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NON-COMMUNICABLE DISEASE CONTROL

MAJOR THEME OF THE TWELFTH REGIONAL CONFERENCE OF PERMANENT HEADS OF HEALTH SERVICES

INTRODUCTION

In introducing this topic, the Secretariat of the South Pacific Commission stressed the fact that this Conference provided an important opportunity to formulate strategies for regional co-operation in the control of non-communicable diseases. Trends in causes of morbidity and mortality in the Pacific Island region were highlighted, especially the dramatic increase in many countries in diabetes, high blood pressure and other non-communicable diseases, largely due to changes in lifestyle and increased urban immigration.

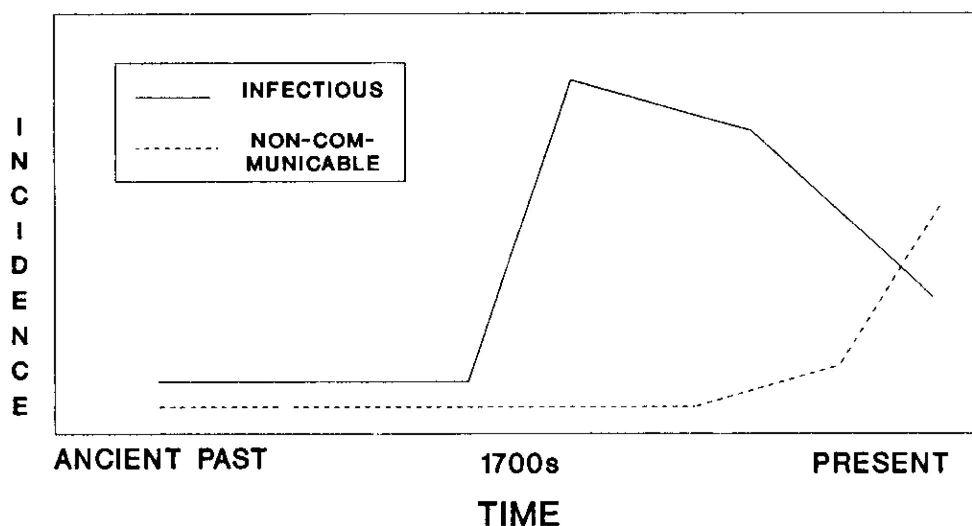

Figure 1: Evolving disease patterns in the Pacific Islands

Delegates from each country then made brief presentations outlining major activities in the prevention and control of NCD's. The major points of these country statements follow.

COUNTRY STATEMENTS

American Samoa

Nutritional deficiency diseases have almost disappeared. Most diseases that have a major effect on morbidity and mortality are diet-related. The Diabetes Control Program was established in 1987, with the aim of preventing vision loss and amputations amongst diabetics. There is also a hypertension screening programme at outlying health centres, with referrals for medical evaluation and management sent to the Medical Center.

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Australia

The 'Better Health Program' is focussing on NCD control and prevention. Legislation has been introduced to limit the amount of advertising of tobacco products and the sale of cigarettes to young people, and to prohibit smoking in public places such as government buildings, restaurants and aircraft. The public has largely accepted this because of the increased awareness of the connection between lung cancer and smoking. In the area of hypertension and improved nutrition, the government is requesting manufacturers to reduce the level of salt, fat and sugar in processed foods. In this way, healthy choices are being made the easy choices for populations.

Cook Islands

Weight loss clubs have been very successful. In these clubs, groups of four people work together, attend a weekly nutrition lecture, and have their weight regularly monitored over a six-month period. Clients also receive nutrition education, using audio-visual materials, as well as incentives (prizes) for weight reduction. Smoke-free week campaigns, together with legislation prohibiting smoking in public places, have also been implemented. Use of the media in these programmes has been very important. Home garden competitions have also been well received and have been organised in conjunction with the health education programmes in MCH clinics. Having 'health walks' as a fund-raising activity has also been quite successful.

Commonwealth of the Northern Mariana Islands

Alcohol abuse and alcohol-related traffic accidents are significant problems. A Task Force on Alcohol Abuse has been established. Education at schools is being contemplated; this can be expected to be unpopular. Smoking and teenage pregnancies are also problems to be addressed. Health education services are provided by the CNMI hospital.

Federated States of Micronesia

Communicable diseases are still a major problem in FSM. However, NCDs are also steadily becoming more of a problem. Co-ordinating services is difficult because of the dispersed nature of the islands. The United States has provided computer hardware and software to facilitate data collection. Anti-smoking and drug education campaigns have been started. Low intake of greens and vegetables is a marked problem, despite their easy availability in some areas.

