

**WORLD HEALTH ORGANIZATION**  
**REGIONAL OFFICE FOR THE WESTERN PACIFIC**



**REPORT**

**FAO/SPC/WHO PACIFIC ISLANDS**  
**FOOD SAFETY AND QUALITY CONSULTATION**

**Nadi, Fiji**  
**11-15 November 2002**

**Manila, Philippines**  
**February 2003**

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**REPORT**

**FAO/SPC/WHO PACIFIC ISLANDS  
FOOD SAFETY AND QUALITY CONSULTATION**

Convened by:

**WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC**

**CO-SPONSORED BY THE  
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Nadi, Fiji  
11-15 November 2002

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## NOTE

The views expressed in this report are those of the participants in the FAO/SPC/WHO Pacific Islands Food Safety and Quality Consultation and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the FAO/SPC/WHO Pacific Islands Food Safety and Quality Consultation, which was held in Nadi, Fiji from 11 to 15 November 2002.

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## SUMMARY

The links between food safety, nutrition and obesity first reached the attention of the world in 1992 at the joint FAO/WHO International Conference on Nutrition when 159 countries recommended the development of National Plans of Action on Nutrition (NPAN). Improving food safety and developing healthy lifestyles (including action on obesity) are two of the nine action areas of NPANs. They provide the global policy framework for action.

More recently, the Fifty-third World Health Assembly in May 2000 adopted a resolution (53.15) calling on the World Health Organization (WHO) and its Member States to recognize food safety as an essential public health function. WHO responded with a global strategy for food safety. Then in 2001, the Regional Committee for the Western Pacific also endorsed a Regional Strategy for Food Safety. In 2002, FAO and WHO jointly convened a Global Forum for Food Safety Regulators. This was followed by a joint WHO/FAO expert consultation on diet, nutrition and the prevention of chronic diseases. The latter evaluated evidence and reviewed lessons learnt from implementation of national strategies to reduce the burden of dietary diseases. Additionally, a Secretariat of the Pacific Community (SPC)/WHO/FAO/International Obesity Task Force (IOTF) workshop was held in Samoa in September 2000. At the workshop, representatives of 20 Pacific countries issued a call to action on the obesity epidemic in the Pacific. This was to be done by further refining the NPAN framework to include action on environments, behaviour and clinical services. This was endorsed at the Meeting of Ministers of Health held in Madang, Papua New Guinea in 2001.

In response, and to build on these global and regional initiatives (especially in terms of regulatory approaches), a Consultation on food safety and quality was held in Nadi, Fiji by the FAO, SPC and WHO. A total of 37 temporary advisers were drawn from 12 countries and areas of the Pacific to participate in the Consultation. These temporary advisers were largely senior government personnel. They included secretaries of health, directors of health or public health, senior food safety regulators, quarantine, agriculture and fisheries officers and nutritionists. Also involved as temporary advisers were Pacific island academics and researchers. Others at the meeting included resource persons, representatives and the FAO/SPC/WHO joint secretariat.

The objectives of the workshop were based on coordinated action to build the capacity of Pacific island countries (PICs) to improve food safety and quality, and were to:

- (1) review the current status of food safety and quality and identify related priorities in Pacific island countries;
- (2) define options for more effective control of food safety and quality in Pacific island countries;
- (3) formulate strategies that address obesity prevention and control through more effective control of the safety and quality of available food; and
- (4) recommend actions that can be taken by international organizations, development banks, key aid agencies and other interested parties to coordinate food safety and quality efforts more effectively throughout the Pacific.

The meeting objectives were achieved through a combination of activities, including individual presentations, working groups and plenary sessions incorporating group presentations

and discussions. Key papers and presentations provided the background information and evidence for the Consultation and set the scene for the working group sessions.

The working group sessions provided the leadership of the Consultation and included:

- (1) developing policies, legislation and standards that were appropriate, comparable and transparent;
- (2) enhancing the safety and quality of food in the Pacific through more effective import/export control and information networks;
- (3) building regional capacity to assess risk related to food safety;
- (4) building regional capacity in food-safety education and training;
- (5) building regional capacity to assess risk related to food patterns;
- (6) developing regulatory approaches to support national nutrition policies;
- (7) building regional capacity in diet and lifestyle education and training;
- (8) building a coordinated approach to improve diets and promote physical activity;
- (9) strengthening collaboration among international organizations, development banks, aid agencies and other relevant stakeholders; and
- (10) increasing the effective participation of Pacific island countries in the work of Codex.

After each session, working groups presented their strategic frameworks for comment and feedback. The groups then refined and finalized their outputs and submitted them for synthesis in terms of defining the current status of food-safety and obesity control and strategic options for improving the situation. On the final day, the working group strategic frameworks for action were reviewed and refined by general consensus into the following conclusions and recommendations for action.

### Conclusions

Putting food safety and quality on the political agenda is the first step in reducing food-related diseases. Once this is done, building the capacity of many countries in technical expertise and financial resources to implement food-safety and quality policies is the next step. In support, interdepartmental, intercountry and regional cooperation is required. There should also be coordinated and transparent support from partners to promote sustainable development along the length of the food chain in the Pacific islands. Partnerships among government departments are essential. Health, trade, agriculture, fisheries, quarantine and import-control authorities play a key role in changing the regulatory environment. Social marketing using aggressive promotions of local foods, food hygiene and physical activity are required to initiate behaviour change. Close collaboration with WHO, FAO, SPC and the University of the South Pacific (USP) will be very helpful in achieving these objectives.

The Consultation reaffirmed:

- the Healthy Island vision, in which Pacific people are healthy and happy, with healthy lifestyles; and

- that the health and well-being of people is at the centre of national development.

The Consultation concluded that the priorities for action of Pacific islands in strengthening their national food-safety programmes should be to:

- establish food-safety policy and legislation to ensure that the safety of food is addressed along the length of the food chain;
- control import and export of foods effectively in PICs to ensure safe and high-quality food for all, while facilitating trade;
- establish or strengthen existing processes so that each PIC is capable of assessing food-related risks using risk-assessment processes in line with Codex and FAO/WHO guidelines;
- develop a regional network so that PICs can cooperate in the establishment of uniform food standards, development of national food-safety risk-assessment systems, and risk-management systems for protecting the health of the consumer and facilitating fair and safe trade in food; and
- enhance the safety of food through more effective training and education.

The Consultation concluded that, for action in preventing and controlling obesity, the priorities of Pacific island countries and areas should be to:

- build the capacity of countries and territories of the Pacific to apply risk-assessment processes in line with international guidance to identify obesity and diet/lifestyle-related risks (as in the noncommunicable diseases (NCD) "STEPS"<sup>1</sup> surveillance process);
- consider applying food regulatory approaches within the context of the WTO agreements as policy instruments to support the achievement of goals for National Plans of Action on Nutrition, NCD-prevention and obesity-prevention programmes;
- strengthen regional and national action plans to improve diet and lifestyle through comprehensive education and training programmes; and
- develop a mechanism for coordination and sharing of experiences among PICs, to support the development/implementation/evaluation of effective, sustainable obesity-prevention and control programmes, as appropriate for each country.

### Recommendations

**It was unanimously agreed that a summary statement of the recommendations below should be presented at the Ministers of Health and Agriculture meetings in 2003 and to country government department heads. Pacific island countries should:**

- (1) establish/strengthen policies and legislation addressing food safety and quality from production to consumption;

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<sup>1</sup> Refers to stepwise protocol for NCD surveillance developed by WHO.



- (2) establish/strengthen national coordinating bodies on food safety and quality, whenever possible building on existing National Plans of Action for Nutrition, NCD- and obesity-prevention programmes;
- (3) strengthen information sharing on food-safety legislation through existing mechanisms;
- (4) develop advocacy and communication strategies to promote food policies, laws and standards to improve food safety and quality;
- (5) request WHO, FAO and WTO to conduct a joint ministerial Consultation (involving health, trade, agriculture, fisheries, finance, state and foreign affairs) to facilitate understanding of the health-related opportunities and challenges associated with international trade;
- (6) encourage the Pacific Island Forum (PIF) always to consider the public health implications of their trade decisions and agreements;
- (7) consider using the opportunities available within the WTO agreements to implement regulatory approaches to support National Plans of Action on Nutrition, NCD- and obesity- prevention programmes;
- (8) enforce regulatory approaches addressing imports/exports in the Pacific, as laid down in this Consultation report;
- (9) build country capacity in risk-assessment and analytical capabilities in food safety and quality;
- (10) support training, education, social marketing and advocacy strategies that enhance food safety and quality.



## 1. INTRODUCTION

### 1.1 Background and rationale for the Consultation

Infectious diarrhoeal and parasitic diseases, many of which can be attributed to the consumption of contaminated food and water, are a major cause of morbidity in many countries of the Pacific. Such diseases have been reported by Kiribati, the Republic of the Marshall Islands, Nauru, Northern Mariana Islands, Palau, Tonga, Tuvalu and Vanuatu to be among the five leading causes of morbidity. Diarrhoeal diseases or infectious and parasitic diseases, salmonellosis and campylobacteriosis also prove significant contributors to mortality in Australia, Cook Islands, Fiji, New Zealand, Papua New Guinea and Vanuatu. In addition to issues related to the safety of the food supply, the quality of food for the peoples of the Pacific islands is also a significant factor contributing to food-related illness. The consumption of large quantities of high-fat, energy-dense foods in particular contributes to obesity. This remains a primary factor contributing to diabetes, heart disease and hypertension, some of the main causes of adult mortality in the Region. As a result of important dietary and lifestyle changes in PICs in recent decades, some of the highest rates of obesity in the world are found in the Pacific. (These include 40-50% in Cook Islands, 36-44% in French Polynesia, 20-37% in Kiribati, 80% in Nauru, and 43-83% in New Caledonia. They also include 14-38% in Papua New Guinea, 47-66% in Samoa, 42% in Tonga, 12-48% in Tuvalu, 12-34% in Vanuatu, and 30-57% in Wallis and Futuna.)

Despite this, national food-control programmes and plans of action have often not been developed in a coordinated manner. They have not been developed within the context of a documented government food-safety policy, or national policy and plans of action for nutrition. With respect to food laws and standards (including labelling requirements), Pacific island countries often have either no laws or outdated laws and standards. In addition, many of the Pacific island countries have yet to identify how they can be effective participants in and contributors to the work of the Codex Alimentarius Commission. Furthermore, varying standards of enforcement, education and training among different countries contribute to inequity in levels of food safety across the Region. Import and export inspections are variable across the Region, with much food being traded without adequate controls. National capacity to analyze food also varies across the Region, and few countries have an active foodborne-illness surveillance system.

Access to safe and nutritious food has been identified as a right for all consumers by the Ministers of Health in endorsing the vision of "healthy islands" as an overarching framework for health protection and promotion in the Pacific. To achieve this, food safety and quality need to be assured from production and exportation/importation to consumption throughout the Region. To achieve this goal and to facilitate trade in safe and nutritious food, there is a need for countries to move closer together to protect the health and well-being of consumers. They need to coordinate different food-safety and quality policies across the Pacific. The different food-safety and quality systems also need to be made comparable and fully transparent.

This Consultation builds on the WHO global and regional food-safety strategies, and on the call to action for the prevention and control of obesity issued in Samoa in 2000. (This was adopted at the Ministers of Health meeting in Papua New Guinea in 2001.) It also builds on the conclusions of the Ministerial Round-Table on Diet, Physical Activity and Health held at the WHO Regional Committee meeting in September 2002. The Consultation examines new

approaches and action needed to accelerate progress in applying agreed strategies to improve food safety and quality in the Pacific. The outcomes of this Consultation will contribute to the development and implementation of global strategies on:

- food safety; and
- diet, physical activity and health.

These are being developed by WHO and FAO in consultation with other partner agencies, the food industry and consumer groups.

## 1.2 Objectives of the Consultation

The objectives of the Consultation were to:

- (1) review the current status of food safety and quality and identify related priorities in Pacific island countries;
- (2) define options for more effective control of food safety and quality in Pacific island countries;
- (3) formulate strategies that address obesity prevention and control through more effective control of the safety and quality of available food; and
- (4) recommend actions that can be taken by international organizations, development banks, key aid agencies and other interested parties to coordinate food-safety and quality efforts more effectively throughout the Pacific.

## 1.3 Temporary advisers, resource persons and representatives

A total of 37 temporary advisers was drawn from 12 countries and areas of the Pacific to participate in the Consultation. These temporary advisers included senior government personnel, e.g. secretaries of health, directors of health or public health, senior food-safety regulators, quarantine, agriculture and fisheries officers and nutritionists. Also involved as temporary advisers were Pacific island academics and researchers.

Representatives from the Australian Government Analytical Laboratories, Consumers International, Health Canada, the Pacific Islands Forum Secretariat and the Ministry of Agriculture, Sugar and Land Resettlement, Fiji, also participated in the Consultation. They took part in support of the essential nature of partnerships required to address food safety and quality in the Pacific. Additionally, a resource person with expertise in health legislation, and FAO, SPC and WHO secretariat provided support to the Consultation. WHO secretariat members were drawn from each of the Pacific islands' WHO Representative and Country Liaison Offices, the Western Pacific Regional Office, the WHO Office for the Americas/Pan American Health Office and WHO Headquarters.

Annex 1 provides a full list of temporary advisers, resource persons, representatives and secretariat in attendance.

## 1.4 Consultation structure and organization

The Consultation was conducted from 11 to 15 November 2002 at the Mocambo Hotel, Nadi, Fiji.

At the inaugural session, Dr Lepani Waqatakirewa, Director of Preventive Health Services, Ministry of Health, Fiji, was elected Chairman for the Consultation. Ms Myriam Abel, Director of Public Health, Vanuatu, was elected Vice-Chairman. Ms Christine Quested, Chief Nutritionist, Department of Health, Office of the Director-General of Health, Samoa, was elected Rapporteur.

