taskforce will be limited to 20.

Nominations for the Taskforce will be made by the Minister of Health and Quality of Life. The Taskforce will be chaired by the Director General Health services of the Ministry of Health and Quality of Life who is in a position to convey policy recommendations to the Minister.

The Nutrition Unit of the Ministry of Health and Quality of Life will act as the Secretariat of the Nutrition Taskforce. In this capacity, the Unit will:

- Prepare the background documentation for the Taskforce's consideration and action;
- Provide ongoing contact among all sectors comprising the Nutrition Taskforce;
- Provide advice to the Taskforce on nutrition related research;
- Prepare the progress report of the Taskforce on implementation of the National Plan of Action.

INTERVENTION 2: PROMOTION OF APPROPRIATE DIETS AND HEALTHY LIFESTYLES

2.1 DIETARY GUIDELINES FOR MAURITIANS

Objective: To prepare Dietary Guidelines for Mauritians, so as to give them the knowledge for making healthy food choices

2.1.1 Description

Dietary Guidelines for Mauritians had been prepared by the Mauritius Institute of Health in year 2000. Revised Dietary Guidelines will be drawn up to provide advice to various sectors of the population about sound food choices so that their usual diet contributes to a healthy life-style. The guidelines for adults will translate the nutrient objectives (1.3.1, objective 5) into food based recommendations which can be understood by most Mauritians. The Guidelines will include a section to promote adequate water intake.

The Guidelines will be published and widely disseminated to the public.

2.1.2 Implementation

The Dietary Guidelines will be prepared by the Nutrition Unit and Health Information, Education and Communication Unit of the Ministry of Health and Quality of Life together with the Mauritius Institute of Health and the University of Mauritius. The Guidelines will be launched at a national seminar organised by the Ministry of Health and Quality of Life. The Guidelines will be promoted by the Ministry of Health and Quality of Life with the assistance of other appropriate Ministries and organisations.

2.2 DECREASING THE CONSUMPTION OF OILS SATURATED FATS AND TRANS-FATTY ACIDS

Objective: To decrease the consumption of oils and fats by 10%

2.2.1 Description

It is important to have some fat in our diet because fat helps the body to absorb certain vitamins; it is a good source of energy and a source of essential fatty acids that the body cannot make for itself.

On the other hand a higher intake of fats and oils makes it easy to have more energy than is needed, and may contribute to weight gain.

The apparent consumption of oils and fats is 28 kg/head per year or 77g per head per day and is of concern in relation to non-communicable diseases, especially overweight and obesity. The combined prevalence of overweight and obesity among adults is 35.7 % and this problem is emerging among school children and adolescents. The apparent consumption of oils and fats will be reduced within the next five years (1.3.1, objective 8 (c)).

The Dietary Guidelines (2.1) and all health educational materials aimed at improving the nutritional status of the population will identify foods high in oils and / or fats and discourage their consumption.

Deep-frying of foods in oils and /or fats will be discouraged and will be excluded from Governmental food services and Government functions. Alternative methods of cooking will be advocated and practised on Government premises. Tea breaks at Governmental functions will be replaced by 'Health Breaks' using healthy alternatives, such as fruits and nuts as snacks.

A study will be conducted into the re-use of cooking oils in Mauritius. This is of concern because when vegetable oils are heated at very high temperatures for frying food; trans- fatty acids (TFA) are produced. Legislation to limit the utilization of re-used oil will be introduced.

The School curriculum has a module on healthy eating and good nutrition for children attending primary schools. This will be revisited regularly so as to discourage the consumption of food items containing high levels of oils and fats.

2.2.2 Implementation

The Ministry of Health and Quality of Life will be responsible for discouraging the consumption of oils and fats through the Dietary Guidelines and other educational materials. It will also discourage the consumption of oils and fats in all its official functions and encourage other Governmental food services to do the same.

Managers of Governmental food services will eliminate deep fat frying from their cooking practices. Nutritionists of the Ministry of Health and Quality of Life will advise on cooking practices on Government premises.

The Nutrition Taskforce will commission a study into the re-use of cooking oils and will recommend legislative measures to the Minister of Health and Quality of Life, as appropriate.

The Ministry of Education and Human Resources and Human Resources will amend the appropriate topic of the school curricula with respect to the consumption of oils and fats.

2.3 RAISING THE CONSUMPTION OF FRUIT AND VEGETABLES

Objective: To increase the consumption of fruit and vegetables by twofold

2.3.1 Description

Evidence- based research indicates that certain key foods, namely fruit and vegetables, are important components of a healthy diet and their daily consumption in adequate amounts could prevent major diseases such as cardiovascular diseases and certain cancers. Since these key foods are lacking in the diet of most Mauritians, their consumption will be encouraged in accordance with objective 8(a) of this Plan of Action.

The Dietary Guidelines and all educational materials aimed at improving the nutritional status of the population will promote the consumption of these foods.

Fruit and vegetables will be promoted as excellent sources of vitamins, essential

micronutrients, fibre, vegetable proteins and bio- functional components which protect against cardiovascular diseases and cancers.

The availability of fruit and vegetables will be increased, preferably by local production to ensure freshness of product.

2.3.2 **Implementation**

The responsibility of raising the consumption of key foods will be assigned as follows:

Inclusion in Dietary Guidelines – Ministry of Health and Quality of Life

Promotion in educational institutions – Ministry of Education and Human Resources and Human Resources

Increasing the availability – Ministry of Agriculture

Facilitating of imports – Ministry of Trade and Shipping

Setting up a fruit and vegetable promotion initiative-Ministry of Health and Quality of Life, Ministry of Agriculture and Non Governmental Organizations involved in fruit and vegetable production and distribution.

