SPC
Secretariat of the Pacific Community

World Health Organization
Western Pacific Region

2-1-22 PACIFIC NCD PROGRAMME IMPLEMENTATION PLAN (2008-2011)

TWO ORGANISATIONS, ONE TEAM, 22 COUNTRIES

AFD	Agence Française de Développement
AusAID	Australian Agency for International Development
CHIPS	Country Health Information Profiles
CRGA	Committee of Representatives of Governments and Administrations
CVD	Cardiovascular Disease
DOH	Department of Health
DHS	Demographic Health Survey
DPAS	Global Strategy on Diet, Physical Activity and Health
DSAP	Development of Sustainable Agriculture in the Pacific Program
FCTC	Framework Convention on Tobacco Control
GDPS	Global Diabetes Prevention Strategy
GSHS	Global School Based Health Survey
GYTS	Global Youth Tobacco Survey
HPL	Healthy Pacific Lifestyle Policy (SPC)
ICD-10	International Classification of Disease records-10th Version
JCS	Joint Country Strategy (SPC)
JMC	Joint Management Committee
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCDs	Noncommunicable Diseases
NCDRG	Noncommunicable Diseases Reference Group
NPAN	National Plan of Action on Nutrition
NZAID	New Żealand Agency for International Development
OPIC	Obesity Prevention in the Community
PHA	Pharmaceuticals
PHP	Public Health Program (SPC)
PICTA	Pacific Island Countries Trade Agreement
PICTs	Pacific Island Countries and Territories
PIMS	Project Information Management System
PHRG	SPC Public Health Reference Group
RCM	Regional Committee Meeting
RHD	Rheumatic Heart Disease
SNAP	Smoking, Nutrition, Alcohol and Physical Activity
SPC	Secretariat of the Pacific Community
STEPS	WHO STEPwise approach to Surveillance
SWAP	Sector Wide Approach
WHO	World Health Organization
WPDD	Western Pacific Declaration on Diabetes

2-1-22 Pacific (NCD) Programme Implementation Plan (2008-2011)

1 Introduction

This is the first Annual Plan developed under the Joint Framework for the Prevention and Control of Noncommunicable diseases (the NCD Framework). The plan represents an important step towards harmonising the approach to tackling NCDs in the Pacific region, and operationalises the commitment of the World Health Organisation (WHO) and the Secretariat of the Pacific Community (SPC) to work together as one team to help Pacific Island Countries and Territories address the significant challenges posed by Noncommunicable Diseases (NCDs).

The plan outlines the indicative program of activities for the four year regional program (2008-11), together with specific activities and expected outcomes for the first year of implementation (2008). The plan also outlines responsibilities and indicative budget allocations for each of the implementing organisations, and includes a joint monitoring and evaluation framework to monitor and assess progress towards meeting the program's overarching objectives.

2 Background

Noncommunicable Diseases (NCDs) are the leading cause of death in PICTs, accounting for approximately 75% of deaths annually,[1] yet the current level of resources available at country and regional level are neither proportionate nor adequate to address this major challenge.

Surveys carried out in fifteen selected countries have revealed significant rates of NCDs arising from key risk factors (such as hypertension and obesity).[2] Research has shown that addressing major risk factors, such as improving diet, increasing physical activity, and controlling the use of tobacco and alcohol, can have a significant effect on lessening the incidence of NCDs. The WHO estimates that eliminating the major risk factors for chronic disease would prevent at least 80 percent of heart disease, stroke and Type 2 diabetes, and prevent 40 percent of cancer.[3]

This program proposes a comprehensive and integrated program of activities to support PICTs in their current efforts to curb the growing epidemic of NCDs and their risk factors. The program will target major risk factors (alcohol, tobacco, diet and physical activity)[4] with evidence based interventions (policy, legislation, enforcement, taxation and structural environment) and awareness and education raising through technical assistance, capacity building and workforce development, supported by information, surveillance and research.

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[1] World Health Organization. The World Health Report 2002. Reducing Risks to Health, Promoting Healthy Life. Geneva; WHO.
[2] NCD STEPS Surveys
[3] World Health Organization. Ten facts about chronic disease: www.who.int/chp/chronic_disease_report/en/
[4] Kava and betel or areca nut use have been identified as risk factors in the Pacific region, and may also be targeted under the program. However, the primary focus will be on the four risk factors identified above.

This will include provision of technical and financial assistance to help:

- develop and revise NCD Strategies which are aligned with national health plans
- facilitate and upscale the implementation of these strategies, including provision of direct grants to help countries implement priority NCD activities identified in national plans
- develop sustainable funding mechanisms to deliver NCD programs
- strengthen health systems and capacity to prevent and control NCDs, and,
- strengthen monitoring, evaluation and surveillance of NCDs in order to improve planning and decision making.

3 Goal

The goal of the program is to reduce the prevalence of risk factors and consequently reduce morbidity, disability and mortality from NCDs within the Pacific – in order to contribute to the global goal of reducing death rates from noncommunicable diseases by 2% per year over and above existing trends until 2015.

4 Purpose

The purpose of the program is to assist Pacific Island Countries and Territories (PICTs) to improve the health of their populations by establishing a comprehensive approach to profiling, planning, implementing and monitoring & evaluating sustainable initiatives to combat NCDs and associated risk factors in their populations.

5 Objectives

The goal will be realised by the achievement of the following strategic objectives under the Pacific Framework for NCD Prevention and Control:

Objective 1: To strengthen development of comprehensive, multi-sectoral national NCD strategies.

This will include support for a range of activities including:

- Development of co-ordinated, action-focused and integrated national NCD strategies which address key risk factors, consultation on these, and securing necessary commitment by government and stakeholders for their implementation. This process will be informed by a responsive NCD surveillance mechanism (STEPS). Refer to Annex B for current status of NCD strategies in PICTs.
- Assessment of current status and, together with in-country NCD coordinators / focal points, identifying priority areas for assistance, resources needed, and areas in which further technical assistance or capacity enhancement may be required. This may include building on what is currently being done at regional and national levels or support for new initiatives.
- Establishment of NCD coordinators and multi-sectoral mechanisms to help coordinate and support implementation of NCD activities.

