Republic of Mauritius

MINISTRY OF HEALTH AND QUALITY OF LIFE

National Plan of Action
For Nutrition

2016–2020

September 2016
1. INTRODUCTION

Non Communicable Diseases are among the leading causes of death in the Republic of Mauritius. Improving nutrition, achieving healthy weight across the population as well as increasing physical activity can reduce the risk of these diseases. Extensive research carried out over the past years provides information on optimal diets as well as the most successful public health interventions, both individual and population-based, which are effective in achieving them.

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

In 1992, at the International Conference on Nutrition, a joint venture of the World Health Organization (WHO) and the Food and Agriculture Organization (FAO), participating countries endorsed a World Declaration on Nutrition and made a commitment to develop national plans of action for nutrition.

To support the achievement of these universal objectives, the Global Plan proposed nine theme areas for action, spanning the health, social, economic, environmental and foreign policy domains namely:-

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

1.1 JUSTIFICATION

The strategies of World Health Organization (WHO) and the Food and Agriculture Organization (FAO), gave a technical framework for the preparation of the National Plan of Action for Nutrition (NPAN). A National Plan of Action for Nutrition for Mauritius, 1994 to 1999, had been prepared according to guidelines established at the International Conference on Nutrition (1992) followed by a second NPAN 2009-2010. The International Conference on Nutrition met again in November 2014 and emphasised its previous commitment to develop – or revise, as appropriate the National Nutrition Plans and align policies that impact nutrition across different
ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.

This is a revised and updated National Plan of Action 2016-2020. New concepts have been added following the results of the National Nutrition Survey 2012, the Mauritius Salt Intake Study 2012 and the Mauritius Non Communicable Diseases Survey 2015.

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

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

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

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

### 1.2 SITUATION ANALYSIS

- Diseases of the circulatory system account for 32.0% of deaths.
- Cancer accounts for 12.6% of deaths in the population.
- In adults 25-74 years, 35.2% are overweight and 19.1% are obese.
- In the age group 5 to 11 years 15.4% of children are underweight, 11.9% are overweight and 9.9% are obese.
- In the age group 12-19 years, 17.1% of adolescents are underweight, 9.5% are overweight, and 8.9% are obese.

The highest prevalence of anaemia are in females in the age group 20 to 49 years (33.6%), followed by those aged between 12 to 19 years (28.5%).

- 22.3% of children aged 5-11 years and 26.5% of adolescents aged 12-19 years do not eat any fruit daily.
Island of Rodrigues

- In the age group 5 to 11 years, 6.3% of children are underweight, 8.4% are overweight and 7.3% are obese.
- In the age group 12 to 19 years, 6.4% of adolescents are underweight, 8.7% are overweight and 5.0% are obese.
- The prevalence of anaemia in females in the age group 20 to 49 years is 25.2%, and is 22.0% in the age group 12 to 19 years.

1.3 NATIONAL PLAN OF ACTION FOR NUTRITION 2016 - 2020

General Objectives

The objectives of this NPAN are to achieve the following by the year 2020:

1. To reduce underweight, as measured by growth indices, to half the 2012 level in children aged 5-11 years.

2. To reduce nutritional anaemia in female adolescents 12-19 years as indicated by haemoglobin levels under 12 g/dl, to 10%.

3. To establish dietary recommendations for adults for the prevention of chronic diet-related diseases based on the World Health Organisation's population nutrient intake goals which are summarised in the table below:

Ranges of population nutrient intake goals

<table>
<thead>
<tr>
<th>Dietary factor</th>
<th>Goal (% of total energy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fat</td>
<td>15-30%</td>
</tr>
<tr>
<td>Saturated fatty acids</td>
<td>&lt; 10%</td>
</tr>
<tr>
<td>Polyunsaturated fatty acids (PUFAs)</td>
<td>6-10%</td>
</tr>
<tr>
<td>n-6 Polyunsaturated fatty acids (PUFAs)</td>
<td>5-8%</td>
</tr>
<tr>
<td>n-3 Polyunsaturated fatty acids (PUFAs)</td>
<td>1-2%</td>
</tr>
<tr>
<td>Trans fatty acids</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Monounsaturated fatty acids (MUFAs)</td>
<td>By difference</td>
</tr>
<tr>
<td>Total carbohydrate</td>
<td>55-75%</td>
</tr>
<tr>
<td>Free Sugars</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Protein</td>
<td>10-15%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&lt;300 mg per day</td>
</tr>
<tr>
<td><strong>Dietary factor</strong></td>
<td><strong>Goal (% of total energy)</strong></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Sodium Chloride (sodium)</td>
<td>&lt; 5g per day (&lt; 2g per day)</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>≥ 400g per day</td>
</tr>
<tr>
<td>Total dietary fibre</td>
<td>From foods</td>
</tr>
<tr>
<td>Non-starch polysaccharides (NSP)</td>
<td>From foods</td>
</tr>
</tbody>
</table>

Additional specifications for alcohol (ethanol): < 15g/day for women and < 30g/day for men.

(4) To reduce obesity in the adult population by 1%.

(5) To adopt and enforce legal measures to ensure the provision of safe food and food supplies to the entire population.

(6) To increase the average apparent consumption of fruit and vegetables by two fold.

(7) To decrease the average apparent consumption of oils and fats by 5%.

