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STATUS OF THE EVALUATION OF PAN AMERICAN CENTERS: CARIBBEAN FOOD AND
NUTRITION INSTITUTE (CFNI)

This document describes the evaluation process of the Caribbean Food and Nutrition Institute (CFNI), and contains a summary of activities of the Center (Annex I), the Final Report of the Evaluation Team (Annex II), and a summary matrix of the official responses of the Caribbean Governments (Annex III). The Evaluation Team was composed of Dr. Alec Morrison, Assistant Deputy Minister, Department of Health and Welfare, Canada; Dr. T. K. Murray, Food and Nutrition Consultant; and Dr. Kenneth Standard, University of the West Indies. Its report focuses attention on the future role and activities of the Center within the policies and guidelines established by the CFNI Policy Advisory Committee, reaffirmed by the Conference of Ministers Responsible for Health in the Caribbean (Grenada, June 1980) and Resolution XXVI of the XXVII Meeting of the Directing Council (October 1980). The summary matrix incorporates responses from the Governments of Antigua, Barbados, Belize, Cayman Islands, Guyana, Jamaica, Montserrat, Saint Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago. In addition, other responses were received from the Overseas Development Administration (ODA) (United Kingdom), and the University of the West Indies. Visits were made by the Team to Antigua, Barbados, Grenada, Jamaica, Saint Lucia, and Trinidad and Tobago, including the Center facilities and PAHO Offices. As will be noted, the responses to the key issues are positive in their support of the current and future role of CFNI.

The Executive Committee's attention is directed to the urgent need for new housing for the Center in Jamaica and efforts to obtain financial assistance from the WHO Real Estate Fund. Other important points for consideration include:

- proposed new terms of reference for the Policy Advisory Committee;
- the creation of a scientific and technical committee (a mechanism that has worked well at CAREC);
- new distribution of Center staff, including a unit in one of the less developed countries or territories of the Caribbean and a core group maintained in Jamaica;
- emphasis on integration of Center activities within the larger context of primary health care in the Caribbean.

The Evaluation Team, in accordance with Resolution XXVI of the XXVII Meeting of the Directing Council, submitted its report to the Director of the Pan American Sanitary Bureau. Its findings were developed in accordance with:

- the methodology approved by the 82nd Meeting of the Executive Committee;
- the Director's guidance, particularly in regard to the integration of nutrition in health activities which will contribute to the goal of HFA/2000;
- the guidelines established by the Governments in the Caribbean through the Institute's Council, which served as a basis for the Center staff to re-study the Basic Agreement in accordance with the declarations of the 13th Advisory Committee on Policy (1979) and of the Conference of Ministers Responsible for Health in the Caribbean (1980).

Conforming to the policies and programs identified at the CFNI Policy Committee Meeting in Suriname, the Center Director and staff incorporated within the self-audit process the results of the review of the Agreement for CFNI and the expressed needs of the participating countries. This timing was most fortunate since the Center, as represented, focused on revising its objectives, some of which were out of date, and also on the program activities relevant to the new terms of reference approved by the Conference of Ministers. CFNI activities were found to be in accord with past objectives. Appreciation was expressed by national officials of the low key style of CFNI's advisory and support services by which CFNI served as a "constant conscience of the government" in matters pertaining to nutritional status, food distribution, nutrition planning, etc.

The self-audit which was completed by the Center in February 1980 emphasized the new direction developed by the Health Ministers in Grenada, and focused on four major objectives:

1. Elimination of undernutrition as a public health problem in all population groups;
2. Reduction of anemia in all groups of the population to functionally acceptable levels;
3. Lowering of the the incidence of obesity and reduction of the prevalence of nutrition-related diseases, particularly obesity, diabetes and hypertension;
4. Ensuring that an adequate and stable supply of nutritious, safe and acceptable food is accessible and available to all individuals.

The strategies developed by the Center based on discussions with the countries were organized into five major areas in support of the main objectives. In addition, the programs were specified by country and area, and the evaluation indicators identified. Using this forward looking document and guided by the overall policy of integrating the activities of the Center within the context of primary health care, the Team developed a list of key issues which were circulated to the countries on 12 May 1980. During June 1980 responses were received from Barbados, Guyana, Montserrat and the Overseas Development Administration of the United Kingdom. Also during that period all three members of the Evaluation Team attended, as observers, the Sixth Conference of Ministers Responsible for Health in the Caribbean, held in Grenada, and utilized the opportunity to discuss the issues regarding the role of CFNI, and the needs identified by various officials. Document CD27/23, ADD.II, Suppl. summarizes the views expressed by the Ministers of Health of the Caribbean Community:

- a) There was broad agreement that, in order to get a wide perspective of the Region's needs, the Evaluation Team should plan to visit several representative countries, including lesser developed countries (LDC's) in the Eastern Caribbean;
- b) In developing a preferred future for CFNI, the Evaluation Team should consider the issue of an active program of training designed to prepare Caribbean personnel for senior positions in the Institute;
- c) Careful attention should be paid by the Evaluation Team to ways and means by which the presence of the Institute in the LDC's could be enhanced;
- d) The Evaluation Team should discuss with national governments the appropriate involvement of governments in the planning process utilized by CFNI. The view was expressed that CFNI should involve national governments early in the development of plans for its activities, so that its programs will more accurately reflect and be responsive to country views and priorities;
- e) The Evaluation Team should discuss with national governments the need for increased emphasis on training of governmental personnel, including teachers, nurses and community workers, for the provision of technical and advisory services to national nutrition councils, and for surveillance of nutritional status in the region.