Objective 2: To support countries to implement their NCD strategies

Support will be provided for priority programs or activities identified in national NCD Strategies. Assistance will be tailored to individual country needs and may include provision of resources; including in-country grants, regional support and human resources (eg. local recruitment of a local NCD Coordinator to manage NCD activities). Areas of focus will include:

- Administration of grant funding to PICTs to support priority NCD activities
- Support for Healthy Lifestyle promotion (behavioural-environmental strategies) and advocacy programs
- Support for clinical interventions, including provision of secondary prevention in clinical settings (eg. improved diabetes management)
- Provision of technical advice and support services at regional level, including regional meetings and networks

Objective 3: To support the development of sustainable funding mechanisms to deliver NCD strategies

This will include support for:

- exploring the feasibility of innovative tax mechanisms to fund NCD programs (eg. tobacco taxes)
- exploring the possibility of establishing Health Promotion Foundations and other innovative sustainable funding mechanisms to support delivery of NCD programs at national level

Objective 4: To strengthen national health systems and capacity to prevent and control NCDs

Areas of assistance under this objective will include:

- Capacity building, including training programs, workshops, work placements/ secondments and technical assistance on NCD prevention and control
- Institutional strengthening within Ministries of Health, including support for improved NCD infrastructure and systems (eg. NCD related procurement).

Objective 5: To strengthen regional and country level M&E and surveillance systems

Support under this objective will include systematic monitoring and evaluation of initiatives in order to identify corrective actions, redirection and re-planning. Primary focus areas will include:

- Establishing scientific and comparable baseline data on NCDs at national level (STEPS)
- Strengthening and/or developing monitoring, evaluation and surveillance systems at national and regional level
- Use and promotion of STEPS as a tool for ongoing and standardised routine surveillance (Refer to Annex A for current status of STEPS surveys)

6 Implementation approach

6.1 Improved coordination and harmonisation

The program aims to harmonise and coordinate the efforts of both implementing partners and donors. In doing so, the program also aims to reduce the burden on PICTS and implementing partners, minimise duplication and build on the comparative advantages of SPC and WHO. Coordination and harmonisation will be strengthened by the two main implementing partners:

- working together under the concept of **TWO ORGANISATIONS ONE TEAM FOR 22 COUNTRIES AND TERRITORIES**, within the Pacific Framework for NCD Prevention and Control (the "NCD Framework"). The "NCD Team" will therefore comprise technical experts from both organisations

- working under a common policy framework – ***Pacific Framework for the Prevention and Control of Noncommunicable Diseases***, which outlines the agreed strategic approach to tackling NCDs in the region

- developing ***Joint Annual Workplan,*** which has common goals and objectives. Joint plans will be developed collaboratively between the two organisations, and will show how the activities of the respective organisations contribute to the program's overall objectives. For some activities, either WHO or SPC will take a leading role, while in others activities will be delivered jointly

- using a common approach for ***Joint Annual Reports*** on progress towards meeting the program's objectives and development impact for all donors

- using a ***common governance mechanism and monitoring and evaluation framework*** to oversee, monitor and assess program implementation

- integrating NCD planning and activities into national health plans and, wherever possible, ***working within established SWAPs at national level***

The program will also aim to develop other tools to improve harmonisation between the two implementing partners, such as common grants eligibility criteria and reporting mechanisms. In the longer term, the feasibility of multi-donor pooled funding arrangements will also be investigated (subject to a suitable mechanism being developed and agreed by contributing donors and implementing partners).

The implementation approach will be country driven, with the program responding to the priority needs identified by PICTs during the planning stage. Where possible, SPC and WHO will also work within established SWAPs, using government systems and involving counterparts in the early stages of planning.

Assistance provided under the program will also be guided by WHO's STEPwise Framework. Depending on a country's stage of development, this might mean that the initial focus of support will be on profiling (i.e. helping countries to ascertain the extent of the NCD problem through collection of NCD baseline data using STEPS). This would typically be followed by assistance to help PICTs develop comprehensive NCDs strategies, which articulate priority areas for assistance. Once countries have identified and planned priority areas, the NCD program will help support

implementation of these activities. This could include support for NCD Coordinator to help drive implementation and/or the provision of direct grants to support activities. Complementary technical assistance and support, such as training, support for specific lifestyle interventions targeting the major risk factors, developing suitable guidelines and materials, will also be provided to support implementation.

6.2 LINKAGE WITH OTHER REGIONAL INITIATIVES

There are existing regional programs by SPC and WHO that would provide good linkages with the NCD joint initiative. The current work on Human Resources for Health (HRH) currently undertaken by WHO to enhance better health system performance for delivery of health interventions like NCD is one example. With the establishment of the Pacific Human Resources for Health Alliance (PHRHA), the team would contribute through the technical working group and the country consultations in advocating for appropriate human resources for NCD.

The 'Strengthening Specialised Clinical Services in the Pacific' program developed by WHO is aimed at strengthening coordination and management of technical assistance for specialised clinical services, supporting availability and quality of tertiary clinical services and supporting development and management of medical workforce providing specialised clinical services in PICTs. This is building on the previous Pacific Islands project (PIP) and much of these would involve workforce and services for NCD and linkages would be created with the program through collaboration with the respective units in WHO and the countries, providing technical input for NCD.

Linkages with other non-health sectors will be strengthened through joint initiatives with the Land Resource Division of SPC through its Development of Sustainable Agriculture in the Pacific (DSAP) project. DSAP aims to improve food production, strengthening food security as well as enhancing income generation opportunities for rural communities. New initiatives under development include integrating physical activity, health and nutrition into existing DSAP projects in Kiribati, Samoa and Fiji.

Additionally, Behavioural Change Communication (BCC) workshops undertaken by SPC are already providing opportunities for linkages across health programmes in the region. These approaches complement Communication for Behavioural Impact (COMBI) being undertaken by WHO in the region.

6.3 LESSONS LEARNT

Both SPC and WHO have learnt many lessons from their extensive experience in assisting PICTs in the implementation of their NCD programmes. The AusAID funded Pacific Action for Health Project (PAHP) developed by SPC, included the provision of small grants to various community groups to enable them to initiate and run community-based health promotion programmes. Various WHO programmes supported by SPC included FCTC, DPAS, STEPS and Health Systems Strengthening implemented in PICTs have also provided many lessons that have been taken into consideration in the development of the Implementation Plan for the Prevention and Control of NCDs in the Pacific.

