

*Working together to strengthen Pacific diabetes associations*

20–21 September 2017

## Meeting Report

# Pacific Diabetes Associations Meeting

(Novotel Hotel, Nadi, Fiji, 20–21 September 2017)

Prepared by the Pacific Community, 2017



Pacific  
Community  
Communauté  
du Pacifique



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## Executive summary

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The inaugural Pacific Diabetes Associations Meeting was held in Nadi, Fiji from 20 to 21 September 2017. The meeting was organised and hosted by the Pacific Community (SPC) as an opportunity to strengthen Pacific diabetes associations and enhance collaboration for addressing the diabetes epidemic in the Pacific Islands region.

The meeting was attended by representatives from governments and diabetes associations from 12 Pacific Island countries and territories (PICTs). Development partners and other stakeholders also attended.

Over the course of the meeting, participants:

- identified the challenges that diabetes associations face in the Pacific Islands region, and explored opportunities to foster their growth and development.
- discussed ways to strengthen the governance, role and function of diabetes associations in order to establish sustainable and robust associations that can speak up for the needs of people with diabetes.
- identified opportunities for strengthening in-country collaborative initiatives between diabetes associations and relevant government ministries.
- networked with regional stakeholders and identified South-South collaboration opportunities in order to foster knowledge exchange and sharing of evidence-based best practice for better diabetes prevention and care.

A key outcome of the meeting was participants' development of an 'action plan' for their national diabetes association that identifies future focus areas, potential collaborative initiatives, and areas where support is needed to strengthen the role and function of their diabetes association. Following this meeting, SPC and development partners will support national diabetes associations in the implementation of these action plans.

## Background

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Diabetes is a major health and development challenge in the Pacific Islands region, and poses a significant health, social and economic burden for individuals, families and communities. At the recent 2016 Pacific Non-Communicable Diseases (NCD) Summit, and the 2017 Pacific Heads of Health Meeting, Pacific leaders and heads of health expressed their significant concern about the diabetes epidemic in the region and its overwhelming impact on health and sustainable development.

There have been several declarations, commitments and strategies produced at global and regional levels that are aimed at addressing diabetes. These documents consistently highlight the urgent need for a 'whole of government' and 'whole of society' approach. For example, the Pacific NCD Roadmap endorsed by Pacific leaders in 2014 addressed multi-stakeholder involvement; and Pacific leaders at the 2016 Pacific NCD Summit committed to addressing multi-sectoral collaboration, partnership and stakeholder involvement. However, there have been challenges when ensuring that the response is a collaborative approach that involves stakeholders.

It is well-recognised that stakeholders – such as diabetes associations – play an important role in tackling diabetes; for example, by advocating policy makers to help create conducive environments for prevention and control of diabetes and promoting good health; creating awareness and educating people with diabetes, caregivers, families and the general public about healthier lifestyles; and cooperating with relevant national and international organisations for diabetes screening, treatment and care.

However, a recent 2017 survey of the status of diabetes associations in the Pacific Islands region reported that most of the existing diabetes associations are not functioning well and need support in the areas of organisational set up, funding and technical support for the implementation of activities. Some associations are not functioning and need to be re-activated. Overall, there is a need to support and strengthen the work of existing diabetes associations, and enhance networking and collaboration in order to effectively address diabetes in PICTs. Therefore, this Pacific Diabetes Associations Meeting was held, with the following objectives:

1. To identify the challenges of diabetes associations in the Pacific Islands region, and explore opportunities to foster their growth and development.
2. To discuss ways of strengthening the governance, role and function of diabetes associations in order to establish sustainable and robust associations that can speak up for the needs of people with diabetes.
3. To identify opportunities to strengthen in-country collaborative initiatives between diabetes associations and relevant government ministries.
4. To create regional networking and South-South collaboration opportunities of diabetes associations in order to foster knowledge exchange and sharing of evidence based best practice for better diabetes prevention and care.

A key outcome of the meeting was participants' development of an 'action plan' for their national diabetes association that identifies future focus areas, potential collaborative initiatives, and areas where support is needed to strengthen the role and function of their diabetes association. The action plans for each country are presented on Page 14 of this report .

Following this meeting, SPC and development partners will support national diabetes associations in the implementation of these action plans.



## DAY 1: 20 September 2017

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### Session 1: Welcome and overview of the diabetes epidemic

#### Opening prayer

1. The opening prayer was conducted by Dr Isimeli Tukana, National Advisor NCD and Head of National Wellness Centre, Ministry of Health and Medical Services, Fiji.

#### Welcoming remarks: Dr Paula Vivili, SPC

2. Dr Vivili welcomed country representatives and partners, and wished them a successful meeting. Dr Vivili stated that the NCD epidemic, and in particular diabetes, poses a significant health, social and economic burden for individuals, families and communities in the Pacific Islands region. Stakeholders such as diabetes associations or coalitions, play an important role in tackling diabetes. While some PICTs have established diabetes associations, there is a need to support and strengthen the work of existing diabetes associations, and enhance networking and collaboration between them and other organisations across the Pacific Islands region. SPC's Public Health Division is committed to working with PICTs and partner agencies to address these needs.

#### Introduction and objectives of the meeting: Dr Si Thu Win Tin, SPC

3. Dr Si Thu Win Tin welcomed meeting attendees, and provided an overview of the objectives of the meeting. Dr Si then presented results of a survey of Pacific diabetes associations, which was conducted by SPC in early 2017. Twenty-one PICTs were invited to participate, of which 18 responded; of these, 12 PICTs have existing diabetes associations and five are members of the International Diabetes Federation. Six countries do not have an existing diabetes association; of these one PICT plans to establish an association in the next 12 months, and five do not plan to establish an association in the next 12 months. Four associations have a regular source of funding to support their implementation and function. Overall, five PICTs have diabetes associations that are functioning well but still request further strengthening, three associations are partly functioning and need strengthening, three associations are not functioning and need re-activation, and one association is yet to provide this information. Support needs that were identified by associations include organisational set up, policy formulation, capacity building, technical and financial support for implementation, information sharing and promotional resources.

#### Health, social and economic impact of diabetes – global and regional overview: Dr Si Thu Win Tin, SPC

4. Dr Si provided an overview of the health, social and economic burden of diabetes globally and in the Pacific Islands region. Globally, it is estimated that in 2015, 415 million adults had diabetes, which is projected to increase to 642 million by the year 2040. Globally, diabetes is one of the top 10 causes of disability, with 15 million people estimated to be blind due to diabetes.

