PACIFIC NCD FORUM MEETING REPORT:

24–28 August 2009, Nadi, Fiji Islands

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This report was prepared by the Healthy Lifestyle Section, Public Health Division on behalf of the 2-1-22 Pacific NCD Team for governments of Pacific Island countries and territories and for the participants, consultants and observers at the Pacific NCD Forum held in Nadi, Fiji Islands, 24–28 August 2009.

Contents

Executive summary

Pacific Island countries and territories (PICTs) are facing an epidemic of noncommunicable diseases (NCDs, or chronic diseases). NCDs are among the leading causes of death and morbidity in the Pacific Island region, and the burden is growing.

This inaugural forum on NCDs was jointly convened by the Secretariat of the Pacific Community (SPC) and the South Pacific Office of the World Health Organization (WHO).

Under the banner of 2-1-22 Pacific NCD Programme, the **2 organisations** have formed **1 team** to serve **22 countries and territories** to fight against the NCD epidemic that is threatening the growth and development of already fragile Pacific nations. Representatives from the 22 PICTs were invited to participate in this NCD forum.

The objectives for the forum were to:

- develop a shared understanding of key concepts in NCD prevention and control;
- identify the latest evidence and best practices in NCD prevention and control;
- showcase PICT case studies of good practice;
- review progress of NCD planning and implementation in PICTs, identifying challenges/gaps and potential solutions; and
- provide an opportunity for shared learning, networking and collaboration.

The keynote speaker, Dr Colin Tukuitonga, highlighted the need to translate the many plans, resolutions and declarations into meaningful action on the ground given that, despite decades of 'busyness', there does not seem to be much evidence of real progress. He drew from his extensive experience as an expert Pacific Islander working in the health sector in the region as well as working with WHO on global NCD issues. Forum participants were challenged to utilise evidence of effective interventions available from studies in countries outside the region and to adapt those interventions to the Pacific context.

The panel discussion led by a group of experts focused on the issues of country capacity to deliver NCD programmes, the role of evidence, leadership and advocacy. The panellists pointed out that in order to achieve outcomes, it is important to have the right people with the right training and skill mix, equipped with the tools and resources needed to do the job.

The session on 'tools for the trade' showcased some of the tools that have been developed or are in the process of being developed to assist PICTs in their response to NCDs. These tools included an NCD toolkit, guidelines for physical activity and healthy eating and legislative strategies for alcohol and tobacco control. It was recommended that SPC and WHO assist PICTs to adapt these various tools to suit country context and specific needs as one size does not fit all.

A highlight of the forum was an interactive market-place activity, in which countries and territories presented a range of activities being implemented to address the NCD burden. The range of activities presented at the market included weight loss programmes, resource packs for teachers, community grants, physical activity programmes in workplaces and eat well campaigns.

The importance of strategic health communications was discussed with a focus on the use of behavioural science models and social marketing principles to promote individual and social change. It was recommended that communication strategies engage the community more effectively in order to achieve change.

Monitoring and evaluation and surveillance were identified as key areas in which countries and territories need capacity building and support. The use of the WHO STEPwise approach to risk factor surveillance has provided comparable baseline data in several countries. However, it was noted that there are other sources of data that could provide valuable information. It was recommended that SPC and WHO use standard definitions for indicators used in other surveys to ensure consistency of data and information being collected.

Funding management issues were discussed with development partners. PICTs recommended making improvements to communication and the sharing of information to ensure everyone understands the various processes. Development partners were urged to strengthen harmonisation of systems and processes to ease the reporting burden for countries and territories.

In summary, these were the key issues raised at the forum that need to be taken into consideration if the response to NCDs is to have a real impact:

- The focus must now be on implementing the many policies and plans already developed.
- The limited capacity of the NCD workforce is a major concern. Strengthening in-country capacity should include provision or facilitation of opportunities for inter-country professional placement.
- SPC and WHO were requested to assist PICTs to translate, adapt or adopt existing frameworks, tools and effective interventions available from other studies to facilitate upscaling of action at country level.
- PICTs should consider engaging with the food industry to promote the availability and consumption of healthy food choices, with assistance from SPC and WHO.
- Legislation and policy approaches should be used to address the NCD burden. Guidelines on how to use these approaches will be made available soon.
- Sustainable action is required to address the NCD burden. PICTs are encouraged to develop sustainable funding mechanisms for NCD prevention programmes.
- PICTs should prioritise empowering communities to take responsibility for their own health. Health agencies and partners should take practical action to promote and give practical support to community action, building on what is already being undertaken.
- NCD STEPS survey work is acknowledged as a scientific, standardised national prevalence study that produces comparable data. PICTs are encouraged to undertake STEPS surveys on a regular basis and use the results to guide policy and programme development. National statistics departments must be involved in the process.
- Mini-STEPS tool is a simple, flexible tool for conducting sentinel surveillance and for evaluating community-based programmes.

- Strategic health communication has the potential to help reduce the NCD burden. SPC and WHO were requested to provide PICTs with practical guidance on strategic health communication through all its stages, from planning to implementation.
- Networking opportunities, including those arising from reports and outcomes from relevant major regional meetings, need to be increased.
- Resources and materials that are being developed to support NCD prevention and control need to be made available in both English and French.
- PICTs should document, monitor and evaluate their NCD control efforts effectively. SPC, WHO and partners should support PICTs with their monitoring and evaluation efforts.
- The Health Promoting Schools programme is a good settings-based model for working with young people.
- Development partners are encouraged to be flexible with their funding criteria so that they consider funding positions as well as activities as a way of assisting programme activities to be implemented.

Participants at the Pacific NCD Forum held in Nadi, Fiji Islands, 24–28 August 2009.

Introduction

Background

Pacific Island countries and territories (PICTs) are facing an epidemic of Noncommunicable diseases (NCDs, or chronic diseases). NCDs are among the leading causes of death and morbidity in the Pacific Island region, and the burden is growing.

Most PICTs now experience a double burden of disease. That is, they are still grappling with infectious diseases (such as malaria, diarrhoeal diseases, parasitic infections) while also having to respond to the more recent epidemic of NCDs (such as heart diseases, diabetes, obesity, cancer). Together these diseases are the leading cause of death (premature death in a large proportion of cases), accounting for about 75 per cent[1] of deaths within the Pacific region.

The main risk factors for NCDs are: **unhealthy diet** (low consumption of fruits and vegetables; high consumption of sugar and fat), **physical inactivity, tobacco smoking** and **alcohol misuse**. In most countries and territories of the Pacific, the prevalence of these primary risk factors is high and is already reflected in the high rate of intermediate risk factors such as obesity, raised blood pressure and high blood sugar, all of which are contributing to the current epidemic of NCDs.

Surveys undertaken using the World Health Organization (WHO) STEPwise Approach to Surveillance of Risk Factors of Noncommunicable Diseases (NCD STEPS) reveal the magnitude of these risks in the Pacific Island region. For instance, the rate of overweight and obesity ranges from 47 per cent[2] in Fiji Islands to 93.5 per cent[3] in American Samoa. Consistently at their regional meetings, beginning with the first one which took place in Fiji Islands in 1995, the Pacific Ministers of Health have recognised the immense burden of disease due to NCDs in the Pacific and have called repeatedly for strengthened action to curb the rising epidemic. In the latest meeting in Madang in 2009, the Ministers acknowledged the importance of socio-economic and environmental determinants of the major risk factors and renewed their call to scale up actions at national level to address the NCD burden and to promote the use of the Healthy Islands approach to implement integrated NCD prevention and control programmes.

In response to these calls, the Secretariat of the Pacific Community (SPC) and WHO have jointly developed a Pacific NCD framework and a joint programme of support called the 2-1-22 Pacific NCD Programme. It signifies 2 organisations that have formed 1 team to serve 22 countries and territories to fight against the NCD epidemic. Development partners, namely AusAID and NZAID, provided the funding support for the programme. The programme was endorsed by the Ministers of Health at a special meeting following the WHO Regional Committee Meeting in September 2008, Manila, Philippines. This is the first NCD forum for the Pacific and is conducted as part of the 2-1-22 Pacific NCD Programme.

[1] World Health Report 2002
[2] Fiji NCD STEPS Survey 2002
[3] American Samoa NCD Risk Factors STEPS Report 2007

Forum Objectives

- Develop a shared understanding of key concepts in NCD prevention and control.
- Identify the latest evidence and best practices in NCD prevention and control.
- Showcase PICT case studies of good practice.
- Review progress of NCD planning and implementation in PICTs, identifying challenges/gaps and potential solutions.
- Provide an opportunity for shared learning, networking and collaboration.

Forum Structure and Organisation

The forum was held over five days from 24–28 August 2009 at the Tanoa International Hotel, Nadi, Fiji Islands. It was convened jointly by SPC and WHO. The programme consisted of didactic sessions, a panel discussion and networking sessions. For their country reports, which were delivered in an interactive 'market-place' activity or through a PowerPoint presentation, participants were asked to 'sell' their top three interventions in their own country or territory to potential 'buyers' (other forum participants).

A 'walk for health' programme was organised each morning. All participants were encouraged to participate.

In addition, during one of the lunches, healthy serving sizes of food were displayed so that participants could see the difference between amount of food eaten (portion sizes) and what was recommended (serving sizes). Each serving size was displayed with labels identifying the weight of the serving size per food item as well as its calorie content. Portion sizes varied between individuals.

At the end of the forum countries and territories had the opportunity to discuss their specific needs on a one-on-one basis with the SPC and WHO resource team.

The forum programme is included as Annex 1.

Participants from 22 Pacific countries and territories were invited to attend. Representatives from American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI) and Pitcairn Island were unable to attend the forum due to priority government commitments.

The forum participants are listed in Annex 2.

Opening

The official opening prayer and welcome were given by Dr Isimeli Tukana on behalf of the Fiji Ministry of Health. Thereafter representatives from the two convening agencies offered opening remarks: first was Dr Chen Ken, the WHO representative in the South Pacific, followed by Mrs Fekitamoeloa Utoikamanu, Deputy Director-General of SPC. The final part of the formal opening was the keynote address, as outlined below.

Keynote Address

Dr Colin Tukuitonga, Chief Executive Officer of the Ministry of Pacific Island Affairs, New Zealand, was the keynote speaker at the forum, although he was not attending the forum in this capacity.

