SPC Secretariat of the Pacific Community

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Day 1

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Calls for community action

We have been very busy, but are a little short on achievements. This was the conclusion of **Dr Colin Tukuitonga** in his keynote address following the opening of the Pacific Noncommunicable Disease (NCD) Forum 2009 at the Tanoa convention centre in Nadi.

Emphasising that his remarks were personal, and not necessarily those of the New Zealand Government (for whom he is CEO of the Ministry of Pacific Islands Affairs), he called for vision to be turned into action.

'I think we should be shifting the focus to supporting countries and focus on fewer things and accountability instruments,' he said. 'We should think about engaging communities as active partners and schools are a good place to start.'

Summing up his address entitled 'Resolutions-(re)solutions', he said awareness in the region on NCDs was 'good to excellent'. On implementation and evaluation, his report card on what was being done was 'must do better'. Results in terms of process were 'encouraging', but on outcomes they were 'disappointing'.

Dr Tukuitoga's address followed a welcome by **Dr Isimeli Tukana**, of Fiji's Ministry of Health and joint forum opening remarks by **Dr Chen Ken**, the World Health Organization (WHO) Representative in the South Pacific and **Mrs Fekitamoeloa Utoikamanu**, Deputy Director General Secretariat of the Pacific Community (SPC).

Dr Chen said he was pleased to see so many representatives from countries at the forum and this was a good start. He said obesity and diabetes will become a major financial burden for Pacific countries. According to WHO STEPS data, levels of obesity and diabetes were among the highest in the world.

'This week I would like to raise some questions and challenges. There are some issues we really need to address… I would like to put these on the table,' he said.

Dr Isimeli Tukana (Fiji), and Dr Tenneth Dalipanda (Solomon Is).

Dr Chen hoped the forum would provide recommendations that could be taken back to the region's health ministers.

He wanted to hear about how plans would be translated into the actions of communities and individuals—to change behaviour for the whole of life. In practice it had proved very hard to change habits on simple things like 'don't shake hands' and 'washing hands'.

He assured the meeting WHO would continue to work with countries on for the control of NCDs and translating recommendations into action.

Mrs Fekitamoeloa Utoikamanu reminded delegates that although they were representing their countries and organisations, they were also representing their families and friends.

'The good news is that it (NCDs) is to a large extent preventable. These solutions are within our reach and we must be fully committed to do something. We have to first help ourselves to make any significant impact,' she said.

The forum was organised by WHO and SPC as part of their joint approach on NCDs with Pacific Islands countries countries and territories (PICTs). Fifty representatives of the countries and organisations reviewed progress of NCD

planning and implementation in the countries, identified challenges and gaps and potential solutions to tackle the epidemic of NCDs. The meeting included clinicians, administrators and advisers on nutrition, physical activity, tobacco, alcohol, communications, monitoring and evaluation.

WHO and SPC jointly developed the Pacific NCD framework and the 2-1-22 Pacific NCD Programme. It represents two organisations and one team serving 22 countries and territories. Development partners AusAID and NZAID have provided financial support for the programme endorsed by the Ministers of Health.


Dr Colin Tukuitonga delivers the keynote address.

It can be done - Tukuitonga

Dr Tukuitonga asked the forum what was preventing the Pacific from making real progress on the ground, and what might we do to be more effective?

'We know a lot but we are not applying this', he said. In New Zealand they had reduced smoking by half for year 10 students in just under eight years.

'So it can be done. These things are doable, they are achievable. When I look at the figures for the Pacific they are all heading in the wrong direction'

'What we are doing is not enough. I think there has been some dramatic improvement and intellectual agreement on what we are doing.' The problem was that intellectual understanding was not translated into real actions on the ground.

'So we have a multitude of guidelines.' *Healthy Islands* is a fantastic concept, a great vision, but sadly we haven't been able to translate those to meaningful actions on the ground.

'There is no question about the commitment. Once we have signed the documents, there is a real question about what then happens on the ground. There's too much reliance on others, we need to take actions ourselves.'

Dr Tukuitonga said there was an issue of chronic underfunding of health services in PICTs. He also touched on what he described as some fundamental questions—some peculiar attitudes on body size and food.

'Do you really need 10 pigs, when one will do? Do we really need to compete with the others down the road? I do think we need to reflect as a people on what on earth we are doing to ourselves.'