2.4 MAINTAINING THE CONSUMPTION OF STARCHY FOODS AND PULSES

Objective: To encourage the consumption of potatoes, whole-grain foods and pulses

2.4.1 **Description**

Starchy foods such as bread, cereals, rice, pasta, potatoes and maize are a really important part of a healthy diet. Starchy foods should make up about a third of the food we eat.

Starchy foods are a good source of energy and the main source of a range of nutrients in the diet.

Although there is a misconception that starchy foods are fattening, they contain less than half the calories of fat.

Starchy foods especially of the whole-grain variety are bulky so that they give a feeling of fullness and are quite useful in weight management. They are also good sources of fibre, calcium, iron and B vitamins. As most people do not eat enough fibre, wholemeal bread, brown rice, wholemeal pasta and other wholemeal cereals will contribute to their intake.

Emphasis will also be put on pulses which are good sources of proteins and carbohydrates, and add fibre to meals. The fibre present in pulses is of the soluble type and is also thought to help lower blood cholesterol.

Furthermore pulses also count as one portion of vegetable in the recommendation of the World Health Organization, which stipulates that at least five portions of fruit and vegetables be eaten daily for reducing the risks of developing cardiovascular diseases and certain cancers.

2.4.2 **Implementation**

The Ministry of Agriculture will promote the cultivation of locally grown potatoes, cereals and pulses and the Nutrition Taskforce will devise strategies to be employed to guide the consumption of these locally produced foods

The Ministry of Health and Quality of Life will encourage the consumption of potatoes and wholegrain cereals as the most appropriate staple food through the Dietary Guidelines and in all educational materials relating to the consumption of staple foods. The Nutrition Unit of the Ministry of Health and Quality of Life will also give people

the skills for using wholegrain cereals in their food preparation through healthy cooking demonstrations.

The Ministry of Education and Human Resources and Human Resources will adapt its school curricula to promote the consumption of wholegrain cereals and pulses on the school premises

2.5 LIMITING ALCOHOL INTAKE

Objective: To limit the consumption of alcohol in the population with emphasis on the under 18 years old

2.5.1 Description

Alcohol consumption is cause for concern in some sections of the population and will be limited according to objective 5 of this Plan of Action.

New Regulations under the Public Health Act 1954 (Revised Laws of Mauritius 2000) have been devised and will be enforced so as to prevent the purchase and consumption of alcohol by persons less than 18 years. The implications of these legal measures will be popularised through the mass media and through posters and pamphlets for free distribution to the public.

The Dietary Guidelines (2.1) will include a section warning against alcohol abuse and advising adults on the daily limits.

Advertisements promoting the consumption of alcoholic beverages will not be aired by the Mauritius Broadcasting Corporation and other media

Alternatives to alcoholic beverages, in particular water, will be promoted in educational materials relating to nutrition. Water will also be made available at all public gatherings.

2.5.2 Implementation

Regulations under The Excise Act 1994 will continue to be enforced by the Police Department. Regulations pertaining to the advertisement, sponsorship and sale of alcoholic products will be made customer- friendly for the general public. The Health Information, Education and Communication Unit of the Ministry of Health and Quality of Life will prepare and distribute posters and pamphlets to inform the public of the legislation.

Advice against alcohol intake and in favour of non-alcoholic beverages will be included in the Dietary Guidelines and in educational materials by appropriate Ministries.

Advertisements through the Mauritius Broadcasting Corporation and other media will be monitored by the Government Information Service and the Ministry of Health and Quality of Life.

INTERVENTION 3: IMPROVEMENT ON HOUSEHOLD FOOD SECURITY

3.1 PARTITIONING OF HOUSEHOLD EXPENDITURE TOWARDS FOOD

Objective: To encourage the population to optimize their food expenditure budget.

3.1.1 Description

The Dietary Guidelines (2.1) will encourage householders to optimize their food expenditure budget so as to meet the nutritional needs of all members of the household (3.1). To this end, the Guidelines will advise on household budgeting, with special attention to expenditure on food

The school curricula will include a module on household budgeting, with special emphasis on optimizing their food expenditure budget.

3.1.2 Implementation

The Ministry of Health and Quality of Life will be responsible for including advice on household budgeting in the Dietary Guidelines and for implementing this advice.

The Ministry of Education and Human Resources and Human Resources will introduce a module on household budgeting in secondary school curricula.

3.2 DISTRIBUTION OF FOOD WITHIN HOUSEHOLDS

Objective: To use WHO's Recommended Daily Amounts (RDA'S), for equitable distribution of food within households.

3.2.1 Description

The World Health Organisation's current Recommended daily Amounts (defined as 'the average amount of the nutrient which should be provided per head in a group of people if the needs of practically all members of the group are to be met') of energy and nutrients for various groups (RDAs), and Guidelines Daily Amount (GDA) from the United Kingdom will be adapted for use in Mauritius and translated into food terms easily understood by the general public. This will favour a distribution of food compatible with the need of individuals within households (1.3.1, objective 9).

Education materials, including media broadcasts, relating to the distribution of food will be in accordance with current RDAs and senior school curricula will be amended to include a study of RDAs.

The Guidelines for Food Services will take RDAs into consideration with respect to the control of food distribution. Governmental food service establishments will conform to current RDAs.

3.2.2 Implementation

The Nutrition Unit of the Ministry of Health and Quality of Life will translate current RDAs into food terms easily understood by the general public. This translation of the RDAs will be published in conjunction with the Dietary Guidelines for Mauritians (2.1).

The Nutrition Taskforce will have the responsibility of ensuring that educational materials relating to the distribution of food are compatible with RDAs.

The Ministry of Education and Human Resources will revise secondary school curricula to include a topic concerning RDAs.

