

National Strategy To Prevent And Control

Noncommunicable Diseases

Vanuatu (2004–2009)

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ABBREVIATION AND ACRONYM LIST

AMSC	Alcohol Misuse Subcommittee
AusAID	Australian Agency for International Development
CLO	Country Liaison Officer
COM	Council of Ministers
DC	Department of Customs
DPW	Department of Public Works
DYS	Department of Youth and Sport
FCTC	Framework Convention on Tobacco Control
FSP	Foundation of the South Pacific
FTDC	Food Technology Development Centre
EHO	Environmental Health Officer
HESC	Healthy Eating Subcommittee
HPF	Health Promotion Foundation
HPU	Health Promotion Unit
MOA	Ministry of Agriculture
MOE	Ministry Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOIA	Ministry of Internal Affairs
MOP	Ministry of Police
MOT	Ministry of Transport
MOYS	Ministry of Youth and Sport
NCD	Noncommunicable disease
NCDC	National Noncommunicable Disease Committee
NGO	Non-government organisation
PA	physical activity
PAHP	Pacific Action for Health Project
PNG	Papua New Guinea
PVMC	Port Vila Municipal Council
SPC	Secretariat of the Pacific Community
SLO	State Law Office
TVL	Television Vanuatu Limited
UNICEF	United Nations International Children's Emergency Fund
VASANOC	Vanuatu Amateur Sports Association National Olympic Committee
VCC	Vanuatu Christian Council
VCH	Vila Central Hospital
VCNE	Vanuatu Centre for Nursing Education
VNCC	Vanuatu National Council of Chiefs
VNCW	Vanuatu National Council of Women
VQIS	Vanuatu Quarantine Inspection Service
VRTC	Vanuatu Rural Training Centre
WHO	World Health Organization
WSB	Wan Smol Bag

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

In the Pacific, many countries already have high levels of mortality and morbidity from NCDs and concerning levels of NCD risk factors.² Whilst Vanuatu is currently not experiencing the high levels of NCDs such as diabetes that are evident in some other Pacific Island countries, the results of the National Nutrition Survey (1996)³ and the NCD Survey (1998)⁴, raise concerns about the increasing levels of NCD risk factors in Vanuatu.

Consequently, Vanuatu has a window of opportunity to prevent the development of risk factors (and hence the subsequent development of NCDs), rather than wait until NCDs develop and take hold.

Informed by these national surveys in Vanuatu, the Ministry of Health developed an initial NCD control plan in 2002.⁵ At the regional level in the Pacific, there has been important broad supportive action to control NCDs in recent years. The 5th 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”.⁶ 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 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.

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 Government of the Republic of Vanuatu. Report of the Second National Nutrition Survey 1996. Department of Health, Port Vila, 1996.

⁴ Vanuatu Ministry of Health / Secretariat of the South Pacific Communities. Noncommunicable Disease Survey Report. Ministry of Health, Port Vila. 1998.

⁵ Ministry of Health. National Noncommunicable Disease Program Plan 2003–2006. Ministry of Health, Port Vila. 2002.

⁶ World Health Organization. Tonga Commitment to Promote Healthy lifestyles and Supportive Environment.–Meeting of the Ministers of Health for the Pacific Island Countries. World Health Organization, Western Pacific Region. 2003.

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 noncommunicable diseases (NCDs).

Key recommendations for future action from these working groups were that:

- the STEPwise 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, non-governmental 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 re-allocated for NCD control according to the framework of the STEPwise approach to NCD prevention and control.

In response to these recommendations, the Ministry of Health (MOH) in Vanuatu, with the support of its international partners, convened a workshop to develop a "National Strategy to Prevent and Control Noncommunicable Diseases in Vanuatu". This report documents the outcomes of this workshop and begins with an overview of the workshop process, followed by the description of a number of priority recommendations that will be crucial to the overall success of the strategy and a summary of important meetings for supporting future progress. The document then draws on the STEPwise 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 from 14–15 April 2004. Participants were invited from a wide cross-section of the community with senior representation from government departments, NGOs, Chiefs, churches and community organisations. The Honourable Minister for Health, Mr James Bule, opened the workshop. Participants then worked on the development of the strategy. The draft frameworks for each of the four key areas, were then subject to further review before being officially launched on 27 October 2004.

