

Food and Nutrition Policy and Action Plan for Malta 2015-2020

Published by:

Health Promotion and Disease Prevention Directorate,
Parliamentary Secretariat for Health

Is the policy document adopted?:

Yes

Adopted by:

Health Promotion and Disease Prevention Directorate,
Parliamentary Secretariat for Health

Country(ies):

Malta

Date:

2015

End year:

2020

Published year:

September 2014

Adopted year:

September 2014

Type of policy:

Comprehensive national nutrition policy, strategy or plan

Food and Nutrition Policy and Action Plan for Malta 2015-2020

Goals

Goals, objectives or targets related to nutrition:

4.3. Goals

1. To assist the Maltese population towards adopting a healthy dietary pattern across the lifecourse;
2. To encourage all government entities to place health in the consideration of all policies related to the production, marketing, sale, provision and choice of food;
3. To be responsive to the links with the social determinants of health and health inequalities and focus on the most vulnerable groups;
4. To implement dietary intake and nutritional status surveillance and monitoring of the population with a special focus on children;
5. To accelerate action in the field of obesity prevention and control by means of the implementation of the actions proposed in the Healthy Weight for Life Strategy, with a focus on children, comprehensive preventive and treatment approaches and intersectoral action under the leadership of the Ministry for Energy and Health.

4.4. Objectives

1. To promote healthy nutrition as the basis for healthy behaviours for the population of Malta;
2. To increase the vegetable and fruit intake in the population;
3. To reduce salt intake;
4. To reduce the consumption of foods high in saturated fats, trans-fats and sugars;
5. To address inequalities in food accessibility;
6. To halt and reverse the obesity trend in children, adults and older persons.

These identified five priority action areas were:

1. To increase the information about the food and nutrition action plan to all stakeholders;
2. To improve the availability and accessibility of drinking water in schools;
3. To increase the number of mothers that exclusively breastfeed up to six months;
4. To reduce the availability and intake of foods high in fat, sugar, and salt in schools;
5. To develop a comprehensive surveillance and monitoring system on food consumption.

Strategies

Strategies and activities related to nutrition:

5.1. Priority Action Areas On the basis of a situation analysis carried out, the following areas for action have been identified:

1. To develop a communication strategy for the Food and Nutrition Action Plan engaging all sectors and stake holders.
2. To develop a comprehensive system for surveillance and monitoring of food consumption in order to inform on the evaluation of this action plan. The system will incorporate: COSI, HBSC, HIS, EHES, and a new nutrition surveillance programme for all ages that will include information on dietary behaviour. Laboratory studies are also necessary to provide food composition knowledge of local food products.
3. To develop the capacity for research in the area of food and nutrition. A capacitybuilding programme for nutrition research is required and must deliver adequate training to upgrade local knowledge in the field of nutrition research.
4. To review the Maltese Food-based Dietary Guidelines across the life course, and to base these on a systematic review of evidence on a healthy diet especially the Mediterranean diet adapted to reflect local Maltese culture. The guidelines need to provide detailed guidance to both professionals engaged in nutrition-related activities and the general population on optimal dietary habits. They are to be formulated by a multi-sectoral, multi-disciplinary group and will be based on the findings of the National Food Consumption Survey (2014-2016).
5. To carry out feasibility studies on fiscal/price policies in order to create a framework of incentives to ensure affordability and accessibility of healthy food for all the Maltese population.
6. To engage with agriculture and fisheries on the promotion of, accessibility and affordability of preferably fresh fish, fruit and vegetables.
7. To introduce agreed mechanisms to reduce salt and sugar, limit saturated fat and eliminate trans fatty acids existing both in local and imported food products. Changes within processed and pre-packed food to reduce salt, sugar and fat intake of the population with minimal change in taste, resulting in health benefits in terms of reducing risk factors responsible for noncommunicable diseases.
8. To evaluate and monitor the salt intake of the Maltese population and salt content of all local food products. To continue raising awareness on salt reduction among the general public and to work in partnerships with relevant public and private stakeholders to offer salt-free or salt-reduced local food products.
9. To support a healthy start to life by continuing to promote, support, and protect breastfeeding through the adoption and statutorisation of the WHO International Code of Breastmilk Substitutes and related products and enforcement of this legislation. To create incentives within workplaces and public places to support and protect breastfeeding mothers in the community and at the workplace with the aim of achieving the desired target for exclusive breastfeeding up to six months of age.
10. To further consolidate current school initiatives in intended to promote and protect healthy diets, drinking of plain safe water and physical activity through the development of a concerted evidence-based School Nutrition Programme.
11. To create awareness of the negative impact intake of sugary drinks has on oral health and to monitor and evaluate the consumption of sugary and energy drinks. As described in the Noncommunicable Disease Strategy for Malta (2010), the dentition of schoolchildren can be highly improved through reduced sugar intake from food and beverages. Surveys have described the very high daily intake of sugary carbonated drinks, leading to weight gain and dental caries. To identify and address any issues of potential malnutrition including macro and micro nutrients within vulnerable groups such as older age groups in all settings (hospital, homes, community) by ensuring the affordability and accessibility of food for older people thus guaranteeing a wellbalanced nutritious diet.
12. To enhance workplace health promotion with regards to food availability and consumption. The workplace allows access to gainfully employed individuals who are usually in good health. It is a unique opportunity to increase awareness and provide life skills (particularly among males) to avoid the main risk factors for noncommunicable diseases such as unhealthy diets, lack of physical activity, excess weight, binge drinking and smoking.
13. To evaluate, reduce and monitor the impact of marketing pressures on children from the media (including social media). Further action is needed to ensure that legislation is in place and enforced.
14. To improve the capacity of the health systems to adequately address the health needs of the population in the area of nutrition: Improved training of health care professionals; Referral of patients to the appropriate services; Ensuring adequate numbers of registered nutrition and dietetics professionals in both primary and secondary care.
15. To ensure that this action plan is monitored and evaluated in order to ensure that actions within the different settings are achieved according to the timeframe set and within the allocated budget. Coherence with the Noncommunicable Disease Strategy (2010), the National Cancer Plan (2011), the Healthy Weight for Life Strategy (2012) and the National Breast Feeding Policy (2014) must be ensured.

