

MINISTERIAL BRIEFING NOTE ON THE NON-COMMUNICABLE DISEASES (NCD) ROADMAP

By way of **background**, Forum Economic Ministers requested the Secretariat of the Pacific Community (SPC), on behalf of the Quintilateral Partners in Health, to consult with Forum Members to develop a Roadmap for strengthening NCD prevention and control in the Pacific region. They asked SPC to present the finalised Roadmap in 2014 outlining 'the specific role and contribution of Economic Ministers in strengthening NCD prevention and control in the Pacific region'. Coordinated action on NCDs is critical, given that:

- NCDs account for around 70% of all deaths in the Pacific, in some cases up to 75% of all deaths.
- Most countries in the Pacific now have much higher rates of *premature* (below age 60) deaths than the comparable global average.
- The top 10 countries with the highest overweight and obesity rates in the world are PICTs.
- Three of the top ten worst rates of tobacco use in the world are in the Pacific region (Kiribati, PNG, Tonga)

The NCD Roadmap will provide Forum Economic Ministers with a range of strategies aimed at reducing NCD burdens and their financial and economic cost, in individual countries and the region. Forum Economic Ministers are well placed to drive key fiscal strategies across a range of sectors, for example through taxes and subsidies. Importantly, Forum Economic Ministers can also influence the resource levels and resource allocation decisions of other key Ministries such as Health, Agriculture, Trade and so on. Forum Economic Ministers are therefore invited to consider how the Roadmap can be applied in their country, and the region, and then discuss their views at the Joint Health and Economic Ministers' Meeting in July 2014.

The Roadmap confirms that **NCDs already undermine social and economic development in the Pacific, and can be financially unsustainable**. NCDs impose increasingly large, yet often preventable financial costs on national budgets and the economy more broadly. Several NCD-related programs are already financially unsustainable: only 1.3% of the total population in Vanuatu could be treated with insulin, or 5.3% treated with the full regime of drugs for high blood pressure, before the Vanuatu Government's total drug budget for the country was fully spent. Dialysis for diabetes in Samoa costs an average of \$38,686 per patient per year – around 12 times Samoa's gross national income – yet two-thirds of patients have died within two years. NCDs undermine potential labour productivity and economic growth through disabilities such as stroke and premature death. Growing NCD burdens, combined with modest economic growth, will inevitably further squeeze Ministry of Health *and* national development budgets unless urgent action is taken. Fortunately, many NCDs are often preventable, or their health and financial burdens can at least be postponed. Some interventions are even cost-saving, paying for themselves.

Four key strategies are recommended for adoption by all Pacific island countries to form the basis of their own Country NCD Roadmaps. The four key strategies were selected because they directly address the key drivers of the NCD epidemic in all countries of the Pacific region; involve 'best buys' for Governments based on cost-effectiveness; are technically, financially and administratively

feasible in all Pacific island countries; and they complement and strengthen existing policies, commitments and systems. The four key strategies applicable in all countries of the Pacific are:

- urgently strengthen **tobacco control**, including by raising excise duties to 70% of the retail price of cigarettes;
- Reduce consumption of **food and drink** products that are directly linked to obesity, diabetes, heart disease and other NCDs in the Pacific through targeted taxes, better regulation and improved public understanding of how food and drink can be drivers of NCDs;
- improve the **efficiency and impact of the existing health dollar** by reallocating scarce health resources to targeted primary and secondary prevention of cardiovascular disease and diabetes including through the PEN¹ package of 'best buys'; and
- strengthen the **evidence base** for better investment planning and program effectiveness to ensure interventions work as intended and provide value for money.

These four key strategies recommended for adoption by all countries in the Pacific are supported by a menu of over 30 other interventions that governments can adopt depending upon the nature of the NCD burden in the country, the risk factors, and the country's available resources. The Roadmap identifies specific actions that can be taken by all Ministries, including the Economic Ministries. It outlines the possible cost and revenue implications, and potential 'winners and losers' of any intervention. Taking firm action on NCDs involves some financial costs and political challenges, but the costs of inaction are much higher on individuals, families, society, the economy and national budgets. The suggested country-specific Roadmap template is attached.