(8) To promote a fair distribution of available food resources, compatible with the needs of individuals, with special attention to vulnerable groups.

New proposals submitted following the results of the Mauritius Nutrition Survey 2012, the Mauritius Salt Intake Study 2012 and the Mauritius Non Communicable Diseases Survey 2015 directly relevant to improvement of the nutritional status of the population have been included in this Plan.

### 1.3.2 Implementation

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

The Plan will be reviewed by the National Nutrition Task Force yearly.

### 1.4 THE WAY FORWARD

#### 1.4.1 NATIONAL NUTRITION TASK FORCE AND THE NUTRITION COMMITTEE

#### 1.4.2 Objective: To set up a National Nutrition Task force and a Nutrition Committee in view of advising on the implementing, monitoring and evaluating the National Plan of Action for Nutrition.
1.4.3 Description

A National Nutrition Task force will be set up to advise Government on all matters relating to nutrition as formulated in the National Plan of Action and in particular, it will identify the potential benefits and risks to nutritional status of all proposed development programmes, both in the public and in the private sectors of the national economy.

The National Nutrition Task force will coordinate the efforts of private and public sectors and enhance active cooperation among members in attaining the objectives of the National Plan of Action. It will also coordinate effectively different projects being implemented by other stakeholders so as to minimise duplications of efforts and costs.

The Task Force will monitor and evaluate the implementation of the National Plan of Action and recommend to the government modifications to the current National Plan of Action for Nutrition should these be essential to the continued well-being of the population.

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

The Task Force will advise on any legal framework to be introduced in the field of Nutrition.

The National Nutrition Task Force will be composed of representatives from each of the following Government Ministries:

- Health
- Finance and Economic Development
- Education and Human Resources, Tertiary Education and Scientific Research
- Social Security, National Solidarity and Reforms Institutions
- Business, Enterprise and Cooperatives (Business and Enterprise Division)
- Gender Equality, Child Development and Family Welfare
- Social Integration and Economic Empowerment
- Industry, Commerce and Consumer Protection (Commerce Division)
- Agro Industry and Food Security

In addition, the Task Force will co-opt representatives from the main sectors of food production and food processing, as well as representatives of national consumer organizations and the media. Membership of the Task Force will be limited to 20. The Chairperson of the Task Force will be nominated by the Minister of Health and Quality of Life.
The Nutrition Committee will be charged with the responsibilities of:

- Ensuring that the National Plan of Action is being implemented in a timely manner and provide guidance to the National Nutrition Task force.
- Monitoring the food and nutrition situation, coordinating food and nutrition activities and advising the National Nutrition Task force on matters relating to food and nutrition.
- Indicating the types of programmes necessary to achieve improvement, and priorities for implementation.

The Nutrition Committee will be chaired by the Director Health Services (NCD) and composed of the following personnel from the Ministry of Health and Quality of Life:

- The Deputy Permanent Secretary (NCD & Health Promotion)
- Two NCD Coordinators
- The Chief Nutritionist
- Principal Nutritionists
- One HIEC Officer.

The Nutrition Committee of the Ministry of Health and Quality of Life will act as the Secretariat of the National Nutrition Task Force. In this capacity, the Committee will:

- Prepare the background documentation for the Task Force’s consideration and action;
- Provide advice to the Task Force on nutrition related research;
- Prepare the progress report on the implementation of the National Plan of Action.

INTERVENTION 2: PROMOTION OF APPROPRIATE DIETS AND HEALTHY LIFESTYLES

2.1 FOOD BASED DIETARY GUIDELINES FOR MAURITIANS

Objective: To prepare Food Based Dietary Guidelines for Mauritians, so as to provide them with the knowledge for making healthy food choices.

2.1.1 Description

Nutrient-based Dietary Guidelines for Mauritius had been prepared in 2000. Food-based Dietary Guidelines are now being promoted as an alternative way of reducing: chronic under nutrition; micronutrient malnutrition; and diet-related communicable and non communicable diseases. With these new
guidelines the focus is shifted away from nutrients and food groups to locally available foods and local cuisines. Food Based Dietary Guidelines will be drawn up to provide advice to various sectors of the population about sound food choices so that their usual diet contributes to a healthy life-style. The guidelines for adults will translate the nutrient objectives (1.3 objective 3) into food based recommendations which can be understood by most Mauritians. The Guidelines will include a section to promote adequate water intake.

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

2.1.2 Implementation

The Food Based Dietary Guidelines will be prepared by the Nutrition Unit with the help of a consultant who has been involved in the preparation of Food Based Dietary Guidelines and the Health Information, Education and Communication Unit of the Ministry of Health and Quality of Life. The Guidelines will be promoted by the Ministry of Health and Quality of Life with the assistance of other appropriate Ministries and organisations.

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

Objective: To decrease the consumption of oils and fats by 5 %.

Description

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

On the other hand a higher intake of fats and oils makes it easy to have more energy than is needed, and may contribute to weight gain. The apparent consumption of oils and fats was 84.2 g per head per day in 2014 and is of concern in relation to non-communicable diseases, especially overweight and obesity.

According to the Mauritius Non Communicable Diseases Survey 2015, among adults 25-74 years, 35.2 % are overweight and 19.1% are obese.

