SPC CPS
SECRETARIAT OF THE PACIFIC COMMUNITY

PIN Pacific Islands NCDs

Promoting a healthier Pacific

No. 70
October 2010
ISSN 1022-2782

Photo: Jason Dwyer, Director, Queen's Baton Relay.

Contents:

Produced by the Healthy Pacific Lifestyle (HPL) Section

Supporting health improvements in the Pacific Islands

www.spc.int/hpl

French territories join 2-1-22 programme

New Caledonia, French Polynesia and Wallis and Futuna have joined the front line of the combined battle against non-communicable diseases (NCDs) in the region. The three French territories signed letters of agreement in 2010 for a large grant under the 2-1-22 programme.

New Caledonia will use the grant of AUD 150,000 a year over three years to assess the full extent and nature of NCD problems in the territory, negotiate with the food industry on improving the quality of imported food, and evaluate the territory's diabetes programme.

French Polynesia is putting its funds towards the fight against obesity and its complications in the territory. Since 1999, their *Healthy lifestyle and healthy weight* programme has promoted a balanced diet, regular physical activity and healthier environments. This is accomplished through outreach, annual media campaigns, creating educational tools and communication media, as well as training of health professionals.

Dr Patricia Maire Tuheiava negotiated the agreement with SPC for French Polynesia.

Dr Bernard Rouchon, right, signed the agreement for New Caledonia with SPC Director-General Dr Jimmie Rodgers, left, at SPC's headquarters. Also pictured are SPC Healthy Pacific Lifestyle Section Head Dr Viliami Puloka, left, and Nutrition Adviser Karen Fukofuka who negotiated the grant.

Many interventions have targeted school children and improving the nutritional quality of food in schools. The programme is managed by the Bureau of Non-communicable Diseases Related to Lifestyle which is attached to the Department of Prevention Programmes of the Directorate of Health of French Polynesia. It will be updated in 2011 based on recommendations from a basic evaluation in 2008 and from the results of the 2010 STEPS survey in progress.

The 2-1-22 grant has also funded participation of French Polynesia in the Pacific NCD Forum in Nadi in June, and small grants have funded three initiatives focused on promoting healthy eating habits and produce in schools.

The results of STEPS survey will help improve response strategies for various segments of the population. However, the partnership with the Department of Agriculture will be strengthened to support projects to promote local products in schools.

Wallis and Futuna is using its grant to do something for those identified in a 2009 study as being at risk of developing NCDs. With technical assistance from SPC and RESIR (Réseau sur l'Insuffisance rénale en Nouvelle-Calédonie), NCD officers are implementing programmes to encourage consumption of nutritious food, home gardening and physical activity in schools, communities and workplaces. There will be six-monthly checks on those at risk.

Focus on Nauru

In this issue, we highlight NCD activities on Nauru. The cover picture shows young men and children of Baiti (pronounced Baitsi) with the Commonwealth Games Queen's Baton which passed through their district on its way around the island on 6 May. The baton started its journey in England in October 2009, and went to all 54 Commonwealth countries enroute to New Delhi, India for the opening of the Games this October. It was welcomed wherever it went on Nauru, especially during a relay around the island when this photograph was taken by Jason Dwyer of the Queen's Baton Relay team at Baiti near the northwest corner of the island. Hundreds of people in all 14 of Nauru's districts came out to the main road to greet the baton with different displays. Some ran along with it, some danced and sang, and others milled around for a picture. Among those who accompanied the baton on the 12 km circuit around the island were Minister of Sport and Health, Matthew Batsuia, and owner of Capelle and Partners store, Sean Oppenheimer.

Global momentum grows on NCDs

Efforts to do something about the growing epidemic of non-communicable diseases (NCDs) are developing a new global momentum similar to the campaign on HIV/AIDS.

NCD officers in SPC member countries and territories are being encouraged to urge their governments to take advantage of growing international support for action on chronic diseases such as diabetes, heart disease and cancer.

On 13 May the United Nations General Assembly passed a resolution on NCDs recognising the enormous human suffering, premature death and the serious negative socio-economic impact they cause.

It followed moves led by the Caribbean Community (CARICOM) and Cameroon on behalf of African states, and has resulted in the convening of a heads of government General Assembly meeting on NCDs to be held in September 2011.

The Commonwealth Health Ministers meeting in Geneva on 16 May welcomed the high-level meeting and pledged support for the greater alignment of NCD issues with the Millennium Development Goals (MDGs). In June, a CARICOM representative attended the Pacific NCD Forum in Nadi, welcoming collaboration with Pacific Island countries and territories (PICTs).

The momentum has continued, with lobbying from groups such as the NCD Alliance, the World Heath Foundation, the Union for International Cancer Control and the International Network for Cancer Treatment and Research Challenge Fund.

On 21 September, Jamaica's Prime Minister Bruce Golding told the summit on MDGs at United Nations headquarters in New York that CARICOM has proposed that given their inextricable link to mortality, NCDs be treated as a discrete target within the MDG framework.

The high-level meeting next year provides an opportunity for PICTs to raise awareness among senior policy-makers of the impact of NCDs on development. The World Health Organization (WHO) hopes that the meeting will focus on 'galvanising action at global and national levels to halt and address the health and socio-economic impact of NCDs through multi-sectoral approaches.'

WHO also expects the meeting to generate commitment and momentum to implement the Global Strategy for the Prevention and Control of Non-Communicable Diseases and its related Action Plan, and note global progress on HIV/AIDS.

Similar to HIV/AIDS responses, principles such as the 'Three Ones' (one authority, one national action plan, and one common set of indicators for monitoring and evaluation) provide opportunities for replication, as do national partnership platforms for HIV/AIDs.

In the Pacific, progress in this respect has already been made through the Pacific Framework on NCDs and the 2-1-22 Pacific NCD Programme funded by the governments of Australia and New Zealand. The programme is managed by SPC and WHO.

The 2-1-22 model and its achievements — especially the setting up of national NCD plans, work plans and monitoring and evaluation frameworks — are now being studied by international groups such as the NCD Alliance as it mounts its campaign to have chronic diseases included in the MDGs.

In harmony with global efforts toward reducing NCDs, in the Pacific in 2010 there have been a number of declarations of emergency, resolutions and recommendations from Pacific health professionals appealing for increased international support in the battle on the epidemic of these diseases.

It is estimated that 75% of deaths in the Pacific are caused by NCDs, with high levels of associated risk factors such as obesity, smoking, excessive alcohol consumption, poor nutrition and lack of physical activity. The Pacific has the highest rates of obesity and type 2 diabetes.

Earlier this year, the Pacific Islands Health Officers Association declared a state of emergency in the United States affiliated islands, saying that these countries 'have endured early decimation due to communicable diseases contracted shortly after Western contact; and now face decimation and possible extinction due to diseases and changes in climate associated with Western lifestyles'.

In June, the Pacific NCD Forum backed moves towards the UN global summit on NCDs, to include them in the MDGs and to create a global fund for NCD prevention and control. The meeting brought together 75 doctors, health workers, international organisations, non-governmental organisations and academics from 22 countries under the 2-1-22 programme.

These health specialists have been calling for international support because developing countries often lack resources of developed states, which have made some progress on turning the tide of NCDs. Educating communities and promoting healthy lifestyles is being done, but small countries are weak in capacity to control powerful, profit-oriented processed food manufacturers and tobacco and alcohol companies.