The meeting agenda was adopted and the opening session continued with the operational officer introducing the background and objectives of the Consultation and giving general guidance on the programme, small group work sessions and plenary sessions that included group presentations and joint discussions. The technical presentations were provided by selected temporary advisers from a diversity of Pacific island countries and areas, representatives of international organizations and the FAO, SPC and WHO secretariat. The programme was divided into five sessions covering the following topics:

- (1) Presentation of Background Papers;
- (2) Strategies for Coordinated Action on Food Safety and Quality in the Pacific;
- (3) Strategies for Coordinated Action on Obesity Prevention and Food Quality in the Pacific;
- (4) International Coordination and Action on Food Safety and Quality in the Pacific; and
- (5) Presentation and Adoption of Conclusions and Recommendations.

For the working group sessions, temporary advisers, resource persons and secretariat were allocated into groups. During the Consultation 10 topics were given to working groups to consider and then to develop guidance. The themes for the working groups were:

- (1) developing policies, legislation and standards that are appropriate, comparable and transparent;
- (2) enhancing the safety and quality of food in the Pacific through more effective import/export control and information networks;
- (3) building regional capacity to assess risk related to food safety;
- (4) building regional capacity in food-safety education and training;
- (5) building regional capacity to assess risk related to food patterns;
- (6) developing regulatory approaches to support national nutrition policies;
- (7) building regional capacity in diet and lifestyle education and training;
- (8) building a coordinated approach to improve diets and promote physical activity;
- (9) strengthening collaboration among international and regional organizations, development banks, aid agencies and other interested parties; and
- (10) increasing the effective participation of PICs in the work of Codex.

Guidelines were produced for each group to direct them towards their objectives as well as the Consultation's objectives.

### 1.5 Opening ceremony

#### ***Opening remarks by Mr Dirk Schulz, Food and Nutrition Officer, FAO Sub-regional Office, Apia, Samoa***

Honourable Ministers for Agriculture and Health, representatives from regional and international organizations, delegates from Pacific island countries, colleagues, ladies and gentlemen: on behalf of Dr Vili Fuavao, FAO Sub-Regional Representative for the Pacific Islands, it is my honour to welcome you at the opening of this first ever Pacific Islands Food Safety and Quality Consultation.

Together with my colleagues from WHO and SPC, I would like to thank the Government of Fiji for hosting us in their beautiful country for this important occasion.

I am very happy to see so many high-level delegations from all over the Pacific present at this truly regional Consultation. Your attendance affirms that food safety and quality are matters of concern throughout the Pacific.

Over the past two to three decades, significant changes have occurred in the Pacific. These are confronting Pacific nations with great challenges. Firstly, trade in food has substantially increased throughout the Region. Not only are many countries more than ever reliant on food imports to meet the needs of their populations, but food exports, particularly fish and seafood, have become major revenue earners for many countries. The safety and quality of these food commodities being traded is of paramount importance both in the prevention of ill-health among Pacific island populations, as well as establishing, maintaining and expanding export markets for Pacific products, thereby contributing to national development.

Secondly, the countries of the Region need to find ways to maintain the diversity of their food-production systems and consumption habits while seeking to harmonize as far as adequate their food-safety control systems. And thirdly, there is a pressing need for better regional cooperation in research, information exchange and effective response to food-safety and quality risks.

To save costs and prevent contamination, food safety must begin with good agricultural practices. There seems to be growing agreement that food safety needs to be ensured through approaches from "farm to fork" or, perhaps just as relevant to our Region, from "fish-hook to fork". In practical reality, national policies and regulations on food safety and quality are diverse across the Pacific and quite often are in need of updating. Effective enforcement is another constraint to ensuring a safe and high-quality food supply.

Another issue confronting Pacific island countries is the maintenance of a diversity of food systems while seeking to promote higher standards of food safety and facilitate trade. The Pacific's cultural diversity is reflected, among other, in its variety of foods and diets. Local traditions are highly valued by consumers and food is and will remain an important element of identity and diversity in the Region. However, I would submit that common standards could help to facilitate trade, both within the Pacific and with the rest of the world, while safeguarding food quality and safety.

The Codex Alimentarius is the global reference point for all stakeholders including producers, processors, consumers, traders and control agencies. The Codex Alimentarius system presents a unique opportunity for all countries to participate in formulating and harmonizing food standards. The challenge lies in strengthening capacities in the Region that will enable Pacific island countries to become effective contributors to the Codex system.

Given the enormous geographical dispersion and limited resources among Pacific island countries, regional cooperation is an important tool for development. We need to discover and foster ways of cooperation within the Region to create a critical mass of expertise that will make food safer and of better quality.

WHO, SPC and FAO have jointly convened this Pacific Islands Food Safety and Quality Consultation to provide you an opportunity to identify most appropriate ways to improve the safety and quality of the Pacific food supply. It is in this spirit of regional cooperation that I would like to again extend my warmest welcome to you all, and I look forward to a productive and successful Consultation in the five days ahead of us. Thank you very much. Vinaka vakalevu.

***Opening remarks by Ms Wendy Snowdon, Nutrition Education and Training Officer, Lifestyle Health Section, Secretariat of the Pacific Community, Noumea, New Caledonia***

Honourable Ministers, ladies and gentlemen: on behalf of the SPC, I would like to add my welcome to this Consultation. The Secretariat of the Pacific Community is pleased to be a part of this collaborative Consultation with FAO, WHO and representatives of other key agencies and the Pacific island countries.

I would also like to present the apologies of the Director-General of the SPC who is unable to be here this week. She would like me to convey her best wishes for this Consultation, and is keen to hear the results of our recommendations and discussions.

This Consultation provides an opportunity to discuss both food safety and diet quality. While often these issues are kept separate, this Consultation will help to show how the two are related – and also how this relationship can be used to our advantage.

The range of agencies and government departments gathered here clearly shows the priority and work given to food safety and diet quality. By working together within the Region we can all support each other, and hopefully have a greater impact on the health of the Pacific islanders.

The SPC is committed to serving its member countries and to promoting the health of Pacific islanders. And I am sure that this Consultation will provide us with valuable information to guide our future activities. Thank you.

***Opening remarks by Dr Shigeru Omi, Regional Director, WHO Regional Office for the Western Pacific, delivered by Dr Li Shichuo, WHO Representative in the South Pacific***

Honourable Minister of Health, Mr Solomon Naivalu; Honourable Minister of Agriculture, Sugar and Land Resettlement, Mr Jonetani Galuinadi; distinguished guests; ladies and gentlemen:

In the Pacific, food-related diseases (such as obesity, related noncommunicable diseases and diseases resulting from consumption of contaminated food and water) are an increasingly important public health problem. Some of the highest rates of adult obesity in the world, and the associated conditions of diabetes, heart disease and hypertension, are found in the Pacific countries and areas. In addition, news headlines have highlighted the presence in food of microbiological and chemical hazards such as *Salmonella*, *E. coli* and *Campylobacter*, acrylamides, chloropropanols, marine toxins, fungal toxins, environmental pollutants, pesticide residues and veterinary drug residues.

Protecting human health in today's global food market is therefore an important challenge, and one that must be addressed through effective food-safety and quality-control

systems. Pacific island governments need to ask if they are doing enough to protect their populations; and whether Pacific islanders enjoy a level of food safety and quality equivalent to that in other parts of the world. They also need to consider the cost of food-related diseases, including personal suffering, loss of family income, community health care costs, loss of industrial productivity and lost trade and tourism.

The importance that the global community attaches to the public health burden of foodborne diseases was demonstrated when the Fifty-third World Health Assembly in May 2000 adopted a resolution calling upon the World Health Organization (WHO) and its Member States to recognize food safety as an essential public health function. WHO responded with a global strategy for food safety, and in the Western Pacific Region, the 52<sup>nd</sup> Meeting of the Regional Committee endorsed a regional strategy for food safety.

Around the same time, a workshop on obesity-prevention and control strategies in the Pacific, held in Samoa in September 2000, with representatives of 20 Pacific countries, recognized that obesity was a serious problem, affecting people of all ages and all social groups throughout the Pacific. The workshop also noted with concern the huge financial burden it imposes on health systems, as well as on the health and well-being of individuals and their families.

The Samoa workshop issued a call for an urgent, coordinated response to this new epidemic. This was endorsed at the Meeting of Ministers of Health held in Madang, Papua New Guinea in 2001. The call to action urged each country to commit to investing in programmes for obesity prevention and control, based on three fundamental elements:

- (1) creating supportive environments through public health policies that promote the availability and access to a variety of low-fat, high-fibre foods, and that provide safe places and opportunities for physical activity;
- (2) promoting personal awareness and attitudes, beliefs and skills to enable people to modify recently introduced unhealthy eating patterns and lifestyles; and
- (3) strengthening clinical programmes to help obese individuals lose weight and avoid further weight gain.

This Consultation on food safety and quality builds and expands on the Samoa workshop to explore how food laws and regulations and other measures can best be used as a tool to reduce the availability of unhealthy foods and promote the consumption of healthier ones. It also seeks to build a consensus on other common approaches that Pacific island countries and areas can adopt to deal with this problem more effectively.

By the end of this Consultation, I hope you will also have identified practical strategies that will enable countries and areas, international organizations, development banks and bilateral aid agencies to take more coordinated action to enhance food safety in the Pacific and to strengthen networking among countries. In particular, I hope you will pay attention to strengthening laws, regulations and standards in accordance with Codex guidelines; sharing legislative and food-control information; increasing effective enforcement of legislation and participation of Pacific island countries and areas in the work of Codex; building risk-assessment capability in the Region; and identifying strategies for more effective food-safety training and education.

Putting food safety and quality on the political agenda is the first step in reducing food-related illness. However, even with this step in place, many countries lack the technical expertise and financial resources to implement food-safety and quality policies. Greater

intercountry cooperation and coordinated support from donors are needed for capacity-building to protect health and improve food trade, thus promoting sustainable development.

In closing, I would like to make a comment on the linking of food-safety- and obesity-related noncommunicable diseases in this Consultation. If we are to address food safety and quality effectively in the Pacific, where human, technical and financial resources are often very limited, we need to build partnerships. In order to address food safety we need fisheries, agriculture, quarantine, environment, trade, health and education agencies to take effective and coordinated action along the length of the food chain. In order to address obesity and its related diseases more effectively, we need more cooperative action. Fisheries and agriculture need to increase the availability of appropriate foods; quarantine, trade and import-control authorities within health agencies need to control food imports; and education and health agencies and the media need to increase public awareness about diet and its impact on health, and create an environment conducive to physical activity. I am therefore delighted that we have managed to bring together policy-makers, senior environmental health and food-safety regulators, nutritionists and agriculture authorities to share experiences and build upon your own areas of expertise. Close collaboration with FAO and SPC has been very important in bringing this about and will be essential also in the follow-up of this Consultation.

In the five days ahead, you will have an opportunity to present particular aspects of your programmes, to share ideas and knowledge and to develop strategies that can be applied by Pacific island countries and areas through regionally coordinated action to address both food-safety and quality issues, as matters of public health priority. The conclusions and recommendations you arrive at will be presented to the Ministers of Health when they meet in Tonga in March 2003.

I look forward to the outcome of your discussions and to the actions that will follow. I wish you a productive Consultation and a pleasant stay in Fiji.

***Opening remarks by the Honourable Minister of Agriculture, Sugar and Land Resettlement, Mr Jonetani Galunadi, Fiji***

Representatives of WHO, FAO, SPC, colleagues, participants, ladies and gentlemen – first of all I would like to express my gratitude to the WHO for inviting me to this important regional Consultation on food safety and quality, which is going to be held over the next few days.

When our government came to power in September last year, we were committed to insure that food security was accorded the highest priority objective. Feeding and feeding properly the thousands of our people who suffer from hunger and malnutrition requires our immediate attention.

According to FAO, food security exists when people have access to safe and nutritious food at all times. While we must ensure that people have physical as well as economic access to food, we must at all times ensure that the food is of good quality and should be safe.

Several hundreds of our people suffer or die each year from foodborne diseases. Most of this is often not reported. This unacceptable situation calls for prompt and effective remedial action. It is not only a health and an economic problem, but it is also our moral responsibility on our part to ensure that it is effectively addressed.

Food safety concerns all participants in the food chain, from primary producers to consumers, as food can be contaminated by pathogens at any link in the chain. The latest food crises have highlighted the responsibility of farming and farmers in consolidating food safety.



Farmers have a duty to ensure that they adopt safe production and agronomic practices that will not be harmful to the health of consumers.

The most effective and often least expensive actions should therefore aim to prevent contamination at source. My ministry has recognized this is a problem that warrants immediate attention, and thus an effective programme to test pesticides on vegetables has been adopted recently.

Responsibility for food safety must also be shared by everyone and there must be a coordinated approach, with involvement of government, the private sector and NGOs such as consumer groups. Government has a critical role to put in place adequate regulations, appropriate institutions, proven capacities and effective controls.

The work undertaken by Codex, which elaborates food-safety standards, is of great value to both producers and consumers. Compliance with Codex provides the reassurance that foods are being produced according to the codes of hygienic practices and standards to ensure safety, nutritional adequacy and protection of human health.

However, the knowledge and understanding of what Codex is and its roles within government and the private sector is still poor, and there is an urgent need to improve the awareness of Codex among food industries and consumer groups, with a view of adopting Codex food standards for all processed food items.

Finally, with the increasing globalization of trade in food products, health requirements applied by importing countries, particularly more developed countries, must seek to protect consumers from health hazards. However, the potential for applying respective regulations in an inequitable or even discriminatory way amounts to non-tariff barriers, which impede rather than facilitate international food trade.

