National Strategy to Prevent and Control Noncommunicable Diseases

Kiribati (2004–2009)

Original text: English

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Secretariat of the Pacific Community Cataloguing-in-publication data

National strategy to prevent and control noncommunicable diseases: Kiribati (2004–2009) / Secretariat of the Pacific Community

1. Noncommunicable diseases–Prevention–Kiribati. 2. Health policy–Kiribati. 3. Alcohol–Government policies–Kiribati. 4. Tobacco habit–Government policies–Kiribati.
I. Title. II. Secretariat of the Pacific Community. III. Series.

614.5959 AACR
ISBN 982-00-0068-8

This publication may be cited as:
SPC. 2004. National strategy to prevent and control noncommunicable diseases: Kiribati (2004–2009). Noumea, New Caledonia: Secretariat of the Pacific Community.

Printed at SPC Headquarters,
Noumea, New Caledonia

TABLE OF CONTENTS

GLOSSARY OF TERMS and ABBREVIATIONS

AMAK	Aia Maea Ainen Kiribati
AMSC	Alcohol Misuse Subcommittee
AusAID	Australian Agency for International Development
AG	Attorney General's Office
BTC	Betio Town Council
CLO	Country Liaison Officer
COM	Council of Ministers
DC	Department of Customs
EHO	Environmental Health Officer
FSP	Foundation of the Peoples of the South Pacific
HESC	Healthy Eating Subcommittee
HPF	Health Promotion Foundation
HPU	Health Promotion Unit
JD	Job description
KCA	Kiribati Counselling Association
KCC	Kiribati Chamber of Commerce
KNCC	Kiribati National Council of Churches
KSA	Kiribati Sport Authority
KSN	Kiribati School of Nursing
MCIC	Ministry of Commerce, Industry and Cooperatives
MELAD	Ministry of Environment, Lands and Agricultural Developments
MEYS	Ministry of Education Youth and Sport
MFED	Ministry of Finance and Economic Development
MHMS	Ministry of Health and Medical Services
MISA	Ministry of Internal and Social Affairs
MLHRD	Ministry of Labour and Human Resource Development
MFEP	Ministry of Finance and Economic Planning
MPWU	Ministry of Public Works and Utilities
NCD	Noncommunicable diseases
NCDC	National Noncommunicable Disease Committee
NGO	Nongovernment Organisation
OB	Office of the Beretitenti (President)
PA	Physical activity
PASC	Physical Activity Subcommittee
PAHP	Pacific Action for Health Project
PF	Police force
PNG	Papua New Guinea
PSO	Public Service Office
SPC	Secretariat of the Pacific Community
TCSC	Tobacco Control Subcommittee
TO	Tax Office
TOR	Terms of reference
TUC	Teinainano Urban Council
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. BACKGROUND

There is worldwide evidence of the enormous burden that noncommunicable diseases (NCDs) such as heart disease, cardiovascular disease, cancer and diabetes, place on developed and developing countries. Furthermore, it is projected that these impacts will continue to rapidly escalate in the future.[1] Risk factors for developing NCDs have been well established. The major lifestyle risk factors for NCDs are smoking, physical inactivity, alcohol misuse and unhealthy diet.[2]

Pacific Island countries are currently in the grip of significant demographic and epidemiological changes, with an increase in the proportion of older people, high rates of communicable diseases (such as malaria and tuberculosis) and increasing problems associated with NCDs. This double burden of disease is further exacerbated by the limited resources that are available for both prevention and treatment initiatives in these countries. Globally it is estimated that by 2020, 70% of the global burden of disease will relate to NCDs. Disconcertingly though, figures in the Pacific already exceed this level (75%) and are continuing to rise.[2] For example in Kiribati, it is known that NCDs accounted for 8.1% of all admissions in 1997, with NCD patients being 10 years older and requiring longer stays in hospital (13.5 days vs 9.3 days), than non-NCD patients. These figures show the long term nature of NCDs, where many individuals do not present with a problem until later in life and also the seriousness of the conditions, reflected in the longer hospital stays. Given these facts, the overall cost of treating hospital admissions for NCDs is 12% ($565,363) of the total treatment cost for all diseases. Thus, although NCDs currently take up a relatively modest proportion of all admissions (8.1%), they represent a larger share of all treatment costs (12%). In other words, NCDs are responsible for approximately one in every 10 patients admitted to hospital, but use $1.20 of every $10 spent on treating all patients.[3]

Two of the key lifestyle factors that lead to the development of NCDs (alcohol and tobacco use), were further studied to look at their contribution to hospital admissions. A total of 10% of all NCD admissions were related to alcohol and tobacco use. However if effective prevention programmes are not introduced, the contribution of tobacco and alcohol will increase to 18% by the year 2020. In addition, the overall cost of treating NCDs will rise to 21% of all admissions, thereby placing further strain on the Ministry of Health. Importantly, these costs only relate to admissions to hospital and do not include outpatient or clinic costs, social costs such as time off work for the patient or carer, and the human component including pain and discomfort. Hence, this figure represents only a very conservative estimate of the true cost of NCDs to the I-Kiribati community.