The Nutrition Unit of the Ministry of Health and Quality of Life will be responsible for translating the RDAs into Guidelines for Food Services and for advising food service establishments on means of complying with current RDAs

INTERVENTION 4: PROTECTION OF CONSUMERS THROUGH IMPROVED FOOD QUALITY AND SAFETY

4.1 ENFORCEMENT OF THE FOOD REGULATIONS

Objective: To introduce nutritional signpost labelling so as to allow consumers to obtain nutritional information at a glance.

4.1.1 Description

After the enactment of The Food Act 1999; all regulations are being enforced by the Health Inspectorate Division of the Ministry of Health and Quality of Life since 2000. Therefore all pre-packed foods whether locally produced or imported have to be issued with a pre-market approval permit before being allowed for sale in the Republic of Mauritius. The Food Regulations will continue to be enforced to provide increased protection of consumers through improved food quality (1.3.1, objective 7).

Front of pack nutritional signpost labelling will be introduced. Signpost aims to make it easier for people to choose a healthy diet. This is a new labelling system on food, which indicates the levels of sugars, fat, saturated fat and salt using colour codes Red, Amber and Green where Red indicates high levels of nutrients, Amber –medium and Green shows low levels of nutrients. The idea is to provide ‘at a glance’ information about the nutritional content of foods on packaging labels. Signpost labelling will provide the information needed to make informed food choices and to compare products. This new nutrition labelling system combined with public education will help to reinforce information about healthy eating practices, increase understanding of the links between nutritional health and well-being, and help people reduce the risk of chronic nutrition-related diseases. The Food Regulations will be amended so as to make Food Labelling mandatory.

4.1.2 Implementation

The Nutrition Unit will provide the technical guidance to food service providers on signpost labelling and the interpretation of RDAs

The Health Inspectorate of the Ministry of Health and Quality of Life is already involved in the enforcement of the Food Regulations as far as Food Safety and certain aspects of food labelling are concerned. Enforcement will be consolidated regarding labelling.

The Ministry of Health and Quality of Life will enhance the capacity of the Food Inspectorate to meet the needs of enforcement of the Food Regulations. The Food Regulations will be enforced by the Health Inspectorate of the Ministry of Health and Quality of Life.

4.2 REGULATION OF PESTICIDES USE

Objective: To monitor pesticide residues in the food chain through a surveillance programme.

4.2.1 Description

Pesticide residues are the very small amounts of pesticides that can remain in the crop

after harvesting or storage and make their way into the food chain. Pesticides are regulated to ensure that they do not present a health risks to consumers, to people who apply them, to the environment or to animals.

The surveillance programme would target areas where there might be a problem or where there is information relating to pesticide misuse.

Pesticide analysis will be conducted on a daily basis on a representative sample of fresh fruits and vegetables sold on the local markets. Pesticide residues above the maximum residue levels will be published in the newspapers.

Education of planters will also be carried out, in order to sensitize them about the use of pesticides and the time limit to be respected before application of pesticides on plants and the time lapse before sale.

4.2.2 **Implementation**

The Ministry of Agriculture, the Agricultural Research Extension Unit, the Mauritius Sugar Industry Research Institute and all those involved in crop production will consolidate their existing surveillance programme on pesticide residues and sensitize planters on pesticides safety.

4.3 CONSUMER EDUCATION

Objective: To strengthen nutrition education activities, so as to provide consumers with the skills and knowledge for making healthy food choices

4.3.1 **Description**

All consumer education with respect to nutrition, including advertisements for food, will conform with the Dietary Guidelines for Mauritians (2.1) and with legislative measures relating to food quality and safety (1.3.1, objectives 5 and 7).

Consumers will be informed of all legislative measures relating to food quality and safety through the media, the press and printed educational material. The information will be presented in terms that are easily understood by the general public.

The Dietary Guidelines (2.1) will encourage consumers to read food labels and give advice as to their interpretation.

4.3.2 **Implementation**

The Nutrition Taskforce will have the overall responsibility for monitoring of educational materials, including advertisements, with respect to the Dietary Guidelines and food legislation.

The Ministry of Health and Quality of Life will include advice to consumers on the interpretation of food labels, in the Dietary Guidelines.

The Ministry for Consumer Protection and Citizen's Charter will consolidate the Consumer Protection Unit and facilitate the utilization of the Citizens Advice Bureau for investigating complaints.

4.4 ESTABLISHMENT OF FOOD SERVICES

Objective: To promote the establishment of food services at all levels in order to provide balanced meals for the whole population

4.4.1 Description

There is an increasing demand for ready to eat food outside the home; this food is being provided on an ad hoc basis with minimal nutritional planning and hygienic control. To meet the demand for food of good quality and safety, new food service facilities will be encouraged at four levels:

- schools
- workplaces
- hospitals
- street front

To set the pace, food services facilities will be established in Governmental workplaces, wherever possible. Food Services will be improved in hospitals and schools. Established food services for the elderly will also be revisited

4.4.2 Implementation

The Ministry of Health and Quality of Life will review and improve food service in hospitals.

The Ministry of Education and Human Resources will improve food distributed in educational establishments through the School Feeding Programme for Zone Education Prioritaire (ZEP) schools.

The Ministry of Health and Quality of Life and The Ministry of Education and Human Resources will review the regulations concerning the sale of food in school canteens.

INTERVENTION 5: PROTECTION AND MANAGEMENT OF INFECTIOUS DISEASES

5.1 FOOD HANDLING AT THE HOUSEHOLD LEVEL

Objective: To improve good food hygiene at the household level, so as to decrease the incidence of food poisoning

5.1.1 Description

The Dietary Guidelines for Mauritians (2.1) will include a section on the safe handling of foods within the household. This section will give advice on how to avoid the transmission of pathogenic micro-organisms through food and water, in households. It will also lay down guidelines for the cooling and refrigerated storage of moist foods of pH above 4.5, so as to limit the growth of food poisoning organisms in these foods.