Food safety is thus clearly the responsibility of all. I therefore urge the donor agencies from more developed countries to provide the less developed countries in the Pacific with all their technical and financial support to improve our capacity to adequately address the problem of food safety and quality in the Region.

Ladies and gentlemen, during the next few days in the course of your discussions, it is envisaged that you will come up with strategies and options for effective control of food safety and quality in Pacific island countries. I am convinced that this forum will produce real progress towards ensuring that everyone has access to safe food. We, as Pacific leaders, will be eagerly awaiting the outcome of this Consultation with a view of implementing the recommendations in partnership with our donors. I therefore wish you every success in your deliberation. I thank you for your kind attention.

***Opening remarks by the Honourable Minister of Health, Mr Solomone Naivalu, Fiji***

WHO Representative of the South Pacific, Representative of WHO from the Regional Office, Manila, representative from the Food and Agriculture Organization of the United Nations, representative of the Secretariat of the Pacific Community, Government representatives from the Pacific island countries, participants, invited guests, ladies and gentlemen:

It is my pleasure to be invited here this morning to deliver a few remarks on behalf of the Government of Fiji. First and foremost, I would like to take this opportunity to extend to all of you our warm greetings and a Bula Vinaka. The weather in Fiji has not been pleasant in the past week and I sincerely hope we will have good weather in the next few days so you can all enjoy what Nadi can offer you.

As you are all aware, there are four objectives of this Consultation, and they all relate to the programme area of food safety. The Ministry of Health believes in the importance of maintaining focus and attention on food safety in view of the increasing incidence of foodborne illnesses and diseases. Globally, experts have also concluded that illness due to contaminated food is perhaps the most widespread health problem and is an important cause of reduced economic productivity.

Infectious diarrhoeal and parasitic diseases still remain common in our Region, and most of these conditions are related to the consumption of contaminated food and water. As health professionals, we must limit, control or eliminate morbidity and mortality related to food and water contamination that could be serious in vulnerable population groups such as young children and infants.

On a related front here, I wish to inform you that there has been an increase in our population in urban centres, with the accompanying pressure on food establishments for foods, particularly of animal origin. Longer food distribution networks and many basic changes in the way in which food is produced, processed, prepared, transported and eaten have been seen and continue to evolve.

Due to inadequate food standards, it is most unfortunate that there is little choice but to accept whatever food products our importers bring into the country. On the contrary and in order to compete with other countries on the global market, the quality of our exported food products has to meet international standard to be marketable.

Fiji's food legislation and much of the laws addressing food safety is very much outdated as compared to those in other countries. The Ministry of Health is committed to improving food safety for Fiji's population and has progressed with a comprehensive programme of revising its food laws, regulations and standards and the incorporation of the guidelines of the Codex Alimentarius Commission (Codex) in the Food Regulations.

The Environmental Health Section of the Ministry of Health has completed the draft Food Safety Bill to be submitted for parliamentary approval soon. The new draft Food Safety Bill would cover foods which are unsafe, unhygienic, adulterated or unfit for consumption; licensing of food establishments; importation and exportation of food; administration and enforcement, and legal proceedings, which include the incorporation of the rules of Codex Alimentarius Commission.

This has been done on the understanding that food legislation provides the foundation for the national food-safety programme and provides the role in directing the food-control efforts of food inspectors. It is imperative that we must improve the situation by setting standards and guidelines, which embrace all facets of the food industry. It must also be noted that the access to nutritionally adequate and safe food is a right of each individual, and, when seen from this perspective, food safety must be given a high priority by the government, industry and the consumers themselves.

Moreover, I would like to inform you that the Ministry of Health has been working with other stakeholders on strengthening the food-inspection, enforcement and training systems in recognition that inspection should involve competent and certified authorities and involves the Ministry of Health, Ministry of Agriculture, Ministry of Fisheries, food processors, local authorities and consumers.

A better approach, and the one that my ministry wishes to encourage, is the consultative approach, where key stakeholders should continue to contribute to improve the situation. Fiji is also paying particular attention to ensuring that high-risk foods such as meat, poultry, fish, eggs and so forth are addressed with a coordinated "farm-to-fork", "production-to-consumption"

approach. It is also looking into ways in which the country's participation in the work of Codex could be strengthened.

I wish to conclude and take this opportunity to thank the World Health Organization, FAO and SPC for funding and staging this workshop for countries represented here today. I would like to thank these organizations for their continuous commitment towards improving the status for health for all the people in the South Pacific.

To facilitators and advisers, we wish you success in the conduct of this workshop. I am confident that you will achieve all the objectives as proposed. To you participants, I wish you well in your deliberations and may you return home with new acquired availability, skill and knowledge on mechanisms of improving food safety in your countries.

## 2. PROCEEDINGS

### 2.1 Guidance on the objectives and conduct of the Consultation

Dr Cavalli-Sforza, WHO Regional Adviser for Nutrition and Food Safety, Western Pacific Region, provided guidance on the objectives and conduct of the Consultation. He noted that the opening addresses pointed to the magnitude of the problems related to food safety and quality in the Pacific. The latter especially concerned obesity and related chronic diseases, such as cardiovascular diseases, diabetes and cancer. He emphasized that each of the opening addresses also highlighted the need for coordinated action to improve food safety and quality in the Pacific. Dr Cavalli-Sforza also discussed the need to apply a production-to-consumption approach involving all key stakeholders at each step in the food chain. Using examples of particular relevance to obesity prevention and control, the WHO Regional Adviser pointed to the need for effective consumer education campaigns on eating a balanced diet. He highlighted the need for consumer information through labelling and warning statements, and the need for responsible food-processing practices. He pointed to the need for appropriate agricultural policies to ensure everyone has access to sufficient food to meet their nutritional demands, while avoiding the production of excessive amounts of certain types of foods, the intake of which should be limited. He illustrated the latter point with an example of a dairy product, butter, which is high in saturated fat, an important determinant of cardiovascular disease. Where there is already "excessive production" of this type of food, agricultural subsidies and pricing policies can be used to discourage its production and consumption.

Dr Cavalli-Sforza also asked the temporary advisers to consider the effect that urbanization and globalization have on food safety, quality, nutrition and related lifestyle concerns. Urbanization places pressure on the safety of food by making the food chain longer and more complex; by placing greater pressure on municipal services; and requiring improvements in water, sanitation and education programmes. Urbanization also contributes to sedentary lifestyles; reduction in physical activities; changes in food consumption patterns; the way food is prepared; and the time that can be spent preparing it. All these aspects related to urbanization have led to diets that are less safe and healthy. This is because of a reliance on pre-prepared or partially prepared foods and through the diffusion of "fast food". Fast food brings high-fat and high-sugar foods into the diet, while also moving away from traditional diets rich in fibre and micronutrients. Regarding globalization, the Regional Adviser reported that while globalization was an important contributor to food security, it had also contributed to the rapid increase in importation of some unhealthy foods in the Pacific, especially in the past 50 years. The international trade in food also potentially exposes populations to hazards introduced in foods during production and processing in the country of origin.

Further linking food safety, quality, nutrition and lifestyles are the limited human resources to address these issues in the Pacific. It is often the same people who make the decisions on public health issues in these areas. It was for these reasons that this Consultation was planned with the participation of decision-makers who have responsibility for both food safety and quality and those who are technically responsible for food-safety and nutrition issues in Pacific countries.

In conclusion, it was noted that in order to meet the objectives laid out for the Consultation, the temporary advisers were to consider Codex, the regional food-safety context and integrated approaches to obesity prevention and control in session one. Strategies for coordinated action on food safety and quality in the Pacific were to be discussed in session two. Food-quality issues linked to the prevention and control of obesity and related chronic diseases were to be addressed in session three. Enhanced international coordination and the work of

Codex were to be considered in session four. Session five would then draw together the conclusions and recommendations.

## 2.2 Pacific islands food safety and quality: issues for consideration

Session one provided the basis for the overall Consultation, with presenters addressing the significance of the Codex Alimentarius Commission and its committees to the Pacific. They addressed the public health significance of food safety and the importance of the Pacific taking immediate and coordinated action to address food safety as an essential public health issue. They also considered the benefits of paying attention to integrated action on obesity prevention and control through diet, physical activity and the environment. The background papers were intended to stimulate debate and decision-making for the subsequent working groups and plenaries.

### *The Codex Alimentarius Commission and its role in the Pacific*

The first presentation – on the Codex Alimentarius Commission and its role in the Pacific – was provided by A. McCarville. The presentation provided a brief review of what Codex was for those present who may not have been entirely familiar with the organization. The speaker outlined why it was important to be involved in the Codex programme. The role of the Regional Coordinating Committee for North America and the South-West Pacific (CCNASWP) was discussed. A few thoughts were shared regarding the potential that CCNASWP could offer to its Pacific island Member States. Mr McCarville finished by listing a number of questions that participants should ask themselves to set the scene for the working groups in session four of the agenda. Here, the focus was to be on increasing the effective participation of Pacific island countries in the work of Codex.

### *Food safety: a public health issue requiring attention, action and coordination in the Pacific*

Mr A. Hazzard, Dr H. Toyofuku and Ms L. Block, in their presentations to the Consultation, highlighted the public health, social and economic significance of foodborne illness and food contamination. They noted the importance of taking coordinated action across the Pacific to protect consumer health more effectively and facilitate trade in safe food. In so doing, they reiterated the importance of the Codex Alimentarius considerations, giving priority attention to the protection of human health and facilitating trade in safe food. Attention was particularly drawn to the need to implement and enforce food-control systems based on the modern concept of risk assessment, as advocated by FAO and the WHO Global and Regional Strategies for Food Safety.

Temporary advisers were asked to consider that, for food-safety programmes to be effective, they should have, as a foundation, a policy that promotes the need to address the safety of food from production to consumption. The presenters also raised for consideration the need to review current policies and plans of action. They pointed to the need to identify how these policies and plans of action could be modified to ensure the safety of food was addressed along the length of the food chain. They highlighted the need to recognize the benefit of integration of any such policies and plans of action with other areas of relevance. These could include nutrition, environmental health, trade and rural development. The presenters advised consideration of the benefits of a coordinated approach to the development of food-safety policy and plans of action for the Pacific.

A second issue for consideration, building on the presentation of Mr McCarville, was the need to have a modern, comprehensive risk-based legislative framework. This should reflect international Codex Alimentarius Commission standards and other international obligations (e.g. World Trade Organization – WTO agreements). Ms Block, of the Pacific Islands Forum

Secretariat, reported on the Forum's survey of food standards. She pointed to the limited development of standards in the Pacific, and highlighted the need to develop such standards to facilitate trade. A third issue raised by the presenters was the limited collection and collation of meaningful data on the incidence of foodborne illness and food contamination, impeding progress towards increasing appreciation of its public health importance, and therefore to initiating risk-management solutions. Further, advisers were asked to consider the benefit in reviewing and networking the training of food-safety regulators; in providing guidance documents on legislation and inspection procedures; and in establishing processes continuously to review and audit the enforcement of food legislation at all levels.

In relation to food-safety training and education, the presenters identified the need to promote aggressively and explain in simple terms the application of Hazard Analysis Critical Control Point (HACCP) to both the general public and food businesses. They pointed to the need to share information on food-safety education and training more effectively for producers, the processing industry, food-service businesses and trade in the Region.

Finally it was stated that developments in the area of food safety and the need to address this increasing public health issue at a global level had led WHO to develop a Global Food Safety Strategy. This focuses on the need to develop sustainable, integrated food-safety systems for reduction of health risks along the entire food chain. In this strategy, technical capacity-building and international cooperation are incorporated in the areas of foodborne disease surveillance, risk assessment, the safety of food derived from new technologies, the public health role in the work of Codex Alimentarius, and risk communication.

#### ***Integrating obesity prevention and control into action on food safety and quality***

G. Egger provided the final presentation for the session. This focused on integrating obesity prevention and control into action on food safety and quality. The presenter explained the control of obesity in terms of the epidemiological triad: host-environment-vector. The hosts were identified as the obese populations, the vector as the instruments that promote obesity (such as labour-saving technologies). The environment was defined as many factors influencing the development of obesity, including policy, legislation, etc. The epidemiological triad model should form the basis of all preventive interventions. It provides the link between food safety, food security and obesity. By examining each corner of the triad (host, vector and environment) and their interactions with each other, it is possible to develop specific actions to deal with these. At the forefront are changes in the environment, and particularly policy, which will drive changes in PICs.

Following the workshop on obesity-prevention and control strategies held in Samoa in 2000, WHO has supported pilot projects for introducing an approach based on these principles in two countries in the Pacific (Tonga and Fiji). Tonga is currently at the forefront of new initiatives to be tried in this area. An analysis of the main determinants of obesity has been conducted with key stakeholders. The local media have been actively promoting programme activities. Training for medical practitioners has been carried out in both countries, making them aware of the obesity problem and more capable of dealing with it. Training programmes have also been run with health promotion staff, health inspectors and antenatal nurses, setting up a knowledge base for further interventions.

It was suggested that this approach could also be applied in other Pacific countries, and that a system for sharing of experiences among countries should be established. There was strong support for such a proposal, although funding has to be found to bring this to fruition.

In integrating obesity prevention and control with food-safety and quality control, Dr Egger highlighted the benefits of sharing experiences and undertaking coordinated action in the development of a regulatory approach, in labelling development and in social mobilization

among food-safety regulators, nutritionists and other key stakeholders committed to obesity control and prevention. The importance of this integrated action is particularly relevant in the Pacific, where those involved in food-safety education and control are also involved in activities associated with the promotion of health through diet, physical activity and the environment.

### ***Discussion of background papers***

The discussion following session one covered a diverse range of topics including (i) the Codex Alimentarius Commission and the status of national Codex committees in the Pacific; (ii) the role of food regulations and standards in protecting consumer health (an example of the possibility of high mercury levels in fish was used to illustrate the point); and (iii) food labelling and the lack of consumer awareness regarding concepts such as fat content of foods and energy density of foods. Also discussed were the need for understanding the reasons behind consumers choosing fatty foods (cost, availability, convenience); and the need for more effective social marketing.