5. PICTs are among the top ten countries with the highest prevalence of diabetes in the world. For example, rates of diabetes among people aged 25–64 are 47% in American Samoa, 35% in Chuuk in the Federated States of Micronesia (FSM), and 24% in Cook Islands. These figures are much higher than in neighbouring Australia, where approximately 5% of people have diabetes, and much greater than the estimated global prevalence of 10%.
6. The prevalence of diabetes-related complications in PICTs is also substantial. For example, in some PICTs, up to 69% of people with diabetes have retinopathy, and 11% have diabetes-related amputations, which can lead to disability, premature death and lost productivity.
7. A range of factors contribute to the high prevalence of diabetes and complications in the Pacific Islands region. These include the transition from the traditional Pacific lifestyle and diet to a more obesogenic Western lifestyle, the high prevalence of obesity and NCD risk factors, low awareness and education about diabetes and NCDs, limited access to health services, and individuals' unwillingness to seek treatment.

## Non-communicable diseases – global and regional commitments: Dr Wendy Snowden, World Health Organization (WHO)

8. Dr Snowden provided an overview of global and regional recommendations and commitments for addressing NCDs. Overall, there are significant global and regional commitments to preventing and managing NCDs. Clear strategies and actions have been agreed on, and timelines and monitoring approaches have been established.
9. Key global meetings, commitments and action plans include the following:
  - High-level meetings on NCDs, attended by world leaders have been held in 2011 and 2014, with the next meeting to be held in 2018.
  - The Sustainable Development Goals (SDGs) clearly recognise the issue of NCDs – SDG 3 includes a target to reduce premature mortality from NCDs by one third, by 2030.
  - The WHO Global NCD Action Plan 2013–2020, as it suggests, provides a global action plan for addressing NCDs. This is complemented by the WPRO Regional Action Plan for the Prevention and Control of NCDs 2014–2020.
  - The WHO 'best buys' sets out the most cost-effective actions that countries can adopt to target NCD risk factors (tobacco use, poor nutrition, alcohol, insufficient physical activity), management of cardiovascular disease and diabetes, and cancer prevention.
  - The WHO Global Monitoring Framework for NCDs includes 25 indicators that address mortality and morbidity, risk factors, and national systems responses.
10. Key regional meetings, commitments and action plans include the following:
  - At the Pacific Island Forum Leaders Meeting in 2011, it was declared that the Pacific Islands region is in an 'NCD crisis'. This has been complemented by national crisis declarations.
  - The need to combat NCDs was recognised at the Pacific Health Ministers Meetings in 2011, 2013, 2015 and 2017. PICT leaders have also committed to achieving Tobacco-Free Pacific by 2025 (a target of less than a 5% prevalence of smoking by adults).
  - In 2015, Pacific Ministers of Health and Finance endorsed the actions outlined in the Pacific NCD Roadmap, including commitments to strengthening tobacco taxation, food tax and regulation, improving efficiency of health services through implantation of the WHO Package of Essential NCD Interventions (PEN), and monitoring and strengthening the evidence base for NCDs.



- The Pacific Monitoring Alliance for NCD Action (MANA) Dashboard has been developed for PICTs in order to monitor progress of existing global and regional commitments to addressing NCDs. This will be reported for each PICT at a Pacific Health Ministers Meeting each year.

## General discussion

11. Participants discussed the importance of NCD health workers being role models for the community.

## Session 2: Roles and responsibilities of diabetes associations

### Diabetes policy and plans – the influence of diabetes associations: Prof Ruth Colagiuri, University of Sydney

12. Professor Ruth provided an overview of the role of the International Diabetes Federation (IDF). IDF is a global non-governmental organisation (NGO) with over 190 national associations around the world. IDF plays a key role in addressing diabetes through global advocacy with member associations, and is active in policy development, resource development, and publishing annual reports of the global status of diabetes. The IDF global campaign has three clear objectives: to improve health outcomes for people with diabetes; to prevent the development of type 2 diabetes; and to stop discrimination against people with diabetes. IDF was a key player in the formation of the NCD Alliance, which was formed in 2009 with over 900 associations in over 200 countries. IDF has played a significant role in the development of declarations in relation to diabetes, including the following:
  - The St Vincent Declaration on Diabetes in 1989, which declared a vision of health potential of people with diabetes, and set five-year targets for addressing diabetes issues and diabetes complications.
  - The Western Pacific Region Declaration on Diabetes in 2000, which presents a regional plan of action that is focused on diabetes prevention.
  - The African Diabetes Declaration in 2006, which focused on scaled-up efforts on prevention.

### Examples of established and sustained diabetes associations

#### Diabetes Australia: Prof Greg Johnson

13. Diabetes Australia is a national federated organisation including state/territory consumer organisations, health professionals and researchers. Diabetes Australia has approximately 500 full-time employees. The core focus of Diabetes Australia is advocacy to government on diabetes-related policy. Other key activities include awareness programmes, management of diabetes (e.g. the National Diabetes Services Scheme, self-management programmes and prevention of diabetes complications), prevention (with a focus on high-risk populations, and public policy around sugary drinks, food reformulation and active transport), and management of a national research programme on diabetes.
14. Diabetes Australia is funded through a mixture of national government funding, state government funding, and membership funds and donations.

## Diabetes Fiji: Prof Eddie McCaig

15. Diabetes Fiji has been a member of IDF since 1983, and a charitable trust since 2012. Diabetes Fiji's objective is to serve and provide the people of Fiji Islands, especially the poor and needy, with medical and associated services relating to diabetes. The organisational structure includes the Minister of Health and Medical Services as patron, a Board of Trustees, Boards of Management (including community members) in each division, three office staff members, and a youth diabetes group.
16. Diabetes Fiji's current focus is diabetic foot care. Key activities of Diabetes Fiji have included the following: training of 221 community health nurses in Fiji to provide diabetic foot care; training of 80 private doctors and 84 government doctors related to diabetes; establishment of foot clinics in Suva, Lautoka and other divisions; establishment of 31 diabetes peer groups around Fiji; and advocacy to government including taxation on sugary drinks. Upcoming planned activities for the remainder of 2017 include a national foot care symposium, establishment of a registration system for diabetes through the existing patient information management system, presentations at IDF Congress in December, and recognition of World Diabetes Day.