These risk have been recognised in Kiribati and in response, a number of individual activities have already been initiated. These include the development of organisational structures as well as specific activities. Included are:

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[1] World Health Organization. The global burden of disease. Harvard School of Public Health / World Health Organization, Geneva. 1996.

[2] World Health Organization. World health report 2002. World Health Organization, Geneva. 2002

[3] Doran C. An economic assessment of inpatient NCD costs in Kiribati, Tonga and Vanuatu. Secretariat of the Pacific Community (unpublished data): New Caledonia; 2003.

- establishing a Nutrition Committee within the Ministry of Health and Medical Services (MHMS) to coordinate initiatives such as National Food week, basic gardening techniques, cooking demonstrations and the promotion of breast feeding;
- an NCD committee within the MHMS that coordinates the MHMS actions, including the STEPS survey of NCD risk factors currently under way;
- national tobacco action coordinated by the MHMS to support WHO promotions and programmes;
- the establishment in 2002 of an interagency Health Promotion Committee (government departments and NGOs — Appendix 1) to coordinate activities at a national level and work with international organisations (such as UNICEF);
- a Road Safety taskforce within the Office of the President (OB), which has developed a work plan for road safety.

At the regional level in the Pacific, there has been important broad supportive action to control NCDs in recent years. The fifth bi-annual regional meeting of Ministers of Health for the Pacific Island countries was held in Tonga from 9–13 March 2003, resulting in the "Tonga Commitment."[3] This meeting was convened by the World Health Organization (WHO) Regional Office for the Western Pacific and co-organised by the Secretariat of the Pacific Community (SPC).

At previous conferences held in Fiji, Cook Islands, Palau and Papua New Guinea (PNG), the concept of "Healthy Islands" as a unifying theme for health promotion and protection was adopted and advanced. At the 2001 conference in Madang (PNG), a further commitment to "Healthy Islands" was made, with specific emphasis being given to future action.

In view of this progress, it was decided that the 2003 Health Ministers' Conference should have the one unifying theme of "Healthy Lifestyle", while also building on the Healthy Island Vision and risks to health as articulated in the 2002 World Health Report.[2]

During the Ministers' conference, three working groups were formed, and each was asked to discuss and provide recommendations on one of the following themes:
- stewardship and the role of the Ministry of Health;
- enabling environments for healthy lifestyles; and
- surveillance and the management of diabetes and other NCDs.

Key recommendations for future action from these working groups were that:
- the STEPS framework for NCD prevention and control be recommended as the fundamental basis for risk reduction for the priority NCDs in the Pacific Island countries and areas;
- governments, through the Ministries of Health, should:
    - develop a national NCD plan based on this template;
    - set up intersectoral mechanisms (including with other government ministries, nongovernmental organisations (NGOs) and the private sector), for informing society of these commitments and involving them in implementing the plan;
    - assess the potential health impact of proposed policies as an integral part of public decision-making; and
    - report on progress at the next Ministers and Directors of Health Meeting in 2005.
- appropriate financial resources should be reallocated for NCD control according to the framework of the STEPS approach to NCD prevention and control.

In response to these recommendations, the MHMS in Kiribati, with the support of its international partners, convened a workshop to develop a "National Strategy to Prevent and Control Noncommunicable Diseases in Kiribati." This report documents the outcomes of this workshop. It begins with an overview of the workshop process, followed by the description of a number of priority recommendations crucial to the overall success of the strategy and a summary of important meetings for supporting future progress. The document then draws on the STEPS approach to define the specific actions required to impact on all four of the key designated risk factors (alcohol, healthy eating, physical activity and tobacco). Sections detailing specific actions for each of the individual risk factors follow this.

2. DEVELOPMENT OF THE STRATEGY

This National Strategy to Prevent and Control NCDs is based on the results of a workshop held 29–30 June 2004. Invited participants were from a wide cross-section of the community, with senior representation from government departments, NGOs and churches. The Permanent Secretary of Health (MHMS) Dr Takeieta Kienene, opened the workshop. Participants then worked on the development of the strategy. The workshop was closed by Rev Bebeku Teia from the Kiribati National Council of Churches. The draft frameworks for each of the four key areas were subject to several reviews, including a follow-up workshop on 13 October 2004.

3. PRIORITY RECOMMENDATIONS

The STEPS framework upon which the priority recommendations are based is a process developed by the WHO to assist with surveillance of NCDs.[4] At the 2003 regional meeting of Ministers of Health for Pacific Island countries, this framework was applied to NCD prevention and control strategies. It is in this respect that the STEPS framework has been used in developing this national strategy. As indicated in Figure 1, the framework consists of a nine-cell matrix with actions being undertaken at the national level, with communities or directed towards individual clinical care of sick or high risk persons. Actions are further categorised as:

- core — those which could be undertaken within a two-year timeframe with existing human and financial resources;
- expanded — those which would require up to five years to be successfully implemented and frequently require additional resources; and
- optimal — those which are aspired to after a five-year timeframe and will require external funding.