### **2.3 Strategies for coordinated action on food safety and quality in the Pacific**

#### ***Modernizing and harmonizing food legislation and standard setting and increasing effective participation in the work of Codex in Fiji***

W. Delai gave a presentation on modernizing and harmonizing food legislation and standard setting and increasing effective participation in the work of Codex in Fiji. Mr Delai noted the importance of the establishment of the national Codex committee to improve coordination of food-safety control in Fiji. Prior to the introduction of Codex in Fiji, many food-control activities were *ad hoc* processes administered by the Department of Health, municipal health inspectorate and other organizations. Mr Delai then provided background information on how Fiji developed its national Codex committee. He highlighted the importance of intensive support for the national Codex committee from international organizations immediately after its formation. He stressed the importance of industry being made aware of the role of Codex and the clear correlation between risk management and commercial sustainability. For tourism too, food safety is an important health and economic issue and an issue of sustainability. The presenter further noted that the raised profile of Codex throughout Fiji has precipitated action on the Food Safety Bill. This Bill will provide the “teeth” for the implementation of food-hygiene standards. He also pointed to Fiji’s inclusion of a provision for labelling high-fat foods in the draft Bill to enable the public to make an informed choice. He asked the group to consider possible labelling requirements. However, he also noted that there was a need to determine further issues related to the labelling provision before endorsement of the Bill. In this regard, he pointed to variations in composition both within foods themselves and during preparation.

#### ***Harmonizing and networking on food-safety legislation and enforcement in the Pacific***

Mr D. Schulz, FAO Food and Nutrition Officer for the Pacific Sub-Region, and Dr D. Sharp, of the WHO Representative’s Office for the South Pacific, gave presentations on harmonizing and networking on food-safety legislation and enforcement in the Pacific. Building the case for revision and harmonization, Mr Schulz pointed out that while the average age of food-safety legislation in countries of the Region is about 34.5 years, there have been significant increases and changes in food trade in the Region. He emphasized the rationale for common approaches to facilitate trade, with Codex being the benchmark for food trade. He recommended networking as an important strategy for the effective utilization of limited resources. Mr Schulz explained FAO’s role in food safety and highlighted recent initiatives in the Pacific. These included Technical Assistance on Strengthening Codex Structures, Improving Food Hygiene and HACCP, Reinforcing Food Analytical Capabilities, as well as Studies on Food Industries. He went on to present the findings and recommendations of a study



on Current Inspection Procedures applied to Imported Food Items in Fiji. One of the recommendations of the study was to review the food-inspection information system and examine the possibility of setting up an integrated computer database. At this point Mr Schulz handed over to Dr Sharp to provide details of a new Web-based database on legislation, import detentions and rejections.

Dr Sharp emphasized that the world trade in food was becoming an economic factor that could not be ignored, even by small developing nations. However, the quality of imported foods often may not concern the importer, making developing countries, especially those in the Pacific, targets for substandard foods. Where there is no effective control of imported food, opportunities exist for exploitation. To prevent this from happening, laws and standards have to be enacted and enforced, and information relating to enforcement and contamination shared. To facilitate the sharing of information, WHO has initiated (with support from Japan's Ministry of Health, Labour and Welfare) a Web-based food-safety initiative. The first output of this initiative is a Web-based database on legislation and the detention/rejection of imported foods that will reside on a server located at WHO's Regional Office. The database will also allow the automatic production of notices that can be used to inform the importer about a food-safety problem related to a consignment. It will hold information on the production of forms needed to carry out inspections at ports of entry. There will also be information on the production of monthly, quarterly or annual reports summarizing activities related to the detention and rejection of food products. This will include the value of those products that have been rejected at each port of entry.

#### ***Building risk assessment and research capacity in the Pacific***

Drs S. Crerar and B. Aalbersberg gave a talk on building risk-assessment and research capacity in the Pacific. In their presentation they noted that to undertake risk assessments comprehensively, it is necessary to bring together a broad range of expertise and data elements. The latter includes, but is not confined to, information generated through targeted monitoring, nutrition surveys, total-diet surveys, disease-surveillance systems, epidemiological investigations, laboratory science and research. Capacity and knowledge in these areas varies considerably across developing countries and expertise may often be dispersed throughout countries and/or the Region. There is a need to build on strengths across the Region, pool expertise and develop further capacity where appropriate. The presentation then looked generally at how risk-assessment capacity could be strengthened in the Region and then focused specifically on some of the laboratory and research issues. The presenters clarified that risk assessment need not be a resource-intensive activity with high costs. However, it is important for countries to decide why they are performing risk assessments. They should have clear goals and questions before embarking upon the process and make a commitment to including it as a process within a broad policy framework.

The presenters also noted that the Institute of Applied Sciences (IAS) at the University of the South Pacific had been able to establish, over the period 1987-2002, a world-class food nutrient laboratory. They also noted that FAO had recently initiated a programme to improve food analytical capabilities in the Region with a view to improving consumer safety and to increase trade in agricultural products. It is expected that the project will improve the quality-control environment for existing food analysis in the government laboratories in Solomon Islands, Vanuatu, Fiji, Tonga and Samoa. At the same time, the established heavy-metal analysis carried out at IAS will be further developed and accredited and the incipient-pesticide analysis work fully developed. The general approach of the project is to strengthen and improve the quality in each country of established food contaminant analysis, while establishing a regional centre for benchmarking these laboratories and performing the more complex trace-level analyses. Such a regional facility is of significance in developing risk-assessment capacity in the Region.

### ***Food-safety and quality education and training – building capacity in the Pacific***

Mr T. Chamberlain and Ms W. Snowdon, of the SPC, gave a presentation on building capacity in the Pacific on food-safety and quality education and training. Many activities are taking place within the Region. These include training for environmental health officers, health-promotion staff, food handlers, health service staff, restaurant staff, teachers, community groups and schoolchildren. This may involve practical sessions such as gardening or cookery demonstrations. They use resources such as videos, posters, leaflets, quizzes and games to support these activities, along with the media to spread the messages further. Examples provided included cookery programmes for local television incorporating healthy-eating and food-safety information, along with the promotion of local foods in Samoa. They included food-safety and healthy-eating training for street vendors and other food sellers in Vanuatu. They also included the *Tama 'a Tano Noa* ("eat properly") project, focusing on snack bars and food vans in French Polynesia. In the area of seafood safety and quality, Mr Chamberlain identified a broad range of education and training initiatives including a series of resources targeting primary-school children.

In the presentation it was pointed out, however, that education and skills improvements do not automatically result in changes in behaviour. Much work has been taking place around the Region related to education and training in general food safety, healthy eating or healthy lifestyles. However, evaluation of the effectiveness of these activities, in terms of either improved behaviour, improved knowledge, or reduced morbidity or mortality, is lacking. Examples were provided in which some measure of behavioural change had been identified. One example related to Tonga. It was associated with a weight loss programme that included a combination of strategies addressing lifestyle and the environment. The majority of those who completed the programme lost weight, with about one-third of these managing to maintain their weight loss for at least nine months. In Fiji, a project combining environmental and educational approaches in a small town appears to have changed dietary intake patterns. In Guam, delivery of fortnightly education sessions to female high-school students resulted in increased breast-feeding initiation rates (from 65 to 81%) among those girls in later years. Mr Chamberlain also noted the importance of acknowledging the complex interplay of factors that block behaviour change related to the safety and quality of seafood, and the need to structure education and training accordingly. In this connection he noted that (a) local trainers need exhaustive assistance; (b) there is need for direct targeting of primary stakeholders in a more "participatory" approach; and (c) there is a need to recognize that problems are nested in larger issues of food security for urban and rural households, limited infrastructure and uncertain legislative settings.

It was also noted that USP had a significant role to play and that the University had already taken steps to improve seafood safety expertise in government and industry in Pacific island countries. It had done this by registering as a training centre with RIPH,<sup>2</sup> UK and AFDO,<sup>3</sup> USA, and by provision of a national HACCP workshop in collaboration with SPC. It had also participated in a Regional fish inspector's project in collaboration with FAO. Several other activities are planned. Another proposal put forward for consideration was the establishment of a Pacific marine toxin research and information centre.

Ms Snowdon emphasized the need to link ongoing efforts of education and training with evaluation. She stressed that attention should be given to training environmental health officers,

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<sup>2</sup> RIPH = Royal Institute of Public Health

<sup>3</sup> AFDO = Association of Food and Drug Officials

teachers and food handlers. For the education of the public, the benefit of integrating food-safety messages with all healthy-eating activities was also emphasized.

### ***Discussion of background papers***

The discussion that followed considered issues as diverse as bioterrorism; HACCP; Codex Alimentarius; and the Pacific Island Country Trade Agreement. Other issues were the potential conflicts of interest confronted by environmental health officers when enforcing food-safety regulations; and outdated legislation. The need to make available scientific evidence on the connection between fatty foods and poor health was identified. The need for communication between food-analysis laboratories in the Region was discussed, as was public health surveillance in the Pacific. The lack of a uniform approach to food-safety control because food-safety enforcement is undertaken by different government agencies in different countries, was also discussed.

### ***Working group discussions and plenary***

The key purpose of the session two working groups was to provide guidance on strategies that can be pursued in a coordinated manner by Pacific island countries and areas to strengthen food-safety controls and better protect the health of the Pacific island communities. The primary tasks for participants in working groups one to four were, respectively, for each working group, to:

(1) Consider the need for governments to develop national policies, modern risk-based laws and standards addressing food safety and quality; provide guidance on actions needed to develop more effectively such policies, legislation and standards as are appropriate, including the need to coordinate actions better; and to look at how the PICs can more effectively participate in the work of Codex. This latter point was to be discussed in detail by a subsequent working group.

(2) Consider the need for more effective import/export control to address the safety, quality and suitability of food being imported/exported by PICs and provide guidance on how countries may strengthen import/export control. Considerations, it was reported, might include a review of the relative roles and responsibilities of quarantine inspectors, food inspectors and fisheries officers; the capacity for inspection and contaminant monitoring of imported foods; the relevance to the Pacific of the work of the Codex Committee on Food Import and Export Certification and Inspection Systems. They could also include the use of import detention/rejection databases and Web-based networks for information sharing on imports; and the benefits of developing guidance inspection manuals for all inspectors.

(3) Consider the need for and possible approaches to building food-safety risk-assessment and analytical capacity in the Pacific, with a focus on a regional approach. In particular, consideration was to be given to the following: (a) strategies for more effective surveillance of foodborne diseases, contaminants, microbiological hazards and dietary exposure are essential to a national food-safety programme, and (b) there is a need to strengthen both risk-management and risk-communication strategies in food-safety control. Guiding questions covered sentinel surveillance programmes for selected illnesses; and effective collation, assessment and communication of foodborne-disease surveillance data. They covered the need for a review of the analytical capability of health, food and agriculture laboratories in the Pacific. The need for effective planning and execution of science-based dietary and exposure assessment studies within the national programme was also covered. Finally, the establishment of a Pacific islands expert group on food safety was discussed.

(4) Consider the need for and possible approaches to building food-safety education and training capacity in the Pacific, with a focus on a regional approach. In providing guidance it

was noted that there was a need to ensure that the public were aware of food-safety issues and their role in maintaining national food safety. There is also a need for those involved in educating the public and those involved in food control to be fully informed and adequately empowered.

Advisers were given a number of questions to stimulate discussion and considerations in each of the topic areas. The working groups then considered the issues at hand and developed guidance. This was then presented in plenary and discussed further in order to establish the findings, conclusions and recommendations of the Consultation. The contribution of the working groups and plenary discussions is thus captured in these sections of the report.

#### 2.4 Strategies for coordinated action on obesity prevention and food quality in the Pacific

##### *Report on the Consultation on diet, nutrition and prevention of chronic diseases*

Dr C. Nishida presented the report of the joint WHO/FAO Expert Consultation on diet, nutrition and the prevention of chronic diseases (Geneva, 28 January – 1 February 2002). The Expert Consultation was organized to review current international recommendations on diet, nutrition and the prevention of chronic diseases, and to update them by evaluating new scientific evidence and lessons learned from implementing national interventions to reduce the burden of chronic diseases.

Over 60 international experts were involved in the preparation and peer review of the background scientific documents. The Expert Consultation examined issues related to diet, nutrition and chronic diseases in the life course and reviewed the global burden of chronic diseases, the increasing double burden of disease in developing countries, and the implications of food supply on diet and health. In developing population nutrient intake goals for preventing chronic diseases, the Consultation focused on six major chronic diseases: excess weight gain and obesity, diabetes, cardiovascular diseases, cancer, dental diseases and osteoporosis.

The Expert Consultation also provided recommendations on strategic directions in order to achieve good-quality active life, healthy weight, and lifelong health, through effective nutrition and healthy lifestyle promotion in populations. These strategic directions include advocacy, leadership capabilities, partnership and enabling environments. The report of the Consultation is planned to be published as a document in the WHO Technical Series in March 2003.

Dr Nishida then presented the country progress towards developing and implementing national food and nutrition plans and policies. Many countries are in the process of revising and strengthening their national food and nutrition plans, in order to respond to changing public health priorities and address emerging and re-emerging issues. Some of the emerging issues identified by countries include: globalization of the economy, impacts of HIV/AIDS, biotechnology (i.e. production and utilization of genetically modified foods), prions (i.e. BSE), among others.

To support countries in their efforts to revise and strengthen their national food and nutrition plans and policies, WHO has developed training modules on "Developing and implementing intersectoral food and nutrition plans and policies", which start from identifying each sector's role in the food supply chain and using a "four pillar" approach (based on nutrition, food safety, sustainable food supply and healthy lifestyles) to analyze and prioritize national food and nutrition problems. The training modules lead through the operationalization of action plan, improving advocacy skills, developing food and nutrition monitoring and evaluation systems and implementing programmes.

