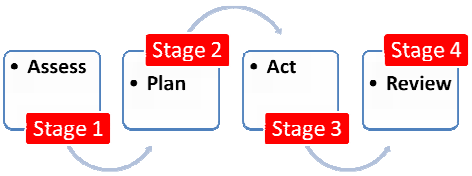
It's an emergency—Clarke

Policy and legislation should encourage us to move away from eating such things as mutton flaps, but importers were also members of our community and we should not shy away from approaching them, the forum heard on its second day.

Answering questions after his presentation 'Policy and Legislation development in the fight against NCDs', Mr Dave Clarke of regulatory specialists Allen and Clarke said there was nothing to stop health workers from approaching traders. There were examples of successful outcomes from these approaches, he said.

Mr Clarke emphasised it was important to work out the particular characteristics of a country and to try and provide simple legislation that people could understand and more easily implement. Policy and legislation could thus help people make healthy choices.

He was working on a toolkit for policy and legislation formulation and it was 90 per cent complete. This would be released soon for countries' practical action. Mr Clarke stressed the importance of process in policy generation in four stages: assessment, planning, acting, and review.



He said we need to regard NCDs as a public health emergency worse than the cyclones and pandemics. 'Cyclones go away but NCDs stick around,' he said.

NCD problems in this region were complex, he said. 'They are a burden, they are enduring and they are the biggest threats to well-being in this region.'

A poster from the Solomon Islands.

In the toolkit there were legislative approaches to address unhealthy products: pricing mechanisms, supply controls, advertising controls and health warnings, labelling and information, and product consumption.

He said all policy and legislation has to be credible, relevant, sustainable and evidence-based. In producing the guide he said it was important to recognise achievements that have already been made in the Pacific.

Dr Keith Masao Horinouchi (Guam) asked whether legislation could be introduced, temporarily perhaps, to make food cheaper.

Mr Clarke replied we need to take care that restricting legislation did not create problems for us (for example banning mutton flaps and turkey tails). 'I don't know whether those work.' Rather, legislation should encourage us to move away from eating these things.

Using tax mechanisms to discourage people from eating unhealthy food may be more effective, he said.

He concurred with Professor Colagiuri of Sydney University on not relying completely on evidence for policy and legislation from countries outside the Pacific. It was

important to remember that it's very contextual. 'What works in one place, doesn't in others.'

In discussion on restrictions to soft drinks in Tahiti, Dr Patricia Maire Tuheiava (French Polynesia) told the forum that in 2003 they had introduced taxes on those drinks containing sugar, and on beer.

Their problem was this generated too much money and it was not so easy to develop health promotion and take actions. The largest part of the money went to supporting youth programs, she said.

In his concluding observation, Mr Clarke said it comes down to some simple changes to laws. 'A lot of countries don't have good food legislation. A lot of expired poor quality food is dumped in the Pacific. Having basic food law would stop that. 'We need to stop the Pacific being a dumping ground for other peoples' rubbish.'

We need to be realistic—Tukuitonga

For small island states it's probably best to think of one high level document, a national health strategy or NCD plan that sets out intentions.

Presenting his paper 'From national to grassroots: are we reaching equitably in NCD?', Dr Colin Tukuitonga submitted, 'realistically you need to ask what resources do you have and you can rely on? You can't rely on aid, you need to get out of that.'

Again prefacing his remarks as personal and not necessarily those of the New Zealand Government (he is CEO of the Ministry of Pacific Islands Affairs), Dr Tukuitonga said in his world policy was about what we want to do and achieve. Questions were about how you get your policy into place. Plans and how policies are implemented, were usually short-term, detailed and with programmes.

'The fundamental questions are what are the predominant issues affecting your country? What do you hope to achieve?'

He noted that for ministers political capital was everything. Evidence was okay as a first step in policy formulation, but next there was a need to ask what political implications it had. 'At the end of the day it's priorities, priorities, priorities.'

Questions also needed to be asked about how it was to be funded and ensuring proper consultation and negotiation had occurred. In this context he thought the WHO STEPwise planning framework was useful.

'Be very clear about what you have to offer and what you stand for, and then set out very clearly what outcomes you want for your country and what actions you then need to take. Focus on what are the things you can do with what you've got.'