3. PRIORITY RECOMMENDATIONS

The STEPwise framework upon which the priority recommendations are based, is a process developed by the WHO to assist with surveillance of NCDs.⁷ 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 STEPwise 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 that could be undertaken within a two-year timeframe with existing human and financial resources;
- expanded — those that would require up to five years to be successfully implemented and frequently require additional resources; and
- optimal — those that are aspired to after a five-year timeframe and that will require external funding.

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

Figure 1: Framework of the STEPwise 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 Minister's 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), have been proposed with responsibility for the operational implementation of activities contained within the plan. Additionally, they would provide an annual update on progress, by monitoring and evaluating the specified activities.

⁷ 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.

In turn, this information would be presented to the NCDC and formally submitted to the Council of Ministers for their perusal through the Minister of Health.

- **Health Promotion Foundation.** Health Promotion Foundations have been established in many countries (such as Australia and Thailand) to provide funding for health promotion, including NCD control. A portion of the tax raised on cigarettes (and possibly also 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.
- **STEPwise 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 STEPwise survey in Vanuatu 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 Donors.** One of the keys to the success of the workshop was the extent of cooperation and coordination between several donors. SPC, WHO and AusAID. Representatives from all the agencies participated in the meeting to ensure coordination and prevent duplication between donors. Many of the strategies in the STEPwise 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 STEPwise 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 STEPWISE 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:

- **Core Interventions** — the fundamental interventions, required to make the most essential changes and that 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** — 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 Tonga 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 Vanuatu through the introduction of an appropriate institutional framework and coordinated NCD activities.

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

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
National					
1. Establish a National Noncommunicable Disease Committee (NCDC) and four relevant subcommittees (CORE)	<ul style="list-style-type: none"> Recruit (select) appropriate membership Write terms of reference for committees and governance procedures Prepare submission for COM Submit proposal to COM Obtain endorsement from COM and establish committee 	Workshop working party MOH	6 months	Submission prepared Submission approved by COM	NCDC meeting regularly Risk factors for NCDs reduced
2. Conduct a baseline STEPwise survey (CORE)	<ul style="list-style-type: none"> Confirm funding Conduct surveyor training Identify study cohort Undertake survey Results available 	AusAID / MOH WHO MOH WHO	2 months 6 months 12 months 2 years	Survey completed	Reproducible baseline for impact indicators obtained
3. Establish a Health Promotion Foundation (CORE)	<ul style="list-style-type: none"> Briefing for COM Visit existing Foundation Draft legislation Legislation passed Foundation established 	MOH / SLO / MOF/ PAHP SLO	6 months 12 months 2 years 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)	<ul style="list-style-type: none"> Funding for consultant obtained Consultant recruited Working party formed with MOE 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 MOE Revised curriculum introduced Teacher trained in new curriculum 	MOE curriculum committee / HESC / HPU Consultant MOE	2 years 3 years 4 years 5 years	Review completed	Curriculum with NCD component used and enhanced student knowledge of NCDs
5. Utilising STEPS data with community to increase action in all areas (EXPANDED)	<ul style="list-style-type: none"> Use STEPS data to support, evaluate and inform policy and community-based action 	NCDC and subcommittees / WHO	2 years (ongoing)	Data obtained and repeat surveys conducted	Available data to inform all issues
6. Develop comprehensive costing estimates for NCD burden (OPTIMAL)	<ul style="list-style-type: none"> Obtain funding for study Gather information from primary source Collate information and undertake study 	MOE / MOH Consultant	5+ years	Funding obtained Data collected	Better understanding of the costs of NCDs
Community					
7. Media training (CORE)	<ul style="list-style-type: none"> Undertake an annual activity specifically for media representatives covering all aspects of NCDs in Vanuatu 	NCDNC MOH (PAHP)	12 months (ongoing)	Training completed	Enhanced relationship with local media and coverage of NCD issues
8. Social marketing (CORE)	<ul style="list-style-type: none"> Conduct awareness raising social marketing approaches for PA, healthy eating, tobacco and alcohol misuse involving radio, TV and newspapers as appropriate 	NCDC and subcommittees	12 months (ongoing)	Level of media coverage	Increased public awareness of NCD issues