### ***A review of diet, food supply and obesity in the Pacific***

Documented evidence examining the relationships between the food supply, dietary patterns and obesity in Pacific countries was reviewed by Mr R. Hughes. He noted that before European contact, the food behaviour of Pacific people had remained largely unchanged for millennia. The main staples were root crops. Upon European contact, Pacific people were described as strong, muscular and mostly in good health. The diet appeared to be nutritionally adequate. Locally produced foods have now been replaced by foreign imports. Urban families have adopted different cooking methods. There were five factors responsible for increasing obesity identified from the literature. They were: (1) increased urbanization, (2) higher-fat/energy diets, (3) decreased physical activity levels, (4) inappropriate government policy, and (5) new food trade patterns. The most frequently imported foods providing fat were identified as oil, margarine, butter, meat and chicken, tinned meat and tinned fish.

Food supply data show that total food availability, energy and fat have increased in all countries since 1965. The majority of countries have increased availability of meat, vegetable oils, alcohol and milk. The largest single providers of energy for Pacific countries are cereal products (white flour and rice). However, the largest single increase has been the availability of vegetable oils. The review of dietary studies shows that imported fat has been *added to* the food supply. The largest single increase in meat products has been the importation of chicken meat.

Obesity, consumption of imported foods and reduced physical activity seem to be largely an urban phenomenon in the Pacific. Diets that consist of locally produced foods have been shown to prevent and reduce obesity. An important determinant of obesity in the Pacific is that most countries have become dependent on food imports, even though most islands are able to produce a wide variety of food crops.

In summary, Mr Hughes stated that the best options to control rising obesity rates were to achieve better local control over the food supply and food distribution through appropriate food policies, regulations and legislation. Efficient, aggressive and focused marketing, together with better control of the food supply, can increase the market share of local foods and make them the preferred option for consumers. This will make lifestyle changes for urban and sedentary populations more achievable.

### ***An analysis of the appropriateness, acceptability and implications of regulatory approaches to control the flow of fatty foods into the Pacific island countries***

Dr M. Lawrence assessed the appropriateness, acceptability and implications of regulatory approaches to control the flow of fatty foods into Pacific island countries and areas. In so doing, he highlighted the nature and scope of food regulation as a public health policy instrument and identified the three main approaches:

- (1) restrictions on the supply of fatty foods;
- (2) pricing controls on fatty foods; and
- (3) labelling requirements for fatty foods.

Dr Lawrence also noted that there were three WTO agreements of particular relevance to Member States in their food-control programmes and food-related public health measures:

- (1) The Agreement on Agriculture
- (2) The Agreement on Sanitary and Phytosanitary Measures (SPS)
- (3) The Agreement on Technical Barriers to Trade (TBT).

He then focused on the WTO agreements relevant to obesity problems confronting Pacific island countries. These were identified as the Agreement on Agriculture and the Agreement on Technical Barriers to Trade. The main purpose of the Agreement on Agriculture is to outline generally applicable rules regarding trade-related agricultural areas that address country-specific commitments to reduce tariffs and trade-distorting subsidies. The main purpose of the TBT Agreement is to restrict the use of technical regulations and conformance procedures as disguised trade barriers.

The WTO agreements, he noted, provide a framework for the preparation, adoption and application of technical regulations, including key procedural requirements. Dr Lawrence then provided an interpretation of the WTO agreement relevant to each regulatory approach, the requirements that need to be fulfilled, and clues on how these requirements might best be met.

In conclusion, Dr Lawrence discussed how to proceed with advancing the case for food regulatory approaches as integral components of a broad obesity-prevention and control programme. Requirements to support the case for the regulatory approaches include the need to establish a strong scientific evidence base to inform arguments. They also include the need for advocacy strategies, particularly the need for Pacific island countries to include discussions about regulatory approaches in their trade negotiations.

### ***Progress in obesity-prevention and control programmes in Fiji, Samoa and Tonga***

Three case reports were presented by Ms N. Khan, Ms C. Quested, Namulauulu Dr-Nuualofa Tuuau-Potoi, Ms V Halavatau and Dr Viliami Puloka on progress in obesity-prevention and control programmes in Fiji, Samoa and Tonga. The case reports highlighted the need for a coordinated regional approach to control food quality and obesity.

Ms Khan reported on a number of activities undertaken in Fiji. In her presentation she highlighted the need to establish a strong base of information on weight control and obesity among doctors and nurses. Activities undertaken included one-day workshops on obesity and weight-control management as part of the University of Sydney Post Graduate Certificate programme. They included a workshop to determine environmental priorities for intervention. They further included discussions with key staff at the National Health Promotion Unit. They also included the drafting of radio scripts, posters and TV messages; and the establishment of physical activity centres in partnership with businesses and nongovernmental organizations.

Namulauulu Dr M Nuualofa Tuuau-Potoi and Ms Quested reported that noncommunicable diseases (NCDs), in particular diabetes and associated risk factors, were identified priority concerns of the Government of Samoa. Samoa has been and is currently undertaking a number of programmes to prevent and control obesity. Their presentation gave an overview of some of the current programmes. Programmes coordinated by the Department of Health include the development of the National Plan of Action for Nutrition, conducting the STEPS (NCD risk factors) survey, and conducting workshops to train trainers on topics such as healthy diets and physical activity. The Department also runs awareness programmes through print and other media, and produces and distributes printed materials such as posters, pamphlets, calendars and newsletters. Talks on physical activity and healthy diets, cooking demonstrations and exercise classes are routinely given as part of the regular preventive health programme for groups of young people, women, schoolchildren and employees in their workplaces. The Department of Health promotes physical activity in community groups and workplaces, and several groups have now developed their own programmes with the Department's help. In addition, there are community health walks and sporting activities. The Department of Health also promotes home food production through gardening programmes.

Other government departments run programmes that promote healthy lifestyles and help prevent obesity. These include the Ministry of Agriculture, Forests, Fisheries and Meteorology,

which promotes the production of local foods such as root crops, vegetables, fruit, livestock and fish. The Department of Education is currently writing school curricula on health and physical activity. The Department of Education also chairs the Health-Promoting Schools Committee, which has implemented a number of activities to improve food in school canteens. The Ministry of Women's Affairs runs a Healthy Villages programme, which promotes health, gardening and physical activity in villages. It also has a team that teaches food, nutrition and home gardening to village women. The Ministry of Youth, Sports and Culture runs training programmes for young people, incorporating health, nutrition and physical activity. Despite the existence of such efforts, the presenters noted that much remained to be done, especially in improving coordination of the obesity-reduction programmes and related activities.

Ms Vizo Halavatau reported that eight weight loss competitions had been organized and conducted from 1995 to 2002 in Tonga due to public interest in and demand. Assessed in these competitions were: (a) health indicators such as obesity, blood pressure, body fat, and the medical history of the individuals; (b) environmental indicators such as type of house, sanitation, water system and the availability of space for home gardens and rearing of chickens; (c) activity indicators such as walking for health and aerobics sessions. The objectives of the competitions were summarized as developing awareness of healthy weight among people, and promoting healthy dietary practices and habits. Other objectives included encouraging regular exercise in order to achieve better health and fitness, and reducing excess weight and obesity in the adult population.

The initial awareness phase of the project was completed by December 2002 with the airing of six TV and six radio spots using prominent Tongan rugby players talking about the health problems of being too fat, and what could be done about it. This followed 18 months of capacity-building among Tongan doctors, nurses and other health staff. There had also been an environmental analysis with all the major stakeholders, and consultations with relevant government and community personnel. Three training workshops have been held for doctors, with almost all Tongan doctors having completed at least one workshop level to date. Nurses, community health staff and antenatal staff have also had basic skills training to accompany the planned increase in awareness. Health-promotion staff, under the direction of Dr Viliami Poloka, have had social-marketing training. Planned efforts for the coming year include the development of a footpath between the town and the hospital. They also include the running of weight loss classes by a health-promotion consultant trained to run 'Professor Trim's' programmes for men and women, as conducted in Australia. New programmes for new mothers and mothers-to-be are in development.

### *Working group discussions and plenary*

The purpose of the session 3 working groups was to develop a series of complementary strategies that represent a coordinated 'action plan' for obesity prevention and control in the Pacific. The selection of the strategies for each of the working groups was based on the recommendations that emerged from the Samoa 2000 workshop. The primary tasks for participants in working groups one to four were, for each respective working group, to:

- (1) Work up' the risk-assessment approaches integral to the action plan. The expected output from this group was a strategy for applying priorities for a systematic approach in assessing health risk in terms of diet and food quality. The guidance asked the group to consider that the strategy should identify the problems; have specific objectives; identify those at risk, users and decision-makers; identify sources of relevant information; contain suitable indicators; and identify opportunities and threats to success.
- (2) Develop a protocol for regulatory approaches to support national nutrition policies. In order to achieve this, it was suggested that the first activity for the working group would be to review the available evidence regarding the fat composition of foods and sources of



fat in the diet and identify the strategic priorities for developing regulatory approaches. Then key factors such as the nature and scope of the scientific evidence should be taken into consideration. The ability to integrate the regulatory approach within the broader obesity- prevention programme was stressed. The capacity to build the case, to promote it and implement the administrative and technical requirements should be considered. The need to consider the status of a PIC as a WTO member or observer should also be taken into account. After these initial steps, the group was asked to build the case to support such regulatory approach(es) and plan the preparation and implementation of these strategic actions.

- (3) Identify areas in food-quality and nutrition education that require strengthened capacity, and suggest approaches to address the existing gaps. As specific guidance in addressing the first point, participants were asked to describe or analyse the current situation. They were then asked to formulate a vision of where they would like to be in future; identify gaps; and formulate priorities for action based on these.
- (4) Note that obesity is caused by energy imbalance between intake and expenditure, and that both need to be considered separately and together. With this in mind, the group was asked to consider the main vectors (energy imbalance) and agents (food, inactivity) leading to obesity in the Pacific. It was asked to identify aspects of food quality (a) in general, and (b) in specific island groupings. It was asked to brainstorm ideas to deal with this using the host-vector-environment model; and to identify 'upstream' factors relating to inactivity in the Pacific. It was instructed to consider interventions in schools, the health system and the media to correct this using the epidemiological triad model, particularly relating to 'host' and environment. (Vector changes are less likely to be a realistic approach at this level.) The group was then asked to put this information together with information from existing obesity initiatives (particularly Tonga and Fiji) to suggest a unified proposal for the Pacific over the next five years.

Advisers again provided a number of questions to stimulate discussion and considerations in each of the topic areas. The working groups then considered the issues at hand and developed guidance that was then presented in plenary and discussed further. The contribution of the working groups and plenary discussions were finally captured in the findings, conclusions and recommendations of the Consultation.

## 2.5 International coordination and action on food safety and quality in the Pacific

Mr Stewart Jones reported on the work of the Australian Government Analytical Laboratories (AGAL) in the Western Pacific and South-East Asian Regions. He reported that initial action involved training to introduce the principles of risk management and demonstrate how they are applied to food safety. Following this, AGAL worked with the Indonesian Institute for Research and Development of Agro-Based Industry (IRDABI/BBIHP) and the National Agency for Drug and Food Control (NADFC) to establish three food-safety networks for risk assessment (Food Intelligence Network), risk management (Food Control Network) and risk communication (Food Promotion Network). These bodies interact with the National Food Safety Technical Team. The three networks in turn interact as three activity centres, namely Food Watch, Food Stars,<sup>4</sup> and Rapid Response. AGAL has also jointly coordinated a number of laboratory-based projects with the IRDABI/BBIHP and the Research Centre for Chemistry-

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<sup>4</sup> The Food Stars System provides a step-by-step approach to food safety. The Bronze Star award introduces basic food-safety training; the Silver Star award introduces good food-safety practices; and finally the Gold Star award recognizes businesses that have implemented a HACCP-based food-safety programme.

Indonesian Institute of Sciences (RCC-LIPI). This work has continued and extended the work of the Asia Pacific Food Analysis Network (APFAN) and the Indonesian Food Analysis Network (IFAN). Finally, the presenter outlined many exciting opportunities for future interagency cooperation. Included in these were considerations such as the development of an Asian Pacific food-safety alliance that can demonstrate equivalence of food-safety systems within the Region. Development of an Asia-Pacific food-monitoring programme was also considered. Updating of analytical methods, strengthening accreditation programmes, and training of human resources were also discussed.

Ms De Cruz reported on the work of Consumers International (CI). It was noted that the South Pacific Consumer Protection Programme (SPCPP) had undertaken a major consultation and needs analysis in the Pacific in the early 1990s. A major theme running through the discourse was the lack of consumer protection in the Pacific from unsafe and poor-quality goods and services and the activities of unscrupulous traders. The key consumer issues identified included the change from a diet of traditional local food to imported western food, resulting in health problems such as diabetes, obesity, heart disease and alcohol abuse. Another issue identified was the movement of populations from outer islands and rural villages to urban centres and Pacific Rim cities, creating urban overcrowding. The dumping of poor-quality foodstuffs, pharmaceuticals and consumer products that endanger the health and safety of the people was also highlighted. Hence, CI's initial priorities in the Pacific included establishment of consumer legislation appropriate to the people of the Pacific; and the establishment and development of consumer organizations in the Pacific Region. They included the development and implementation of consumer education programmes for communities, schools, government workers, people's groups and traders in the Pacific islands. They also included extending a consumer information service to all island nations in the Pacific.

