

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

Background and purpose of the NCD Roadmap¹

In September 2011, Pacific Islands Forum Leaders declared that the “Pacific is in an NCD Crisis”. Forum Leaders also “acknowledged the huge economic losses due to NCDs and the resultant impact on national health budgets and possibly the region’s ultimate achievement of the Millennium Development Goals”. At the July 2013 Forum Economic Ministers’ Meeting (FEMM) in Nuku’alofa, ministers considered the economic costs of NCDs in the Pacific. Ministers requested that the Secretariat of the Pacific Community (SPC) consult with Forum Members to develop a Roadmap for strengthening NCD prevention and control in the Pacific region, and present the finalised NCD Roadmap to Economic Ministers in 2014 outlining their specific role and contribution. SPC and the Pacific Islands Forum have since been working with the Governments of Australia and New Zealand, as well as the World Bank and WHO, to develop a detailed *NCD Roadmap Report*. The *NCD Roadmap Report* provides the latest evidence on the nature and consequences of the NCD crisis in the Pacific; identifies a range of strategies aimed at reducing NCDs burdens and their financial and economic cost; and presents a strong case for making better use of existing health expenditure. The *NCD Roadmap Report* will be available at the SPC website soon. That report will be revised following consultations with officials in Pacific Island countries.

Each country is now invited to complete its own simple, but strategic, Country NCD Roadmap (template attached), which will help guide individual country priorities and broader Pacific regional responses, to be considered at the 11 July 2014 FEMM and joint meeting with Ministers of Health. The *NCD Roadmap Report* identifies specific options that economic Ministers can take within their portfolios to help prevent and control NCDs in the Pacific region. These options do not necessarily require additional financial resources to address NCDs, but a strong case is presented for making better use of existing health expenditure. Given the multi-sectoral causes and consequences of NCDs, the *NCD Roadmap Report* also identifies strategic actions that other Ministries such as Agriculture, Education and Trade need to take as well. The *NCD Roadmap Report* provides detailed analysis and options for each country to now develop its own Country NCD Roadmap.

Four key strategies are recommended for inclusion in every Country NCD Roadmap in the Pacific. Given the risk factors for NCDs, and “best buys” based on cost-effectiveness, four key strategies are recommended for all countries in the Pacific. The four key strategies are:

- Strengthen **tobacco** control;
- 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;

¹ NCDs, or chronic diseases, are not passed from person to person. The four main causes of death and disability from NCDs are cardiovascular disease (including heart attacks and strokes); cancers; diabetes; and chronic respiratory diseases, including chronic obstructive pulmonary disease, asthma, emphysema and chronic bronchitis

- improve **efficiency and impact of the existing health dollar** by reallocating scarce health resources to targeted primary and secondary prevention of cardiovascular disease and diabetes; and
- strengthen the **evidence base** for better investment planning and program effectiveness to ensure interventions work as intended and provide value for money.

In addition, each country can then add other interventions from a wide menu of over thirty identified options to create a Country NCD Roadmap suited to its own country circumstances.

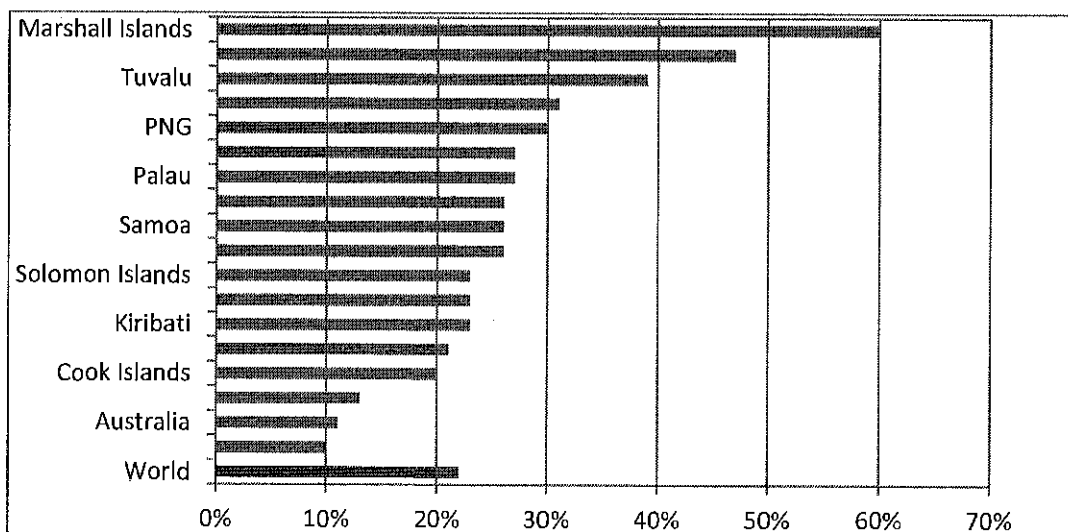
Latest evidence about the health, social, financial and economic burden of NCDs

