

# Appeal for strategic help

Pacific Islands countries and territories (PICTs) need more help from WHO and SPC to guide them from planning to implementation of health promotion campaigns, the forum heard on Day 3.

The request came from Fiji's NCD adviser Dr Isimeli Tukana following presentations on Strategic Health Communications (SHC) by Dr Temo Waqanivalu (WHO), Richard Thomson (SPC) and Saula Volavola (WHO). He asked WHO and SPC put their heads together to develop these guidelines.

Dr Waqanivalu had explained that SHC was new banner for all health promotions in the Pacific. It built on the Information, Education and Communications (IEC) materials approach and behavioral change models developed for the battle against HIV/Aids.

Going through the analytical devices that could be employed to develop a strategy, he advised delegates to 'do nothing' until they had identified the behavioral change objectives they wanted to effect.

In line with the theme of the forum, emphasis would be placed on the implementation of strategies and communications plans—to more effectively engage the community for change.

SPC Healthy Pacific Lifestyles communications officer Richard Thomson talked briefly about the importance of simple key messages in powerful, integrated campaigns.

He encouraged participants to take advantage of advances in digital technology to reach younger audiences. He offered his services and invited countries to tap in to SPC communications resources as required.

WHO health promotion and communication assistant Saula Volavola also underscored the importance of message development and gave the forum a number of examples which worked in some media and community contexts, and not in others.



## Development of STEPS in the Pacific

Dr Li Dan (WHO) gave his presentation on the STEPS NCD risk factors and chronic disease surveys in the Pacific. It included four sections: management, technical, culture and philosophy progress in developing NCD risk factors STEPS reports. 'STEPS' means 'the WHO STEPwise Approach to Surveillance of Risk Factors for NCDs'.

STEPS was initiated by WHO in 2001. It has been adopted by 108 WHO member states or territories. STEPS builds one common approach so as to achieve data comparability over time and between countries.

Dr Lin Dan said that since 2005, WHO Suva Office has been utilising the standardized procedure to develop STEPS in PICTs. Mini-STEPS can not replace STEPS, but a use of STEPS at local or individual level.

STEPS provides scientific, national, updated, comparable data for PICTs. For instances, the prevalence of hypertension (%) among 25-64 age groups in the PICTs were 34.2% (American Samoa), 27.0% (Fiji), 24.3% (Nauru), etc. The obesity prevalence (BMI  $\geq$ 30kg/m<sup>2</sup>) among 25-64 age groups in the PICTs were 74.9% in Nauru, 74.7% in Tokelau, 74.6% in American Samoa, etc.

The concept and results of Combined Risk Factors of NCDs were also introduced. Dr Li also illustrated the application of STEPS Results. The cultural context and the principles of philosophy in NCD STEPS Report Development were also explained.

## Monitoring and Evaluation

Greg Keeble (SPC)

Greg Keeble, M&E Officer with SPC's Healthy Pacific Lifestyle section talked about the regional M&E framework of the 2-1-22 program and its information requirements. The presentation covered the M&E requirements for monitoring the regional performance and surveillance frameworks.

The aim was 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. He explained the processes of data collection and reporting and highlighted some of the associated issues in the Pacific. Greg stressed the importance of maintaining the quality of data and encouraged delegates to access the M&E resources of SPC and WHO.



SPC Monitoring and Evaluation Officer Greg Keeble.

## Diabetes Prevention and Control in the Pacific

Dr Li Dan (WHO), Professor Ruth Colagiuri (University of Sydney) and Dr Viliami Puloka (SPC) delivered a joint presentation on diabetes prevention and control in the Pacific.

**Dr Li Dan** (WHO) reported that in July, 2009, the Health Ministers in PICTs endorsed that the key NCDs in PICTs were diabetes, cardiovascular diseases and cancer. The diabetes rates (%) among 25-64 age group in PICTs were 47.3% in American Samoa (52.3% in men and 42.4% in

women, respectively), 43.6% in Tokelau (47.0% in men and 40.8% in women, respectively), 32.1% in FSM (Pohnpei).



Dr Li Dan, NCD Medical Officer, WHO.

