



PACIFIC FRAMEWORK FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

EXECUTIVE SUMMARY

Pacific island countries and areas (PICs) are at different stages in noncommunicable disease (NCD) prevention and control. Currently, 15 have collected data through STEPS surveys to profile their NCD risk factors and disease prevalence, 12 have national NCD plans or strategies, and several are implementing community interventions in the context of their respective strategy. A few are planning to undertake a systematic evaluation of their programmes.

Four steps – profiling (how big is the NCD burden?), planning (what plans and policies are in place?), implementation (what is being done to prevent and control NCD?) and evaluation (how will we know if we are making a difference?) – collectively form a process for developing NCD prevention and control capacity within the Pacific. Aligning this process with five major categories of NCD interventions addresses the entire continuum of NCD causation and creates an integrated framework for conducting NCD work in the region. The framework is presented in this paper, and its links to the Stepwise framework for NCD prevention and control are described.

Based on the agreement below, the Secretariat of the Pacific Community (SPC) & the World Health Organisation (WHO) will assist PICTs to build capacity in NCD prevention and control based on where countries or areas are at with respect to profiling, planning, implementation and evaluation. Support will include helping PICs determine the size of the NCD burden, develop national plans of action and select, implement and evaluate appropriate interventions as well as providing tools and guides, technical advice, training and mentorship, and advocacy support. The aim is to help PICs reduce death rates from chronic diseases by 2% per year over and above existing trends during the next 10 years.

WHO and SPC reaffirm our mutual goal, within the scope of our respective mandates, “To improve the health of Pacific People and commit ourselves to jointly focus on addressing the health priorities of all PICTs.”

Recognizing the urgent need to address the escalating burden of NCD in the Pacific;

1. *SPC acknowledges the lead role WHO plays in NCD prevention and control globally and in the Western Pacific region, including the Pacific Islands*
2. *WHO acknowledges the strengths that SPC brings to NCD prevention and control efforts in the Pacific Islands region*
3. *We agree to work together as **1 team representing 2 organisations to serve 22 countries** to;*
 - a. *Use a common framework for NCD prevention and control in the Pacific and*
 - b. *Develop a joint implementation plan to address NCDs for 2008 – 2013, by September 2007*

Noumea, August 2007

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BACKGROUND

The Pacific has outpaced the world in mortality from noncommunicable diseases (NCDs). Globally, it is estimated that NCDs will cause 70% of the disease burden by 2020. In the Pacific, today, NCDs already cause 75% of deaths, and indications are that NCD-related mortality and morbidity are rising.

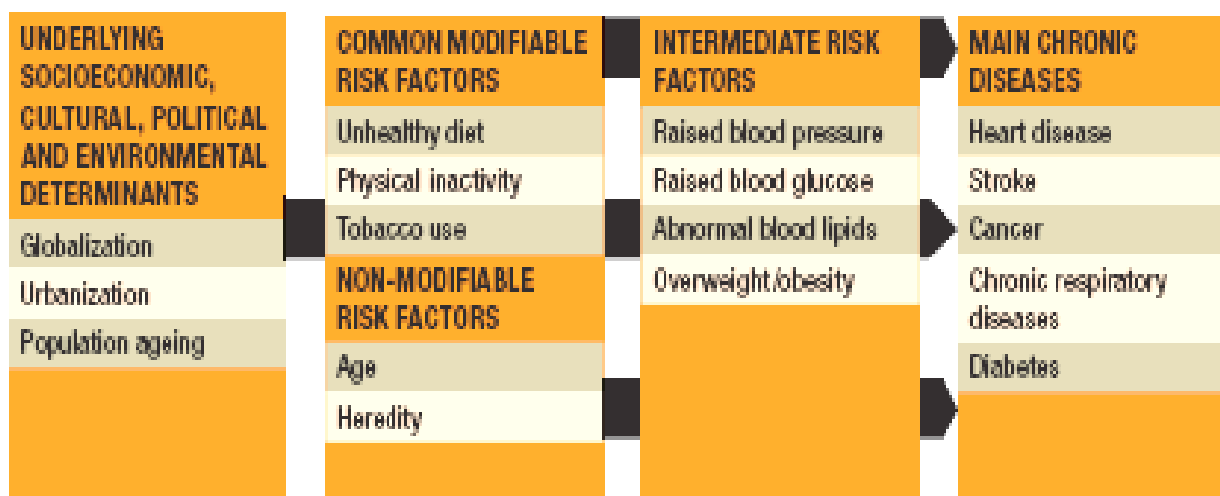
Common risk factors underlie NCDs. Globalization and urbanization bring with it unhealthy lifestyles and environmental changes that make communities susceptible to tobacco and alcohol use, unhealthy diets, and physical inactivity. These underlying risk factors give rise to intermediate risk factors such as high blood pressure, elevated blood glucose, abnormal lipid profiles and obesity. In turn, the intermediate risk factors predispose individuals to the “fatal four” – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes (Figure 1).