The Forum outcomes statement was:

> *Under the 2-1-22 Pacific NCD programme in support of the UNGASS resolution on NCD (A/RES/64/265)*
>
> *We, the participants from 22 Pacific Island countries and territories, at the Pacific NCD Forum held in Nadi, Fiji from 21–23 June 2010,*

2-1-22 Pacific NCD programme achievements

Since the 2-1-22 programme (two organisations, one team [SPC&WHO], 22 countries and territories) was established in 2008, it has resulted in:

- **12 new national NCD** plans with 80% of countries and territories now covered
- **15 major contracts** of up to AUD 450,000 over three years for plan implementation
- **12 health professionals appointed** as national NCD coordinators
- **48 small grants** to 18 countries and territories (totalling AUD 387,000) for community projects to address key risk factors. These factors include: a Tobacco Control Summit (Federated States of Micronesia, or FSM), walking and fitness trails (Samoa), 'Go Local' food security project (FSM), community gardening (Solomon Islands, Fiji, FSM, Wallis and Futuna), physical activity interventions (Niue, Nauru), diabetes education (French Polynesia, Wallis and Futuna), and tobacco legislation implementation (Cook Islands, Tuvalu)
- **10 country interventions** made to implement the global Diet and Physical Activity Strategy, Framework Convention on Tobacco Control, and the Regional Strategy to Reduce Alcohol-related Harm
- **11 national, multisectoral NCD committees** being formed
- Modifications to **taxation**, progress towards **health promotion foundations**, and other **sustainable funding mechanisms** in four countries.

being front line workers and friends of the Pacific — a region with greatest burden of NCD,

acutely aware of loss of family and friends who have died prematurely from non-communicable diseases, seeing people daily who are sick, suffering and dying in our countries and territories,

deeply concerned about the health of our children and determined to make a difference,

urge our leaders to revitalise the vision of Healthy Islands, implore our governments, the private sector, our neighbouring countries and the international community to mobilise appropriate resources for the prevention and control of non-communicable diseases in the Pacific, and

call on the Heads of Governments in the Pacific and the United Nations to specifically include non-communicable diseases as one of the Millennium Development Goals.

'Countries want economic development, but not to the extent that it affects health,' said Dr Viliami Puloka, head of SPC's Healthy Pacific Lifestyle Section.

Tobacco and alcohol are already excluded from the main free-trade arrangement in our region, but questions are being asked whether new agreements such as the Pacific Agreement on Closer Economic Relations (PACER+) increase the import of unhealthy products to the Pacific, and thus contribute to NCDs.

Learning from the effectiveness of international actions on HIV/AIDS, the NCD Forum called for more lobbying and action on chronic diseases at the global level.

This included 'upstreaming' or going to product sources, to get them to reduce salt, sugar and fat in foods exported to the Pacific. Collaboration with the CARICOM Secretariat was proposed in order to create a stronger voice for 57 Pacific and Caribbean developing countries with similar issues and needs. The 2-1-22 programme has provided grants and infrastructure for coordinating NCD campaigns in countries.

Once NCDs are included in the MDGs, Pacific countries hope that additional funding will flow into these structures, providing new lifeblood and vigour to campaigns, initiatives and activities. NCD coordinators are encouraged prepare for the 2011 High Level Meeting and keep their ministers briefed.

Summing up the developments, Dr Puloka said the global support for NCDs was most welcome, but this needed to be translated into local actions.

'These local actions may be legislation, built environment, trade and incentives to encourage local production of healthier, local foods,' he said.

'This global support is great, but we still need local actions,' Dr Puloka stressed.

Champion cook

Runner up in the Nauru school cooking talent competition in 2009, this year Mikey Hiram rustled up an omelette, fried rice and salad to win the $150 prize. A Year 10 student in Nauru Secondary School (NSS), Mikey, 16, was the best of 30 budding chefs who took part in the competition. He's now working in the NSS truck shop after school and said he would like to develop his cooking skills, to experiment with new dishes and to cook for others.

Time is running out — Papua New Guinea

Non-communicable diseases and related risk factors are growing alarmingly in Papua New Guinea (PNG), according to health professionals there.

Surveys conducted by PNG's Department of Health and the World Health Organization show growing levels of obesity, high rates of cancer-related tobacco smoking (60%) betel-nut chewing and surprisingly low consumption of fruit and vegetables.

'Time is running out and we must act collectively and quickly,' says the Dean of the School of Medicine and Health Sciences in PNG, Professor Sir Isi Henao Kevau.

Speaking at the annual meeting of the PNG Medical Society, held in Wewak from 29 August–3 September, Sir Isi told delegates that when he was a medical student 40 years ago, heart attacks from unhealthy lifestyle were 'the last thing to worry about'.

But since the 1990s there was increasing incidence of heart disease and the Sir Buri Kidu Heart Institute had been established at the Port Moresby General Hospital. He hoped that a new coronary care unit and laboratory could be set up.

This clinical focus had to be developed into community based interventions, he said. Public health awareness, including intersectoral approaches, are now 'vital in this war'.

Dr Thomas Vinit of PNG's Lifestyle Disease Unit briefed the meeting of 700 health professionals on a baseline study conducted by the unit in 2008–2009, which revealed high rates of betel-nut chewing (more than 60% of workers in Port Moresby) and tobacco smoking (43% of urban poor).

More than half of those surveyed had excessive desires for foods with high fatty, salty and sugar content in food, which he said correlated to obesity, the highest rates of which (30%) was evident among government workers.

More than half of those surveyed had excessive desires for foods with high fatty, salty and sugar content, which he said correlated to obesity, the highest rates of which (30%) was evident among government workers.

About 30% of those studied had non-symptomatic high blood pressure and between 17% and 33% had raised blood sugar indicating they were pre-diabetes cases.

In the national survey, 32% of the 2,988 people tested were overweight, 8.8% had hypertension and 14.4% had diabetes. Indices were worse in urban areas, and all cases of hypertension and diabetes were undiagnosed.

Dr Vinit submitted that the expansion of prevention and care is essential to reduce the morbidity and mortality that otherwise will follow these figures.

'The results are alarming and it calls for our government and civil society to take action to prevent the occurrence of chronic diseases with complications that the country can ill afford because we don't have quality tertiary health services in the country to manage their complications.'

'It is therefore imperative that we must look globally at those experiences to improve health indicators and act locally to address today's health risk factors to prevent the occurrence of the development of tomorrow's chronic diseases causing disability and premature death'.

SPC was represented at the meeting by the head of the Healthy Pacific Lifestyle section, Dr Viliami Puloka.

Dr Puloka said Sir Isi's address highlighted how PNG could no longer think that its people were safe from non-communicable diseases. Heart disease was now a major threat that was taking away the country's young leaders.

It was agreed at the meeting that a taskforce on non-communicable diseases be formed and led by Sir Isi.

From little things, big things grow

Nauru Secondary School student Timmy Diringa, 15, right, gets some tips on planting seeds from Iver Lo, a gardening tutor at the Taiwan technical mission garden centre at Buada in the centre of Nauru. The centre runs courses on cooking and gardening for students and members of the public as part of the 'Eat Healthy, Live Healthy' programme. A wide range of vegetables suitable for Nauru's climate are grown around the centre.

Change is possible on life expectancy

The good news is that countries can change trends on premature deaths from NCDs. In the 1960s, Australia and New Zealand faced a life expectancy profile similar to that seen in many Pacific Islands countries today. They changed this mainly through altering behaviour on diet, exercise and smoking.

Addressing the Pacific NCD Forum in Nadi in late June, Professor Richard Taylor of the University of New South Wales said that the 1970s NCDs were increasingly evident among the lower socio-economic strata urban populations in developed countries. This was also the case in developing countries by the end of the last century.