[4] Bonita R, de Courten M, Dwyer T, Jamrozik K, Winkelmann R. 2001. *Surveillance of risk factors for noncommunicable diseases: The WHO STEPwise approach. Summary.* Geneva, World Health Organization.

Resource Level	Population Approach		High-risk Approach
	National (Macro)	Community (Micro)	Clinical Activities
Core			
Expanded			
Optimal			

Figure 1: Framework of the STEPS approach to NCD control and prevention

While all actions suggested by the groups are important, some recommendations were pertinent to all aspects of NCD prevention and control, and were considered the highest priority. These overarching issues are discussed briefly below.

- **National Noncommunicable Disease Committee.** The Health Ministers' conference in Tonga recognised the need for some structure to advocate for and coordinate NCD action among the various agencies involved in NCD control. Some countries have established a national NCD committee (NCDC) to guide policy development and oversee the implementation of activities. Subcommittees (one each for Alcohol Misuse, Healthy Eating, Physical Activity and Tobacco Control), with responsibility for the operational implementation of activities contained within the plan have been proposed. Additionally, they would provide an annual update on progress, by monitoring and evaluating the specified activities. In turn, this information would be presented to the NCDC and formally submitted to the Cabinet through the Minister of Health for their perusal.

- **Health Promotion Foundation.** Health Promotion Foundations have been established in many counties (such as Australia and Thailand) to provide funding for health promotion, including NCD control. A portion of the tax raised on cigarettes and alcohol is used to fund the Foundation and support the promotion of healthier lifestyles. International evidence from over 70 countries indicates that a 10% increase in tax, results in overall tax intakes by governments rising by 7%. This increased revenue can then provide a sustainable funding mechanism to support the promotion of healthy lifestyles and reduce the prevalence of smoking in the general population. The funds provide for the establishment of an independent secretariat to manage the process and distribute monies upon acceptance of proposals based on merit from government ministries and departments, NGOs and community-based organisations. In this way, the promotion of healthier lifestyles becomes a community issue, with many partners sharing the responsibility for enhancing population health. While there are clear and irrefutable benefits from the establishment of a tobacco-based tax foundation to support healthy lifestyles, it is also important to note that taxing tobacco is the single most effective policy tool that can be used to reduce smoking and improve the health of the population.

- **STEPS Survey.** In order to obtain a baseline to monitor the effectiveness of NCD initiatives, the Ministry of Health has successfully approached WHO and AusAID to provide funding assistance to conduct a STEPS survey in Kiribati in 2004. The survey will provide information on behaviour (tobacco use, alcohol use, fruit and vegetable consumption, physical activity), physical measures (weight, blood pressure), and biochemical measures (blood lipids, blood glucose). The survey will use the STEPS methodology ensuring that it will be consistent across countries in the Pacific and can be repeated at appropriate intervals. It will therefore allow effective comparisons between and also within countries over time.

- **Coordination between Development Partners.** One of the keys to the success of the workshop was the extent of cooperation and coordination between several development partners: SPC, WHO and AusAID. Representatives from all the agencies participated in the meeting to ensure coordination and prevent duplication between partners. Many of the strategies in the STEPS intervention framework, particularly the expanded and optimal actions, would require future funding.

4. MONITORING FUTURE PROGRESS

Pacific Island Health Ministers Conference, 2005. A key recommendation from the Health Ministers Conference in 2003 was that each country should report on progress with the STEPS framework for NCD prevention and control at the 2005 conference. The strategy framework has been developed with intermediate milestones to facilitate this process.

5. DETAILED STEPS FRAMEWORK BY COMPONENT

The strategy has been developed in a format mirroring that used for the Tongan NCD Strategy, to provide consistency and easy comparability across Pacific Island countries.

The outcomes determined by the workshop for NCD interventions are shown in the following tables. The tables have been broken down into five components: integrated NCD activities, tobacco control, physical activity, healthy eating and alcohol misuse. Each component specifies an objective and describes the impact indicators against which progress will be measured.

The framework divides strategies into three different levels: national, community and individuals. At the national level, issues include legislation, taxation and law enforcement. The community level covers health promotion activities. The third level looks at clinical interventions and management for individuals at high risk, for example, those suffering from conditions such as heart disease, cancer and diabetes.

Strategies at each level are further divided into three types of intervention:

- **Core Interventions** are the fundamental interventions required to make the most essential changes and which can be completed using existing human and financial resources. It is expected that these would be the first interventions carried out and that this would be within a two-year timeframe;
- **Expanded Interventions** are the next most important interventions, which should be introduced as soon as possible but have a slightly lower priority than the core interventions; and
- **Optimal Interventions** are those that Kiribati should be aiming towards in the long term but would be expected to take five years or more.