In light of the above and in concert with Resolution CD27.R26 the Evaluation Team requested a follow-up mailing of the Key Issues to Governments. This was done on 4 November 1980, and members of the Team visited Antigua, Barbados, Saint Lucia, and Trinidad and Tobago. By late December official responses were received from St. Vincent, Belize, Cayman Islands, University of the West Indies (UWI), and Jamaica. Annex III provides a matrix of the official responses from the Caribbean countries, UWI, and ODA.

As will be noted, the responses are, in general, positive, and supportive of the current and projected role of CFNI. The Team, in conveying its report to the Director, indicated that, based on the above and on its visits to the countries and discussion with various Caribbean officials, "CFNI is respected, held in high esteem and regarded as an important resource for the future of better nutrition in the Caribbean."

Annexes

CARIBBEAN FOOD AND NUTRITION INSTITUTE (CFNI)
PROGRAM ACTIVITIES SUMMARY
1967-1979

CFNI was established in 1967 at the request of the English-speaking Caribbean countries. At first, strong emphasis was placed on surveys to establish the extent and nature of the nutrition problem--St. Vincent, 1967; Barbados, 1969; Jamaica and Trinidad and Tobago, 1970; and Guyana, 1981. This approach was changed to investigations of specific problems--nutrition and working efficiency, 1972-1973; evaluation of community health aides, 1973; and solar driers, 1973. More recently, the emphasis has been on ongoing food and nutrition surveillance and research to improve program development, e.g., current work on anemia, food and nutrition councils.

The course for Diploma in Community Nutrition (DCN) was started in 1970, organized by CFNI. Emphasis has shifted to development of curricula for nutrition in other courses, e.g. agriculture, nursing, and to specific targeted training, e.g., intensive course in food and nutrition planning and DCN refreshers.

Since its inception, CFNI has organized technical group meetings of local experts to develop strategies to deal with regional problems, e.g., protein foods, 1968; young child feeding, 1970; food and dietary services, 1980; food and nutrition councils, 1978; weaning, 1978; and breastfeeding, 1979. Recently, increased emphasis has been put on developing national action plans to implement regional food and nutrition strategies.

Educational material production started with the newsletter "Cajanus," which continues to be published quarterly. Recently increased emphasis has been put on nutrition education materials for the public, linked with priority problems, programs and training sessions on nutrition education.

In 1981 the new objectives linked CFNI even more closely to primary health care, to individual country needs, to regional planning, and to an integrated approach to problem reduction.

The first five years broadly led to an increased awareness and knowledge of food and nutrition conditions, the next five to national policy development, and recent years to consolidation of the above and strengthening of programs, institutions and personnel in countries, with rapidly growing emphasis on community education.

Projected income from CFNI Member Governments and PAHO/WHO for the 1980-1985 period is as follows:

	<u>1980-1981</u>	<u>1982-1983</u>	<u>1984-1985</u>
	\$	\$	\$
Member Governments' Contributions	327,434	396,173	479,354
PAHO/WHO Regular Budget	1,022,400	1,274,400	1,383,600

FINAL REPORT
OF THE EVALUATION TEAM
TO
THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
ON THE
EVALUATION OF THE CARIBBEAN FOOD AND NUTRITION INSTITUTE

November 1980

EXECUTIVE SUMMARY

CFNI makes a significant contribution to the work of PAHO/WHO in the Caribbean and should be maintained as a Pan American Center for at least another decade.

The work of CFNI must be fully integrated into the development of primary health care in the Caribbean.

A major unit should be maintained in Jamaica; the acquisition of new facilities there should receive high priority.

The unit in Trinidad and Tobago should be reduced in size.

The presence of CFNI in the LDC's of the Eastern Caribbean should be strengthened by establishing a new unit in Saint Lucia.

CFNI should have as a high priority the provision of assistance to participating countries in assessing food supplies and food distribution, and in evaluating nutritional status.

FINAL REPORT

Evaluation of the Caribbean Food and Nutrition Institute

A. BACKGROUND

The Caribbean Food and Nutrition Institute (CFNI), one of 10 Pan American Centers, serves 17 countries, 16 in the English-speaking Caribbean and Suriname. Most are small; the total population served amounts to approximately 5 million. CFNI currently has 14 professional staff, of which 8 are located in Jamaica, 4 in Trinidad-Tobago and 1 each in Barbados and Guyana.

In keeping with the global goal of the World Health Assembly, the Institute has identified the following general objective: "to collaborate with member governments in their efforts to achieve health for all by the year 2000". To achieve the Institute's general objective, four "impact objectives" have been identified which relate to undernutrition (especially protein-energy malnutrition); anemia; obesity (especially in adult women); and maldistribution of the food supply, both between countries, and within countries and households. These objectives are to be achieved by five "process objectives" or strategies: policies, strategies and action plans; institutional development; education and training; public understanding; and diagnosis and surveillance. A matrix style of management is planned, which can be visualized by placing impact objectives along one axis of a grid, and process objectives along the other. Work plans are being developed for each "cell" of the matrix.