NCDs were not inevitably or irreversibly associated with urbanisation, westernisation, modernisation, globalisation, development and affluence, he said. Nor were they 'degenerative diseases' and no more 'man-made' than HIV, diarrhoeal disease or under-nutrition. NCDs were a consequence of specific and reversible aspects of diet (animal fat, salt, calories), physical exercise and tobacco smoking. Something could be done about this, he said, citing dramatic reductions in premature mortality from NCDs over the past 30-40 years in many countries, including Australia and New Zealand. Most of the decline could be explained on the basis of reductions in risk factors among the population.

In several Pacific Island states, a plateau in life expectancy was observed in the last 30 years, especially in males, and while child mortality has continued to decline. This has been referred to as 'stagnation' in mortality decline, usually a consequence of increasing adult mortality, implying significant premature mortality from NCDs and injury. This stage in the 'epidemiological transition' occurred in the 1960s in northern European and English-speaking countries, including Australia and New Zealand.

His recommendations were to:

- focus on the population or mass approach for prevention of NCDs in addition to individual screening;
- introduce intensive health promotion and multi-sectoral structural change for impact on diet, tobacco smoking and physical exercise;
- involve non-government organisations (NGOs), universities, and professional groups;
- understand and use what has been successful in other populations, after adaptation for local implementation, and;
- monitor activities and results—NCD risk factors and mortality.

Women are central, conference hears

The central role of women in the battle against non-communicable diseases (NCDs) in the Pacific was reaffirmed at the 11th Triennial Conference of Pacific Women at SPC headquarters in Noumea, New Caledonia in August.

Dr Wame Baravilala (back row, second from right) at SPC headquarters in Noumea.

SPC's Healthy Pacific Lifestyle section head, Dr Viliami Puloka, told conference participants that NCDs in the Pacific were of a 'tsunami magnitude'. 'But unlike tsunamis, NCDs are sticking around,' he said.

Dr Puloka stressed that SPC's work with countries on addressing NCDs depends on women. About 80% of the 35 small grants under Australian and New Zealand funding administered by SPC are for activities managed by women's groups.

Earlier, a panel on women's health, headed by United Nations Population Fund (UNFPA) Reproductive Health Adviser Dr Wame Baravilala, reported that NCDs have reached epidemic proportions.

Obesity levels are increasing, often causing diabetes that could require long-term, expensive treatment such as dialysis. But only some countries have the necessary equipment, he said. In American Samoa, for example, roughly half the population is diabetic and 30% of the health budget is spent on dialysis.

'It's chronic, it doesn't go away, it causes major disabilities and it shortens lives,' Dr Baravilala said. 'If we want to do something about obesity in this part of the world, we really need to change the mindset of children. For us it's too late.'

About 70% of health budgets are being spent on curative care, and access to health services is affected by the location of services in towns, by high costs, and by poorly resourced screening services. In particular, cancer prevention services in the Pacific Islands region are grossly inadequate. Breast, cervical and ovarian cancers are significant causes of ailment and death. In some cases, pap smear tests results are not followed up on.

Countries cannot afford screening programmes for these cancers, and 30% of cancers go underdetected. When they are discovered it is often too late. Most die, he said. All of this indicates the general low status of women in the Pacific, Dr Baravilala said.

Our generation

These youngsters at Anetan in Nauru hold up a sprouting coconut as they wait for the Queen's Baton to arrive in their community on 6 May. For more information on coconut products and health, see **Coconut: it's role in health**, *an SPC publication which can be downloaded from the Nutrition page of SPC's Healthy Pacific Lifestyle website at: http://www.spc.int/hpl*

'Let's help ourselves, our people and our community to become more physically active!'

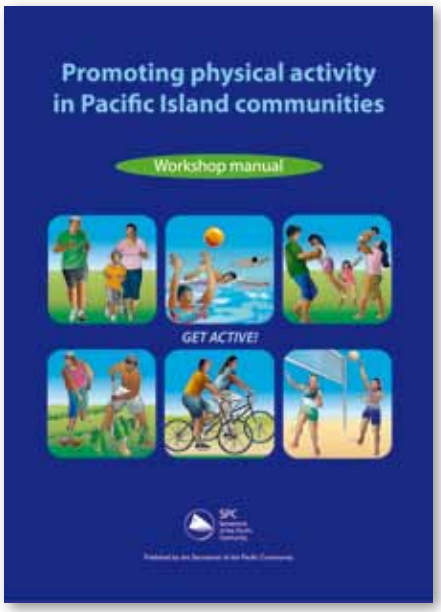
'Think of physical activity as a way of life, not a chore. Add some fun to your physical activity to keep you motivated.'

Tips on becoming more active

By Dr Si Thu Win Tin

There are many reasons, and excuses, why people are inactive or not active enough for their health. If you want to help yourself and your community to become more physically active, it is a good idea to try and understand what motivates people to start exercising and what stops them from continuing.

A summary of the main things to consider follows. For more detail, please have a look at the SPC workshop manual *Promoting physical activity in Pacific Island communities*, which was adapted by SPC from original material developed by Dr David Russell and James Pauti. It can be downloaded from the Physical Activity page on the SPC Healthy Pacific Lifestyle website at: http://www.spc.int/hpl



Stepping out: Nauruans take advantage of the new open air gym in the Public Health Centre complex built as part of the 2-1-22 NCD programme supported by the governments of Australia and New Zealand. Nauru has plans to build these facilities in all districts, thus providing venues for communication activities and physical activity sessions.

What matters most

The main factors influencing people to be physically active are shown in this table:

Category	Effect on participation
Mental factors (psychological, cognitive, emotional)	
Perceived barriers	-
Enjoyment	+
Expect benefits	+
Intention to participate	+
Perceived health	+
Self-efficacy	+
Self-motivation	+
Behavioural factors	
Adult activity history	+
Past exercise programme	+
Social and cultural factors	
Physician's influence	+
Support from friends	+
Support from partner/family	+
Environmental factors	
Climate or season	-
Physical activity characteristics	
Perceived effort	-

Not surprisingly, those who have a history of being physically active in their adult lives tend to continue being active. Note that the support of friends and family in someone's efforts to be active are important in determining whether that person is likely to be more active. And the influence of advice from a doctor is important.

Weather also has a big influence. It can be too hot, too humid, or too wet and windy to go outside. It may help to avoid doing activities during the hottest times of the day.

Barriers

What can impede physical activity in the Pacific Island countries and territories, and how these barriers might be overcome are listed below. This list was produced by non-communicable disease specialists from around our region. They categorized the impediments as personal, environmental and cultural.

What is commitment?

People remain committed to something because being involved is more important to them than quitting. Commitment is defined as the desire and determination to remain physically active.

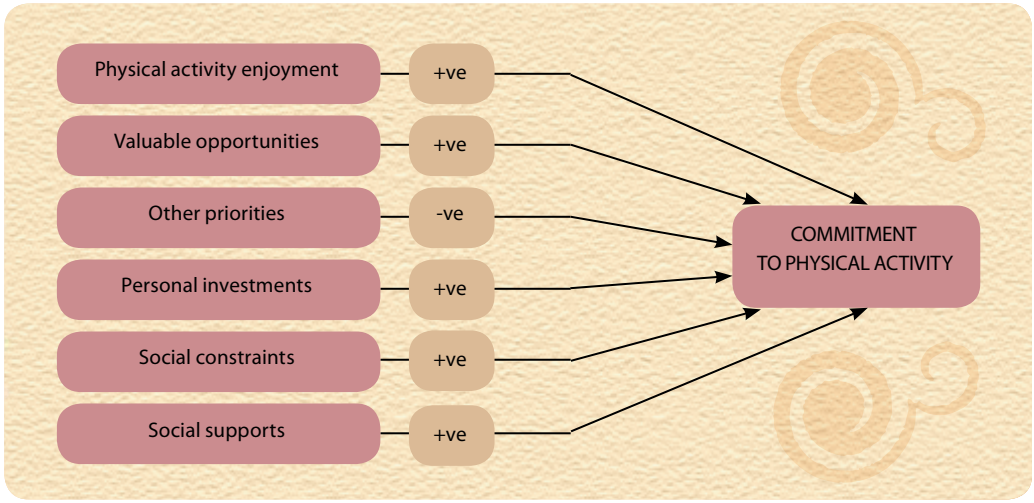
The chart on page 11 shows factors that influence commitment. Notice that some things strengthen (+ve) commitment and some lessen or weaken (-ve) it.