## Guam Diabetes Control Coalition: Ms Retta Hamilton and Ms Maria Isabel Perez

17. Guam Diabetes Control Coalition was established in 2009. The Coalition aims to identify methods to reduce the burden of diabetes, and eliminate gaps in diabetes services in Guam. The Coalition includes representatives from the public sector, private sector and community representatives. The Coalition's activities are guided by the Guam Diabetes Prevention and Control Strategic Plan. The Coalition has four strategic areas, each led by a sub-committee – advocacy and policy, data, prevention and health promotion, and clinical services. Key activities in each strategic area include the following:
  - **Data:** mapping of diabetes services and resources, inclusion of a sugary drink consumption question in Guam Behavioural Risk Factor Surveillance Survey.
  - **Clinical:** advocacy to adopt American Diabetes Association Standards of Care, formulation of clinical guidelines and toolkits, advocacy visits to educate diabetes care providers.
  - **Policy:** identification of community leaders and champions among policy-makers, identification of technical requirements for sugary drinks tax, advocacy to include diabetes education in school curriculum.
  - **Health promotion:** school physical activity programmes, diabetes awareness on World Health Day, outreach (e.g. community health fair at main shopping mall including screening for BMI and diabetes), and the launch of a healthy menu with Guam Restaurant Association to promote the serving of healthy food in restaurants.

## Panel discussion with presenters

18. Key messages from the panel were as follows:
  - The importance of diabetes associations forming strong relationships with other organisations to ensure that advocacy and messaging are consistent across organisations was discussed.
  - The role of diabetes associations as 'watch dogs' for ensuring governments are provided with the services needed by people with diabetes was also discussed.
  - It was suggested that for small/new associations with limited resources, it may be helpful to focus on one aspect of diabetes (e.g. foot care) as a realistic starting point.
  - Participants emphasised the importance of engaging with diverse groups of stakeholders, and engaging champions who can advocate for diabetes.

## Session 3: Activities of existing diabetes associations in the Pacific Islands region, and partnerships with Ministry of Health and other agencies

### Tonga Diabetes Association: Dr Veisia Matoto

19. The vision of Tonga Diabetes Association (TDA) is that 'People of Tonga living with diabetes lead healthy and productive lives.' TDA became a full member of IDF in the late 1990s, and has been increasingly active since 2013. TDA is governed by a board comprising 10 members, including representatives from the Ministry of Health (MOH), legal sector, business sector, church, non-government organisations and people living with diabetes. The key functions of TDA include acting as an advisory body on behalf of people with diabetes, advocacy for health-promoting environments, facilitating availability of affordable healthy food and drinks, fundraising, production of educational materials, and collaboration with other organisations to promote welfare of people with diabetes. Recent activities have included implementing the World Diabetes Week campaign, collaboration with other stakeholders on education/awareness activities, attending international conferences to raise the profile of TDA, fundraising, and the production of videos to raise awareness about diabetes.

### Federated States of Micronesia Diabetes Coalition: Christina Stinnett

20. Chuuk Women's Council (CWC) has been engaged in diabetes awareness since 2002, and collaborates closely with Chuuk state government and other organisations. CWC has worked in partnership with the Chuuk state government on activities including advocacy and coordination of the NCD Coalition; developing prevention strategies; tobacco, alcohol and betel nut control; and promoting awareness of primary health care and NCDs. Key NCD activities of CWC include diabetes education and prevention outreach, promoting healthy local food through home gardening, and promoting healthy eating. Healthy lifestyle activities include cooking demonstrations, NCD screening, outreach to schools, train-the-trainer programmes, physical activity programmes, and a home gardening programme.

### French Polynesia Diabetes Association: Dr Patricia-Marie Tuheiava

21. The 'Maison du Diabétique' diabetes education centre in French Polynesia operated from 2003 to 2015. The centre was governed by a council of general practitioners, specialists, nurses and dieticians. The centre provided free healthcare for people with diabetes. Key activities – in addition to providing healthcare – were providing educational services for people with diabetes, promoting self-care, and activities to delay the onset of diabetes complications. The centre also offered community activities including cooking workshops and exercise classes. The centre was closed in 2015; a range of factors contributed to the closure, including insufficient funding, unrealistic donor expectations, changes of government, and lack of ownership by health professionals.

### Diabetic Association of Papua New Guinea: Dr Luty Amos

22. The Diabetic Association of Papua New Guinea Diabetes Association (DAPNG) was established in 1999 and joined IDF in 2003, but is not currently active. Previous activities included awareness-raising, screening and advocacy, which was mainly focused on World Diabetes Day. DAPNG worked in partnership with the MOH, who provided office space and supported association activities.

## American Samoa Diabetes Association and Department of Public Health: Leiema Hunt

23. American Samoa has a single coalition for tobacco and diabetes – the Tobacco/Diabetes Coalition – and a separate NCD Coalition. The functions of the Tobacco/Diabetes Coalition are to act as an auxiliary to MOH tobacco and diabetes programmes, provide education and outreach, advocate for policy changes, and provide advice on tobacco and diabetes programmes. Key activities include a regular TV show, participating in Diabetes Month, supporting chronic disease self-management, conducting a population-based NCD survey, establishing a chronic disease clinic, conducting bilateral summits with the Samoa MOH, supporting scholarships with the Department of Education, and gardening projects with the College of American Samoa.

## Kwajalein Diak Coalition, Republic of the Marshall Islands (RMI): Romeo Alfred

24. The Kwajalein Diabetes Coalition was recently renamed the Kwajalein Diak Coalition (KDC). 'Diak' in Marshallese means 'to change direction', the Coalition's new name reflects its goal to change the direction of the diabetes epidemic in Marshall Islands. KDC was established in 2010, and comprises representatives from community, government departments (including health, finance, education, environment and local government representatives), and faith-based organisations. Key activities of KDC include gardening projects, cooking demonstrations using locally-grown produce, exercise programmes (Zumba, military-style training, walking), and policy advocacy (e.g. advocacy to reduce tax on fruit and vegetables, alternative energy sources for growing and preparing vegetables, improving household sanitation). Key achievements include reducing the stigma of diabetes through increased public awareness, recognising KDC as being able to effectively implement community-based NCD interventions, and establishing productive partnerships with community organisations.