B. EVALUATION OF THE WORK OF THE CENTER

The role and work of CFNI were evaluated as part of a more general review of the work of all of the Pan American Centers, as directed by the XX Pan American Sanitary Conference. The following format for the evaluation was used:

- (a) self-audit by the CFNI Director and his staff;
- (b) review of documents by the PAHO Headquarters staff;
- (c) site visits by the Evaluation Team;
- (d) identification by the Team of the principal issues to be considered by the Governments served by the Institute;
- (e) request, by the Director of PASB, for the views of the Governments on these issues;
- (f) visits by Team members to selected participating countries to obtain the views of their Governments;
- (g) preparation by the Team of the final report and recommendations to the Director of PASB

Item (a) was completed in February 1980. CFNI in Jamaica was visited by the Evaluation Team* from 11-15 February, 1980, and views of the Jamaican government were obtained at that time. Team members attended the Conference of Ministers Responsible for Health in the Caribbean, held in Grenada in June 1980, to obtain views of participating governments. In November 1980,

* The Evaluation Team consisted of:

- Dr. K. Standard, University of the West Indies
- Dr. T.K. Murray, Food and Nutrition Consultant, Ottawa, Canada
- Dr. A.B. Morrison, Health and Welfare Canada, Ottawa, Canada.

further visits were made to obtain the views of the Governments of Antigua, Barbados, Saint Lucia and Trinidad and Tobago. The CFNI unit in Trinidad was also visited at that time.

C. REPORT OF THE TEAM

1. After intensive review and discussion, the Team concludes that if CFNI did not exist, it would have to be invented; if dismantled, it would have to be reassembled. The important services provided by the Institute could not be supplied by individual countries given present and projected status of development during the next decade.

2. The Staff

- 2.1 As noted previously, the Institute is staffed by 14 professionals, 8 in Jamaica, 4 in Trinidad and Tobago and 2 in one-man posts. The Team is favorably impressed by the caliber and competence of the professional staff of the Institute. A high level of motivation and professional dedication is evident. The Director clearly has the full confidence of his colleagues, and meetings between CFNI staff and the Team were characterized by candor, frankness and good-will. The Team notes with great satisfaction the extensive amount of objectives-setting and planning which had been conducted by CFNI staff.

3. Physical Facilities

3.1 The physical facilities of CFNI in Jamaica are far below standard. The building, erected as a "temporary" building during World War II, is badly infested with white ants, cannot economically be repaired, and must be replaced as soon as possible. The highest priority should be given to obtaining new quarters. The possibility of obtaining extra-budgetary funds for this purpose should be investigated thoroughly on a priority basis.

3.2 A new building for the major CFNI center should preferably be sited on a medical school campus. Access to library and computer facilities is essential; at present these are located in Jamaica, Trinidad and Barbados. Although alternative sites were considered, the present location in Jamaica, on balance, is adjudged most desirable for the major CFNI center. Land is available and relationships with the University of the West Indies (UWI) are long established and work well.

4. Geographic Distribution of Staff

4.1 The Team is of the view that the staff of CFNI should not be scattered throughout the Caribbean in small non-viable units. To maintain the "critical mass" of staff necessary to effectively carry out the program of CFNI, the Team recommends that a core group should be maintained in the major center in Jamaica. The Team considers it essential to strengthen the presence of CFNI in the LDC's of the Eastern Caribbean to

provide assistance where it is most needed. To accomplish this, the Unit in Trinidad and Tobago should be reduced in size and a unit established in an LDC. After considering various alternatives, the Team concludes that a site in Saint Lucia should be selected for this purpose. A suitable facility will shortly be available, and the Government of Saint Lucia has expressed interest and support. In addition, plans have been formulated for a multipurpose center in Saint Lucia to serve primary health care needs of the Eastern Caribbean, including nutrition. A CFNI presence there could significantly strengthen the nutritional elements in the training of community health aides, dental nurses and hygienists, and other health care workers, as well as reinforcing the orientation of CFNI staff to the needs of the Eastern Caribbean.

The CFNI staff member in Trinidad and Tobago currently working on problems of Supply and Distribution should remain there, and continue close cooperation with UWI staff and the Trinidad and Tobago Ministry of Agriculture.

The Team was informed that the Government of Guyana has appointed a full time nutritionist. The CFNI staff member in Guyana could, therefore, appropriately be relocated.

The training function currently being carried out in Barbados should remain there. The staff member involved is working

in close and productive association with the National Nutrition Center and assisting in meeting training needs for the Caribbean.

5. The Program of the Institute

5.1 The Team notes the commitment of PAHO/WHO to the concept that primary health care is the key to health for all. As pointed out in the Declaration of Alma Ata, food and nutrition play essential roles in the attainment of this objective. The work of CFNI must therefore be seen in broad perspective, as contributing towards the attainment of primary health care. The work of the Institute must be fully integrated into the development of primary health care programs in the Caribbean. This will necessitate close liaison with national governments and with appropriate units of PAHO. Since the Institute is already committed to collaboration with member governments in their efforts to achieve "Health for All by the Year 2000", extensive reorientation of staff and programs will not be required to integrate the work of CFNI into a primary health care focus.

5.2 The Team concludes that CFNI is making a significant contribution to the work of PAHO in the Caribbean. All national governments contacted, both LDC's and MDC's, were highly supportive of the Institute and its work. The Team notes with satisfaction the positive image of CFNI in the LDC's, who

make extensive use of the services of the Institute. Given the current state of development of food and nutrition services and programs in the Caribbean, CFNI should be retained as a Pan American center for at least the next decade.

5.3 The Institute is highly service oriented, and its objectives and programs are relevant to the needs of the region identified by national governments. Institute staff should be encouraged to continue their interest in applied mission-oriented research. This should be conducted collaboratively with existing institutions; there is no need for CFNI to develop its own laboratory facilities. Maximum use should be made of students, medical interns and residents, and visiting scholars in planning and conducting collaborative research programs with non-core-budget funds.