In order to raise community awareness about consumers' concerns and also to develop programmes to educate and protect consumers, a series of national education programmes, training workshops and consultations was organized. Regional activities were also conducted to give consumers' leaders opportunities to meet and discuss issues of common interest, and to coordinate training and consumer education activities and programmes in the Region. In addition, consumer education resource materials were produced for use in various community-based education activities. Considerable progress was made. Most Pacific island nations have now drafted and enacted consumer protection laws and regulations. Also, consumer protection agencies have been established in American Samoa, Cook Islands, Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands and Tonga. Community-based consumer education programmes have been run in 15 Pacific nations with over 600 people trained. In ongoing and future actions, the Food Security and Safety Programme of the Regional Office for Asia and the Pacific (ROAP) provides a set of integrated activities. These are aimed at involving consumers at national and regional levels to improve and influence access to, quality of, and information on food. The programme also focuses on the Codex Alimentarius, and aims to increase consumer participation in the setting of international food standards.

Food Standards Australia New Zealand (FSANZ) is a government body that develops and sets food standards for Australia and New Zealand. Dr Crerar of FSANZ outlined activities through which FSANZ has played a role in building capacity within the Asia-Pacific Region. FSANZ, through a number of its programmes, has contributed to satisfying Australia's WTO obligation of providing technical assistance to developing countries in food standards-related areas. It has provided strategic advice in developing food standards, supporting legislation and recall protocols. It has also conducted training in areas that promote the production and availability of safe food, including risk-assessment training in the Western Pacific.

Mr McCarville reported that Health Canada had participated in several activities targeted at capacity-building in relation to food-safety assessment of genetically modified plants. These included producing a training manual based on the Food Directorate's *Guidelines for the safety*

*assessment of novel foods.* The manual uses actual data submitted by industry to allow for hands-on experience in assessment. The training has been provided to Thailand, Hong Kong, China and other countries and areas in the Western Pacific. It was presented jointly with ILSI, ASEAN and FSANZ in Malaysia and Singapore. Health Canada is also supportive of building food-safety partnerships and enhancing countries' participation in the work of Codex.

Ms L. Block of the Pacific Islands Forum Secretariat reported that the Pacific Island Country Trade Agreement (PICTA) provided for the freeing of trade between the 14 Forum Island Countries (FICs). The Pacific Agreement on Closer Economic Relations (PACER) is an umbrella economic partnership agreement among all Forum members, including Australia and New Zealand. PACER provides a specific mandate for the Pacific Islands Forum Secretariat (PIFS) to develop a Regional Trade Facilitation Programme (RTFP) for its members.<sup>5</sup> It was noted that collaboration with other technical agencies was a vital aspect of RTFP development. Work on food standards, it was stressed, was essential to ensure a coordinated approach to this vastly challenging area.

### ***Working group discussions and plenary***

The guidelines to the working group on strengthening collaboration among relevant stakeholders with international organizations, development banks and others asked the group to consider an initial approach of a collaborative country needs assessment and capacity analysis in conjunction with the national governments. Also highlighted was how each of the agencies/ stakeholders can play a complementary role in supporting development in the short and medium terms. The key tasks put forth included an identification of the current situation; the ideal situation; and how stakeholders can collaborate more effectively with PICs.

Through discussions, the working group identified a broad range of stakeholders and partner organizations. It was however noted that there were a number of barriers to effective collaboration. These included: (a) for international organizations – collaboration has been limited in its effectiveness by working with and through Ministries of Health for WHO, and through Foreign Affairs Departments for SPC; coordination at regional level has not been optimal; and partner-specific requirements are often restrictive and hard to overcome; (b) for national authorities, coordination in the country needs to be improved for joint approaches to seek funding; and there is often limited knowledge regarding how and when to apply for assistance. The group's conclusions and recommendations are captured later in the report of the meeting.

### **2.6 Increasing the effective participation of Pacific island countries in the work of Codex**

As the Consultation's technical programme had been initiated with a presentation by A. McCarville on the Codex Alimentarius Commission and its role in the Pacific, no further technical presentation was provided prior to group work on this topic.

### ***Working group discussions and plenary***

The guidance provided to the group addressing this topic was quite detailed. The key purpose of the group was to develop strategies that can be pursued by Pacific island country governments to enhance their participation in the work of Codex. In so doing, the group was advised that it needed first to identify obstacles hindering more active participation of the Pacific island countries in Codex. It was then asked to develop strategies to address these impediments. Emphasis was also placed on the importance not only of attending Codex

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<sup>5</sup> Article 9 and Annex 1.

meetings, but also of being able to prepare government positions in response to issues being addressed. In the guidance, it was reported that participation in a Codex session involved three distinct phases (see Box 1).

**Box 1: Preparation phases for participation in a Codex session**

(a) Preparatory phase

- Receipt and review of Codex working documents.
- Distribution of documents nationally and solicitation of input from stakeholders.
- Review previous positions, reports of previous sessions, etc.
- Preparation of country positions (not a core function of the Codex Contact Point).
- Management endorsement of country position.

(b) Presentation, promotion, defence of country position.

- Submit written comments.
- Review comments from other countries (this helps to identify potential allies).
- Network - develop allies before, during and after Sessions.
- At Session, intervene and state positions - refer to written comments.

(c) Follow-up - Post Meeting

- Review report, identify issues of significance - outcomes?
- Start preparing for next session - i.e. the cycle starts again.

Advisers were asked a number of questions, including the current level of participation of the Pacific island countries in the work of Codex. They were asked whether the level was adequate to achieve the goals and objectives of the Pacific islands' food-safety and nutrition programmes. They were asked what Codex committees were of most significance to Pacific island countries. They were asked about the level of understanding by politicians and senior level managers of the significance of Codex. They were asked what constraints existed to Pacific island countries' participation in Codex. They were asked whether Pacific island countries were receiving Codex working documents, and whether these were being circulated to stakeholders from the Codex Contact Point. Finally, they were asked whether there were ways for Pacific island countries to work cooperatively on Codex issues. Findings, conclusions and recommendations are captured in sections three and four of the report.

### 3. FINDINGS

#### 3.1 The current status of food-safety and food-control programmes in the Pacific

The Consultation noted with concern the current situation regarding the state of food-control programmes and capacity in the Pacific. In relation to each of the following key elements of national food-control programmes, the Consultation noted the following situation and gaps.

### ***Food-safety policies and administration***

- All countries address food safety in one policy or another, including health policies, national nutrition policies and plans of action, or agricultural policies or trade. However, there is no coordination ensuring that the entire food chain is addressed and protected.
- Health aspects of food safety may not be a priority (food safety can be driven by trade and commercial interests).
- In many countries, government departments fail to communicate effectively to other departments their policies and actions. On occasions this may lead to duplication of action, and sometimes no action is taken as far as food safety is concerned.
- In most countries, a lack of political commitment compounds the problem and there is a lack of emphasis on food safety within the core ministries. This is both a result of the poor commitment, and contributes to the lack of commitment.
- In some cases the money may be available initially, but is diverted to other areas.
- Infrastructure may be weak and unable to support food-control programmes without additional resources.
- There is a lack of monitoring and evaluation of the effectiveness of key elements in national food-safety programmes.
- There may be a lack of expertise in achieving recognition of and commitment to food safety as a significant public health issue.

### ***Legislation, including legislation related to import/export control***

In relation to food legislation (including acts or laws; regulations; and standards) the Consultation expressed concern that:

- There is great variation between PICs in relation to the current status of their legislation. However, most legislation, including that addressing food import/export control, is in need of updating.
- Often there is either overlapping legislation with conflicts, or legislation is incomplete, and gaps in the protection of food safety occur. (An example of duplication was illustrated by one PIC where legislation requires imported meat to be inspected by both health and agriculture departments.)
- Fishery export standards are often modern, complying with high standards such as the Codex standards or importing country standards, while the standards for domestic production and imported products may be lower.
- Many countries have different standards, which can cause trade problems, e.g. 'dumping'<sup>6</sup> of foods.

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<sup>6</sup> Dumping is the action of exporting food of inferior quality and safety to countries with weak or less restrictive food-control systems.

- Assistance on import/export control from bilateral/regional/international organizations is frequently not coordinated.
- In several cases legislation fails to provide adequate powers of enforcement.
- There is insufficient information on the procedures to follow regarding the enforcement of legislation.

#### ***Enforcement of legislation***

- In enforcement there is a lack of coordination between key organizations and agencies responsible for domestically produced food and for inspection services at ports of entry.
- There is a lack of enforcement of existing legislation.
- Due to limited analytical capabilities and the cost of analyses, import controls largely rely on visual assessments.
- There is a lack of standardized import inspection guidelines in many countries.
- There is a lack of financial allocation for effective enforcement of food-safety legislation.

#### ***Codex Alimentarius***

- Some countries are not Codex members (see Box 2 for those that are currently members).
- Some countries do not have national Codex committees.
- While some national Codex committees are active, several are inactive.
- Codex contact points in some countries are inactive or ineffective. They may be overworked due to Codex work on top of normal duties. There is a need for delegation of Codex work.
- There is insufficient coordination and communication among stakeholders.
- There is ignorance/lack of awareness of what Codex is.
- There is political instability and a lack of political commitment.
- Inappropriate legislation inhibits the functioning of National Codex Committees (NCC).
- There is a relative lack of technical expertise and financial resources.
- There is a lack of coordination and communication among Codex stakeholders.

### **Box 2: Current Pacific island member governments of Codex**

Eleven Pacific island countries (including Australia and New Zealand) are members of the Codex Alimentarius Commission:

- Australia;
- Cook Islands: NCC est. 1999; no action since then; CCP within agriculture;
- Federated States of Micronesia;
- Fiji: NCC est. 1999; last meeting 2000; CCP within agriculture;
- Kiribati;
- New Zealand
- Papua New Guinea: NCC est. 2001, relatively inactive, CCP within agriculture;
- Samoa: NCC est. 2000, relatively inactive; CCP within health; effective July 2003 Samoa will be the Regional Coordinator for CCNASWP
- Solomon Islands
- Tonga: NCC est. 1999, Cabinet endorsed, little activity, CCP within agriculture
- Vanuatu: NCC est. 2000, regularly active, CCP within agriculture

NCC = National Codex Committee; CCP = Codex Contact Point

#### ***Information gathering***

- Advisers at the Consultation reported that all PICs undertake disease surveillance, outbreak investigation and some monitoring of contaminants in food. However, data are not collated and used effectively, risk assessment is not carried out as defined by WHO/FAO, and management decisions are not routinely based on risk assessment.
- The Pacific Public Health Surveillance Network (PPHSN) provides a basic mechanism for early alert on communicable diseases (including diarrhoeal diseases). The network is mainly used by public health authorities, but is little used by food-safety personnel, as it has limited capacity to provide essential information in many instances.
- Countries have insufficient ongoing monitoring of microbiological and chemical hazards in the food supply, and there is insufficient sharing of food contamination information between countries.
- Data that are generated may often be incomplete, inadequately interpreted and underutilized.
- There is insufficient integration of foodborne disease, contamination and food consumption data to establish the real risk posed by a hazard.
- PICs have limited analytical capacity, and relatively basic and small laboratories are doing work in isolation and without effective coordination.
- Analyses for food-control purposes are perceived as expensive.

#### ***Training and education***



The Consultation identified the following problems:

- There are insufficient regionally developed training and information, education and communication (IEC) materials on food safety available in the Pacific Region.
- There is a lack of coordinated training, both at national and regional levels.
- There are many untrained/uncertified staff working in the food industry in the Pacific, including food inspectors and food handlers.
- There is limited recognition of the importance of having trained staff.
- There is generally little legislation or policy that requires food industry staff and health inspectors to have been formally trained/certified or to receive ongoing training to maintain this certification (i.e. revalidation).
- Current training often does not result in follow-up activities, including evaluation activities.
- There is an underutilization of community educators (nurses, nutritionists, teachers, youth leaders, agriculturists, media personnel, etc.).
- There is very limited awareness of the importance of food safety among the community and policy-makers.
- Mass media are underutilized in food-safety education and awareness raising.

### 3.2 The current status of obesity and its prevention and control in the Pacific

In relation to obesity and its associated chronic diseases, data are available to demonstrate that body-mass indexes (BMIs) are high and increasing in the Pacific, as is the prevalence of noncommunicable diseases. Data are also available on imports, food production and morbidity and mortality. However, gaps in data are widespread. There are few national food-composition data, either for energy or food components. Food-import data may be available, but are not properly collected and collated for easy access. Data on physical activity are also lacking, as are data on factors determining food choices. Furthermore, there is a lack of knowledge on the availability of existing data. In relation to skills and resource needs, there is a lack of skills in social marketing; a lack of management, leadership and communication skills. Some country health departments have adopted performance-based criteria that include acknowledgement of various qualifications and/or attendance at a number of courses/seminars each year for rewards in salary and/or position, similar to those of developed countries. This would include qualifications and skills in social marketing specific to obesity prevention and management. However, for various reasons, some health departments have not applied or honoured the criteria with rewards to staff. As a consequence of this and due to an already existing heavy workload, many staff see no real incentive in gaining these extra skills. There is also a lack of financial resources to obtain the necessary data. Furthermore, there is a limited coordination among sectors that can play a role in obesity prevention. Responsibilities are unclear and there is insufficient sharing of experiences.

In relation to environmental factors contributing to obesity, there is a plethora of high-fat and low-fibre foods and increased availability of 'junk' foods. Aggressive dogs and limited footpaths or walking tracks discourage people from undertaking physical activity. There are limited controls over food imports, and some local foods considered to be healthier are said to be more expensive than less healthy imported foods. Behavioural factors also contribute to

obesity in that feasting is a tradition, e.g. on Sundays and in connection with religious services. Overeating on a daily basis is common, and there is a perception that hunting and gathering is only for the poor. There is a desire for convenience in food choices and the younger generation prefers western foods and diets. Changing family lifestyles and food advertisements negatively affect food choices.