In his address, he drew from his extensive experience of working in the health sector in the region as well as of working with WHO on global NCD issues. He set the scene for the forum through his presentation of a Pacific perspective on NCD work in the region, highlighting challenges as well as providing potential solutions for more meaningful action on the ground. Forum participants were challenged to utilise evidence of effective interventions available from studies in countries outside the region and adapt those interventions to the Pacific context.

Dr Tukuitonga noted that despite decades of 'busyness', with multitudes of resolutions, declarations, plans and guidelines, there seems to have been no progress in halting the rise in the burden of death, disease and disability caused by NCDs in the Pacific Island region. Awareness of NCD issues is high, yet this has not translated into positive behaviour change.

He identified the following barriers as ones that he believed contributed to the lack of progress and that PICTs need to consider:

- **Pacific cultures and attitudes**. For example, a fatalistic view of life is common. Certainly death is inevitable, but it does not need to be slow, painful or premature. Other contributing factors are attitudes towards body size and the centrality of food in the Pacific culture in a context where people are relying increasingly on imported foods that are often of poor quality and high in fat, sugar and salt.

- **Political environment**. Often the actions a government takes in fulfilling its responsibility to generate wealth (free trade agreements and market economies) conflict with its responsibility to protect public health (from the increasing importation of poor quality food).

- **Ownership issues**. Who is really driving the agenda? There is often a heavy reliance on development assistance and expertise, or an ineffective regional independent 'voice' for advocacy and insufficient and inadequate community engagement.

- **Resolution fatigue**. There has been considerable busyness in regard to NCDs but the impacts of such activity have been uncertain. There is a need for better linkages between global/regional commitments and country actions to demonstrate impact where it is most needed. As an example, the Healthy Islands approach was a great initiative with a great vision but sadly it has been poorly translated into meaningful action.

- **Global and regional influences**. PICTs are facing increasing pressures for free trade agreements and cross-border transfer of goods, services, people, images and ideas.
- **Chronic underfunding** of health. Some PICTs spend less than 5 per cent of gross domestic product (GDP) on health.
- **Public health capacity and capability**. Many PICTs suffer from a chronic shortage of human resources.

Dr Tukuitonga also highlighted the following as possible solutions to the barriers identified above:

- The Pacific Framework for the Prevention and Control of NCDs is an excellent basis for action. The test of its effectiveness will be in its implementation.
- Explore economies of scale options for sub-regional action such as a Polynesian Pact.
- Work together on issues that would be best addressed at regional level, particularly protocols, research, training etc.
- Integrate NCD prevention and control into primary health care more effectively, using a chronic care model.
- Invest in and strengthen health systems. Undertake further work on sustainable funding models.
- Promote the availability and use of treatments that work in PICTs.
- Shift the focus from process to outcome measures, e.g. reduction in cardiovascular disease (CVD) mortality or reduction in tobacco use.
- Set realistic expectations: narrow the scope and highlight achievable priorities for each nation. For example, PICTs could give priority to: increasing the price and banning advertising and sponsorship of tobacco and alcohol products; reducing salt in food products; and providing drug treatment for high-risk individuals.
- Consider instruments with accountability requirements e.g. the European Charter on Counteracting Obesity, Framework Convention on Tobacco Control (FCTC).
- Shift support to actions by countries and territories.
- Invest in community-based interventions and strengthen community engagement (health by the people for the people).
- Invest in schools and young people. For example, strengthen the implementation of the Health Promoting Schools initiative endorsed by Pacific Ministers of Education in 2006.

In conclusion, Dr Tukuitonga summarised his perspective on the current status of NCD work in the region in a 'report card' as presented in the table below.

NCD issue	Progress
Awareness	Good/excellent
Surveillance	Good/improving
Planning/policy/strategy	Good/improving
Implementation (country)	Must do better
Monitoring/evaluation	Must do better
Results (process)	Encouraging
Results (outcomes)	Disappointing

Forum Proceedings

Technical Presentations

Expert Panel

The panel of experts led the discussion on the 'basic building blocks' for effective delivery of NCD programmes.

(a) Capacity and resourcing – Dr Colin Tukuitonga

From a human resource perspective, it is a capacity issue that there are simply not enough people to deliver NCD programmes in the Pacific Island region because the original workforce pool is limited or many trained health professionals have migrated. Likewise it is a capability issue that the workforce pool does not contain enough people with the required skill mix to deliver such programmes.

During the discussion, it was noted that there is a need to assess the skill mix of the current workforce and identify special opportunities to train the multi-skilled staff required to deliver NCD programmes in the Pacific Island region. It could be that there is no need to look at expensive health professionals to fill the gap. A doctor may be needed to prescribe medicine but not necessarily to educate people about healthy lifestyles. Rather than looking at training more doctors, it might be better to refocus training programmes on producing more public health officers or health promotion officers. There is a case for engaging community groups such as church or women's groups and non-governmental organisations (NGOs) to deliver healthy lifestyles education. Dr Tukuitonga also raised the questions as to whether the current workforce is performing at expected levels and whether it is fully mobilised.

It was also noted that migrating health professionals continue to contribute wherever they go. However, the gap they leave when they move away needs to be addressed. So there is an opportunity to strengthen community-based and community-driven activities by building capacity of local community groups and NGOs to deliver health promotion activities.

Quality assurance is another important issue to consider. In order to achieve the desired outcomes, it is important to have the right people with the right training and skill mix, equipped with the tools and resources required to do the job.

Resourcing was identified as a chronic problem in the Pacific Island region. Demand for quality health services is increasing as the population ages. However, available resources are inadequate to meet this soaring demand. We need to look to alternative funding models such as that offered by the Tong Health Promotion Foundation. Dr Tukuitonga noted that if the service is really important then we have to pay for it.

(b) Evidence – Dr Karen Heckert

Dr Heckert focused her presentation on the key issues raised in the earlier sessions: how do we guarantee success and how do we avoid reinventing the wheel?

She defined evidence as the accumulation of facts to demonstrate the effectiveness of an intervention, which might be a policy, a process, a programme model, an organisational framework, or a community approach. Evidence must be published in peer-reviewed journals, documenting shared lessons from best practice, as well as practices observed to be working in the community. If evidence is not documented, it does not exist. It is essential to build evidence of the effectiveness of implementation through a better collection of monitoring and evaluation data.

Evidence needs to be applied if PICTs are to make sound decisions and adopt resource-appropriate actions for the Pacific Island region. In the absence of evidence specific to this region, PICTs can modify and adapt models that have been demonstrated to work elsewhere so that they are appropriate for the Pacific context or they can promote the use of theories of organisational, community and individual changes such as the behaviour change communication theories. What is needed is to build skills in taking evidence from another setting and adapting it to Pacific cultures.

In the ensuing discussion, it was noted that evidence often equates to research and scientific rigour. Yet, although it is important to get evidence from the community to inform policy development, many community-based programmes do not meet the scientific rigour of research processes. It was also noted that in terms of Pacific-specific, practice-based evidence, we practise in the sense that we practise putting evidence into action, we learn and then we document lessons learnt and outcomes achieved. Documenting promising practices that reflect Pacific cultures was seen as a great starting point.

SPC and WHO were asked to develop a tool to guide and build capacity in countries and territories in assessing and documenting the impact of evidence when translated into community action.

(c) Advocacy and leadership – Dr Ruth Colagiuri

Dr Colagiuri focused her presentation on advocacy and leadership as the two essential ingredients to facilitate mobilisation of resources to address the NCD burden. In many instances, politicians take up priorities based on personal interest, so they needed to be presented with a case for action on NCDs.

Advocating for financial resources requires us to be strategic and smart in our approach. Having a comprehensive plan with a clear goal, objectives and prioritised actions is important as is strengthening the linkages to global and regional strategies and commitments.

Dr Colagiuri identified five key points for effective advocacy and leadership:

1. Make a good argument – demonstrate cost–benefit analysis of the interventions.
2. Engage everybody – use every opportunity to raise the issue.
3. Have a strategic goal – enshrine it in legislation.
4. Build on what is there.
5. Be a good role model – lead by example, be passionate about what you do.

During the discussion that followed, it was noted that there is a need to bring various plans together under a strategic framework and a need to integrate and strengthen what is already happening. However questions were raised regarding which plans the NCD response should be integrated into and to what extent plans should be integrated. It was acknowledged that NCD plans should be integrated into national health plans and linked to other national sector plans. It was also noted that priorities were often based on funding. Strong leadership is needed to harmonise plans and engage with other sectors to decide on national priorities.

Getting Traction on NCDs

Dr Colin Tukuitonga

Dr Tukuitonga focused his presentation on whether actions are reaching the right people – that is, whether they are impacting those at greatest risk.

For smaller island states to gain traction with NCDs, realistically it is probably best to think of one high-level policy document, such as a national health strategy or an NCD plan. Each PICT needs to decide on the option that is best suited to its needs.

Terminology concerning policies, plans and strategies can be confusing. To keep it simple, Dr Tukuitonga provided the following definitions:

- **Policy** sets out **what** the country/territory, province or district will do. It usually has a longer-term focus.
- **Plan** gives effect to the policy or **how** the policy gets implemented. It usually contains the detail of the policy.
- **Programme** involves targeted intervention strategies. It may focus on a specific risk factor or disease or geographical area or population group.

The following are some of the fundamental questions that we need to answer in determining whether we are heading in the right direction:

- What are the predominant NCD issues affecting the country or territory? What are the priorities? Available data show that: NCDs predominantly affect the poor; men and youth in particular are high users of tobacco; obesity affects men and women equally; and obesity among the young people is increasing. Which group should be prioritised to receive support and how can these decisions be justified?
- What do you hope to achieve through NCD programmes?

- Realistically what resources can you rely on? What can you achieve with what you have? Who should receive treatment first?
- How do you best respond? Should you respond with a national health strategy or with a national NCD plan?

It is equally important to understand how government ministers make policy decisions. Dr Tukuitonga noted that for most ministers, political capital is everything. Although evidence is essential as a first step in policy formulation, the impact assessment of the policy also needs to be considered. Relevant questions include the following:

- What is the cost to government?
- What are the implications for other areas?
- What are the risks (expected or unexpected) and how will these be managed?

When developing an NCD policy, the following elements are critical:

- Assess needs clearly.
- Identify evidence for action.
- Consult, negotiate with and engage key stakeholders including communities.
- Agree priorities and be realistic about what you can do with what you have.
- Set out the vision, mission, values and objectives of the policy.
- Determine agreed areas of action and the timeframe for implementation.
- Set targets and indicators.
- Undertake monitoring and evaluation.