5.4 The countries served by CFNI should be encouraged to take more responsibility for the work of the Institute, including financial support. The Team observes that the work of the Institute, and the strategies adopted to achieve its objectives, contribute positively to the attainment of self reliance on the part of participating countries. The Team notes the growing use by CFNI of nutrition experts from countries in the Caribbean, who serve as PAHO temporary advisers on assignments within the region. This commendable practice is a good example of Technical Cooperation among Developing Countries

(TCDC), enhancement of which is a major goal of PAHO/WHO.

It promotes not only TCDC, but by providing opportunities for personal growth and development of participating experts, aids also in the development of national self-reliance and helps build a core of qualified experts in the region.

- 5.5 The Team is of the view that interaction between CFNI and the Caribbean Epidemiology Center (CAREC) should be strengthened in areas of mutual interest, such as food-borne disease. The Team notes with satisfaction progress towards such cooperation in the recent nutrition survey in Belize. CFNI should be given responsibility for evaluating and commenting to the Director of PASB on the nutritional implications of Caribbean regional programs within the UN system, or under the aegis of the Caribbean Development Bank. If a continuing nutritional input is needed, it should be provided by program budgets. Broad, intersectoral collaboration with UWI should continue. Formal links should be established between CFNI and the Caribbean Agricultural Research and Development Institute (CARDI), perhaps by each providing a member to the other's policy advisory council. Similarly, formal links should be established with the Caribbean Agricultural Development and Advisory Service of CARICOM.

- 5.6 The Team notes with satisfaction the generally high level of cooperation between the PAHO Country Representative(s) (CR's)

and CFNI staff. It recommends, however, that the linkages between the CR's, CFNI, National Governments and the PAHO Caribbean Programme Coordinator be clarified and codified further.

- 5.7 The Team examined in detail the current balance between food and nutrition activities of the Institute, and concludes that the balance is appropriate, considering the raison d'être for CFNI. It notes that of the four impact objectives identified by CFNI, three (under-nutrition, obesity and anemia) deal primarily with nutritional matters, while the fourth (maldistribution) deals primarily with food. The Team agrees that CFNI should not develop on-going programs in food microbiology and sanitation, food safety, food legislation or food technology. Where needs arise in the food and nutrition field CFNI should be the contact point for the involved government.
- 5.8 CFNI should put a high priority on the provision of assistance to national governments in collecting data on food supplies and nutritional status, with particular emphasis on problems identified by governments, such as hypertension, diabetes, obesity and undernutrition.
- 5.9 The Team notes the important contribution which the social sciences can make to nutrition programs, and recommends that

steps be taken to add a qualified nutritional anthropologist to CFNI staff. The Nutrition Educator post should be established on a permanent basis. The education and public awareness programs of CFNI would benefit greatly from having a curriculum development expert on staff or as a consultant.

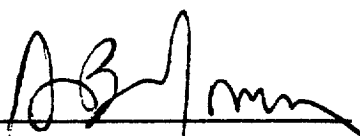
- 5.10 The Team recommends that national governments give high priority to the development of national nutrition councils.

Such councils must be highly action oriented. The approach of CFNI in working with national governments in the development of nutrition councils is to be commended: the development of the Council in Belize is a good example of what can be achieved by cooperative efforts.

- 5.11 National governments should be encouraged to support long-term career development programs for nutritionists and related health scientists. Professional associations and UWI can play important contributory roles. Short-term secondments of staff to CFNI from national governments and regional agencies should be encouraged. The Team recognizes that it is impractical to expect that senior policy makers in national governments will be experts in nutrition. CFNI should be encouraged, however, to continue efforts aimed at sensitizing senior policy makers to the importance of nutrition, and in providing them with sound scientific and technical inputs into the development of health and food policies.

- 5.12 The Team recommends increased collaboration between CFNI and the dental hygienists school in Trinidad and Tobago. Collaborative studies between CFNI, the school of dental hygienists and UWI on the fluoridation of salt, as a means of combatting dental caries, should be encouraged.
- 5.13 The Team recommends structural and administrative changes in the bodies which are advisory to CFNI. Clear terms of reference should be developed for each advisory group.
- 5.14 A Scientific and Technical Advisory Committee (STAC) should be set up, composed of 5-7 senior scientists, most of whom should be from the Caribbean region. The Director of CFNI should serve as Secretary, ex officio to the STC. The members of STAC should be selected on the basis of their personal expertise and should meet as required (perhaps every other year) for an in-depth, independent and critical evaluation of the broad scientific and technical aspects of the program of CFNI. Observers should be invited from UWI, CAREC, CARDI and other regional technical and scientific agencies as appropriate.
- 5.15 An in-depth technical review of the programs of the Institute should be conducted every three to five years, by ad-hoc groups of expert consultants.

5.16 The Policy Advisory Committee should meet to consider the program and budget of the Institute. The Team recommends that this Committee be composed of appropriate members selected by the national governments served by CFNI, in conjunction with PAHO. Committee members should be of senior rank, able to represent their Governments on policy issues. The Committee should meet at least every other year.