There are insufficient programmes to encourage a change in attitude regarding body size. Nor are there adequate programmes to raise awareness of obesity, portion size and the benefits of exercise. Nutrition and physical activity are not adequately addressed in curricula in many Pacific island countries. There is also a general lack of community education regarding exercise and physical activity, and a need for more effective public-awareness programmes.

Most countries have national food and nutrition policies. However, some lack both the political commitment and human resources to implement these policies. Only one country has legislation drawn up to enforce nutrition standards on food imports. Other countries have legislation in place (e.g. PNG legislation on iodized salt and bottle-feeding) but do not enforce it. There are limited controls over food imports, and local foods are said to be expensive. There is also a lack of monitoring and evaluation of the effectiveness of key elements in national NCD programmes.

Training in health, nutrition and NCD control is available in Pacific countries and within the Region. In-service training, through workshops conducted by international and regional organizations such as WHO, SPC and FAO, are the most common.

Issues identified were as follows:

- People working for government are required to be multi-skilled (wear several hats) and cannot dedicate the appropriate amount of time to obesity control.
- Obesity is one of many health priorities facing Pacific governments (insufficient priority).
- There is a lack of skills in social marketing.
- There is a lack of management, leadership and communication skills.
- There is a lack of people skills (performance-based criteria for public service are not applied).
- There is a lack of financial resources to obtain the necessary data.

### 3.3 Strategic options for enhancing food safety and quality in the Pacific

In general, all the strategies put forward for consideration note the importance of political commitment and the need to obtain the necessary financial and human resources successfully to implement the strategies and sustain progress.

#### ***Building information-gathering and risk-assessment capacity***

(1) Pacific island countries should develop risk-assessment capacity in relation to obesity prevention and control.

- Governments, in collaboration with organizations such as WHO and SPC (as defined within the mandates of each organization) should determine the minimum data needed to assess risk for obesity and related chronic diseases as soon as possible.

- Governments, in collaboration with organizations such as FAO, WHO and USP (as defined within the mandates of each organization) and other resource laboratories from Australia and New Zealand, should undertake total-diet studies. These should include (where needed) food-intake studies and food-choice studies. These studies could be carried out by regionally coordinated national surveys and could consider covering physical activity questions.
- Governments, in collaboration with organizations such as WHO, FAO and SPC (as defined within the mandates of each organization) should, through analysis of epidemiological studies, consider appropriate validated standards for BMI waist (and other relevant indicators) for different Pacific people and for different ethnic groups and ages e.g. schoolchildren. These actions should start now and finish in two years.
- Nongovernmental organizations, SPC and WHO should develop and test culturally appropriate survey instruments for measuring physical activity. Development and testing should be undertaken in workshops and field-testing activities. A regional model could be established and adapted nationally, e.g. lessons learnt from workshops and from STEPS projects.
- Training in risk assessment needs to be undertaken by a proposed regional expert group on food safety and quality in conjunction with WHO/FAO/SPC, etc. This should also result in the development of simple guides and check-lists for undertaking risk assessments.

(2) PICs should develop a regional risk-assessment framework in relation to food safety, and develop strategies for appropriate data generation and collection. These actions should be coordinated among different agencies. They need to:

- develop a regional risk-assessment framework in which roles and responsibilities are defined;
- encourage mentoring (e.g. expertise and experience interchange) from countries with greater experience in risk assessment, in order to develop and strengthen technical expertise in the Pacific;
- undertake targeted food and contaminant monitoring programmes at a regional level through provision of appropriate resources and continued capacity-building;
- strengthen existing Websites to allow effective sharing of food-safety information, for example, contaminant data; and
- develop partnerships with the Centers for Disease Control (CDC), WHO, FAO, SPC and other relevant partner agencies to enhance surveillance and epidemiological capacity.

(3) PICs should identify and facilitate access to appropriate laboratories.

(4) They should strengthen the capacity of regional reference laboratories to undertake more complex analyses.

(5) PICs should conduct food-consumption surveys and total-diet studies to assess national levels of food-safety risk.

- (6) They should strengthen existing laboratory and alert networks, for example, LABNET, PACNET and EPINET.
- (7) PICs should establish a regional expert group on food safety.
- (8) They should consider broadening the functions of PPHSN to cover food safety.
- (9) PICs should improve data utilization by gathering existing data (on foodborne diseases, food contaminants, food consumption data), analyzing data collated, and using it in risk assessment where appropriate.
- (10) They should consider separating public health laboratory functions from clinical laboratory functions.
- (11) PICs should provide technical assistance to national public health laboratories to undertake reliable, routine microbiological and chemical testing.
- (12) They should carry out risk management and risk communication.

There is a need to build capacity so that risk management and risk communication are commonly based on the outputs obtained through risk assessment.

Additional training is required on social marketing and information, and guidance on gathering, analyzing and communicating food, nutrition and physical activity data.

***Building the capacity of Pacific island countries to participate more effectively in the work of Codex***

- (1) The Codex Contact Point and the National Codex Committee should take the lead, in collaboration with WHO, FAO, PIF and other key partners, to increase understanding of what Codex is and how it works. This should be for the benefit of all stakeholders (e.g. politicians, industry, consumers and government officials). They should develop and present workshops on Codex that are geared to the needs of specific stakeholder groups. They should place Codex on the agenda of relevant high-level consultation meetings at national and/or regional levels for the key ministries concerned. It was proposed that such an action should either be immediate or in the short term, depending on the national position and circumstances.
- (2) National governments should identify and prioritize those Codex subsidiary bodies (e.g. CCFH, CCGP, CCFAC, CCFICS, CCFPP) which are most significant to them. They should also identify priority industries of national importance, e.g. fishery and seafood for PNG, and meat for Vanuatu. The countries would first need to review the terms of reference of each of the various Codex committees to identify those committees relevant to them. Codex, in collaboration with its parent bodies, WHO and FAO, should consider preparing a document explaining, in simple language, essential information relating to these committees. This should include their terms of reference and current issues under their consideration. Codex and international organizations should undertake to draft the guidance document in as timely a manner as possible. Countries should make the determinations either immediately based on information available already from Codex; soon after receiving the guidance document described here; or as soon as possible in a time-frame appropriate for the country concerned.
- (3) National governments and WHO/FAO should strengthen Codex Contact Points for Codex Member States and provide clear terms of reference based on the core functions of the Codex Contact Point, as identified in the Codex procedural manual. Without the allocation of sufficient government resources, especially human resources, the contact point will not be

able to operate effectively. In addition, governments should ensure that contact points have appropriate training. One mechanism to achieve this might be to conduct annual meetings of Codex Contact Points in the Region and to conduct regular national Codex Committee meetings. These meetings should be used to create strategies to put forward to relevant Codex meetings, including written comments. It was proposed that such an action should be immediate or in the short term, depending on the national position and circumstances.

(4) The national government should strengthen and establish, where appropriate, national Codex committees (NCC) with support from WHO/FAO and others where needed. For these committees there is a need to develop clear terms of reference and committee composition with regular NCC meetings. The committees should develop a national plan of action for food safety and all Codex work, including work of relevance to nutrition. In some countries, the committee should coordinate with already existing bodies that have responsibility for addressing food safety from production to consumption. These actions should be ongoing for existing national Codex committees. Where no committee currently exists, action should be taken depending on the national position and circumstances.

(5) Policy, legislation and standards will be strengthened by national governments placing priority on local capacity-building. Training is needed to participate effectively in the deliberation of Codex meetings that have been identified as significant, to hold annual meetings of Codex Contact Points, and review legislation/standards/policies.

(6) Countries should identify gaps in data, and prioritize data collection. They should develop a system by which country-specific data and information are gathered in response to national priorities, and can be used by those countries to participate effectively in Codex activities. These actions should be ongoing for existing national Codex committees. Where no committee currently exists, action should be taken depending on the national position and circumstances.

(7) The national government and WHO/FAO should enhance the capacity of national Codex Committee members, food-safety regulators, nutritionists, academia, food industries, consumer representatives and other key stakeholders to prepare useful information for Codex. This could be achieved through training activities and mentoring from other Member States (e.g. Australia, New Zealand, Canada). It could also be achieved by co-authoring papers with other Member States for Codex sessions.

***Approaches to food-safety policy and legislation to ensure the safety of food is addressed along the length of the food chain***

(1) All PICs should establish policies and legislation (laws, regulations, standards) addressing food safety from production to consumption. To establish such policies and legislation there is a need for:

- (a) information and research into food-consumption patterns along the food chain;
- (b) each relevant organization/ministry to have an individual as a dedicated focal point for food safety to drive development of the policies and legislation; and
- (c) additional long-term support to get the legislation and standards in place; in this respect, governments should look for additional resources from within their national budgets and from extra-budgetary sources such as the Codex Trust Fund and PIF, drawing on regional organizations such as FAO and WHO (as defined within the mandates of each organization).

(2) PICs should establish and/or strengthen national coordinating bodies on food safety and quality. If there is an existing national Codex committee, efforts should be made to strengthen it.

(3) PICs should strengthen information sharing on food-safety legislation through existing mechanisms, such as use of the Internet (databases and e-mail networks) and the Pacific network (PACNET).

(4) Advocacy and marketing strategies need to be developed to address food policies, laws, standards and food safety and quality. Ministries responsible for consumer affairs and consumer organizations could play a leading role in this area.

***Regulatory approaches<sup>7</sup> that can contribute to preventing and controlling obesity***

(1) Invite WHO, FAO and WTO to conduct a joint ministerial Consultation (involving health, trade, agriculture, fisheries, finance, state and foreign affairs) within PICs to facilitate understanding of the health-related opportunities and challenges associated with international trade agreements (including WTO agreements, PICTA and PACER).

(2) WHO, FAO and WTO should encourage the Pacific Island Forum to include PIC ministers of health and agriculture in discussions at forum meetings that give rise to health-related outcomes.

(3) PICs can consider using opportunities available within the WTO agreements to implement regulatory approaches to support their National Plans of Action on Nutrition, NCD-prevention and obesity-prevention programmes, such as:

(i) Under the Agreement on Agriculture:

- that those PICs that are WTO members identify what commitments to tariff reduction and domestic subsidies (if any) were made when acceding to the WTO agreement, so as to use this knowledge to maximize the opportunity to achieve their National Plans of Action on Nutrition, NCD-prevention and obesity-prevention programmes;
- that those PICs that are not WTO members, when negotiating to become so,
  - (a) have regard to non-trade concerns, including food security, and use the 'special and differential treatment' provisions for developing countries that are recognized as an integral element of the negotiations available under the Agreement;
  - (b) give consideration to increasing targeted domestic subsidies to promote food security in accordance with their National Plans of Action on Nutrition, NCD-prevention and obesity-prevention programmes;
  - (c) address food security concerns in all negotiations associated with the Agreement, including adequate and timely consultation with all relevant stakeholders.

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<sup>7</sup> An introductory guide to developing regulatory approaches for obesity control is being prepared as a separate WHO publication.

(ii) Under the Agreement on Technical Barriers to Trade and having regard to the recognition that “no country should be prevented from taking measures necessary to ensure ... the protection of human ... health” available under the Agreement, that PICs:

- having considered the strengths and weaknesses of the different regulatory approaches in the circumstances of their country, countries are asked to select the regulatory approach(es) most appropriate to their National Plans of Action on Nutrition, NCD-prevention and obesity-prevention programmes;
- strengthen national capacity for risk assessment, management and communications in order to build the case for the selected regulatory approach(es) by training and education in trade agreements and related health issues, and by identifying required evidence and ensuring its collection, analysis and interpretation;
- promote the case that may be built for particular regulatory approach/es in relevant international forums (including WTO secretariat, the WHO and FAO Regional Coordinating Committee for North America and the South-West Pacific, and the WHO Global Strategy on Diet, Physical Activity and Health).

*Enforcement of regulatory approaches addressing import/export in the Pacific*

(1) PICs can increase the effectiveness of food import and export control through a number of key strategic actions:

- placing a greater emphasis on “on-the-job/results-oriented” training and “training of trainers”, focusing on real needs in terms of food-import control;
- requiring certification of food, quarantine and fisheries inspectors of the appropriate certification body;
- formulating, disseminating and providing training on uniform guidelines for inspection activities;
- coordination with importers to ensure continuous import of safe and nutritious food through communication, inspection and education of importers;
- clarifying the role of national and regional laboratories in the analysis of imported food items;
- raising awareness of technical assistance services available to PICs (e.g. expand FAO Food Analytical Project to all PICs);
- increasing collaboration and coordination among regional/international agencies on technical assistance for food import/export control (e.g. through joint consultations and capacity-building initiatives); and
- improving data collection and record keeping with regard to import/export statistics and enforcement activities.

(2) PICs can increase the sharing of information on food import and export control among countries and territories by:

- expanding participation in the existing WHO food-safety initiative Web-based database to include all the PICs;
- creating a food-safety expert group for the Pacific to provide advisory services (advisers on legal, analytical, nutrition, inspection, public relations, trade compliance) supported by stakeholder agencies;
- considering the expansion of a list server such as PACNET for food-safety issues, including import/export control;
- adopting existing best practices on food import/export being utilized in other countries in the Region; and
- including private sector (importers/exporters) in driving, building and maintaining analytical capabilities and training.

*Training and education strategies to enhance food safety and quality*

- (1) Conduct a needs assessment for regional and national training requirements.
- (2) Establish a well coordinated training programme for all levels of food industry personnel, and in parallel, enact legislation to require relevant certification for all food industry workers.
- (3) Develop mechanisms for community educators to learn about food safety and nutrition and disseminate information to communities.
- (4) Develop (identify gaps in) relevant food safety and quality IEC materials and disseminate throughout the Region.
- (5) Advocate and lobby for food safety and quality with policy-makers, national, regional and international organizations.
- (6) Ensure accessibility to media, e.g. government ensuring availability of free or low-cost media slots for food safety and quality.
- (7) Establish monitoring and evaluation systems.
- (8) Conduct research on food-safety issues to generate data to justify interventions and also to target training activities appropriately.
- (9) Establish regional training standards for government and commercial food industries.
- (10) Incorporate food safety/nutrition/lifestyle and other relevant areas into national primary and secondary school curricula (or revise curricula, where relevant).
- (11) Establish regional or other food-safety training programmes for:
  - (a) people working at all levels in the food industry;
  - (b) people working with communities; and provide support for community education programmes on food safety (management, financial, policy, resources, etc.).