One key lesson identified was the need for capacity enhancement & supplementation to ensure effective delivery of NCD programmes as the absorptive capacity of the

PICTs for program implementation are quite limited. A model of capacity supplementation is being proposed whereby the placement of local appointments in mutually agreed organizations to work with existing services in delivery (e.g. AHD project) with country ownership could be a more effective model of capacity supplementation. As such there is a need to continually engage the multiple stakeholders as they do have great potential to progress NCD activities. NGOs in particular were identified as a key partner in the effective implementation of NCDs.

There has also been identified a need for system strengthening especially the health systems including human resources and financing in PICTs both for implementation and sustainability of the programs. As such its inclusion in programme plans with lateralisation of thinking and efforts towards system strengthening programs within the region mainly by WHO has been incorporated. Greater coordination between the two agencies in delivery of regional programmes could potentially have additive or multiplier effect in implementation progress and impact. This should include more robust approaches to performance assessment, monitoring, evaluation and surveillance.

In regards to specific country projects with bilateral arrangements e.g. Tonga and Vanuatu, one key lesson learned has been the high level of effort required at national level. In particular for Tonga the establishment of the Heath Promotion Foundation (HPF) has involved substantial in country consultation with local stakeholders including Trade, Finance, Law enforcement, Health and the community at large mobilized to gain support. In this example Tonga developed a twinning and mentoring program with Vic Health (Australia) to ensure lessons learned from overseas on the funding governance, legislation and delivery of such foundations were incorporated into the development of the Tongan HPF. One key strategy was to engage high level support for the Foundation by setting up inter country field visits to share knowledge and increase their 'buy in' for the concept. Technical support provided by WHO and SPC and funding support from AusAID was crucial in ensuring the successful establishment of the HPF. In relation to Vanuatu we have identified the need for better coordination amongst stakeholders in country, particularly communication between the government and non government sector.

6.4 STEPS

The WHO STEPwise approach to Surveillance (STEPS) is a simple, standardized method for collecting, analysing and disseminating national data in WHO member countries. By using the same standardised questions and protocols, all countries can use STEPS information not only for monitoring within-country trends, but also for making comparisons over time and across countries. The WHO STEPS has been used in 105 countries in the world so far.

Elements of the Regional NCD Framework

6.5 Mini-STEPS

Mini-STEPS is a simplified form of the STEPS survey which will be used to conduct sentinel surveillance for a sample of program supported interventions. The mini-STEPS survey, which is conducted before and after the intervention, will provide an indication of the impact and effectiveness of specific interventions. Given that the collection of national level data using STEPS is not likely to be repeated in any of PICTS for at least another 7 years; mini-STEPs will be a key source of data for assessing the effectiveness of program supported interventions within the life of the program.

6.6 Areas of focus

SPC and WHO will work collaboratively in areas of their respective comparative advantage in accordance with the joint implementation plan. For example, WHO will play a lead role in the surveillance and clinical elements of the program. SPC will play a lead role in managing direct grants to countries to support their NCD activities and supporting development of sustainable funding mechanisms. Both SPC and WHO will assist with the development of national NCD strategies and helping countries to implement their NCD activities.

WHO, SPC and other relevant partners will also provide technical assistance and training support to countries, particularly for those areas not covered sufficiently by the existing tools and guidelines. Support may include:

- Recruiting technical experts to provide mentorship to countries throughout the duration of the project, beginning with the development of sub-grant project ideas and writing the project proposals;
- Supporting the development of additional tools and materials for those areas of work where currently tools are non-existent or insufficient to provide adequate guidance such as integrating NCD interventions into health care systems;
- Organizing multidisciplinary Pacific regional meetings for capacity building;
- In selected cases, recruiting country-based NCD personnel to manage NCD activities;
- Developing a regional mechanism to foster inter-country information exchange, by expanding and integrating into existing regional communications networks.

SPC and WHO will provide administrative oversight for projects/programs under the framework. WHO will monitor progress through its NCD Team in the South Pacific Office, while SPC will monitor progress through its HPL Program and NCD focal points.[5]

6.7 Priority areas for early assistance

The indicative work plan (Annex D) identifies a number of areas for assistance over the life of the program. While the exact nature of assistance to be provided will be determined on an individual country basis based on country consultations, the NCD team have prioritised key areas of assistance for the early stages of implementation as follows:

High priority (short term) interventions include:

- Developing national multi-sectoral NCD Strategies
- Establishing grants funding mechanisms to support NCD implementation at national level
- Establishing coordination and/or focal points to help drive NCD implementation
- Assessing legislative and policy frameworks to maximise opportunities for NCD prevention and control
- Advocacy on NCD issues
- Improving national level NCD data availability and application (for baseline analysis, and evidence-based planning and interventions) e.g. STEPS

Medium priority interventions include:

- Supporting healthy lifestyle and clinical interventions
- Workforce planning and capacity assessment
- Training of NCD staff / placements
- Implementing communication / social marketing programs
- Setting up alternative delivery mechanisms (eg. Health promotion foundations)

Lower priority interventions include:

- Establishing sustainable revenue sources
- Improving surveillance systems and frameworks to monitor NCDs
- National execution / reporting on regional / international commitments
- Infrastructure and procurement systems

[5] NCD Coordinators will be directly supported by this program. It is envisaged that Coordinators will help to drive implementation of NCD activities in country, and monitor the use of grant funding.

- Regional information sharing and networking
- Research activities

6.8 Grants Support

Provision of in-country grants will be a key strategy in supporting the implementation of national NCD plans. Working collaboratively with PICTs and regional partners, both SPC and WHO will provide grant funds to countries for country-specific activities in NCD prevention and control.

WHO provides sub-grants as part of their inter-country budget targeted for specific countries. These grants are administered under an agreement with the Department or Ministry of Health within the respective country, and can be used to support Ministry of Health and other stakeholders' activities. WHO funded sub-grants typically range in value from US$50 000 up to a maximum of $75 000.