The NCD crisis has already arrived in the Pacific. The latest evidence confirms the following:

- NCDs account for around 70% of all **deaths** in the Pacific, in some cases up to 75% of all deaths. NCD-related **disabilities** (stroke, diabetes-related blindness and amputations etc.) are also significant.
- Most countries in the Pacific now have much higher rates of **premature deaths** (below age 60) than the comparable global average (see Chart 1 below).
- The top 10 countries with the highest rates of **diabetes** in the world are in the Pacific². (Chart 2 below).
- The top 10 countries with the highest **overweight and obesity** rates in the world – major drivers of NCDs such as diabetes and heart disease – are in the Pacific.
- Three of the top ten worst rates of **tobacco** use in the world are in the Pacific (Kiribati, PNG, Tonga); tobacco use is a direct cause of NCDs such as heart disease and cancer, and worsens all other NCDs including diabetes

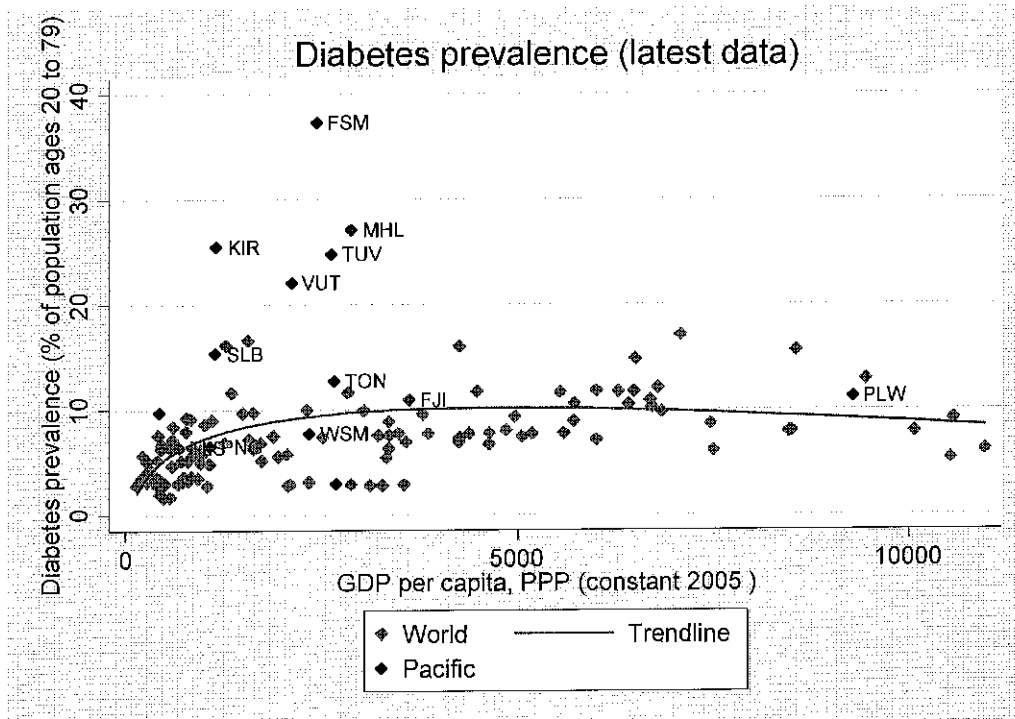
Chart 1: Rates of premature deaths are higher in the Pacific

(Source World Development Indicators (WDI) 2014)



² Saudi Arabia could be included in the top ten countries depending on measurement and sources.