Altogether, these chronic diseases account for majority of the deaths in the Region. The health care costs related to these diseases is formidable, with as much as 60% of the health care budgets in some Pacific Island countries and areas going towards expensive, overseas care. In addition, NCDs contribute to the burden of poverty and retard national development by impeding workforce productivity.

Ironically, every one of the risk factors for these diseases, singly or in combination, is preventable. Yet, the prevalence of these risk factors in the Pacific remains unacceptably high (Table 1).

Figure 1. The causation pathway for chronic diseases

Causes of chronic diseases



Source: *Preventing Chronic Disease: a Vital Investment*, WHO, Geneva, 2005.

Table 1. NCD Risk Factor Prevalence in Selected PICs

Source: STEPS results, WHO Office for the South Pacific

Risk Factor	Adult Prevalence (% among those aged 25-64 years)						
	Fiji	American Samoa	Marshall Islands	Samoa	Tokelau	Nauru	Cook Islands
Overweight	33.1	18.9	35.3	30.4	18.9	18.4	27.1
Obese	29.6	74.6	44.8	54.8	74.7	74.9	61.4
Daily tobacco use	15.8	29.9	20.8	34.6	46.9	49.5	33.3
Binge drinking	Males: 30.0 Females: 13.5	Males: 49.6 Females: 33.9	Males: 40.7 Females: 32.8	Males: 44.7 Females: 15.6	Males: 44.1 Females: 24.5	Males: 31.0 Females: 19.3	Males: 74.0 Females: 51.4
<5 servings of fruits and vegetables per day	--	86.7	91.1	43.3	91.6	97.0	84.7
Low physical Activity (<600 METminutes per week)	--	62.2	50.0	50.3	43.4	52.3	73.9
Elevated BP	27.0	34.2	15.9	21.1	18.1	24.3	29.5
Elevated total cholesterol	46.5	23.4	29.2	13.7	38.8	17.9	24.7
Elevated blood glucose	22.6	47.3	41.0	21.5	43.6	22.7	23.7

At the global level, WHO called upon its Member States to give serious consideration to a proposed WHO Draft Plan of Action for the Prevention and Control of Noncommunicable diseases during the sixtieth World Health Assembly and called attention to the vital need for comprehensive and coordinated action to reduce the significant burden from NCDs.

At the regional level, WHO and its Member States and other partners in the Pacific recognize the urgent need to stem the overwhelming health and economic burden from NCDs. The “Healthy Islands” vision, emerging from the first meeting of the Ministers of Health for the Pacific island countries on Yanuca island, Fiji in 1995, has evolved over successive meetings towards a focus on health protection and health promotion, reducing risks and creating healthy environments and lifestyles, in response to the magnitude and dominance of NCDs and their consequences.

Guided by this vision, WHO and SPC with their other partners in the Pacific, including key United Nations organizations such as the Food and Agriculture Organization (FAO) and the United Nations Children's Fund (UNICEF), the Fiji School of Medicine, and bilateral donors like AusAid and NZAid have begun to establish the foundation for NCD prevention and control. Building on the 2000 WHO Western Pacific Regional Framework and the recent World Health Assembly discussion on the proposed WHO Plan of Action (Document A60/15) to respond to the NCD epidemic, the partners have channelled support and technical assistance to PICs in the following areas:

Environmental Interventions

- Active participation of the Pacific Island countries in the process of development and negotiations of the WHO international Framework Convention on Tobacco Control (FCTC) has altered the legislative environment for tobacco control. The Pacific has achieved 100% ratification of the treaty, and is in the process of transforming national legislation to conform to the provisions of the FCTC.
- Shaping the national health policy environment has led to the creation of national NCD plans and strategies and initiated processes to ensure sustainable capacity and resources for NCD prevention and control through innovative mechanisms such as earmarked tobacco and alcohol taxes and the establishment of Health Promotion Foundations.
- Interventions such as Tonga's "walking path" are reconfiguring the 'built environment' to make healthy choices "early, easy and exciting...everywhere." Creating healthy environments, with facilities and structural elements that foster healthy behaviours can be considered as an environmental/policy intervention and a lifestyle intervention.