The vision for the policy needed to be high level and inspirational but also needed to be grounded. 'Vision has to have some reality about it,' he said.

In this, the question of whether we are reaching the right groups needed to be asked. For example, he observed that tobacco use in PICTs was predominantly a problem of men. Youth tobacco use was also a problem and we needed to explore why some countries had lower consumption figures in this area.

He noted that boys' smoking in New Zealand was to do with helplessness and hopelessness. 'There are a whole lot of other things going on,' he said.

Dr Ken Chen, World Health Organization (WHO) Representative in the South Pacific, and Dr Colin Tukuitonga, CEO of the Ministry of Pacific Islands Affairs, New Zealand.

There was also a need to be careful about this 'whole of society' approach. 'We need to be realistic about what we can achieve.' His inclination was to focus on young people and smoking and on school place interventions.

'The important thing I must stress is to focus on outcomes, and if all gets too difficult, focus on the young'.

Discussion

Taking questions, **CT** took the point of **Kipier Lippwe** (FSM) that being a good role model might be a better tool to start off with. **Karen Myra Tairea** (Cook Islands) observed that they were a bit weak on communication plans while **Dr Viliami Puloka** (SPC) 2-1-22 accepted we need to look at the terminology in plans and strategies. For example, when there was promotion of diabetes as 'everybody's business'. 'It's very inspirational, but as you said, 'it's everybody's business, but nobody's reponsibility'. With

whole of government, these were so large 'they wait for us to come back'. Somebody has to be in the driving seat, he said. **CT**: 'It's a beautiful statment on diabetes, yes you need a champion but it needs to be communicated through. We create these wonderful things, it's up in the sky and beautiful and warm, but it needs to be translated into actions on the ground.'

One statement from the floor re-iterated the need for collaborations and to get people involved. **Ms Nese Ituaso Conway** (Tuvalu) said departments want to have ownership of their own policies. **CT**: 'When there are lots of departments it's crazy (everyone wanting to have their bit up there). In small places you are better having one overarching framework covering intentions, for example on smoking.' **Dr Samuela Korovou** (Fiji): 'My concern is how we can convince communities on NCDs. **CT**: 'We have awareness and support, how do we then use that support and secure resources… there were no shortage of plans.' **Q**: 'Why don't we start small before going big?' **CT**: 'I agree.' **Leane Ester Pearce** (Tokelau): On aid, when you look at all the funding pools, there are so many funding agencies. We are too busy trying to achieve what we supposedly agreed to. It comes down to leadership, she said. **CT**: 'Maybe say no? Maybe WHO and SPC can help in de-cluttering. At the end of the day you are in charge'.

Dr Viliami Puloka (SPC), centre, with Dr Bernard Rougon (New Caledonia), left, and Dr Patricia Maire Tuheiava.

Health Promotion Foundation Tonga case study

Dr Viliami Puloka (SPC)

Dr Puloka presented the experience on the development of the Health Promotion Foundation in Tonga. He highlighted the long-term, sustainable funding for health promotion, political and administrative barriers in protecting the HPF from fund cutting. He also detailed the link between tax and health and creating public support.

Tonga had sat down with development partners and looked closely at other models around the world. He said there had to be clear vision, high level commitment, and leadership—to build on others' experience and to do the right thing when countries have considered developing health promotion foundation in their respective countries. Tonga had put a fence around funding as they wanted long-term sustainable funding.

Discussion

In Tonga they had put forward a proposal that money come from tax on tobacco and alcohol. But the Ministry of Finance did not want to give a proportion of the tax, just a specific amount. Updating for the forum, **Lise Havaea** (Tonga) said the amount has been increasing and was now at 400,000 panga per annum and AusAID was supplementing local sources. **Leane Ester Pearce** (Tokelau) asked about actual programmes and how robust were IT systems. **Dr Puloka** said it was important to set things up well. 'It's best to take your time and do it right.'

Pacific Physical Activity Guide

Dr Temo Waqanivalu (WHO)

Dr Waqanivalu presented the physical activity guideline that had been published and distributed to countries. His presentation included the background of the development of the guideline and he also addressed the high prevalence of NCD risk factors in the Pacific region, especially the low level of physical activity. He talked about the contents of the guideline, its usefulness and listed countries which have adopted it.