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Clinical					
9. Utilize health centres in community to run programs and support community activities. (CORE)	<ul style="list-style-type: none"> • 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 programs • Community nurses and nurse practitioners conducting programs 	MOH VCNE / HPU	12 months 2 years 3 years	Responsibilities included in nurse practitioners' job description	Increase participation in NCD prevention activities in community Centres
10. NCD risk assessment in clinical practice in all hospitals and Health Centres (EXPANDED)	<ul style="list-style-type: none"> • 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 / MOH VCNE	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 tobacco use and resulting harm among ni-Vanuatu

IMPACT INDICATORS: Prevalence of tobacco use among ni-Vanuatu
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. Ratify the Framework Convention on Tobacco Control (FCTC)	<ul style="list-style-type: none"> • Ratification by government 	MOH	1 month	FCTC signed	Action to implement the FCTC requirements
2. Establish a national Tobacco Control subcommittee (TCSC)	<ul style="list-style-type: none"> • Recruit appropriate membership of committee • MOH-approved committee 	MOH	6 months	Committee established	Activities undertaken
Core Community					
3. Increase awareness of smoking risk in Church and community leaders	<ul style="list-style-type: none"> • Identify key community leaders • Conduct information sessions • Incorporation into community and village training and activities 	MOH / health centres / VCC / HPU VCC / MOH / WSB/ NGOs	6 months Ongoing 12 months ongoing	Information sessions commenced	Increased leader awareness
4. Awareness and involvement of role models, sports personalities, musicians, arts/drama groups	<ul style="list-style-type: none"> • Identify people who could be role models • Conduct activities involving role models (sport / musical) • Provide awards for community no smoking leadership 	MOH / MOEYS / NGO's / VASANOC	6 months 12 months ongoing	Tobacco ambassadors appointed	Positive smoke-free role models
5. Establish community-based action group	<ul style="list-style-type: none"> • Convene working group • Develop program to support smoke-free homes and village developed in collaboration with NGOs 	NCDC / SPC / WHO/ MOH / NGO's	6 months 12 months	Program implemented	Increase in smoke-free villages / homes

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core Individual					
6. Use of role models	<ul style="list-style-type: none"> Selecting and building up role models for smoking cessation Promotion activity and presentations by role models (see Community Action, Strategy 4) 	VCC / Churches / VNCC / NGOs / Pharmacies	2 years	QUIT ambassadors appointed	QUIT role models available
Expanded National					
7. Update Tobacco Legislation	<ul style="list-style-type: none"> Review Public Health Act (tobacco component) Cover age limit, smoke-free public places, ban sale of single sticks, ban advertising/ sponsorship, tobacco licenses for retailers introduced, warning labels, extend enforcement rights 	MOH / SLO	3 years	Tobacco Act reviewed	Amended Act passed Regulations promulgated
8. Increase taxation on tobacco	<ul style="list-style-type: none"> Establishment of taxation working group to prepare government brief Increase import and excise duties Stop duty free sales 	MOH / MOF / DC	12 months 2 years 5 years	Briefing paper for COM	Tobacco tax increased
9. Extend enforcement capacity	<ul style="list-style-type: none"> Increase number of enforcement officers Training for EHOs, Provincial Officers and municipalities 	MOH / Provincial govt MOH / SLO / MOP	3 years 4 years	Additional positions appointed EHOs completed training	Number and pattern of breaches recorded
10. Reduce home-grown tobacco	<ul style="list-style-type: none"> Develop awareness raising IEC materials to counter extension of home-grown tobacco in rural communities 	MOH / NGOs / community leaders	2 years	Reduced growing of local tobacco	Increased awareness of risk