Physical activity enjoyment: This refers to the feelings of pleasure that you might experience from your physical activity programme. The more enjoyment you get, the stronger your commitment.

Category	Barrier	Solution
Personal	No time	Use time available
	Shame or embarrassment	Buddy walk for company Sunset or sunrise walks
	Instructor issues	Discuss with instructor or change instructor Change programme
	Young family	Plan time for activity Family active together
	Health status	Design activity to accommodate Take medical advice
	Motivation issues	Do it with a buddy Do it to music Use a pedometer
	Money	Do inexpensive activities
	Social or domestic issues	Change partner's attitude
	Safety	Buddy or group activities Carry a stick, stones or an umbrella
	Too busy	Flexible time use
	Technology	Low-tech activities Car-free days
	Equipment, gear or clothing	Use what you have
	Unrealistic expectations	Set realistic goals
	Negative attitude	Education (related to 'expectations')
Environ-mental	Dogs	Protect yourself: buddy, whistle
	Roads	Footpaths or walking trails
	Facilities (shower at work)	Work to have installed Non-equipment activities
	Too hot or too wet	Vary activity, be flexible or use common sense
	Robbers	Buddy or select environment
	Traffic congestion	Change route or time
Cultural	Religious restrictions	Activities consistent with beliefs
	Dress code	Comfortable, affordable and appropriate
	Commitment	Find factors for commitment
	Beliefs about pregnancy, etc.	Education and awareness
	Competitiveness	Encourage non-competitive activities
	Gender	Separate programmes or appropriate activities; modify traditional activities
	Big is beautiful	Education
	Lack of leaders as role models	Involve them

NCD prevention and control volunteers go through their aerobic routine at the new Kiribati NCD centre in Tarawa that was funded under the 2-1-22 programme. The multi-purpose centre was opened on 27 July by Kiribati's Acting Secretary of Health, Mr Riwata Obetaia, in a special ceremony organised by the country's NCD Coordinator Dr Airambaita Metai. Also attending were Director of Public Health Dr Revite Kirition, Assistant Secretary of Health, Ms Veronica Taake Binoka, and other key NCD personnel from the Ministry of Health. Representing SPC were Adviser, Physical Activity, Dr Si Thu Win Tin, and Monitoring and Evaluation Officer Greg Keeble.

Keeping active – the commitment model



Valuable opportunities: Valuable opportunities are the things you would miss if you became inactive. For example, the company of the people you are active with and the good feelings you get after you have completed your activity session, including those you get from feeling healthier (or losing weight).

Hands up: Participants stretch out during a physical activity seminar in Honiara, Solomon Islands in July presented by SPC Adviser, Physical Activity Dr Si Thu Win Tin (back row centre left). Solomon Islands NCD Coordinator Ms Nevalyn Laesango is in front of Dr Si.

Other priorities in your life: These are the other commitments you have that get in the way of staying or being more active. They could be your job, family or community commitments. The more pressing these other priorities are, the more your commitment to be physically active can be lessened. Highly committed people work around their other priorities so that they can keep active.

Personal investments: This refers to what you have put into becoming and staying physically active. Think of all the time and effort you put into becoming active and how hard you worked, at least in the beginning, to keep active. And you may have invested money as well, for new shoes or perhaps a gym membership. The fact that you would lose these investments tends to keep you committed.

Social constraints: Social constraints reflect the feeling that you need to keep physically active because other people expect you to. It could be your partner being worried about your weight or the possibility of diabetes that encouraged you to become active. Research suggests that the very highly committed are not affected by other people's expectations — only their own.

Social support: Social support refers to the encouragement and support you get from other people to keep being active. Committed people have been shown to have people who support them in their activity programmes.

What is motivation?

Motivation is what encourages or makes a person behave in a certain manner. Our goal is to get people who are physically inactive (or not active enough) to change their behaviour and become more active!

This is connected with barriers to physical activity. Most barriers can be turned around to assist with motivation. Motivation is what makes us persist in a behaviour, such as church attendance and a physical activity programme.

Physically active: Nauru health promotion graphic artist Rioli Deldeab takes a breather to pose with a sign promoting the 'Walk for Life' around the airport every Wednesday afternoon. The walk attracts government workers and members of the public.

How can we improve motivation to be more physically active?

Here are a few tips:

Planning

- Plan a specific time and place for your activity programme. Don't leave it to chance.
- Keep your exercise gear in a handy place. For example, keep your running shoes in your car or at your desk.
- Post written reminders where you will see them, such as a note on your fridge or stuck to your computer.
- Arrange to meet with others to do your activity.
- Identify a convenient place to be active, such as a park, the beach or a friendly gym.

Setting activity goals

Generally, beginning an exercise routine modestly will likely lead to success. For example, an inactive person who sets a target of an hour's run each day is far less likely to succeed than if they set a target of 30 minutes' accumulated walking each day.

Techniques to promote compliance

There are a number of factors and techniques that research has shown can positively influence adherence to a physical activity programme.

Self-monitoring

- Keeping an activity diary. This can be as simple as a 'tick mark' for meeting the day's activity goal, or as detailed as an in-depth activity diary that records the number of steps from a pedometer or the intensity and duration of the elements of an activity programme.

Goal-setting

- Set specific, measurable, achievable, realistic and timely (SMART) goals.
- Use self-monitoring to keep track of progress towards a goal.
  - ***Self-reinforcement:*** Reward yourself for meeting your goals.
  - ***Change self-talk:*** Talk to yourself (inner dialogue) to increase positive thoughts about being active and help reduce negative thoughts ('I can do it', etc.).
  - ***Relapse prevention:*** Plan to avoid situations that can lead to your giving up on physical activity (e.g. take your gear with you when you travel).
  - ***Social support:*** Have family and friends join you or at least encourage you.

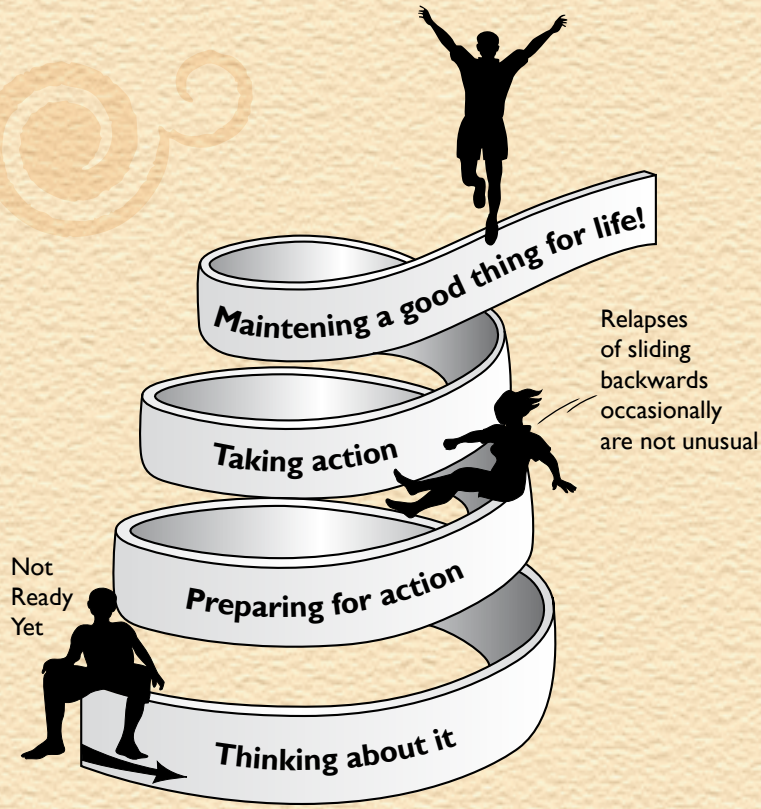
Getting inactive people active

There is no magic route to getting people to become more active. However, having a deeper understanding of barriers, motivators and commitment can help in supporting individuals to change.