All health educational materials aimed at improving the nutritional status of the population will continue to highlight foods high in oils and/or fats and discourage their consumption. The Food Based Dietary Guidelines (2.1) will reinforce the same. Deep-frying of foods in oils and/or fats will continue to be discouraged and fried foods will continue to be excluded from governmental food services and government functions. Alternative methods of cooking will continue to be advocated and practised on government premises. Tea breaks at governmental functions will continue to be replaced by ‘Health Breaks’ using healthy alternatives, such as fruits and nuts as snacks.
The school curriculum has a module on healthy eating and good nutrition for children attending primary schools. This will be revisited regularly so as to be in line with the new developments in the field of nutrition.

2.2.2 Implementation

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

Managers of governmental food services will gradually eliminate deep fat frying from their cooking practices. Nutritionists of the Ministry of Health and Quality of Life will continue to advise on healthy cooking practices to the population at large.

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

2.3 RAISING THE CONSUMPTION OF FRUIT AND VEGETABLES

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

2.3.1 Description

Evidence-based research indicates that certain key foods, namely fruit and vegetables, are important components of a healthy diet and their daily consumption in adequate amounts could prevent major diseases such as cardiovascular diseases and certain cancers. The apparent intake of fruits and vegetables was 381.76 g in 2013 as compared to the World Health Organisation’s recommendations of more than 400g of fruits and vegetables daily.

Since these key foods are lacking in the diet of most Mauritians, their consumption will be encouraged in accordance with (objective 6) of this Plan of Action.

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

Fruit and vegetables will be promoted as excellent sources of vitamins, essential micronutrients, fibre, vegetable proteins and bio-functional components which protect against cardiovascular diseases and cancers. The availability of fruit and vegetables will be increased, preferably by local production to ensure freshness of product.
2.3.2 Implementation

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

- Inclusion in Food Based Dietary Guidelines – Ministry of Health and Quality of Life
- Promotion in educational institutions – Ministry of Education and Human Resources Tertiary Education and Scientific Research
- Increasing the availability – Ministry of Agro-Industry & Food Security
- Facilitating of imports – Ministry of Foreign Affairs, Regional Integration and International Trade.
- Setting up a fruit and vegetable promotion initiative - Ministry of Health and Quality of Life, Ministry of Agro-Industry & Food Security and Non-Governmental Organizations involved in fruit and vegetable production and distribution.

2.4 MAINTAINING THE CONSUMPTION OF STARCHY FOODS AND PULSES

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

2.4.1 Description

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

Starchy foods are a good source of energy and the main source of a range of nutrients in the diet. Although there is a misconception that starchy foods are fattening, they contain less than half the calories of fat.

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

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

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

The Ministry of Agro-Industry & Food Security will promote the cultivation of locally grown potatoes, cereals and pulses and the Steering Committee will devise strategies to be employed to guide the consumption of these locally produced foods.

The Ministry of Health and Quality of Life will encourage the consumption of potatoes and wholegrain cereals as the most appropriate staple food through the Food Based Dietary Guidelines and in all educational materials relating to the consumption of staple foods. The Nutrition Unit of the Ministry of Health and Quality of Life will also give people the skills for using wholegrain cereals in their food preparation during the nutrition education campaign.

The Ministry of Health and Quality of Life will look into the feasibility of legislating the extraction rates of flours.

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

2.5 SALT REDUCTION STRATEGIES

Objective: To reduce the amount of salt in foods by 20%.

2.5.1 Description

Raised blood pressure is the most important contributing factor for cardiovascular diseases (CVD) accounting for 62% of strokes and 49% of coronary heart disease. In Mauritius the prevalence of hypertension among adults between 25 and 74 years was 28.4% (Mauritius Non Communicable Diseases Survey 2015). Evidence also suggests that obesity coupled with lack of exercise is an important factor involved in the development of high blood pressure (HBP).

A large number of studies have been conducted which support the concept that salt intake is the major factor increasing blood pressure in the population. Therefore a population based approach through diet and lifestyle, for example a reduction in salt intake aimed at reducing the prevalence of high blood pressure in the population even by a small amount will have the impact of reducing the burden of cardiovascular diseases (CVD)

A Mauritius Salt Intake Study 2012 was carried out in 2012. The aim of the study was to determine the consumption of salt in adult Mauritians based on analysis of dietary sodium in 24 hour urine samples.

The salt consumption of the population of Mauritius was established as 7.9 g per person per day, 8.5 g in men and 7.4 g in women.
In the island of Rodrigues, the mean salt intake was estimated at 8.2 grams daily. It was also found that 79.5% of adults aged 30-59 years consumed 5 or more grams of salt daily and that salt intake level was higher among men.

The World Health Organization’s recommendations for population salt intake is less than 5 g per person per day.

2.5.2 Implementation

The Ministry of Health and Quality of Life will use the following approaches so as to reduce the level of salt consumption in the population:

- A reduction in salt intake which can be achieved by a gradual and sustained reduction in salt added to food by the food industry.
- In Mauritius, there is a perception that a lot of salt consumed comes from salt added during cooking. This issue which is being continuously addressed during nutrition education talks to members of the public, where people are encouraged to use less salt will be consolidated.
- A salt labelling legislation will also be put in place.