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Community					
11. Increase shopowners' awareness of legal requirements	<ul style="list-style-type: none"> Develop IEC materials and information on legal requirements – to include Chinese version (incl sales to minors) Preparation of shopowners list from Council records Distribution on information to shopowners Inclusion of education on legal requirements in routine shop inspections and shop operating approvals by EHO 	MOH / SLO PVMC / MOH	6 months 6 months 12 months on going	Materials developed and distributed	Greater understanding of requirements by shopowners
Expanded Individual					
12. Support / counselling for smoking cessation	<ul style="list-style-type: none"> Produce IEC material (package) on smoking cessation with local statistics Training in smoking cessation counselling and support for community workers, health workers, teachers, church workers, chiefs done in the provinces 	MOH / NGOs / Pharmacies NGOs / MOH / MOE / Churches / VCC	2 years 3 years	Materials produced Training conducted	Smoking cessation support package available
Optimal National					
13. Encourage tobacco growers to grow alternative crops	<ul style="list-style-type: none"> Education on the effects of tobacco to key stakeholders Assistance with replacement crops 	MOH / MOA / NGO's	2 years 5 years	Agreements reached	Reduced tobacco crop
Optimal Community					
Optimal Individual					
14. Smoking cessation counselling in mainstream service	<ul style="list-style-type: none"> Staff trained in brief interventions / counselling: in health services in community services in peer education services (education institutions) Training of community drama groups 	MOH Churches / FSP MOE WSB	3 years	Training in routine procedures established	Smoking assessment and assistance available

COMPONENT 3: PHYSICAL ACTIVITY

OVERALL OBJECTIVE: To increase the levels of physical activity among ni-Vanuatu

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

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish Physical Activity Subcommittee (PASC)	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC and subcommittees to COM 	MOH / MOYS Workshop working group	6 months	Committee submission presented to COM	Meeting regularly Activities undertaken
2. Evaluate effects of PA programs	<ul style="list-style-type: none"> Develop population baseline on PA from Steps Survey 	MOH / WHO / SPC / UNICEF / MOYS	12 months	Survey conducted	Baseline established
Core Community					
3. Support walking environment	<ul style="list-style-type: none"> PA-friendly environment: Clear roads; clean-up campaign, make easy footpath for people 	DPW / PVMC / communities, private sector PVMC / Provincial govt	2 years	Environmental audit – Port Vila	Safer activity environment
4. Increase awareness of PA benefits	<ul style="list-style-type: none"> Develop a coordinated social marketing program to promote PA Implementation of social marketing program 	PASC subcommittee	2 years 3 years	Programs conducted	Increased community awareness

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
5. Promote PA events	<ul style="list-style-type: none"> Encourage inter-business competitions Sports competitions between govt departments and NGOs Introduce PA at work place Walk for life programs (rural focus) 	TVL / Private sector DYS / VASANOC MOH / Private Sector MOH / DYS / MOE/ Provincial govt	2004 and ongoing	Events stage	Event / site participation
6. Develop PA opportunities	<ul style="list-style-type: none"> Encourage home gardening Promote traditional sports Promote aquatic sports Aerobics instructors trained 	MOA DYS VASANOC / private sector / VCC	2004 and ongoing 3 years	Programs conducted	Community participation
Core Individual					
7. PA in clinical care services	<ul style="list-style-type: none"> Increase the promotion of PA by clinical staff 	MOH	2 years	Trained staff	PA patient advice
8. Pacific Diabetes Program	<ul style="list-style-type: none"> Group physical activity in conjunction with cooking classes 	MOH	2 years	Programs conducted	Participation levels
Expanded National					
9. Expand PA opportunities	<ul style="list-style-type: none"> Promote bicycling Supply communities with sports equipment Church-based PA programs (especially for urban women) Create more gyms (aerobics) and reduce fees 	DYS / VASANOC MOF / private sector VASANOC / private sector / VCC	2 years	Sports equipment	Increased sport activity
10. Support for local resources	<ul style="list-style-type: none"> Create link between sporting bodies and overseas sports organisations to improve local training skills 	VASANOC	2 years	Links created	Local trainers available
Expanded Community					
11. Support walking environment	<ul style="list-style-type: none"> More parks Lights at footpaths 	PVMC / Provincial govt	2 years	Increased facilities	More activity