To ensure that the listed strategies can be successfully implemented, information on the key person(s) or group(s) responsible for action; estimated time for completion; and milestones / indicators measuring the impact of the strategy, are given.

A list of abbreviations is provided at the beginning of this document.

COMPONENT 1: INTEGRATED NCD ACTIVITIES

OVERALL OBJECTIVE: To reduce the prevalence of NCDs in Kiribati through the introduction of an appropriate institutional framework and coordinated NCD activities

IMPACT INDICATORS: Prevalence of high-risk behaviour contributing to NCDs in Kiribati
Prevalence of risk factors for NCDs (obesity, hypertension, etc) in Kiribati

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
National					
1. Reconfirm the Health Promotion Committee as the managing body for the NCD Strategy and establish/ reconvene four relevant subcommittees **(CORE)**	• Expand membership of HP Committee • Write TORs for committees and governance procedures • Introduce an annual national summit for parliamentarians on NCD • Prepare submission for cabinet • Submit proposal to cabinet • Obtain endorsement from Cabinet and establish committee	Workshop working party MHMS	6 months	Submission prepared Submission approved by Cabinet	NCDC meeting regularly Risk factors for NCDs reduced
2. Conduct STEPS survey and apply data to action **(CORE)**	• Complete the survey • Results available • Apply data to support community action	AusAID / MHMS WHO NCDNC	6 months 12 months	Survey completed	Reproducible baseline for impact indicators obtained
3. Establish a Health Promotion Foundation **(CORE)**	• Briefing for Cabinet • Visit existing Foundation • Draft legislation • Legislation passed • Foundation established	MHMS / AG / MOFEP/ PAHP AG	3 months 6 months 12 months 3 years 4 years	Submission prepared HPF established	Health promotion activity increased Risk factors for NCDs reduced

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
4. Review school curriculum across all NCD risk areas (tobacco, alcohol, PA and nutrition) **(EXPANDED)**	• Funding for consultant obtained • Consultant recruited • Working party formed with MEYS curriculum unit, HESC/HPU reps and consultant • Working party reviews curriculum with respect to NCDs • Recommendations for changes submitted to Minister of Education • Changes endorsed by MEYS • Revised curriculum introduced • Teacher trained in new curriculum	MEYS curriculum committee Consultant MEYS	24 months 3 years 4 years 5 years	Review completed	Curriculum with NCD component used and enhanced student knowledge of NCDs
5. Develop comprehensive costing estimates for NCD burden **(OPTIMAL)**	• Obtain funding for study • Gather information from primary source • Collate information and undertake study	MEYS / MHMS Consultant	5+ years	Funding obtained Data collected	Better understanding of NCD costs
Community					
6. Media training **(CORE)**	• Undertake an annual activity specifically for media representatives covering all aspects of NCDs in Kiribati	NCDNC / MHMS / local media agencies	12 months (ongoing)	Training completed	Enhanced relationship with local media and coverage of NCD issues

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Clinical					
7. Utilise health centres in community to run programmes and support community activities. **(CORE)**	• Include NCD prevention (PA, healthy eating, smoking cessation and alcohol) activities in roles and responsibilities of nurses and nurse practitioners • Train nurses and nurse practitioners in health promotion and running programmes • Community nurses and nurse practitioners conducting programmes	MHMS KSN / HPU	12 months 2 years 3 years	Responsibili-ties included in nurse practitioners' JD	Increase participation in NCD prevention activities in community centres
8. NCD risk assessment in clinical practice in all hospitals and health centres **(EXPANDED)**	• Conduct seminars and group discussions for all clinical staff emphasising the importance of NCD prevention and control and that it is everybody's responsibility • Develop clinical protocols for NCD risk assessment • Provide health staff with ways to raise issues of health promotion and information on services available in one-to-one discussions with patients	HPU / MHMS KSN	2 years and ongoing 3 years	Seminars held Protocols developed	Increase in patients indicating NCDs raised in one-to-one discussions by staff

COMPONENT 2: TOBACCO CONTROL

OVERALL OBJECTIVE: To reduce use and resulting harm among I-Kiribati

IMPACT INDICATORS: Prevalence of tobacco use among I-Kiribati (STEPS survey)
Prevalence of tobacco use and uptake by youth (baseline Pacific Stars survey)

