

STEPping it up with surveys

Drawing leaders' attention to World Health Organization STEPS surveys—which collect indicative data and trends of NCDs—has sometimes had a dramatic impact on their behaviour, the forum heard on Day 3.

Kiribati NCD Program Officer Airambiata Metai said his colleagues were very grateful to WHO for conducting the survey as the results had motivated his country's president to install gym equipment in his office.

Mr Metai made the observation while commenting on the presentation by WHO's Dr Temo Waqanivalu on how the organization is supporting the countries through the STEPS surveys. 'If you can get the president going, there's help for the rest,' Dr Waqanivalu said.

He explained how the surveys—which most countries had taken up—provide baseline data, and how it could be used as an evaluation tool to demonstrate the impact of a programme.

The STEPS process involved creating the right environment for the questionnaire and gathered data on an individual's history, height, weight and biochemical readings of haemoglobin, glucose and cholesterol.



Forum delegates lead by example in the aerobic session.

'You get a sugar reading, cholesterol reading and your haemoglobin reading. They need to fast from the night before.' The most expensive element was the cholesterol test which cost FJD\$30 a person.

He said that after the results were available individuals were given some advice on what to do about their condition.

On hearing the results individuals sometimes asked whether there was another Pacific classification. But even with some allowance, he said the results did not change much.

The reporting alone leads to results and generates a lot of enthusiasm. 'Results are something tangible they can feel, it motivates them to do something and they ask when the next test is.'

In sum, STEPS was short, simple and flexible. A manual for the survey would be ready soon. Training was also a possibility and most countries took it on themselves to do fieldwork and analysis once WHO had provided the instruments.

Discussion

Dr Colin Tukuitonga: STEPS was fantastic in its simplicity, he said. On frequency, he asked whether six or 12 month tests were too frequent? **TW:** We would leave it to the countries to decide, he said. There's no fixed thing about the timing. On some indices, it was unlikely that much change would be evident after six months. Another issue, he said, was to link STEPS to five year plans. 'We are empowering the community to do it themselves.' **Dr Karen Heckert:** Six monthly tests could be extremely motivational for individuals, she said. **TW:** It was better an individual's doctor knew of STEPS before the screening. **Kipier Lippwe (FSM):** Is there software, or just manual? **TW:** There are some templates which will be distributed.

Marketplace

The forum broke out into a session of information exchange with countries selling the profiling, planning, implementation and evaluation of their NCD programs.

Delegates were asked to communicate their message and to promote what they were doing on three key interventions. They had 10 minutes to develop three key messages on this for their minister.

Other delegates were asked to assess what three initiatives they would like to buy from each country booth. In each case the countries had seven minutes to sell what they had to offer and three minutes for questions.



Nese Ituaso-Conway (Tuvalu).

Tuvalu – ‘Afea Mai’

Tuvalu’s head of public health, Nese Ituaso-Conway, told buyers her government spends a large amount of money on chronic NCDs. Diabetes and arthritis were growing problems, especially among younger members of the population. This was due to inactivity and high reliance on imported foods. Tuvalu had recently screened school children for rheumatic heart disease, she said. The main recreational area in Tuvalu was the airfield and this was used for a variety of sports.

What was Tuvalu doing to address these problems? She said government had developed a 10-year health strategic plan focusing on implementing the *Healthy Islands* guidelines. The ministries of health and agriculture were setting up a farmer’s market on Fridays to improve consumption of fruit and vegetables. They had introduced new laws including the *Food Safety Act 2008* and the *Tobacco Control Act 2008*. A family programme had been set up with a health team visiting each household and carrying out general health checks for individuals. They had also published the *Your Health Newsletter* for all

public servants. M&E for the MOH strategic plan was in its early stages of development.

Kiribati

NCD program officer Dr Airambiata Metai told delegates NCD risk factors increased in Kiribati between 1999 and 2004, especially due to physical inactivity and low consumption of fruit and vegetables. Ninety per cent of the population were overweight or obese, 45 per cent had high blood pressure and 18 per cent high blood sugar levels. The prevalence of diabetes was growing, resulting in increased numbers of amputations. Cervical cancer was the most common type of cancer in Kiribati, he said.

Alcohol consumption caused many road crashes. The cost of NCDs in Kiribati was estimated to be \$16-17 million a year, but there was only \$13.5 million in the health budget for them. In spite of this, the government was addressing the problem through education programs in the schools and community. There was political commitment to increase levels of exercise for government officials and promotion of a 30-minute walk, five days a week. A law was passed to control speeding drivers, he said. Kiribati still had to come up with something on diet.



Dr Ar Kar Min (Nauru).