Dr. A.B. Morrison

Dr. T.K. Murray

Dr. K. Standard

Questions

1. What are your views on a preferred future for CFNI to best serve your needs and those of the Caribbean in both food and nutrition?	Institute was needed and should continue for at least the next decade.	Greater decentralization of CFNI staff to promote nutrition services, to those in greatest need. Place a public health nutritionist (PHN) in the Windward and another in the Leeward islands. Station a senior CFNI staff member at the Barbados Nutrition Centre to support them.	Greater advisory input is required to ensure the development of an effective National Food and Nutrition Council.	CFNI could best serve our needs and the Caribbean through: (1) Training programs for national personnel at various levels. (2) Developing and distributing material for the general education of the public. (3) Undertaking nutrition surveys. (4) Helping to develop and evaluate country programs.	The objectives for CFNI as modified in 1979 meet our needs, both in terms of the "impact" and "process" objectives (see CD27/23 Add.IV). The term "Caribbean" is defined as the English-speaking Caribbean and Suriname. Consideration may be given to inclusion of Haiti and, possibly, the Dominican Republic.
2. Should a new facility be erected on the present site, as recommended by the Team?	Yes	Before consideration of a new facility for CFNI on the present site a decision should be taken on its future role. There should be greater emphasis on assisting the LDCs to develop their own self-supporting centers.	We agree with the proposal for the erection of a new facility for CFNI at its present site, providing it is clear that the activities of the institute will be enhanced by it.	A new facility should be provided on the site as CFNI should maintain close linkage with the University of the West Indies, its Medical Faculty including the Department of Social and Preventive Medicine. Contact with other faculties will be useful.	Yes. Assistance in the search for funding will be necessary. It is to be noted that the ownership of the land is vested in the University of the West Indies.
3. Does this proposed distribution of staff meet your needs?	Staff should be located in LDC's e.g. one professional in the Leewards and each Windwards, to serve all LDC's. They should provide both health and food expertise and be rotated at intervals. There would be no advantage to LDC's by increasing CFNI presence in Barbados.	Agree that a small core group should be maintained at headquarters and the proposed small outreach units could meet our needs. In the final analysis this will depend on the needs of each country.	Agree that the proposed distribution of staff should be implemented and hereby indicate our preparedness to accommodate a small outreach unit as required and in line with our ongoing and proposed food and nutrition activities.	The proposed distribution of staff will meet the needs provided the periods of service are not limited to brief visits (a few days). In view of distance from Jamaica, the office in Trinidad should be maintained to provide closer and easier contact.	Yes. It is felt that a critical mass of staff should be maintained at the head office, but in order to meet the stated objectives, short term postings to the other territories are necessary. Jamaica wishes to retain head office location.
The Team recommended that PAHO encourage countries served by CFNI to take more responsibility for financial support of the Institute. 4. What mechanisms do you propose whereby this may be achieved during the next decade?	The LDCs might be able to serve themselves to a greater extent by pooling their resources.	Perhaps the greatest need is for financial assistance to enable LDC's to establish nutrition posts. If private funding could be secured the LDC's should create the necessary posts, with the understanding that governments accept financial responsibility after a specified period.	The Government is prepared to consider an increased budgetary allocation to CFNI based on a scale proportionate to the level of CFNI's input in terms of technical services to our ongoing and proposed food and nutrition programs.	For the countries to be able to take on more responsibility for the Institution, more information concerning the cost must be made available to the Governments. If the presence of CFNI are more obvious it would emphasize its value.	Countries served by CFNI pay contributions according to assessments. These funds which are included in "extra-budgetary" funding make up about one-third of the total budget. We would find it difficult to increase our contribution.

1. CFNI should continue as a Regional Center with responsibility for assisting governments in program coordination (including research related activities).	Presently CFNI serves as a resource center from which individual countries, on request, receive assistance. This is a very satisfactory arrangement. It might be helpful if the system can be simplified or adjusted, so that requests can be met more speedily.	CFNI has helped in many ways, both from Trinidad and Kingston. It should continue for at least 10 years. Publications from CFNI are very useful.	There is a continuing need for the existence of CFNI in the Region. At present it lacks the broad outreach to identify and serve the needs of St. Vincent and the Grenadines.	CFNI has 4 main roles. i. fact-finding, surveys of food intake, food production and nutritional state, ii. advice to Governments, particularly on policy and planning, iii. dissemination of information; iv. education and training. Their value depends on the extent to which the Governments make use of them.	Services provided by CFNI cannot be provided by member governments. Great variation in Member Governments' capacity to solve problems being tackled by CFNI. CFNI activities are necessary for the region, as is the Institute itself. The Institute must ensure that the true needs of the region are being addressed, not only those perceived by CFNI. The University hopes to make formal input into the policies for CFNI over the coming years. The broad nature of CFNI's agreed objectives would best be served by an independent Institute.
2. A new facility should be erected.	Service, as a resource, from the present site is satisfactory.	Agreed.	Any new buildings should be centrally located to serve the Eastern Caribbean. It is difficult, time consuming and costly for personnel to travel to the present site from the LDC's.	If a new building is erected on the University of the West Indies Campus, it will become the property of the University.	Yes
3. The proposed distribution of staff sounds like a good proposal, particularly the outreach unit.	Seems adequate for the needs of Montserrat. However, some countries fall behind in receipt of services because their stage of development does not facilitate long term planning.	There should be CFNI officers in the Windwards and Lewards to serve LDC's. If located in one LDC there will be jealousy. An office in Barbados is not the answer.	Agree with locating a core group at Headquarters. Staff should be placed in individual States where the need is greatest.		If the Institute is to perform primarily a catalytic role at the periphery, then a strong central core staff is mandatory. Small outreach units should be kept to a minimum. CFNI might support locally appointed personnel rather than maintaining a presence in several places.
4. 1) A signed agreement of commitment by member governments to make a yearly contribution with a yearly percentage increase to be determined. 2) Government to pick up tab for per diem expense of consultant, while in		Governments should make a commitment to provide housing, facilities and the like.	Will continue to pay an equitable proportion of the cost in relation to service.	Fact-Finding. Governments should accept responsibility for their own nutritional monitoring. "Once-off" surveys have limited value. The best role for the CFNI is to advise on efficient and economical systems.	The University is not in a position to advise on this.