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish a national Tobacco Control Subcommittee (TCSC)	• Recruit appropriate membership of committee • MHMS-approved committee	MHMS	6 months	Committee established	Activities undertaken
2. Ban on introduction of vending machines	• Preparation of briefing paper to government • Submission to COM and inclusion in Tobacco Act	MISA / AG / DC	12 months	Paper accepted	No vending machines
Core Community					
3. Increase awareness of smoking risk in churches, hospitals, schools and with community leaders	• Identify key community leaders • Conduct information sessions	TCSC / KNCC KNCC	6 months 12 months ongoing	Information sessions commenced	Increased leader awareness
4. Awareness and community education activities (youth volunteers, drama, radio, newspapers)	• Develop/ obtain information and materials for public display • Conduct regular media • World No Tobacco Day activities • Engage drama and youth groups	TCSC / MHMS / FSP national/local media WHO / TCSC drama groups	6 months 12 months ongoing	Tobacco youth volunteers appointed	Increase in community / youth awareness
5. Creation of smoke-free community places	• Education on passive smoking in villages and communities and with elders • Smoke-free zone competitions/ stickers • Declaration of smoke-free places in communities, workplaces (including schools, government offices, public places — restaurants, stadium, etc) • Extend enforcement powers to Council wardens	TCSC / MHMS MHMS / KNCC BTC / TUC / MISA NGOs youth associations BTC / TUC	6 months 12 months	Programme implemented	Increase in smoke-free villages / homes / workplaces / public places

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core Individual					
6. Create support for smokers quitting	• Conduct further "Quit and Win" programme • Establish peer quitters support group (wellbeing programmes) • Smoke-free homes / zones programmes • Intensive awareness programme • Target children to be discouraged from buying smokes for other family members	National Tobacco Coordinator	12 months	Quitting programme going	QUIT programmes and support available
Expanded National					
7. Update tobacco legislation	• Review Tobacco Act — Cover age limit, smoke-free public places, ban sale of single sticks, ban advertising/ sponsor-ship, tobacco licenses for retailers introduced, warning labels, vending machines, extend enforcement rights	MHMS / AG / MISA	2 years	Tobacco Act reviewed	Amended Act passed Regulations promulgated
8. Extend enforcement capacity	• Enforcement training for Council wardens • Enforcement of sales to minors by police • Conduct compliance assessments	BTC / TUC PF / MHMS	12 months 12 years	Additional positions for enforcement	Number and pattern of breaches recorded
9. Taxation increase on tobacco	• Establish taxation working group and prepare government brief • Introduce licensing fee (and registration) for all tobacco retailers • Increase import and excise duties — "I oreiko bwa I tangiriko" • Remove exemptions on duty-free tobacco	MHMS / MOFEP / TO	12 months 2 years 3 years	Briefing paper for Cabinet	Tobacco tax increased
10. Collection of critical economic data	• National survey of tobacco trends in Census • Workshop on cutting cost of tobacco-related NCDs	MOEFP / TO	4 years	Survey conducted	Statistics to monitor smoking / tobacco
11. Redefine mweaka to exclude tobacco	• Develop policy in public service • Promote in churches / community leaders • Senior citizens' allowance accompanied by short health promotion messages	PSO KNCC MOFEP / MISA	12 months 2 years 3 years	Policy in PSO and churches	Reduction in tobacco gifts

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Community					
12. Enforce ban on sales to minors	• Develop IEC information on legal requirements (incl. sales to minors) for shop owners • Inclusion of education on legal requirements in routine shop inspections and shop operating approvals by EHO • Enlist parents as role models / monitors of sales to minors	MHMS / AG / KCC BTC/ TUC / MHMS KNCC	2 years 2 years ongoing	Materials developed and distributed	Reduced sales to minors
13. Targeted awareness to prevent uptake of smoking — "Moan rotakin nte kaririaki"	• Awareness activities for pregnant women • Community sports / exercise promoted — smoke-free	MHMS/ MEYS KSA / KNCC	2years	Information provided	Lower uptake rates
14. Increase alternative income source	• Investigate alternative "healthy goods" for sale at stores • Alternative crops and substitution investigated	KCC MELAD	3 years 5 years		Lower tobacco productions and sales
Expanded Individual					
15. Support / counselling for smoking cessation	• Establish position of smoking cessation coordinator • Companies to introduce programmes / incentives to quit • Companies to provide nicotine replacement therapy • Information and referral centre established	MHMS KCC MISA MHMS	3 years 5 years	Increase quit options available	Smoking cessation increased

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Optimal National					
16. NCD curriculum	• Develop tobacco control curriculum for doctors and nurses, teachers and any other training institutions • Develop NCD focused school curriculum	MHMS / KSN MEYS	5 years	Curriculum developed	Better skilled professionals
Optimal Community					
17. NCD programmes and activities in school	• Develop NCD healthy school project	MHMS / MEYS	5 years	Project operating	Healthy school environment
Optimal Individual					
18. Smoking cessation counselling in mainstream service	• Staff trained in brief interventions / counselling in health services • Funding to sustain ongoing quit programmes • Train fellow in behavioural science to run quitting programmes	MHMS MISA KCA	5 years	Service availability increases	Smoking assessment and assistance available

COMPONENT 3: ***PHYSICAL ACTIVITY***

OVERALL OBJECTIVE: To increase the levels of physical activity among I-Kiribati

IMPACT INDICATORS: Levels of physical activity among I-Kiribati
Risk factors for NCDs (obesity, hypertension etc) among I-Kiribati