## Session 4: Challenges and opportunities for diabetes associations

### Group work session with participants divided into two groups.

25. Group 1 discussed challenges and opportunities in operating and sustaining diabetes associations. Key points reported by the group were as follows:

#### Challenges

- Too many coalitions and 'silos'.
- Too many 'every-ologists' (i.e. people wearing multiple hats), making it difficult to find common times to have meetings.
- Lack of champions to drive the cause.
- Lack of clarity about the role of diabetes associations.
- Lack of data, and the need to facilitate data sharing, analysis and reporting.
- Lack of clinical diabetes specialists.
- Challenge of working in partnership with government: a key issue identified here was that many diabetes associations are government-funded, which can make it difficult to act as a watchdog or be critical of government activities.
- Lack of political awareness and commitment in relation to diabetes.

## Opportunities

- Associations need to share information between countries and with partners, including accountability and openness when things do not work.
- Associations need to be clear on their role, and need clear delineation between the role of government and diabetes associations.
- Need technical support for setting up associations, data systems, etc.
- Need to better engage with communities and build community ownership.
- Need for associations to set simple and realistic goals, and select realistic people to be part of the association (i.e. people who will have time to be an active member).
- Need for more forums where Pacific diabetes associations can support each other and share stories.
- Need for assistance to access funds and support that is already available.

26. Group 2 discussed challenges and opportunities within collaborations and partnerships for implementation at national and community levels. Key points reported by the group were as follows:

## Challenges

- Information/data is held at a national level, and not always disseminated to local level or partners.
- Diabetes may not be a government priority.
- Lack of funding, expertise, manpower and champions.
- Lack of appropriate, relevant materials that can be shared with communities.
- Transportation and mobility of local community.

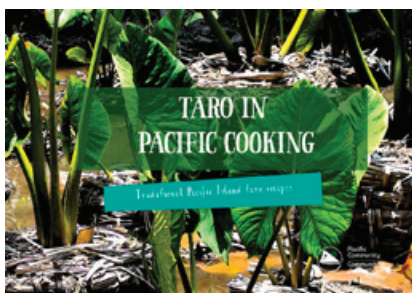
## Opportunities

- Need to enhance processes for sharing information.
- Raise awareness within government and key stakeholders.
- Obtain more funding from governments and development partners.
- Need to develop resources specific for countries.
- Better planning and coordination for data.

## 27. General discussion

Both groups identified that collaborating with doctors is also a challenge, as they are often very busy. Clearly defined roles, and allocating specific responsibilities to doctors, may assist with this. It is also important for diabetes associations to 'sell' themselves to doctors (e.g. by highlighting that associations can lessen the workload of doctors by assisting with outreach and prevention).

## 28. Dinner and launch of SPC's new taro cookbook



*Taro in Pacific Cooking*, a new cookbook developed by SPC Public Health Division, was launched during the meeting dinner. The cookbook shares taro-based recipes from several countries in the region and is designed to promote the nutritional quality of this food item along with the Pacific's rich cooking traditions. The dinner included a range of taro dishes from the cookbook. *Taro in Pacific Cooking* is available online at <http://www.spc.int/blog/inviting-taro-and-pacific-culture-to-your-table/>



## DAY 2: 21 September 2017

### Session 5: How regional development agencies and academic institutions can support Pacific diabetes associations

#### SPC: Dr Si Thu Win Tin

29. Dr Si provided an overview of SPC's strategic objectives for NCDs, which are as follows:

- **Strengthen high-level political leadership (e.g. involvement of government ministers in addressing NCDs) and ownership at national and regional levels:** for example, ensuring NCDs have a high profile at key regional and national ministerial level meetings (e.g. Pacific NCD Summit, Tokelau National NCD Summit), and strengthening political relationships across government agencies (e.g. Cook Islands NCD Workshop for Parliamentarians).
- **Strengthen healthy public policy and legislation in all relevant sectors:** for example, consultation and advocacy to develop/review policies and legislations that address social and economic determinants of NCDs, and developing/reviewing food-based dietary guidelines.
- **Enhance NCD prevention and control by strengthening the commitment of multiple sectors:** for example, developing and reviewing national multisectoral NCD plans, and establishing national multisectoral NCD committees.
- **Build capacity and knowledge for effective implementation and action:** for example, supporting professional placements, developing health promotion materials and resources, and supporting implementation of NCD risk factor interventions.
- **Establish accountability mechanisms to enable PICTs to assess progress on key NCD indicators:** For example, developing frameworks for monitoring national NCD plans, and the MANA Dashboard for monitoring NCD-related policy and legislation in PICTs.

30. The support that SPC can provide for Pacific diabetes associations includes hosting regional meetings and forums; developing terms of reference for diabetes associations; developing advocacy tools and guidelines; providing in-country training on diabetes and associated risk factors; developing health education and promotion materials and resources; and supporting regional networking and South-South collaboration.

#### WHO: Dr Wendy Snowden

31. WHO has developed a range of evidence-based guidance documents on NCDs that are used globally, and their technical support is oriented around these key documents. A range of nutrition resources are available on the e-Library of Evidence for Nutrition Actions (eLENA) website: <http://www.who.int/elena/en/>. Key resources include the 'best buy' evidence-based NCD interventions, and the 'PEN' guidelines for management of NCDs in primary health care in low resource settings. WHO is able to provide technical support to Ministries of Health on implementation of WHO guidelines and other NCD-related matters.



## United Nations Development Programme (UNDP): Ferdinand Strobel

32. UNDP's key areas of NCD work include climate and disaster preparedness, strengthening national governance to support essential service delivery, management of the Global Funds for HIV/AIDS, tuberculosis (TB) and malaria, and NCD advocacy and policy support that focuses on social and structural determinants of health.
33. The support that UNDP can provide for Pacific diabetes associations includes capacity development in collaboration with partner agencies, strengthening governance of diabetes associations, facilitating access to funds (especially Global Fund for TB, noting the comorbidity of TB and diabetes), advocacy that focuses on the economic cost of diabetes, and assistance with social and economic research in order to raise awareness at the highest level on NCDs and diabetes.

## Fred Hollows Foundation New Zealand: Komal Ram

34. The Fred Hollows Foundation's key areas of work are to preserve and restore sight, train and support workforce (with a focus on locally-led South-South collaboration), strengthen health systems to improve access to eye care, and support innovation and research to strengthen evidence-based practice.
35. Areas of support to PICTs include the following:
  - Workforce strengthening: for example, training eye-health nurses to specialise in diabetic retinopathy, and training of medical association members for treatment of diabetic retinopathy.
  - Strengthening access to diabetic retinopathy screening and services: for example, strengthening diabetic retinopathy coordination within existing systems at the national level, improving referral pathways, strengthening MOH information systems, renovating and providing equipment for clinics.
  - Raising awareness on diabetic retinopathy through increased health promotion.
36. The support that the Fred Hollows Foundation can provide for Pacific diabetes associations includes global and community-level advocacy, supporting coordination and implementation of activities, supporting South-South collaboration and building capacity, funding and supporting research activities, and strengthening community engagement and frontline referrals through training of village health workers/nurses.

