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National Strategy To Prevent And Control Noncommunicable Diseases

Tonga (2004–2009)

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ABBREVIATION AND ACRONYM LIST

AMSC	Alcohol Misuse Sub-committee
AusAID	Australian Agency for International Development
AYA	Australian Youth Ambassadors
BAC	Blood alcohol concentration
CHO	Chief Health Officer
CLO	Country Liaison Officer
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FIFA	Federation of International Football Associations
FWC	Free Wesleyan Church
HESC	Healthy Eating Sub-committee
HO	Health Officer
HPF	Health Promotion Foundation
HPU	Health Promotion Unit
IEC	information, education and communication
IOC	International Olympic Committee
JD	job description
JOCV	Japanese Overseas Country volunteers
LCC	Laingikapo Counselling Centre
MAFF	Ministry of Agriculture, Forestry and Food
MCH	maternal and child health
MLCI	Ministry of Labour, Commerce and Industries
MOE	Ministry of Education
MOH	Ministry of Health
MOP	Ministry of Police
MOW	Ministry of Works
MVA	motor vehicle accident
NCD	Noncommunicable diseases
NCDC	National Non-Communicable Disease Committee
NGO	Nongovernmental organization
NRT	Nicotine Replacement Therapy
NZAID	New Zealand Agency for International Development
OPIC	Obesity Prevention in Communities Project
OT	Occupational Therapist
PA	physical activity
PAHP	Pacific Action for Health Project
PASC	Physical Activity Sub-Committee
PMO	Prime Minister's Office
PNG	Papua New Guinea
PSC	Public Service Commission
RBT	Random breath testing
SPC	Secretariat of the Pacific Community
STG	Standard treatment guidelines
TCSC	Tobacco Control Sub-Committee
TOR	terms of reference
WCC	Women & Children's Centre
WHO	World Health Organization
WNTD	World No Tobacco Day
WTO	World Trade Organization

1. BACKGROUND

The 5th bi-annual regional meeting of Ministers of Health for the Pacific Island countries was held in Tonga from 9 – 13 March 2003. 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.

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, 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 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 Tonga, with the support of its international partners, convened a workshop to develop a “National Strategy to Prevent and Control Non-Communicable Diseases in Tonga”. 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 24-28 October 2003. Participants were invited from a wide cross-section of the community with senior representation from government departments, NGOs and churches. The Honourable Minister for Health, Dr Viliami Taú Tangi, 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 16 March 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.¹ 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.

¹ 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.

- **National Noncommunicable Disease Committee (NCDC).** There was unanimous agreement that a national NCDC should be established to guide policy development and oversee the implementation of activities related to the prevention and control of NCDs in Tonga. It was agreed that four sub-committees - one each for Alcohol Misuse, Healthy Eating, Physical Activity and Tobacco Control - should also be established. These sub-committees would be responsible for the operational implementation of activities contained within the strategy. Additionally, they would provide an annual update on progress to date, by monitoring and evaluating the specified activities. In turn, this information would be presented to the NCDC and formally submitted to Cabinet for their perusal through the Minister of Health.

The functions of the NCDC should be clearly separated from those of the existing Food and Nutrition Committee (the responsibility for food safety has recently been shifted from the Ministry of Health to the Ministry of Agriculture, Forestry and Food (MAFF)). The NCDC should concentrate on the health aspects of diet and nutrition as they relate to NCDs and the Terms of Reference (TOR) and goals of the committee should reflect this.

- **Health Promotion Foundation (HPF).** A unanimous recommendation was that a HPF be established along the lines of those operating in other countries such as Australia. A portion of the tax raised on cigarettes (and possibly also alcohol), is used to fund a 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 escalating 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 organizations. In this way, the promotion of healthier lifestyles becomes a community issue with many partners sharing the responsibility for improving 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 for reducing smoking and improving the health of the population. Taxation of tobacco is currently collected as import duty with a tariff of 625% of the value. The revenue is not earmarked in any way and contributes to overall government revenue. Tonga is expected to introduce revised import duty tariffs in 2004 as part of World Trade Organization (WTO) membership negotiations. The proposed revision includes a flat rate for all imported goods in the order of 15% of the value. The import duty reform is linked to the introduction of a sales tax. The reform would require the establishment of targeted taxation on tobacco and alcohol to maintain the public health gains that result from high taxation levels on these products, plus ensuring government revenue levels. The introduction of such targeted taxes on tobacco and alcohol, would also provide the opportunity to secure funding for the numerous health promotion activities identified in this strategy.
- **STEPwise Survey.** In order to obtain a baseline to monitor the effectiveness of NCD initiatives, it was recommended that a STEPwise survey be conducted. In Tonga, it should take into account the previous survey conducted by the Diabetes Centre and the Prince of Wales Team from Australia and collaborate to join resources and link methods with the planned diabetes follow-up survey. Funding support for this survey is available from the Australian Agency for International Aid (AusAID) and WHO. Using the WHO STEPS methodology ensures that the survey will be consistent across countries in the Pacific and