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish Physical Activity Subcommittee (PASC)	• Recruit appropriate membership of committee • Submit committee structure with NCDC and subcommittees to COM	MHMS Workshop working group UNICEF	6 months	Committee submission presented to Cabinet	Meeting regularly Activities undertaken
2.. Evaluating effects of PA programmes	• Develop population baseline on PA from STEPS Survey	MHMS / WHO/ SPC/ UNICEF	12 months	Survey conducted	Baseline established
3. School physical activity	• Introduce 2 hours per week physical activity at school • Upgrade space and facilities	MEYS UNICEF	2 years	Policy developed	Schools implementing
Core Community					
4. Promote PA dance activities	• Promote various forms of dancing — traditional, tararara, dancercise • Radio stations to play dance and exercise music • Provide exercise DVDs videos • Physical exercise for youth	KSA / KNCC / MEYS PAHP KUY NGO MHMS	12 months	Dancing groups operating	Participation level
5. Provide access for physical activity	• Maneaba access be provided for exercise • Programme of sports field maintenance	KNCC / BTC / TUC MEYS / MPWU	2 years	Programmes conducted	Spaces available
6. Promote traditional sports	• Extend traditional boating competitions (canoes etc)	KSP / KNCC / MEYS	2 years	Sport competitions	Number competitions

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
7. Promote activity in workplace	• Cleaning day on Friday payday • World clean-up day and further continuation of world clean-up follow-up • Taiwanese clean-up • Zero water awareness workshop • Promote cleaning and planting of medicinal plants (biodiversity) • Black smoke enforcement (Friday every payday) Pollution control	PSO / KCC / MISA MELAD (ECD) FSP KNCC All GOK Ministries NGO	2 years	Policy introduced	Number of workplaces
Core Individual					
8. Physical activity in health care	• Provide information on walking to patients • Education sessions on PA as treatment for clinical staff • Increase physiotherapy available to patients • Develop yoga classes	MHMS MHMS / WHO KCC AMAK	2 years	Physio-therapists appointed	PA treatments
Expanded National					
9. Physical activity in schools	• Develop space and facilities at schools for physical activity • Revise school curriculum to include swimming and canoeing lessons • Develop fitness criteria for school children • Strengthen PA component in teachers curriculum	MEYS	3 years 4 years	PA increased in curriculum	Level of PA activity
10. Strengthen sports organisations	• Create links between KSA and overseas organisations to boost local training skills for teaching (e.g. swimming, surfing). • Lobby GOK for more funding to PA-related activities	KSA	2 years	Links established	Number of local trainers

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Community					
11. Promoting sport and PA	• Provision of sporting equipment to communities (table tennis, volleyball etc) • Promote intervillage / interschool physical activity days • Promote new sports such as swimming / surfing • Provide an ocean pool • Create position of PA resource person	KSA / KCC / MEYS MEYS / KNCC KSA BTC / TUC / MWE KSA	2 years ongoing 3 years	New activities and positions	Level of participation and new activities
12. Encourage walking	• Promotions on benefits of walking / walking to work • Introduce fixed bus stops • Promote bicycle use by provision of shared foot / bike paths • Introduce controls on dogs and traffic	PSO / MLHRD / MHMS BTC / TUC / PF / KCC MWE AG / PF	3 years	Facilities introduced	Numbers walking / biking
Expanded Individual					
Optimal National					
13. Information for change	• Routine collection and analysis of traffic accidents, dog bites • Routine collection and analysis of vehicle numbers / imports • National audit on physical activity facilities • Routine data collection of patients' history of health status e.g.; data can pick trends of ill-health cause by lack of exercise	MHMS / PF PF / DC MEYS	3 years 4 years 5 years	Collections established	Information produced
Optimal Community					
14. Monitoring physical activity	• Introduction of pedometers to monitor activity including the number of steps by community members	MHMS / MEYS KCC / KSA / BTC / TUC	5 years	Research commenced	Level of steps in community
Optimal Individual					
15. Access to home-based recreation PA	• Develop personal training programme	MHMS / MEYS	5 years	Programmes available	Number of individuals participating

COMPONENT 4: HEALTHY EATING

OVERALL OBJECTIVES: To strengthen food security in Kiribati
To improve diets of I-Kiribati

IMPACT INDICATORS: Prevalence obesity among I-Kiribati
Prevalence risk factors for NCD (high cholesterol and lipids, hypertension) among I-Kiribati

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Healthy Eating Subcommittee (HESC), capacity-building of National Nutrition Committee	• Recruit appropriate membership of committee • Submit committee structure with NCDC and subcommittees to COM • Review TOR	MHMS Workshop working group	6 months	Committee submission presented to Cabinet	Meeting regularly Activities undertaken
2. Food safety	• Implementation of new Consumer Protection Act • Enforce and implement Pure Food Ordinance • Adoption of breast milk substitute code	MHMS MCIC UNICEF	12 months	Act implemented	Food safety policy improved
3. Access to healthier food	• Develop national dietary standards • Implement baby-friendly hospital — include breast feeding • Price control of imported foods • Awareness of safe water, benefits and importance of water in diet	MHMS UNICEF MCIC MPWU	12 months 2 years	Standards implemented	Healthier food information