France

France has a different and specific system for NCD based on general practitioners. Some NCDs can be addressed, others are more intractable. The system is based on a very close relationship with the patients, which provides personalised advice and guidance for the client. Life expectancy of diabetics and non-diabetics is now similar. Other NCDs, such as injuries, are proving difficult to combat.

French Polynesia

Legislation has been used to prohibit smoking in public places and to reduce alcohol consumption. There has been little success because people have tended to ignore such legislation.

Guam

NCDs account for nearly all annual deaths and for a significant proportion of the problems of the health care system. Shortage of funds is a major impediment to NCD control (only one per cent of the health care budget is earmarked for NCD control). Better data are required to prepare persuasive proposals for additional funds.

Marshall Islands

The Marshall Islands has a mix of both communicable and non communicable diseases. Rapid population growth (4.25%/year) alcohol abuse, smoking and diabetes are the significant problems. Education and counselling are done by outreach through churches, youth groups, women's groups, and local communities. Strong support for health education programmes, such as setting up national and local advisory boards, is given by the Government.

Nauru

Nauru has set up a diabetics unit. The Health Department tries to review every diabetic case quarterly. This is done through outside consultant services.

New Zealand

The country is developing legislation on smoking and this legislation will ban smoking in the work place, restrict tobacco advertising, ban tobacco sponsorship activities, and require cigarettes to be sold in plain packets with a health warning. Strong opposition from the tobacco lobby is expected.

Niue

The Medical Officer and nurse take a trip around the island three times per week. On these trips treatment is administered and preventative advice is given directly. Local people are becoming aware of their responsibility to adopt healthy habits and lifestyles.

Palau

Obesity and a sedentary lifestyle, very high alcohol consumption and accidents are major problems. Advice and assistance are requested.

Tuvalu

In Tuvalu most NCD problems are found in older urban dwellers, especially females. A high calorie diet, of which about 75 per cent consists of imported foods, is a major problem. Health broadcasts are given weekly on the radio. There is a home gardening and nutrition project to encourage the growing of green leafy plants.

Wallis and Futuna

A comparative study on NCD prevalence between Wallisians living in Wallis and those that have immigrated to Noumea, New Caledonia showed that rates of obesity and NCDs (diabetes, hypertension, etc) were significantly higher among the Noumea immigrants than among those still living on Wallis. Following the results of this study, cooking lessons using locally produced vegetables were given to women's organisations.

Fiji National Diabetes Centre

In Fiji a comprehensive approach to diabetes was taken. This included a plan of action that commenced in 1960; a national survey to assess the extent of the problem; setting up the Fiji Diabetes Centre; dissemination of information to the public and health professions; on-going training of health professionals regarding diabetes; and evaluation of the effectiveness of the programme and Centre.

Non-communicable disease - a bi-cultural approach to health promotion

Mr. Philip Mills described a drug and alcohol abuse intervention programme in Aboriginal communities in the Northern Territory of Australia. The first part of the strategy involved a survey of drug and alcohol use in a sample of the population (28,000). Once the results of the survey were analysed and given back to the community in a form meaningful to Aboriginal people, discussions were conducted with communities to ascertain to what extent they considered drug and alcohol abuse to be a problem for them.

The health promotion programme evolved in such a way as to enable greater participation of Aboriginal people and less outside influence in the development of educational materials (e.g posters, videos, television advertisements, and a health promotion manual). The use of workshops, which involves empowerment and control, was considered to be more important than the actual materials produced.

REPORT ON WORKSHOP GROUP DISCUSSIONS

Following these presentations, the delegates divided into small groups, each focusing on one aspect of NCD prevention and control, to make recommendations for national and regional strategies. A summary of each group's discussion and recommendations follows.

GROUP 1: POLICIES FOR NCD PREVENTION AND CONTROL

The group reviewed the breadth of policies that a country might need to develop and the resources required for this. It suggested that the SPC prepare a report based on existing regional NCD epidemiological data, which would demonstrate the urgent need for concerted action within countries to reduce NCDs.

The group recommended that the report be submitted to the South Pacific Conference and that each member country establish a national NCD reduction committee. The committee should comprise the Health Department as the lead agency, together with all relevant government departments and national agencies. National governments should provide adequate funds to implement these policies.

GROUP 2: EARLY DETECTION AND INTERVENTIONS

The group decided to focus its attention on strategies of early detection and interventions for diabetes, hypertension and obesity and recommended that:

(a) Regional definitions and standards for diagnosis be established, with the assistance of WHO and SPC;

(b) Screening be planned, and undertaken during village clinics, at health centres and hospitals during routine health service provision and using existing resources;

(c) Routine screening for obesity, hypertension and diabetes be used in preference to special or single screening. A basic grade health worker, with the required skills, should perform the screening;

(d) The following screening tests be carried out: weight and height, blood pressure, and presence of sugar in urine, using dip-sticks. Screening is only valid if followed by appropriate interventions;

(e) The following interventions be carried out:

(i) Before diagnosis: culturally appropriate community education that would reach all sections of the population, especially people over 40, who are at higher risk for NCDs;

(ii) After diagnosis: referral of patients to a health professional, such as a nurse or physician, for efficient management.