Ministers can help refute **four common myths** about NCD prevention and control:

- *Myth: raising tobacco prices particularly hurts the poor, and the broader economy.* Fact: smoking already hurts the poor as they have smaller disposable incomes and are less able to deal with the negative health effects caused by smoking than the rich. The poor are more likely to quit / not take up smoking than the rich after a price rise and so tend to benefit most in terms of improved health and improved household income. There may be some initial loss of employment in local tobacco companies, but household expenditure previously spent on tobacco will instead be spent on other goods and services, or saved, and will stimulate other parts of the economy. Medical and other health costs will go down and there are new opportunities in producing healthy foods etc. Smuggling can be an issue in some countries, but is more able to be controlled in island economies.
- *Myth: NCDs, including obesity and diabetes, are just the natural state of affairs in much of the Pacific, and nothing can be done about it.* Fact: evidence shows that diabetes and other NCDs were virtually unknown in the Pacific region less than 100 years ago. Smoking, nutrition, alcohol and physical inactivity ('SNAP') are the main causes of NCDs and they can be modified by policy and taxes.
- *Myth: international trade agreements prevent Pacific island countries from taking action that would restrict imports of unhealthy food and drinks.* Fact: The WTO and other trade agreements generally permit countries to manage trade in goods and services in order to achieve their national health objectives, as long as health measures respect basic trade

¹ PEN stands for 'Package of Essential Noncommunicable Disease Interventions for primary health care in low resource settings'.

principles, such as non-discrimination (i.e. not giving advantage to local producers or favoured trading partners). In addition, key provisions in the WTO specifically allow countries to take actions to protect human, animal or plant life or health.

- *Myth: NCDs have already taken hold in the Pacific: there is little that can be done to reduce the health burden or the costs.* Fact: NCDs, and the risk factors of smoking, obesity, and physical inactivity are indeed common in the Pacific. But targeted prevention and treatment can reduce, or at least postpone, their effects.

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Draft template for Country Roadmap

The following is an illustrative example of what a Country Roadmap might look like. All Pacific Island Forum countries would be invited to complete the template for the four key priority areas listed in the left hand column: strengthen tobacco control; reduce consumption of unhealthy food and drink; improve efficiency of existing health expenditure; strengthen the evidence base to ensure resources are used well. Specific activities under those four strategic priorities would depend upon country circumstances. (The examples in this matrix for years 2014 – 2015 are purely illustrative examples: countries would identify other examples that are key challenges for them). All Pacific Island Forum countries would also be invited to then choose additional interventions that address that country's specific needs and capacities. Those additional country specific interventions would be selected from the menu of over 30 other options in the *NCD Roadmap report*.

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
<i>1. Strengthen Tobacco Control</i>					
Raise excise duty to 70% of retail price of tobacco products.	Public awareness campaign launched and tested	Raise excise to 45% of retail price and monitor. Duty free allowance for tobacco products reduced by 30%	Raise excise to 55% of retail price and monitor. Duty free allowance for tobacco products reduced by 30%	Duty free allowance for tobacco products reduced by 30%. Duty free allowance for tobacco products reduced by 30%	Ministry of Finance to raise excise duty and ensure compliance. Ministry of Customs to reduce amount of duty free sales

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / Institutional responsibility
Adequately fund the implementation and enforcement of tobacco control measures contained in existing commitments such as WHO Framework Convention on Tobacco Control (FCTC) and Tobacco Free Pacific 2025.	Reduce sales of single sticks of cigarettes and sales to children. Public awareness campaign launched and tested. Baseline study conducted by NGOs	Reduction of 25% such sales	Reduction of 70% such sales	Reduction of 95% such sales	Ministry of Finance and Police to ensure adequate finance. Police (and perhaps NGOs) to provide enforcement
<i>2. Reduce consumption of unhealthy food and drink known to cause NCDs</i>					
Reduction in salt intake	Baseline study and discussion with industry	Trial of options	Evaluation of trials	Implement 'best buys'	Ministry of Health
Tax on sugary drinks	Baseline study on current consumption levels, especially by groups at high risk of developing diabetes	National trial of 30% increased tax	Trial evaluated end 2016, with focus on consumption patterns of groups at high risk of acquiring type 2 diabetes	Possible future increases	Ministry of Finance