All educational materials, including school curricula, relating to the handling of foods will conform to the Dietary Guidelines in this respect.

5.1.2 Implementation

The Ministry of Health and Quality of Life will be responsible for including a section on the sale and handling of foods in the Dietary Guidelines, including criteria to guide the public to select safe restaurants or food vendors.

All agencies issuing educational materials, including the media, will ensure that these materials conform to the Dietary Guidelines. The Nutrition Taskforce will monitor educational material with respect to the handling of food in households.

5.2 PREVENTION AND TREATMENT OF HIV/AIDS

Objective: To provide nutrition support for people living with HIV/AIDS (PLWHA)

5.2.1 Description

HIV/AIDS is increasingly driven by and contributes to factors that create malnutrition. Therefore in response to this situation, nutrition will be integrated into the essential package of care, treatment and support for people living with HIV/AIDS and efforts to prevent infection. Although adequate nutrition cannot cure HIV infection, it is essential to maintain the immune system and physical activity and to achieve optimal quality of life.

5.2.2 Implementation

The Nutrition Unit will look into the nutritional support of people living with HIV/AIDS.

The AIDS Unit of the Ministry of Health and Quality of Life will liaise with the Nutrition Unit in working a protocol for the nutritional support of people living with HIV/AIDS.

INTERVENTION 6: CARE OF THE SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE

6.1 MATERNAL NUTRITION

Objective: To advise pregnant and lactating women on improved healthy eating

6.1.1 Description

The nutritional status of pregnant and of lactating women will be assessed in view of strengthening maternal health care.

Women will be advised to increase their consumption of fruit and vegetables and to refrain from drinking alcohol when they are pregnant and lactating.

Iron and folic acid supplements will continue to be supplied to all pregnant women. Women with blood haemoglobin levels below 11 g/dl will be offered individual dietary counselling.

The health benefits of lactation will also be publicised and women will be encouraged to breastfeed.

6.1.2 Implementation

The Dietary Guidelines will include advice directed specifically at women who are pregnant or lactating. Educational material aimed at pregnant or lactating women will support this advice.

Iron and folic acid supplements will be supplied by the Ministry of Health and Quality of Life through Area Health Centres and hospitals. Medical Officers will refer pregnant women with haemoglobin levels below 11 g/dl to dietary counsellors of the Ministry of Health and Quality of Life for nutritional advice. Pregnant women who are not putting on adequate weight as well as those who are gaining excessive weight will also be seen by dietary counsellors.

6.2 BREAST FEEDING

Objective: To promote, protect and support breastfeeding so that pregnant women are encouraged to breastfeed

6.2.1 Description

To achieve the exclusive breast-feeding of young infants (1.1.1 objective 1), it will be promoted and supported by all Ministries concerned with the care of infants in order to ensure healthy growth and contribute to the prevention of Non Communicable Diseases' in later life.

All hospitals have become "Baby Friendly" as per section 3.17 of the National Development Plan 1992-1994, using the guidelines developed by UNICEF and to be consistent with the Baby-Friendly Hospital Initiative .However, measures need to be put in place so as to maintain the "Baby Friendly" status. The International Code of Marketing of Breast-Milk Substitutes (WHO/UNICEF, 1981) is presently only a

policy decision and needs to be legalized so as to facilitate enforcement. Thereafter all subsequent World Health Assembly Resolutions relevant to the marketing of breast milk substitutes will have to be implemented in all Government health care facilities.

In view of promoting exclusive breastfeeding, women working in government and non government organizations will have time off for breastfeeding.

A surveillance system for breastfeeding will be set up in order to monitor breast feeding trends and practices, so that appropriate action can be taken.

6.2.2 **Implementation**

Regional Health Directors of the Ministry of Health and Quality of Life are responsible for maintaining Government hospitals as "Baby Friendly" institutions. They will be assisted in this task by the Breast Feeding Taskforce of the Ministry of Health and Quality of Life. This Group can also assist private clinics to become "Baby Friendly" or maintain the existing status.

The Code of Practice on the Marketing of Breast Milk Substitutes and subsequent World Health Assembly Resolutions, relevant to the Code, will be implemented by all health care workers. Monitoring of the code and related Resolutions will be carried out by the Breastfeeding Taskforce of the Ministry of Health and Quality of Life in all Health care facilities.

The breastfeeding Taskforce will also be responsible for monitoring breastfeeding trends.

6.3 COMPLEMENTARY FEEDING

Objective: To provide practical advice to mothers about complementary feeding practices

6.3.1 **Description**

Complementary feeding practices in Mauritius will be reviewed and corrected to reduce malnutrition and promote optimum growth among infants

The Dietary Guidelines (2.1) will include a section on sound complementary feeding practices and on the preparation of complementary foods. This section will be publicised in all educational materials relating to the introduction of complementary foods. Sound complementary feeding practices will be adopted and promoted in all child care facilities.

6.3.2 **Implementation**

All Ministries concerned with the care of infants will adopt and promote sound complementary feeding practices as established in the Dietary Guidelines.

6.4 FEEDING OF YOUNG CHILDREN

Objective: To decrease malnutrition among children

6.4.1 Description

Strategies for the reduction of malnutrition in young children 1 to 5 years will be consolidated.

The Dietary Guidelines (2.1) will include a section on sound feeding practices for children 1 to 5 years. This section will be promoted in all educational materials relating to the nutrition of young children. Sound feeding practices will be adopted by facilities concerned with the care of young children.

Care-givers of children with growth impairment will be offered family dietary counselling.

6.4.2 Implementation

All Government Agencies and other partners concerned with the care of young children will adopt and promote sound feeding practices as established in the Dietary Guidelines.

Medical Officers will refer care-givers of children with growth impairment to Dietary Counsellors for nutritional advice.

