

Strengthening implementation of non-communicable disease (NCD) priority actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and Legislative Framework



25–28 November 2019
Tanoa International Hotel, Nadi, Fiji Islands

Strengthening implementation of non-communicable disease (NCD) priority actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and Legislative Framework

25–28 November 2019

Tanoa International Hotel, Nadi, Fiji Islands



Pacific
Community
Communauté
du Pacifique

Suva, Fiji, 2020



© Pacific Community (SPC) 2020

All rights for commercial/for profit reproduction or translation, in any form, reserved. SPC authorises the partial reproduction or translation of this material for scientific, educational or research purposes, provided that SPC and the source document are properly acknowledged. Permission to reproduce the document and/or translate in whole, in any form, whether for commercial/for profit or non-profit purposes, must be requested in writing. Original SPC artwork may not be altered or separately published without permission.

Original text: English

Pacific Community Cataloguing-in-publication data

Strengthening implementation of non-communicable disease (NCD) priority actions in the Pacific: consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and Legislative Framework – 25–28 November 2019, Tanoa International Hotel, Nadi, Fiji Islands

1. Diseases — Prevention — Oceania.
2. Public health — Oceania.
3. Chronic diseases — Oceania.
4. Tobacco — Oceania.
5. Alcohol — Oceania.
6. Nutrition — Oceania.
7. Health — Oceania.

I. Title II. Pacific Community

616.980995

AACR2

ISBN: 978-982-00-1295-0

Prepared for publication at SPC's Suva Regional Office,
Private Mail Bag, Suva, Fiji, 2020
www.spc.int | spc@spc.int

Printed at SPC Printery, Noumea, New Caledonia

Contents

Acknowledgements	iv
Executive Summary.....	1
Background	2
Objectives of the Workshop	3
Approach	3
Key Discussions and Recommendations.....	4
1. Leadership and Governance.....	4
L1 Multi-sectoral NCD Taskforce	4
L2 National NCD Strategy	4
L3 Explicit NCD Indicators.....	4
2. Health Promotion and Taxation	4
3. Marketing of Breastmilk Substitute.....	5
4. Unhealthy Foods	6
5. Tobacco.....	7
6. Alcohol Control	8
7. Health System Response	9
8. Monitoring.....	9
Key Outcomes	10
Country and Territory Action Plans	10
Way Forward.....	11
Annex 1: Participant List.....	12
Annex 2: Agenda	16
Annex 3: Summary of Discussions	20

Acknowledgements

The Pacific Community in partnership with the World Health Organization wishes to acknowledge the following representatives from 21 Pacific countries and territories, organisations and institutions for their contributions and active participations in this 3-day consultation workshop.

- Country Focal Points and Representatives
- Fiji National University (FNU)
- Food and Agriculture Agency (FAO), United Nations
- National Institute of Public Health, Government of Japan
- Pacific Island Forum Secretariat (PIFS)
- Pacific Islands Health Officers Association (PIHOA)
- University of Sydney
- Youth, WAKE UP! Project

Executive Summary

The Pacific Community (SPC) in partnership with the World Health Organization's Western Pacific Regional Office and Division of Pacific Technical Support (WHO) co-hosted a four-day consultation workshop from 25 to 28 November 2019 at the Tanoa International Hotel in Nadi, Fiji Islands.

Strengthening Implementation of NCD Priority Actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and Legislative Framework workshop was convened to: (i) allow country representatives to discuss their experiences with completing the MANA Dashboard, initiate updating and ascertain collective recommendations on ways to strengthen the tool and the processes; (ii) review recent progress and challenges with priority NCD actions at country level and identify opportunities to strengthen programmes, legislation and leadership; (iii) review and discuss the draft Pacific NCD Legislative Framework (PLF) in view of its future implementation and to identify recommendations to strengthen the framework; and (iv) explore coordination mechanisms for countries, territories and partners in a concerted manner to support country priority actions

In all, 31 country representatives and 23 partners came together to review the 31 indicators in the Pacific Monitoring Alliance for NCD Action (MANA) Dashboard and the five chapters and accompanying annexes of the Pacific NCD Legislative Framework. Experiences with completing and updating the Dashboards and the challenges of progressing priority NCD actions at the country level were shared during this workshop. Furthermore, discussions on the current Pacific NCD Legislative Framework document, its future implementation and ways to strengthen it were also undertaken.

During extensive discussions over the three days, participants suggested a number of specific recommendations, mainly around: (i) adding to the current MANA Dashboard criteria; (ii) having clearer definitions in some indicators; and (iii) minor edits in the wording of some indicators and chapters. Overall, there were no major changes suggested to the current content and format of the monitoring tool and legislative framework.

At the end of the workshop, the participants endorsed the "Way Forward" for both the Pacific MANA and PLF. Recommendations from the workshop are to be consolidated; further refinements are to be done to both the Pacific MANA Dashboard indicators and PLF; and a report is to be presented at the 2020 Pacific Heads of Health meeting.

The technical partners, namely SPC, WHO, PIHOA and C-POND of FNU will continue in their concerted efforts to support the PICTs through existing coordinating mechanisms such as through the MANA coordinating team and Pacific UN thematic group for NCD.

Background

In 2014, the Pacific leaders committed to responding to the NCD crisis through the endorsement of the NCD Roadmap. The Roadmap outlines five key action areas to be taken that include: strengthening tobacco control by an incremental increase in excise duties; increasing taxation of alcohol products; improving policies on food and drink products directly linked to NCD; enhancing primary and secondary prevention of NCD; and strengthening the evidence base for programme effectiveness.

To assist the Pacific Island countries and territories (PICTs) track progress in implementing the Roadmap, the Pacific MANA Coordination Team, comprising SPC, WHO, PIHOA and C-POND, developed an accountability tool and mechanism – the MANA Dashboard. This was endorsed at the Pacific Heads of Health (HoH) meeting in 2017, following which, the MANA Coordination Team facilitated the baseline assessments and endorsement of each country's MANA Dashboard. These assessments were based on the agreed 31 indicators on NCD policies and legislations. The results of the assessments from all 21 PICTs were compiled into a report *Status of NCDs Policy and Legislation in PICTs, 2018 (MANA 2018 Report)* and presented at the 2019 HoH.

While most PICTs have some of the main NCD-related legislations and regulations in place, there is substantial scope to strengthen the legislative approach to combatting NCDs in the Pacific. In 2018, the Pacific HoH endorsed the drafting of the *Pacific Legislative Framework (PLF)*, which was done in March 2019 in consultation with Pacific legislative drafters and NCD health policy experts. At this consultation workshop, the *MANA 2018 Report* was used as one of the key reference documents.

With the status of NCD policies and legislations documented, and the existence of an evolving draft PLF, there was an opportunity to bring together the PICTs NCD programme coordinators and the country legislative drafters to review both the MANA Dashboard and the NCD-relevant legal framework of their respective countries or territories. This workshop provided a platform for country representatives to update their MANA Dashboard as well as provide collective input into the PLF. For the majority, it was an opportunity to examine the MANA indicators in more detail and provide their experiences and challenges around completing the baseline. For the legal drafters, it was an opportunity to examine the PLF in light of the laws of their own country or territory and look at how those laws could be strengthened to support the NCD prevention and control efforts in their own countries or territories.

The outcome of this workshop will inform the finalisation of the PLF, while the feedback on the MANA indicators will form the basis of the MANA Dashboard review following the 2020 Pacific HoH meeting.

Objectives of the Workshop

The objectives of this consultation workshop were to:

- discuss experiences of completing the MANA Dashboard, initiate its updating and make recommendations to strengthen the tool and process;
- review recent progress and challenges with priority NCD actions at country level and identify opportunities to strengthen programmes, legislation and leadership;
- review and discuss the draft Pacific NCD Legislative Framework (PLF) in view of its future implementation and to identify recommendations to strengthen the framework; and
- explore coordination mechanisms for countries, territories and partners in a concerted manner to support country priority actions.

Approach

To achieve the workshop objectives, the approach taken to consult with the PICTs considered the following key factors.

- The participants came from two distinct professional groups: NCD programme coordinators and legal officers from the Ministry of Health and the Attorney General's office; (Annex 1 *Participants list*).
- The participants were required to review two distinct but linked items: *Pacific Monitoring Alliance for NCD Action* and the *Pacific Legislative Framework (draft)*.

Against this backdrop, the participants were systematically taken through the corresponding sections of the MANA Dashboard and draft PLF. Each section was presented briefly (with supporting hard copies available at each table and e-copies sent a few weeks prior to the workshop).

The presentations were followed by group discussions where the country representatives were provided with an opportunity to review each of the sections in more details and identify areas for further clarification and amendments. The collective discussions were then presented to the forum for clarification and notes for further consideration.