can be repeated at appropriate intervals. It will therefore allow effective comparisons between countries 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, New Zealand Agency for International Development (NZAID) and AusAID all had one or more initiatives in the area of NCD prevention and control in Tonga. Representatives from all the agencies participated in the meeting to ensure coordination and prevent duplication between donors. This was thought to have contributed significantly to the success of the workshop. It was also quickly realised that many of the actions in the STEPwise intervention framework, particularly in the expanded and optimal strategies, would require future funding. It was agreed that all donors should communicate closely with each other to minimise duplication and ensure that Tonga gains the maximum benefit from the process.

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 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.

COMPONENT 1: INTEGRATED NCD ACTIVITIES

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

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

FRAMEWORK - INTEGRATED NCD ACTIVITIES

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
National					
1. Establish a National Non-Communicable Disease Committee (NCDC) (CORE)	<ul style="list-style-type: none"> Recruit (select) appropriate membership Write TORs for committee Prepare submission for Cabinet Submit proposal to Cabinet Obtain endorsement from Cabinet & establish committee 	MOH	6 months	Submission prepared; Submission approved by Cabinet	NCDC meeting regularly; Risk factors for NCDs reduced
2. Conduct a baseline STEPwise survey (CORE)	<ul style="list-style-type: none"> Obtain funding Collaborative methodology with diabetes survey Identify study cohort Undertake survey 	AusAID WHO/SPC Diabetes Centre Consultant MOH/HPU	3 months 6 months 12 months	Survey completed	Reproducible baseline for impact indicators obtained
3. Establish a Tonga Health Promotion Foundation (HPF) (CORE)	<ul style="list-style-type: none"> Review international experience on HPFs & prepare report Develop proposal for the HPF with revolving fund Submit proposal to Minister of Health Submit proposal to Cabinet Establish foundation when proposal endorsed by Cabinet 	WHO/SPC NCDC MOH	3 months 6 months 2 years	Review completed; Submission prepared; HPF established	Health promotion activities funded by HPF; 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 & nutrition) (EXPANDED)	<ul style="list-style-type: none"> Funding for consultant obtained Consultant recruited Working party formed with MOE curriculum unit, HESC/HPU reps & 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	24 months 3 years 4 years 5 years	Review completed	Curriculum with NCD component used; Enhanced student knowledge of NCDs
5. Using STEPS data with community to increase action in all areas (OPTIMAL)	<ul style="list-style-type: none"> Use STEPS data to support, evaluate & inform policy & community based action 	WHO NCDC	12 months (on-going)	Data obtained; 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 & undertake study 	Consultant International agencies	5+ years	Funding obtained; Data collected	Better understanding of the costs of NCDs to Tonga
Community					
7. Introduce school competitions on NCD issues (CORE)	<ul style="list-style-type: none"> Hold discussions with MOE Develop format & questions for competitions Obtain endorsement from MOE Obtain sponsorship from private sector MOE to hold competitions 	HPU/MOE reps NCDC MOE	6 months 12 months 2 years	Competitions introduced	Increased knowledge of NCD related issues amongst students
8. Media training (CORE)	<ul style="list-style-type: none"> Undertake an annual activity specifically for media representatives covering all aspects of NCDs in Tonga 	NCDC MOH (PAHP)	12 months (on-going)	Training completed	Enhanced relationship with local media & coverage of NCD issues