6.5 FEEDING OF CHILDREN AND YOUNG ADULTS

Objective: To reduce malnutrition among children and young adults

6.5.1 Description

The problem of underweight and obesity coexists in both children and adolescents. One section of the Dietary Guidelines will cover nutrition for these two age groups.

The School Health Programme will be consolidated so as to increase nutrition education and promote healthy eating among students, through parents, teachers and all those who have an impact on how children and young adults eat. Healthy foods will also be made available in school canteens. The school curriculum will be revised regularly so as to include evidence-based information on healthy eating for children and young adults.

6.5.2 Implementation

The Ministry of Health and Quality of Life will carry out health promotion activities in both primary and secondary schools. Children and adolescents with nutritional problems will be referred for dietary counselling.

6.6 SETTING UP STANDARDS FOR SCHOOL FOOD

Objective: To review the guidelines of food sold in primary and secondary educational institutions

6.6.1 Description

The School curriculum will be updated regularly so as to include basic nutrition and food hygiene. A sound knowledge of nutrition will allow children and youth to make healthy food choices at all stages of their development.

Canteens for the sale of foods already operate in all Government schools; guidelines for the sale of foods sold in both primary and secondary schools have already been worked out jointly by the Ministries of Health and Education. The guidelines will be revisited regularly using evidence- based information and updated accordingly. The services provided by these canteens will comply with these guidelines.

6.6.2 Implementation

The guidelines will be updated regularly so as to take into account new findings in nutrition. The Mauritius Institute of Education will revise school curricula in accordance with Dietary Guidelines for children (2.1). The Ministry of Education and Human Resources will be responsible for the extension of school canteens to all Government schools and to establish operational criteria for same.

The Nutrition Taskforce will appoint a Working Group to monitor the sale of food in School Canteens and report on its progress. The working group will also monitor the school feeding programme of low performing schools in the Zone Education Prioritaire (ZEP) Programme.

The Ministry of Health and Quality of Life will nominate a nutritionist to support the Mauritius Institute of Health in curriculum development in nutrition.

6.7 FEEDING THE ELDERLY

Objective: To provide elderly people with the skills to make healthy food choices

6.7.1 Description

It has been estimated that people aged between 60 and 75 years spend about 34% of their government pension on food. There is evidence to show that pensioners who are socio-economically deprived reduce their expenditure on food items as a coping mechanism, when in need. Spending less money on food can eventually lead to deficiencies as people in this age group are quite vulnerable. Advice on budgeting to assist in the provision of adequate food both in quantity and quality will be provided to pensioners.

6.7.2 Implementation

The Ministry of Social Security and National Solidarity is responsible for the distribution of pensions to people over 60 years. This Ministry, in consultation with the

Nutrition Unit of the Ministry of Health and Quality of Life, will also provide advice on budgeting. The two ministries concerned will work jointly so as to have a stronger focus on healthy nutrition and physical activity among the elderly.

6.8 DISEASE SPECIFIC INTERVENTIONS.

Objective: To reduce mortality and morbidity due to malnutrition-related diseases of lifestyle

6.8.1 Description

This refers to the nutrition and dietetic practices carried out for the prevention and rehabilitation of nutrition – related diseases and illnesses through counselling, support and treatment.

Obesity is a growing global public health problem In the Republic of Mauritius; overweight and obesity are growing concerns with the prevalence of overweight being 25.4% and obesity being 10.3% for adults aged 20 years and above according to the 2004 Non- Communicable Survey. These are major risk factors for many chronic, debilitating and life-threatening diseases. The cause of this growing trend is largely due to a changing social and physical environment, in which people are consuming excess energy through food and drink and not expending adequate energy through physical activity. When tackling obesity, it is important to intervene to change the environment as well as to effect behaviour change in individuals.

Overweight and obesity are to be promoted as major public health issues. Overweight people should have access to affordable slimming groups open to the public and be counselled by trained health personnel. People including children and young people needing therapeutic diets for conditions such as obesity, diabetes, renal failure, will continue to receive support in the hospital setting.

6.8.2 Implementation

In the Dietary Guidelines emphasis will be laid on maintaining a healthy weight by eating a balanced diet and undertaking adequate physical activity.

Special obesity clinics that offer long term treatment programmes using individual and group therapy will be set up in hospitals and other settings.

A protocol will be devised to guide the management of overweight and obesity especially in children and young people.

INTERVENTION 7: PREVENTION OF SPECIFIC MICRO-NUTRIENT DEFICIENCIES

7.1 MINIMISING ANAEMIA

Objective: To prevent, control and reduce anaemia in the population focusing on vulnerable groups.

7.1.1 Description

Anaemia, as indicated by haemoglobin levels below 12 g/dl, is widespread in Mauritius and Rodrigues particularly among female adolescents as shown in the National Nutrition Survey 2004 where there was a prevalence of 16.4% among female adolescents aged 12-19 years in Mauritius and the prevalence was 27.0% in Rodrigues.

Anaemia, even in the mild and moderate forms, can negatively impact on the quality of life of women as well as on learning capacity of the young. Therefore existing strategies to minimise anaemia are to be maintained and re-enforced, as applicable; these include: guidelines for diets rich in micro-nutrients (2.1) with focus on adolescent girls; iron and folic acid supplementation of pregnant women.

7.1.2 Implementation

The Ministry of Health and Quality of Life will strengthen existing strategies to minimise anaemia, such as the promotion of foods high in iron and folic acid among others.

The Nutrition Unit of the Ministry of Health and Quality of Life will examine the feasibility of strategies such as iron supplementation for girls and iron fortification of staples such as wheat flour, or other appropriate food vehicle.

7.2 SUPPLEMENTATION WITH FLUORIDE

Objective: To increase the proportion of children receiving fluoride supplementation

7.2.1 Description

The programme of supplementation with fluoride will be maintained and extended to cover all young children in the islands of Mauritius and Rodrigues. Fluoride tablets will be distributed free of charge to children aged 6 months to 5 years.