Details of the consultation sequence can be found in the agenda (Annex 2 *Consultation workshop agenda*), and the workshop resources can be found at this link: <https://bit.ly/PacificMANA2019>

On the final day of the workshop, two lots of deep-dive sessions were held where a handful of country representatives shared in detail the various NCD-related initiatives, ranging from NCD coalitions and stakeholder engagements to the marketing of unhealthy foods. These sessions were then followed by time for country participants to review recent progress and challenges and identify priority NCD actions for their respective countries and territories. Furthermore, they were encouraged to identify opportunities to strengthen programmes and legislations with the assistance of the technical agencies present at the workshop. A Country Action Planning Template was provided that was to be submitted to the secretariat at the end of the workshop.

Key Discussions and Recommendations

This section summarises the areas needing clarifications or minor amendments in both the MANA and PLF documents. It lists suggestions for amendments to indicators that the MANA Coordinating Team and the PLF drafters need to consider in addition to the collective recommendations on ways to strengthen the MANA Dashboard and the PLF. For details on the discussions refer to Annex 3.

1. Leadership and Governance

MANA

L1. Multi-sectoral NCD Taskforce

- Clarification was sought on the use of “committee” in Multi-sectoral NCD committee rather than “taskforce”.
Recommendation: to use the word “body” in place of “committee” and “taskforce” with reference to the Multi-sectoral NCD group.
- Star rating is dependent on who is leading the Multi-sectoral Taskforce. The Dashboard indicates either the Prime Minister or Government Minister as the lead.
Recommendation: to consider assigning a star rating to NCD taskforces chaired by Permanent Secretary or CEOs who are successfully achieving outcomes of the taskforce.

L2. National NCD Strategy

- The existence of a Multi-sectoral NCD taskforce (L1) should result in the development of a national NCD strategy (L2). Upon achieving a 3-star rating for this indicator, what would be the next step for the country?
Recommendation: to consider including as a criterion under this indicator whether the National NCD Strategy has been operationalised.

L3. Explicit NCD Indicators

Recommendation: to clearly define the detail of the NCD global targets.

2. Health Promotion and Taxation

PACIFIC LEGISLATIVE FRAMEWORK

Chapter 3. Health Promotion Fund

- The rationale focuses on the use of funds rather than why health promotion is important.
Recommendations: (i) to clearly define what health promotion is, and (ii) include the word “prevention”.
- Throughout the document there are no recommended actions included and the role of health promotion in advocacy is not reflected.
Recommendations: (i) to include recommended actions to assist governments, and (ii) include the role of health promotion in the document.
- Questions were raised around the governance of a Health Promotion (HP) Foundation in a country.
Recommendation: the PLF to provide guidance around leadership, governance and accountability mechanisms to assist countries and territories when they are planning to set up their HP Foundations.

- The management and use of the HP fund were discussed.
Recommendation: to explicitly include wider parameters on the types of activities that can be funded in the revisions to PLF draft.

Chapter 1.1.1. Tobacco Tax

- Questions were raised around opportunities to divert earmarked funds directly to health promotion funds.
Recommendations: (i) to ensure that indexation of tobacco and alcohol taxation are on a par with standards of living, and (ii) tobacco increments each year to be written into existing legislation.
- Concerns were also raised on the differences in taxes imposed on local versus imported tobaccos.
Recommendation: to provide requests for assistance to governments to ensure that excise taxes on tobacco are not applied in a discriminatory fashion that potentially violates trade laws.

3. Marketing of Breastmilk Substitute

MANA

H4. Marketing of Breastmilk Substitutes

- More clarity is required around packaging requirements, and enforcement of government regulations.
Recommendations: (i) to consider NCD policy or official procedures to qualify for amber or green star rating in countries and territories where passing of supportive legislation is a challenge; (ii) to include enforcement in all green star rating.

H5. Baby-Friendly Hospitals

Recommendations: (i) to establish the criteria for baby-friendly hospital (BFH) certification of at least one public hospital internally (as opposed to externally), due to changes to the WHO guidelines; (ii) to include a timeframe in the certification process of hospitals.

H6. Maternity Leave and Breastfeeding

Recommendations: (i) to develop a separate indicator on “the right to breastfeed in public places”; (ii) to reword the minimum criteria in the green zone to “provision of at least 12 weeks minimum of paid maternity leave”.

PACIFIC LEGISLATIVE FRAMEWORK

Chapter 4. Code on Marketing of Breastmilk Substitutes

Recommendation: to include in the rationale why breastfeeding is promoted to prevent NCDs and to explicitly state that this is a responsibility of the leaders.

Annex 4. Marketing of Breastmilk Substitutes – draft legislative provision component

- More clarity is needed about the right to breastfeed in public places (Part 7 of Annex 4) and this should be broader to include all public places.
Recommendations: (i) to include the definition of breastmilk substitutes in both legislative policy and draft legislative provision components; (ii) to explicitly state and include the terms “breastfeeding” and “breastmilk” and have clear references to the role of a mother; (iii) in addition to breastfeeding, to include reference to expressed milk.

4. Unhealthy Foods

MANA

F1. Reducing Salt Consumption

Recommendations: (i) to require “readable font size labels” in the criteria for the green rating; (ii) to clearly define and include in the indicator the stipulated and recommended salt/sodium intake target of less than five grams a day; (iii) to clarify the specific target groups (age) for indicators F1, F2 and F4 e.g. to have more specificity for children; (iv) to consider linking up F1, F2 and F3 and to proactively regulate the marketing of foods identified within these indicators.

F2. Trans-fats No changes to this indicator.

F3. Unhealthy Food Marketing to Children No changes to this indicator.

F4. Food Fiscal Policies

- Two of the criteria under green are similar – bullet point #1 and bullet point #4.
Recommendation: to either clearly differentiate the two criteria further or remove one.

F5. Healthy Food Policies in Schools No changes to this indicator.

PACIFIC LEGISLATIVE FRAMEWORK

Chapter 5. Salt, Sugar, Trans-fat and Marketing of Unhealthy Food and Drinks

- Discussions were around retitling the chapter and ensuring that the policy objectives included awareness. Secondly, the policy objectives were considered as an encouragement for countries and territories to look at the impact of trade opportunities via World Trade Agreements.
- Under section 5.1 on salt, it was recommended that iodised salt be included as an alternative to non-iodised salt due to the high levels of iodine-deficiency in the region.
- Under subsection 5.2.1, Part (c), the restriction on sales and marketing of sugar-sweetened beverages (SSB) needs to be defined and applied across all unhealthy products high in salt and trans-fats.
Recommendations: (i) to retitle Chapter 5 “*Salt, Sugar, Trans-fats and Marketing of Unhealthy Foods and Drinks to Children*”; (ii) to raise public awareness on foods high in these ingredients under all policy objectives (5.1.1 Salt; 5.2.1 Sugar and 5.3.1 Trans-fat).

Annex 5-1. Salt, Sugar and Trans-fat Regulations

Recommendations: (i) to define specific limits for salt and sugar consumption in addition to sugar levels in SSBs; (ii) to label foods high in salt, sugar and trans-fat as “harmful food products”; (iii) to specifically consider identifying recommendations for children in Parts 2–4.

Annex 5-2. Marketing of Unhealthy Food and Sugary Drinks to Children Regulations

Recommendations: (i) to ensure that Part 2 – “Marketing of designated products” – explicitly states that schools, school events and events for children should prohibit the marketing of unhealthy food and beverages.

5. Tobacco

MANA

T1. Tobacco Excise Taxes **No changes to this indicator.**

T2. Smoke-free Environments

Recommendations: (i) to expand the “Completely smoke-free places” description to include other locations, especially those children frequent e.g. places of worship, recreational areas, parks, beaches; (ii) to consider linking tobacco licences with liquor licences so that if a liquor licence holder violates tobacco laws, they could potentially risk losing their liquor licence.

T3. Tobacco Health Warnings

Recommendation: to include “plain packaging” in the green star rating criteria as a requirement to get 3 stars.

T4. Tobacco Advertising, Promotion and Sponsorship **No changes to this indicator.**

T5. Tobacco Sales and Licensing

Recommendations: (i) to reword the plain green criteria to read “the sale of single stick cigarettes and loose tobacco is banned”; (ii) to define the term “loose tobacco”.

T6. Tobacco Industry Interference

Recommendations: (i) to clearly define “tobacco industry interference” for all countries and territories; (ii) review criteria for green star rating against Article 5.3 of the Framework Convention on Tobacco Control (FCTC) guidelines.

PACIFIC LEGISLATIVE FRAMEWORK

Chapter 1. Tobacco Control **No changes to this chapter.**

Annex 1. Tobacco Control Bill **No changes to this chapter.**

6. Alcohol Control

MANA

A1. Alcohol Licensing No changes to this indicator.

- Most countries and territories appear green for this indicator; however, very little is considered under enforcement. Loopholes exist where a single retailer has a single licence for multiple stores.
- Hours and days of on- and off-premises sales need to be quantified.
Recommendations: to consider alcohol licence or permit regulations for large events e.g. festivals, funerals.

A2. Alcohol Advertising No changes to this indicator.

- A clearer definition of “*some alcohol advertising regulation exists*” needs to be included.