The family unit must be considered when developing education programmes. Also, schools, businesses, social organisations, churches and other socially responsible entities should be included as sites that can be used when educating the general population.

GROUP 3: PRIMARY PREVENTION THROUGH COMMUNITY EDUCATION

The group discussed many activities through which health education is passed to the public. Some of these utilise electronic and print media; others involve the use of public events and demonstrations, such as a presentation to the government legislature of one country which was then broadcast on radio. These activities were often done at the same time, utilising different methods of communication to deliver the same basic message.

Lack of resources was the biggest obstacle to providing more health education materials and activities. These resources included funding, trained manpower, audio-visual equipment and locally produced material.

Many possible sources of assistance in providing health education were listed, such as agencies and institutions which provide both financial as well as technical assistance. SPC emerged as the agency most often sought for technical assistance (such as training), but financial assistance agencies varied, depending on the particular sub-region, membership in organisations, etc. Recommended action included:

(a) Production of more locally appropriate materials, in the local language(s) when appropriate, using local people for closer identification with the public;

(b) Training of more local staff in methods of producing their own effective materials to help control and prevent NCDs.

GROUP 4: HEALTH MANPOWER TRAINING

The group agreed that all levels of health workers (village workers, nurses, nutritionists, dental therapists, doctors etc.) should be involved in community education for NCD. Primary care workers in particular should be trained in promoting good health through providing information and simple health messages. Secondary level workers, e.g. public health nurses, should be trained in diagnosis and screening techniques. Tertiary care workers need training in the provision of treatment, management and rehabilitation of NCD patients.

Training of primary workers should be provided by national health departments. Schools of Nursing could assist with second level workers and Fiji and Ponape Medical Schools with tertiary level training. Technical support for training at all levels could be provided by SPC, USP and WHO. The group also recommended that emphasis be given to the provision of resources for training primary level workers for community preventive education.

PERSPECTIVES FOR PROGRAMME IMPLEMENTATION

The Secretariat presented a proposal for the development of prevention and control programmes for diabetes, cancer, cardio-vascular and other non-communicable diseases (Working Paper 10). The activities proposed were grouped into four major areas:

(a) programme planning and implementation,
(b) training,
(c) production of training and educational materials, and
(d) research and evaluation.

The paper proposed that programme planning be aimed specifically at creating an NCD multi-sectoral committee, improving and developing national food and nutrition policies, and training health staff in this area. In the area of training, it was proposed that consultants be used on an in-country basis, that training attachments to current country projects be arranged and that existing training institutions be used to provide the necessary training.

In the area of materials production, the proposal recommended that audio-visual equipment be purchased to create and display materials; that new staff be hired in countries to produce and utilise these materials; and that materials be developed at the regional level utilising SPC health professionals and the Regional Media Centre. In the area of research and evaluation, the proposal suggested that NCD surveillance and studies of risk factors be organised, implemented and supported on a national as well as regional level.

The Secretariat also presented a paper which highlighted the need for more specific dietary preventive programmes to control NCDs in the Pacific. A background to the current dietary problems in the Pacific was presented, followed by a summary of some obstacles to successful preventive measures, such as limited training in the area of nutrition amongst Pacific Island health professionals.

Activities were proposed to alleviate some problems. These included the production of materials to promote traditional foods, a diabetic booklet for nutrition and health workers, diet advisory leaflets and posters on common diseases and a diet manual for use in the Pacific.

SUMMARY OF CURRENT ACTIVITIES FOR THE CONTROL OF NON-COMMUNICABLE DISEASES IN PACIFIC ISLAND COUNTRIES

Policies/legislation

- Structural change in approach to health care (Australia, France, Marshall Islands)
- Introducing compulsion, e.g. mandatory wearing of seat belts (Australia, NZ, Niue)
- Restricting smoking and drinking in public places and at work. Restricting tobacco and alcohol advertising in media and TV, sponsorships (Australia, Guam, New Zealand)
- Increase legal age for drinking (CNMI)
- How to translate data into useful information and action (Guam)
- NCD policy statement with specific objectives (Australia, Guam, Marshall Islands, Niue).
- Control over importation of unhealthy goods, e.g. alcohol, cigarettes, (Marshalls).
- Strengthen dispensary system (Marshall Islands)
- Setting up specific organisation, agencies (e.g. Fiji Diabetes Centre, Noumea Diabetes Unit).
- Policies to encourage local foods versus imports (Cook Islands, Tuvalu)