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Individual					
12. PA in clinical care services	<ul style="list-style-type: none"> • Increase the physiotherapy capacity in the hospital 	MOH / VCH / private sector	2 years	Positions created	More physiotherapy for patients
Optimal National					
13. Affordable PA transport	<ul style="list-style-type: none"> • Make bicycles cheaper • Improve road surfaces • Introduce and enforce helmet usage 	MOF / private sector	5 years	Price drop	More bikes
Optimal Community					
14. Improve PA program sustainability	<ul style="list-style-type: none"> • Create a network of community PA coordinators 	VASANOC	5 years	Formal network	Sustainable activity programs
Optimal Individual					

COMPONENT 4: HEALTHY EATING

OVERALL OBJECTIVES: To improve the nutritional status of ni-Vanuatu through production and consumption of safe and nutritious foods

IMPACT INDICATORS: Prevalence obesity among ni-Vanuatu
Prevalence of risk factors for NCD (high blood cholesterol, lipids and sugars, hypertension) among ni-Vanuatu

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish a Healthy Eating Subcommittee (HESC)	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC and subcommittees to COM 	MOH Workshop working group	6 months	Committee submission presented to COM	Meeting regularly Activities undertaken
2. Increase local food production by market producers	<ul style="list-style-type: none"> Promotion of large-scale healthy food production Teaching farmers business skills 	MOA	Ongoing Ongoing		Increase local food production
Core Community					
3. Promote home gardening	<ul style="list-style-type: none"> Awareness training (schools, community) Provisions - seedlings, cuttings etc 	MOA / WSB / MOIA companies / businesses	Ongoing 3 months	Projects established	Increase home cropping
4. Food handler training	<ul style="list-style-type: none"> Health inspectors to ensure all food handlers are trained Community education on food safety Initiate "Healthy Markets" program 	Port Vila-PVMC / SDTC / MOH	Ongoing	Training schedule	Reduced food borne illness

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
5. Improve school nutrition	<ul style="list-style-type: none">Revive/ strengthen Health Promoting Schools program food component	MOE / MOH / MOA	Port Vila–2 years	Health Promoting schools program	Increase healthy food in schools
6. Promote healthy lifestyle guidelines (incorporating local food preparation)	<ul style="list-style-type: none">Develop executive paper to get formal endorsementCommunity education / training	MOH / SPC MOH / MOE / NGOs	6 months	Guidelines accredited and disseminated nationally	Increased community awareness of guidelines
7. Healthy cooking classes	<ul style="list-style-type: none">Classes conducted, cook book developed and linked with clinical cases	MOH / MOA / VNCW	2 years	Classes conducted	Increased awareness and cooking skills
Core Individual					
8. To promote and implement a national breastfeeding policy	<ul style="list-style-type: none">Review and update the national breastfeeding policyEndorsement by executive committeeEndorsement by COMImplement “baby-friendly” hospital program	MOH / UNICEF COM	12 months	Policy document reviewed and implemented	Increase in breast feeding rate (2 years)
		MOH	2 years		
Expanded National					
9. Regulating goods	<ul style="list-style-type: none">Regulate non-iodised salt importsMonitor incoming salt to ensure it is iodisedEducation community re iodisationEducation of store retailers re iodisation	VQIS / MOH / DC / CODEX	3 years	Regulation imposed	Reduced non iodised salt available
10. Improve food safety in Vanuatu	<ul style="list-style-type: none">Development of a systematic approach to providing food handler training	MOH / MOA	3 years	Training schedule	Food handlers skilled
11. Expanding the role of health inspectors	<ul style="list-style-type: none">Extend role of rural inspectors to incorporate food safety training	MOH / Provincial govt	3 years	Training occurring	Improved food handling
12. Increase the cost of imported 'less healthy' foods	<ul style="list-style-type: none">Increase duties on imported foods high in fat/sugar/salt (or all foods except fruits and vegetables)	MOF / Provincial govt	4 years	Regulations in place	Unhealthy food “harder” choice
13. Promote home gardening	<ul style="list-style-type: none">Home gardening award schemeAll schools and health centres to have gardens (eg container gardens)	MOA / WSB MOA / MOE / companies /businesses	3 years	Projects established	Increase home cropping