A3. Alcohol Taxation

- The term “alcohol” should be used consistently in both MANA and PLF. Currently PLF uses “liquor” in reference to alcoholic beverages.
- MANA Dashboard currently does not have a recommended tax threshold similar to that for tobacco.
- **Recommendation:** to determine the recommendation for alcohol tax threshold and include in the Dashboard.

A4. Drink Driving

Recommendations: (i) to include the presence of open containers as a measure of drink driving and sobriety tests to meet the 3-star rating and to cover the list of “areas” by regulation; (ii) to consider “local/traditional” alcohol under the definition of alcohol in both MANA and PLF.

PACIFIC LEGISLATIVE FRAMEWORK

Chapter 2. Liquor Control

Recommendations: (i) to more clearly define what is meant by harmful use of liquor; (ii) to update Section 2.2.1 on Minimum Age to include CNMI, FSM, Guam, Palau and RMI.

Annex 2-1. Liquor Control Bill

- It was noted that there are no provisions for liquor tax and tax thresholds to be applied.
- Under Part 1 – Recommendation to amend the list of exemptions from liquor licences.
- Under Part 4 – special licences are not included or defined under Part 3 alongside other licences.
Recommendations: (i) to remove from the exemption list for liquor licences “the administration, dispensing or sale of liquor for medicinal purposes authorised by a doctor or pharmacist, and the sale and supply at a mess or other outlets for military, police or prison officers”; (ii) to define “Special Licences” and include under Part 3, like other types of licences.

7. Health System Response

MANA

H1. National Guidelines for Care of Main NCDs **No changes to this indicator.**

- While definitions of what the National Guidelines entail need to be included (for non-clinicians), some countries and territories have identified the need for technical assistance in the development of their guidelines.

H2. Essential Drugs

- As a proactive measure to address stock-out of essential drugs, it was recommended that for the green star ratings, the availability of funds for NCD medications should be included as a requirement.
Recommendation: to consider “availability of funds for essential drugs” as a criterion for green star rating.

H3. Smoking Cessation

Recommendations: (i) to relabel this indicator from “Smoking Cessation” to “Tobacco Cessation” for consistency; (ii) to include a monitoring mechanism for this service as one of the requirements for green star rating; (iii) to replace bullet point 3 by “cessation services at a health care facility by a health care worker”; (iv) to additionally deliver cessation services in the communities.

H5. Baby-friendly Hospitals **No changes to this indicator.**

- With recent changes to the baby-friendly hospital requirements, countries and territories have specifically requested that technical partners keep the countries and territories informed of these changes and have recommended the best approaches to adopt.

8. Monitoring

MANA

M1. Population Risk Factor Prevalence Surveys – Adults **No changes to this indicator.**

M2. Population Risk Factor Prevalence Surveys – Youths **No changes to this indicator.**

M3. Child Growth Monitoring **No changes to this indicator.**

M4. Routine Cause-specific Mortality **No changes to this indicator.**

Key Outcomes

The four-day consultation workshop brought together 31 country representatives and 23 advisers, observers and partners to review the Pacific MANA Dashboard indicators and the draft PLF, both of which had been sanctioned by the Pacific Heads of Health and Pacific Health Ministers over the past three years.

Collectively, the 31 indicators of the MANA Dashboard and the five (5) chapters of the PLF including the annexes were reviewed in detail. Experiences with completing and updating the Dashboards, along with the challenges of progressing priority NCD actions at the country level, were shared during this workshop. Furthermore, the PLF was discussed in terms of its future implementation and the identification of recommendations to strengthen it.

Just over 60 recommendations or suggestions for changes were presented and discussed over the three days. A third (33%) of these recommended additions to the criteria for star rating of the MANA Dashboard; twenty per cent (20%) recommended having “clearer” definitions while the others suggested making minor amendments to the wordings (16.7%) of the various indicators. Other recommended changes focused on actions that needed to be taken (12%) and the assistance required from technical partners to undertake work. A fifth of all the recommendations was for no changes.

Country and Territory Action Plans

At the conclusion of the consultation workshop, half of the PICTs provided a draft country or territory action plan to the secretariat while the others needed to verify information in their countries and territories prior to completing their respective plans.

This exercise provided the opportunity for the country representatives to review and update their own MANA Dashboard based on clarifications of the various indicators made in the first three days. Additionally, the representatives were asked to identify gaps in their own Dashboards and prioritise activities that could be undertaken in the first six months of 2020 with the assistance of the technical partners present.

Way Forward

At the end of the workshop, the collective endorsed the “Way Forward” for both the Pacific MANA and the PLF (refer to Figures 1 and 2). Recommendations from the workshop are to be consolidated, further refinements to be made and a report to be presented at the 2020 Pacific HoH meeting.

The technical partners, namely SPC, WHO, PIHOA and C-POND of FNU will continue in their concerted efforts to support the PICTs through existing coordinating mechanisms, such as through the MANA coordinating team and Pacific UN thematic group for NCD.