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core Community					
4. Promote home gardening	• Awareness training (schools, community) on home gardening and food preservation • Provide seedlings, cuttings etc • All schools/ boarding schools to have gardens	MELAD MEYS NGOs	Ongoing 12 months	Projects established	Increase home cropping
5. Improve food safety	• Education on food safety at schools, maneaba, churches youth groups and women's groups • Food policy and regulation education for food vendors • Monitoring and testing of imported food and water quality	MELAD / MHMS / NGOs / churches BTC / TUC / MHMS MCIC/MHMS	12 months	Education programme in place	Reduced food-borne illness
6. Increase nutrition education	• Education and awareness programmes at school, maneaba, churches, youth groups, sports and women's groups • Healthy diet instruction in antenatal classes • Food preparation and cooking programmes available • Promote green / orange/ yellow foods • Creation of breast-feeding support groups	MELAD/ MHMS / MEYS MHMS UNICEF NGO	12 months ongoing 2 years	Healthy diet education	Increase healthy food awareness
Core Individual					
7. Better nutrition for patients	• Production and distribution of information on diet to patients • Hospital staff member trained in diabetes diet management • Provision of safe water to schools and institution • Establish two posts for lactation consultants • Appoint one qualified senior cook • Train two dieticians	MHMS WHO	12 months 2 years	Information produced	Diet advice for patients available
Expanded National					
8. Increase food availability	• Education campaign of food security • Sustainable food crop production programme • Promote inter-island food trade	MELAD / MHMS MELAD	2 years 3 years	Information availability	Improved food security advice

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
9. Breast-feeding	• Review national breast-feeding policy • All nurses to do special course on breast-feeding management • Fully implemented policy nationally	MHMS	2 years	Policy implemented	Breast-feeding increased
10. Legislation and policy support	• Review the Pure Food Act • Develop food standards for imported goods (low fat / high fibre) • Examine and implement options to import healthier foods through alternative food suppliers	MELAD / AG / MHMS	3 years 4 years	Legislation amended	Safer food policy
Expanded Community					
11. Healthier food for youth	• Develop food policy for boarding schools • Sports groups promoting healthy diet	MEYS MEYS / KSA	3 years	Policy developed	Organisations adopting policy
Expanded Individual					
12. Better nutrition / diet for patients	• Appointment of dieticians	MHMS	3 years	Dieticians appointed	Number of dieticians

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Optimal National					
13. Food security	• Develop national food security strategy • Develop national food accessibility strategy, including incentives for healthy food • Develop sustainable fish harvesting / production plan • Establish a basic food tree protection mandate or legislate for this	MELAD / MFED	5 years	Plans developed	Number of plans in place
Optimal Community					
14. School curriculum	• Expand agricultural science to all schools	MEYS	5 years	Curriculum developed	Schools implementing curriculum
Optimal Individual					
15. Better dietary care	• Establish national diabetes centre	MHMS	5 years	Centre opened	Number of patients

COMPONENT 5: ALCOHOL MISUSE

OVERALL OBJECTIVE: To reduce the misuse and resulting harm among I-Kiribati

IMPACT INDICATORS: Prevalence of alcohol misuse among I-Kiribati
Prevalence of alcohol use by youth
Incidence of alcohol misuse harm (e.g. road accidents, domestic violence) among I-Kiribati

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Alcohol Misuse Subcommittee (AMSC) of the NCDC	• Submit committee structure with NCDC and subcommittees to Cabinet • Widen composition of subcommittee to cover the complete view of national issues	Workshop working party MHMS	6 months	Subcommittee established	Subcommittee meeting regularly Programmes under way
2. Determine level of alcohol use	• Prepare baseline report from STEPS survey • Establish prevalence of alcohol related accidents and injuries presenting at hospital outpatients department (domestic violence, road trauma, violence) • Alcohol data collections from PF and DC	MHMS / WHO MHMS PF / DC	12 months 12 months 2 years	Survey s completed	Reproducible baseline Information with profiles produced
3. Taxation	• Establish taxation working group to prepare government brief • Increase import and excise taxes based on alcohol content and to include recognition of issues resulting from PICTA • Part of tax to go to Health Promotion Foundation	DC / MHMS / MOF / TO MOF / TO	2 years 3 years	Brief paper prepared	Alcohol tax increased
4. Workplace policy development	• Develop alcohol in the workplace policy as a national condition of service to apply in the public service • Code of practice covering provision of alcohol for MPs visiting unimane in outer islands	PSO / MLHR	18 months	Policy developed	Reduced alcohol in workplace