<p>5. Should CFNI be given responsibility for evaluating and commenting to the Director of PASB on the nutritional implications of Caribbean regional programs within the UN system, or those under the aegis of the Caribbean Development Bank? How should bridges be developed or strengthened between the Institute and other Caribbean regional institutions and agencies?</p>	<p>CFNI should advise nutrition councils.</p>	<p>CFNI should be given this responsibility. CFNI representation on committees of other Caribbean regional institutions would help in strengthening bridges should the logistics of this exercise permit.</p>	<p>(a) CFNI should function as the agency for evaluation and comment to on the nutritional implications of Caribbean regional programs both within the UN system and under the aegis of the Caribbean Development Bank. (b) Bridges should be developed or strengthened between the institute and other Caribbean regional institutions and agencies through increased sharing of information, personnel and key resources.</p>	<p>CFNI should be given this responsibility. It is essential that all programs deal with food and Nutrition. Bridges could be developed by close staff contact and development of joint approach to programs, with the Institute responsible for particular aspects e.g. training of personnel, evaluation, education, etc.</p>	<p>CFNI's impact objectives will be facilitated by a formal, but not exclusive responsibility for comment, thereby influencing program outcome. Comments should be addressed to member Governments, CARICOM and PAHO, all of which are represented on the CFNI policy advisory committee.</p>
<p>The Team was of the view that national governments should place strong emphasis on collection of data on food supplies and health status. 6. How do you propose this be accomplished? Does your Government require consultant services in food legislation and marketing?</p>	<p>We do not have the manpower to gather statistics. Requires both training and manpower.</p>	<p>This will remain difficult to accomplish until some regional decision-makers develop a greater commitment to improving the nutritional status of the people.</p>	<p>(a) Continuous collection of data on food supplies and health status is of significance in identifying problems and determining remedial activities. Data gaps require a national nutrition survey. The National Food and Nutrition Council monitors the domestic production and imports of food. (b) Consultant services in food legislation and marketing are required.</p>	<p>CFNI has a role to play in assisting Ministries of Agriculture, Trade, Health, etc. in obtaining better data. This requires training of personnel, development of suitable forms, and carrying out surveys. Consultant services in food legislation and marketing are required. Suitably trained personnel are not available. The development of food processing industries will necessitate the establishment of standards and facilities for monitoring.</p>	<p>Agreed. National Governments will, however, need help in certain technical (including legal) areas. This expertise should be available in the CFNI multi-disciplinary core group.</p>
<p>7. Would availability to CFNI of expertise in curriculum development be of assistance to you in introducing a nutritional component in educational programs?</p>	<p>Most decidedly. Nutrition is included in health education after the age of 12. Need help to develop curriculum for kindergarten to that age.</p>	<p>CFNI expertise in curriculum development would be of assistance in further strengthening the nutrition component of educational programs.</p>	<p>The availability to CFNI of expertise in curriculum development would assist us in introducing nutrition component in our educational programs.</p>	<p>CFNI's expertise in curriculum development will be of greatest assistance in introducing a nutrition component in educational programmes at all levels.</p>	<p>Yes</p>
<p>8. What mechanisms do you propose for the further development and greater effectiveness of national nutrition councils?</p>	<p>We have a very active Committee. CFNI staff helped in formulation of a national nutrition policy.</p>	<p>A greater commitment to the importance of nutrition in national development by some regional decision-makers is needed for the further development and greater effectiveness of national nutrition councils.</p>	<p>We propose to further educate and train members of the National Nutrition Council to enhance its performance as the national agency responsible for nutritional development.</p>	<p>National Councils should have permanent staffing a statistician, administrator and Nutritionist as Technical Officer. Multisectoral linkages and close contact with the Central Planning authorities must be maintained.</p>	<p>A designated individual should have responsibility in each country for the initiation or development of the Council. A political directive is essential as is the provision of a budget to allow the Council to perform its work, through a Secretariat.</p>