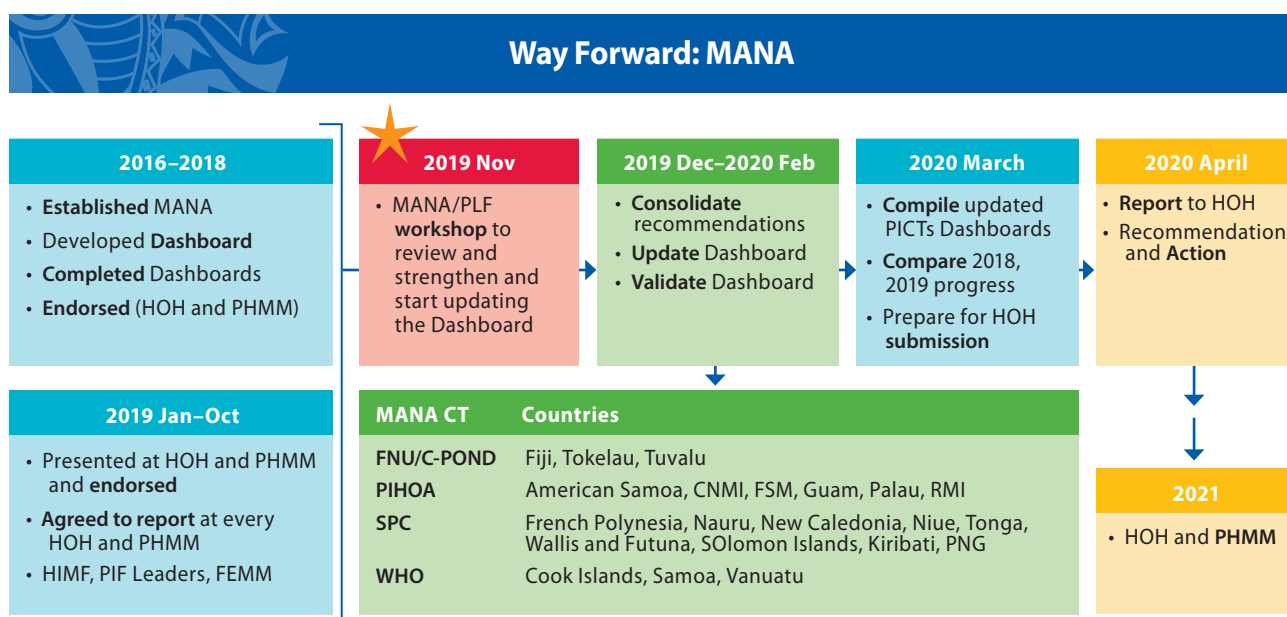


Figure 1. Way Forward for Pacific MANA

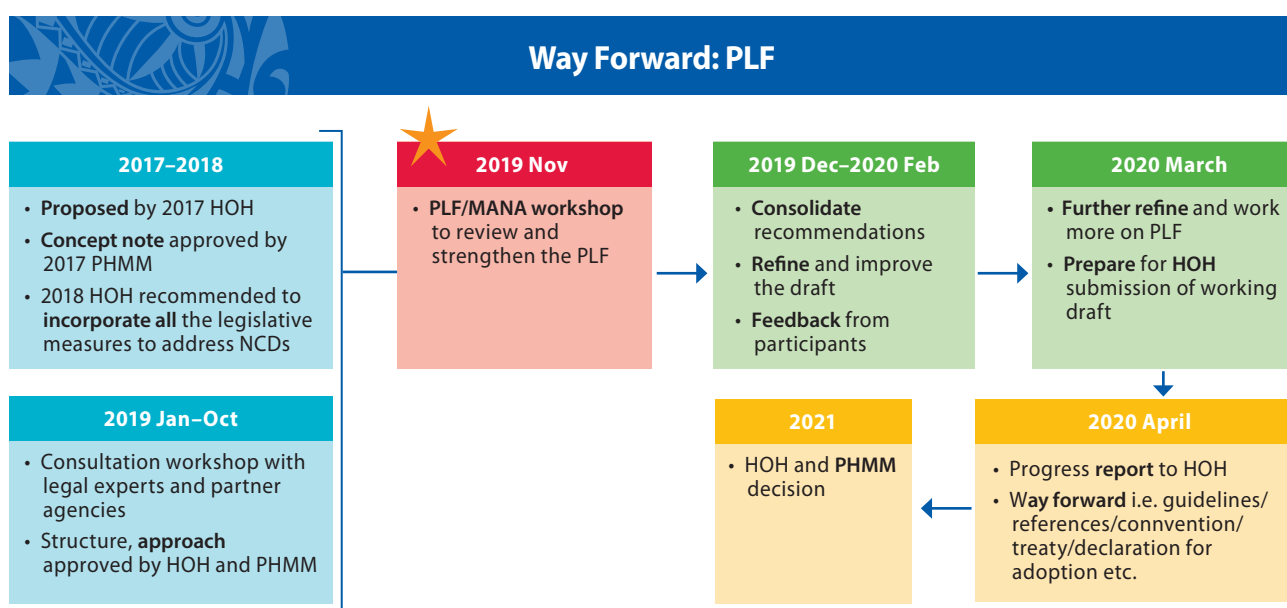


Figure 2. Way Forward for the Pacific Legislative Framework

Annex 1: Participant List

Countries	Participant name and contact details
American Samoa	<p>Jason MITCHELL Assistant Attorney General Department of Legal Affairs Territory of American Samoa Pago Pago, AS 96799 E: mittchellj@la.as.gov</p> <p>Dr Eminoni NAVENO GP Tafuna Primary Clinic and Head of NCD Committee Territory of American Samoa Pago Pago, AS 96799 E: enaveno@doh.as or noniemiucutara@gmail.com</p>
CNMI	<p>Subroto BANERJI Special Assistant for Strategic Initiatives and Innovations Commonwealth Healthcare Corporation Office of the CEO P.O. Box 500409 Saipan, CNMI 96950 E: subroto.banerji@dph.gov.mp</p>
Cook Islands	<p>Tanya Michelle MCCALL Manager Public Health, Legal Consultant Ministry of Health Cook Islands Rarotonga Cook Islands E: Tanya.McCall@cdhb.health.nz</p> <p>Nuhisifa WILLIAMS Manager Policy and Planning Ministry of Health Cook Islands Rarotonga Cook Islands E: nuhisifa.williams@cookislands.gov.ck</p>
Federated States of Micronesia (FSM)	<p>X-Ner LUTHER NCD Chief FSM Department of Health P.O. Box PS Palikir, FSM 96941 E: XLuther@fsmhealth.fm</p>

Countries	Participant name and contact details
Fiji	<p>Dr Isimeli TUKANA Director, Wellness Centre, Ministry of Health Suva Fiji E: isimeli.tukana@govnet.gov.fj</p> <p>Yabaki VOSADRAU Legal Officer Office of the Solicitor-General Suvavou House Suva Fiji E: yabaki.vosadrau@govnet.gov.fj</p>
French Polynesia	<p>Tumata HELME Chef de Project, Prevention des addiction Direction de la Sante Polynesie Francaise E : tumata.helme@sante.gov.pf</p> <p>Ondine FRETE Chargée de projets Direction de la Sante Polynesie Francaise E: ondine.frete@sante.gov.pf</p>
Guam	<p>Yvette PAULINO NCD Consortium Data Action Team University of Guam Station Mangilao, Guam 96923 E: paulinoy@triton.uog.edu</p>
Kiribati	<p>Ereta BRUCE Director Legislative Drafting Office of Attorney General Tarawa Kiribati E: ereta@legal.gov.ki</p> <p>Antje REIHER Public Health Specialist – NCD Ministry of Health & Medical Services Tarawa Kiribati E: antjereiher1@gmail.com</p>
Marshall Islands (RMI)	<p>Philma MENDOZA Director of Health Promotion & Disease Prevention Ministry of Health & Human Services Majuro Republic of the Marshall Islands E: pmendoza2@northpark.edu</p>

Countries	Participant name and contact details
Nauru	<p>Stacey CAIN Nurse Supervisor Ministry of Health Government of Nauru Nauru E: essniac@gmail.com</p> <p>Wylie DETENAMO Legal Adviser Justice Department Government of Nauru Nauru E: wdetenamo@gmail.com</p>
New Caledonia	<p>Noemie BEAUFILS Legal Officer 59 rue George Clémenceau Noumea 98800 New Caledonia E: noemiebeaufils@hotmail.fr</p>
	<p>Dick FOREST Chef de projet adjoint Agence Sanitaire et Sociale de la Nouvelle Caledonie Noumea 98800 Nouvelle Caledonie E: dick.forest@ass.nc</p>
Niue	<p>Dr Patricia TATUI Senior Dental Officer Department of Health Alofi Niue E: patricia.tatui@mail.gov.nu</p>
Palau	<p>Ernestine K. RENGIL Attorney General for the Republic of Palau P.O. Box 1365 Koror Palau 96940 E: ekrengiil57@gmail.com</p> <p>Irish TUTII Comprehensive Cancer Control Program Coordinator, NCD Unit Ministry of Health Koror Palau E: irish.tutii@gmail.com or irish.tutii@palauhealth.org</p>

Countries	Participant name and contact details
Papua New Guinea	<p>Ruth KEWA Senior Legal Officer Department of Health National Department of Health Port Moresby Papua New Guinea E: ruth_kewa@health.gov.pg or ruthkewa@gmail.com</p> <p>Vicki WARI Programme Manager NCD National Department of Health Port Moresby Papua New Guinea E: vicky_wari@health.gov.pg or victoriamary.wari@gmail.com</p>
Samoa	<p>Jun Ho Gregory KIM NCD Coordinator Health Sector Coordination, Resourcing & Monitoring Ministry of Health Apia Samoa E: jun.kim@health.gov.ws</p>
Solomon Islands	<p>Dr Nemias BAINIVALU Undersecretary Health Improvement Ministry of Health & Medical Services Honiara, Solomon Islands E: NBainivalu@moh.gov.sb</p> <p>Yvonne OGAOGA Legal Officer Ministry of Health & Medical Services Honiara, Solomon Islands E: YOgaoga@moh.gov.sb</p>
Tokelau	<p>Barbara TALI National Health Information & Health Promotion Officer Department of Health Tokelau E: levibarb.tali@gmail.com</p>
Tonga	<p>Dr Reynold OFANO Chief Medical Officer Public Health Ministry of Health Nuku'alofa Tonga E: reynoldofanoa@gmail.com</p>
Tuvalu	<p>Susana Fineangonofa KAUSEA Legal Officer Attorney General Office Funafuti Tuvalu E: sf03900@gmail.com</p>

Countries	Participant name and contact details
Vanuatu	Dr Posikai Samuel Tapo Director Policy and Planning Policy & Planning Unit Ministry of Health Port Vila Vanuatu E: pstapo@vanuatu.gov.vu
Wallis and Futuna	Sesilia Penikosite LOGOTE Infirmiere de Prevention Agence de Sante de Wallis et Futuna E: peni.logote@adswf.fr penikosite@yahoo.fr

Youth – WAKE UP! Project	
	Raphael ATOUTA Supervisor, WAKE UP! Team E: selagraphic@gmail.com
	Apisai Duri apisaiduri00@gmail.com
	Vilisi SUGUTA E: lisiniolagis@gmail.com
	Maleina MOLIA E: moliemaleinalow@gmail.com
	Atueta RABUKA E: rabuakaatueta@gmail.com
Temporary Advisors	
	Professor Roger MAGNUSSON School of Law University of Sydney Sydney, Australia E: roger.magnusson@sydney.edu.au
	Dr Tomofuni SONE Vice President National Institute of Public Health Ministry of Health, Labour and Welfare Government of Japan 2-3-6 Minami, Wako City Saitama, Japan E: sonet.aa@niph.go.jp
	Dr Tomoko KODAMA Chief Senior Researcher Department of International Health and Collaboration National Institute of Public Health Ministry of Health, Labour and Welfare Government of Japan 2-3-6 Minami, Wako City Saitama, Japan E: kodama.t.aa@hiph.go.jp

Partners	Participant name and contact details
FAO	Fiasili LAM Policy Officer FAO Sub-Regional Office for the Pacific Islands (FAOSAP) Apia Samoa E: Fiasili.Lam@fao.org
Fiji National University	Dr Gade WAQA Head of C-POND Fiji Institute for Pacific Health Research College of Medicine Nursing & Health Sciences Fiji National University Suva Fiji E: gade.waqa@fnu.ac.fj
PIHOA	Dr Haley CASH NCD Regional Epidemiologist for the USAPIs PIHOA 737 Bishop St. Suite 2075 Honolulu Hawaii E: haleyc@pihoa.org
PIFS	Tasha SIAOSI Smaller Islands States adviser Private Mail bag Suva Fiji Islands E: tashas@forumsec.org
Tonga Health	Ofeina FILIMOEHALA CEO Tonga Health Tonga Health Promotion Nuku'alofa Tonga E: ofeina.filimoehala@tongahealth.org.to
	Sarah JONES NCD Strategic Implementation Adviser Tonga Health Promotion Nuku'alofa Tonga E: sarah.jones@tongahealth.org.to