SPC administered grants will be available to a wider range of stakeholders. For example, government ministries, health promotion foundations, non-government organisations, or community based organisations may be eligible to receive grant funding. In some countries, an SPC supported NCD Coordinator position may be provided to help administer a country grant allocation, which will be used to help support priorities identified in the national NCD plan. On average, country grants allocations are estimated at around $130,000-$150,000 per country, however, amounts will vary and will depend on priorities, absorptive capacity and available budget resources.

While the grants mechanisms administered by the two organisations are different and will have different targets, WHO and SPC have agreed on some common eligibility criteria for grants. Proposed criteria include:

- Demonstrate how the proposed activity fits with priorities identified in the National NCD plan
- Formal agreement to utilise the Pacific Regional NCD Framework and process in designing and implementing the country NCD sub-grant project plans
- An NCD coordinator or focal point established, with capacity to manage grant funds and designated activities proposed under the grant
- Data is available to inform use of the grant funding (STEPS or alternative)
- Confirmation of country status in relation to the particular stage within the NCD process
- Demonstrate commitment through in-kind support or co-funding the activity, and where relevant, show how the activity would be sustained in the longer term
- Include an evaluation plan to monitor process, outputs, outcomes and impact, with provisions for periodic reporting to WHO and SPC of progress attained
- Demonstrate the proposal is cost effective, efficient and will deliver "early wins"
- Support intervention programs that are not currently supported by government
- Identify how men and women will benefit from the proposed intervention

In reviewing grant proposals, greater weight will be assigned to evidence-based interventions that have been shown to produce measurable health outcomes within a relatively short time period. Examples of these interventions include:

- policy interventions (such as legislative interventions such as tobacco price increases through taxation and smoke-free/tobacco-free public places) for tobacco control that lead to reductions in smoking/tobacco consumption
- behavioural-environmental intervention programs combining population and individual based approaches, intensive control of blood pressure and blood glucose in individuals with 'metabolic syndrome'
- intensive diet and physical activity interventions in people with a high risk score for diabetes.

Priority will also be given for interventions that address gaps and key areas of need, such as the development of cancer registries, the elucidation of health expenditures from NCDs and the establishment of national health accounts.

6.9 Grants eligibility and early priorities

Based on the criteria above, WHO and SPC have identified several countries that may be eligible for grant funding in the early stages of the program. These include:

- Tonga
- Vanuatu
- Nauru
- Samoa
- Solomon Islands
- Republic of the Marshall Islands (RMI)
- Palau
- Cook Islands
- Fiji

It is expected that other countries will also become eligible for grants assistance as they progress their NCD strategies.

Several countries had previously received Australian bilateral assistance to support NCD related activities, and Australia has committed to providing further assistance to these countries under the Regional NCD program. In line with these commitments, the program has indicatively allocated grant funding to the following countries in the first year[6]:

Tonga - up to $525,000 to help establish Tonga Health Promotion Foundation
Vanuatu - up to $300,000 to help review and implement their NCD Strategy
Nauru – up to $150,000

Other recipients for grant funding are yet to be determined. Allocations will be subject to available budget resources and priorities.

6.10 Country consultations

SPC and WHO are responding to a series of direct concerns and requests raised at Regional level through successive meetings for Pacific Ministers of Health in relation to NCDs. It has been acknowledged that NCDs represent the major burden of illness

[6] Exact funding amounts are still to be determined in consultation with countries. It is anticipated that funding will be provided in tranches, subject to satisfactory implementation progress, acquittal of funds and available budget resources.

for PICTs yet the resources available at country and regional level are neither proportionate nor adequate to address the issue.

Leading up to the development of the framework and implementation plan a series of regional and subregional workshops with comprehensive participation by most of the 22 PICTs was also used for technical consultation with countries. This includes the Implementation of 'Global Strategy on Diet, Physical Activity and Health' (DPAS) (Suva April 2006), National Plan of Action on Nutrition (NPAN) workshops (2006, 2007, 2008), Pacific Health Promoting School workshop (2007), Integrated Marketing Communication workshop (COMBI) (Nadi, 2007).

Assistance provided under the program will be driven by partner country priorities. WHO and SPC both have established consultation mechanisms that have been used for the development of the program and for further engagement with the countries, including:

- WHO and SPC co-organise a biannual meeting of Ministers of Health for PICTs.[7] Also they participate in other similar relevant high level regional meetings including annual Heads of Agriculture Pacific Meeting, Pacific Ministers of Education Meeting in collaboration with Forum secretariat and even the Pasifika Medical Association meetings

- WHO have established presence with Country Offices/ Country Liaison Offices (CLO) in 7 PICs (Fiji, PNG, Samoa, Tonga, Vanuatu, Solomon, and Kiribati),

- WHO reports to the Western Pacific Regional Committee Meeting which meets annually and consists of Ministers of Health or top Health administrators from all member states in the region including all pacific Island countries

- SPC reports to its 22 member countries through the annual CRGA meeting (Committee of Representatives of Governments and Administrations).

- WHO has biennial program of work with the 15 PICTs and are involved in constant engagement through its respective offices in planning and implementation of national and inter-country NCD related programs amongst others

- SPC has recently commenced a process of developing country specific engagement strategies (Joint Country Strategies). The aim of the JCS process is to "provide a broad outline of SPC's current and planned engagement within the country and its relationship with national development strategies; improve the responsiveness, relevance, effectiveness and strategic impact of SPC interventions at country level; and strengthen priority-setting against limited resources." JCS visits were conducted in five countries in 2007 including Nauru, Marshalls, Cook Islands, Tokelau, and Kiribati. A further five countries are planned for 2008 (proposed PICTS include: Tuvalu, FSM, Niue, Solomon, and Wallis & Futuna). JCS consultations are intended to help identify strategic

[7] The 2003 meeting of Ministers of Health, resulted in the "Tonga Commitment to Promote Healthy Lifestyles and Environment", which provided both SPC and WHO with a political mandate to support the regional NCD program. This was further reinforced in the Samoa Commitment to Achieving Healthy Islands in 2005 and the Vanuatu commitment in 2007

priorities for SPC assistance, including assistance provided under the NCD program.

- The proposed establishment of SPC funded NCD Coordinators in several countries will also provide a mechanism for ongoing consultation and engagement during program implementation.