Chart 2: Rates of diabetes are higher in the Pacific (Source WDI 2014)



NCDs also impose large, increasing, yet often preventable financial costs on national budgets and the economy more broadly. Governments in Pacific island countries already directly finance the vast majority of health expenditure, as there is little private health insurance or out-of-pocket household expenditure. Government expenditure on health, including support from development partners, is often the second-largest expenditure item after education and, with external financing, often exceeds 15% of total government expenditure. Real (adjusted for inflation) health care expenditure per person is already rising at a faster rate than real increases in GDP per person in some countries. Many NCD-related programs are already financially unsustainable: only 1.3% of the total population in Vanuatu could be treated with insulin for diabetes, or 5.3% treated with the full regime of drugs for high blood pressure, before the Government’s total drug budget for the country was fully spent. Yet around 22% of the adult population may have diabetes. Dialysis for diabetes-related kidney disease 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 also impose potentially large costs on the broader economy; widespread incidence of NCDs can reduce labour productivity and limit economic growth, especially when workers die prematurely or are disabled by stroke and diabetic-related amputations or blindness. NCDs also impose large social costs on families when children lose a parent to premature death, or family members (especially girls) are removed

from education or employment opportunities to care for those with stroke and other NCD disabilities.

Growing NCD burdens, combined with modest economic growth, will inevitably further squeeze Ministry of Health and national development budgets unless urgent action is taken now. The Pacific island countries have an unfinished agenda of controlling communicable diseases such as malaria, and improving maternal health and under-nutrition. But the high level of risk factors, including high rates of smoking and overweight / obesity, means the situation can only get worse in the Pacific unless urgent action is taken now. But many countries do not have the economic growth or expanding revenue base to meet rising demands for NCD care. A 'business as usual' scenario is likely to lead to increasing ill health as well as increasing pressures on the health system, national budgets, and the economy more broadly. Fortunately, many NCDs are often preventable, or their health and financial burdens can at least be postponed. There are proven, affordable, and cost-effective interventions available. Some interventions are even cost-saving – the costs of interventions are outweighed by the subsequent reductions in health expenditure from successful programs.

Four key strategies that each country should consider in their own country-specific NCD Roadmap.

Four key strategies tailored specifically to the Pacific situation are recommended for adoption in all countries in their Country NCD Roadmaps. The four key strategies were selected because they simultaneously:

- Directly – and quickly – address the **key features and drivers of the NCD epidemic** in all Pacific island countries, especially heart disease and diabetes, and the risk factors of smoking and overweight / obesity;
- They involve '**best buys**' for Governments, based on latest medical science and cost-effectiveness.
- Are technically, financially and administratively **feasible** in all Pacific island countries irrespective of a country's population size or resources; and
- They build on and complement **existing policies and commitments** and systems. They also help the process of strengthening broader health systems.

Strategy one: urgently strengthen tobacco control, including by raising excise duties to 70% of the retail price of cigarettes. Tobacco use kills more people than malaria, TB and HIV combined globally; kills two-thirds of tobacco users prematurely; worsens every NCD (heart disease, diabetes, cancer etc.); wastes household expenditure; and drives up health costs. Several UN reports find that tobacco control is the most urgent and immediate priority to control NCDs globally. The Pacific faces particular challenges. Adult males in Kiribati, PNG and Tonga have the 3rd, 5th and 10th highest rates respectively of smoking in the world in 2012. In PNG, the highest rates of tobacco consumption are found amongst the poorest and least educated sectors of the population. Tobacco consumption absorbs more of poor families' incomes than those of any other income group in PNG. The Pacific needs to take urgent action if it is to achieve the already agreed goal of achieving a Tobacco-Free Pacific by 2025.