Nauru

Nauru delegation NCD coordinator Dr Ar Kar Min highlighted the problems of NCDs and other health care system challenges the country faced. He said Nauru’s health strategies mainly focused on the NCDs prevention and control by targeting risk factors such as physical activity, nutrition, smoking and alcohol. Nauru had implemented a wide variety of physical activity programs, healthy diet programmes and smoking control programmes. The ‘Stomp the fat’ national weight reduction campaign, ‘New Nauruan eat healthy—live healthy’ program and ‘Workers Walk on Wednesday’

programmes were some of the NCD initiatives in Nauru. Nauru had also addressed multisectoral aspects of its NCD plan implementation.



Dr Tenneth Dalipanda (Solomon Islands).

Solomon Islands

Director of the Diabetes Centre in the Solomon Islands, Dr Tenneth Dalipanda, talked about the NCD risk factors they were addressing in his country. He highlighted the prevalence of oral cancer due to betel nut chewing. The Solomon Islands had developed a 10-year plan to address diet, nutrition and lifestyles diseases, he said, and have given priority for prevention and control of NCDs. He showed the information, education and communication (IEC) materials on NCD prevention and control they had developed.

Palau

NCD Unit administrator Yoram Demei marketed Palau very effectively, presenting a comprehensive range of resources in the NCD area. Her marketplace presentation focused on the prevention and control of cancer, highlighting how breast and cervical screening (including mammography) had been introduced in Palau in 1998.

Ms Demei explained how the community coalitions for cancer and NCDs were formed and how they work closely together—particularly on the development of the new NCD plan. As many activities were interrelated, this merging of coalitions maximised resources and reduced the silo approach.

A recent workplace health workshop prompted a directive by the President of Palau that all Palauan public servants finish work at 4pm and take 30 minutes of work time (and 30 minutes of their own time) to get physically active on two afternoons a week —Tuesdays and Thursdays.

Cook Islands

Ministry of Health consultant Karen Tairea and nutritionist Nukutana Pokura gave a stunning presentation profiling NCDs in the Cook Islands, showing 50 per cent of mortality was due to these diseases. Diabetes and hypertension were both increasing and there were low levels of physical activity and high levels of obesity. The Cook Islands NCD strategy was awaiting endorsement and implementation will be assisted by a country grant from SPC.

Cook Islands had many initiatives under its 'Live Smart' initiative, but three highlights were the 'Vae Vae' team challenge open to workplaces and the community to increase physical activity. The second highlight was a 'Fruit and Vegetable' promotion, developed with some assistance from SPC, and a '5 a Day' campaign. Ms Tairea mentioned that the slogan is 'eat wisely' rather than 'eat less', as eat wisely was more acceptable to the population. The third highlight was a smoke-free initiative where young people did hip hop dancing and came up with the slogan 'Respect Yourself, Don't Wreck Yourself'.



Karen Tairea, left, and Nukutana Pokura (Cook Islands).

Vanuatu

NCD coordinator, Graham Tabi, and acting director of the Northern Health Care Group of the MOH, Jerolyn Tagaro, delivered a PowerPoint presentation on activities in Vanuatu. Graham outlined the regional rollout to date of the programme in Luganville on Santo. Meanwhile, most NCD control activities were in Port Vila.

Vanuatu has a range of policies and plans including a draft of its NCD Plan. A key win for NCD workers was the passing through parliament of the *Tobacco Act*. The challenge was to get it implemented and enforced.

Buyers heard there was a national NCD committee and four sub-committees in operation, with many stakeholders

and community representatives getting the chance to contribute to discussions.

Mr Tabi stressed the importance of role modeling in the workforce and running Mini STEPS, showing the results of this survey. He also highlighted the need for more social marketing and work with youth in Vanuatu.

Marshall Islands

Potential buyers learnt that the Marshall Islands' diabetes wellness centre promoted health food and was a champion for healthy lifestyle. It was a non-government funded agency and advocated at the political level for eating healthy food. In the schools there were exercises and lessons on healthy eating. In the community and workplace leaders promote physical exercise and healthy eating. The centre also promotes healthy cooking and sharing resources with the community. The theme 'Fun-go local' was very important. Evaluation showed an increased number of community groups were involved in promoting healthy living.

Papua New Guinea

Ministry of Health technical adviser on nutrition Adriana Wilhelmina profiled an unpublished national micro-nutrient survey. She revealed that more than 20 per cent of the population in PNG were overweight. In urban areas obesity was twice as high as in rural areas. Marketplace shoppers learnt that the priority of PNG was not with NCD or nutrition. People there ate more local food and less imported food and 85 per cent of the population lived in rural areas. Subsistence food production in PNG was keeping pace with population growth. Fresh garden produce was abundant in the Highlands and coastal areas. The implementation of diabetes prevention was being done in a collaboration between the Department of Health, Hope World Wide and IDF.

Wallis and Futuna

Visitors to the Wallis and Futuna booth learnt this country had participated in a regional Physical Activity workshop in 2005 and an SPC NCD adviser had made a first in 2006. NCD training was conducted in 2007 to increase levels of physical activity. Wallis and Futuna also conducted a NCD risk factor and chronic disease survey in 2009. Preliminary results show that tobacco and alcohol use was very high among males. Very few people ate more than five fruits and vegetables a day. Women did less physical activity compared to men. Also, there were high levels of hypertension and diabetes among older groups of the population.