The WHO STEPwise planning framework was identified as a good starting point in this process.

For a good health strategy, Dr Tukuitonga identified the following key elements to consider and be clear about:

- What do you want to achieve (i.e. **vision,** inspirational but grounded in some reality)?
- What do you have to offer (i.e. **mission**)?
- What do you stand for? (That is, what **values and principles** guide how you work? Communicate these clearly to partners.)
- What actions do you wish to take (i.e. **outcomes/outputs**)?
- What actions do you wish to take first (i.e. **priorities**)? Do you have political and community support for acting in this way? Do not just make the easy choice.
- What are your **targets**?

- How do you know that you have achieved what you set out to do? (That is, how will you approach **monitoring and evaluation**; can you measure progress?)

There is also a need to balance the call to cover the 'whole of society' with the capacity to respond. Countries and territories need to decide on which option is best for their people. Having a clearly thought-out plan serves a purpose in guiding decisions for action. Equally important is the need to resource and action these plans.

During the ensuing discussion, being good role models was suggested as a good starting point.

It was also noted that being clear about the intended outcomes of plans and communicating these clearly to all stakeholders are essential steps to achieve targets.

There is a need to take ownership of the problem and be clear with how to respond appropriately to it. An example is the promotion of the 'Diabetes is Everybody's Business' initiative which was inspirational but its implementation was rather weak to the point of it becoming 'nobody's responsibility'. Someone needs to take the lead and drive the implementation programme. It was noted that policies need to be translated into meaningful actions on the ground.

On the issue of ownership, it was noted that there is a need for collaboration and to get key people involved in the planning process. However the challenges of determining agreed priorities need to be discussed and negotiated properly.

It was also noted that countries and territories need to drive the agenda, be clear about what it is they want to achieve, determine priorities, and present these to donors. Then the donors decide on which priority they will commit to.

Tools for the Trade

The next presentations focused on existing tools that are available to assist country participants with their work.

NCD toolkit: Policy and legislation development in the fight against NCDs

Dave Clarke, Regulatory and Policy Specialist

Mr Dave Clarke's presentation focused on the use of legislation and policy instruments to address the NCD burden. He likened the NCD situation in the Pacific Island region to an emergency worse than a cyclone: it is complex with multiple causal factors; it is contributing significantly to the health burden in PICTs; it is enduring, requiring long-term investment; and it is threatening health and economic development in the region.

He highlighted the importance of policy and legislation development in the fight against NCDs. Policy development is a central part of a good public health practice that incorporates key elements such as programme development (assessing need and developing a plan) and delivery (implementing the plan), evaluation and monitoring, and information systems which are the lifeblood of a health system. The aim must be to make the healthier choice the easier choice for policy-makers as well.

Building healthy public policies is also one of the five strands of the Ottawa Charter for Health Promotion.[4] The Charter highlights the role of policy in putting public health on the agenda of other policy-makers to make them aware of their impacts on and responsibilities for health.

In developing policies, it is important to set simple and realistic goals. Policy provides the means to achieve our goals. Mr Clarke stated that policy and legislation have to be credible, relevant, sustainable and evidence-based. Developing effective and sustainable policy and regulation is challenging because the process of making policy and legislation can be technical, complex and resource-intensive.

Mr Clarke also shared the work he has been doing on developing an NCD toolkit. This 'how to guide' is designed to provide simple, practical advice and support for PICTs who wish to develop and implement sustainable policy and legislation interventions to reduce the burden of NCDs.

During the discussion, a question was raised on whether legislation could be introduced, temporarily perhaps, to make food cheaper. In response, Mr Clarke noted that it is important that restricting legislation does not create unintended problems. Rather, legislation should encourage people to move away from eating unhealthy foods. Using tax mechanisms to discourage people from eating unhealthy food may be more effective. He observed that most PICTs do not have good food legislation. Having a basic food law would help control the quality of food being made available in countries and territories of the region.

Experience on the use of legislation in French Polynesia highlighted the importance of developing good legislation. In 2003 the government of French Polynesia introduced taxes on those drinks containing sugar, and on beer. This initiative generated a lot of revenue for the government. However, it was not easy to develop good health promotion programmes. Most of the revenue generated went to supporting youth programmes.

The discussion also highlighted the importance of context as what works in one place may not necessarily work in others.

Pacific Physical Activity Guide

Dr Temo Waqanivalu, WHO

Dr Waqanivalu presented the Pacific Physical Activity Guideline that had been published and distributed to PICTs. His presentation covered the background of the development of guideline. He also discussed the high prevalence of NCD risk factors in the Pacific region, particularly focusing on the low level of physical activity in selected PICTs as indicated by recent STEPS survey results.

The guidelines have been developed to support work in countries and territories undertaken to improve the levels of physical activity among the adult population. The following are the four key guidelines on physical activity:

1. If you are not physically active (moving much), it is not too late to start regular physical activity and reduce sedentary activities.

2. Be active every day in as many ways as you can, your way.

3. Do at least 30 minutes of moderate-intensity physical activity on five or more days each week.

[4] WHO 1986

4. If you can, enjoy some regular vigorous-intensity activity for extra health and fitness benefits.

PICTs were encouraged to adopt and use these guidelines as their own national guidelines.

Physical Activity Workshop Manual and Workbook

Dr Si Thu Win Tin, SPC

Dr Si presented the supporting resources that are currently under development to assist PICTs to implement their physical activity guidelines and programmes. The training manual is being developed for health educators and health promoters to help them be more effective in promoting physical activity as part of a community-based healthy lifestyle programme. It is not designed for professional athletes.

This resource will be available and distributed at the end of 2009.

Pacific Healthy Food Guide

Karen Fukofuka, SPC

Karen Fukofuka highlighted that the Pacific Healthy Food Guide was developed in response to a need for a system or a tool to promote healthy eating messages to the general public. It was developed in collaboration with Pacific dietitians and nutritionists and in line with international moves to develop health eating guides based on foods rather than nutrients.

The key guidelines were presented as a series of four posters for ease of communication. The main elements in the guidelines are as follows:

- The system of three food groups has been used in the Pacific for over 30 years and people are familiar with it. The groups are protective foods (fruits and vegetables), energy foods (starchy vegetables, breads and cereals) and body building foods (meat, poultry, fish and dairy products).

- Variety is essential. People should eat from all three of the main food groups each day. Most foods contain a mixture of nutrients but can be categorised into one of the three food groups based on the predominant nutrient they contain. Even within these three groups, some foods are considered nutritionally better than others. For example within the energy food group, the local starchy foods such as taro, cassava and yams are preferable to bread, rice and pasta. Within the body building food group, fresh lean meats and local fish are nutritionally better choices than corned beef and sausages

- The recommended amount of food to be consumed each day refers to the whole day's food intake, not to an individual meal. The recommendations were presented as the relative proportion by weight that each food group contributes to the total daily food intake, as set by the WHO standard for the average nutrition requirements for an average healthy adult.

- Emphasis is on the consumption local foods rather than imported foods which are often high in sugar, fat and salt.

- This guide is for adults and not suitable for children.

In addition, Karen Fukofuka presented the following documents to support the implementation of the guidelines:

- a training manual for health professionals on how to use the guidelines;
- additional resources to demonstrate serving sizes of fruit and vegetables; and
- posters depicting the amount of hidden fat and sugar in some commonly eaten foods and snacks.

As these guidelines were developed based on the kinds of foods commonly eaten in PICTs, they can be adopted and adapted to suit their particular situations. Many countries and territories have done so already and several examples were given. It was noted that the guidelines are widely used; however they need to be evaluated to determine how they are being used.

In addition, much work is needed to assess the effectiveness of these guidelines in communicating healthy eating messaged and identify gaps (such as healthy eating guidelines for functions) and problems (such as portion or serving sizes) associated with their use. It was recommended that SPC and WHO look into this kind of evaluation and assist PICTs in undertaking it.

Alcohol and tobacco control in the Pacific

Jeanie McKenzie, SPC, and Dr Li Dan, WHO

Alcohol control. Using the key international and regional frameworks and plans, Jeanie McKenzie presented the most effective evidence-based strategies available to reduce alcohol-related harms. Alcohol-related harms include alcohol-related family violence, traffic accidents, unintentional injury, physical and mental harms and risk-taking behaviours such as unsafe sex.

Key effective strategies that were highlighted included:

- establishing a national committee with responsibility to deliver on the prevention of alcohol-related harms;
- increasing real and regular prices through taxation;
- developing comprehensive legislation including restrictions on alcohol advertising;
- imposing blood alcohol limits testing on drivers (and zero tolerance for young drivers);
- introducing compulsory licensing for retailers; and
- reducing trading hours for the sale of alcohol.

Ms McKenzie emphasised the need to identify and implement effective key strategies. She also stressed the importance of ongoing data collection on a range of alcohol-related indicators. There are some data on binge drinking available from the STEPS surveys. Despite a number of challenges in the alcohol area, including competing interest groups, there are many known effective strategies available to reduce alcohol-related harm, and alcohol needs to be kept high on the agenda.

Tobacco control. Dr Li Dan (WHO) and Ms Jeanie McKenzie delivered a joint presentation on tobacco control in the Pacific. They pointed out that both smoking and second-hand smoking damage most parts of the human body. To date the key international and regional framework and plan is the WHO Framework Convention on Tobacco Control (FCTC) which came into force in February 2005.

In 2008 WHO developed a policy package MPOWER to support the implementation of the framework. MPOWER stands for:

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the danger of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

To date, many PICTs have used this policy package in their efforts to control the use of tobacco, as indicated in the following examples:

- Monitor – STEPS survey data have been collected from several PICTs.
- Protect – tobacco-free settings (e.g. tobacco-free schools, hospitals, villages) have been established in several PICTs. Nabila Village in Fiji Islands won the World No Tobacco Day in 2006.
- Offer – smoking cessation programmes have been provided in several PICTs.
- Warn – 2008 World No Tobacco Day activities were undertaken in Fiji Islands, Nauru, Palau and Tuvalu.
- Enforce – all PICTs have ratified FCTC, seven PICTs (Fiji Islands, Tonga, Marshall Islands, Tuvalu, Cook Islands, Samoa and Nauru) have passed national legislation on tobacco control.