Secretariat	Participant name and contact details
World Health Organization	<p>World Health Organization Regional Office for the Western Pacific Manila, Philippines</p> <p>Dr Hai-Rim SHIN Director, Division of Healthy Environments and Populations E: Shinh@who.int</p> <p>Dr Warrick Junsuk (Rick) KIM Medical Officer, Management of Noncommunicable Diseases Division of Programmes for Disease Control E: Kimw@who.int</p> <p>Dr Saki NARITA Consultant, Cancer Control and NCD surveillance Division of Programmes for Disease Control E: naritas@who.int</p> <p>Dr Hojoon LEE Consultant, Prevention of Noncommunicable Diseases (PND) Division of Healthy Environments and Populations (DHP) E: leeho@who.int</p> <p>Division of Pacific Technical Support Suva, Fiji</p> <p>Dr Wendy SNOWDON Team Coordinator, Pacific NCD and Health through the Life Course Snowdonw@who.int</p> <p>Sohyun KIM Junior Professional Officer sokim@who.int</p> <p>Dr Ada MOADRISI Technical Officer, NCD E : moadsiria@who.int</p> <p>Office of the WHO Representative, Solomon Islands</p> <p>Kirsten FRANSEN Technical Officer, Noncommunicable diseases Honiara Solomon Island E: frandsenk@who.int</p>

Secretariat	Participant name and contact details
Pacific Community (SPC)	<p>Public Health Division, Suva, Fiji</p> <p>Dr Paula VIVILI Director Public Health Public Health Division Noumea New Caledonia E: paulav@spc.int</p> <p>Dr Si Thu WIN TIN Team Leader- Non-Communicable Diseases NCD Prevention and Control Programme E: sithuw@spc.int</p> <p>Rupeni NAWAQAKUTA NCD Legal Adviser E: rnawaqakuta@mail.com</p> <p>Dr Ilisapeci KUBUABOLA NCD Adviser –M&E & Surveillance NCD Prevention and Control Programme E : ilisapecik@spc.int</p> <p>Elisiva NA'ATI NCD Adviser – Nutrition NCD Prevention & Control Program E: elisivan@spc.int</p> <p>Solene BERTRAND-PROTAT NCD Adviser – French Territories Policy, Planning and Regulation Programme E: soleneb@spc.int</p> <p>Dr Amerita RAVUVU NCD Adviser – Policy & Planning NCD Prevention & Control Program E: ameritar@spc.int</p> <p>Karen FUKOFUKA NCD Adviser – Food Security NCD Prevention & Control Program E: karenf@spc.int</p> <p>Evelyn MANI Information & Communications Officer E: evelynm@spc.int</p> <p>Ms Timaleti ROKOTAVAGA Division Finance & Administration Assistant E: timaletir@spc.int</p>

Annex 2: Workshop Agenda

Strengthening implementation of NCD priority actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and Legislative Framework

25–28 November 2019, Nadi, Fiji

Agenda

The objectives of the workshop are to:

- discuss experiences with completing the MANA Dashboard, initiate updating and make recommendations to strengthen the tool and process;
- review recent progress and challenges with priority NCD actions at country level and identify opportunities to strengthen programs, legislation and leadership;
- review and discuss the draft Pacific NCD Legislative Framework with a view to its future implementation and identify recommendations to strengthen it; and
- explore coordination mechanisms for countries, territories and partners in a concerted manner to support country priority actions.

Day 1: Monday 25th November 2019			Facilitator / Speaker
Time		Description	
START	END		
8.00	8.30	Registration	Secretariat
		Session 1: Introduction and overview	Ili
8.30	9.15	Prayer Welcome and Opening remarks Workshop objectives Participants introductions & admin announcement	Dr Isimeli Paula/Hai-Rim Ili Siva
9.15	9.30	1.1 Burden and recent commitments on NCDs: global and regional (Pacific) overview	Si/Warrick
9.30	9.45	1.2 Pacific MANA: Overview and progress to date	Ili
9.45	10.00	1.3 PLF for NCDs: Overview and progress to date	Rupeni
10.00	10.30	Group Photo and Morning Tea	
		Session 2: NCD Leadership and Governance	Dr Reynold
10.30	10.45	2.1 Presentation: Leadership and Governance Leadership and governance indicators on the MANA Dashboard	Ili
10.45	11.30	2.2 Hard Talk: Leadership and Governance Panel discussion: 'Challenges and opportunities to strengthen political leadership, and to engage government ministries and civil society organisations' by 4 country speakers	Si (Dr Isimeli, Dr Nemia, Mr X'ner, Ms Ofeina)
11.30	12.30	2.3 Group Discussion and Reporting: Leadership and Governance Review the NCD Leadership and Governance indicators. Assess the criteria and discuss/ share country progress and experiences	Ili

Day 1: Monday 25th November 2019			
<i>Time</i>		<i>Description</i>	<i>Facilitator / Speaker</i>
<i>START</i>	<i>END</i>		
12.30	1.30	Lunch	
1:30	2:15	Enhancing NCD Leadership	WPRO/NIPH
		Session 3: Health Promotion and Taxation	Mr X'ner
2.15	3.00	3.1 Presentations: Health Promotion and Taxation Overview of NCD-related Taxation Country experience: French Polynesia & New Caledonia Health Promotion Foundation component in PLF	Roger Tumata/Dick Rupeni
3.00	3.45	3.2 Group Discussion and Reporting (Tax Talk): Health Promotion and Taxation Review and discuss the health promotion foundation and taxation component in PLF	Karen
3.45	4.15	Coffee Break	
		Session 4: Marketing of Breastmilk Substitute	Ms Vicky
4.15	5.00	4.1 Presentations: Marketing of Breastmilk Substitute MANA: Indicator on BMS BMS code Palau's experience with BMS	Elisiva Karen Ernestine/Irish
5.00		Wrap up and End of Day 1 Rapporteurs for Day 1: Sarah Jones & Karen	

Day 2: Tuesday 26th November 2019			
<i>Time</i>		<i>Description</i>	<i>Facilitator / Speaker</i>
<i>START</i>	<i>END</i>		
8.30	8.35	Recap Day 1	Sarah/Karen
		Session 4: Marketing of Breastmilk Substitute (continuation)	Dr Yvette
8.35	9.00	4.2 Presentation: Breastmilk Substitutes PLF: BMS component of PLF	Rupeni
9.00	10.00	4.3 Group Discussion and Reporting: Breastmilk Substitutes Groups to discuss this component and share countries and territories progress and experiences	Siva
10.00	10.30	Coffee Break	
		Session 5: Unhealthy Food	Ms Barbara
10.30	11.15	5.1 Presentations: Marketing of Unhealthy Food and Non-alcoholic beverages to Children, and Physical Activity indicator MANA: Indicator on marketing of unhealthy food and drinks to children, and PE curriculum at schools Country experience: sugar-sweetened beverages (SSB) PLF: Marketing of unhealthy food and drinks to children component	Wendy Country A Rupeni

Day 2: Tuesday 26th November 2019			
<i>Time</i>		<i>Description</i>	<i>Facilitator / Speaker</i>
START	END		
11.15	11:45	5.2 Presentations: Unhealthy Food (sugar, salt and trans-fat) MANA: Indicators on salt, sugar and trans-fat PLF: Salt, sugar and trans-fat component	Karen Rupeni
11:45	12.30	5.3 Group discussion: Unhealthy food Discussion, analysis, and sharing of experiences on the following (both MANA indicator and PLF component): Marketing of unhealthy food and non-alcoholic beverages to children, and PE curriculum at schools Salt, sugar, trans-fat	Gade
12.30	1.30	Lunch	
1.30	2.00	5.4 Group Reporting– Unhealthy food	
		Session 6: Tobacco Control	Dr Nemia
2.00	2.30	6.1 Presentations: Tobacco Control Policies MANA: Tobacco indicators overview, including enforcement category Country experience: Samoa	Ada/Ili Shalon
2.30	3.00	6.2 Presentation; Tobacco Control Legislation PLF: Tobacco component focus on 2-3 key issues identified as legislation gaps e.g. tobacco industry interference etc.	Rupeni
3.00	3.30	Coffee break	
3.00	4.00	6.3 Group Discussion – Tobacco Control Discuss MANA indicators (including enforcement) and PLF component of tobacco control, share country experiences	Ada/Rupeni
4.00	5.00	6.4 Group Reporting – Tobacco Control	
5.00		Wrap up and End of Day 2 Rapporteurs for Day 2: Haley and Amerita	

Day 3: Wednesday 27 November 2019			
<i>Time</i>		<i>Description</i>	<i>Facilitator / Speaker</i>
START	END		
8.00	8.35	Recap Day 2	Haley/Amerita
		Session 7: Alcohol Control	Ms Ernestine
8.35	9.30	7.1 Presentations: Alcohol Control MANA: Alcohol indicators PLF: Alcohol component overview and specifically on advertising component Country experience on alcohol advertising – New Caledonia and French Polynesia	Ili/Ada Rupeni Ondine/Noemie
9.30	10.30	7.2 Group Discussion: Alcohol Control Discuss MANA indicators on alcohol control and PLF component of alcohol advertising, share country progress and experiences	Ada
10.30	11.00	Morning Tea	