Lifestyle Interventions

- WHO and its Member States developed the Global Strategy on Diet, Physical Activity and Health (DPAS), which was subsequently endorsed by the World Health Assembly in 2004. DPAS presents an evidence-based approach for concrete action promoting healthy lifestyles. The SPC, FAO, and UNICEF have collaborated with WHO in translating DPAS recommendations into action in the Pacific.
- Guidance for population behavioural change is also contained in the Western Pacific Declaration on Diabetes, developed in 2000 and updated in 2006, and the Regional Strategy to Reduce Alcohol-related Harm in the Western Pacific that was endorsed in September 2006 at the fifty-seventh session of the WHO Regional Committee for the Western Pacific.

Clinical Services

- A number of clinical practice guidelines, some of which were developed by WHO, particularly in relation to diabetes and cancer management, are operational in a few of the Pacific island countries and areas. These are often linked to strengthening the capacity of the health care workforce to deliver quality care at all levels – from community-based centres to tertiary level hospitals.

Surveillance

- The WHO STEPs approach to surveillance was endorsed at the fifth meeting of the Ministers of Health for the Pacific island countries in Tonga in 2003. The STEPS survey now forms the basis for NCD surveillance in several Pacific island countries and areas.
- The mini-STEPs is a minimized version of the STEPS survey that has been developed and adopted for use in community settings. The mini-STEPs have proven useful for surveillance and evaluation of projects at the local level.
- Likewise, the Global Youth Tobacco Survey (GYTS) involves seven PICs, and provides an ongoing surveillance system to monitor youth tobacco use.

Advocacy

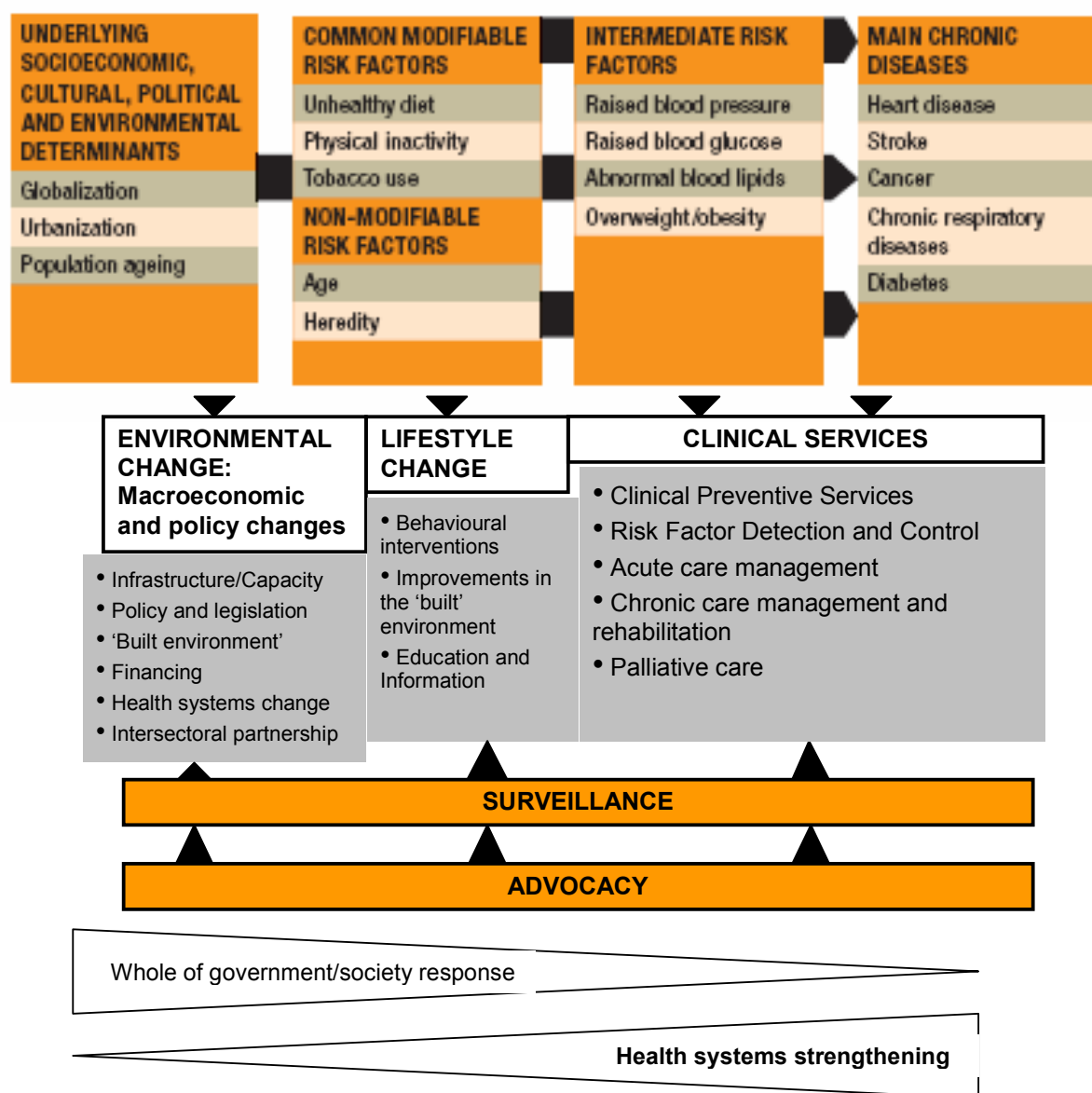
- WHO and the Pacific island countries and areas have repeatedly acknowledged the fundamental role of health promotion in NCD prevention and control. The Regional Framework for Health Promotion “Making Healthy Choices Early, easy and Exciting....Everywhere” provides strategic actions in social mobilization, public education/outreach, risk communication and advocacy for policy change that are particularly relevant to NCDs.