Raising tobacco prices through taxation, supported by other control measures, is a proven method of reducing tobacco consumption. Raising excise duties to 70% of the price of tobacco is the WHO-

recommended strategy. This discourages smoking, especially by the poor, while simultaneously raising revenue for Governments. Tonga now has taxes equal to 70% of the price of tobacco. Several countries in the Pacific could reach the 70% target relatively easily; others need to increase their efforts (see Attachment 1). Raising excise duties on cigarettes to reach the 70% target would raise extra revenue for Governments – estimated at \$1.6 million per annum in Samoa. Raising excise duties on tobacco is critical to reducing tobacco consumption. But so are other measures, including advertising bans, smoke-free workplaces, quitting ‘helplines’, implementation of existing rules preventing sale of tobacco to children, control of domestic leaf production, provision of nicotine replacement therapy, etc. Well-implemented tobacco control measures have early health and financial benefits: hospital admissions for heart attacks in other countries fell by an average of 17% within a year and around 30% after 3 years. Raising taxes on alcohol is also important, where excessive consumption contributes to cancers, other NCDs, domestic violence and traffic accidents.

Strategy Two: *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.* Consumption levels of **sugar**, especially in sugary drinks, are a key predictor of diabetes, a major cause of disability and rising health costs in the Pacific. Individuals drinking one to two sugar sweetened drinks per day have a 26% greater risk of developing type 2 diabetes than those drinking less than 1 sugar sweetened drink per month. Reducing **salt** intake decreases blood pressure and the risk of cardiovascular events and stroke: important issues when cardiovascular disease is the leading cause of mortality in the Pacific. Reducing salt intake has been identified as one of the most cost-effective interventions to prevent and control NCDs. Eliminating **trans-fats** is also a cost-effective and relatively simple intervention. Raising taxes on unhealthy food and drinks may not be popular initially, but the health and financial costs of inaction are very high. Well-designed and implemented taxes quickly affect consumer behaviour.

While increasing taxes on unhealthy food and drink is an immediate priority given the high rates of diabetes and obesity, other complementary measures are needed too. Improved public information about the impact of unhealthy food and drinks on overweight, obesity, diabetes and heart disease is important to help generate public acceptance of increased taxes. Strengthening regulation of food and drink advertising is required to protect children’s health. Food and drink labelling regulations need strengthening so that consumers can make informed choices: some unhealthy products in the Pacific region do not even have labelling in English.

Strategy Three: *improve efficiency and impact of the existing health dollar by reallocating scarce health resources to targeted primary and secondary prevention and treatment of cardiovascular disease and diabetes for high-risk groups.* Weak control of risk factors, and poor diagnosis and treatment of NCDs in the early stages of disease, mean that scarce health resources are being spent on costly advanced-stage treatment of NCD complications (eg. dialysis and diabetic amputations) in expensive settings such as tertiary hospitals. Reallocating resources to relatively cost-effective NCD-prevention strategies would reduce NCD incidence, allow Pacific island countries to achieve better health impacts and value for money from the health dollar, and free up resources for other priorities. In Vanuatu, each person who was able to avoid or control diabetes through adopting a healthier lifestyle would avert direct drug costs to Government of up to \$367 per year. Similarly, each person able to avoid or control high blood pressure through adopting a healthier lifestyle

would avert direct drug costs to Government of up to \$75 per person per year; this is equivalent to Government spending on general drugs for around 18 other citizens.

The *NCD Roadmap Report* provides specific strategies to improve the efficiency and effectiveness of health spending by investing in health promotion and prevention. A key requirement is to scale up the WHO-endorsed Package of Essential NCD (PEN) Interventions within the existing health system as this provides an affordable, feasible, proven package of drugs and equipment to diagnose, prevent and treat NCDs in Pacific settings. The Pacific region will get greatest 'health boost for the money' by also targeting those at highest risk of suffering a premature death or disability from NCDs, including those who are simultaneously overweight / obese, who smoke, have high blood pressure and / or raised insulin resistance.

Improving the efficiency of the existing health dollar is key. Factors restricting the options for large increases in health budgets include modest economic growth in the Pacific; limited scope for broadening the taxation base; relatively high shares of government expenditure going to the health sector; and limits to development partners' aid budgets. However, there are substantial opportunities for improving allocative efficiency ('doing the right things') and technical efficiency ('doing things right') within existing health systems in Pacific island countries, thereby freeing up resources. The Roadmap identifies a range of opportunities for improved efficiency, such as reallocating high cost and largely ineffective expenditure to primary and secondary prevention; improving patient compliance with drug treatment; achieving pharmaceutical prices that Kiribati achieves; and investing in maintenance of medical equipment, essential infrastructure and vehicles are just some of the opportunities for improved efficiency identified in the Roadmap.