Strategic Health Communications

Dr Temo Waqanivalu, WHO, Richard Thomson, SPC and Saula Volavola, WHO

In their joint presentation, Dr Temo Waqanivalu, Richard Thomson and Saula Volavola emphasised that to achieve change, communication strategies need to more effectively engage the community. Dr Waqanivalu explained the background to strategic health communications (SHC) which builds on the approach of information, education and communications (IEC) materials and the various other behavioural change models and approaches that have been used in the Pacific Island region to promote healthy behaviours over the last decade.

Strategic health communications is about using behavioural science models and social marketing principles to promote individual and social change.

The presenters highlighted the following challenges to achieving behavioural goals in health:

- Knowledge is not enough. Being informed and educated does not necessarily mean a person is behaviourally responsive.
- Healthy behaviour faces competition. A person can do nothing or do something else that is not healthy.
- Behaviour changes occur in gradual stages and can take a long time.

- Healthy behaviour needs an enabling or supportive environment.
- There are challenges to communication, especially in regard to people's selective attention, perception and retention. In other words, people tend to hear what they want to hear.

To achieve healthy behaviour, it is simply not enough that people become aware, knowledgeable and informed; they must also be able to act. The main aim of communication is to get people to do something. For effective communication, it is important first to clearly define the specific behavioural outcome expected.

The presenters also identified the following behavioural communications principles to consider when developing communication programmes:

- HICDARM: First we **H**ear about the new behaviour, then we become **I**nformed about it and later **C**onvinced that it is worthwhile. In time we make the **D**ecision to do something about our conviction and later we take **A**ction on the new behaviour. Then we wait for the **R**econfirmation that our action was a good one and, if all is well, we **M**aintain the behaviour.
- Do nothing – make no posters, t-shirts or pamphlets – until you:
    - develop/identify behaviour you want to change; and
    - have carried out a situational market analysis in relation to behavioural objectives.
- Keep the message simple and clear, and present it in as many forms and channels as possible.
- Do not underestimate the power of imagery.
- Consider your target audience and their realities.

Points raised during the ensuing discussions included:

- new communication technology such as mobile phones has potential for getting the message out there;
- there is a need to be creative with the 'how' of getting the message across in places where technology is still limited;
- there is a need to touch the heart and the pockets of the corporate sector;
- messages should be developed as part of a well-thought-out communication strategy;
- there is a need to be specific in the message for the identified target group;
- it is important to keep the message current and fresh so that it captures and retains the attention of the target group.

A recommendation was put forward to SPC and WHO to develop communication guidelines that are specific to the Pacific Island region and in line with the behavioural communication principles, to assist countries in planning and implementing health promotion campaigns.

STEPS

Dr Li Dan, WHO

Dr Li presented an overview of surveys in the Pacific Island region undertaken using the STEPwise Approach to Surveillance of Risk Factors for NCDs (STEPS). STEPS was developed by WHO in 2001 in order to establish one common approach to surveillance, which would allow data to be compared over time and between countries. Surveys need to be repeated every seven to nine years.

Dr Li also emphasised that STEPS is not the same as Mini-STEPS. The methodology of Mini-STEPS is different and the results are not representative of the general population.

STEPS surveys that have already been undertaken have provided scientific, national, updated and comparable data for PICTs. Published data from these surveys are available on the WHO website.

Dr Li also introduced the concept of combined risk factors of NCDs and used it to present the percentage of the surveyed population who had three or more of the key risk factors. From the published results, a very high proportion of Pacific people were identified as at high risk of NCDs.

Dr Li also illustrated the application of STEPS results and explained the cultural context and the principles of philosophy in NCD STEPS report development.

Mini-STEPS

Dr Temo Waqanivalu, WHO

Dr Waqanivalu presented an overview of the Mini-STEPS tool and its potential as a risk factor surveillance tool at community or setting level. It is a simpler, shorter version of the NCD STEPS survey tool. It allows everyone in a given group or setting to be tested, and it is linked with individual counselling and group action.

This instrument has been used in several countries in various settings. As a result it has generated enthusiasm for NCD programmes, motivated individuals to improve their health profiles and demonstrated the impact of programmes at community level.

In summary, Mini-STEPS is simple and flexible to use. It can be used to demonstrate impact in community-based programmes through before and after assessments of a single group and a shorter time series between assessments. However, some guidelines would be needed concerning the frequency of assessments (6–12 months) as it may be too early to detect much change in the indicators within this period. It is also a good entry point and provides leverage for action. A training manual is currently being developed to guide health professionals on how to use the instrument.

Monitoring and Evaluation

Greg Keeble, SPC

Greg Keeble described the regional monitoring and evaluation (M&E) and surveillance framework of the regional 2-1-22 Pacific NCD Programme and associated reporting requirements.

He explained the two components of the framework as follows:

1. The **Performance Framework** measures progress towards the **expected outcomes** in the joint regional implementation plan. The M&E logframe elements include expected outcomes,

performance targets (2011), verifiable indicators, baseline data (2007), means of verification and risk assumptions.

2. The **Surveillance Framework** evaluates the **overall impact** of the implementation activities on the strategic goals and objectives. The surveillance logframe elements include a strategic goal (impacts), targets (annual and cumulative), verifiable indicators (epidemiologic), baseline data (various), data sources (verification), frequency of data collection (annual) and risks/assumptions (quality, timeliness).

Together their aim is to inform PICTs of the M&E requirements of the regional NCD plan and how to align their own national plans with the regional M&E framework.

At a national level, it is important to include a national M&E performance framework as well as routine and sentinel surveillance to monitor impacts on national strategic goals.

At a regional level, the national M&E framework provides information for monitoring by the regional performance framework, which gathers information from both regional and national sources.

During the discussion, the issue of definitions of indicators was raised, with particular reference to the need to look at using standard definitions being used in other surveys. SPC and WHO are looking at this issue as a way to ensure consistency of data and information being collected. It was also noted that most PICTs have limited capacity and capability in this area, and they need assistance from SPC and WHO. WHO is currently planning an M&E tour of the region to advocate and strengthen support and investment in M&E systems.

Mr Keeble stressed the importance of maintaining the quality of data and encouraged delegates to access M&E resources of SPC and WHO.

Case Studies

Health Promotion Foundation: Tonga case study

Dr Viliami Puloka, SPC

Dr Puloka presented the experience of the development of TongaHealth (Health Promotion Foundation). TongaHealth was established under the Health Promotion Foundation Act 2007 so its role, responsibilities and processes are guided and protected by legislation.

The Government of Tonga has already undertaken several important steps to reduce NCDs. The establishment of TongaHealth as a sustainable funding mechanism strengthens its policy response in this area.

The establishment of TongaHealth was highlighted in government policies and agreements to which the Government is a signatory, including:

- WHO Framework Convention on Tobacco Control, which Tonga was one of the first countries to sign; and
- the National Strategy for the Prevention and Control of Non-Communicable Diseases 2004–2009.

With technical support from WHO, Tonga was able to explore other models of sustainable funding before deciding on the option that would work for Tonga. Dr Puloka emphasised the importance of having a clear vision, high-level political commitment and strong leadership.

Some processes did not go according to plan. Notably funding is allocated as a fixed amount per year rather than setting a certain proportion of the revenues each year to go to health promotion. The Ministry of Finance determines this fixed amount, which is currently TOP 400,000 per year.

Diabetes Prevention and Control in the Pacific

Dr Li Dan, WHO, Professor Ruth Colagiuri, University of Sydney, and Dr Viliami Puloka, SPC

Dr Li Dan presented the evidence for action on diabetes as provided by the STEPS survey results and other data sources. The Plan of Action (2006–2010) for the Western Pacific Declaration on Diabetes (WPDD) was issued by the International Diabetes Federation, SPC and WHO. Dr Linda Milan, Dr Li Dan and Dr Viliami Puloka are the members of the Steering Committee of WPDD.

Professor Colagiuri outlined the scope of her work in the Pacific Island region in the area of diabetes. She provided her assessment of the causes of and possible solutions to the current epidemic of chronic diseases in the region.

She highlighted the influence of social determinants on health outcomes. She acknowledged that genetics does have a part to play but our living conditions, unequal access to life chances such as education and employment, personal behaviour, and physical and food environment all have a major influence on health outcomes.

Professor Colagiuri stressed that supportive healthy environments must be created to make healthy choices available and affordable. In such an environment, public and social policy support and nurture a strong and safe society that meets the needs of its current and future citizens.

She highlighted the following strategic actions for making a strong economic case for investing in health:

- Broaden the focus beyond mortality to focus on disability and its impact on productivity.
- Use legislation in subtle ways to change the behaviour of average people in the population.
- Engage the community in demanding good policies.
- Work with business and industry to change workplace policies and the food environment.
- Use all available opportunities, such as by piggy-backing on to the climate change debate.

She stated that 80 per cent of diabetes can be prevented. It is also possible to halve amputations in eight years.

Dr Puloka stressed a lot more has to be done on diabetes. Diabetes is the ‘face’ of NCD as many people in the Pacific know of someone who has it. It is essential that the needs of those diagnosed with diabetes and their families are addressed to ensure quality of life.

Cancer control

Dr Karen Heckert, University of Hawaii, and Ms Hali Robinett, Cancer Research Centre, Hawaii

Dr Heckert explained the history and infrastructure of cancer prevention and control programmes in the United States Affiliated Pacific Islands (USAPI): American Samoa, Guam, Federated States of Micronesia (FSM), Chuuk, Kosrae, Pohnpei, Yap, Commonwealth of the Northern Mariana Islands (CNMI), the Republic of the Marshall Islands (RMI) and Palau.

The comprehensive cancer control programmes undertaken at regional and national levels for these countries and territories are becoming integrated and coordinated with all NCD-related programmes, under the leadership of the Cancer Council of the Pacific Islands (CCPI).

The three regional cancer programmes – Regional Comprehensive Cancer, Regional Cancer Registry and Pacific Centre of Excellence in the Elimination of Disparities (Pacific CEED) – focus on breast and cervical cancer. All have one message: to mobilise and coordinate resources to prevent, diagnose, treat and improve the quality of life of people living with cancer.

One example of improved coordination is the work in FSM to address the full cancer prevention–care continuum by developing a national policy for resource-appropriate breast and cervical cancer standards of practice. As another example, Pacific CEED provides Legacy Projects Grants for innovative community projects to document and share promising practices.