A major collective consultation with all 22 PICTs is planned before the start of the program in the form of a letter to all countries summarizing the Pacific NCD framework and outlining the governance arrangements for the Joint Management Committee. Secondly there will be a consultation alongside the Physical activity training to be held in Australia in July 2008 with the Physical Activity/NCD and Director level personnel invited from all PICTs.

7 Expected Outcomes

The desired outcome of the program is enhanced prevention and control of NCDs and, in time, a reduction in the burden of NCDs across the PICTs. Specifically, the program aims to:

1. Increase the number of PICTs completing the baseline/repeat STEPS surveys and publishing the STEPS Reports

2. Increase the number of PICTs with comprehensive, multi-sectoral national NCD strategies in place

3. Increase the number of PICTs implementing evidence-based NCD prevention and control interventions

4. Increase the number of PICTs conducting routine NCD surveillance, drawing on NCD STEPS and other NCD data systems

5. Increase the number of PICTs with established sustainable funding mechanisms to support their NCD programs

8 Key Stakeholders and Delivery Partners

The implementing organisations involved in the delivery of the program include:

- World Health Organization: Both South Pacific Office in Suva and Western Pacific Regional Office in Manila.

- Secretariat of Pacific Community: through its strengthened HPL section of Public Health

Other organisations with an NCD focus may also be contracted to provide technical assistance, and/or secondment opportunities for country partners (eg. universities or research institutes).

Other key stakeholders include:

- Governments of the 22 PICTs: The governments will drive the program and ensure that it meets the needs of their communities. They will also be key partners in the delivery of the program.

- Non-government organisations and community groups who will benefit from and contribute to program delivery and coordination.

- Donor agencies: AusAID is currently the major donor and has committed a total AUD$18.5 million over four years (AUD$3.5 million through the WHO and AUD$15 million through SPC). It is anticipated that the pacific framework approach will encourage greater harmonisation and provide a sound platform to secure additional donor funding. NZAID and AFD (French) have also expressed a strong interest in supporting the pacific framework, although have yet to commit funding.

9. Community engagement

The program will have strong community focus and engagement, particularly in the area of healthy lifestyle interventions. WHO and SPC will support a range of activities which will use different community settings (eg. churches, schools) and community groups (eg. women's groups, youth groups) as entry points. Programs such as Health Promoting Church, Health Promoting Workplaces and Health Promoting Schools will work directly with communities to improve health awareness and promote healthy lifestyles. For example, the Health Promoting Schools program aims to take a whole of school approach to health by:

- Encouraging schools and teachers to incorporate healthy lifestyle principles into their curriculum (eg. physical education and sports)
- Influencing school policy (eg. in areas such as provision of healthy foods)
- Supporting schools to develop a healthy environment (eg. by providing outdoor recreation areas which encourage physical activity)
- Encouraging schools to build partnerships with the wider community to promote healthy lifestyles (eg. by working with parents, sporting associations etc)

Other programs, such as smoke-free villages and smoke-free workplaces, will also be supported with the aim of reducing tobacco consumption and tobacco related illnesses. In addition, community groups and NGOs will also be eligible to apply for small grants under the program, which can be used to support a range of NCD related initiatives at community level. In some cases, local NGOs may be engaged to manage the administration of small grants on behalf of the program.

10. Gender

According to WHO, differences between men and women in the rates, trends and specific types of NCDs stem, in part, from how gender shapes men's and women's roles, responsibilities, activities and behaviours that determine their exposure to the risk factors for NCDs. Some NCDs, such as cardiovascular diseases, have traditionally been viewed as men's diseases. However, recent evidence suggests that deaths from coronary heart disease in 2005 were divided fairly evenly between men and women (53% and 47% respectively). Conversely, rates of cancer mortality are 30-50% higher among men than among women. This is largely attributed to the higher rates of lung cancer with men. It should be noted, however, that even though certain NCDs may affect a particular gender more, the resultant medical and social

burden of morbidity and mortality is often shared by other family members. For example, women raising children on their own due to the premature death of their husbands from NCD related causes leaves.

In seeking to understand why men are more likely to suffer from lung cancer, much attention has been devoted to trends in smoking, which has traditionally been a more male behaviour. Even so, the prevalence of risk factors, such as smoking, varies not only between men and women, but also between countries.[8] Therefore, interventions need to be tailored to individual country needs accordingly.

The Program will aim to ensure that all policies, activities and evaluations address gender inequality issues. WHO has produced a comprehensive sourcebook on Integrating Poverty and Gender into Health programs, with a specific module on NCDs. This resource will be drawn upon to inform program interventions. In addition, criteria for grants funding will also require applicants to identify how men and women will benefit from the proposed intervention. Gender will also be a key consideration where the program assists countries to develop new national NCD strategies. STEPS and mini-STEPs data will be gender disaggregated. Other data collected under the program (for example participants in training programs) will also be gender disaggregated wherever possible.

11. Governance and management arrangements

11.1 Joint Management Committee

The program will be overseen by a Joint Management Committee, which comprises:

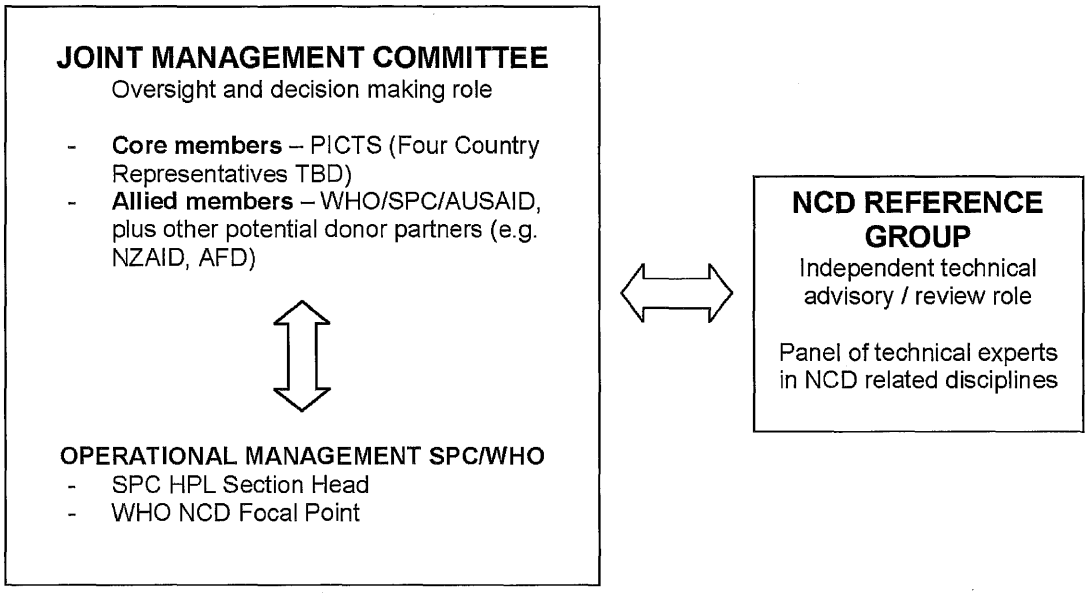
(i) Core members – representatives from Departments and Ministries of Health of the Pacific Island countries and territories (PICTS), and