INTERVENTION 3: IMPROVEMENT ON HOUSEHOLD FOOD SECURITY

3.1 PARTITIONING OF HOUSEHOLD EXPENDITURE TOWARDS FOOD

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

3.1.1 Description

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

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

3.1.2 Implementation

The Ministry of Health and Quality of Life will be responsible for including advice on household budgeting in the Food Based Dietary Guidelines and for implementing this advice.
3.2 DISTRIBUTION OF FOOD WITHIN HOUSEHOLDS

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

3.2.1 Description

The World Health Organisation's current Recommended daily Amounts (defined as ‘the average amount of the nutrient which should be provided per head in a group of people if the needs of practically all members of the group are to be met’) of energy and nutrients for various groups (RDAs), and Guidelines Daily Amount (GDA) from the United Kingdom has been adapted for use in Mauritius and this will be translated into food terms easily understood by the general public. This will favour a distribution of food compatible with the need of individuals within households (1.3, objective 3).

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

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

3.2.2 Implementation

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

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

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

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

4.1 ENFORCEMENT OF THE FOOD REGULATIONS

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

After the enactment of The Food Act 1999; all regulations are being enforced by the Health Inspectorate Division of the Ministry of Health and Quality of Life since 2000. Therefore all pre-packed foods whether locally produced or imported have to be issued with a pre-market approval permit before being allowed for sale in the Republic of Mauritius. The Food Regulations will continue to be enforced to provide increased protection of consumers through improved food quality (1.3, objective 5).

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

4.1.2 Implementation

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

A Food Standards Agency which is an independent Government department will have to be set up so as to protect the public's health and consumer interests in relation to food. The vision of the Food Standards Agency which is to provide safe food and healthy eating for all will ensure that signpost labelling is implemented.

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

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

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

4.2.1 Description

Pesticide residues are the very small amounts of pesticides that can remain in the crop after harvesting or storage and make their way into the food chain. Pesticides are regulated to ensure that they do not present a health risks to consumers, to people who apply them, to the environment or to animals.

The surveillance programme of the Ministry of Agro-Industry and Food Security would target areas where there might be a problem or where there is information relating to pesticide misuse.

Pesticide analysis will be conducted on a daily basis on a representative sample of fresh fruits and vegetables at the source of production and also on those sold on the local markets. Pesticide residues results will be disseminated to appropriate stakeholders especially the Nutrition Unit of the Ministry of Health and Quality of Life.

Education of planters will be carried out to sensitize them on judicious use of pesticides and compliance to pre-harvest interval, i.e., the period to be respected from time of pesticide application and harvest.

4.2.2 Implementation

The Ministry of Agro-Industry and Food Security, the Food and Agricultural Research Extension Institute, the Mauritius Sugar Industry Research Institute and all those involved in crop production will continue to consolidate their existing surveillance programme on pesticide residues and continue to sensitize planters on pesticides’ safety.

In the Ministry of Agro Industry and Food security (MAIFS) Strategic Plan (2016 – 2020) for the Food Crop, Livestock and Forestry Sectors, provision is made for upgrading agricultural production to meet a minimum quality assurance through a local standard called MAURIGAP.

4.3 CONSUMER EDUCATION

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

4.3.1 Description

All consumer education with respect to nutrition, including advertisements for food, will conform with the Food Based Dietary Guidelines for Mauritians (2.1) and with legislative measures relating to food quality and safety.
Consumers will be informed of all legislative measures relating to food quality and safety through the media, the press and printed educational material. The information will be presented in terms that are easily understood by the general public.

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

4.3.2 Implementation

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

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

The Ministry for Business, Enterprise and Cooperatives as well as the Ministry of Industry, Commerce and Consumer Protection will consolidate the Consumer Protection Unit and facilitate the utilization of the Citizens Advice Bureau for investigating complaints.

4.4 ESTABLISHMENT OF FOOD SERVICES

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

4.4.1 Description

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

- schools
- workplaces
- hospitals
- street front

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

4.4.2 Implementation

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

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

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

The Ministry of Education and Human Resources will have the duty of ensuring that the Regulations 2009 on the ‘Sale of Food on Premises of Educational Institutions’ are being complied.

INTERVENTION 5: PROTECTION AND MANAGEMENT OF INFECTIOUS DISEASES

5.1 PREVENTION AND TREATMENT OF HIV/AIDS

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

5.2.1 Description

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

5.2.2 Implementation

The Nutrition Unit will continue to look into the nutritional support of people living with HIV/AIDS. The AIDS Unit and the Nutrition Unit of the Ministry of Health and Quality of Life have in place a protocol for the nutritional support of people living with HIV/AIDS.

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

6.1 MATERNAL NUTRITION

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

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

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

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

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

6.1.2 Implementation

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

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

Women suffering from gestational diabetes will continue to be referred for dietary counselling.

6.2 BREAST FEEDING

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

6.2.1 Description

Breast feeding will continue to be promoted and supported by all Ministries concerned with the care of infants in order to ensure healthy growth and contribute to the prevention of noncommunicable diseases in later life.

All hospitals have become "Baby Friendly" as per section 3.17 of the National Development Plan 1992-1994, using the guidelines developed by UNICEF and to be consistent with the Baby-Friendly Hospital Initiative. New measures will be put in place so as to maintain the "Baby Friendly" status. The International Code of Marketing of Breast-Milk Substitutes (WHO/UNICEF,
1981) is presently only a policy decision and needs to be legislated so as to facilitate enforcement. Thereafter all subsequent World Health Assembly Resolutions relevant to the marketing of breast milk substitutes will have to be implemented in all Government health care facilities.