Next steps for further integration of cancer and NCDs in USAPI include gaining the support of the Pacific Chronic Disease Coalition, gaining support for the 2-1-22 Pacific NCD Programme from the Pacific Island Health Officers Association, the University of Hawaii and Centers for Disease Control, and seeking shared research and training opportunities.

Dr Heckert and Ms Robinett acknowledged the contribution of USAPI members for their respective work in cancer and NCDs, including in their moves towards one cancer coalition for the American affiliated countries and territories.

Pacific Obesity Prevention In Communities project

Obesity Prevention In Communities Team

The Pacific Obesity Prevention In Communities (OPIC) team presented the prevalence of obesity among Pacific adolescents in Tonga, Fiji Islands, Australia and New Zealand. Lessons learnt were also shared.

There are limited data available on the prevalence of adolescent obesity in the Pacific. Most of the current data on obesity have been obtained from adult surveys and indicate that the prevalence among adults is increasing.

Over 17,000 school students were involved in the OPIC study. Body mass index (BMI) was used as the key measure of obesity. The results may be summarised as follows:

- Overweight and obesity prevalence varies among countries. It is highest among the New Zealand cohort followed by Tonga, then Fiji Islands and Australia.
- A high percentage of adolescents reported doing regular physical activity during the week. The percentage of students in New Zealand, Fiji Islands and Australia who spend more than two hours watching TV, videos and DVDs each day is higher than the percentage in this category in Tonga.

- Diet appears to be a greater driver of obesity than physical activity. An analysis of the prevalence of obesity by ethnic group showed that the groups who were most likely to have a regular breakfast had a lower prevalence of obesity. With the exception of Indo-Fijians, the groups who were more likely to consume more than two soft drinks per day had a higher prevalence of obesity.

The OPIC team also shared key lessons learnt from delivering a community-based intervention. In particular, the experience highlighted the importance of leadership, skills, training and commitment.

When the team looked at the socio-cultural factors that influence behaviour, they found the following results:

- Tongans and to a lesser extent Fijians were focused on obtaining a larger and healthier body.
- Among Tongan and Fijian participants, all family members were involved in food choices. In New Zealand and Australia, these choices were more likely to be made by the mother alone.
- Physical exercise was more purpose-directed in Fiji Islands and Tonga; it was more recreational in New Zealand and Australia.
- There were more opportunities for physical exercise in New Zealand and Australia.
- The family played a much stronger role in eating, physical activity and body image for Fijian and Tongan adolescents than it did for Australian adolescents.
- The church also transmitted stronger messages about eating and ideal body size among Fijian and Tongan adolescents.
- Rugby played a strong role in shaping the ideal body size for both Tongans and indigenous Fijian males.

These findings highlight the family, church and broader cultural values as important socio-cultural influences in relation to body size. These influences need to be taken into account when developing obesity prevention programmes in the Pacific.

Pacific Centre for the Prevention of Obesity and Noncommunicable Diseases

Professor Boyd Swinburn

Professor Boyd Swinburn introduced the Pacific Centre for the Prevention of Obesity and Noncommunicable Diseases (C-POND). This new initiative is a collaboration between Fiji School of Medicine and Deakin University.

The aim of the initiative is to provide a Pacific centre of excellence in research, research training, programme and policy evaluation, knowledge translation and other research-related activities for the prevention of obesity and NCDs.

The key objectives of the centre are to:

1. conduct solution-oriented research on obesity and NCDs, and evaluate related policies and programmes;
2. disseminate and translate research into policy and practice; and

3. build research capacity by conducting other research-related activities such as training programmes, advocacy, networking, coordination, monitoring and building a research repository.

C-POND anticipates that the outcomes will increase the quality of research and evaluation, and increase research capacity and career paths in the Pacific.

Country Reports

Participants from PICTs were given an opportunity to present their country reports on NCD activities through a market-place activity or a five-minute presentation.

Through the market place activity, participants were asked to 'sell' (highlight) three key interventions from their PICT that they believed their colleagues might want to 'buy' (adapt) to address the NCD burden in their own PICT. Most participants presented their reports at the market.

Cook Islands

Market: Live Smart Cook Islands
Vendors: Ms Karen Tairea, Nutritionist, Ministry of Health
Ms Nukutana Pokura, Consultant

Karen and Nuku presented the profile of NCDs in the Cook Islands, showing 50 per cent of mortality was due to NCDs, with an increasing prevalence of diabetes, hypertension, and obesity and low levels of physical activity. In response to the health challenges, the Cook Islands has finalised its national NCD strategy, which is now waiting to be endorsed. Its implementation will be assisted by a country grant from SPC.

The Cook Islands has many interventions within its Live Smart initiative. The vendors sold these top three interventions:

1. **Vae Vae Challenge** is a workplace- and community-based physical activity programme aimed at increasing physical activity among the adult population.

2. **5+ a Day** campaigns promoting the consumption of fruits and vegetables, developed with assistance from SPC. The promotion slogan of eat wisely was more acceptable to the population.

3. **Respect Yourself, Don't Wreck Yourself** is a smoke-free initiative targeting young people.

Fiji Islands

Market: Bula Market
Vendors: Dr Isimeli Tukana, NCD Adviser, Ministry of Health
Dr Samuela Korovou, Macuata Divisional Medical Officer

Isimeli and Samuela presented the plans and policies Fiji Islands has in place. As it is a multiracial society, communication of health problems is a real challenge. Poor nutrition is also a big problem in Fiji Islands, contributing to high anaemia and obesity problems. Fifty-one per cent of people rely on supermarkets for their food and the challenge is to engage them. The three main NCD targets for Fiji Islands are to: reduce the level of re-admissions to hospital; reduce the number of amputations (currently about 300 a year); and reduce the incidence of NCD complications.

The vendors recommended these initiatives to buyers:

1. a comprehensive **'womb to tomb' approach** with preventative and curative emphasis;
2. **Health is Everybody's Business** with health promotion activities in multiple settings supported by improved clinical services; and
3. an **NCD testing toolkit** weighing 25 kg and holding $500 worth of health check equipment.

French Polynesia

Market: Ia orana Market
Vendor: Dr Maire Tuheiava, Technical Counsel, Ministry of Health

Maire kept her market-place simple, focusing on selling these top three initiatives from French Polynesia:

1. The **Prevention Foundation** was established with funds generated from taxes on sugary drinks.
2. A **ban on tobacco use** in restaurant and bars will be coming into effect by the end of 2009.
3. The **promotion of local fruits and vegetables** in schools and restaurants is a cooperative effort by health, education, and agricultural services.

Federated States of Micronesia

Presenter: Kipier Lippwe, Nutritionist, Ministry of Health

In a five-minute presentation, Kipier stated that NCDs are the biggest killer in FSM. They are caused mostly by changing lifestyles, poor diet and lack of physical activity.

In response to the challenge, Kipier identified the following top three initiatives:

1. The **Go Local** initiative started by the Food Community of Pohnpei promotes the nutritional value of local fruits and vegetables. The community has also developed postage stamps promoting local fruits and vegetables and healthy lifestyles
2. The national **Cancer Management Guidelines** have been produced to develop breast and cervical cancer standards of practice.
3. **Local markets** encourage the production and sale of local fruits and vegetables.

Guam

Market: Hafa Adai Market
Vendor: Dr Keith Horinouchi, SDA Wellness Centre

Keith stated that smoking prevalence in Guam is higher than in mainland USA. In addition, diabetes has been increasing in Guam. The SDA Wellness Centre in Guam is non-governmental organisation (NGO) and a member of the Guam Cancer Coalition.

Keith presented the following three initiatives as those he would like to sell:

1. **Anti-smoking commercials** have been produced for television to promote and support people to quit smoking.

2. The **Healthy Guam** initiative aims to increased physical activity especially among young adults.

3. **Childhood anti-obesity and new-start physical activity campaigns** aim to at reduce obesity among young children.

Kiribati

Market: Mauri Market
Vendors: Dr Airambiata Metai, NCD Program Officer, the Ministry of Health
Ms Veronica Binoka, Assistant Secretary, Ministry of Health

Airam shared with buyers how the NCD situation in Kiribati has been worsening particularly due to changing lifestyles, poor diet and physical inactivity. Diabetes is on the increase and many people are being diagnosed with NCD complications. Alcohol consumption is also increasing among young people causing many road accidents.

The key initiatives he had on offer are:

1. **health education** programmes in schools;

2. **political leadership** with the government promoting physical activity by allowing staff to finish work 30 minutes early to join a walking programme that operates five days a week; and

3. **legislation** to control the rising incidence of alcohol abuse.

Nauru

Market: Ekamawir omo Market
Vendors: Mr Sunia Soakai, Secretary for Health
Dr Ar Kar Min, NCD Coordinator, Ministry of Health

Sunia and Ar Kar highlighted the NCD-related problems and other challenges in the health care system in Nauru. Workforce capacity is a major issue in Nauru. Their key priority now is to implement the National NCD Plan targeting risk factors such as physical inactivity, poor nutrition, smoking and alcohol.

Nauru has implemented a wide variety of physical activity programmes. The following three were on offer at the Nauru market:

1. The **Stomp the Fat** national weight reduction campaign is increasing physical activity programmes.

2. The new Nauruan **Eat Healthy – Live Healthy** programme promotes healthy lifestyles.

3. The **Workers Walk on Wednesday** programme promotes physical activity.

New Caledonia

Market: Bonjour Market
Vendor: Dr Bernard Rouchon, Health Programme Director, Ministry of Health

Dr Bernard told buyers that New Caledonia's priority is to prevent and control diseases including NCDs. He detailed the various health promotional campaigns in New Caledonia. The three initiatives he sold the group were:

1. the **Childhood Obesity Prevention Campaign**;

2. a **toolbox of healthy eating resources** for teachers – which turned out to be one of the most popular products on offer during the market day; and

3. the **funding mechanism for health service delivery**. Revenue from tobacco taxes is being used to repay a low-interest loan from the French Government for building the new hospital.

Niue

Presenters: Ms Grizelda Mokoia, Health Promotion & Dietetic Officer
Ms Gina Hukui, Clerk to Cabinet

Zelda and Gina presented the NCD profile in Niue, which indicates an increasing prevalence of diabetes, obesity, alcohol abuse and hypertension. In response, Niue has developed the Moui Olaola Plan which is being finalised for endorsement.

The presenters chose two initiatives to sell, as follows:

1. **Let's Beat the BULK** is a Tuapa weight loss campaign, focused on a community-based weight loss intervention.