Strategy Four: Strengthen the evidence base for better investment planning and program effectiveness to ensure interventions work as intended and provide value for money. Pacific island countries cannot afford to waste scarce resources on programs that are ineffective, inefficient, inequitable, or unsustainable. They also need to adapt good practices to their own unique social, economic and political circumstances. Economic Ministers need to know – and show – that a country's scarce financial and human resources are achieving value for money. The evidence base about what works, why, for whom, and at what cost compared to the alternatives is very weak in many countries. Economic Ministers and other decision makers are being forced to make decisions in the dark, making them vulnerable to pressure groups and vested interests. Improving the evidence base through applied research and practical impact evaluation will help target existing scarce resources to where they are needed most, and give confidence to potential development partners that the Pacific island country is using its own resources prudently. The answer to many applied research questions at the country level would often have wide regional relevance, thereby becoming a 'regional public good'. Examples include: what is the financial and economic impact of NCDs on absenteeism, disability, and premature death on the private and public sector? What type of health promotion advice actually 'works' in the Pacific to change lifestyles, and what does it cost? What actually happens to consumption and government revenue when a tax on unhealthy products is applied? What are the expected capital and recurrent costs to government budgets if NCD trends continue the way they are going, and how do they compare to the capital and recurrent costs of scaling up PEN?

Other important multi-sectoral interventions that countries can take depending upon their own country circumstances

The above four key strategies – tobacco control; reducing consumption of unhealthy food and drinks that drive obesity and diabetes; improving efficiency by reallocating scarce resources to prevention and targeted treatment; and improving the evidence base – are central to an effective response. They are strategies that all countries could and should implement, irrespective of their size and stage of development. But there are many other interventions that would help to prevent and control NCDs that governments can consider depending upon the state of the NCD burden in their country and their own capacities. The *NCD Roadmap Report* therefore identifies a menu of over 30 other specific activities that governments could choose to adopt. The interventions are deliberately multi-sectoral involving recommended interventions for Ministries such as the Prime Minister's Office, Ministries of Agriculture, Education, Health and Trade, and also agencies such as the Police Force and National Statistics Office. Each intervention in the *NCD Roadmap Report* identifies possible cost and revenue implications, and possible 'winners and losers' from a political economy perspective. The *NCD Roadmap Report* also identifies important direct and indirect policies and actions that development partners and civil society could take to help prevent and control the spread of NCDs.

Some myths about interventions

Interventions based on these recommendations are achievable and affordable, despite some myths about NCD prevention and control. Some of the interventions recommended in the *NCD Roadmap Report* are relatively easy to implement and are likely to achieve early wins. Others are technically or politically more difficult, and will take longer to implement. The one thing that is clear is that a 'business as usual' approach will likely see a large – but otherwise preventable – rise in premature death and disability from NCDs, and unsustainable pressure on Government budgets. Hard and sometimes painful decisions therefore need to be made. Vested interests will resist changes that would improve public health and public finances. It is important to be aware of some of the myths that parties with vested interests use to block reform.

- *Myth: raising tobacco prices particularly hurts the poor, and the broader economy.* Fact: smoking hurts the poor more, as they have smaller disposable incomes and are less able to deal with the negative health effects caused by smoking. The poor are more likely to quit / not take up smoking than the rich after a price rise and tend to benefit most in terms of improved health thereby improving household incomes. While it is true there may be some initial loss of employment in local tobacco companies, it is important to recognise other offsetting factors: household expenditure on tobacco, and government medical and other health costs will go down, freeing up money that can be spent on other goods and services that generate other jobs. 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 region, 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 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.

Next steps

The next steps are crucial. 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. The key strategic action of Forum Economic Ministers is to ensure that scarce resources from Government, development partners, and other stakeholders are optimally allocated to affordable and sustainable NCD policies. Forum Economic Ministers are well placed to drive key fiscal strategies across a range of sectors, including 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 on 11 July 2014. Development partners will have an important role to play there too.