(ii) Allied members, comprising representatives of regional agencies, development partners and international organisations with an interest in targeting NCDs in the region.

Membership of the committee currently includes representatives from WHO, SPC, AusAID and four PICTS (as shown in the diagram below). It is noted, however, that committee membership and/or governance arrangements may need to be modified to accommodate other major donors. It is suggested that any proposed modifications to the governance arrangements would be discussed at a proposed donors round table, which is to be hosted by SPC and the WHO (SPC has agreed to organise the meeting and provide Secretariat services). It suggested that the donor round table be held to coincide with the first JMC in May 2008. More detail on the JMC membership and mechanism is provided in ANNEX H.

[8] WHO Integrating Poverty and Gender into Health programs

PACIFIC NCD FRAMEWORK
PROPOSED MANAGEMENT FRAMEWORK



11.2 Major Roles and Functions of the JMC

The Joint Management Committee (JMC) will provide strategic leadership, oversight and advocacy for the Pacific Framework for the Prevention and Control of NCDs.

The major roles and responsibilities of the JMC are to support the activities and functioning of the Pacific NCD Framework by:

- Reviewing and endorsing proposed joint annual work plans and budget allocations
- Reviewing progress in implementation of activities, and identifying and agreeing on desirable adjustments to implementation based on six-monthly and annual progress reports
- Providing leadership in the identification of priorities for NCD prevention and control in the region; and
- Advocating for and helping identify additional donor funding to meet gaps in funding
- Supporting PICTS to develop, implement and report on efficient and effective strategies for targeting and responding to NCDs with evidence-based interventions
- Reviewing and considering advice provided by the NCD Reference Group
- Appointing independent technical experts, when necessary, to conduct independent reviews / assessments to ensure the integrity and impartiality of technical advice on which decisions are to be based

SPC and WHO will manage the operations of the Pacific NCD Program to support the functions of the JMC by:

- Developing annual work plans and budgets for the Pacific NCD Program for JMC approval
- Providing coordinated reporting, and monitoring and evaluation of the NCD Program
- Hosting JMC meetings
- Organising Pacific NCD Framework-related meetings,
- Communicating the results of regional NCD Framework-related meetings to the membership and other appropriate entities (eg. RCM, CRGA and Regional Health Ministers Meeting), and
- Representing the Pacific NCD Framework at international and regional conferences and meetings.

The first JMC meeting is tentatively scheduled for May 2008, following completion of the joint implementation plan. It is envisaged that future meetings of the JMC will be held annually in February. SPC will provide Secretariat services for the inaugural JMC.

11.3 NCD Reference Group

The original concept design proposed that SPC's Public Health Reference Group would provide high level advisory function for the NCD program. While this group may still perform this function for SPC components of the program, the PHRG does not have a mandate to oversee WHO's inputs under the joint work plan, and could not be tasked to provide specific technical advice on NCD issues. After discussion between the WHO and SPC, it is proposed that a specific NCD Reference Group be established, which would essentially function as a Technical Advisory Group (TAG) for the NCD program.

The rationale for this design modification is to ensure there is a technical advisory group with a mandate to review both organization's activities under the joint work plan, and which could be tasked to provide independent and specific technical support and advice to the JMC (for example to conduct a mid-term review). The reference group need not meet formally, but would be tasked on an as needed basis.

Membership of the NCDRG would be determined by the Joint Management Committee.

The major roles and responsibilities of the NCD Reference Group would be to:

- Provide independent technical advice on the program, as requested by the Joint Management Committee
- Review proposed annual plans and budgets and provide recommendations to the JMC
- Review the M&E strategy and progress towards meeting the program's objectives
- Contribute to and/or review independent evaluations or assessments undertaken of the program. This may include, for example, conducting the mid-term review of the program, or providing input into mid-term review TORs, selection of independent review teams.

11.4 Resourcing

The initial design framework approved by AusAID outlined a number of new positions that would be supported from program funding. In addition, SPC and WHO were already funding other positions from their own core/program funds, as shown below:

SPC	**WHO**
Physical Activity Adviser	NCD Medical Officer
Nutrition Adviser	Nutrition & Physical Activity Officer
Tobacco and Alcohol Adviser	Data Management Assistant
	Personal Assistants

Based on their work plans, both SPC and WHO are proposing some modifications to their resource profiles.

12 Sustainability of outcomes

The program will promote sustainability in a number of ways. Partnership arrangements between WHO and SPC will aim to reduce duplication and draw on the comparative strengths of the two organizations. Within individual countries, the program will also seek to work within and support existing government systems and SWAPs wherever possible.

Developing comprehensive and integrated national NCD Strategies for each country will reduce the administrative burden of maintaining multiple national Action Plans focusing on individual risk factors. In particular, consolidating plans with the nutrition plans in country is also worthy of consideration by PICTS. This will ensure a more manageable, efficient, coordinated and sustainable strategic framework for member states minimising duplication of efforts. Community and multi-stakeholder engagement during development of strategies and also sub-grants programs or projects should also contribute to improved buy-in and commitment to achieving identified goals and objectives thus enhancing the sustainability of the strategies.