MOVING FORWARD: A FRAMEWORK FOR ACTION

The areas of work identified in the previous section – environmental interventions, lifestyle interventions, clinical services, surveillance and advocacy – form the elements of a comprehensive Pacific strategy to address the continuum of risk factors that lead to disease, disability and death from NCDs. The links to the NCD causation continuum can be visualized in Figure 2.

Figure 2. Framework for Action: NCD Prevention and Control in the Pacific

Causes of chronic diseases



Each of the five elements is necessary to reduce NCD risks along the risk continuum. Environmental interventions – macroeconomic, structural and policy interventions - address the broad determinants of NCD risk. Lifestyle interventions impact on the underlying modifiable risk factors, while clinical interventions effect change at the level of intermediate risk factors and overt disease. Surveillance and advocacy are needed throughout the risk continuum, as they fulfil an essential supporting function to the other three action areas.

For NCD prevention, Health Ministries have a lead role in advocacy and surveillance and because action on the underlying environmental and lifestyle determinants requires inputs beyond the Health sector, they also have a responsibility for coordinating and facilitating the contribution of other ministries and government agencies. Prevention requires a ‘whole of government’ and ‘whole of society’ approach. For NCD control, Health Ministries have a clear role in strengthening health systems. Population-based lifestyle interventions represent an area of overlap, requiring both a ‘whole of government/society’ approach and health system involvement. In reality, governmental and societal action at the macro level has impacts on clinical practices, and, correspondingly, the health sector plays a role in determining policies at the macro level; the arrows in the diagram attempt to portray the relational dynamics of these two approaches.

This framework emphasizes the requirement for comprehensive approaches that encompass and address the various levels of determinants and risks for NCDs. It highlights the importance of a balance between “healthy choices” and “healthy environments” because it recognizes that supportive environments are needed to empower healthy choices. It also re-distributes responsibility across the whole of society, with government, health sector, communities, families and individuals all sharing accountability for putting in place the necessary elements that promote healthy lifestyles and quality care for NCDs.