The mean fasting blood glucose among 25-64 age group in the PICTs were 6.7 mmol/L in American Samoa, 6.5 mmol/L in Marshall Islands, 6.4 mmol/L in Tokelau, based the published STEPS reports. The Plan of Action (2006-2010) for the Western Pacific Declaration on Diabetes (WPDD) was issued by International Diabetes Federation, SPC and WHO. Dr Linda Milan, Dr Li Dan (WHO) and Dr Viliami Puloka (SPC) are the members of the Steering Committee of WPDD.

**Professor Ruth Colagiuri** (Menzies Centre, Sydney University)

Professor Colagiuri outlined the scope of her work in the Pacific and gave her assessment of, and views about, the causes and possible solutions to the current epidemic of chronic diseases in the Pacific.

She pointed out that ill health wasn't created in the health system. Some was a result of genes but most was attributable to living conditions, unequal access to life chances such as education and employment, personal behaviours, and physical and food environment.

There was a need for balance in remedial effort between social marketing and modification of the environment, she said.

'If we want healthy behaviour we must have healthy environments where healthy choices are available and affordable, and where public and social policy support and nurture strong and safe societies which meet the needs of their current and future citizens.'



Professor Ruth Colagiuri (University of Sydney).

To achieve this we must think laterally and act strategically, she said. This included: making a strong economic case for governments and funders to intervene; to focus this on disability and impact on productivity, not just mortality; to use law in subtle ways to change average population behavior; engage the community in demanding good policies; work with business and industry to change workplace policies and the food environment, and; to piggy back on to the climate change debate.

**Dr Viliami Puloka** Director, Healthy Pacific Lifestyles (SPC)

Dr Puloka stressed a lot more had to be done on diabetes. He pointed out that forum delegates would all know someone who has diabetes. 'I would say diabetes is the first of NCDs that we can easily identify.'

'It's a real problem it's a real issue. We must do more than talking about it. It's everybody's business and we must also make sure we take the responsibility working towards reducing the rate of diabetes.

'We must also take care of those currently living with diabetes. We need to care for them do they may lead a dignified life. SPC is prepared to assist you and together we can make a difference in the lives of the people of the Pacific.'

## Case study - cancer control

**Dr Heckert**, Pacific CEED, Univ of Hawaii, Department of Family Medicine & Community Health, and **Hali Robinett**, MPH, Director Cancer Information Service, NCI Cancer Research Centre.

Dr Heckert explained the history and infrastructure of cancer programs in the United States Affiliated Pacific Islands (USAPI) of American Samoa, Guam, Federated States of Micronesia (national), Chuuk, Kosrae, Pohnpei,

Yap, Commonwealth of the Northern Marianas, the Marshall Islands and Palau.

She said these countries were very much part of the Pacific and that the regional and jurisdiction comprehensive cancer control programs were moving towards integration and coordination with all NCD related programmes, under the leadership of the Cancer Council of the Pacific Islands (CCPI).

The three regional cancer programs (Regional Comprehensive Cancer, Regional Cancer Registry and Pacific Centre of Excellence in the Elimination of Disparities [Pacific CEED]) focused on breast and cervical cancer. All had one message—to mobilise and coordinate resources to prevent, diagnose, treat, and improve the quality of life of for people living with cancer.

Examples of improved coordination included the work in the Federated States of Micronesia to address the full cancer prevention-care continuum (for example prevention, early detection, diagnosis, treatment, palliative care) by developing national policy for resource appropriate Breast and Cervical Cancer Standards of Practice. With support from Pacific CEED and in partnership with WHO and SPC, the Bureau of Public Health in Palau worked closely with the four NCD Committees and the cancer, tobacco and alcohol coalitions to update the National NCD Strategic Implementation Plan 2009-2014. Pacific CEED also made Legacy Projects grants available for innovative community projects to document and share Promising Practices.

Next steps for further integration of cancer and NCDs in the USAPI include support of the Pacific Chronic Disease Coalition, support from PIHOA, UH, and CDC for 2-1-22, and seeking shared research and training opportunities.

**Kipier Lippwe** (FSM), **Yorah Demei**, (Palau), **Dr Keith Masao Horinouchi** (Guam) and **Gideon Gideon**, (Marshalls) were acknowledged for their respective work in cancer and NCDs, including moves towards one cancer coalition for the American affiliated countries.

Delegates completed Day 4 with an SPC-sponsored dinner and social function at which delegates all sang a song from their respective countries.