Establishing options for sustainable resourcing, such as the use of excise and duties to fund long-term projects, and providing technical assistance to develop specific initiatives should help ensure that resources are available to PICTs on an ongoing basis. The strengthening of the health system, coupled with in-country training, should improve on going ability of target countries to implement core, expanded, and optimal activities to reduce exposure to risk factors and control NCD as required. The transfer of technical assistance and expertise between the partner countries and contributing technical partners will also assist to forge links between the respective countries and promote ongoing networking and support networks.

13 Monitoring and performance assessment

The program will be monitored throughout its implementation. To facilitate a participatory approach to the monitoring process, feedback will be requested from the partner countries as well as from SPC and WHO. Progress reports would be prepared for the Joint Management Committee and contributing donors at six month intervals. These would report on achievement of objectives and outputs as well as the level of acceptability, uptake and other specific indicators in the Regional M&E Framework. A report on development outcomes will be submitted on annual basis. It will include, among other things the uptake, acceptability and progress towards the stated longer-

term outcomes. Individual grant funded activities will also be monitored closely using standardised assessment tools. Refer to Annex H for more details on the Monitoring and Evaluation Framework.

M&E systems are also being strengthened within SPC's PHP. The process to implement a harmonised M&E process and system (based on the PIMS) is already underway within the HIV/STI Section. Subject to successful piloting, the system will be progressively extended across all PHP areas, including the NCD Program. This system is intended to help ensure programs can report to countries on progress in implementing Joint Country Strategies, as well as contribution towards higher level regional and global goals, such as the Pacific Plan and MDGs.

14 Risk management

A number of risks were identified in the program design. The risks, together with the proposed management strategy, are outlined below:

Political instability – This risk will be mitigated by maintaining flexibility in determining level of engagement with individual PICTs. For example, levels of technical assistance and grant funding can be varied under the program, depending on prevailing circumstances.

Multi-sectoral coordination - Fostering increased dialogue and collaboration between different sectors that are needed to address NCDs will be a challenge. Increased ownership of other sectors in NCD planning will assist in this process, and the establishment of multi-sectoral committees and placement of local NCD Coordinators will be a key part of the strategy to improve coordination at national level.

Coordination between regional partners - The development of joint annual work plans, and regular communication between the two organisations under the "one-team" approach, will significantly improve coordination. The proposed MOU between SPC and WHO should further reinforce joint commitment to coordination. At national level, coordination will also be enhanced by working through established SWAPs wherever possible, as well as undertaking joint planning consultations and delivery of some activities and training.

Capacity of WHO / SPC and regional partners - The capacity of SPC and WHO has been strengthened with additional resources and positions funded under the program. It is hoped that the development of the pacific framework approach will help attract additional donor support (AFD and NZAID have expressed strong interest).

Absorptive capacity - The capacity of countries to absorb assistance, particularly in terms of administering grant funded activities, is an area that will require close monitoring. The placement of in-country NCD coordinators in selected countries (who may help guide NCD implementation and administer grants) will help ease capacity constraints in the short term. Complementary technical assistance will also be provided by SPC and WHO to support NCD implementation.

Poor financial governance - This risk will be mitigated in a number of ways. At national level, NCD Coordinators may be placed in selected countries to help administer and monitor grants funds. Subsequent grant allocations will also be assessed based on previous performance and financial management. At regional

level, financial management by SPC and WHO will be monitored through the Joint Management Committee.

Donor coordination - There is a risk of duplication where different donors have different reporting and oversight requirements. The current governance and management arrangements (Joint Management Committee) will need to be reviewed in light of other potential donor partners. SPC and WHO are committed to promoting improved donor harmonisation and will convene a donor round table to discuss practical measures for harmonisation such as standardised reporting.

15 Alignment with AusAID & Partner Agency priorities

The proposed program is based strongly on the principles of partnership and sustainability. The program also strengthens cooperation with and between regional organisations. The benefits conferred by Member States' participation will provide a value-for-money program. The proposal has been developed based on needs identified to WHO and SPC by the partner countries and together with their endorsement of the SPC HPL strategy and their mandate through the RCM & World Health Assembly and the biennial Ministers of Health Meeting.

Assisting PICTs to address the major risk factors for chronic NCD clearly fits with the intention outlined in the White Paper for AusAID program for an approach to increased health assistance which focuses on basic services for women and children and on tackling major diseases. The program recognises that health is elementary in ensuring strong and sustainable economic growth, and aims to improve health outcomes, promote improved leadership in the Pacific by supporting increased opportunities for Pacific nations to share experiences, and strengthen links between governments and civil society by promoting collaboration between government agencies, NGOs, and communities.

The program is also consistent with AusAID's aim to help developing countries reduce poverty, beginning with health, in that it seeks to prevent NCD by reducing exposure to risk factors using a multi-dimensional and cross-sectional approach. The program builds on existing WHO and SPC actions such as the WHO Stepwise approach to chronic disease risk factor surveillance (STEPS), the Global Strategy on Diet, Physical Activity and Health (DPAS), the Framework Convention on Tobacco Control (FCTC), the Western Pacific Regional Strategy to Reduce Alcohol-Related Harm and the Western Pacific Declaration on Diabetes (WPDD).

The proposal focuses on countries with whom Australia has a strong bilateral relationship and regional linkages with. It will strengthen inter-agency linkages between Australian agencies and their counterparts, support institutional strengthening projects and enhance NGO capacity in the partner countries. It also focuses on strengthening regional institutions for better delivery of health services in the PICTs.

16 Intellectual property rights

Member States participating in the programme will have the right to duplicate, utilise and disseminate relevant documents produced. However, any processes, tools or other intellectual property developed prior to the program, and used during the program, would remain the property of the contributing agencies.