<p>5.</p> <p>a) CFNI should be responsible for regional programs under the aegis of the Caribbean Development Bank.</p> <p>b) CFNI as with other regional agencies, needs to take an intersectoral approach to its program planning and coordination (i.e. research projects, workshops, planning sessions, etc.) could be undertaken among regional institutions.</p>	<p>Because of CFNI's involvement with a large number of the Caribbean territories should be given this responsibility. CFNI could also be a coordinating body for programs of other institutions and agencies.</p>	<p>Agree</p>	<p>The activities of CFNI should be fully integrated for better coordination with any relevant nutritional activity in the region.</p>	<p>CFNI can play a valuable role, not only by making its own resources available, but also by acting as a "clearing house", identifying outside consultants for any particular problem. It could, perhaps, also assist in negotiating bilateral or multilateral support for individual government proposals.</p>	<p>This involves a formal liaison with the regional programs and an acknowledgement that this is the role expected of CFNI. CFNI could have a more active presence in the University through responsibility for some programs which fall within their expertise.</p>
<p>6.</p> <p>Technical cooperation would be required to assess what is presently being done in respect of collection of data on food supplies and the resultant health status. National planners could then incorporate identified needs and develop programs to strengthen existing services.</p>	<p>CFNI can assist with some system to collect baseline data and to add new data to what already exist. Health status information systems already developed by CFNI could be introduced into territories with necessary modifications for individual cases.</p>	<p>Saint Lucia publishes an annual health report but does not collect data on diabetes, hypertension and obesity. These data are needed.</p>	<p>Government has created a National Nutrition Council which will accomplish the objectives, with consultant help.</p>	<p>Dissemination of information. There is no other agency in the Caribbean which has the resources to fulfil this important role.</p>	<p>The Team's view is clearly proper if there is to be planning with regard to food and nutrition. The role of CFNI is catalytic in most places and only infrequently to be the executing agency.</p>
<p>7.</p> <p>A priority area for development is our Health and Family Life course, which nutrition is a part. To this extent, therefore, expertise in curriculum development will be required.</p>	<p>Yes. However, CARICOM Secretariat has already begun to look at curriculum development in nutrition and both agencies should collaborate in this area.</p>	<p>Definitely yes. Saint Lucia has a curriculum development unit and could use the help of specialists.</p>	<p>The simple answer is yes but a curriculum in itself would be insufficient. There is a need to train the local trainers to implement the course.</p>	<p>There are two organizations in the Caribbean which are concerned with curricula and career development, CFNI and the University of the West Indies. It is desirable that there should be a closer integration between them.</p>	<p>If there can be a formal articulation of some CFNI activities with the teaching programs here, then expertise in curriculum development would be useful.</p>

Questions

<p>9. Do you agree that long-term career development programs for nutritionists and related health scientists are needed in the Caribbean region? If so, what mechanisms do you propose?</p>	<p>Community nutritionists needed. The report should stress the need for governments to create nutrition posts.</p>	<p>Long-term career development for nutritionists and related health scientists are needed. This, however, must go hand in hand with the creation of the necessary posts.</p>	<p>Agree. A well designed training program, particularly for nutritionists who are designated national nutrition officers, is needed.</p>	<p>Programs for Nutritionists and related health scientists must be developed to provide for long term career development. CFNI should provide guidelines for Governments. Trained personnel must be utilized beneficially after such training.</p>	<p>The subregion is small and can only absorb a limited number of high level personnel. It may not be cost-effective or desirable that their preparation be solely within the Caribbean. Academic Fellowships could help to meet defined local needs. Global mobility is not undesirable.</p>
<p>10. By what mechanisms can government policy-makers be sensitized to the importance of nutrition in social and economic development?</p>	<p>Seminars and workshops are the most effective. Good nutrition should be viewed as a right. Cost/benefit analysis may not always influence political decisions.</p>	<p>Cost-effective and cost-benefit techniques have met with little success in some countries. Perhaps nutrition care for all the people should be declared a human right which needs no justification.</p>	<p>By clearly demonstrating to them the statistics correlating undernutrition with low productivity, morbidity, etc. and elaborating on what is needed in practical terms to solve these problems.</p>	<p>By demonstrating the economic advantage of food, especially food production, marketing, etc. and the benefits to the community of sound nutrition practices. Recognition that production of nutritionally satisfactory foods has major economic advantages. Active participation in influencing community attitudes could stimulate greater awareness of the problem and the Government's role.</p>	<p>The countries, CARICOM and PAHO all have to make a concerted effort to make available to policy-makers the technical information needed for sound decisions. Nutrition Advisory Councils have an important role in this regard, bearing in mind the participatory nature of the layman/professional dialogue.</p>

<p>8. For further development and effectiveness of national nutrition councils, the needs are two fold: 1) national governments need to be motivated to develop and maintain nutrition councils, as well as, 2) CFNI needs to provide more technical cooperation, perhaps with the country team visiting member countries to provide impetus as well as expertise.</p>	<p>National Nutrition Councils should have a Secretariat with full time technical officers and secretarial help. The Councils should have a budget and some executive powers to operate effectively.</p>	<p>Councils should be drawn from two levels - the Permanent Secretary level and "the working level". This gives Council "clout" and follow-through.</p>	<p>The Nutrition Council is still in its infancy but plans to establish, at local level, branches with full community involvement and participation.</p>		<p>One model cannot be applicable throughout the region. There is enough local expertise within and without CFNI to structure Councils which are appropriate and relevant and whose functions can be clearly evaluated.</p>
<p>9. a) Yes b) A regional institution should assess the quality of training available at the regional level presently, as well as, an assessment of the needs perceived for the developing Caribbean region. Definitely long term career development is essential.</p>	<p>Very much so. The most urgent need is the provision of training as to the post graduate level. Filling this need should be a Faculty for nutrition, dietetics, home economics, public health, and environmental health, at the University of the West Indies, to provide a Caribbean orientation.</p>	<p>Need regional pools of experts to provide a career structure. Saint Lucia and Saint Vincent have established an agreement to pool resources.</p>	<p>A post of Nutrition Officer is on the establishment of the Ministry of Health. We have been unable to recruit a qualified person and would welcome assistance in training staff.</p>	<p>The PAHO Institutes, such as CFNI, represent a very large fixed commitment, which reduces PAHO's flexibility. It should be PAHO policy for these institutes to be closely and formally associated with local or regional bodies, with PAHO providing some financial support in a flexible way.</p>	<p>Community nutritionists trained by CFNI should be absorbed into the health care system in the Caribbean. Long-term career development is a problem for all health professionals in the Caribbean.</p>
<p>10. a) More approaches to program strategy can be taken from an intersectoral approach i.e. this can be thrust of those agencies offering technical cooperation to national governments. b) Attendance of policy makers at workshops/seminars planned with the specific thrust "of planning for change with an intersectoral approach".</p>	<p>Policy-makers tend to appreciate only those programs which result in hard cash benefits. More effort should be made to document the cost/benefit of nutrition programs.</p>	<p>Good programs will impress policy-makers.</p>	<p>Policy makers are aware of these problems but the persistent high birth rate frustrates economic growth. Effective health education will create an informed public.</p>		<p>This problem stems from the decrease in expenditure on health as a whole. The health care system is not funded at the same level as other public sectors perceived as more productive in a development sense.</p>