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

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

**6.2.2 Implementation**

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

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

The Breastfeeding Steering Committee will also be responsible for monitoring breastfeeding trends.

**6.3 COMPLEMENTARY FEEDING**

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

**6.3.1 Description**

Complementary feeding practices in Mauritius will continuously be reviewed and corrected so as to promote optimum growth among infants and maintain a good standard of nutrition.

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

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

6.4 FEEDING OF YOUNG CHILDREN

Objective: To contribute to optimal growth of children.

6.4.1 Description

Nutrition surveillance is the system for monitoring the nutritional status of children over time and geographic location in view of developing appropriate interventions. Information on nutrition indicators of children aged 0-59 months are obtained during weighing sessions through the Expanded Programme on Immunization (EPI). From the analysis of reported statistics the prevalence of both underweight and that of overweight was low that is about 1% in 2014.

It would therefore appear that neither underweight nor overweight is a public health concern in the age group 0-59 months in Mauritius.

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

6.4.2 Implementation

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

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

A Nutrition Survey will be carried out in the age group 0 to 5 years in view of finding out the prevalence of underweight, overweight and obesity and as well as food habits in this age group.

6.5 FEEDING OF CHILDREN AND ADOLESCENTS

Objective: To reduce malnutrition among children and adolescents.
6.5.1 Description

The problem of underweight and obesity coexists in both children and adolescents. The Mauritius Nutrition Survey 2012 showed that in the age group 5 to 11 years 25.3% of children were underweight, 9.8% were overweight, and 7.8% were obese.

In the age group 12 to 19 years, 24.6% of adolescents were underweight, 9.2% were overweight, and 7.4% were obese. One section of the Food Based Dietary Guidelines will cover nutrition for these two age groups.

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

6.5.2 Implementation

The Ministry of Health and Quality of Life will continue to carry out health promotion activities in both primary and secondary schools. Children and adolescents with nutritional problems will be referred for dietary counselling. The Ministry of Education and Human Resources will continue to ensure that information about healthy eating is included in the school curriculum.

6.6 SETTING UP STANDARDS FOR SCHOOL FOOD

Objective: To update guidelines on meals being served in School Canteens.

6.6.1 Description

The school curriculum will continue to include basic nutrition and food hygiene. A sound knowledge of nutrition allows children and adolescents to make healthy food choices at all stages of their development.

Canteens (Tuck shops) for the sale of foods already operate in all government schools; legislation for the sale of foods sold in both primary and secondary schools have already been worked out jointly by the Ministries of Health and Education. The legislation will be revisited regularly using evidence-based information and updated accordingly.

Guidelines will be established on meals being served to children in School Canteens.

The services provided by School Canteens will comply with these guidelines.
6.6.2 Implementation

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

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

6.7 FEEDING THE ELDERLY

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

6.7.1 Description

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

6.7.2 Implementation

The Ministry of Social Security, National Solidarity and Reform Institutions is responsible for the distribution of pensions to people over 60 years. This Ministry, in consultation with the Nutrition Unit of the Ministry of Health and Quality of Life, will also provide advice on budgeting. The two ministries concerned will work jointly so as to have a stronger focus on healthy nutrition and physical activity among the elderly.

6.8 DISEASE SPECIFIC INTERVENTIONS

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

6.8.1 Description

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

Non Communicable Diseases notably, cardiovascular diseases, diabetes, cancer and chronic respiratory diseases amongst others, are responsible for the
bulk of morbidity, disability and premature deaths in Mauritius. It is estimated that Non Communicable Diseases constitute 80% of the burden of disease in Mauritius.

Obesity is a growing global public health problem. In the Republic of Mauritius; overweight and obesity are growing concerns. Using European BMI cutoffs, the prevalence of obesity is 19.1% (11.9% for men and 25.6% for women) and the prevalence of overweight is 35.2% (38.2% in men and 32.6% in women). Thus, 54.2% of the adult population aged 25-74 years is overweight or obese (Mauritius Non Communicable Survey 2015).

The Rodrigues Nutrition Survey 2012 showed that in the age group 20 to 49 years 31.0% of the adults are overweight, and 18.5% are obese while in the age group 50 to 64 years 37.9% of the adults surveyed are overweight, and 36.0% are obese.

These are major risk factors for many chronic, debilitating and life-threatening diseases. The cause of this growing trend is largely due to a changing social and physical environment, in which people are consuming excess energy through food and drink and not expending adequate energy through physical activity. When tackling obesity, it is important to intervene to change the environment as well as to effect behaviour change in individuals.

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

6.8.2 Implementation

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

Special obesity clinics that offer long term treatment programmes using individual and group therapy will be set up in hospitals and other settings. A protocol will be devised to guide the management of overweight and obesity especially in children and young people.