## General discussion

37. The process for requesting technical support from partner agencies was explained as follows:
  - SPC: SPC has a checklist of key areas that can support countries, which is shared with National NCD prevention and control focal persons in-country. SPC primarily works with governments, and any request for technical support needs to be made by the MOH.
  - Fred Hollows Foundation: diabetes associations can approach the Fred Hollows Foundation directly to request technical support, but must be a registered NGO.
  - WHO: countries can contact WHO directly to request technical support.
  - UNDP: diabetes associations can approach UNDP directly for technical support, provided they are a registered NGO, and requested assistance is in line with national development plans. Diabetes associations in Global Fund-recipient countries may be able to access funds for TB and diabetes, and should approach Global Fund staff in the national MOH about this.

38. The Pacific Open Learning Health Net (POLHN) was identified as another training resource. Access to POLHN is managed by the MOH in each country.
39. Diabetes associations were encouraged to strengthen relationships with their national MOH, as health agencies primarily work through MOH.

## Session 6: How established diabetes associations can support other diabetes associations

### **Fiji National University (FNU): Dr Ilisapeci Kubuabola**

40. FNU is a key provider of pre-service training in the region, and complements the in-service training that is provided by development partners and other organisations in the region. FNU can support diabetes associations through training and capacity building, knowledge creation (research activities such as literature reviews, data management, report writing clinical audits), and national and regional partnerships.
41. FNU offers a range of short courses that may be relevant to diabetes associations. Courses offered by the College of Medicine, Nursing and Health Sciences include MBBS, Master of Medicine, Post Graduate Certificate of diabetic eye care, nursing, public health nursing, leadership and management nursing, disability and community-based rehabilitation, physiotherapy, clinical laboratory technical course, oral health, dentistry, public health dentistry, health promotion, health service management, nutrition and dietetics, epidemiology and biostatistics, health research, and Master of Public Health (NCD specialty).
42. A range of short courses offered by other colleges in FNU that may be relevant to diabetes associations include organic farming, office administration, accounting, management and marketing, information systems (database design), biomedical technology, early childhood education, physical education and counselling.
43. FNU also works in partnership with development agencies; for example, in the delivery of tailored short courses, and the undertaking of research in partnership with technical agencies and other universities. Specific research schools within FNU that may be of most relevance to partners with diabetes associations are the Centre for Health Information Policy and Systems Research (CHIPSR), and the Pacific Research Centre for the Prevention of Obesity and Non-Communicable Diseases (C-POND).

### **Health Promotion Forum of New Zealand/University of Otago: Dr Viliami Puloka**

44. The University of Otago, School of Public Health, is based in Wellington, New Zealand and conducts a range of public health and NCD-related activities in the areas of diabetes, childhood obesity, rights-based issues, health policy, training, research and capacity building. The university can provide assistance to diabetes associations including research, research mentoring and support, policy review and development, and training in diabetes prevention and related areas. Upcoming courses offered as 2018 Summer School workshops include childhood obesity, health in all policies, and health impact assessment.

45. Health Promotion Forum of New Zealand (HPFNZ) runs a range of health workforce capacity building workshops that cover health promotion competency, and health promotion as a discipline. HPFNZ can also provide online and telephone-based mentoring to diabetes associations.

## **Diabetes New Zealand: Mr Steve Crew**

46. Diabetes NZ was established in 1964 and has 19 staff members. Its mission is to provide access to information and support to people living with, or at risk of, diabetes. Diabetes NZ does not focus on clinical service provision or research, as this is led by other agencies. Diabetes NZ is funded by donors, sponsors (including Fitbit, Pita Pit, Equal and Sanofi), and the NZ MOH. Key activities include provision of information and support to promote better self-management to reduce diabetes complications, and leadership and advocacy of initiatives to promote health for people with diabetes.
47. Key programmes include the Mobile Diabetes Awareness Service, which provides HbA1c blood tests and diabetes awareness, and the Healthy Options Positive Eating (HOPE) programme, which brings families together to learn about healthy food choices and to participate in fun family activities while honouring cultural practices. Diabetes NZ collaborates with a range of agencies including government (identifying political champions), NZ Society of the Study of Diabetes (clinical and research leadership), Massey University (social change paper), and MOH (partnership to provide diabetes information line, pamphlets, website, magazine).
48. Diabetes NZ can support South-South collaboration with Pacific diabetes associations (e.g. Pacific diabetes associations can visit Diabetes NZ), and are happy for Diabetes NZ resources to be adopted/adapted by Pacific diabetes associations.

## **Diabetes Australia: Prof Greg Johnson**

49. A key challenge for Diabetes Australia is the increasing number of young people developing Type 2 diabetes. There is a need to develop educational materials and use communication channels (e.g. social media) that are relevant to young people. A key area of work for Diabetes Australia is management of gestational diabetes, pregnancy in women with existing diabetes, and post-pregnancy programmes. Diabetes Australia is able to support South-South collaboration, including the support of two Pacific diabetes associations per year in order for them to make structured visits to Diabetes Australia.

## **Diabetes Fiji: Prof Eddie McCaig**

50. Diabetes Fiji offers workshops and conferences that can be attended by diabetes associations from all over the Pacific. Diabetes Fiji resources can also be adopted/adapted for other countries.

## **Guam Diabetes Control Coalition: Maria Perez and Retta Hamilton**

51. Guam Diabetes Control Coalition is able to share its community gardening resources with other countries, and provide advice/assistance for developing community gardens. It is also able to collaborate on the development of simple diabetes education messages/resources, deliver a 'train the trainer' programme on NCD self-management based on a programme developed by the CDC, and share resources for worksite wellness programmes.

## Panel discussion with all speakers

52. A participant requested plain-language resources covering basic diabetes concepts. A range of relevant resources were identified, including SPC's Diabetes is Everybody's Business training programme, along with Diabetes Australia's and Diabetes NZ's resources.
53. A range of methods for increasing the impact of health promotion messages were discussed, including the following:
  - Use of social media and new technologies for engaging communities. For example, videos can be made using free software and then shared on social media.
  - Establishing connections with celebrities and leaders who are willing to be champions for diabetes.
  - Building relationships with schools and universities that may be willing to produce movies for free.