7.2.2 Implementation

The Dental Services of the Ministry of Health and Quality of Life will continue to be responsible for the programme of supplementation with fluoride. Fluoride tablets will be distributed through all Area Health Centres to children aged 6 months to 3 years and through all pre-primary schools to children 3 to 5 years not already supplied.

Dental Surgeons of the Ministry of Health and Quality of Life will screen primary school children aged 6 to 7 years for the eruption of molars and refer children to Governmental Health Clinics. These clinics will administer pit and fissure sealant, as appropriate.

A feasibility study will be carried out to determine the cost effectiveness of fluoride fortification.

INTERVENTION 8: CAPACITY BUILDING

8.1 TRAINING IN NUTRITION AND DIETETICS

Objective: To advance the science and practice of nutrition and dietetics

8.1.1 Description

Nutritionists and dietitians are needed to assist in the care of socio-economically deprived, nutritionally vulnerable groups and patients suffering from diet-related non-communicable diseases such as obesity, diabetes, hypertension and hyperlipidaemia

Suitably qualified students will be given 4 years full time courses in Nutrition and Dietetics by the University of Mauritius. The Syllabus for this course will be submitted to the Ministry of Health and Quality of Life for approval. On successful completion of the course, candidates could be employed as Nutritionists by the Ministry of Health and Quality of Life or could practice as nutritionists/dietitians in the private sector.

Students following the course will carry out field work, for six months, under the supervision of Nutritionists of the Ministry of Health and Quality of Life. On successful completion of the field work, trainees will be awarded a Bachelor of Science in Nutrition and Dietetics

8.1.2 Implementation

The Nutrition Unit of the Ministry of Health and Quality of Life will work jointly with the University of Mauritius to prepare a syllabus for the course in Nutrition and Dietetics. Nutritionists as well as other appropriate health personnel from the Ministry of Health and Quality of Life will also act as resource persons for these courses.

8.2 RESEARCH IN NUTRITION

Objective: To increase capacity building and training

8.2.1 Description

Research capacity will be strengthened in nutrition and related fields such as food science, dietetics, food toxicology, epidemiology, and social sciences. This intervention will include the post-graduate training of nutritionists and related professionals. A stronger collaboration will be built between Ministry of Health and Quality of Life and the University of Mauritius in the design, implementation and analysis of nutrition-related studies and surveys.

Research projects relating to nutrition will be fully coordinated and their findings applied with the least possible delay. Programmes issuing from these projects will be monitored throughout their implementation and appropriate modifications made to improve their effectiveness.

Mauritius will collaborate with other governments, overseas research institutions and international agencies to promote and support regional and international research and training in nutrition and related fields.

8.2.2 **Implementation**

The Research and Planning Section of the Ministry of Health and Quality of Life will have the overall responsibility of strengthening research capacity in nutrition and related fields.

The Nutrition Taskforce will coordinate research in nutrition, and initiate the application of research findings with the least possible delay. The Taskforce will also oversee the monitoring of programmes issuing from research in nutrition and recommend modifications to programmes, as appropriate.

8.3 INTERNATIONAL CO-OPERATION IN NUTRITION

Objective: To increase capacity building through the sharing of knowledge and experience.

8.3.1 **Description**

Officers of Ministry of Health and Quality of Life concerned with the drafting and the implementation of the National Plan of Action for Nutrition will follow training courses and participate in international conferences, seminars and workshops to share information, strategies and expertise in nutrition. Participants are expected to forward a copy of the recommendations to the Nutrition Taskforce, through their respective ministries for the application of findings and follow up where appropriate.

8.3.2 **Implementation**

The Ministry for External Affairs will transmit all invitations or announcements for international conferences, seminars and workshops, relating to nutrition, to the Ministry of Health and Quality of Life. The Nutrition Taskforce will be apprised of these invitations; examine their relevance to the National Plan of Action for Nutrition and propose participants as appropriate. Each Ministry will organise the attendance of designated officers of their Ministry at the appropriate meeting.

8.4 TRAINING OF NUTRITIONISTS

Objective: To increase the knowledge and give incumbent nutritionists the skills for working in specialized units

8.4.1 **Description**

The Nutrition Unit of the Ministry of Health and Quality of Life will be strengthened to meet the challenge of diet-related diseases in Mauritius.

Specialised training programmes will be set up for nutritionists such as Type 1 Diabetes, Enteral and Parenteral Feeding.

Further training would be given to the incumbent nutritionists in the following sectors:

- Clinical Dietetics;
- Nutritional surveillance/Research;
- Policy/Planning.

8.4.2 **Implementation**

The Ministry of Health and Quality of Life will support the participation of nutritionists in relevant specialized fields of nutrition

INTERVENTION 9: ASSESSMENT, MONITORING AND ANALYSIS OF NUTRITIONAL SITUATIONS

91 NUTRITION SURVEILLANCE

Objective: To continuously collect, analyse and utilize data on specific nutrition indicators to monitor the nutritional status of the population.

9.1.1 Description

Methods of assessing and monitoring problems of under-nutrition, micronutrient deficiencies and over-nutrition will be consolidated.

Data collection, analysis and reporting systems will be strengthened in a sustainable manner to meet the priority needs for information of planners, programme managers and community groups who address nutritional problems.

The use of existing data source will be maximised to avoid duplication and to encourage a multisectoral approach for taking action. This will include data on mortality, morbidity, growth measurements, breast-feeding, food borne diseases and intoxications, apparent food consumption and food prices.

9.1.2 Implementation

The Nutrition Unit of the Ministry of Health and Quality of Life will be responsible for strengthening data collection, analysis and reporting systems relating to nutrition.