A sugar tax on the amount of sugar in all soft drinks has been introduced since 2013. In order to combat the problem of Non Communicable Diseases and its risk factors, the tax has been extended to other ‘sugar-sweetened non-alcoholic beverages’ as from October 2016.
INTERVENTION 7: PREVENTION OF SPECIFIC MICRO-NUTRIENT DEFICIENCIES

7.1 MINIMISING ANAEMIA

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

7.1.1 Description

Anaemia, as indicated by haemoglobin levels below 12 g/dl, is widespread in Mauritius and Rodrigues. The Mauritius Nutrition Survey 2012 showed the prevalence of anaemia is the highest in females aged 20 to 49 years (33.6%), followed by those aged between 12 to 19 years (28.5%). In Rodrigues the prevalence of anaemia in females in the age group 20 to 49 years is 25.2%, and is 22.0% in the age group 12 to 19 years. Iron deficiency with or without anaemia has important consequences for human health and development; anaemic women and their infants are at greater risk of dying during the perinatal period; children’s mental and physical development is delayed or impaired by iron deficiency; and the physical work capacity and the productivity of manual workers may be reduced. Anaemia, even in the mild and moderate forms, can negatively impact on the quality of life of women as well as on learning capacity of the young. Therefore existing strategies to minimise anaemia are to be maintained and re-enforced, as applicable; these include: guidelines for diets rich in micro-nutrients (2.1) with focus on adolescent girls; iron and folic acid supplementation of pregnant women.

7.1.2 Implementation

The Ministry of Health and Quality of Life will strengthen existing strategies to minimise anaemia, such as the promotion of foods high in iron and folic acid among others. The Ministry of Agro Industry will consolidate its dietary diversity and accessibility programme so as to increase the production of iron rich vegetables and fruits with high vitamin C content.

The Nutrition Unit of the Ministry of Health and Quality of Life will examine the feasibility of strategies such as iron supplementation for non-pregnant women who are above 15 years of age. Intermittent iron and folic acid supplementation is recommended as a public health intervention in menstruating women living in settings where anaemia is highly prevalent, to improve their haemoglobin concentrations and iron status and reduce the risk of anaemia.

Iron fortification of staples such as wheat flour, or other appropriate food vehicle will also be envisaged so as to target the whole population. The designated food vehicle can also be used for the fortification of other micronutrients, such as thiamin and niacin among others.
INTERVENTION 8: CAPACITY BUILDING

8.1 TRAINING IN NUTRITION AND DIETETICS

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

8.1.1 Description

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

Suitably qualified students are given 4 years full time courses in Nutritional Sciences by the University of Mauritius. The Syllabus for this course was submitted to the Ministry of Health and Quality of Life for approval. On successful completion of the course, candidates with specialisation in Dietetics would be eligible for employment as Dietitians by the Ministry of Health and Quality of Life or could practice as Dietitians in the private sector.

8.1.2 Implementation

The Nutrition Unit of the Ministry of Health and Quality of Life will work jointly with the University of Mauritius to update the syllabus for the course in Nutritional Sciences. Dietitians as well as other appropriate health personnel from the Ministry of Health and Quality of Life will act as resource persons for these courses.

8.2 RESEARCH IN NUTRITION

Objective: To increase capacity building through the application of scientific procedures.

8.2.1 Description

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

Research projects relating to nutrition will be fully coordinated and their findings applied with the least possible delay. Programmes issuing from these projects will be monitored throughout their implementation and appropriate modifications made to improve their effectiveness.
Mauritius will collaborate with other governments, overseas research institutions and international agencies to promote and support regional and international research and training in nutrition and related fields.

8.2.2 Implementation

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

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

8.3 INTERNATIONAL CO-OPERATION IN NUTRITION

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

8.3.1 Description

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

8.3.2 Implementation

International organisations will transmit all invitations or announcements for international conferences, seminars and workshops, relating to nutrition, to the Ministry of Health and Quality of Life. The Ministry of Health and Quality of Life will ensure that only appropriate candidates are selected for the respective training programmes. The Ministry of health and Quality of Life will also see to it that the knowledge obtained by participants through different trainings is shared with members of the Nutrition Committee.

8.4 TRAINING OF NUTRITIONISTS

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

8.4.1 Description

The Nutrition Unit of the Ministry of Health and Quality of Life will be strengthened to meet the challenge of diet-related diseases in Mauritius.
Specialised training programmes will be set up for nutritionists such as Type 1 Diabetes, Enteral and Parenteral Feeding. Further training would be given to the incumbent nutritionists in the following sectors:

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

8.4.2 Implementation

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

INTERVENTION 9: ASSESSMENT, MONITORING AND ANALYSIS OF NUTRITIONAL SITUATIONS

9.1 NUTRITION SURVEILLANCE

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

9.1.1 Description

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

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

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

9.1.2 Implementation

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

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

The Ministry of Agro-Industry & Food Security will continue to collate and publish data on food production and imports. The Central Statistics Office will continue to publish data on Food Balance sheets and Household Budget Surveys.
INTERVENTION 10: MASS –MEDIA CAMPAIGNS