Early detection/data collection

- Screening, for hypertension, diabetes mellitus, breast and uterus cancer (American Samoa, Guam, Fiji, Palau, Niue)
- Both individual and mass screening at shopping centres, workplaces etc. (Guam)
- Pre-employment medical examination and NCD screening (American Samoa, Cook Islands)
- Routine data collection using computers (American Samoa, FSM, SPC, Australia, NZ)
- Specific registers for cancer, diabetes, high blood pressure (Guam, Niue, French Polynesia)
- Wide variety of choices in type of health services offered to the individual (France)
- Fitness assessment - individual and group (most countries)
- Evaluation of effectiveness of various programmes, e.g. diabetes (Fiji, most countries)
- Surveys (SPC and most countries)

Networking/applied research

- 'Better health' programme discussions to define priorities for aged, women, aboriginals, hypertension, cancer, injuries, obesity (Australia, SPC, FSM, NZ, Niue)
- Support from business or government for programmes (Cook Islands, Marshall Islands, Fiji)
- Behavioural risk factor study (Guam)
- Advisory Boards, both general and specific (NZ, Marshall Islands).
- Comparative inter-island study on NCD (Wallis and Futuna)

Primary prevention through community education

- Prevention based on enhanced appreciation of individuals' own responsibility for their health (American Samoa, France, Marshall Islands)
- Nutrition, smoking, fitness education (most countries)
- Address inequalities of health status within the community (Australia and most countries)
- Changing attitudes in society and the health disciplines (American Samoa, Australia, France)
- Radio and/or TV promotion - regular (French Polynesia, Tuvalu)
- Radio and/or TV promotion - *ad hoc* (Cook Islands, Marshall Islands)
- Integrate health education into school programmes (CNMI, Marshall Islands)
- Special 'education' for offenders for drunk driving (CNMI)
- Individual counselling following fitness assessment or screening (Guam)
- Other related problems e.g. family planning (Marshall Islands)
- Community action groups e.g. church, women, youth (Marshall Islands, Niue, Wallis and Futuna)
- Visual aids materials - books, posters, video, audio and newsletter (all agencies and countries)

Training/planning

- Identify and provide NCD training for medical disciplines (Fiji)
- Identify and provide NCD training for non-medical disciplines, in particular volunteers (Marshall Islands - birth assistants, Cook Islands for church groups, sports organisation teachers)
- Plans (e.g. Fiji Diabetes Plan 1960-1984)

Incentives

- Competitions with prizes (Cook Islands, Niue)
- Community activities, e.g. 'Walk for Health' with time-off to participate (Cook Islands)
- Tax on alcohol, cigarettes etc (CNMI, Niue, Australia - tax used to subsidise health education)
- Use of peer pressure for weight loss (Cook Islands)
- Compulsory counselling for drinking problem (Government officials in Marshall Islands)

RECOMMENDATIONS FOR NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL

Recommendation No. 26: That the Health Section of SPC prepare a report based on existing regional NCD epidemiological data, which would demonstrate the urgent need for concerted action within countries to reduce NCD. This report should be submitted to the Twenty-ninth South Pacific Conference and recommend the setting up within each member country of a national NCD reduction advisory committee. The committee should be headed by the Health Department, and have members from all relevant government departments and national agencies. National governments should provide adequate funds to enable implementation of the policies.

Recommendation No. 27: That member countries organise routine screening for diabetes, hypertension and obesity. This screening should be undertaken during out-patient, pre-employment, maternal and child health clinic visits, as well as during all health events attended by the population. Simple techniques that can be used in outlying areas by staff without extensive professional training should be selected.

Recommendation No. 28: That regional definitions and standards for diagnosis be established with the assistance of WHO and SPC.

Recommendation No. 29: That screening be followed by adequate interventions and that appropriate education be carried out after diagnosis is confirmed, with consideration of the family unit and the community.

Recommendation No. 30: That SPC provide, upon request, assistance to countries to produce more locally appropriate materials in the local language, and when possible, using local people for close identification with the public, and that SPC train more local staff in the methods of producing their own effective materials to help control and prevent NCDs.

Recommendation No. 31: That training for all levels and types of health care workers (e.g. nurses, nutritionists, dental therapists, doctors) be provided using national health departments, schools of nursing, regional medical schools and technical support from SPC, WHO and USP, since all these groups of health workers should be involved in community education for NCDs.

Recommendation No. 32: That SPC continue to strengthen the NCD programme and that the production of dietary education materials be increased to support chronic disease prevention and control programmes.

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