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core Community					
5. Community awareness of alcohol misuse	• Educate communities on social and physical effects of alcohol (politicians, churches, women, teachers, sports, youth) using posters, competitions ,media, peer education programmes and parents as role models • Community education on the Liquor Ordinance	MHMS, NGO/ KNCC / MEYS /	Ongoing	Programmes produced	Increase in awareness
6. Alcohol-free places	• Church and youth activities to be alcohol-free • Villages to initiate alcohol-free zones • Village by-laws to exclude alcohol and import from islands (Consider with caution with AGs office because of its sensitivity)	KNCC / MEYS / KSA BTC / TUC / village leaders / MISA	2 years	Number alcohol-free areas	Restriction on alcohol consumption sites
7. Youth education on alcohol misuse	• Develop media and peer education / awareness for youth • Community — integrate existing programmes	MEYS/ UNICEF/ NGO/ MHMS	12 months Ongoing	Programme developed	Increase in youth awareness
Core Individual					
8. Patient education and intervention	• Develop information sessions for nurses on alcohol harm • Develop a brief intervention programme for nurses to deliver in caring for patients	MHMS / KSN KSN	12 months 2 years	Brief intervention programme	Increased patient awareness

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded National					
9. Liquor legislation updated	• Review Liquor Ordinance re increase in licence fees; community input into, and right to object to, licenses; decreased opening hours; alcohol-free zones; compulsory training for alcohol retailers; identification cards (proof of age); prosecution for breaches • Community awareness programme on Act and rights to object • Investigate restriction of glass alcohol containers • Take into account, kaokioki sellers - establish procedures (similar to those for public bars) - licence fees increased - comply with Liquor Ordinance	AG / PF / MHMS AG / PF AG / DC / PF / MHMS	12 months 2 years 3 years	Acts reviewed and strengthened Ban on import of glass beer bottles	Amendments passed No beer in glass imported
10. Legislation compliance/ enforcement	• Develop and instigate compulsory training programme and information on Liquor Ordinance (in I-Kiribati) for all retailers • Conduct training for relevant officers on enforcement and prosecution procedures • Monitor enforcement of laws • Extend membership of AMSC • Introduction of identification cards	AG / MHMS AMSC PF	2 years 3 years	Ordinance enforced	Ordinance effectively applied
11. Traffic Act	• Enforce new Traffic Act and Regulations relating to alcohol breath testing • Training police on random breath testing	AG / PF PF	12 months 2years	Act updated	Amended Act passed and implemented
Expanded Community					
12. School curriculum	• Review existing curriculum to include alcohol education • Training programme developed for secondary teachers • Teachers training commences	MEYS	2 years 3 years	Curriculum developed	Secondary students educated

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Individual	•				
13. Brief intervention for patients	• Training for clinical staff on short (3–10 min) counselling procedures on alcohol misuse • Obtain funding for training • Undertake training sessions for clinical staff • Train a limited number of staff to continue training	MHMS	4 years	Training completed t-t-t programme commenced	Increased recognition of alcohol related problems in inpatients
Optimal National	•				
14. Research on kava	• Collect baseline data on kava consumption within STEPS survey • Collect information on role of alcohol / kava in road traffic accidents • Conduct research on physical and social impacts of kava use in Kiribati	WHO / MHMS MFEP / Stats Office MHMS/ Stats Office/ NGOs	12 months 3 years 5 years	Surveys completed	Baseline information
Optimal Community					
15. Teachers' training	• Introduce alcohol education into all teacher training	MEYS	5 years	All teachers trained	Widespread education on alcohol
Optimal Individual					
16. Health curriculum and care	• Review nurse training curriculum to include alcohol harm	MHMS / WHO / KSN	5 years	Curriculum developed	Alcohol treatment improved
17. Rehabilitation	• Upgrade and extend the alcohol rehabilitation service	MHMS / NGO	4 years	Group operating	Support for suffers and families

APPENDIX 1: HEALTH PROMOTION COMMITTEE MEMBERS

Name	Organisation
Tioera Baitika	Member Clerk BTC
Tinaai Iuta	Member MHMS (Nutrition)
Kabwearuru Kirataa	Member Clerk TUC
Eweata Maata	Member AG's Office
Bootii Nauan	HPO, PAHP SPC
Correina Oten	Member AG's Office
Bateriki Rakunoua	Member MLHRD
Mamao Robate	Health Promotion Co-coordinator MHMS
Mweritonga Rubeiariki	Member MHMS
Conchitta Paul Tatireta	Member MELAD
Tarewita Tauaa	Member MHMS
Alexander Teabo	Member MCTTD
Dr. Kabwea Tiban (Chairman)	PAHP Country Counterpart MHMS
Timau Tiira	Member MEYS
Ieete Timea	Member MELAD (Agriculture)
Toab'a Toab'a	Member MCIC
Benete Tokanang	Member MHMS
Tareu Tong	Member MHMS (N/S)
Tereti Tororo	Health Promotion Secretariat PAHP
Tawati Uati	PAHP Country Coordinator PAHP
Rine Ueara	Member MISA