Day 3: Wednesday 27 November 2019			
<i>Time</i>		<i>Description</i>	<i>Facilitator / Speaker</i>
START	END		
11.00	12.00	7.3 Group Reporting: Alcohol	
		Session 8: Health Systems Response Programmes	Dr Isimeli
12.00	12.30	8.1 Presentation: Health Systems Response MANA indicators on National guidelines for NCD management, Essential NCD drugs, BFH etc.	Wendy
12.30	1.00	8.2 Group Discussion and reporting – Health Systems Response Discuss and analyse the MANA indicators on National guidelines for NCD management, Essential NCD drugs, BFH and share country experiences	Kirsten
1.00	2.00	Lunch	
2.00	2.30	8.3 Group Discussion and Reporting: Health Systems Response continues	
2.30	3.15	8.4 Update from WPRO on Health System Response	Warrick
3.15	3.45	Afternoon Tea	
3.45	5.00	Session 9: Open discussion: monitoring indicators	Wendy
5.00		Wrap up and End of Day 3 Rapporteurs for Day 3: Kirsten and Amerita	

Day 4: Thursday 28th November 2019			
<i>Time</i>		<i>Description</i>	<i>Facilitator / Speaker</i>
START	END		
8.30	8.35	Recap Day 3	Kirsten/Amerita
		Session 10: Deep-Dive session	Ili/Ada
8:35	10:00	10.1 Deep-Dive Session 1 NCD coalition and stakeholders engagement – Guam Electronic nicotine delivery system – country experience Marketing of unhealthy foods – Fiji	Yvette Tanya Isimeli
10:00	10:30	Coffee Break	
10:30	12:00	10.2 Deep-Dive Session 2 NCD and youth – New Caledonia, and Wallis and Futuna Tobacco industry interference – country experience Enforcement – by lawyers/legislative drafters	Dick/Peni Ada Rupeni
12.00	1.00	Session 11: Individual Country Action plan Update MANA Dashboard Priority actions for MANA gap and timelines etc.	All
1.00	2.00	Lunch	
2.00	3.00	Continue Individual Country Action Plan	
3.00	3.30	Session 12: Way Forward and Closing	Paula/ Hai-Rim Haley Gade/Rupeni
		Afternoon Tea and End of Workshop Rapporteur for Day 4: Karen and Ili	

Annex 3: Summary of Discussions

GROUP WORK SESSION 2: Leadership and Governance

MANA

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
L1	<p>PICTs are seeking clarification on the selection and use of the word “committee” in Multi-sectoral NCD committee rather than “taskforce”. For instance, in the Solomon Islands and Fiji, they use the word “committee” whereas in Samoa they use the word “taskforce” to describe their NCD Multi-sectoral Taskforce. A question was raised about whether by definition these words denote the same thing. A Recommendation was made that the word “body” replace “committee” and “taskforce” in NCD Multi-sectoral body.</p> <p>Clarification was also sought on the lead role of the NCD committee/taskforce. Given that this should be led by the Prime Minister or Minister as per the requirement of the MANA Dashboard, PICTs queried if it would still count (for star rating) if their NCD committee/taskforce were led by their Permanent Secretary/CEO. For instance, in Fiji and Samoa, their committees/taskforces are led by their Permanent Secretary and CEO respectively.</p> <p>In addition to point 2 above, PICTs queried whether the presence of an existing taskforce/committee led by a Permanent Secretary/CEO that is successfully achieving the outcomes of their NCD committee/taskforce would meet the requirement of the MANA Dashboard.</p> <p>PICTs also noted that mechanisms already exist in country to address some of the issues that an established Multi-sectoral Taskforce would capture. Recommendations were made to revisit the Terms of Reference for the set-up of the NCD Multi-sectoral committee/taskforce in country.</p>	<p>Solomon Islands: Multi-sectoral Taskforce has been established. The drive has been at the Permanent Secretary level. It is important to elevate this to the ministerial and prime minister level.</p> <p>Tokelau: Just finished consultations regarding the establishment of an NCD Multi-sectoral Taskforce. They are now engaging with the communities/chiefs to participate actively and become members of this body.</p> <p>Tonga: Shared their experience in setting up their NCD Multi-sectoral Taskforce and alluded to the fact that this must be a government priority, i.e. reflected in government national plans and then embedded within the different sectors, which will allow for better mobilisation of resources. Advocacy also plays a role with leaders in getting them on board.</p>
L2	<p>Include a measure for whether the National strategy has been operationalised. The Multi-sectoral NCD committee/taskforce indicator should directly link up with the second indicator focusing on the development of a national strategy addressing NCDs and risk factors. Countries and territories were of the view that L1 should translate into a multi-sectoral operation NCD strategy/plan.</p> <p>PICTs were also querying the “next steps” after a country has achieved the 3-star rating in the Dashboard. It was noted that developing a national NCD strategy is only one part of the equation. More importantly, countries and territories should be focusing on the operationalisation and implementation of their national strategies.</p>	<p>Tokelau: The Multi-sectoral Committee/Taskforce consultation that has just been completed will assist Tokelau in the development of their national strategy to address NCDs and risk factors.</p> <p>Fiji: Currently reviewing their 2015–2019 NCD Strategy and are in the process of developing a new one.</p> <p>Tonga: Current national NCD strategy coming to an end. Tonga is in the process of developing their next national NCD strategy as a multi-sectoral plan.</p>
L3	<p>In the green traffic light indicator “time-bound indicators and targets cover NCD risk factors”, NCD risk factors need to be defined and detailed.</p>	

GROUP WORK SESSION 3: Health Promotion and Taxation

Pacific Legislative Framework

Topic	Recommendations
<p>Legislative policy component (Chapter 3 and Chapter 1.1.2)</p>	<p>Health Promotion Fund: Rationale focuses on the use of funds rather than why it is important. There needs to be a clearer definition of what health promotions are and the word “prevention” should also be included. Throughout the document, there are no recommended actions included. It may be helpful to have recommended actions included to assist governments. The role of health promotion in advocacy for health legislation change is not reflected and this should be reflected as it is key in changing behaviours etc.</p> <p>Tobacco Tax: Earmarking of funds: queries were made about opportunities that may exist to divert earmarked funds directly to health promotion funds rather than channelling these into central funds. In terms of the indexation of alcohol and tobacco taxation, recommendations were made to ensure that these are on a par with standards of living and are written into legislation. It was emphasised that for tobacco increments each year, the increases should be written into existing legislation to ensure smooth taxation increases. Concerns were raised on the differentials between local tobacco tax and the taxes imposed on imported products. For countries and territories experiencing this, how can governments be assisted so there is no discrimination between the two, where tax increments on imported products are shifting demand to local products?</p>
<p>Draft legislative provision component (annex 3)</p>	<p>On leadership: Questions were posed about leadership roles of the Health Promotion Foundation. Who is meant to be in control of the Health Promotion Foundation – is it the Chair of the Board or the CEO? Who are they answerable to? Where is the visionary leadership for the function of health promotion coming from? It was recommended that these concerns be addressed when countries and territories are planning to design/ develop the set-up of their Health Promotion Foundations.</p> <p>Management and use of funds: There is only one sentence (p. 87, No.14, Part 2) discussing the management of funds. There needs to be greater parameters on the type of activities that the fund can support, and an explicit provision needs to be included so that planned annual activities are authorised. In addition, provisions on the non-permissible use of funds need to be explicitly stated. These need to be detailed more explicitly so it is not at the expense of prevention efforts. The Bill needs to be more explicit on what it will fund and what it cannot fund. It was also noted that these funds will need to have a degree of flexibility.</p>

GROUP WORK SESSION 4: Marketing of Breastmilk Substitute

4a. MANA

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
H4	<p>More clarity needed around requirements of packaging and what is allowed and not. For instance, packaging showing babies and teddy bears is not allowed.</p> <p>With regard to the implementation of government regulations, more clarity is needed around enforcement. Some definitions from indicator E1 on the Dashboard should be used. Countries and territories were of the view that this needs to be strengthened and included in all the green star ratings.</p> <p>An amendment should be made to the amber indicator to include a country's NCD policy or official procedures as another piece of evidence to be provided, given the fact that in some jurisdictions it is too hard to make formal legislation.</p>	<p>In some PICTs, this is not a priority of their Ministry or Department of Health.</p> <p>For US-affiliated countries and territories, there is a limited awareness of WHO guidelines as USA is not signed up to the Code. Advice is being sought from MANA partners on how the US-affiliated jurisdictions could adopt components of the Code such as the components of marketing.</p> <p>For many countries and territories, more data and evidence are needed to convince policy makers that marketing of breastmilk substitutes should be prevented.</p> <p>In the Solomon Islands, there is limited enforcement of the law regulating the marketing of BMS.</p>
H5	<p>On BFH certification and the requirement that one public hospital be certified for external assessments, consider changing this to internal assessments since WHO has revised guidelines recommending internal assessments.</p> <p>In terms of BFH accreditation, a time-frame should be included on the certification process of hospitals.</p>	<p>For French Territories, the availability of breastfeeding facilities in workplaces is based on company size and the number of employees.</p>
H6	<p>A separate indicator should be developed for the "right to breastfeed in public places".</p> <p>To meet the minimum requirement in the green zone whereby legislation is in place covering the "provision of at least 14 weeks paid maternity leave ..." reword this to include "provision of at least 12 weeks minimum to 14 weeks maximum of paid maternity leave ...".</p>	<p>For paid maternity leave, different jurisdictions have different regulations. There are not many legislations around maternity leave, but provisions mainly focus on work conditions in PICTs. For some PICTs there is also a limitation on the number of children for which leave is granted. For instance, in Kiribati, women are eligible for 12 weeks of maternity leave for up to three children. In Samoa, there is no limitation on the number of children for which maternity leave is permitted. Fiji's case is similar to Kiribati and for those that work in the private sector this depends on the maternity leave policies of individual businesses. In Tuvalu, women have up to 3 months of maternity leave. In RMI, women have the benefit of 20 working days of paid maternity leave. In American Samoa, breast milk substitutes are encouraged as a substitute for long maternity leave.</p>