Physical Activity Workshop Manual and Workbook

Dr Si Thu Win Tin (SPC)

Dr Si informed participants on the development of a physical activity workshop manual and workbook which was being revised and finalised. He highlighted their background, purpose, contents and how the manual and workbook were designed. These resources were to be available for use by the end of 2009.

Pacific Healthy Food Guide

Karen Fukofuka (SPC)

Ms Fukofuka told the forum the *Pacific Healthy Food Guide* was developed by SPC in collaboration with Pacific dietitians and nutritionists. It was in line with international moves to develop health eating guides based on foods rather than nutrients. She said in the Pacific there was a need for a system to promote healthy eating which led to guidelines being developed for adults. The guidelines for Pacific Islands communities were presented in visual

format. Three food groups were defined as protective foods, energy foods, and body building foods according to nutritional content. The key elements are based on how much food is eaten and on the variety of foods eaten. There was an emphasis on local grown foods for adults and the need to eat less of high fat high sugar foods and drinks. Healthy diet was part of a healthy lifestyle. The guidelines support training manual for health professionals and were used as part of a comprehensive nutrition education. The guidelines use a standardised measured amount of servings to make it easier to compare similar foods. The key message is to eat a variety of food from different food groups.

Elizabeth Fong (USP) and Dr Temo Waqanivalu (WHO). Leane Ester Pearce (Tokelau) is in the background.

Discussion

Wendy Snowdon (OPIC): We need to educate about serving sizes based on a wider variety of foods. **Karen Tairea** (Cook Islands): We appreciate resources which were useful for school curriculum—enjoy visual presentation of guidelines. There was a need for food cards for hands-on activities. There was also a need for resources on diabetes and high blood pressure.
Dr Karen Heckert: (Hawaii) said her organization would like to work with SPC's Healthy Pacific Lifestyles section on development of food curriculum content for NCD prevention.
Kipier Lippwe (FSM) said there was confusion on food portion sizes in STEPS surveys. **Nukutau Pokura** (Cook Islands) said they need the guidelines for social events.
Karen Fukofuka (SPC) said the guidelines ensured enough food from each food group. Portions was not an easy concept to communicate. **Dr Waqanivalu** (WHO) said Fiji has healthy eating guidelines for functions.
CT: Has SPC/WHO looked at where guidelines are being used? **Karen Fukofuka** recognized the need for objective assessment. **Dr Waqanivalu** said WHO had commissioned work on guideline utlisation. **WS** said a review was done on regional level of implementation of guidelines. Guidelines were widely used but not for food supply policy. **Sarah Su'a** (Samoa) requested SPC and WHO to be a little bit more proactive in assisting countries with M&E and also maybe do assessments on what is working and what is not and then provide advice. SPC and WHO should move away from being implementers and more into providing technical advice and assistance to countries as they were mandated.

Jeanie McKenzie (SPC) and Dr Li Dan (WHO)

Using the key international and regional frameworks and plans, SPC alcohol and tobacco adviser Jeanie McKenzie presented the most effective evidence based strategies to reduce alcohol related harms.

Alcohol related harms included alcohol related family violence, traffic accidents, unintentional injury, physical and mental harms and risk taking behaviours such as unsafe sex.

Key effective strategies highlighted included establishing a national committee with responsibility to deliver on the prevention of alcohol harms; taxation ensuring real and regular price increases; comprehensive legislation including restrictions on alcohol advertising; blood alcohol limits for drivers (and zero tolerance for young drivers); compulsory licensing for retailers; and, shorter trading hours.

Ms McKenzie emphasised the need to ensure that key strategies are identified and implemented. She stressed the importance of ongoing data collection on a range of alcohol related indicators. Despite a number of challenges in the alcohol area, i.e. competing interest groups, there are many known effective strategies and alcohol needs to be kept high on the agenda.

She fielded questions about frameworks for regulation and the definition of recommendations on drinking limits. She said the standard drinks definition is that women should drink no more than two standard drinks and men four. We should also have three to four days a week free of alcohol. There was some data available on binge drinking in the STEPS surveys, she said.

Dr Li Dan (WHO) and Ms McKenzie prepared and presented on tobacco control in the Pacific. They pointed out that both smoking and secondhand smoking damage most part of the human bodies.