A tool that is being increasingly used in health promotion (not just for physical activity) is Prochaska-DiClemente's stages of change model. This is based on an understanding of where someone is in terms of a process of change. People go through five stages in their journey to becoming and remaining physically active. The first is the blissfully unaware (unaware of any need to get moving) and the 'final' stage is where we maintain an active lifestyle.

The following is an easy-to-follow version of this model from the United States Centers for Disease Control and Prevention.

Stages of change in adding physical activity into your life. Where are you?



Not ready for change.

Pre-contemplation stage: Physically inactive people who are unaware of the benefits of becoming more active are in what is called the pre-contemplation stage. Many community-based programmes focus on trying to increase awareness among these unaware people of the importance of being physically active. Once a person starts to think about the possibility that they could become more active, they enter the next stage.

Thinking about change.

Contemplation stage: The person is now aware of the need to be more active, and is thinking about it. People at this stage need to be encouraged to do more than think about it — they should be encouraged to take the first step, to begin to plan to be more active. They should be encouraged to think about the pros and cons, and how they can plan to be more active.

Preparing for action.

Preparation stage: At this stage, the person is aware, ready and making plans for how to become more active. Once the decision is made to proceed, the person now works out how, where and when to be active, and who to be active with.

Getting started.

Action stage: Now the person begins to increase their activity level — probably following their plan.

Maintaining a good thing.

Maintenance stage: This is the stage where the person is becoming used to their activity, and is hopefully forming a habit. This stage requires effort to persist with the increased level of physical activity; in other words, to maintain the commitment. It is important to remember that many people will enter a 'relapse' phase where they stop following their health promoting behaviour for a variety of reasons. These people can be helped to restart.

The value of this model is in understanding where an individual is in the cycle and then giving specific support to them based on 'where are they at' in the change process. It can also be used at the population level to target campaigns for promoting physical activity to population sub-groups at specific stages.

Australian volunteer Denise Fraser leads children at Meneng Infant School on Nauru on the action song 'Wash your hands'. The school is one of six participating in the 'Eat Healthy, Live Healthy' campaign. Other songs and dances the children have fun with are 'Vitamin C', 'Water dance', 'Say no to candy', 'Okay, okay Papa don't smoke in front of us', and 'Love Nauru'.

Key issues of trade agreements

By Jeanie McKenzie

Tobacco and alcohol are already excluded from the main free-trade arrangement in our region, but will new agreements, such as PACER+, increase imports of unhealthy products to the Pacific, and thus contribute to the increase of NCDs?

This question was on the minds of NCD specialists who attended a seminar at the University of Sydney in July on trade and its impact on health and development in the Pacific.

Organised by the Menzies Centre for Health Policy at the university, the meeting provided a good overview of the key issues surrounding current negotiations relating to the Pacific Agreement on Closer Economic Relations (PACER Plus or PACER +). Key speakers at the seminar were from the Menzies Centre, the University of Melbourne, the Pacific Network on Globalisation, and the Australian Fair Trade and Investment Network. Discussions focused on whether PACER+ would provide trade benefits to the Pacific, or further the interests of Australia and New Zealand over those of Pacific nations.

The region already has the Pacific Island Countries Trade Agreement (PICTA), which allows for free trade between Pacific Island countries (PICs). Some countries have signed on to PACER, but a number of PICs have baulked at signing up to PACER+. PACER + is seen by some as a trade agreement that benefits Australia and New Zealand, but does little for island nations, despite reassurances from the Australian government that PACER+ will assist development and lead to poverty reduction.

From an NCD perspective, the key issue is whether free-trade agreements are likely to increase the import of unhealthy products. In a landmark decision, island nations have excluded tobacco and alcohol from PICTA. Health concerns arising from a potential increase in these products were deemed to be more important than trade liberalisation.

The Pacific is generally characterised as being import dependent, having few products to export. Those that are available for export are often subject to falling or volatile commodity prices, as in the case of sugar, cocoa, coffee and copra.

Some argue that the lowering of trade barriers has brought about an influx of unhealthy products, and cite the example of the import of low quality and inferior food. The import of these foods also acts as a disincentive for local producers to grow food for domestic production, which in turn increases reliance on cheap imports.

Countries imposing bans on cheap imports — such as Samoa, which banned turkey tails over three years ago — face a confusing array of legal challenges questioning their right to do so. The same has been true in relation to tobacco, where numerous tobacco industry challenges about the right of countries to have pictoral and written health warnings on cigarettes, has been challenged. These challenges, brought on by companies with well resourced legal teams, can tie up the comparably limited resources of Pacific Island governments in legal deliberations as they examine all options to retain their bans or force companies to disclose the harms that their products cause.

The Pacific needs to be consistent, and not expect on the one hand to ban the import of tobacco and alcohol, and on the other hand argue for kava to be exported. The key principle here is health protection. There is an existing provision to ensure that public health is protected; above all else, this needs to be paramount when considering free-trade agreements.

Trade is not, of course, limited to food and products such as tobacco and alcohol; it also covers privatisation (or public private partnerships) of services, such as health care services and water supply. Other areas that can be subject to trade agreements include the provision of labour, intellectual property and pharmaceuticals. The general consensus at the meeting in Sydney was that these areas need to be closely monitored and some should be excluded from PACER + deliberations, notably water, and waste management services.

When PACER+ is discussed by Pacific Island Forum Trade Ministers, it should be assessed in terms of fairness and the gains in terms of increased opportunities for export of agricultural or manufactured products from PICs, as well as other benefits that could accrue to Pacific nations from such free-trade agreements and trade liberalisation.

In the last issue of PIN, we summarised what Pacific Island countries and territories were doing to tackle non-communicable diseases (NCDs) under the 2-1-22 Pacific NCD Programme. At the Pacific NCD Forum in Nadi in June, countries provided an update on this work and highlighted some of their initiatives which included new health promotion campaigns and information, and education and communication materials (e.g. posters, photographs, videos and publications). A country-by-country look at some of their initiatives to reduce NCDs follows.

American Samoa

American Samoa mentioned they were top of the charts for diabetes, hypertension and overweight people. Those working on NCDs had to first convince their chief or minister of health, before going to villages to sell their product: a 'one-stop-shop' offering free screening, tobacco counselling, checks by a doctor and advice from a nutritionist.

The theme was the heart, which 'makes a big difference'. The approach taken was to inform people that if they planned to live in this village, they had to: do exercise; make the family the core of their whole being; and live happy and free of smoking. American Samoa particularly liked using SPC's posters with spoons of sugar and fat per food item. These educate people about the composition of foods because Samoans love to eat and this was the main reason why they were 'at the top'.

Ms Dottie Aga-Siavii, American Samoa.