Elisiva Naati, left, and Lise Havea.

Tonga—'Koe Oa a Tonga'

Those shopping for ideas in the Tonga booth discovered they had conducted an NCD Risk factor survey in 1998 for Tongatapu and in 2000 for Hapai and Vavau. They soon learnt about the many things being done in Tonga to address NCDs.

Of main interest was the independent Health Promotion Foundation. This body had set up the 'Advocate for Healthy Public' policy. Also, for every new road built in Tonga there had to be a footpath for safe walking. Tobacco legislation was passed and there were bans on smoking in public places and the selling of single cigarettes to minors.

Tonga was strengthening partnerships with key stakeholders to ensure health promotion activities are implemented. The country had developed a school food policy and adapted SPC regional food guidelines. A health promoting church programme was piloted in one village that has six churches. The programme was being rolled out to other villages.

Samoa

Assistant CEO of the Ministry of Health, Sarah Su'a, said a health situational analysis in 2006 identified NCDs as a major issue and challenge for the health sector in Samoa. In response, the MOH in consultation with all health sector partners and the community had developed the Health Sector Plan 2008-18. This was the overarching strategic framework that guides the planning and implementation of all health programs and activities. The NCD STEPS Survey was ready for publication, she said. There were some amendments that Samoa needed to make with the alcohol data. One key activity the Samoa Health Sector Wide Approach Program (funded by the Government of Samoa, and the pool partners—NZAID, AusAID, World Bank) was supporting included a \$500,000 Samoan Tala small grant scheme for communities to improve and promote healthy living. A call for proposals was made in

2008 and MOH received 282 proposals. Out of these, 151 were approved (90 for physical activity and 61 for vegetable gardens) by the SWAP steering committee of MOH, Ministry of Finance and MWCS D representatives. The first tranche for projects was disbursed in February and the second would be made when accountable reports are received along with findings of M&E visits and reports undertaken by MOH and MWCS D. The NCD policy and strategy was being finalised and was due to be published by the end of September. Video clips were shown on the Community Physical Activity Program and the TV program of the Prime Minister's 30 minutes challenge.



Sarah Su'a (Samoa).

Guam

The SDA Wellness Center is part of a comprehensive cancer control coalition. Guam has the highest prevalence of smokers compared to United States, although it is lower than in PICTs. Anti-smoking commercials were produced for television and more people were quitting smoking. Diabetes has been increasing in Guam. People in Chamorros were at higher risk from NCDs with a 50 per cent level of diabetes. The Department of Health does screenings and education, shoppers were told. The 'Healthy Guam' initiative increased physical activity especially among young adults. A fitness fiesta promoted healthy lifestyle and cooking demonstrations. Childhood anti-obesity and new-start physical activity campaigns were reducing levels of obesity and fasting insulin.

French Polynesia

Those who went to the French Polynesia stand were treated to an impressive three-item sale by Dr Patricia Maire Tuheiava, technical counsel at the Ministry of Health.



Dr Patricia Maire Tuheiava (French Polynesia).

She first told shoppers about a prevention foundation provided by a fund generated by taxes on sugary drinks. She then sold a regulation on restaurant and bars to ban tobacco use in public places. This would come in to place at the end of 2009, she said. Finally, she offered a cooperative effort by health, education and agriculture services to promote local fruits and vegetables in school restaurants.

Fiji

The Ministry of Health's national adviser on NCDs, Dr Isimeli Tukana and Macuata divisional medical officer, Dr Samuela Korovou, detailed the plans and policies in place. They explained that anemia was a big problem in Fiji. Communicating effectively in a multicultural society also presented special challenges.



Dr Samuela Korovou, left, and Dr Isimeli Tukana (Fiji).

Fifty-one per cent of people in Fiji were relying on supermarkets for their food and the challenge was to engage them. To do this Fiji had developed a 'womb to tomb' approach with a double edged sword of preventative and curative emphasis. They were trying to make health 'everybody's business'. Clinical services and health promotion settings were being improved.

The MOH had developed an NCD testing toolkit at \$500 each and Dr Tukana invited shoppers to buy it. 'It's only 25kg,' he said. The three main targets for Fiji were reducing the level of re-admissions to hospital, the number of amputations (currently about 300 a year), and the incidence of NCDs complications. Fiji had also formed a diabetes hub unit.



Dr Bernard Rougon.

New Caledonia

Health programme director Dr Bernard Rougon told buyers New Caledonia was launching special diabetes advocacy programmes. Their overall approach was to address causes rather than treatments and the sicknesses. He detailed the various promotional campaigns for healthy eating in place. In answer to questions he explained that taxation revenue on tobacco was going to an establishment that then financed the building of hospitals.