## Session 7: Individual country plans

54. In this session, countries worked independently to identify focus areas, potential collaborative initiatives and areas of support that are required to strengthen their association's role and functions. This was followed by an interactive networking session where participants could discuss their needs and identify potential support required from partner agencies and identify collaborative initiatives with other associations/partner agencies. At the end of this session, participants from each country reported back to the group on their 'action plan' to progress their national diabetes association. The draft action plan reported by each country is summarised below.

### American Samoa

Priority area	Proposed activities	Timeline	Supporting partners
Build capacity of the American Samoa Tobacco/Diabetes Coalition	Hold training workshop for current Coalition members to establish the role of the Coalition in helping to prevent and control diabetes	January to March 2018	SPC
Revision of NCD Strategic Action Plan	Meet with stakeholders to finalise and disseminate plan	4–6 months	SPC, WHO
Establishment of Chronic Kidney Disease Clinic	Equip clinic with patient education materials (e.g. videos, posters, pamphlets), and clinic supplies (e.g. blood pressure machines, glucometers).	3 months	WHO, SPC, UNDP
Enact sugar-sweetened beverage (SSB) tax	Gather evidence to support case for SSB tax increase Draft bill for tax increase	1 year	CNMI

## Cook Islands

Priority area	Proposed activities	Timeline	Supporting partners
Define goal and objective of diabetes association	Create awareness leading to establishment of diabetes association	TBC	
Training	Deliver diabetes training for caregivers, sports organisations, church and NGOs, and specific training for people with stroke and amputation	TBC	SPC, MOH
Education and awareness	<ul style="list-style-type: none"> <li>Establish support group for people living with diabetes and their families</li> <li>Conduct World Diabetes Day activities including Facebook 'Tell your story' campaign, and identify champions</li> <li>Adapt resources from Diabetes NZ</li> </ul>	TBC	SPC, MOH, television, Red Cross
Healthy lifestyle promotion	Conduct home gardening and cooking demonstrations	TBC	

## Federated States of Micronesia (FSM) – Chuuk State

Priority area	Proposed activities	Timeline	Supporting partners
Strengthen diabetes association	Clarify vision and purpose of the association Establish membership (including diabetes coordinator, youth, church leaders, doctor, diabetes educators, and community representatives), Elect chairperson and officers	November 2017	
Education and awareness	Plan activities for World Diabetes Day Conduct school outreach programme Conduct 'Know your risk factors' campaign Conduct training for community members and people with diabetes Develop foot care kit	November 2017, onward	Diabetes NZ, doctors (foot care)
Strengthen collaboration with government leadership and community stakeholders	<ul style="list-style-type: none"> <li>Share diabetes association strategic work plan with stakeholders</li> <li>Ensure stakeholders' roles and responsibilities are understood</li> <li>Community consultation to raise awareness about diabetes and association</li> </ul>	February 2018	
Expand home gardening project in communities	<ul style="list-style-type: none"> <li>Identify associations to work with to promote home gardening, healthy catering and healthy food choices</li> </ul>		

## *Fiji*

Priority area	Proposed activities	Timeline	Supporting partners
Education	Deliver upcoming conference and workshop on diabetic foot care	October 2017	Church, IDF, MOH
Foot care	Strengthen foot care teams, ensuring multidisciplinary involvement (physician, surgeon, podiatrist, physiotherapist, nurses, etc.)	3-monthly review	
Communication	<ul style="list-style-type: none"> <li>Strengthen communication and collaboration to reduce 'silos'</li> <li>Request political parties to provide statements on diabetes</li> </ul>	ASAP	Diabetes Fiji, MOH
World Diabetes Day	<ul style="list-style-type: none"> <li>Assess existing resources from Diabetes NZ, and WHO</li> <li>Offer diabetes screening</li> </ul>		MOH

## *French Polynesia*

Priority area	Proposed activities	Timeline	Supporting partners
Clarify role of the diabetes associations	Hold workshop for the two existing diabetes associations and other stakeholders to clarify roles and responsibilities of diabetes association members and strengthen their skills	April 2018	SPC, UNDP, IDF, French Diabetes Association
Work with stakeholders to deliver primary health care training	<ul style="list-style-type: none"> <li>Deliver diabetes training to primary health care services</li> <li>Increase diabetes associations' involvement in implementation of national and community projects</li> </ul>		



## Guam

Priority area	Proposed activities	Timeline	Supporting partners
Establish diabetes registry	<ul style="list-style-type: none"> <li>Synthesise existing diabetes data and identify gaps</li> <li>Identify essential diabetes data that needs to be collected</li> <li>Formulate framework and procedures for diabetes registry</li> <li>Establish registry</li> </ul>		SPC
Policy	<ul style="list-style-type: none"> <li>Conduct advocacy workshops with stakeholders to raise profile of diabetes</li> <li>Conduct advocacy workshop on SSB tax</li> </ul>		UNDP, WHO, SPC
Research	Conduct research project monitoring health outcomes of people with pre-diabetes/metabolic syndrome		SPC, IDF
Prevention and health promotion	<ul style="list-style-type: none"> <li>Conduct health promotion forum for K-12 students, teachers and parents, on diabetes prevention and control through nutrition and healthy lifestyle</li> <li>Conduct diabetes self-management workshops for people with diabetes and their families/caregivers using 'Diabetes is Everybody's Business' resources</li> </ul>		SPC
Clinical	<ul style="list-style-type: none"> <li>Conduct advocacy workshop among primary care practitioners on diabetes standards of care</li> <li>Adapt American Diabetes Association standards of care to be locally relevant and aligned with WHO PEN</li> </ul>		SPC, WHO