10.1 PROMOTING AND SUPPORTING THE ADOPTION OF HEALTHIER DIETS

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

10.2 Description

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

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

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

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

10.3 Implementation

The Ministry of Health and Quality of Life will continue to work jointly with the Mauritius Broadcasting Corporation and other media agencies, so that the latter have a greater role in communicating sound nutrition messages.
### INTERVENTION 1: NATIONAL PLAN OF ACTION FOR NUTRITION (2016-2020)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting up of a Nutrition Task Force</td>
<td>1. Convene members Conduct meeting</td>
<td>MOH&amp;QL</td>
<td>Feb - March 2016</td>
<td>Committee members</td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>Activities</td>
<td>Implementer and Key Agency</td>
<td>Timeframe</td>
<td>Target</td>
<td>Cost Rs</td>
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<tr>
<td>Formulation of Food Based Dietary Guidelines</td>
<td>1. Prepare F B Dietary Guidelines. 2. Promote F B Dietary Guidelines 3. Carry out workshops for dissemination 1. Decrease the consumption of oils, saturated fats and Trans fatty Acids through the F B Dietary Guidelines 2. Amend and enforce the Food Regulation 1999 to include the permitted level of industrially produced Trans Fatty Acids in fats and oils</td>
<td>MOH&amp;QL MAIFS Ministry of Gender Equality,CD&amp;FW MOH&amp;QL Ministry of Gender Equality,CD&amp;FW MOH&amp;QL</td>
<td>February 2017 March 2017 April 2017</td>
<td>All stakeholders and The population The population Food Industries</td>
<td>500,000</td>
</tr>
<tr>
<td>Increasing the consumption of fruit and vegetables.</td>
<td>1. Set up a fruit and vegetable promotion initiative 2. Promote the consumption of fruit and vegetables in the guidelines 3. Increase the availability of fruits and vegetables at national level</td>
<td>MOH&amp;QL MOH&amp;QL, Ministry of Gender Equality,CD&amp;FW, MCCCI MAIFS (FAREI)</td>
<td>- August 2017 March 2017</td>
<td>The whole population Fruit and vegetable producers and retailers</td>
<td>500,000</td>
</tr>
<tr>
<td>Strategy</td>
<td>Activities</td>
<td>Implementer and Key Agency</td>
<td>Timeframe</td>
<td>Target</td>
<td>Cost Rs</td>
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</tbody>
</table>
| Maintaining the consumption of starchy foods and pulses | 1. Increase the production of starchy foods and pulses  
2. Promote the consumption of starchy foods and pulses in the population | MAIFS (FAREI)  
MOH&QL, Ministry of Gender Equality, CD&FW | Ongoing | Planters.  
The whole population | |
| Setting up a salt reduction strategy | 1. Carry out a Salt Intake Study  
2. Production and Launching of pamphlets on salt reduction  
3. Carry out workshops for the food industry  
4. Implement a Media Campaign on salt reduction | MOH&QL  
MOH&QL  
MOH&QL  
MOH&QL, Ministry of Gender Equality, CD&FW, Ministry of Industry, Commerce & Consumer Protection (Commerce Division) | Already done  
March 2017  
November 2016  
November 2016 | All stakeholders and The population  
Bread Owners  
Other Food Industries  
Whole population | 500,000 |
## INTERVENTION 3: IMPROVEMENT ON HOUSEHOLD FOOD SECURITY

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Time frame</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage the population to optimize their food expenditure budget</td>
<td>1. Food Based Dietary Guidelines will include advice on household budgeting, with special attention to expenditure on food</td>
<td>MOH&amp;QL</td>
<td>February 2017</td>
<td>Whole population</td>
</tr>
<tr>
<td></td>
<td>2. School curricula to include a module on household budgeting</td>
<td>Mauritius Institute of Education</td>
<td>March 2017</td>
<td>Children and adolescents</td>
</tr>
</tbody>
</table>
INTERVENTION 4: PROTECTION OF CONSUMERS THROUGH IMPROVED FOOD QUALITY AND SAFETY.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost Rs</th>
</tr>
</thead>
</table>
| Amending the Food Regulations 1999, to include signpost nutrition labelling | 1. Setting up of a Food Standards Agency 2. Hold consultative meetings with food industry 3. Amend Food Regulations to include signpost labelling. 4. Educate Food Inspectorate about signpost labelling 5. Conduct training to familiarise stakeholders with amended Regulations 6. Enforce signpost labelling. 7. Media campaign for consumer education | Government  
Food Standards Agency and MOH&QL MOH&QL  
MOH&QL, MOH&QL, Ministry of Industry, Commerce & Consumer Protection (Commerce Division) | January 2018  
July 2018  
September 2018  
October 2018  
November 2018 | The population  
The Food Industry  
Public Health and Food Safety Officers of MOH&QL | 7,000,000 |
# INTERVENTION 5: PROTECTION AND MANAGEMENT OF INFECTIOUS DISEASES