17 Contact Persons

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ANNEXES

Annex A **NCD STEPS Status**

Annex B **National NCD Strategy Status**

Annex C **Current DPAS Programs**

Annex D **Monitoring and Evaluation Framework**

ANNEX A - NCD STEPS STATUS

(June 2008)

COUNTRIES	NCD STEPS STATUS						
	Planning	In Field	Data Entry	Analysis	Draft Report	Finalized	Published
1. American Samoa	X	X	X	X	X	X	X
2. CNMI	X						
3. Cook Is	X	X	X	X			
4. Fiji	X	X	X	X	X	X	X
5. FSM(POHNPEI)	X	X	X	X	X	X	
FSM (CHUK)	X	X	X				
6. Guam							
7. Kiribati	X	X	X	X			
8. Marshall Is	X	X	X	X	X	X	
9. Nauru	X	X	X	X	X	X	X
10. New Caledonia	X						
11. Niue	X						
12. Palau	--						
13. Pitcairn Is	--						
14. PNG	X	X					
15. Samoa	X	X	X	X			
16. Solomon Is	X	X	X	X			
17. FRP	X						
18. Tonga	--						
19. Tokelau	X	X	X	X	X	X	X
20. Tuvalu	X	X	X	X			
21. Vanuatu	--						
22. Wallis & Fortuna	X						

ANNEX B - NATIONAL NCD STRATEGY STATUS (June 2008)

Country	Name	Status	Period	Notes
1. American Samoa		no plan		Govt gives priority for NCD along with the concept of Healthy Islands
2. Cook Island	National NCD/Nutrition Strategy	drafted	2007 - 2012	
3. Fiji	National Strategic Plan on Prevention and Control of NoncommunicableDiseases	endorsed	2004-2008	Due for review
4. French Polynesia		no plan		
5. Guam		no plan		
6. Kiribati	National Strategy to Prevent and Control Noncommunicable Diseases	endorsed	2004-2009	
7. Marshall Islands	National NCD/Nutrition Strategic Action Plan	Drafted & getting finalized	2007 - 2012	-
8. Micronesia	National Noncommunicable Disease Strategy	Drafted - Awaiting endorsement	2005 - 2010	
9. Nauru	Nauru Noncommunicable Disease Action Plan	drafted	2007 - 2012	
10. New Caledonia				NCD plan exists according to other sources
11. Niue	Niue Moui Malolo ki Mua	Drafted	2007 - 2012	
12. CNMI		Have a NPAN		Planning for review & develop NCD together
13. Palau	National Strategy for NCD Prevention and Control	endorsed		
14. PNG		no plan		Planning to do STEPS & plan
15. Pitcairn Is		no plan		
16. Samoa	National NCD Strategy and Plan of Action	endorsed	2004-2008	Plan of Action developed
17. Solomon Is	Nutrition and healthy Lifestyle Strategy	Drafted June 07		Getting finalized
18. Tokelau	Draft NCD Strategy	finalizing		
19. Tonga	National Strategy to Prevent and Control Noncommunicable Diseases	endorsed	2004-2009	Mid-term review in 2006. Health promotion foundation established
20. Tuvalu		Have draft NPAN & HP		Planning for strategy after the STEPS survey
21. Vanuatu	National Strategy to Prevent and Control Noncommunicable Diseases	endorsed	2004-2009	
22. Wallis and Futuna		no plan		

ANNEX C - CURRENT DPAS PROGRAMS

Country	Prioritized Project/Program Proposal in April 2006	Current Program	Progress to date
1. Am Samoa	Dev of National NCD Strategy Plan	*NCD Plan*	STEPS completed – awaiting decision on NCD planning
2. CNMI	Re-establish Food & Nutrition Council	*NCD & Nutrition Planning*	Attend NPAN Training & decided on doing NCD & Nutrition Plan of Action – awaiting decision on dates
3. Cook Islands	Promotion of PA and fruit & vegetable	*Health promoting School*	Decided on doing Health Promoting School – national workshop completed, action plan for local implementation
4. Fiji	Green Prescription & Prevention or Delay Onset of DM in Patients with IGT	*'SNAP Intervention'*	Identified Western Division SNAP intervention as the similar approach and supporting the initiative before expanding to other areas
5. French Polynesia	Sports in School		On-going – no funding support needed
6. Guam			Attended NPAN Training – awaiting decision on NCD/NPAN planning
7. Kiribati	Reduction of NCDs in the Workplace	*'Health & Fitness Program'*	Proposal signed – awaiting date to start implementation of Health Promoting Hospital
8. Marshall	Formulation of National NCD Plan		Attended NPAN training, conducted NCD/Nutrition Planning and draft plan undergoing finalisation process
9. Micronesia	Community Based NCD Prevention	*Workplace based*	Attended NPAN & Japan training. Proposal finalised and implementation initiated
10. Nauru	Integration of Nutrition Education and Home Gardening	*'OUR STEPS OUR HEALTH'*	Attended NPAN Training. NCD/Nutrition Planning completed & draft to be finalised, Health Promoting School & 'Our STEPS Our Health – launch on 17th May
11. New Caledonia	Childhood Obesity Prevention Project	Development stage	Childhood Obesity Prevention Project
12. Niue	Partnership building & NCD Mini-STEPS	*NCD/Nutrition Plan & HP School*	Decided on NCD/Nutrition Plan & Health Promoting School – proposal received, implementation starting in July 2007
13. Palau	Palau in Motion		On-going
14. Pitcairn			
15. PNG	Strategy for NCD prevention & Control		Awaiting proposal
16. Samoa	Community Based NCD Strategy with communication strategy	*'Diet & Exercise' for Health*	Attended the Japan Meeting & formulated integrated community based NCD prevention & received signed proposal. Initiating implementation.
17. Solomons	Move for Health Strategy	*Nutrition/NCD Plan Fruit & Vegetable Promotion*	Attended NPAN Training Decided on doing NCD/Nutrition Plan and Promotion of Fruits & Vegetables. Planning completed and draft undergoing consultation. Fruit & Vegetable from September
18. Tokelau	Dev of NCD Strategic Plan		Attended NPAN training. Awaiting decision on NCD/Nutrition Strategic Planning
19. Tonga	Social Marketing on Diet & Physical Activity	*'Kolo Moui Lelei Program'*	Completed training and now implementing. Submitted further proposal for strengthening of the initiative.
20. Tuvalu	School Based & Community Based Strategy	*'Grow and Promote Fruits & Vegetables'*	Decided on NCD/Nutrition Planning and promotion of fruits & vegetables. Proposal finalised and initiating implementation
21. Vanuatu	Yet to finalize – address both burden	*'Walk for Life' program*	Decided on Health Promoting Workplace and Physical Activity Policy intervention – initiating implementation
22. Wallis & Futuna			Diet & Physical Activity Training by SPC Diabetes Prevention research intervention initiated