4b. Pacific Legislative Framework

Topic	Recommendations
Legislative policy component (Chapter 4)	Rationale should be included on why breastfeeding is promoted to prevent NCDs, and to explicitly state that this is a responsibility of the leaders.
Draft legislative provision component (Annex 4)	<p>More clarity is needed about the right to breastfeed in public places (Part 7 of Annex 4) and this should be broadened to include all public places.</p> <p>There is no definition of breastmilk substitutes and this needs to be included in both the legislative policy and draft legislative provision components. In both sections, reference is only being made to designated products.</p> <p>There is no definition of the terms “breastfeeding” and “breastmilk” explicitly stated in the two components. This should be included, and PICTs suggested that these definitions both have clear references to the role of the mother.</p> <p>In addition to breastfeeding, reference should also be made to expressed milk.</p>

GROUP WORK SESSION 5: Unhealthy foods

5a. MANA

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
F1	<p>This indicator should include “readable font size on labels” as a requirement for meeting the green star ratings.</p> <p>The stipulated and recommended salt/sodium intake target of less than five grams a day should be clearly defined and included in the indicator.</p> <p>For indicators F1, F2 and F4, there needs to be more clarity about the specific target groups (age), and a recommendation was made to have more specificity for children within these, so that they are better targeted.</p> <p>There is also a need to link up F1, F2 and F3 and to proactively regulate the marketing of foods identified within these indicators.</p>	
F2	<p>Recommendations were made to consider expanding the list of activities for trans-fat reduction to include “positive” activities. The current list reflected in the Dashboard activities list are “negatives” i.e. “don’ts”.</p> <p>Countries and territories need to be more strategic about engaging importers and local retailers to get buy-in to import and sell healthier alternatives. In addition to this, it was proposed that technical partners assist countries and territories in assessing healthier import options from exporting partner countries.</p> <p>There needs to be increased, regular awareness around the risks of trans-fats.</p> <p>Activity on regular awareness (capacity building) among health providers also needs to be included – taking into consideration the reach at the community level.</p> <p>For the campaigns activity bullet point in the Dashboard, it was recommended that this be expanded to include a component of evaluation. The bullet point should read “awareness campaigns on trans-fat risks and avoidance are being conducted and evaluated”.</p> <p>The enforcement component is missing from the indicator and this needs to be included.</p>	<p>Samoa, Kiribati and Niue do not have regulations concerning trans-fats included in their food acts.</p> <p>Samoa has an existing salt campaign in collaboration with its partners at the George Institute, University of New South Wales.</p> <p>Kiribati has food regulations and no canned meats are included in this, but enforcement is very weak.</p> <p>The Federated States of Micronesia are planning to integrate the Pacific Food Dietary Guidelines into the Micronesia One Diet Fits All Today (MODFAT) promotion. In addition to this, FSM attempted to do some work around salt reduction, but getting vendors to engage was difficult.</p>

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
F3	No group comments made on this indicator.	
F4	Bullet point 1 on “excise duties are levied on imported and/or local sugar-sweetened beverages of at least 20% of retail price; or fiscal import tax is imposed on raw materials for local producers” and bullet point 4 on “excise duties are levied on at least one imported/locally produced ‘unhealthy food’ (in line with WPRO nutrient profiling tool)” are too similar.	
F5	No group comments were made on this indicator.	
P1	<p>The first bullet point “The PE syllabus is mandatory for all pupils ...” should be amended to include the word inclusive. As suggested, this should be amended to “The PE syllabus is mandatory and inclusive for all pupils ...”. In the same bullet point, the word “disabilities” should not be used. This should be replaced with the phrase “people with special needs”.</p> <p>The bullet point “The Ministry of Education has budget allocated to support and develop PE teacher capacity ...” should be modified, because in some countries the Ministry of Education does not have the budget to implement these activities. For some countries, this budget is with other ministries, for example, Youth and Sports. A recommendation was made to amend this to “A Government Agency has budget allocated to support and develop PE teacher capacity ...”.</p>	

5b. Pacific Legislative Framework

Topic	Recommendations
Legislative policy component (chapter 5)	<p>The title of Chapter 5 on page 34 should read “Salt, sugar, trans-fats and marketing of unhealthy foods and drinks to children”.</p> <p>Under the policy objectives of salt, sugar and trans-fats, provisions on raising public awareness on foods high in these should be included. Moreover, countries should consider the impact of trade opportunities via world trade agreements on the policy objectives of salt, sugar and trans-fats, as stipulated in subsections 5.1.1, 5.2.1 and 5.3.1.</p> <p>Under subsection 5.2.1, Part (c), the restriction limits on sale and marketing of sugar need to be defined and the same should be done for unhealthy products high in salt and trans-fats.</p> <p>In efforts to reduce the consumption of foods and beverages high in salt, sugar and trans-fat, the unintended consequences of taxation should be considered, and countries should plan how to deal with these. Countries are recommended to share experiences and lessons learnt on this. Moreover, it is necessary to balance the needs of local business development against health outcomes, particularly when countries are making taxation decisions.</p> <p>Under section 5.1 on salt, it was recommended that iodised salt be included as an alternative to non-iodised salt due to the high levels of iodine-deficiency in the region.</p>

Topic	Recommendations
Draft legislative provision component (Annexes 5.1 and 5.2)	<p>Annex 5-1, Parts 2 and 3 need to define specific limits for salt and sugar consumption. Specific limits for sugar levels in sugar-sweetened beverages will also need to be defined.</p> <p>A recommendation was made to consider naming foods high in salt, sugar and trans-fat in Annex 5-1 Parts 2, 3 and 4 as “harmful food products”. Further to this, these sections (Parts 2, 3 and 4) should consider specifically identifying recommendations for children, with a focus on reducing the consumption of foods high in salt, sugar and trans-fats in children.</p> <p>Annex 5-2, Part 2 needs to explicitly state that the marketing of unhealthy foods and beverages is prohibited for schools, school events and events for children. The list of prohibited foods and beverages needs to be clearer. It was suggested that the Ministry of Health in each country decides what foods and beverages to target by drawing on the nutrient profiling system.</p> <p>Under Annex 5-1, Part 4 on trans-fats, some countries queried coconut cream and whether this should also be regulated.</p> <p>Under Annex 5-1, Part 5 on Administration, national strategies developed for salt, sugar and trans-fats should also consider the supply side of healthy foods and how to make these available for the population. In addition, when thinking about taxation in food-related policies, the subsidisation of agricultural products for farmers producing healthier local alternatives should also be included in national strategies and a recommendation was made to include this in the legislative template.</p>

Group work session 6: Tobacco

6a. MANA

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/ updating/validation
T1	No group comments were made on this indicator.	Countries should review their tobacco tax laws and identify opportunities to increase tax.
T2	<p>In addition to the “completely smoke-free places” listed on the Dashboard, it was suggested that this list be expanded and more locations considered, especially those frequented by children, such as cultural events, places of worship, community halls, sports facilities, beaches, parks, recreational areas.</p> <p>A recommendation was also made to tag tobacco licence laws with liquor licences using the rationale that those with liquor licences who violate smoking laws will consequently lose their liquor licences as well.</p>	
T3	It was suggested that a criterion related to plain packaging be included for this indicator, and for a country to have the green 3-star rating, plain packaging should also be required.	
T4	No group comments were made on this indicator.	
T5	On page 28 of the Dashboard, in order for countries to get the minimum green rating with no stars, “the sale of single stick cigarettes or loose tobacco is banned.” Recommendation was made to substitute the word “or” with “and” so that the requirement reads “the sale of single stick cigarettes and loose tobacco is banned”. In addition, the term “loose tobacco” should be defined.	For the French Territories, there are no measures in place for tobacco licensing and no PICT in this region has legislation in place for tobacco licensing. Therefore, all French Territories are in the red for this indicator.