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control HIV/AIDS</td>
<td>1. Carry out nutrition Education activities</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td>People living with HIV/AIDS (PLWHA)</td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>2. Nutritional Support of People living with HIV/AIDS (PLWHA)</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### INTERVENTION 6: CARE OF THE SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Nutrition.</td>
<td>1. Advise on promotion of education materials.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td>Pregnant women</td>
<td>Funds</td>
</tr>
<tr>
<td></td>
<td>2. Supplement diet with tablets.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td></td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>3. Refer pregnant women who require dietary advice to dietary counsellors.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote Breastfeeding</td>
<td>1. Maintain baby friendly hospitals.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td>Pregnant women</td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>2. Implement code of practice.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td>Health Personnel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Monitor Breastfeeding practices.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td>Private Clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Training of personnel in Breastfeeding.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve complementary feeding practices</td>
<td>1. Train crèche holders in complementary feeding practices</td>
<td>MOH&amp;QL</td>
<td>February 2019</td>
<td>Health Personnel Crèche holders</td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>2. Monitor Nutritional status.</td>
<td></td>
<td></td>
<td></td>
<td>Funds</td>
</tr>
<tr>
<td>Feed young children</td>
<td>1. Training for teachers of Day Care Centres and pre-primary school teachers.</td>
<td>MOE&amp;HR &amp; Ministry of Gender Equality, CD&amp;FW</td>
<td>August 2019</td>
<td>Health Personnel Teachers of Day Care Centres and pre-primary schools Children zero to five years</td>
<td>200,000 Human Resources</td>
</tr>
<tr>
<td></td>
<td>2. Monitor nutritional status.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td></td>
<td>3. Nutrition Survey for children 0-5 years</td>
<td>MOH&amp;QL</td>
<td>September 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>Activities</td>
<td>Implementer and Key Agency</td>
<td>Timeframe</td>
<td>Target</td>
<td>Cost Rs</td>
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</tr>
<tr>
<td>Feeding of children and adolescents</td>
<td>1. Consolidate the School Health Programme</td>
<td>MOH&amp;QL MOE&amp;HR</td>
<td>Ongoing</td>
<td>Children and adolescents, teachers, Parent Teacher Associations</td>
<td>Human Resources 1,000,000</td>
</tr>
<tr>
<td>Setting up school food standards</td>
<td>2. Enforce legislation on sale of foods on the premises of educational institutions.</td>
<td>MOH MOE&amp;HR</td>
<td>Ongoing</td>
<td>Canteen Holders, Civil Societies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Update school curriculum.</td>
<td>Mauritius Institute of Education</td>
<td>Ongoing</td>
<td>School children from ‘Zone Education Prioritaire’ areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Monitor food provided to ZEP schools</td>
<td>MOH&amp;QL, MOE&amp;HR</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td>Feeding of elderly</td>
<td>Provide dietary counselling to pensioners.</td>
<td>MOH&amp;QL Ministry of Social Security</td>
<td>Ongoing</td>
<td>Elderly people Homes and Recreational Centres for elderly Carers of elderly people</td>
<td>Human Resources</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Disease specific intervention</td>
<td>Provide support and nutrition therapy.</td>
<td>MOH&amp;QL MOH&amp;QL</td>
<td>Ongoing</td>
<td>People suffering from obesity, diabetes, renal diseases, High Blood Pressure</td>
<td>Human Resources</td>
</tr>
</tbody>
</table>
## INTERVENTION 7: PREVENTION OF SPECIFIC MICRO-NUTRIENTS DEFICIENCIES

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimising Anaemia</td>
<td>1. Strengthen existing supplementation strategies.</td>
<td>MOH&amp;QL</td>
<td>Ongoing</td>
<td>Pregnant women</td>
<td>Funding Human Resources</td>
</tr>
<tr>
<td></td>
<td>2. Carry out a study on anaemia in female adolescents</td>
<td>MOH&amp;QL</td>
<td>Already done</td>
<td>Female adolescents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Adopt new strategies for iron supplementation to female adolescents.</td>
<td>MOH&amp;QL</td>
<td>February 2017</td>
<td>Female adolescents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Look into the feasibility of food fortification</td>
<td>MOH&amp;QL and Ministry of Industry, Commerce &amp; Consumer Protection</td>
<td></td>
<td>The population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Promote the production of nutrient rich fruits and vegetables, with special focus on Iron and vitamin C</td>
<td>MAIFS (FAREI)</td>
<td>Ongoing</td>
<td>The population</td>
<td></td>
</tr>
</tbody>
</table>
### INTERVENTION 8: CAPACITY BUILDING

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost Rs</th>
</tr>
</thead>
</table>
| Research and International Cooperation in Nutrition | 1. Follow courses, attend workshops  
2. Train Nutritionists | MOH&QL  
Ministry of Foreign affairs | Ongoing | Nutritionists/Senior Nutritionists  
Other technical personnel | Human Resources  
Financial |

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

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>Cost</th>
</tr>
</thead>
</table>
| Nutrition Surveillance | 1. Strengthen data collection  
2. Analyse data  
3. Report and disseminate data  
4. Refer problem cases for appropriate action | MOH&QL  
MOH&QL | Ongoing  
Ongoing  
Ongoing | Children 0-5 years | Human Resources |
### INTERVENTION 10: MASS- MEDIA CAMPAIGNS

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activities</th>
<th>Implementer and Key Agency</th>
<th>Timeframe</th>
<th>Target</th>
<th>CostRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote and support the adoption of healthier diets.</td>
<td>1. Production and dissemination of Nutrition education materials 2. Setting up specific campaigns.</td>
<td>MOH&amp;QL MBC Other partners</td>
<td>Ongoing</td>
<td>The whole population</td>
<td>Financial Human Resources</td>
</tr>
<tr>
<td></td>
<td>(i) Healthy weight for all</td>
<td>MOH&amp;QL MBC Other partners</td>
<td>June 2017 2018, 2019</td>
<td>Adolescents</td>
<td>Financial Human Resources</td>
</tr>
<tr>
<td></td>
<td>(ii) Healthy weight for all</td>
<td>MOH&amp;QL MBC Other partners</td>
<td>Ongoing</td>
<td>School aged children</td>
<td>Financial Human Resources</td>
</tr>
<tr>
<td></td>
<td>(iii) Healthy weight for all</td>
<td>MOH&amp;QL MBC Other partners</td>
<td>Ongoing</td>
<td>Children under 5 years, Carers of young children</td>
<td>Financial Human Resources</td>
</tr>
</tbody>
</table>