## Republic of the Marshall Islands (RMI) – Kwajalein Diak Coalition (KDC)

Priority area	Proposed activities	Timeline	Supporting partners
Develop Kwajalein Diak Coalition (KDC) 5-year work plan	<ul style="list-style-type: none"> <li>Identify major activities</li> <li>Prioritise activities</li> <li>Delegate responsibility</li> <li>Define monitoring criteria</li> </ul>	30 November 2017	AAPCHO, KDC partners, RMI MOH
Fill vacant clinic positions within KDC	<ul style="list-style-type: none"> <li>Employ diabetes specialist</li> <li>Employ CHC assistant coordinator</li> </ul>	October 2017	AAPCHO, KDC partners, RMI MOH
Build new diabetes clinic	<ul style="list-style-type: none"> <li>Identify possible location</li> <li>Secure land lease</li> <li>Allocate funding</li> </ul>	September 2018	ASAPCHO, EPA, RMI MOH
Expand existing programmes	<ul style="list-style-type: none"> <li>Community gardening programme</li> <li>Physical activity programme</li> <li>Monitoring activities</li> </ul>	Ongoing	AAPCHO, KDC partners, RMI MOH
Production of recipe booklet	Finalise, print and disseminate recipe booklet	November 2017	SPC

## Vanuatu

Priority area	Proposed activities	Timeline	Supporting partners
World Diabetes Day	<ul style="list-style-type: none"> <li>Advocacy and awareness through launching World Diabetes Day 2017</li> <li>Organise campaigns through sports events</li> <li>Advocate through media (talk-back radio, TV, newspapers)</li> <li>Printing of information, education and communication (IEC) materials</li> <li>Street parade</li> </ul>	November 2017	MOH, LDS, Municipality, Fred Hollows Foundation
Re-establish Vanuatu Diabetes Association	Develop concept paper to request technical assistance to re-establish diabetes association	October to December 2017	SPC, WHO, Fred Hollows Foundation
Develop and finalise strategic plan for diabetes association	Contact development partners for technical assistance to develop strategic plan	January to March 2018	MOH, LDS, SPC, WHO, Fred Hollows Foundation

## Nauru

Priority area	Proposed activities	Timeline	Supporting partners
Reactivate Nauru Diabetes Association (NDA)	Review the NDA Constitution	6 months	SPC, IDF
Raise community awareness about NCDs	Presentations, pamphlets, NCD screening	1–2 years	SPC, IDF, WHO, Fred Hollows Foundation
Educate leaders and politicians	<ul style="list-style-type: none"> <li>Raise awareness of diabetes complications</li> <li>Increase financial expenditure</li> </ul>	Dependent on availability of development partners	IDF, SPC, WHO

## *Papua New Guinea – Bougainville Diabetes Association*

Priority area	Proposed activities	Timeline	Supporting partners
World Diabetes Day	<ul style="list-style-type: none"> <li>Organise billboards and banners</li> <li>Organise IEC materials (brochures, newsletters)</li> <li>Procure glucose strips for free screening</li> <li>Advocate TB/Diabetes collaboration</li> </ul>	November 2017	NDOH, DOH, UNDP
Provide relief and promote the welfare of people with diabetes and its related complications, and to those who care for them	<ul style="list-style-type: none"> <li>Establish a diabetic clinic with integrated free eye screening, diabetic screening and foot care services</li> <li>Conduct the TB/diabetes collaboration framework programme</li> </ul>	12 months	Fred Hollows Foundation, UNDP
Advance the understanding of diabetes by education of people with diabetes, health professionals and others who care for them	<ul style="list-style-type: none"> <li>Passive and active screening</li> <li>Capacity building (training, workshops)</li> <li>Internships with overseas diabetes associations</li> <li>Attend a diet and nutrition course</li> </ul>	Ongoing	Diabetes Fiji, SPC, NZ Aid, Diabetes NZ, Diabetes Australia
Promote research related to the cause, prevention and cure of diabetes, and into improvement of the management of diabetes and its complications	<ul style="list-style-type: none"> <li>Collect baseline data for diabetes</li> <li>Consult Otago University for mentoring on diabetes research</li> </ul>	Ongoing	Health Promotion Forum NZ, Otago University, SPC

## *Papua New Guinea*

Priority area	Proposed activities	Timeline	Supporting partners
Strengthen diabetes association	<ul style="list-style-type: none"> <li>Review organisational structure, roles and responsibilities</li> <li>Invite stakeholders and increase membership</li> <li>Develop strategic plan</li> <li>Identify champions</li> <li>Visit an established diabetes association</li> </ul>	November 2017	DOH, Diabetes Australia
Network and collaborate with other organisations	Meet with UNDP team and other organisations who can support screening logistics		
Build capacity	Partner with government and SPC to provide training to build capacity in diabetic education and nutrition		

## Solomon Islands

Priority area	Proposed activities	Timeline	Supporting partners
Re-establish Solomon Islands National Diabetes Association (SINDA)	<ul style="list-style-type: none"> <li>Report to MOH Permanent Secretary and Under Secretary</li> <li>List and invite potential members/champions</li> <li>Election of new executives and members</li> <li>Meeting to launch the new executives on World Diabetes Day</li> </ul>	November 2017	SPC
Review progress of SINDA constitution, and registration of SINDA	<ul style="list-style-type: none"> <li>Meeting with Attorney General (AG) chambers to draft SINDA constitution</li> <li>Cabinet endorsement</li> </ul>	April 2018	AG Chambers, SPC
Administration and governance of SINDA	<ul style="list-style-type: none"> <li>Develop SINDA Terms of Reference, organisational structure and guidelines</li> <li>Monthly meetings</li> </ul>	June 2018	SPC
SINDA to register with IDF	<ul style="list-style-type: none"> <li>Request support from existing associations to assist with IDF registration</li> </ul>	November 2018	IDF, SPC, other diabetes associations

## Tonga

Priority area	Proposed activities	Timeline	Supporting partners
Governance and leadership	<ul style="list-style-type: none"> <li>Call AGM for re-election of board members</li> <li>Clarify roles and responsibilities of the Tonga Diabetes Association (TDA) and board members</li> </ul>	October 2017	MOH, Tonga Health, faith-based organisations, Law Society, people living with diabetes
Improve capacity of TDA to operate independently	TDA to take leading role in the planning and implementation of World Diabetes Day and national diabetes week, with MOH playing supportive role	October 2017	As above, plus WHO, WDF
Development of work plan	TDA to develop annual work plan	December 2017	MOH, Tonga Health, faith-based organisations, Law Society, people living with diabetes

## Closing remarks from Panel

**Speakers: Dr Si Tu Win Tin, Dr Viliami Puloka, Ms Elisiva Na'ati**

55. The Panel provided the following comments:

- The Panel emphasised the importance of developing feasible work plans.
- Participants were encouraged to make use of support and resources available from SPC, WHO, UNDP, and other diabetes associations.
- Participants were encouraged to focus on developing sustainable diabetes associations.
- The work plans developed at this meeting will be used to track progress of diabetes associations, and reported at annual meetings as an accountability mechanism.