<p>11. a) redefinition of the terms of reference of the Policy Advisory Committee, such that (i) it would meet annually to consider the policies, program management and budget of the Institute and make appropriate recommendations to PAHO; (ii) it would consist of ten members, including six selected by national governments; (iii) members would be of senior rank, able to represent their governments or organizations on policy issues; (iv) members would serve for three years and the chairman would be chosen by PAHO in consultation with national governments.</p> <p>b) establishment of a Scientific and Technical Advisory Committee of 5-7 members to provide an in-depth and critical evaluation of the broad scientific aspects of the program of CFNI.</p> <p>c) detailed technical audits of the specific work plans of the Institute, to be conducted periodically by ad hoc groups of expert consultants appointed by PAHO.</p>	<p>(i) Agree to annual meeting;</p> <p>(ii) Member countries underrepresented by this proposal - should be two representatives from the Leewards, two from the Windwards (one from Agriculture, one from Health)</p> <p>(iii) Agree</p> <p>(iv) Agree</p>	<p>Banned on experience on bodies that advise CFNI, agree with: a (i), (ii), (iii), (iv) as well as (b) and (c).</p>	<p>a) Agree that a redefinition of the terms of reference as at (i) (ii) (iii) and (iv) would contribute to increased participation in the decision making process particularly for LDC members.</p> <p>b) In agreement.</p> <p>c) In agreement.</p>	<p>a) (i) The Policy Advisory Committee should meet annually.</p> <p>(ii) Members should serve 3 years and be of senior rank. They should be able to represent their governments.</p> <p>b) A Scientific and Technical Advisory Committee should be available for the purpose stated.</p> <p>c) Audits of the work plans should be conducted in the light of the goals of the national governments and should ensure that work plans are scientifically sound and directed at the goals set by the Governments.</p>	<p>a) (i) Agreed. This mainly calls for a change in the structure of the annual meeting;</p> <p>(ii) Agreed, subject to collective agreements on the numbers;</p> <p>(iii) Agreed;</p> <p>(iv) Agreed, as this allows for continuity and stability in the work of the Council. However, many people do not stay in one job or country long enough to serve out a three-year term. Consultation with CARICOM should be added.</p> <p>b) Yes. This is necessary and was proposed in 1979 by the Policy Advisory Committee.</p> <p>c) Agreed. The value of external audits is accepted. It is desirable that Medical Officers of Health review each year's annual budget on behalf of the contributing territories, as is done for the University of the West Indies.</p>
<p>12. In amending it, should the <u>de facto</u> role of PAHO as the executing agency be clarified?</p>	<p>Agree. In summary - We are reasonably well served by CFNI. They are most responsive, prompt and helpful.</p>	<p>Yes</p>	<p>Yes</p>	<p>PAHO should remain the executing agency but the relationship with the CARICOM Secretariat should be clearly defined.</p>	<p>Agreed. CFNI as a "Pan American Center" would have to abide by the Resolutions of the PAHO Directing Council (see Res. CSP20.13). However, the special relationship between CFNI and CARICOM should be accommodated.</p>

<p>11. In regards to redefinition of the Policy Advisory Committee:</p> <p>A. (i) Yes (ii) Yes. The important criterion here would be the rationale used in deciding who the six representatives of national governments would be. (iii) Yes (iv) It would be more feasible to select three of the national seats for a three year duration and the remaining three to be changed each year. B. Yes C. Yes</p>		<p>a) All governments should be represented on the PAC. Either this large Committee should meet only every other year or the cost of meeting annually should be reduced b) No comment c) Agree</p>	<p>the policy of CFNI needs restating in relation to other PAHO Institutions and confirmed by the Health Ministers. There should be a clear understanding that policy is the responsibility of the Health Ministers. Implementation and accountability rest with the Director of CFNI who may be assisted by an Advisory Committee as suggested. There is a need for a Scientific and Technical Advisory Committee which should work in close collaboration with the Medical Research Council and within a financial budget. Emphasis should be placed on scientific and Technical projects written in "layman's language" that everyone can understand.</p>	<p>The proposals for changes in the advisory bodies to CFNI seem eminently sensible.</p>	<p>The model proposed is very similar to the one which has helped CAREC to its present position in the Caribbean, attesting to the success of having the technical and policy aspects of programs considered separately. There should be formal University representation on these bodies, enabling us to make greater input into decision making. This will lead to a closer relationship between CFNI and the appropriate faculties and departments of the University. The suggestion that the detailed work plans of the Institute be audited periodically will greatly assist the Director of CFNI, but if the Scientific and Technical Advisory Committee functions well these <u>ad hoc</u> groups would be rarely necessary.</p>
<p>12. No</p>		<p>Agree</p>	<p>No objection to PAHO acting as the Executing Agency.</p>		<p>If some aspects of the present agreement impair proper functioning, then in terms of good management a proposal to clarify these areas is supported.</p>