He questioned leadership on these issues and manner in which the 'market' was being introduced in the region. 'I wonder about that, are we doing that right?'

PICTs need to drive the agenda, he said. There was an unhealthy reliance on development assistance. 'If it's really important, then we have to pay for it.' Some countries spend less than 5 per cent of GDP on health and this was chronic underfunding. The net effect was programs are not as strong as they might be.

There was also a real lack of an independent voice for advocacy on these issues. 'We are still in the mode of the health services doing this.' Some of these resolutions or declarations had no teeth, he said.

'It's a little too easy to sign resolutions.' He was sensitive to sovereignty, but there ought to also be 'something around consequence'.

At a time when regionalism was under threat, he said the Pacific NCDs framework was an excellent basis for action. 'But there may well need to be some assistance with implementation. I think we need to consider the need of sub-regional actions, for example, a Polynesian Pact?' There's no question this is needed, he said.

Dr Tukuitonga also called for a shift of focus away from process to outcomes such as a reduction in cardiovascular disease mortality and reduction of tobacco use. He asked the forum to consider instruments with accountability mechanisms and for the setting of realistic expectations.

'Some countries are overwhelmed, we need to look more at sustainable models.'

'We are not engaging communities enough,' he said. There were real opportunities he said and he wondered whether we should forget everything else and just focus on schools.

Overview and the 2-1-22 initiative

Dr Temo Waqanivalu, WHO Suva

Dr Waqanivalu summarised the linkages on initiatives on prevention and control from global to regional to countries. He summarised what has been done with increased recognition for whole of health system strategic approaches. Among these there were the same six objectives and four main stages of prevention and control of NCDs: profiling planning, implementation and evaluation. He thanked AusAID and NZAID for bringing WHO and SPC together and the Pacific Framework and 2-1-22 initiatives on NCDs were endorsed by Ministers at their regional meeting in Manila in September 2008.

It was also increasingly recognised that a multisectoral approach was needed because many of the influencing factors on NCDs lay outside of health. He emphasised this was a Pacific initiative. On intervention, there were five elements: environmental (policy and built), lifestyle (tobacco, alcohol, etc), clinical, surveillance (STEPS, DHS, clinicians and advocacy). He concluded that 'we have the resolutions, mandates, frameworks, resources, but we need to step up action for greater impacts and outcomes'.

Discussion

Mrs Sara Su'a (Samoa) called for communication of resolutions from global to regional levels and a scaling up of technical support. In response, **Dr Waqanivalu** pointed out that each country was at different stages. Head of SPC's Healthy Lifestyles section **Dr Viliami Puloka** said SPC was trying to scale up its technical support to give one-on-one assistance to countries.

Ruth Colagiuri (Sydney University) said it seemed in Pacific Island countries the problem was more about there being not enough people to do the job. She asked whether mechanisms to exchange people such as students could be used. **Dr Tukuitonga** said it was 'not us as clinicians who are going to do this, it's about commonsense requiring community action'. 'We have a largely untapped resource called communities.'

Dr Isimeli Tukana (Fiji) noted there was similarity in the planning documents being generated. **Dr Puloka** said SPC completed its first. He added that SPC had dedicated resources to specific countries. **Dr Waqanivalu** said WHO had more of an emphasis on the clinical approach.

Ms Lise Havea (Tonga) said we need to learn how to work with the communities. 'Most of the communities I'm sure don't know the extent of the problem'. She called for partnership, not just lip-service. **Dr Karen Heckert** (Hawaii) said survivors of cancer had an important advocacy role.

Georgina Patricia Hiku Tukiuha (Niue) made the point that as a practitioner she first had to be a good role model, but the community needed health people to help out—like nutritionists to go to the village to teach people. 'Academics have to put that into practise—to work together with the people'.

Further questions were raised on how to engage the communities consistently. Some communities were shocked when told about the extent of hospitalisation and community leaders then took charge. Sometimes clinical terms may have no meaning for people, it was noted. Dr Puloka said there was a tremendous amount of resources at the forum and he encouraged them to resolve these questions in the coming days.

Madang 2009 Health Ministers' meeting report

Dr Li Dan (WHO) and Ms Karen Fukofuka (SPC) presented key issues on NCDs raised in the 8th Health Ministers Meeting for PICs at Madang, PNG. They emphasised that PICTs, as a group of countries/sub-region, had the highest prevalence of diabetes and obesity in the world, based on published STEPS Reports, and American Samoa as a territory has highest prevalence of diabetes and obesity.