2. **Organic farming** – 'toxic free foods' – promotes local fruits and vegetables.

Palau

Market: Alii Market
Vendor: Ms Yorah Demei, NCD Unit Administrator, Ministry of Health

Yorah marketed Palau initiatives, presenting a comprehensive range of resources in the NCD area. She took the following initiatives to the market-place:

1. **Cancer prevention and control** includes breast and cervical screening programmes (including mammography), which were introduced in Palau in 1998.

2. **NCD and Cancer Coalitions** are working together to maximise resources and reduce silo approaches.

3. A **healthy workplace initiative** began with a directive from the President of Palau that all Palauan civil servants would finish work at 4 p.m. and take 30 minutes of work time (and 30 minutes of their own time) to get physically active on two evenings a week – Tuesdays and Thursdays.

Papua New Guinea

Presenter: Ms Wila Saweri, Technical Adviser on Nutrition, Ministry of Health

Wila profiled a national micro-nutrient survey that has not yet been published. She revealed that more than 20 per cent of the population in PNG is overweight. In urban areas obesity is twice as high as in rural areas. However, despite the evidence, NCD and nutrition are not considered priorities by government.

People in PNG eat more local food and less imported food. With 85 per cent of the population living in rural areas, subsistence food production in PNG is keeping pace with population growth. Fresh garden produce is abundant in the Highlands and coastal areas. To address the emerging problem of diabetes, a diabetes prevention programme is being implemented with assistance from the International Diabetes Federation and Hope World Wide Agency.

Instead of selling, Wila wanted to buy the following two initiatives for PNG:

1. a dietary guideline model that uses a plate model and/or Zimbabwe hand jive, similar to what is included in New Caledonia's toolbox for teachers; and

2. the Go Local initiative from FSM as a means of promoting the nutritional value of local varieties of food to address micronutrient deficiency problems such as Vitamin A deficiency.

Republic of the Marshall Islands

Presenter: Mr Gideon Gideon, Secretary of Education

Through a PowerPoint presentation, Gideon described the situation in RMI where the double burden of malnutrition is a major problem. He enthusiastically sold the following three local initiatives which he believed buyers would find useful:

1. The **KUMIT Wellness Centre** builds on the success of the diabetes management project which focused on teaching people how to manage their diabetes with diet and physical activity.

2. **Fun – Go Local** promotes the nutritional value of healthy local foods

3. The **Kalimo 30+** campaign promotes physical activity in communities. As part of his marketing strategy, Gideon performed a song and dance that have been developed to support this local campaign.

Samoa

Market: Talofa Market
Vendor: Ms Sara Su'a, Assistant CEO, Planning, Ministry of Health

Sara informed interested buyers of the NCD situation in Samoa and how the government is positioning itself to address the challenges. Addressing the NCD burden is identified as a priority in the Samoa National Sustainable Plan (NSP). The National Health Sector Plan is aligned to the NSP and the Health SWAP Programme. Samoa is currently reviewing its 2004–2008 NCD Plan. Tobacco legislation was introduced in 2008. The 2004 STEPS survey results will be published soon.

The key initiatives Sara brought to the market were:

1. the **Small Grant Scheme** of WST 1 million in 2008, which has funded 282 proposals (146 for physical activity and 136 for home gardening) and helps strengthen community linkages;

2. **guidelines for the prevention and management of diabetes**; and

3. the **Biggest Loser** TV programme, which features prominent political personalities. DVD clips of the programme were shown to very interested buyers!

Solomon Islands

Market: Wan tok Market
Vendor: Dr Tenneth Dalipanda, Director of the Diabetes Centre, Ministry of Health

Tenneth detailed the high prevalence of NCDs risk factors, which are being addressed in Solomon Islands. He also highlighted the prevalence of oral cancer due to betel nut chewing.

Available at the Solomon Islands market for sale were:

1. the **Solomon Healthy Lifestyle and Nutrition** plan; and

2. **information, education and communications (IEC) materials** on NCD Prevention.

Tonga

Market: Koe Oa a Tonga
Vendors: Ms ‘Elisiva Naati, Nutritionist, Ministry of Health
Ms Iemaima Havea, CEO, TongaHealth

Siva and Iemaima shared with potential buyers the background to the NCD situation in Tonga. Tonga conducted an NCD risk factor survey for Tongatapu in 1998 and for Hapai and Vavau in 2000.

The vendors had on offer the following four initiatives to support the fight against NCDs:

1. The **Health Promotion Foundation** is an independent funding and advocacy agency for NCD prevention and control.

2. **Healthy public policies** support health-promoting behaviours. For example, every new road being constructed must include a footpath for safe walking.

3. The **Health-promoting Church** initiative was piloted in one village and is now being expanded to nearby villages.

4. The **healthy school food policy** supports healthy lifestyle programmes in schools.

Tokelau

Presenter: Ms Lee Pearce, Director of Health

Lee described the many challenges that are threatening Tokelau's existence, including high prevalence of diabetes, obesity, alcohol abuse, smoking, high youth suicide, mental health issues, and geographical remoteness and isolation. She acknowledged that it may take generations to achieve NCD-related goals.

Despite the many challenges, Tokelau is committed to improving the health outcomes of its population. Lee shared the following gems with potential buyers:

1. **Health committees** have been resurrected. They are very enthusiastic and committed to working together to address the NCD burden and other health issues.

2. **Community gardening projects** promote vegetable consumption.

3. A '**cradle to grave' approach** targeting the whole family has been adopted.

Tuvalu

Market: 'Afea Mai' Market
Vendors: Ms Nese Ituaso-Conway, NCD Coordinator/Chief Public Health Officer
Mr Pelesala Kaleia, NCD Committee Secretariat, Ministry of Health

Nese and Sala described the NCD situation and challenges in Tuvalu. Diabetes and arthritis are increasing, contributing to the rise in health-care costs. In addition the impact of climate change is threatening Tuvalu's fragile environment. The main recreational area is the airfield. Despite the challenges, Tuvalu has developed a 10-year Strategic Health Plan with a draft M&E framework and has completed the screening of school children for rheumatic fever.

The vendors brought the following initiatives to sell at the market.

1. **Friday Farmers Market** was established by the Ministries of Health and Agriculture to improve access to fresh fruits and vegetables.

2. **New legislation** includes the Food Safety Act 2008 and the Tobacco Act 2008.

3. The **Family Health Programme** involves a health team visiting every household and carrying out general health checks for each family member.

4. **Your Health Newsletter** is published for all civil servants.

Wallis and Futuna
Presenter: Ms Isabelle Lisiahi, Department of Health

Isabelle described the status of NCD work in Wallis and Futuna. After she was invited to participate in a regional physical activity workshop in 2005, she was inspired to do something for herself and a group of women in Wallis. SPC supported their efforts with a visit in 2006 followed by an NCD training workshop in 2007.

Early in 2009 they conducted a risk factor survey with assistance from SPC and the Kidney Foundation in France. Preliminary results show that tobacco and alcohol use is very high for males. Very few people eat more than five fruits and vegetables a day. Women do less physical activity than men. High levels of hypertension and diabetes were identified in the older population. These results will be used to advocate for more focus on and investment in prevention programmes and will form the basis for a national plan of action.

The initiative Isabelle brought to the market was the **Haele e lelei Walking Group**. Members enjoy travelling as a group and walk in different places like Brisbane, Noumea and Sydney. The group would also like to travel to other Pacific countries and territories, not just to walk but also to learn from what others are doing.

Vanuatu
Presenters: Graham Tabi, NCD Coordinator, Ministry of Health
Jerollyn Tagaro, Acting Director of the Northern Health Care Group, Ministry of Health

Graham and Jerollyn described the NCD situation in Vanuatu through a PowerPoint presentation. Vanuatu has a range of policies and plans, including an NCD plan which has been reviewed and new plan is being drafted. Tobacco legislation has been passed but the challenge has been in its implementation and enforcement. To date most of the activities have been organised and delivered in Port Vila, so there is a need for delivery of programmes to other provinces. Work has started in Louganville in the Northern Province.

The presenters shared with potential buyers the following initiatives:

1. The multi-stakeholder **National NCD Committee**, which has four subcommittees, focuses on key risk factors for NCDs. Community representatives are among the members of the committee.

2. **Workplace health programmes** use the Mini-STEPS tool to collect workforce health data.

The presenters would also like to buy from others social marketing ideas for engaging and working with young people.

Madang 2009 Health Ministers' Meeting Report

At the 8th Pacific Ministers of Health Meeting held in Madang, PNG in 2009, on behalf of the NCD Team **Dr Li Dan (WHO) and Ms Karen Fukofuka (SPC)** presented the progress report on the NCD recommendations from the Vanuatu Commitment 2007.

The following were the (draft) recommendations arising from the Madang meeting:

1. Promote the Healthy Islands approach to implement integrated NCD surveillance and intervention.
2. Scale up implementation of NCD prevention and control programmes.
3. Strengthen health protection through healthy public policies, legislation, regulations and inter-sectoral partnerships.
4. Strengthen surveillance systems through sustaining national STEPS surveys to provide scientific, updated, data that are comparable over time and between the countries, and strengthening the monitoring and evaluation component of various NCD programmes.
5. Strengthen clinical services on the key NCDs (e.g. diabetes, cardiovascular diseases, cancer).
6. Continued to call for health leaders to be good role models for a healthy lifestyle.
7. Mobilise human, financial and material resources for NCD prevention and control. The above recommendations will guide all NCD prevention and control activities in the Pacific Island region in the next two years.

2-1-22 Pacific NCD Programme

Overview of the 2-1-22 Pacific NCD Framework and Programme

Dr Waqanivalu presented an overview of the development and purpose of the 2-1-22 Pacific NCD Framework for the Prevention and Control of NCDs. The framework outlines the agreed strategic approaches to tackling NCDs in the region and it formed the basis for the 2-1-22 Pacific NCD Programme of activities to support PICTs in their efforts to address the NCD burden.

The main purpose of the 2-1-22 Pacific NCD Programme is to establish a comprehensive approach to planning, implementation, surveillance and monitoring and evaluation to combat NCDs and their risk factors. It aims to improve coordination and harmonisation of efforts and to minimise duplication of resources. A multi-sectoral approach is one of the key approaches required to respond to NCDs in all their aspects, given that many factors influencing NCDs lie outside of the health sector.