URL link:

https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/FNAP_EN.pdf

File upload:

 MLT 2015 Food and Nutrition Action Plan.pdf

Reference:

WHO 2nd Global Nutrition Policy Review 2016-2017

Policy topics:

- Overweight in children 0-5 yrs
- Overweight in adolescents
- Overweight in school children
- Fat intake
- Saturated fat intake
- Total fat intake
- Trans fat intake
- Sodium/salt intake
- Sugar intake
- Fruit and vegetable intake
- Counselling on healthy diets and nutrition during pregnancy
- Breastfeeding promotion/counselling
- Promotion of exclusive breastfeeding for 6 months
- Baby-friendly Hospital Initiative (BFHI)
- Health professional training on breastfeeding
- International Code of Marketing of Breast-milk Substitutes
- Monitoring of the Code
- Capacity building for the Code
- Maternity protection
- School-based health and nutrition programmes
- Regulation/guidelines on types of foods and beverages available
- Hygienic cooking facilities and clean eating environment
- Home grown school feeding
- School fruit and vegetable scheme
- Promotion of healthy diet and prevention of obesity and diet-related NCDs (general)
- Dietary guidelines
- Food-based dietary guidelines (FBDG)
- Promotion of fruit and vegetable intake
- Food labelling
- Reformulation of foods and beverages

- Fats
- Salt/sodium
- Sugars
- Regulating marketing of unhealthy foods and beverages to children
- Creation of healthy food environment
- Healthy food environment in workplaces
- Media campaigns on healthy diets and nutrition
- Nutrition counselling on healthy diets
- Physical activity and healthy lifestyle
- Sugar reduction
- Fat reduction (total, saturated, trans)
- Salt reduction
- Nutrition education
- Food security and agriculture
- Vulnerable groups
- Right to water
- Paid breastfeeding breaks
- Breastfeeding facilities

Partners in policy implementation

- Government
 - Nutrition council
 - Health
 - Social welfare
 - Finance, budget and planning
 - Development
 - Sport
 - Environment
 - Other
 - Details:
more
Health Promotion and Disease Prevention Directorate
- Research / Academia

Links

[1] <https://extranet.who.int/nutrition/gina/sites/default/files/MLT%202015%20Food%20and%20Nutrition%20Action%20Plan.pdf>