(12) Identify a focal point to network and establish a working group of relevant stakeholders to:

- promote physical activities at all levels (government offices, schools and elsewhere); and
- promote traditional food for local consumption.

To achieve this, a brief seminar/workshop on national strategies with all relevant stakeholders should be conducted and a programme developed. The programme should be aimed at getting ministries and government departments committed and obtaining a focal point for all programmes. It should aim at establishing a supporting working group, with broad use of the media. A needs assessment should be carried out before training commences. Coordinated training programmes should be developed using skilled and trained educators and relevant IEC materials. Supporting structures should be in place, and the programme should be integrated into a relevant national strategy. It should have an identifying and supporting role model. The necessary funding will need to be identified from a variety of sources, including local and regional partners and departments. This should be done as soon as possible and within 12 months of the funding being required.

(13) Heads of key ministries, nongovernmental organizations and other key stakeholders should be approached and requested to increase the number of educators in nutrition, food safety, healthy lifestyle and other areas of relevance. This should be done as soon as possible.

(14) Focal points and working groups of relevant stakeholders (key ministries and nongovernmental organizations) should conduct national and regional meetings with regional focal points to share information on successful strategies and projects.

N.B. The Consultation reinforced that training and education should only be delivered if the necessary support is in place to allow for implementation and follow-up activities to take place.

***Using an integrated approach to improving diets and increasing physical activity***

- (1) Experiences and information should be shared by countries implementing a pilot project addressing environment, vector and host to prevent and control obesity in order to disseminate lessons learnt by those countries.
- (2) To facilitate the sharing of information and provide sustainability for country coordination, it is suggested that each of the participating countries should identify a national coordinator. This individual will form a secretariat for the pilot project, which will be hosted by each participating country on a rotating basis.
- (3) To facilitate the effective implementation of the project, this should be a part of ongoing related national programmes, such as implementation of the National Plan of Action for Nutrition, Healthy Islands initiative, or national NCD programmes.
- (4) Those Pacific island countries that are interested in participating in the proposed pilot project are encouraged to review the proposal and its relevance for the project.

3.4 Actions that can be taken by international organizations, development banks, key aid agencies and other interested parties to coordinate food-safety and quality efforts better throughout the Pacific

*Actions for regional consideration*

Partner agencies, in conjunction with government organizations, should be approached to assist in developing strategies to facilitate countries obtaining technical and financial support for capacity-building in relation to food safety and quality. The strategies should then be considered by governments, and used where appropriate to the national situation identified. In this regard, international and regional organizations should increase the availability of and accessibility to these guidelines. Training/support for people involved in completing grant applications should be provided by the agencies involved in providing such funds to the Pacific.

- (1) To coordinate assistance by regional and international organizations more effectively, there is a need to (a) undertake an initial stocktaking exercise of food-safety activities of PICs (FAO in collaboration with WHO/SPC); and (b) strengthen established systems that summarize and collate in-country activities by international and regional organizations as well as possible partners. A Web-based system should be developed to achieve this, coordinated by an organization such as SPC. To formalize this strategic option, SPC officers need to prepare a document for internal organization approval.
- (2) To exchange information and coordinate more effectively between international organizations, regional agencies and bilateral agencies, an annual meeting mechanism should be established. To facilitate broad participation in such meetings, they should be annexed to planned meetings such as nutritionist meetings and meetings of Codex subsidiary bodies relevant to the Region. Also, organizations may consider sharing (formally or informally) timetables of proposed and approved activities. This will play a role in preventing country overload and permit organizations to share resources more effectively.
- (3) International organizations should consider providing technical and financial support for an initial meeting of a Pacific Food Safety Expert Group. This should include experts from each of the Pacific island countries, and cover Australia, New Zealand, Japan and the Pacific Rim or other interested countries. The Group should consider food-safety issues of concern, and provide expert advice to food-safety regulators in the Pacific. In addition, regional organizations should use the CROP<sup>8</sup> mechanism as an additional forum for discussing regional food-safety issues. The considerations of the expert group might be fed into the CROP mechanism.

*Actions for consideration of national governments*

- (1) Reactivate and strengthen national food and nutrition committees or councils (or other similar intersectoral bodies) where needed. Governments and international organizations should consider mechanisms such as conducting one-day national seminars to raise awareness of the importance of the committees for effective action on food and nutrition. Governments may consider the need to create a coordinator position for national food and nutrition committees (or similar bodies) to strengthen their capacity to act. The coordinator can deal with monitoring and evaluation, reporting on project implementation,

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<sup>8</sup> Council of Regional Organizations in the Pacific

and can interact with all key stakeholders. The coordinator, if appointed by governments, would provide at least one fully committed individual for the task at hand. As these committees address food issues from production to consumption, any coordinator should be agreed among key ministries such as agriculture and health. In order to make the position sustainable, funding should come from within the country. In order to obtain such funding for the position, it may be useful to gather data to use as evidence for the need for increased attention to the committees and the need for a coordinator.

(2) National Plans of Action for Nutrition may need to be revised to address food safety, food-quality issues, obesity and other diet-related diseases more effectively.

(3) In order to ensure that the technical support provided by some international and regional organizations and the financial support provided by other regional organizations, development banks and aid agencies are more effectively focused on the country's own priorities, countries should develop and adopt strategic plans of action. These should then be used to lobby for partner funds and technical support.

(4) Undertake needs analyses in all priority areas relevant to the safety of food (e.g. standards setting, surveillance, information gathering, etc.). A regional process should be undertaken by which individual countries determine their priority food-safety needs. These analyses will then be considered together to see how regional coordination might be beneficial. Papua New Guinea and Fiji may be appropriate initial pilot countries, given the development of their national food-safety institutes. One possible mechanism for this is:

- national round-tables of key stakeholders (all ministries addressing the safety of food along the food chain) within a country, using a participatory process to identify a vision, impediments to achieving this vision and how these might be overcome;
- these outcomes could then be presented to in-country international organizations' representatives and development agencies at the end of the meeting for collation and distribution to their parent bodies;
- the activity should be planned in conjunction with a second-phase multi-agency country cooperation strategy involving regional and international stakeholders (e.g. international organizations, development banks and aid agencies) to develop a coordinated strategy to address these needs most efficiently.

## 4. CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Conclusions

Putting food safety and quality on the political agenda is the first step in reducing food-related diseases. Once this is done, building the capacity of many countries in technical expertise and financial resources to implement food-safety and quality policies is the next step. In support, interdepartmental, intercountry and regional cooperation is required, plus coordinated and transparent support from partners to promote sustainable development along the length of the food chain in the Pacific islands. Partnerships among government departments are essential. Health, trade, agriculture, fisheries, quarantine and import-control authorities play a key role in changing the regulatory environment. Social marketing using aggressive

promotions of local foods, food hygiene and physical activity are required to initiate behaviour change. Close collaboration with WHO, FAO, SPC and the University of the South Pacific will be very helpful in achieving these objectives.

The Consultation reaffirmed:

- the Healthy Island vision, in which Pacific people are healthy and happy, with healthy lifestyles; and
- the health and well-being of people is at the centre of national development.

The Consultation concluded that the priorities for action of Pacific islands in strengthening their national food-safety programmes should be to:

- establish food-safety policy and legislation that ensure the safety of food is addressed along the length of the food chain;
- effectively control import and export of foods in PICs to ensure safe and high-quality food for all, while facilitating trade;
- establish or strengthen existing processes so that each PIC is capable of assessing food-related risks using risk-assessment processes in line with Codex and FAO/WHO guidelines;
- develop a regional network so that PICs can cooperate in the establishment of uniform food standards, development of national food-safety risk-assessment systems and risk-management systems for protecting the health of the consumer and facilitating fair and safe trade in food; and
- enhance the safety of food through more effective training and education.

The Consultation concluded that, for action in preventing and controlling obesity, the priorities of Pacific island countries and areas should be to:

- build the capacity of countries and territories of the Pacific to apply risk-assessment processes in line with international guidance to identify obesity and diet/lifestyle-related risks (as in the NCD "STEPS"<sup>9</sup> surveillance process);
- consider applying food-regulatory approaches within the context of the WTO agreements as policy instruments to assist with achieving the goals of National Plans of Action on Nutrition, NCD-prevention and obesity-prevention programmes;
- strengthen regional and national action plans to improve diet and lifestyle through comprehensive education and training programmes; and
- develop a mechanism for coordination and sharing of experiences among PICs, to support the development/implementation/evaluation of effective, sustainable obesity-prevention and control programmes, as appropriate for each country.

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<sup>9</sup> Refers to stepwise protocol for NCD surveillance developed by WHO.

#### 4.2 Recommendations

It was unanimously agreed that a summary statement of the recommendations below should be presented at the Ministers of Health and Agriculture meetings in 2003 and to country government department heads.

- (1) Pacific island countries should establish/strengthen policies and legislation addressing food safety and quality from production to consumption.
- (2) PICs should establish/strengthen national coordinating bodies on food safety and quality, whenever possible building on existing National Plans of Action for Nutrition, NCD- and obesity-prevention programmes.
- (3) PICs should strengthen information sharing on food-safety legislation through existing mechanisms.
- (4) Pacific island countries should develop advocacy and communication strategies to promote food policies, laws and standards to improve food safety and quality.
- (5) PICs should request WHO, FAO and WTO to conduct a joint ministerial Consultation (involving health, trade, agriculture, fisheries, finance, state and foreign affairs). This will facilitate understanding of the health-related opportunities and challenges associated with international trade.
- (6) PICs should encourage the Pacific Island Forum always to consider the public health implications of their trade decisions and agreements.
- (7) Pacific island countries should consider using the opportunities available within the WTO agreements to implement regulatory approaches to support National Plans of Action on Nutrition, NCD- and obesity-prevention programmes.
- (8) PICs should enforce regulatory approaches addressing import/export in the Pacific, as laid down in this Consultation report.
- (9) PICs should build country capacity in risk-assessment and analytical capabilities in food safety and quality.
- (10) PICs should support training, education, social marketing and advocacy strategies that enhance food safety and quality.

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### **Consultation agenda**

1. Opening ceremony
2. Adoption of agenda
3. Presentation of background papers
  - a) The Codex Alimentarius Commission and its role in the Pacific
  - b) Food safety: A public health issue requiring attention, action and coordination in the Pacific
  - c) Integrating obesity prevention and control with action on food safety and quality
4. Strategies for Coordinated Action on Food Safety and Quality in the Pacific
  - a) Modernizing and harmonizing food legislation and standard setting and increasing effective participation in the work of Codex in Fiji
  - b) Harmonizing and networking food safety legislation and enforcement in the Pacific
  - c) Building risk assessment and research capacity in the Pacific
  - d) Food safety and quality education and training – building capacity in the Pacific
5. Strategies for Coordinated Action on Obesity Prevention and Food Quality in the Pacific
  - a) Report on the Consultation on Diet, Nutrition and Prevention of Chronic Diseases
  - b) A review of diet, the food supply and obesity in the Pacific
  - c) An analysis of the of the appropriateness, acceptability and implications of regulatory approaches to control the flow of fatty foods in the Pacific Island countries
  - d) Progress in obesity prevention and control programmes in Fiji, Samoa and Tonga
6. International Coordination and Action on Food Safety and Quality in the Pacific
  - a) Australian Government Analytical Laboratories on Food Safety in the Region
  - b) Consumers' International
  - c) Food Standards Australia New Zealand
  - d) Health Canada
  - e) Pacific Islands Forum Secretariat
  - f) Secretariat of the Pacific Community, Lifestyle Health Section
7. Presentation and Adoption of Conclusions and Recommendations
8. Closing

**List of abbreviations**

AGAL	Australian Government Analytical Laboratories
BMI	Body Mass Index
CCNASWP	Regional Coordinating Committee for North America and the South-West Pacific
CCFH	Codex Committee on Food Hygiene
CCGP	Codex Committee on General Principles
CCFAC	Codex Committee on Food Additives and Contaminants
CCFICS	Codex Committee on Food Import Export Inspection and Certification Systems
CCFFP	Codex Committee on Fish and Fisheries Products
CCP	Codex Contact Point
CROP	Council of Regional Organizations in the Pacific
EPINET	SPC WHO Pacific Epidemiology Network
Est.	established
FAO	Food and Agriculture Organization of the United Nations
FICs	Forum Island Countries
HACCP	Hazard Analysis and Critical Control Points
IEC	Information, Education Communication
IOTF	International Obesity Task Force
LABNET	SPC WHO Pacific Laboratory Network
MAFF	Ministry of Agriculture, Forestry and Fisheries
MOE	Ministry of Environment
MOH	Ministry of Health
NPAN	National Plan of Action in Nutrition
NCC	National Codex Committees
NCD	Noncommunicable Diseases
PACER	Pacific Agreement on Closer Economic Relations
PACNET	Pacific Network
PIC	Pacific Island Countries and areas
PIFS	Pacific Islands Forum Secretariat
PICTA	Pacific Island Country Trade Agreement
PPHSN	Pacific Public Health Surveillance Network
SPC	Secretariat of the Pacific Community
SPREP	South Pacific Regional Environment Programme
UNICEF	United Nations International Children's Fund
USP	University of the South Pacific
WHO	World Health Organization
WTO	World Trade Organization