The key elements for intervention include environmental changes (focusing on policy, legislation, health systems, financing, cross-sectoral partnerships, built environment), lifestyle changes (focusing on behavioural intervention, education and information), clinical services (chronic care management and rehabilitation, risk factor detection and control), surveillance and advocacy.

The 2-1-22 Pacific NCD Framework and Programme were endorsed by the Pacific Ministers of Health at their regional meeting in Manila in September 2008. Funding support from the Australian Agency for International Development (AusAID) and the New Zealand Agency for International Development (NZAID) have enabled SPC and WHO to upscale activities to address the NCD burden at a regional level.

Dr Waqanivalu concluded that resolutions, mandates, frameworks and resources are in place, so now it is time to step up action for greater impacts and outcomes.

The following were some of the key points to emerge during the ensuing discussion:

- Resolutions from global and regional meetings should be communicated and technical support to PICTs scaled up. Advocacy of key issues within the region needs strengthening.
- Although there is a need for scaling up of technical support given the range of policy work that has occurred, maybe more hands-on technical and practical assistance is also needed. That is, what is the process of taking people through the operationalization of plans and policy?
- The differences between the various regional frameworks and how they link together should be clarified to avoid confusion and duplication of effort and resources.
- Mechanisms for professional and/or student exchanges between countries and territories should be explored as a way to address the limited health workforce capacity in the region.
- Community engagement should be strengthened, and the commitment to such engagement should be consistent as it is a long process that has potential to lead to long-term health gains.
- Those working with communities need to be good role models for them too.
- Communication strategies should be improved, and supporting countries should develop and implement education approaches for behaviour changes.

2-1-22 Pacific NCD Programme Funding Streams and Management

Funding Stream 1 – large country grants (SPC)

Karen Fukofuka, SPC

Karen Fukofuka explained the funding management arrangements, requirements and processes for accessing the large country grants within the 2-1-22 Framework. Each grant is valued between AUD 75,000 and AUD 150,000 per year and available over a two- to three-year period.

One of the key ways of easing the reporting burden on PICTs is to manage the grants as much as possible through existing financial systems in the countries and territories unless specified otherwise, such as by matching grants timelines with country reporting cycles. The reporting requirements are aligned with those that PICTs are expected to comply with as normal practice (i.e. submission of reports to government on a regular basis).

Funds can be accessed through a negotiation process whereby both SPC and the country or territory negotiate and agree on activities to be funded. Funds are then disbursed once the agreement is signed which is usually within two weeks of signing the agreement. Subsequent disbursements will be done on a performance-based basis every six months. To receive the next payment tranche, countries and territories need to demonstrate that 80 per cent of the funds received have been spent on agreed activities.

Funding Stream 2 – small country grants (SPC)

Jeanie McKenzie, SPC

Jeanie McKenzie explained how the small country grants work under Funding Stream 2. The maximum value of grant is AUD 10,000 per proposal. Access to this funding stream is through a competitive bidding arrangement. Calls for proposals take place in two rounds each year. Guidelines and application forms are available on the SPC website.

The full list of countries and territories who applied for grants under this stream was displayed, along with the outcome of each application. Fifteen proposals were received for the first round in 2009, of which 12 have been approved for funding. Proposal topics include community gardening, a healthy village initiative, fruit and vegetable campaigns, a youth health campaign, indigenous food compilation and a multimedia campaign.

Jeanie McKenzie reported that of the available AUD 150,000 allocated for the first round of small grants, AUD 94,209.65 has been allocated.

Funding Stream 3 – WHO Country Budget

Dr Temo Waqanivalu, WHO

Dr Waqanivalu explained WHO's processes for managing its funding streams. The WHO biannual country budgets are funded through WHO core funds, which are tagged for specific activities and for technical assistance to countries and territories. From the list of activities, countries and territories decide which ones they prioritise for funding. Throughout the process, WHO encourages countries and territories to give priority to NCDs, but the ultimately, countries make the final choice.

It was noted that the amount allocated for each country or territory is set in advance by the WHO Assembly using a specific formula that takes account of factors like GDP and population size.

Funding Stream 3 involves the allocation of funds available through the 2-1-22 Pacific NCD Programme, which is managed by WHO. These funds are available through WHO's standard contractual arrangements (Agreed Performance of Work or APW) which PICTs are familiar with.

WHO is in the process of introducing a new financial system. The transition is causing delays in dispersing funds to countries and territories.

The following issues, which were raised during the discussion, highlight the realities faced by PICTs and the importance of sharing experiences to identify what works as 'one size does not fit all':

- PICTs acknowledged their need for support; however they would like to see simple financial management mechanisms that are harmonised between SPC and WHO.
- Processes need to be kept simple.
- Development partners should be more cognisant of the systems and processes in PICTs.
- It was suggested that development partners pool their funding. For example, in PNG donor funds are being channelled through a Sector Improvement Fund arrangement.
- The 2-1-22 Pacific NCD Programme is an exciting initiative with a Pacific focus that is being implemented by two agencies who understand the Pacific. However it was felt that the funding

arrangements may get confused with a multitude of other donors who are also supporting PICTs directly.

- The aims and activities of the 2-1-22 Pacific NCD Programme need to be better communicated to member countries and territories.

Partners

Pacific Islands Health Officers Association

Dr Karen Heckert on behalf of Michael Ebb, Secretary PIHOA, who was unable to attend

Dr Heckert introduced the Pacific Islands Health Officers Association (PIHOA) which provides a regional voice for the six United States Affiliated Pacific Islands in their development. The focus of PIHOA is to support the US-affiliated countries and territories. It welcomes the opportunity to strengthen the partnerships and share resources and expertise.

New Zealand Agency for International Development

Makaleta Liebregts-Koloi, Regional, Health and Education Development Programme Coordinator, NZAID

Ms Koloi provided an overview of the activities of the New Zealand Agency for International Development (NZAID) in the region, noting that NZAID's core focus is sustainable development. She reported that NZAID supported an integrated approach to NCDs and was guided by the Healthy Islands principles of health promotion, as reflected in the Joint Pacific Framework for the Prevention and Control of NCDs. NZAID demonstrated its commitment by contributing NZD 6 million towards the implementation of the Pacific NCD Framework.

NZAID is committed to working in partnership with AusAID, SPC and WHO to support the implementation of the framework. NZAID welcomed the opportunity to participate at the forum as a partner.

Australian Agency for International Development

Ms Paulini Matavewa, Senior Programme Manager for Health, Law & Justice, AusAID

Ms Paulini Matavewa described the commitment of the Australian Agency for International Development (AusAID) to regional development. In addition to providing AUD 20 million for the 2-1-22 Pacific NCD Programme, AusAID contributes AUD 185 million to various health programmes in the Pacific to help countries and territories achieve their Millennium Development Goals by 2015.

AusAID is focused on assisting countries and territories to achieve agreed outcomes. However, most countries are falling behind in achieving their Millennium Development Goals. Much work still remains to be done particularly in regard to implementation of NCD programmes at country level, monitoring and evaluation. Countries needed to demonstrate effectiveness of implemented programmes to ensure ongoing commitment to support their efforts.

Australia has eight partnership development agreements in the region. Within these agreements, countries and territories identify priorities to be funded. For example, Tonga identified NCDs as a high priority in its agreement.

Ms Matavewa also shared that AusAID has conducted an internal mid-term review of the 2-1-22 Pacific NCD Programme. The review highlighted key issues raised already during the forum: namely the need to strengthen monitoring and evaluation systems and the need for simplified financial management systems.

On behalf of AusAID, Ms Matavewa acknowledged SPC and WHO for their collaborative efforts in implementing the 2-1-22 Pacific NCD Programme.

Group Work

Participants were asked to discuss and provide feedback on a number of issues relating to aid effectiveness.

Participants were dived into five small groups representing Melanesia, Micronesia, Polynesia, Francophone and International. They were given the following questions to guide the discussion:

1. Monitoring for results
    a. How can countries and territories monitor and report on key impacts to assure development partners that their funding assistance is making a difference – i.e. achieving real outcomes on the ground?
    b. What can SPC and WHO do to assist countries and territories in this task?
2. Aid effectiveness
    a. How can countries and territories be best supported to take ownership, be accountable and ensure affordability and sustainability of interventions from development partners and implementing agencies?
    b. How can development partners improve their interaction with countries and territories, and ensure mutual accountabilities?
3. Regional vs bilateral approaches
    a. In the 2-1-22 Programme, what kind of initiatives do you think should be done at a regional level, and what is best done at a bilateral level?
    b. Where can the implementing agencies (like SPC and WHO) add the most value?

Group Work Discussions

Francophone group

1. Monitoring for results: It is very important to have technical assistance from partners to help with implementation of programmes in country.
2. Aid effectiveness: New Caledonia's experience provides an example. The French Government gave aid in the form of a loan to build a new hospital, which is being repaid at a very low interest rate using revenue from tobacco and alcohol taxes. This example shows how PICTs can shift away from aid dependency as Dr Colin Tukuitonga recommended. If an initiative is really important, then we have to pay for it.

3. Regional vs bilateral approaches: The 2-1-22 Pacific NCD Programme is a good approach.

Melanesian group

1. Monitoring for results: Key outcomes need to be included in national plans. In terms of how SPC and WHO can help, this group believes that 'If you want money you go to SPC; if you want technical assistance you go to WHO'.

2. Aid effectiveness: There must be a responsible development assistance officer with whom to liaise. High-level support from political leaders in countries and territories is also very important. Finally there is a need to strengthen the networks in the region to facilitate the sharing of information and experiences.

3. Regional vs bilateral approaches: Firm commitments in moving NCDs to the forefront of the policy agenda as well as transparency are needed. Sometimes there is a lack of 'knowing what the right hand is doing from the left hand'.

Micronesia group

1. Monitoring for results: At country level, M&E capacity is very limited, as highlighted during the discussions. More training is needed in this area. However the 2-1-22 Pacific NCD Programme M&E Framework is a good starting point.

2. Aid effectiveness: There are some weaknesses in the aid processes and governments are sometimes inefficient in promoting release of funds. The group suggested setting up organisations outside of government like the Health Promotion Foundation in Tonga. It further suggested a standardised template (forms) for funding and reporting.

3. Regional vs bilateral approaches: Certain programmes warrant a regional approach and others (e.g. malaria) a bilateral one. Whichever approach is chosen, it is preferable to minimise the bureaucracy required. 'Keep it simple,' this group recommended.