The framework is sufficiently flexible for a country to concentrate on interventions that are most relevant for the local situation at a given point in time. For instance, in a country where the risk factors are rising, but overt disease is not yet prevalent, interventions can initially be directed towards environmental and lifestyle change. On the other hand, in a country where health expenditures are heavily skewed towards off-island referrals for tertiary level care, the interventions can initially focus on improving clinical services. Over the long term, however, it will be necessary to allocate resources for all five areas of work to achieve measurable and sustained reductions in prevalence of both risks and disease, and the attendant consequences of disability and death.

DIRECTIONS FOR MOVING FORWARD: STAKEHOLDER INPUT

The World Health Organization Regional Committee for the Western Pacific adopted a resolution on noncommunicable disease prevention and control at its fifty-seventh session in September 2006.¹ The Regional Committee urged Member States to:

- Develop or strengthen national NCD strategies
- Increase funding for NCD programmes
- Invest in stronger organizational structures
- Scale up effective demonstration activities
- Strengthen surveillance mechanisms
- Improve access to effective preventive and primary care, and
- Develop national mechanisms for NCD networking and knowledge management.

The need for an integrated and comprehensive approach to NCD control was further reinforced during discussions at the sixtieth World Health Assembly in April 2007, specifically in relation to the development of a WHO Plan of Action for the Prevention and Control of Noncommunicable Diseases.

At the recently concluded meeting of the Pacific Ministers of Health in Vanuatu in 2007, the Pacific island countries recognized the 2006 Regional Committee resolution and voiced their recommendations for moving from surveillance and planning to action. These recommendations, which provide guidance on how best to move forward, include the following:

1. Pacific island countries and areas are at different stages in the process of NCD prevention and control. Fifteen countries have undertaken the STEPS survey, majority have national NCD plans or strategies and a few are conducting community-based interventions. However, majority are encountering difficulties translating data and plans into action. Building local capacity is a critical determinant of a country's ability to effectively deal with NCDs.
2. Comprehensive approaches that include both health promotion (push) and regulatory (pull) interventions are needed to achieve measurable successes in controlling and preventing NCDs.
3. A "whole-of-society" approach is needed to complement the "whole-of-government" approach to NCD prevention and control.
4. With the opening up of the Pacific to global trade, the importation of unhealthy commodities (tobacco, alcohol and unhealthy food) is an increasing concern.

¹ Resolution WPR/RC57.R4.

The trade in food, tobacco and alcohol has a direct impact on the health of the Pacific peoples. Multi-sectoral and cross-island approaches are required to address this broad determinant of health.

5. Ensuring sustainable funding for NCD prevention and control is a shared concern. Towards this end, a number of Pacific Island countries and areas have begun to explore various financing mechanisms, such as through Health Promotion Foundations funded through earmarked tobacco and alcohol taxes.
6. Government leaders, particularly Ministers of Health and their staff, play a crucial part in influencing lifestyle change. They must be role models of healthy lifestyles, and health ministries should exemplify healthy workplaces. The 'Healthy Settings' approach for NCD prevention and control through health-promoting schools and communities should be explored further.
7. Tools and guides are needed to move from planning to action. Technical assistance and sharing of existing tools and guides will greatly help those countries that do not have the capacity to develop these materials.
8. Communication and social marketing must be emphasized to highlight the risks of unhealthy lifestyles and to persuade the Pacific populations to adopt healthier choices and create healthier environments.

Because Pacific island countries and areas are at different stages in NCD prevention and control, mapping out each country's stage of development is essential to determine how and what kind of support is needed. The following tables reflect the extent to which each Pacific island country has achieved progress in the process of NCD prevention and control programme development (Tables 2-6).

Table 2. Development of STEPS in the PICs

Planning STEPS	Data collection	Data entry	Cleaning and analysis	Draft report (unpublished)	Final report (published)
Papua New Guinea, New Caledonia, Wallis and Futuna		Kiribati	Palau, Tonga, Solomon Islands, Vanuatu, Tuvalu	Tokelau, Marshall Islands, Cook Islands, Federated States of Micronesia, Samoa	Nauru, American Samoa, Fiji

Source: Agenda Item 5.2 : Prevention and Control of Noncommunicable Diseases, Meeting of Ministers of Health for the Pacific Island Countries, 12-15 March 2007, Vanuatu, PIC7/6 and updated by WH OOffice for the South Pacific in June, 2007