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
<i>3. Improve efficiency of existing health dollar expenditure</i>					
Allocate scarce resources to preventing and treating NCDs in high risk groups	<p>Reallocate resources to favour primary and secondary prevention.</p> <p>Continue scale up of PEN as a basis for achieving wide coverage of essential but affordable diagnostic and treatment services in all health centres.</p> <p>Identify high risk groups at risk of premature death / disability from</p>	<p>Reallocate resources to favour primary and secondary prevention</p> <p>Continue scale up of PEN as a basis for achieving wide coverage of essential but affordable diagnostic and treatment services in all health centres.</p> <p>Trial of primary and secondary prevention amongst high risk</p>	<p>Reallocate resources to favour primary and secondary prevention</p> <p>Evaluate scale up of PEN in terms of inputs, outputs, and costs.</p> <p>Continued trial of primary and secondary prevention of high risk</p>	<p>Reallocate resources to favour primary and secondary prevention</p> <p>Identify options for improving PEN in the light of evaluation findings.</p> <p>Evaluate trial of primary and secondary</p>	<p>Ministry of Finance oversight of Ministry of Health</p> <p>Ministry of Health</p> <p>Ministry of Health, with support from Ministry of Finance and perhaps</p>

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
	NCDs and develop protocols that allow affordable treatment for such groups	groups. Trial to include data on costs and compliance by patients.	groups	prevention of high risk groups	development partners for the evaluation of trials and business case for scaling up expanded activities.
Achieving competitive prices for pharmaceuticals	Compare price of key generic drugs with those obtained by other PICs	Work with WHO to identify options for drug price reductions	Negotiate more competitive prices	Monitor prices and quality	Ministry of Finance together with Ministry of Health
<i>4. Strengthen evidence base to ensure resources are used well</i>					
Assess cost-effectiveness of different approaches to health promotion eg is a stand-alone Health Promotion Foundation more cost-effective than integrated services within the existing primary health care system	Baseline study on the costs, and consequences, of alternative health promotions	Data collection and analysis	Identification of 'best buys' in that country situation	Implement and monitor best buys	Ministry of Finance to manage studies perhaps with national Universities, but in collaboration with Ministry of Health

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
Identify cost differences primary and tertiary level	Baseline study of treatment cost of cardio vascular disease, and diabetes, at a primary health care clinic and at the outpatients department of the main hospital	Analysis of reasons for the cost differences	Analysis and trialling of alternative approaches	Assessment of trials as basis for scale up	Ministry of Finance to manage studies perhaps with national Universities, but in collaboration with Ministry of Health
<i>Other priorities selected from the menu of options suited to that country/s specific circumstances</i>					
<i>Ministry of Agriculture</i>					
Improved availability of fresh food and fish	Baseline study on obstacles to improved production and sales	Design and construction of refrigerated warehouse at main market	Assessment of change in consumer purchases	Assessment of change in consumer health	Ministry of Agriculture
<i>Ministry of Education</i>					
Improve diet of school	Education campaign amongst all school	Remove sugary drinks from school canteens	Evaluate impact on weight and fitness of	Respond to evaluation	Ministry of Education

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
children.	children about diet and health. Liaison with trade stores and vendors near schools	and for sale within 2 km of a school as a first step.	children	findings.	
<i>Engagement with development partners</i>					
NCD risk factors included in designs of roads etc	Discussions and awareness raising with development partners	Designs for roads include footpaths; buildings have stairs.	Assessment of additional costs and outcomes	Policy for future programs designed	Ministry of Finance and / or Planning.

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