T6	<p>As part of the requirement for green star ratings, countries emphasised that industry should not be involved in decision-making.</p> <p>The terms “tobacco industry” and “industrial interference” on the Dashboard need to be clearly defined, as these may vary from one country to another.</p> <p>The MANA Dashboard should consider strengthening the requirements for green star ratings with some of the specific articles in the Framework Convention on Tobacco Control (FCTC) guidelines under Article 5 of the FCTC.</p>	<p>This indicator is not very relevant to the French Territories as their governments are both a tobacco importer and seller.</p> <p>Consider a total tobacco ban for countries like Tokelau and include this on the MANA Dashboard. Caution was raised that a tobacco ban is perhaps possible for smaller islands like Tokelau but probably not likely in most islands.</p> <p>Drawing on country experiences, it was suggested that countries consider licence fees to be set and managed by their respective Ministries of Health.</p>
----	--	---

6b. Pacific Legislative Framework

Groups 1 and 2 (Illicit trade and smoke-free) – pp. 16–17

Topic	Recommendations
Legislative policy component (Pacific Legislative Framework 1.2.3–1.2.4, pages 16–17)	Under section 1.3.1 on the age of smoking, countries should push age of legal tobacco users to 21 years.
Draft legislative provision component	<p>Under Annex 1, Part 2 on page 45, locations where smoke-free/non-smoking signs should be erected must be included.</p> <p>Under the provisions of “Duties of Owners” on page 46, an offence provision for management or owner of smoke-free premises should be included.</p> <p>Recommendations were made to delete the section on “Restricted smoke-free environment” on page 46 for the simple reason that designated areas do not work.</p> <p>A question was asked concerning evidence supporting how far tobacco manufacturing companies should be from residential areas. A comment came from the floor that this may be useful for developing legislation and policies around zoning.</p>

Groups 3 and 4 (Industry interference and plain packaging) – pp. 6, 10

Topic	Recommendations
Legislative policy component (Pacific Legislative Framework 1.1.2, pages 7–10)	Countries should consider developing regulations on alcohol interference. There is a lot of focus on regulating tobacco interference as stipulated in section 1.1.1, but alcohol is covered to a very minimum. Countries should consider combining legislations around tobacco and alcohol interference into one piece of legislation.
Draft legislative provision component	No group comments were made.

GROUP WORK SESSION 7: Alcohol Control

7a. MANA

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
A1	<p>Most countries appear in the green for this indicator, so it was suggested that more stringent indicators be considered. Given that enforcement is not mentioned within this indicator, it should be added as a new component to this indicator.</p> <p>There are loopholes that exist with retailers that have one licence for multiple stores. In the case where licensing is removed from one store for violations, these retailers have licences for other stores where they continue with business as usual.</p> <p>In bullet point 2 of this indicator, countries suggested that the hours and days of restrictions for on- and off-premises sales of beer, wine and spirits need to be quantified.</p> <p>Requests also came from the floor to consider alcohol licence or permit regulations for large events e.g. festivals, funerals.</p>	
A2	<p>For the green (no star) requirement on the Dashboard, a clearer definition of the word “some” in “some regulation exists” needs to be included.</p>	
A3	<p>The term “alcohol” should be used consistently in both the MANA Dashboard and the Pacific Legislative Framework. In the Pacific Legislative Framework, the term “liquor” is used as well as “alcoholic beverages”.</p> <p>Currently, the Dashboard indicator does not have any recommended alcohol tax thresholds. Countries requested that this be considered and a benchmark for alcohol tax be developed similar to the 70% threshold for tobacco tax to assist countries in meeting the maximum tax level.</p>	<p>Home brew is a concern in some countries. For example, in PNG, the state started regulating yeast sales in one province but there is yet to be any assessment of whether this intervention has effectively reduced sales and consumption.</p> <p>Further to the above, given the misconceptions that exist in some PICTs about the “benefits” of home brew, countries are requesting the support of technical partners to assess the impact, production and consumption of home brew in the region.</p>
A4	<p>To meet the green 3-star rating, the list of “areas” to be covered by regulation should also include the presence of open containers as a measure of drink driving and the use of sobriety tests.</p> <p>Home brew is an issue in some countries, and therefore “local/traditional” alcohol should be included in the definition of alcohol on the Dashboard and in the Pacific Legislative Framework.</p>	<p>In Vanuatu, it is a challenge to take blood alcohol content (BAC) tests, as enforcement officers do not have breathalysers. In the case where WHO has provided these, enforcement officers are not using them to carry out BAC tests.</p>

7b. Pacific Legislative Framework

Topic	Recommendations
Legislative policy component (Chapter 2)	<p>In section 2.0 on the overall policy objectives and rationales, page 24, a clearer definition of what is meant by “harmful use of liquor” needs to be included.</p> <p>In section 2.2.1 on minimum drinking age, page 28, the table should be updated to include Guam, RMI, FSM, Palau and CNMI under the “21 years” category.</p>
Draft legislative provision component (Annex 2.1)	<p>Throughout the document, there are no provisions for liquor tax and the tax thresholds that should be applied.</p> <p>Under the “Exemptions from liquor licences” provisions in Part 1 on page 74, countries recommended the removal of Part (a) on “the administration, dispensing or sale of liquor for medicinal purposes authorised by a doctor or pharmacist” and Part (c) on “the sale and supply at a mess or other outlets for military, police or prison officers” from the exempted list.</p> <p>Under Part 4 on “Permitted hours for special licences” on page 76, no definition of special licences is given. This term needs to be defined alongside other types of licences defined on page 75.</p> <p>In terms of the hours of sale specified under Part 4 on “permitted hours for the sale of liquor” on page 76, questions were asked whether this also included consumption. Countries suggested that this be made clearer in the provisions, as there are many instances where licensed venues are regulated to stop selling at a certain time but they remain open as per their hours of operation so people often pay for buckets of beers or bottles of liquor or wine, which they continue to consume until the closing hours of operation. A recommendation was made to align the hours of operation of a licensed venue with the permitted hours of sale.</p>

GROUP WORK SESSION 8: Health System Response

MANA

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
H1	Some countries queried the intent of the National Guidelines, and their appropriateness. Clearer definitions of what the National Guidelines are will need to be included, especially for non-clinicians. Some countries also identified the need for technical assistance in the development of their National Guidelines.	A request was made that country-specific MANA Dashboards be shared with each PICT representative.
H2	As a proactive measure to address stock-out issue of essential drugs, it was recommended that for the green star ratings on the Dashboard, the availability of funds for NCD medications should also be included as a requirement.	<p>Niue is requesting a template for stock reporting for the essential drug list (EDL).</p> <p>Tonga highlighted procurement issues as a key challenge (delay in stocking, because of the system).</p> <p>For Samoa, statin is only available to their rural district level when doctors visit.</p>

Indicators	Recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
H3	<p>Given the focus of H3 on smoking cessation, it was suggested that this be moved to the tobacco section on the Dashboard.</p> <p>With reference to the use of the word “smoking” in smoking cessation, it was suggested that this be changed to “tobacco cessation” given that tobacco is also a concern in many countries and territories around the region.</p> <p>In terms of the cessation services made available, it was suggested that proof of a monitoring mechanism be included under the green star ratings such as in the case of H1 and H2, which both require monitoring reports to be made available.</p> <p>For the third bullet, on “cessation services at all facilities”, it was suggested that this be modified to “cessation services at a health care facility or by a health care worker”.</p> <p>It was suggested that an indicator about tobacco cessation services with a focus on community-based delivery be considered for the Dashboard.</p>	
H5	<p>Given the changes in approach to baby-friendly hospitals and the need for countries to ensure that all their facilities implement the 10 steps to successful breastfeeding, countries and territories are requesting that technical partners inform them about changes to the BFH indicator and the recommended approaches to take.</p>	<p>A question was raised on who would do the external certification mentioned in the standards.</p>

GROUP WORK SESSION 9: Monitoring

MANA

Indicators	Recommendations/recommendations e.g. definitions, wordings, clarity	Country experience e.g. completing/updating/validation
M1	<p>Urine testing for salt-intake assessments can be challenging because of the lack of capacity.</p> <p>Lab analysis can be difficult given that some countries and territories need to send this overseas and so it can be a lengthy process, especially if sample size is large.</p>	
M2	No group comments were made on this indicator.	
M3	No group comments were made on this indicator.	
M4	<p>This indicator focuses on cause-specific mortality but the region is also interested in premature-specific mortality. Recommendations were made to consider age-specific mortality in this indicator.</p> <p>Reliable reporting from outlying rural areas is a concern and limiting factor.</p>	<p>For areas in the northern Pacific where coding is an issue, a query was made as to whether information on age-specific mortality data can be used as a substitute for the cause-specific mortality data since coding of cause of death can sometimes be captured incorrectly.</p>

Produced by the Pacific Community (SPC)
Pacific Community
B. P. D 5 – 98848 Noumea Cedex, New Caledonia
Telephone: + 687 26 20 00
Email: spc@spc.int
Website: www.spc.int

© Pacific Community (SPC) 2020