Table 3. PICs with NCD plans and strategies, 2006

Country	National plan of action on nutrition (NPAN)			NCD strategy/plan	
	Exists	Implemented	Reviewed	Exists	Implemented
American Samoa	draft			No plan	
Cook Islands	draft	√		Draft	Some
Fiji	√	√	√	√	√
French Polynesia	?			No plan	
Guam	No plan			No plan	
Kiribati	√	√	Review required	√	√
Northern Mariana Islands, Commonwealth of	√	√	Need to review again (2007)	No plan	
Marshall Islands	√	√	√	Draft	some
Micronesia, Federated States of	√		√	√	
Nauru	Draft			Draft	Some
New Caledonia	Partial	√	√	?	
Niue	Draft	some		Draft	
Palau	Draft			Draft	
Papua New Guinea	Draft				
Samoa	√	Some		√	Some
Solomon Islands	√	Some		Draft	some
Tokelau	?			No plan	
Tonga	√	Some	√	√	Some
Tuvalu	Draft	Some		No plan	
Vanuatu	√	Some		√	Some
Wallis and Futuna	?			No plan	
Totals	15	11	5	11	7

Source: Agenda Item 5.2 : Prevention and Control of Noncommunicable Diseases, Meeting of Ministers of Health for the Pacific Island Countries, 12-15 March 2007, Vanuatu, PIC7/6

Table 4. PICs with NCD policies in place

Have integrated policies: 6 (out of 18)	
Have Specific Policies for:	(out of 12)
Tobacco	8
Nutrition	5
Physical Activity	2
Alcohol	5
Hypertension	2
Diabetes	5
Cancer	3

Source: Agenda Item 5.2 : Prevention and Control of Noncommunicable Diseases, Meeting of Ministers of Health for the Pacific Island Countries, 12-15 March 2007, Vanuatu, PIC7/6

Table 5. PICs with ongoing NCD activities*

	Awareness promotions	Community demonstrations	Published reports
Out of 18 country respondents			
Tobacco	18	8	3
Nutrition	17	8	5
Physical activity	14	11	2
Alcohol	16	8	2
Hypertension	16	8	2
Diabetes	17	10	5
Cancer	12	7	1
Stroke	14	6	0
Obesity	14	9	4
Other NCD	11	5	1

*Not all activities listed in this table are WHO-sponsored country activities.
Definitions of awareness and types of demonstrations were not stated.

Source: Agenda Item 5.2 : Prevention and Control of Noncommunicable Diseases, Meeting of Ministers of Health for the Pacific Island Countries, 12-15 March 2007, Vanuatu, PIC7/6

Table 6. Sources of funding for NCD prevention

Source of funding	Out of 18
External aid	12
Increase tax on cigarettes	6
Increase tax on alcohol	4
Fund-raising activities	3
Increase tax on unhealthy imported food	1
Donations from health interested private groups	1
Health Promotion Councils	1

Source: Agenda Item 5.2 : Prevention and Control of Noncommunicable Diseases, Meeting of Ministers of Health for the Pacific Island Countries, 12-15 March 2007, Vanuatu, PIC7/6

THE PROCESS FOR MOVING FORWARD

WHO and SPC will use the WHO Stepwise framework to help create policy, economic, socio-cultural and physical environments in PICs which are conducive to NCD prevention and control. The stepwise framework includes three main planning steps and three main implementation steps.

The first planning step is to assess the current risk factor profile of the population and advocating for action. The second planning step is to formulate and adopt chronic disease policy. The third planning step is to identify the most effective means of implementing this policy. The chosen combination of interventions can be considered as levers for putting policy into practice with maximum effect. The primary levers are:

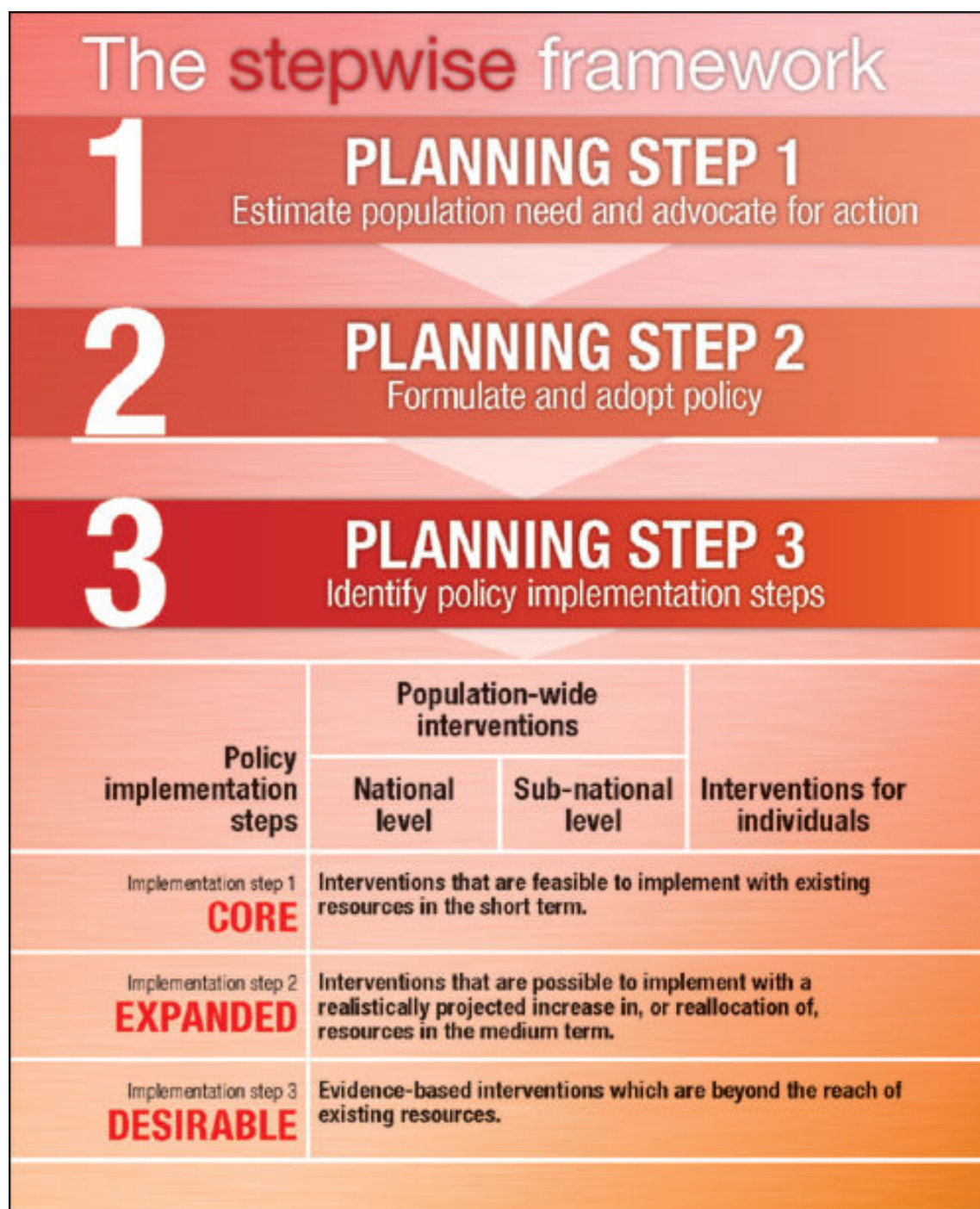
- Health financing
- Legislation and regulation
- Improving the built environment
- Advocacy initiatives
- Community mobilization
- Health services organization and delivery

The three policy implementation steps are based the level of resource available in countries:

- Core (Implementation based on existing resources)
- Expanded (A realistic increase over and above existing resources)
- Desirable (An increase that goes beyond the reach of existing resources)

The framework is designed so that the core implementation level is the foundation on which expanded and desirable levels of implementation can be built.