CNMI

Commonwealth of Northern Mariana Islands (CNMI) explained that there was a need to acknowledge the many languages in their country, and that a first step was translating brochures into Carolinian. CNMI presented their physical activity and 'World No Tobacco Day' t-shirts for schools, and 'Get real' and 'Move it' campaign information. The latter involved a walk on Wednesdays when patients and others were encouraged to walk for 30 minutes. Families in CNMI were being encouraged to remain fit for life.

Ms Joanne Ruth Ogo, CNMI.

One healthy workplace initiative involved a local grocery store whose staff took walks each weekend on the beach path. A recipe book has been produced in collaboration with Northern Marianas College, and a pre-taped 'cooking with colours' TV show has drawn in members of the community to 'take a stand for a healthier CNMI'. People are being encouraged to think about how investing in a healthier lifestyle now will save health costs later on.

Cook Islands

Dr Rangiau Fariu, Cook Islands.

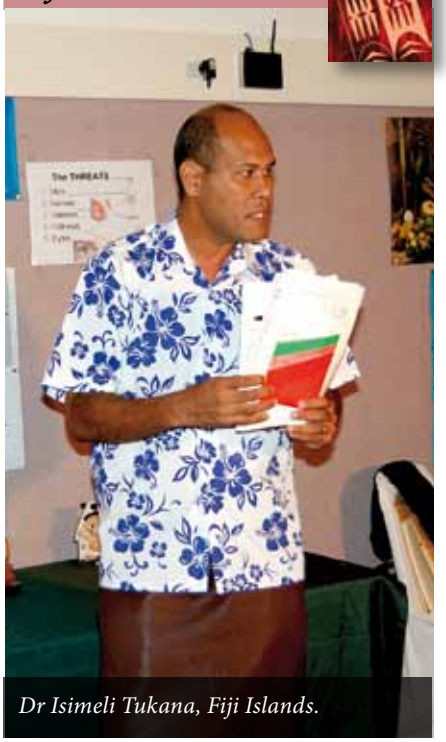
Cook Islands said they were guided by the vision of their people living healthier lives and reaching their aspirations. Health care in Cook Islands was provided at minimal costs as they believe costs should not hinder access to care. They offered their annual statistics bulletin which shows incidence trends and the Mini STEPS surveillance conducted through the Ministry of Health. Attendees expressed interest in the women's triathlon event.

FSM

Federated States of Micronesia (FSM) offered posters that encouraged people to eat less and educated them about foods high in salt. There was now a combined national NCD strategy with five pillars addressing key risk factors. Overweight and obesity was a problem and this was being addressed through physical activity and diet.

Mr Kipier Lippwe, FSM.

Fiji Islands



Dr Isimeli Tukana, Fiji Islands.

Fiji told participants that 60% of its population was under the age of 30, and that 60% of the country's NCD budget was directed at them. The focus on addressing the 'tsunami' of premature mortality from NCDs in Fiji was in primary health care. Healthcare workers use a traffick light system in screening people and allocating them a card, coloured green, orange or red — and intervening on that basis. Fiji had also rebranded their logo, adopting the 'Three Ms': mouth (what you eat), muscle (exercise, especially swimming), and medicine (prescription). Health professionals could then assist people in all three areas in a holistic manner.

French Polynesia

French Polynesia offered smoking control poster artwork, and presented three projects. The first project included two posters on healthy eating and fresh fruit and vegetables. A second project was an initiative on workplaces, and a third project targeted schools and children. They also presented a food handout sheet in French.

Ms. Solene Betrand, French Polynesia.

Guam

Mr Lawrence Omar S. J. Alam, Guam.

Guam was promoting pedometers with the expectation that those who wore them should walk at least 10,000 steps a day. Admitting that smoking rates were 'atrocious', Guam had decided to make smoking socially unacceptable. Laws were passed making restaurants and workplaces smoke-free, and academic institutions tobacco-free.

Mr Angelina Mummert, Guam.

Kiribati

Dr Airambiata Metai, Kiribati.

Kiribati shared its efforts to develop a logo promoting drinking water, stopping smoking and eating vegetables. Efforts were concentrated on three settings: workplaces, schools and manaebas. STEPS data, which the Ministry of Health had yet to present to other ministries, showed that in schools about 49% of children were overweight. In maneabas, where people live, 46% of people had high blood pressure and 75% were overweight.

Nauru

Ms Eva Marie Gadabu, Nauru.

Nauru showcased its 'Stomp the Fat' and 'Walk for Life' initiatives. The regular 12-week 'Stomp the Fat' programme for overweight and obese people had mid-term assessments, a final assessment and advice on healthy lifestyles. If participants reached their targets they were eligible to win prizes. The 'Walk for life' around the airport is held on Wednesdays and aerobics classes on Tuesdays and Thursdays.

New Caledonia

New Caledonia offered the kit box tool '*J'apprends le bien-être*' for teachers to help them educate school children on healthy living and physical activity. They also presented posters showing the quantities of foods they should eat and simple activities that can be done every day for a healthy lifestyle.

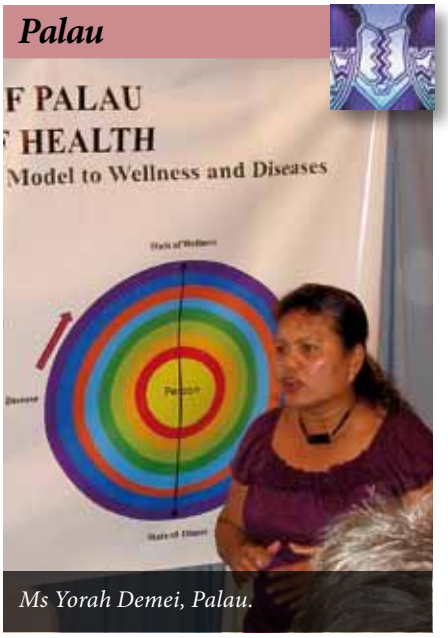
Mr Dick Forest, New Caledonia.

Niue

Niue promoted their new NCD plan which included 'simple and holistic' ways to address high rates of diabetes, hypertension, gout and cancer. Developing the plan required data and government support. In Niue the focus was on national, school and village and/or community settings, and on individuals. The smoking cessation programme was a key element, and nicotine gums and patches were being provided. Thirty-two people were on this programme and fourteen had relapsed.

Ms Grizelda Mokoia, Niue.

Palau



Ms Yorah Demei, Palau.

Palau featured new products coming online such as an exercise ball. For profiling, Palau had developed diabetes and cancer strategic plans that fitted in with the overall public health strategy. Schools were a focal point for physical activity programmes, which had been introduced to the curriculum. Two ministries and the court system had adopted physical activity programmes. Palau was also starting a 'biggest loser' activity.

PNG

Papua New Guinea (PNG) promoted healthy food preparation and shopping workshops for women. Much promotion still needs to be done, the audience heard. Healthy workplace policies were introduced because many working class people are obese and have high blood sugar. Government departments and private sector companies were adopting health policies on smoking, chewing and drinking, and were arranging hours and days for physical activity. PNG had also developed a draft diabetic management guidelines and a new 10-year national NCD plan.

Ms Vicky Wari, Papua New Guinea.