On behalf of the Pacific NCD Team, Dr Li and Ms Fukofuka presented to the Health Ministers the actions taken since last Ministers' Meeting two years ago. The Recommendations (Draft) on NCD area by the Health Ministers in PICTs are: (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 system through sustaining national STEPS to provide scientific, updated, comparable data over time and between the countries, strengthen monitoring and evaluation of various NCD programmes; (5) Strengthen clinical services on the key NCDs (i.e. diabetes, cardiovascular diseases, cancer, etc); (6) Continued call for Health Leaders to be good role models for healthy lifestyle; (7) Mobilize human, financial and material resources for NCD prevention and control. These recommendations were to guide all NCD prevention and control activities in the Pacific in the next two years.

Delegates from Pacific Islands countries, WHO, SPC and development assistance partners after the opening of the NCDs Pacific Forum 2009.

Panel discussion

What PICTs need to deliver effective NCD implementation

Capacity and resourcing: what prevents things from happening?
Dr Colin Tukuitonga

CT: Capacity means having enough people whereas capability means: do we have the right people with the right skills in the right place. We need to engage communities in the right way, it's less about capability but more about capacity. Resources means human resources – migration is an issue but not enough health professionals being trained. We train nurses/doctors not for Pacific environments. There was a chronic funding problem, he said, and the Pacific needs to look for alternative funding. Information is improving but there were not enough tools for action.

Q: What about people, tools, resources and policy environment make up the capacity requirements?
CT: I tried to keep it simple and relevant to the Pacific.
Q: Migration of health professionals away from the Pacific was an issue for NGOs; **CT** said migrating health professionals continue to contribute wherever they are.
Q: Dr Waqanivalu asked whether it is only capacity or is it also capability? **CT:** said he did not understand the question—capacity and capability go together.
Q: Do we need more human resources? We need special types of training? Do we use health promotion in workplace properly? We need a mobilised workforce: **CT** said he did not advocate for more human resources.

The role evidence
Dr Karen Heckert

Dr Heckert asked what was the role of an evidence-based focus in NCD programme implementation and action? She was responding to several questions (prompted by the morning sessions) suggesting the key role of evidence:

How do we guarantee success and how do we avoid re-inventing the wheel?

Summarising the definition of evidence, she said it was data that tell us that the aims of an intervention—be it a policy, process, programme model, an organizational framework, or a community approach. Evidence was data published in peer reviewed journals, shared lessons from best practice and observed practices.

Two key questions she said were: How do we translate evidence into relevant decision-making? And, how do we use evidence? In the Pacific, she said it seems evidence is applied in several ways; 1) modify or adapt evidence-based models to the Pacific context (example in Guam, adaptation of Cancer 101 training curriculum) and; 2) search for resource appropriate evidence (for example in FSM for cervical cancer screening, VIA [visual inspection with acetic acid] more resource appropriate than pap smears). In the absence of Pacific-relevant evidence, we can promote the use of theories of change for organisational, individual and community change, like the Behavior Change Communication interventions mentioned in the morning sessions.

Finally, a key lesson learned was the importance of documenting and disseminating promising practices to build and share the local evidence. 'If it isn't documented it doesn't exist—it didn't happen.'

Q: Should we be using evidence from community based programmes and practice-based evidence rather than surveys or other data sources?
KH: Practice-based evidence (PBE) grows from community practice in the local context and were an important form of evidence. It's important to not reject scientific evidence for application in developing countries.
Q: How can evidence impact policy and programmes?
KH: Building evidence by including monitoring and evaluation in NCD plans—strengthening M&E in NCD planning.

Planned programmes, advocacy and leadership
Ruth Colagiuri

RC: There was a need to advocate for financial resources and returns on investment. There was a need to have a goal and to link to global and regional strategies. We need to use recommendations of MOH meeting to advocate for resources and we should be advocating on the back of climate change issues. We also need to be strategic and develop tactics. There were five key points: make good arguments, engage everybody, have a strategic goal, to build on what is there, and to be a good role model.

Questions

A series of questions followed on the need to bring various plans together under a strategic framework; the need to integrate into health plans; the need to link with global warming issue; and the need to strengthen clinical services.

KH said priorities were often based on funding. There was a need to stick with the health plan, for strong leadership, a need to harmonise plans and to engage with other sectors to decide priorities.