## Meeting close

56. Viliami Puloka said the closing prayer. The meeting was formally closed by Sunia Soakai.

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## Meeting programme

Day 1: Wednesday, 20 September 2017			
Time		Description	Speaker
Start	End		
8.00 am	8.30 am	Registration	
		<b>Session 1 (presentations and discussion): Chair – Mr Sunia Soakai</b>	
8.30 am	8.35 am	Prayer	Dr Isimeli Tukana
8.35 am	8.45 am	Welcome and remarks	Dr Paula Vivili
8.45 am	9.00 am	Introduction and objectives of the meeting	Dr Si Thu Win Tin
9.00 am	9.20 am	Introduction of participants	All
9.20 am	9.40 am	Health, social and economic impact of diabetes: global and regional overview	Dr Si Thu Win Tin
9.40 am	10.00 am	Non-communicable disease: global and regional commitments	Dr Wendy Snowden
<b>10.00 am</b>	<b>10.30 am</b>	<b>Group photo and morning tea</b>	
		<b>Session 2 (presentations and panel discussion): Chair – Dr Viliami Puloka</b>	
10.30 am	10.50 am	Diabetes policy and plans: the influence of diabetes associations	Prof Ruth Colagiuri
		Established and sustained diabetes association (e.g. organisation set-up, focus, functions, collaboration, source of funding, sustainability etc.). Examples from:	
10.50 am	11.10 am	- Diabetes Australia	Prof Greg Johnson
11.10 am	11.30 am	- Diabetes Fiji	Prof Eddie McCaig
11.30 am	11.50 am	- Guam Diabetes Coalition	Guam
11.50 am	12.30 pm	Panel Discussion: Stakeholders involvement/roles and responsibilities of diabetes associations in tackling diabetes	Session 2 speakers and All
<b>12.30 pm</b>	<b>1.30 pm</b>	<b>Lunch</b>	
		<b>Session 3 (presentations and discussion): Chair – Dr Isimeli Tukana</b>	
		Activities/functions of existing diabetes associations in the Pacific region (e.g. focus and functions including foot care, eye care, gestational diabetes and awareness campaigns). Examples from:	
1.30 pm	1.45 pm	- Tonga Diabetes Association	Tonga
1.45 pm	2.00 pm	- Federated States of Micronesia Diabetes Coalition	FSM
2.00 pm	2.15 pm	- French Polynesia Diabetes Association	French Polynesia

		Associations' collaborative initiatives with Ministry of Health, other Ministries and Agencies. Examples from:	
2.15 pm	2.30 pm	- Papua New Guinea Diabetes Association and PNG Ministry of Health	PNG
2.45 pm	3.00 pm	- American Samoa Diabetes Association and American Samoa Ministry of Health	American Samoa
3.00 pm	3.15 pm	- Marshall Islands Diabetes Coalition and Marshall Islands Ministry of Health	Marshall Islands
<b>3.15 pm</b>	<b>3.45 pm</b>	<b>Afternoon tea</b>	
3.45 pm	5.00 pm	<b>Session 4 (Group work and group presentation): Chair – Dr Ilisapeci Kubuabola</b>	
		Group 1: Challenges in operating and sustaining a diabetes association, and how to overcome these challenges (Facilitator – Ms Karen Fukofuka)	Group 1
		Group 2: Challenges in collaboration and partnerships for implementation at national and community levels, and how to overcome these challenges (Facilitator – Ms Elisiva Na'ati)	Group 2
<b>End of day 1 and dinner at 6.30 pm (Launch: <i>Taro in Pacific Cooking</i>)</b>			

<b>Day 2: Thursday, 21 September 2017</b>			
<b>Time</b>		<b>Description</b>	<b>Speaker</b>
<b>Start</b>	<b>End</b>		
8.30 am	8.50 am	Recap day 1 Engaging Pacific youth to address NCDs: Wake Up project	Dr Erin Passmore Ms Solene Bertrand & Mr Ferdinand Stobel
		<b>Session 5 (presentations and panel discussion): Chair – Prof Ruth Colagiuri</b>	
		How regional development agencies/academic institutions can support Pacific diabetes associations (Part 1)	
8.50 am	9.00 am	SPC	Dr Si Thu Win Tin
9.00 am	9.10 am	WHO	Dr Wendy Snowdon
9.10 am	9.20 am	UNDP	Mr Ferdinand Stobel
9.20 am	9.30 am	The Fred Hollows Foundation New Zealand	Ms Komal Ram
9.30 am	10.00 am	Panel discussion: offering a helping hand to strengthen diabetes associations	Session 5 speakers and all

10.00 am	10.30 am	Morning tea	
		<b>Session 6 (presentation and discussion): Chair – Dr Isimeli Tukana</b>	
		How regional development agencies/academic institutions can support Pacific diabetes associations (Part 2)	
10.30 am	10.45 am	Fiji National University/CPOND	Dr Ilisapeci Kubuabola
10.45 am	11.00 am	Health Promotion Forum of New Zealand and Otago University	Dr Viliami Puloka
		How the established and sustained diabetes associations can support other Pacific diabetes associations	
11.00 am	11.15 am	Diabetes New Zealand	Mr Steve Crew
11.15 am	12.30 pm	Brief talks from Australia's, Fiji's, and Guam's diabetes associations followed by a panel discussion – 'South-South Collaboration'	Prof Greg Johnson, Prof Eddie McCaig, Mr Steve Crew, Ms Maria Perez and All
12.30 pm	1.30 pm	Lunch	
		<b>Session 7 (way forward – networking and marketing for potential collaborative initiatives): Facilitators – Dr Si Thu Win Tin/Ms Elisiva Na'ati/Dr Viliami Puloka</b>	
1.30 pm	2.00 pm	Individual country work session: individual country associations to identify focus areas, potential collaborative initiatives, and areas of support required (and/or support they can offer) to strengthen their association's roles and functions	All
2.00 pm	2.30 pm	Interactive session: networking and marketing – to obtain support for identified needs, potential collaboration, etc.	All
2.30 pm	3.15 pm	Individual country report on way forward: Individual country association to report back to the group on way forward in each country	All
3.15 pm	3.30 pm	Conclusion & Closing	Mr Sunia Soakai
3.30 pm		Afternoon Tea and Closing	