The Ministry of Health and Quality of Life will collate and publish data on mortality, morbidity, growth measurements, breast-feeding, water and food analyses, and food borne diseases and intoxications.

The Ministry of Agriculture, Fisheries and Natural Resources will continue to collate and publish data on food production and imports. The Central Statistics Office will publish data on Food Balance sheets and Household Budget Surveys.

INTERVENTION 10: MASS –MEDIA CAMPAIGNS

10.1 PROMOTING AND SUPPORTING THE ADOPTION OF HEALTHIER DIETS

Objective: To integrate media strategies into comprehensive intervention programmes designed to promote healthy eating

10.2 Description

Media campaigns can succeed in increasing nutrition knowledge. Television campaigns combined with social support have been shown to be as effective as face to face programmes in effecting change. The media therefore provides opportunities to reach a wide audience at a low cost. It is recommended that media strategies be integrated into comprehensive intervention programmes designed to promote nutrition awareness.

A yearly national media campaign on a specific subject will be carried out, with the production of nutrition education materials and using different media such as television, radio, advertisements and paper inserts

The theme chosen is ‘Healthy Weight for all’. A five- year nutrition campaign to increase awareness of the benefits of a balanced and varied diet in achieving and maintaining healthy weight will be carried out. Each year the focus will be on one specific age group, starting with children under five up to old age, so that a life-course approach is adopted.

The media campaigns will be consolidated and utilized for marketing accurate health and nutrition messages.

Advertising is one of the ranges of techniques used to market food to people. Statutory regulations, non-statutory government guidelines and industry –led self regulations exist at the international, regional and national level. The objective of statutory levels regulation is usually to ensure that advertisers abide by certain guidelines while self-regulation takes the form of ethical guidelines. The underlying principle of statutory regulation as well as self-regulation is that advertising should not be deceitful or misleading. Unfortunately these guidelines are not fully respected leading to deceptive and misleading information.

10.3 Implementation

The Ministry of Health and Quality of Life will work jointly with the Mauritius Broadcasting Corporation and other media agencies, so that the latter have a greater role in communicating sound nutrition messages. The Ministry of Health and Quality of Life will also set up a “Comité de Surveillance” in view of monitoring food advertising.

PRIORITY INTERVENTIONS FOR 2009-2010

<p style="text-align: center;">Year I 2009</p>	<p style="text-align: center;">Year II 2010</p>
<ul style="list-style-type: none"> ▪ Printing and dissemination of NPAN ▪ Setting up of a Nutrition Taskforce ▪ School Food programmes ▪ Nutrition of School aged children ▪ Formulation of Dietary Guidelines for Mauritians ▪ Study into the re-use of cooking oils in the Republic of Mauritius ▪ Healthy weight for all.- Weight management for adults ▪ Setting up of a Comité de Surveillance to monitor food advertising 	<ul style="list-style-type: none"> ▪ Introduction of signpost labelling ▪ Healthy weight for all- Nutrition of children under five, primary school children and young adults ▪ Fruit and vegetable promotion initiative ▪ Review of NPAN

Ongoing Interventions

- Nutritional surveillance
- Prevention and treatment of people living with HIV and AIDS
- Prevention and management of chronic diseases
- Nutrition Education Activities

Implementation Schedule

And

Responsible Agencies

INTERVENTION 1: NATIONAL PLAN OF ACTION FOR NUTRITION (2009-2010).

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Finalising of NPAN	Consult with stakeholders to compile manual	MOH&QL & all other Ministries	Ongoing	Programme Managers	
Increasing understanding of NPAN	Carrying out a workshop	MOH&QL	June 2009	The Public, Private and Government Agencies	400,000
Setting up of Nutrition task force	Nominate and convene members. Conduct meetings	MOH&QL	July 2009	Government and Private Agencies	

INTERVENTION 2: PROMOTION OF APPROPRIATE DIETS AND HEALTHY LIFESTYLES

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Formulation of Dietary Guidelines	<ol style="list-style-type: none"> 1. Prepare Dietary Guidelines. 2. Promote Dietary Guidelines 3. Carry out workshops for dissemination 	MOH&QL MOA Ministry of Women's Rights, CD&CP	August 2009-Dec 2009	All stakeholders and The population	500,000
Increasing the consumption of fruit and vegetables.	<ul style="list-style-type: none"> • Set up a fruit and vegetable initiative • Promote the consumption of fruit and vegetables in the guidelines • Increase the availability of fruits and vegetables at national level 	MOH&QL MOH&QL MOA MOH&QL	March 2010-December 2010	The whole population Fruit and vegetable producers and retailers	500,000
Maintaining the consumption of starchy foods and pulses	<ul style="list-style-type: none"> • Increase the production of starchy foods and pulses • Promote the consumption of starchy foods and pulses in the guidelines 	MOA MOH&QL	August 2009	Planters. The whole population	
Commissioning a study into the re-use of cooking oils	<ul style="list-style-type: none"> • Carry out a survey on re-used oils • Take legislative measures 	MOH&QL	September 2009	Food service providers The whole population	

INTERVENTION 4: PROTECTION OF CONSUMERS THROUGH IMPROVED FOOD QUALITY AND SAFETY.