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Community					
14. Improve school nutrition and hygiene	<ul style="list-style-type: none"> Review and improve school curriculum (incl food safety) Ensure all schools have suitable toilets / hand wash facilities) Teachers trained in food safety 	MOE / MOH / MOA MOE / MOH / Provincial govt	2 years 3 years	Health Promoting schools program	Increase healthy food in schools
15. Improve school nutrition	<ul style="list-style-type: none"> Pilot Health Promoting Schools program (food component) in selected schools nationally (to include policy on healthy snacks) 	MOE / MOH / MOA	4 years	Health Promoting schools program	Increase healthy and safe food in schools
Expanded Individual					
16. Nutrition training	<ul style="list-style-type: none"> Extend training in nutrition principles for health and community workers for inclusion in consultations with clients 	MOH / VCNE / NGOs	3 years	Training conducted	Nutrition issues assessed in consultations
Optimal National					
17. Implement control of local food prices	<ul style="list-style-type: none"> Start a price control unit 	MOF / MOA	5 years	Unit established	Healthy foods "easier" cost choice
Optimal Community					
18. Improve school nutrition	<ul style="list-style-type: none"> Health Promoting Schools program (food component) instituted nationally 	MOE / MOH / MOA	5 years	Health Promoting Schools program	Increase healthy food in schools
Optimal Individual					
19. Trained dietician in referral hospitals	<ul style="list-style-type: none"> Prepare position submission Training scholarships Positions trained and in place 	MOH MOH MOH	12 months 2 years 5 Years	Dieticians' positions	Dietician services available

COMPONENT 5: ALCOHOL MISUSE

OVERALL OBJECTIVE: To reduce the misuse of alcohol and the resulting harm among ni-Vanuatu

IMPACT INDICATORS: Prevalence of alcohol misuse among ni-Vanuatu
Prevalence of alcohol use by youth (baseline Pacific Stars survey)
Incidence of alcohol misuse harm (e.g. road injury, domestic violence) among ni-Vanuatu

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish an Alcohol Misuse Subcommittee (AMSC) of the NCDC	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC and subcommittees to COM 	Workshop working party MOH	6 months	Subcommittee recruited and established	Subcommittee meeting regularly Programs under way
2. Determine level of Alcohol use	<ul style="list-style-type: none"> Conduct STEPS survey (see Integrated NCD Activities #2) Collect and collate alcohol production and import data Establish prevalence of alcohol-related accidents and injuries presenting at Port Vila hospital outpatients department—(domestic violence, road trauma, violence) Obtain an indicator on the prevalence of drink-driving 	MOH / WHO DC MOH MOP	12 months 12 months 12 months 2 years	Surveys completed	Reproducible baseline Information with profiles produced
3. Taxation	<ul style="list-style-type: none"> Establish taxation working group Prepare government brief on taxation Increase import and excise taxes Part of tax to go to Health Promotion Foundation 	DC / MOH / MOF MOF / MOT	6 months 12 months 3 years	Brief paper prepared	Alcohol tax increased