To date, the key international and regional frameworks and plans are the WHO Framework Convention on Tobacco Control (FCTC) which came in to force in February 2005 and 'MPOWER'. MPOWER is a policy package to reverse the tobacco epidemic developed by WHO in 2008 (M = Monitoring tobacco use and prevention policies, P = Protect people from tobacco smoke, O = Offer help to quit tobacco use, W = Warn about danger of tobacco, E = Enforce bans on tobacco, advertising, promotion and sponsorship, and R = Raise taxes on tobacco).

For 'Monitoring', according to the published STEPS Reports, the prevalence of daily tobacco use among adults aged 25-64 year old in the PICTs were, for example, 59.0 per cent (Kiribati), 49.5 per cent (Nauru) and 46.9 per cent (Tokelau). For the 'Protect', tobacco-free settings: tobacco-free hospital, tobacco-free school, tobacco-free city, tobacco-free village; have been developed throughout the Pacific. Nabila Village, Fiji won World No Tobacco Day Award in 2006. 'For the Warn', 2008 World No Tobacco Day activities in Fiji, Nauru, Palau and Tuvalu have been illustrated. For the 'Enforce', all PICTs have ratified FCTC, seven PICTs have passed national Legislation/Act on Tobacco Control: Fiji, Tonga, Marshall Islands, Tuvalu, Cook Islands, Samoa and Nauru.

Pacific OPIC Project

Team presentation

The OPIC team presented the prevalence of obesity in the Pacific region and highlighted the need for urgent solutions. They listed the major objectives of OPIC and aim of their project which includes policies and research areas. Evaluation measures for the projects were described, as were the key challenges of research such as community issues and data management.

The team explained the lessons learned from promoting healthy eating and physical activity interventions. They detailed the community engagement process, action planning, objectives and key strategies on physical activity and nutrition initiatives. Successful and unsuccessful intervention programmes were presented and the team stressed that leadership, skills, training, commitment were important to address obesity in the region.

Key baseline results from the obesity survey in the communities of New Zealand, Fiji, Tonga and Australia were presented. Preliminary follow up data for Fiji was also revealed by a team member highlighting on the respondents lifestyles and behaviours. Studies on social cultural factors among Indo-Fijian, indigenous Fijians, Tongans in Tonga, Tongans in New Zealand, European Australians were described. It was indicated that the Church also transmitted strong messages about eating and ideal body size. Policies needed to focus on strategies to obtain a healthy body and on health food choices.

The team was conducting an economic study on the impact of obesity which combined data such as cost, outcomes, quality of life into an economic model and to develop the full economic case for obesity prevention. In the presentation of policy intervention to tackle obesity, ideal role of policy, aim, methods overview, areas considered and assessed and final recommended policy list were included. Finally, they emphasised the importance of building capacity of researchers.

NCD Prevention Policy Framework

Professor Boyd Swinburn

Day 2 closed with the introduction by Professor Boyd Swinburn of C-POND (the Centre for the Prevention of Obesity and Noncommunicable Diseases) a collaborative initiative between Fiji School of Medicine and Deakin University. Professor Swinburn stressed the importance of monitoring, evaluation and research as part of the NCD prevention policy framework. He presented three research assets in the Pacific: OPIC, TROPIC, and other projects which AusAID is funding for three years. The TROPIC project is the Translational Research for Obesity Prevention in Communities and tonight is the launch of C-POND Pacific Centre for Prevention of Obesity and noncommunicable Diseases.

The aim of the centre is to encourage excellence in NCD research in Pacific. The objectives are to conduct solution orientated research which can be disseminated and translated into policies in the Pacific. It is anticipated that the outcomes will increase the quality of research and evaluation, and increase research capacity and career paths in the Pacific.

Professor Swinburn said there was a need for more evidenced informed policy and practice. The project will focus on Fiji and Tonga and will be extended depending on funding and capacity. C-POND was a vehicle to capitalise on existing strengths and assets and build research collaboration in the Pacific, he said.

C-POND was launched by Dr Ken Chen, World Health Organization (WHO) Representative in the South Pacific at dinner sponsored by the partners.

Delegates stretch it out.