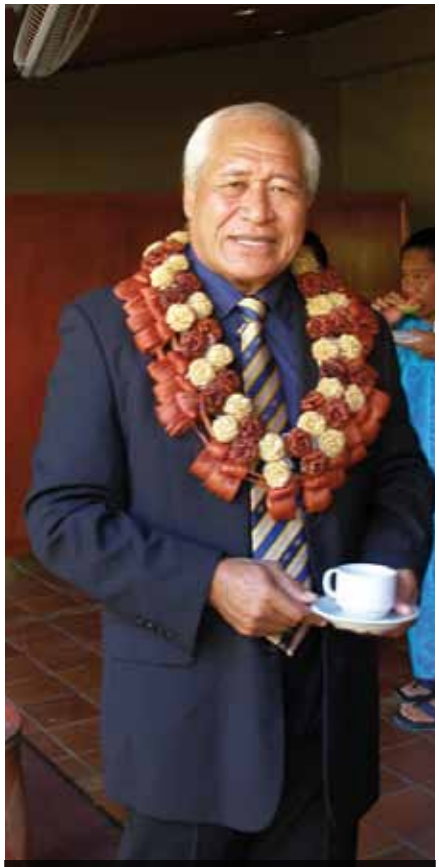
RMI

Ms Ione DeBrum, Marshall Islands.

The Republic of Marshall Islands (RMI) emphasised how its secretary and the minister of health were women and both were key agents for change on NCDs. Under the country's NCD plan, there was a taskforce with subcommittees on key risk factors. These committees needed more women. RMI was conducting community training on risk factors, promoting cooking and healthy eating through the media.

Samoa

Samoa's Associate Minister of Health, Hon Dr Pepe Talalelei Tuitama, told the forum that his country was working with community groups to promote health and well-being through aerobic dancing. In addition to the passing of the Tobacco Control Act in 2008, a media programme informing people of the negative impacts of alcohol was continuing through women's committees to schools and the community. A parliamentary advocacy group was promoting health lifestyle programmes. Having members of parliament as mentors for healthy living was a powerful way to address NCDs, he said. The aim of the programmes was to change the mindset of Samoan people so that they accept the need to adopt healthy lifestyles.



Hon Dr Pepe Talalelei Tuitama, Associate Minister of Health, Samoa.

Solomon Islands

Ms Nevalyn Laesango, Solomon Islands.

Solomon Islands impressed attendees with new tobacco legislation recently passed through parliament. This enabled the earmarking of tobacco revenue for funding a health foundation. Other items presented were 'Live Healthy' CDs with songs and 'World Health Day' t-shirts. Solomon Islands also briefed attendees on a large number of garden and physical activity projects under way.

Tokelau

Ms Leanne Esther Pearce, Tokelau.

Tokelau showcased a programme that the crew of the *MV Tokelau* had developed for themselves on the 72-hour return trip from Samoa to the atolls. The key message of the Tokelau NCD campaign was: 'Own the choice, own the change and own your life'. The crew were changing their diet, having porridge for breakfast and eating stir-fry with vegetables for lunch. They were also beginning to stop drinking kava and alcohol, and have introduced an exercise programme on the ship for two hours a day. They identified discipline and dedication as important, and not letting the disease control your life, but keeping it within a spiritual dimension.

Tonga

Ms Elisva Na'ati, Tonga.

Tonga explained the Health Foundation was working with 20 villages building linkages between healthy lifestyle projects and communities. For example, they were linking gardening and sports groups, physical activity projects, and healthy eating outputs. They were also promoting a nutrition package that is being incorporated into school curricula on a trial basis. One buyer asked if they could try and do something about smoking noticed among the Tongan army rugby team also visiting Nadi.

Tuvalu

Tuvalu announced that its STEPs survey was being analysed and the national NCD plan was in draft form. The country was implementing new activities and the *Tobacco Act* passed through parliament in 2008. A non-governmental organisation was forming a coalition with law enforcement officers on this. Tuvalu also announced a physical activity workplace activity involving volleyball each Friday for Ministry of Health staff. Five people from each village were attending healthy cooking projects.

Mr Pelesala Kaleia, Tuvalu.

Vanuatu

Mr Graham Tabi-Rap, Vanuatu.

Vanuatu stressed the importance of leadership on NCD initiatives, and was pleased that it had gained the support of the Director-General of Health. Another highlight for Vanuatu was the expansion of part of the NCD programme to the north of the country.

Wallis and Futuna

(From left to right) Ms Malia Lape and Marie Isabelle Lisiahi, Wallis and Futuna, and Ms Ione DeBrum, Marshall Islands. Mr Saula Volavola (in background), Fiji Islands.

Wallis and Futuna presented its NCD risk factors study that was made possible with the help of SPC and volunteers. The low-cost health profiling project was an excellent model for other countries. The team drew attention to pictures of people from Ovea in the 1960s, showing they were slimmer then they are today, thus demonstrating how much people had changed since then. Details were provided on three healthy nutrition projects introduced in Wallis and two to follow on Futuna. The territory was also preparing a five-year NCD plan. Other items shown included SPC documents on fruit and vegetables for schools, and diabetes information and monitoring books provided for under the 2-1-22 programme.

Getting serious about salt

It is estimated that a 5-6 gram reduction in daily salt intake could prevent about 600,000 stroke and heart attack deaths in the Pacific region each year. And for most countries daily salt consumption is now five to 10 times higher than the 1-2 grams we need.

Speaking at the Pacific NCD Forum in Nadi, Ms Jacqui Webster of the George Institute for International Health in Sydney, said that the WHO target of 5 grams per person a day was a pragmatic compromise.

Salt increases blood pressure and the likelihood of heart attacks and stroke, and less consumption of salt can reduce blood pressure. Other damaging effects of salt are cancer of the stomach, idiopathic and cyclical oedema, kidney disease, renal stones, bone demineralisation and asthma.

Even reducing children's salt intake has a big impact on blood pressure levels in later life, Ms Webster said. Blood pressure was the second leading cause of total disease burden (7.6 per cent) after tobacco (7.8 per cent), and the problem wasn't getting any better.

There was a two-pronged approach to the problem. The first was clinical hypertension control, which involved identifying those at highest risk and treating to reduce high levels. The second was population-based salt reduction, where everyone was considered a risk and efforts were made to try to get a small reduction in salt in everyone's diet. It was plausible that a reduction of 3-5 grams a day in mean salt consumption could lead to a 10-20 per cent reduction in vascular disease.

The actual costs of national or regional salt reduction programmes were 1-2 per cent of the costs of hypertension management programmes. The conclusion was that there was a strong case for the addition of national salt reduction programmes to existing clinical hypertension programmes delivering substantial health benefits and minimal additional costs.

Ms Webster explained how effective salt reduction campaigns had been in Europe, in some cases cutting salt content in packaged foods by 20-40 per cent. It was estimated that in United Kingdom alone, by 2008, 26 tons of salt a year had been removed from the diets of the population.

For the Pacific, she recommended that clear targets for salt reduction be established. There also needed to be specific actions on salt and effective monitoring of progress. 'Salt reduction is a simple and cheap way of addressing NCDs, but will only be effective with a targeted approach.'

Stakeholders (government, food industry, NGOs and church groups) need to be mobilised to support salt reduction strategies, she said. Ideas for actions included: distributing low salt recipes through

Jacqui Webster, George Institute for International Health, Sydney.

local markets; working with other community projects, cooking TV programmes; establishing standards for imported food engaging with food companies, discouraging the use of salt on dining tables; and targeting schools. It wasn't just about food controls, she said, but also employing the food industry as a positive force for change.

Ms Webster said there was a strong case for regional action on food standards. New Zealand's experience in this respect was an important example of what can be achieved. She recommended regional agreements with companies.

On the question of salt substitutes, she said it was difficult for people to change when they were accustomed to taking salt with their meals. It took about three weeks for the taste buds to adjust to lower levels of salt in food. However, it was shown that you could take 10 percent of salt out of diets without people noticing. She recommended working with the food industry to gradually change the salt content in their products. Chilli, lemon and garlic were salt substitutes. There was a need for continuing advocacy and discussion on salt.