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Amending the Food Regulations 1999, to include signpost nutrition labelling	<ul style="list-style-type: none"> • Hold consultative meetings with food industry • Amend Food Regulations to include signpost Labelling. • Educate Food Inspectorate about signpost labelling • Conduct training to familiarise stakeholders with amended Regulations • Enforce signpost labelling. 	<p>MOH&QL</p> <p>MOH&QL</p> <p>MOH&QL</p> <p>MOH&QL</p> <p>MOH&QL</p>	February 2010- Dec 2010	The population The Food Industry Health Inspectorate	1,000,000

INTERVENTION 5: PROTECTION AND MANAGEMENT OF INFECTIOUS DISEASES

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Control HIV/AIDS	<ul style="list-style-type: none"> • Carry out nutrition Education activities • Food Security for People living with HIV/AIDS(PLW HA) 	<p>MOH&QL</p> <p>MOH&QL</p>	<p>Ongoing</p> <p>Ongoing</p>	People living with HIV/AIDS(PLW HA)	Human Resources

INTERVENTION 6: CARE OF THE SOCIO-ECONOMICALY DEPRIVED AND NUTRITIONALLY VULNERABLE

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Maternal Nutrition.	<ul style="list-style-type: none"> Advise on promotion of education materials. Supplement diet with tablets. Refer pregnant women to dietary counsellors. 	MOH&QL MOH&QL MOH&QL	Ongoing Ongoing Ongoing	Pregnant women	Funds Human Resources
Promote Breastfeeding	<ul style="list-style-type: none"> Maintain baby friendly hospitals. Implement code of practice. Monitor Breastfeeding practices. Training of personnel in Breastfeeding. 	MOH&QL MOH&QL MOH&QL MOH&QL	Ongoing Ongoing Ongoing Ongoing	Pregnant women Health Personnel Private Clinics	Human Resources Funds
Improve complementary feeding practices	<ul style="list-style-type: none"> Include complementary feeding practices in Dietary Guidelines. Train crèche holders in complementary feeding practices 	MOH&QL	3 months	Health Personnel Crèche holders	Human Resources Funds
Feed young children	<ul style="list-style-type: none"> Include feeding of children in Dietary guideline. Training of Day Care Centres and pre-primary school teachers. Monitor nutritional status. 	MOH&QL MOH&QL & MOE&HR MOH&QL	July 2010	Health Personnel Teachers of Day Care Centres and pre-primary schools	200,000 Human Resources
Feeding of children and young adults	<ul style="list-style-type: none"> Include in dietary guidelines. Consolidate school health programme. Counselling 	MOH&QL MOH&QL MOE&HR MOH&QL	July 2010 Ongoing	Children and young adults and teachers.	Human Resources.

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Setting up school food standards	<ul style="list-style-type: none"> Review foods in school canteens Legislate school food Update school curriculum. Monitor food provided to ZEP schools 	MOH&QL MOE&HR Mauritius Institute of Education MOE&HR	Ongoing	Children and young adults, teachers, Parent Teachers Associations Canteen Holders Civil Societies School children from Zone Education Prioritaire areas	Human Resources 1,000,000
Feeding of elderly	<ul style="list-style-type: none"> Provide dietary counselling to pensioners. 	MOH&QL Ministry of Social Security	Ongoing	Elderly people Homes for elderly Carers of elderly people	Human Resources
Disease specific intervention	<ul style="list-style-type: none"> Provide support and nutrition therapy. 	MOH&QL MOH&QL	Ongoing	People suffering from obesity, diabetes, renal diseases, High Blood Pressure	

INTERVENTION 7: PREVENTION OF SPECIFIC MICRO-NUTRIENTS DEFICIENCIES

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Minimising Anaemia	<ul style="list-style-type: none"> Strengthen existing supplementation strategies. Adopt new strategies for supplementation to female adolescents. 	MOH&QL	Ongoing	Pregnant women and female young adults	Funding Human Resources
Supplementation with Fluoride	<ul style="list-style-type: none"> Extension of Supplementation. Carry out feasibility study 	MOH&QL	Ongoing 6 months	Children aged 0-7 years	Funds Human Resources

INTERVENTION 8: CAPACITY BUILDING

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Training in Nutrition and Dietetics	<ul style="list-style-type: none"> Mount a course in Nutrition and Dietetics 	UOM and Ministry of Health and Quality of life	Ongoing	Higher School Certificate holders and other service providers.	Financial Human Resources.
Research and International Cooperation in Nutrition	<ul style="list-style-type: none"> Follow courses, attend workshops Train Nutritionists 	MOH&QL Ministry of external affairs	Ongoing	Nutritionists Other technical personnel	Human Resources Financial
Training of Nutritionists	<ul style="list-style-type: none"> Post Graduate Training 	Ministry of external affairs; MOH&QL	Ongoing	Nutritionists Other technical personnel	Human Resources

INTERVENTION 9: ASSESSMENT, MONITORING AND ANALYSIS OF NUTRITIONAL SITUATION.

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost</i>
Nutrition Surveillance	<ul style="list-style-type: none">• Strengthen data collection• Analyse data• Report and disseminate data	MOH&QL MOH&QL	Ongoing	Children 0-5 years	Human Resources

INTERVENTION 10: MASS- MEDIA CAMPAIGNS

<i>Strategy</i>	<i>Activities</i>	<i>Implementer and Key Agency</i>	<i>Timeframe</i>	<i>Target</i>	<i>Cost Rs</i>
Promote and support the adoption of healthier diets.	<ul style="list-style-type: none"> Production and dissemination of Nutrition education materials Set up a campaign. 	MOH&QL MBC Other partners	May 2009 ongoing	The whole population	Financial Human Resources
	<ul style="list-style-type: none"> Healthy weight for all campaign 	MOH&QL MBC Other partners	August 2009	Adults	Financial Human Resources
	<ul style="list-style-type: none"> Healthy weight for all 	MOH&QL MBC Other partners	July 2010	Young people	Financial Human Resources
	<ul style="list-style-type: none"> Healthy weight for all 	MOH&QL MBC Other partners	July 2010	School aged children	Financial Human Resources
	<ul style="list-style-type: none"> Healthy weight for all 	MOH&QL MBC Other partners	July 2010	Children under 5 years, Carers of young children	Financial Human Resources
	<ul style="list-style-type: none"> Setting up of a Comité de Surveillance to monitor food advertising 	MOH&QL MBC Other partners	June 2009	The whole population	Financial Human Resources

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