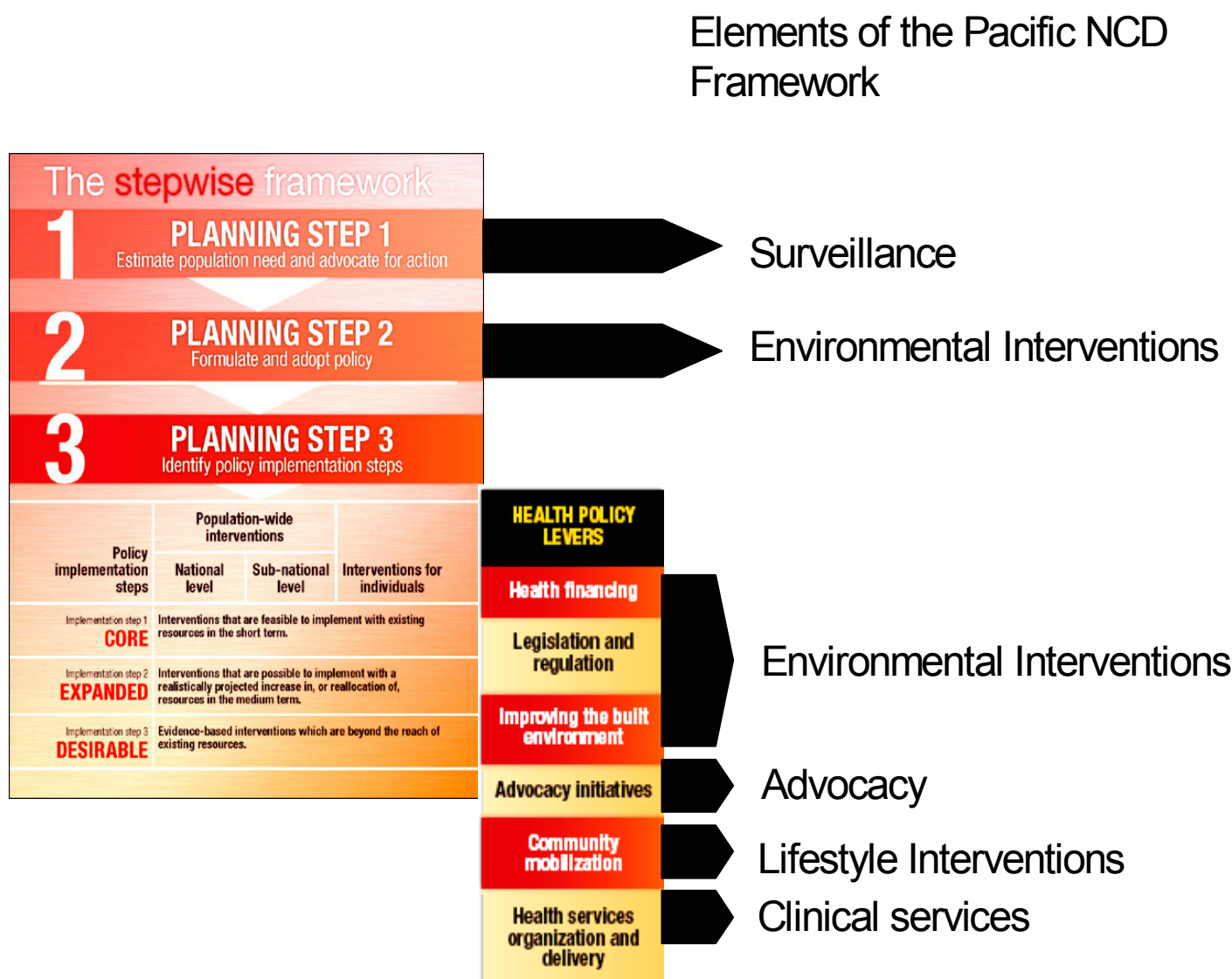
Figure 3. The WHO Stepwise framework for NCD prevention and control



Source: *Preventing Chronic Disease: a Vital Investment*, WHO, Geneva, 2005

The Stepwise framework and its proposed interventions correspond to the five elements in the Pacific Framework for NCD prevention and control.

Figure 4. Aligning the Pacific NCD framework with the Stepwise framework



The Stepwise framework also begins to lay out the process for systematic development of NCD prevention and control programmes, as depicted in Figure 5. An additional step for the Pacific framework – evaluation - is included. The aim of the process is to move countries from one level (the first “step”) to the next higher one in an iterative process of evaluating and learning from the early “steps” and applying lessons learnt so that successive “steps” take countries progressively closer towards effectively preventing and controlling NCDs. The goals are, in order:

1. To reduce the prevalence of risk factors; and, consequently,
2. To reduce morbidity, disability and mortality from NCDs within the Pacific

So as to work towards the global goal of reducing death rates from chronic diseases by 2% per year over and above existing trends during the next 10 years.

Figure 5. Process for strategic NCD programme development in the Pacific