How to prepare an M&E framework

By Greg Keeble

In the public health sector, the purpose of monitoring and evaluation (M&E) is to know whether the intended results are being achieved as planned in the national health action plan, and whether public health interventions are making positive contributions towards improving people's health.

For the 2-1-22 regional NCD programme, M&E supports SPC's commitment to accountability for results, including the efficient use of donor resources, and the effectiveness of lifestyle interventions. The information provided by M&E is used to manage the NCD programme in order to better achieve the expected results specified in the regional NCD strategy.

At the national level, M&E frameworks relate to the identified results specified in the NCD national strategy and action plan. The purpose of M&E is to account for the achievement of intended results and provide an evidence base to inform local decision-making at the planning and implementation levels.

What is an M&E framework?

The M&E framework makes it possible to track the progress of an NCD action plan towards national strategic goals and objectives. The two major components are performance monitoring, which monitors progress towards the expected outcomes in the national NCD plan, and impact evaluation, which evaluates the overall impact of the implementation activities on national strategic goals and objectives. The focus of the M&E framework is on the results achieved by the NCD programme, and therefore concentrates on the assessment of the goals, impacts, outcomes and outputs of the NCD plan. The M&E framework can be presented in terms of a logical framework matrix (see diagram).

What are the expected results?

Goals are the major expected changes in human development as measured by people's well-being (e.g. life expectancy, NCD mortality). Impacts refer to the major changes being sought with regard to people's health status (e.g. NCD and risk factor prevalence), and represent the underlying aims of regional and national NCD strategies.

The Millennium Development Goals (MDGs) and other international, regional and national indicators are generally used to track progress at the impact level. Planned objectives are the long-term outcomes expected as a result of implementing the NCD plan. Expected outcomes are the specific changes that need to be achieved to meet the NCD plan's objectives. The expected outcomes and the outputs of activities should be indicated in the NCD plan.

How are performance targets and baselines set?

Stakeholders should establish performance targets for the expected level of change. Guidance on the setting of targets can be obtained by referring to the NCD strategic plan. Performance targets normally depend on the project period and the duration of the interventions and activities (normally five years).

The baseline data establishes a base from which to measure change. The baseline should be clearly aligned with the indicator, using the same unit of measurement and preferably from the same data source. Some indicators may need to be adjusted to align with existing measures, such as national surveys or censuses. Baseline data enable the measurement of change over time and the monitoring of trends.

What are performance indicators?

Performance indicators are measures of the expected results, and provide a quantifiable method of determining or estimating the level of impacts, outcomes and outputs delivered by the programme. Performance indicators should be SMART. That is, specific to the intended changes, measurable and unambiguous, attainable or achievable, relevant and time bound. Data should be readily available in order to ascertain the progress made in achieving results.

For impact indicators, data for compilation of performance indicators can be obtained from health information systems (e.g. vital statistics and prevalence surveys). For outcome and output indicators, it is important to consider how data will be obtained through M&E processes.

What does means of verification mean?

The means of verification refers to the source and frequency of data that are used to compile verifiable indicators. Identifying the means of

List the main results expected from implementing the NCD plan

Show the specific targets that need to be reached to ensure success

Identify here what baseline data you will be using

These are the key indicators required to measure performance and impacts

Sources of information and evidence (e.g. STEPS, census data, clinical records, etc.

Things that could possibly go wrong and affect performance, and what might be done about it

For more information: www.spc.int\hpl

Monitoring and Evaluation Framework

	Intended result	Performance target	Baseline source	Verifiable indicator	Means of verification	Risks and assumptions	
The goal of the NCD plan	*For example:* **Goal:** Reduction in deaths from NCDs	*For example:* Reduce NCD mortality rate by 2% per year	*For example:* Mortality rates published prior to plan period	*For example:* NCD mortality rate (per 1000 population) by cause of death	*For example:* Civil registration statistics report	*For example:* Data not available to measure mortality by cause of death Implementation of NCD plan results in reduction in mortality	*These are the assumptions about performance producing results*
Main impacts expected from implementation of NCD plan.	**Impact:** Reduction in NCD risk factors	Reduce NCD risk factors by 10% by end of plan period	Prevalence rates published prior to interventions	NCD risk factor prevalence rate (per 1000 population)	National NCD Risk Factor report	NCD data not available to measure prevalence Reduction in NCD risk factor prevalence reduces NCD mortality	*Assumptions about outcomes influencing impacts*
Expected outcomes of the NCD plan	**Outcome:** Strong national health systems for NCD prevention & control	Improved access to NCD services by end of plan period	Health clinic and hospital usage prior to plan implementation	Percentage of population using health services for prevention & control of NCDs	Health Information System (HIS) report	Data not available to measure public access to NCD services Access to public health services leads to reduction in risk factors	*What are the assumptions about outputs affecting outcomes?*
The specified outputs in the action plan	**Output:** Improved human capacity to prevent & control NCDs	Increased skills of public health staff to prevent & control NCDs	Skill level of public health staff prior to training program	Percentage of public health staff trained to prevent & control NCDs	Ministry of Health annual report	Non-availability of information on skill level of health staff Skilled health staff will improve health service	*The resources contributing to outputs*

Testing, testing: Nauru diabetes nurse Rina Hartman (right) of the Nauru Public Health Department conducts a biomedical (blood pressure, glucose and cholesterol) test outside the town post office. Others are being tested for their body mass index (BMI). These measurements are also taken for the next national STEPS survey to be conducted by the end of 2011.

verification should take place in close coordination with key stakeholders (e.g. NCD committee).

Evidence on goals and impacts are available from national survey reports and the health information system. Evidence on progress with outcomes and outputs are obtained during and after the implementation of the NCD plan. The means of verification ensures that the evidence meets quality standards and can be relied upon by decision makers.

What are the risks and assumptions?

Risks are the potential events or occurrences beyond the control of the programme that could adversely affect the achievement of results. Risks should be assessed in terms of probability and potential impact. Steps can be taken to mitigate the effects of risk.

Assumptions are normally defined as the necessary and positive conditions that allow for a successful cause-and-effect relationship between different levels of results. The assumption relates to a condition that should be in place for the programme to go ahead.

How will M&E be used?

The M&E framework is an important tool for decision-makers, including programme management and strategic planners. The monitoring of results will provide evidence for corrective action to be taken if progress is off-track or not producing the desired results.

An evaluation of the implementation of the NCD action plan will provide evidence for re-programming of activities or necessary changes to the allocation of resources. Whatever the result of the M&E, it is a critical tool for ensuring the effective and efficient.

Healthy Pacific Lifestyle Team

Section Head:
Dr Viliami Puloka viliamip@spc.int

Physical Activity:
Dr Si Thu Win Tin sithuw@spc.int

Nutrition:
Karen Fukofuka karenf@spc.int

Tobacco and Alcohol:
Jeanie McKenzie jeaniem@spc.int

Communications:
Richard Thomson richardt@spc.int

Monitoring and Evaluation:
Greg Keeble gregk@spc.int

Administration:
Natalie Girin natalieg@spc.int

Address: HPL, SPC—Secretariat of the Pacific Community, BP D5 98848 Noumea Cedex, New Caledonia

Phone: +687 26 20 00

Facsimile: +687 26 38 18

Website: www.spc.int/hpl

Layout: Muriel Borderie. Illustrations: Jipé Le-Bars.
Produced by Richard Thomson, Healthy Pacific Lifestyle (HPL) Section of the Public Health Division.
SPC, BP D5, 98848 Noumea Cedex, New Caledonia.
Telephone: +687 26 20 00. Fax: +687 26 38 18. Email: richardt@spc.int. Website: http://www.spc.int/hpl

SPC Secretariat of the Pacific Community