The suggested template for establishing a Country NCD Roadmap is attached. It begins with the four key strategies recommended for adoption by all countries in the Pacific and supported by the Directors of Health meeting in Nadi, Fiji, on 29 April 2014. This is followed by further interventions that a country can select from the menu of over 30 other options identified in the Roadmap report, depending upon the nature of the NCD burden in the country, the risk factors, and the country's available resources.

Completing the attached template will provide a clear Roadmap for the prevention and control of NCDs at the country level, but also across the region. Each country will need to decide how to fill in the attached template prior to the Joint Health and Economic Ministers' Meeting. But by doing so, each country will have its own clear, evidence-based, prioritised, action-oriented Roadmap that can be used for country-level planning and investments. Taken together, these Country NCD Roadmaps will provide a strong regional response that can be measured over time and from which lessons can be exchanged.

Taxes on tobacco as a per cent of retail prices in 2012: some countries are within reach of the WHO target of excise being 70% of retail price, others need to catch up

Note: these figures are for 2012. They are the latest available from WHO using a consistent methodology and data approved by member countries at the time of writing. They are in the process of being updated to take account of recent developments, including increases in tobacco taxation by Tonga and other Pacific Island countries.

Country (listed in descending order: highest rates of total taxes as a percentage of final retail price to the lowest)	Excise tax as a per cent of final retail price from excise tax	Other taxes as a per cent of final retail price.	Total taxes as % of retail price in 2012
Niue	0.0%	66.5%	66.5%
Federated States of Micronesia	25%	40%	65%
Tonga	50%	13%	63%
Samoa	46.7%	13.1%	59.8%
Vanuatu	45.7%	12.8%	58.5%
Palau	0.0%	57.1%	57.1%
Cook Islands ³	46.6%	6.9%	53.5%
Kiribati	0.0%	41.7%	41.7%
Fiji	27.8%	13.1%	40.8%
Papua New Guinea	28.3%	9.1%	37.4%
Solomon Islands	20.0%	10%	30%
Marshall Islands	0.0%	28.6%	28.6%
Tuvalu	9.7%	5.2%	14.8%

³ The Cook Islands has since announced increases in the excise duty.

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: 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. 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
Adequately fund the implementation and enforcement of tobacco control	Reduce sales of single sticks of cigarettes and sales to children. Public awareness campaign	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

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
measures contained in existing commitments such as WHO Framework Convention on Tobacco Control (FCTC) and Tobacco Free Pacific 2025.	launched and tested. Baseline study conducted by NGOs				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
<i>3. Improve efficiency of existing health dollar expenditure</i>					
Allocate scarce resources to preventing and treating NCDs in high risk groups	Reallocate resources to favour primary and secondary prevention. Continue scale up of	Reallocate resources to favour primary and secondary prevention Continue scale up of	Reallocate resources to favour primary and secondary prevention Evaluate scale up of PEN	Reallocate resources to favour primary and secondary prevention Identify options for	Ministry of Finance oversight of Ministry of Health

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
	<p>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 NCDs and develop protocols that allow affordable treatment for such groups</p>	<p>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 groups. Trial to include data on costs and compliance by patients.</p>	<p>in terms of inputs, outputs, and costs.</p> <p>Continued trial of primary and secondary prevention of high risk groups</p>	<p>improving PEN in the light of evaluation findings.</p> <p>Evaluate trial of primary and secondary prevention of high risk groups</p>	<p>Ministry of Health</p>

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
					Ministry of Health, with support from Ministry of Finance and perhaps 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	Baseline study on the costs, and consequences, of alternative health	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

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
a stand-alone Health Promotion Foundation more cost-effective than integrated services within the existing primary health care system	promotions				national Universities, but in collaboration with Ministry of Health
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

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
<i>Ministry of Education</i>					
Improve diet of school children.	Education campaign amongst all school children about diet and health. Liaison with trade stores and vendors near schools	Remove sugary drinks from school canteens and for sale within 2 km of a school as a first step.	Evaluate impact on weight and fitness of children	Respond to evaluation findings.	Ministry of Education
<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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