Polynesia group

1. Monitoring for results: This group agreed with what the other groups shared. PICTs need assistance to develop a country-specific M&E framework. SPC could strengthen the information system and develop standardised forms for reporting. 'Country M&E tours' to learn from each other would also be useful. It would make sense to have some flexibility in meeting deadlines as frequent disasters such as cyclones can disrupt the normal programme.

2. Aid effectiveness: Sustainable funding is important as NCDs are a long-term problem. A database of reporting templates could be created.

3. Regional vs bilateral approaches: Agencies could be a bit more innovative in how they communicate; not all countries and territories have websites, for example. This group requested more flexibility with the Small Grant Scheme and called on SPC to coordinate donor harmonisation.

International group (observers)

1. Monitoring for results: It is important to identify country-specific initiatives, establish baselines and offer training for M&E, and have database agreements with PICTs.

2. Aid effectiveness: The focus should be on what the PICTs need. It is also important to keep processes simple. There needs to be a streamlined process with donors. There is also a need to focus on PICT priorities, especially in national strategic development plans, which needed streamlining processes.

3. Regional vs bilateral approaches: Communication among PICTs should be improved to raise awareness of what each is doing.

The group discussion and feedback provided valuable information for development partners and agencies to consider as they continue to support countries in their effort to address NCDs.

Conclusion

The evaluation of the forum indicated that its objectives were achieved. Overall, a majority of the participants felt that they gained a better understanding of the 2-1-22 Pacific NCD Programme as well as key concepts of NCD prevention. The ideas related to programme planning were of particular relevance.

Participants also provided some suggestions on how to improve future forums. A summary of the evaluation report is included in Annex 3.

On behalf of the forum participants, Dr Airam Metai thanked SPC and WHO for their leadership and for hosting the forum, and thanked the development partners for their assistance. He acknowledged that we are one in the Pacific, even though we come from different countries and territories and face different obstacles, so we must stand together and fight against NCDs.

Dr Waqanivalu (WHO) and Dr Puloka (SPC) gave the closing remarks. They reiterated that WHO and SPC have an ongoing commitment to assisting member countries and territories in their fight against NCDs.

Key Issues

In summary, these were the key issues raised at the forum that need to be taken into consideration if the response to NCDs is to have a real impact:

- The focus must now be on implementing the many policies and plans already developed.
- The limited NCD workforce capacity is a major concern. Strengthening in-country capacity should include provision or facilitation of opportunities for inter-country professional placement.

- SPC and WHO were requested to assist PICTs to translate adapt or adopt existing frameworks, tools, resources and effective interventions available from other studies to facilitate upscaling of action at country level.
- PICTs should consider engaging with the food industry to promote the availability and consumption of healthy food choices, with assistance from SPC and WHO.
- Legislation and policy approaches should be used to address the NCD burden. Guidelines on how to use these approaches will be made available soon.
- Sustainable action is required to address the NCD burden. PICTs are encouraged to develop sustainable funding mechanisms for NCD prevention programmes.
- PICTs should prioritise engaging and empowering communities to take responsibility for their own health. Health agencies and partners should take practical action to promote and give practical support to community action, building on what is already being undertaken.
- NCD STEPS Survey work is acknowledged as a scientific, standardised national prevalence study that produces comparable data. PICTs are encouraged to undertake STEPS surveys on a regular basis and use the results to guide policy and programme development. National statistics departments must be involved in the process.
- Mini-STEPS surveys are a simple, flexible tool for conducting sentinel surveillance and for evaluating community-based programmes.
- Strategic health communication has the potential to help reduce the NCD burden. SPC and WHO were requested to provide PICTs with practical guidance on strategic health communication through all its stages, from planning to implementation.
- Networking opportunities, including those arising from reports and outcomes from relevant major regional meetings need to be increased.
- Resources and materials that are being developed to support NCD prevention and control need to be made available in both English and French.
- PICTs should document, monitor and evaluate their NCD control efforts effectively. SPC, WHO and partners should support PICTs with their monitoring and evaluation efforts.
- The Health Promoting Schools programme is a good settings-based model for working with young people.
- Development partners are encouraged to be flexible with their funding criteria so that they consider funding positions as well as activities as a way of assisting programme activities to be implemented.

ANNEX 1: Forum Programme

<table>
<tr><th colspan="6">TENTATIVE PROGRAMME</th></tr>
<tr><td>Time</td><td>Monday 24th</td><td>Tuesday 25th</td><td>Wednesday 26th</td><td>Thursday 27th</td><td>Friday 28th</td></tr>
<tr><td>Theme</td><td>Concepts in NCD prevention & control</td><td>Best practice in NCD prevention & control</td><td>COUNTRY STATUS
NCD work</td><td>Cross cutting issues</td><td>2-1-22 Pacific NCD Prog Management</td></tr>
<tr><td>6.00 a.m.</td><td>WALK FOR HEALTH</td><td>WALK FOR HEALTH</td><td>WALK FOR HEALTH</td><td>WALK FOR HEALTH</td><td>WALK FOR HEALTH</td></tr>
<tr><td>8.30</td><td>REGISTRATION

Opening ceremony</td><td rowspan="2">From National to Grassroots: Are we reaching equitably in NCD? (CT)</td><td>RECAP</td><td>RECAP</td><td>2-1-22 Management

Fund Stream 1,2,3</td></tr>
<tr><td>9.30</td><td rowspan="2">KEYNOTE ADDRESS Pacific Perspectives: NCD Prevention and Control (CT)</td><td rowspan="2">USING Mini-STEPS (Presentation and Demonstration) TW</td><td rowspan="2">Strategic Health Communication

(RT, SV, TW)</td><td rowspan="3">Development Partners

AusAID, NZAID, CDC, PIHOA</td></tr>
<tr><td>10.00</td><td rowspan="2">TOOLS FOR THE TRADE!

NCD TOOLKIT (Allen & Clarke)</td></tr>
<tr><td>10.30</td><td>Discussion</td><td>Mini-STEPS – CONTINUES</td><td>Progress of NCD STEPS in the Pacific (LD)</td></tr>
<tr><td>Photo & REFRESHMENTS</td><td>REFRESHMENTS</td><td>REFRESHMENTS</td><td>REFRESHMENTS</td><td>REFRESHMENTS</td></tr>
</table>

11.00	Participants Introduction Exercise (in pairs)	HP Foundations – Tonga case study (VP) Pacific Physical Activity Guideline (TW, S TW)	COUNTRY UPDATES THROUGH MARKET-PLACE (10 minutes each)	Regional M & E Framework of 2-1-22 Programme (GK)	One-on-one sessions addressing specific country needs in relation to country NCD Plan and implementation
11.30	Participants' Feedback (pairs)				
12.00	LUNCH	LUNCH	HEALTHY LUNCH DEMONSTRATION	LUNCH	LUNCH
1.00–3.00 p.m.	NCD Overview & 2-1-22 initiative (VP & TW) Meeting Outcomes: 8th Ministers of Health Meeting (LD, KF) PIHOA (ME, TW)	Food Based Dietary Guidelines (KF) MPOWER: Alcohol & tobacco programme (LD, JM)	COUNTRY UPDATES THROUGH MARKET-PLACE (10 minutes each)	CASE STUDY – Diabetes Everybody's Business (RC, LD, VP) CASE STUDY – Cancer and NCDs (Neal, KH)	One-on-one sessions: specific country needs in relation to country NCD activities
3.00	TEA BREAK		TEA BREAK	TEA BREAK	TEA BREAK
3.30	Key aspects of NCD and PANEL DISCUSSION	Obesity Prevention in the Pacific (OPIC) (BS) – Lessons so far – Future work	COUNTRY UPDATES THROUGH MARKET-PLACE	FORMAL CLOSURE OF FORUM	Wrap up and Closing
4.30	NETWORKING & REFLECTIONS		Plenary about the market-place		

5.00	SESSION ENDS	SESSION ENDS	SESSION ENDS	SESSION ENDS	
6.00	COCKTAIL (SPC hosting)	FSMed & Deakin Univ Launch	Free time for delegates	DINNER	

ANNEX 2: List of Forum Participants

Country/territory participants	
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ANNEX 3: Evaluation

At the end of day 4, participants and observers provided an evaluation of the key objectives of the forum. Overall 25 (92 per cent) of the participants and observers commented that they had a better understanding of some of the key concepts of NCD prevention and control, with particular mention made of the STEPwise concepts of profiling, planning, implementation and evaluation (5), and the purpose and objectives of the 2-1-22 Pacific NCD Programme (5). Some participants reported that they had a better understanding of strategic health communications (6), monitoring and evaluation (5), evidence-based planning (4) and health promotion (3). Some commented that they needed further information on the social determinants of NCDs (1), cancer prevention (1), nutrition (1), and changing attitudes and behaviour (1).

Most participants and observers (75 per cent) thought that the latest evidence and best practices were covered sufficiently, some making specific mention of the STEPS (4) and monitoring and evaluation (3) presentations. Some acknowledged presentations on obesity/diabetes (5), dietary guidelines (2), physical activity guidelines (2), strategic heath communications (2) and research and surveillance (2). Some participants reported that they would like more information on how to adopt a multi-sectoral approach to NCD planning (3), how to improve the implementation of national plans (4), and how to involve the community in NCD prevention (4).

All participants and observers rated the showcased case studies as at least good ; more than half of the participants rated them as very good. A number of participants specifically mentioned the Tonga health promotion case study (3) as being very informative. The market-place was considered to be a highlight of the forum and most participants considered the exchange of information very useful for adapting and adopting initiatives that could be implemented in their own country or territory. Three PICTs placed an order for products and services showcased at the market-place.

Three-quarters of the participants and observers thought that the issues relating to NCD planning and implementation were adequately covered. The most common challenges identified by PICTs were in the areas of strategic communications (6), community engagement (5) and human resources (3). A number of participants proposed that the solutions to these problems were to: use technical assistance from SPC/WHO (5); attend training workshops in the implementation of NCD plans (3); and use/establish health promotion foundations (3).

Most participants and observers (60 per cent) thought there was adequate opportunity for shared learning, networking and collaboration. However 11 participants mentioned that there should be more time available for discussions and questions, and 7 participants thought there should be more involvement from PICTs in the discussions. While a number of participants (4) mentioned that the forum was useful and informative, several participants thought there were too many presentations (4) or too much of a focus on regional issues (4).