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core Community					
4. Community awareness of alcohol misuse	<ul style="list-style-type: none"> Educate communities on social and physical effects of alcohol (politicians, chiefs, church, women, teachers, sports, youth) Use role models (parents) Drama skits, songs, choirs 	MOH / NGO/ MOP / VCC / MOEYS / WSB	Ongoing	Programs produced	Increase in awareness
5. Youth education on alcohol misuse	<ul style="list-style-type: none"> Review Pacific Stars Life Skills program Community – integrate existing programs with the VRTC 	MOEYS / UNICEF / NGO / MOH / VRTC	12 months Ongoing	Program developed	Increase in youth awareness
Core Individual					
Expanded National					
6. Liquor Licensing Act	<ul style="list-style-type: none"> Review Liquor Licensing Act in regard to age limit (ID), opening hours, ban advertising / sponsorship, warning labels, stop black market, alcohol free zones, ban refrigerated beer at retailers, minimise number of outlets, re-issuing of licenses, liquor concentration, community input to new license applications, Re-enforce community-based by laws, Stop “happy hours”, training of bar owners/ servers Increase number of enforcement officers - EHOs Municipal officers 	SLO / MOH / MOT / PAHP / DC, MOP / PVMC / Provincial govt / MOIA / Malvautumauri / VCC	2 years 3 years	Act reviewed Additional EHOs	Amended Act passed Breaches monitored
7. Traffic Act	<ul style="list-style-type: none"> Obtain data on trauma implicated with alcohol in Vanuatu from hospital breath alcohol report (see Alcohol Misuse #2) Prepare Explanatory Note for government on review of Traffic Act Traffic Act with respect to legal blood alcohol driving limit and penalties, random breath testing amended 	SLO / MOP / DC / PVMC / MOH / MOIA / WHO	6 months 12 months 3 years	Data available Note presented to COM Act updated	Amended Act passed

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Community					
8. Increase shopowners awareness of legal requirements	<ul style="list-style-type: none"> Obtain list of alcohol retailers from licensing applications held by Municipalities Develop IEC materials and information on legal requirements: to include Chinese version (incl sales to minors) in accordance with proposed modifications to Liquor Licensing Act Distribution on information Inclusion of education on legal requirements in routine shop inspections and shop operating approvals by EHOs 	Municipalities / PAHP MOH / SLO / MOF / PAHP	6 months 18 months	Materials developed and distributed	Greater understanding of requirements by shopowners
Expanded Individual					
9. Brief intervention training	<ul style="list-style-type: none"> Training educates clinical staff in short 3–10 min counselling procedures on alcohol misuse Agreement from Med Super to undertake training Obtain funding for training Undertake training sessions for clinical staff Train a limited number of staff to continue training 	MOH / WHO	4 years	Training completed t-t-t program commenced and integrated with Mental Health program	Increased recognition of alcohol-related problems in inpatients
Optimal National					
10. Ensure amended Liquor Licensing Act is enforced	<ul style="list-style-type: none"> Train police, municipal officers and EHOs in procedures for enforcing legislation Monitor number of prosecutions 	SLO / MOP / MOH / Municipalities	4 years	Training completed Increased prosecutions	Reduction in alcohol-related harm

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
11. Research on kava	<ul style="list-style-type: none"> Collect baseline data on kava consumption within STEPS survey Collect information on role of alcohol / kava in road traffic accidents Conduct research study on physical and social impacts of kava use in Vanuatu 	WHO / MOH MOP / Stats Office MOH / Stats Office/ NGOs	12 months 3 years 5 years	Surveys completed	Baseline information
12. Research control options for Coleman Light	<ul style="list-style-type: none"> Identify options relating to use of Coleman Light Recommendations implemented 	MOH / SPC / WHO	3 years	Report to COM	Reduced use of Coleman Light
13. Research on alcohol-related harm	<ul style="list-style-type: none"> Conduct research on physical and social impact of alcohol 	MOH / SPC / WHO	5 years	Report to COM	Baseline information
14. Research on marijuana use in Vanuatu	<ul style="list-style-type: none"> Examine levels of use, impact and control options 	MOH / SPC / WHO	5 years	Report to COM	Baseline information
Optimal Community					
Optimal Individual					
15. Levels of alcohol-related harm	<ul style="list-style-type: none"> Review hospital inpatient data to assess specific levels of alcohol-related harms requiring treatment. 	MOH / SPC	2 years	Data available	Reproducible baseline Information with profile produced
16. Rehabilitation	<ul style="list-style-type: none"> Introduce counselling service 	MOH / WHO / NGO's	5 years	Service established	Increase people treated