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
9. Train youth & church group leaders to promote NCDs (include community nutrition volunteers) & introduce education groups (fitness, healthy eating, being active daily etc) (EXPANDED)	<ul style="list-style-type: none"> Identify staff (HOs/HPU) to train youth & church leaders as community nutrition volunteers Develop training program Implement training sessions Leaders complete training Leaders start their own education groups 	MOH/HPU HOs Consultant Youth / church leaders	2 years 2.5 years 3 years	Training programs developed; Trainers trained	Youth & church leaders promoting NCD prevention activities
10. Introduce "Healthy activity week" in school holidays (EXPANDED)	<ul style="list-style-type: none"> Establish working party to promote & organize activities Discussions with key stakeholders (churches, NGOs, MOE, sports groups) Determine activities to be undertaken Appoint coordinator for each activity Promote activities in media Institute "healthy activity week" 	NCDC All churches MOH/MOE Sports organizations NGO partners Retail outlets	18 months 2 years 3 years	Agreement from key stakeholders; Activity conducted	Increase in activities during week
Clinical					
11. Use health centres in community to run program & support community activities. (CORE)	<ul style="list-style-type: none"> Include NCD prevention (PA, healthy eating, smoking cessation & alcohol) activities in roles & responsibilities of HOs Train HOs in health promotion & running programs HOs conducting programs 	MOH	18 months 2 years	Responsibilities included in HOs job descriptions; HOs trained	Increase participation in NCD prevention activities in community
12. Increase promotion of NCD prevention & control by all health staff (EXPANDED)	<ul style="list-style-type: none"> Conduct seminars & group discussions for all clinical staff emphasising the importance of NCD prevention & control & that it is everybody's responsibility Provide health staff with ways to raise issues of health promotion & information on services available in one-to-one discussions with patients 	HPU MOH	2 years & ongoing	Seminars held	Increase in patients indicating NCDs raised in one-to-one discussions by staff

COMPONENT 2: TOBACCO CONTROL

OBJECTIVE: To reduce tobacco use and resulting harms among Tongans

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

FRAMEWORK – TOBACCO

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish a national Tobacco Control Sub-committee (TCSC) of the NCDC	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC & sub-committees to Cabinet 	MOH Workshop working group	6 months	Committee structure submitted to Cabinet	TCSC activities introduced
2. Ratification of the Framework Convention on Tobacco Control (FCTC)	<ul style="list-style-type: none"> Review steps needed to be taken by Tonga to comply with the FCTC FCTC ratified by government 	MOH NZAID	1 month 12 months	FCTC signed FCTC ratified	Action to implement FCTC requirements commenced
3. Amendment of the Tobacco Control Act to be FCTC-compliant, including: <ul style="list-style-type: none"> - Development of necessary regulations - Banning the sale of loose cigarettes - Introduction of stronger health warnings on tobacco packets 	<ul style="list-style-type: none"> Review Tobacco Control Act against FCTC requirements Reviewed Act submitted to Minister of Health Act endorsed by Cabinet & legislation introduced Legislation passed 	TCSC MOH Crown Law NZAID WHO	1 month 3 months 6 months 18 months	Updated Act & supporting regulations	Amended Act passed; Regulations promulgated
4. Commitment to enforcement of Tobacco Control Act (including sales to minors, no-smoking areas & compliance testing)	<ul style="list-style-type: none"> Develop process (in conjunction with alcohol) for measuring youth sales compliance Complete the testing of shop keepers for compliance with current legislation 	MOH (PAHP) MOP NZAID	6 months 12 months	Procedure defined & implemented; Number of prosecutions	Fewer outlets in breach of law

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
5. Educate retailers on legislation regarding tobacco sales.	<ul style="list-style-type: none"> Produce written materials summarising legal obligations (in Tongan, English & Chinese) & visit premises to re-educate shop owners & public on Tobacco Control Act 	TCSC MOH (PAHP) MOP	2 years	Materials developed & distributed	More outlet owners & staff understand the Tobacco Control Act.
6. Training of enforcement officers	<ul style="list-style-type: none"> Train enforcement officers in current & proposed legislation Develop procedures for enforcement of legislation Monitor number of prosecutions 	MOH MOP Crown Law NZAIID	3 months 12 months	Enforcement staff trained	Increase in trained enforcement officers & number of infringement notices / prosecutions
7. Increase the price of tobacco	<ul style="list-style-type: none"> Review current pricing with view to establishing HPF (see Integrated NCD Activities # 5). Replace current import duty tariffs on tobacco with targeted tobacco sales tax Advocate for dedicating a proportion of the targeted tobacco tax for a HPF 	MOH Crown Law MLCI	12 months	Tax increase; HPF established	Reduction in smoking prevalence
8. Determine prevalence of tobacco use, consumption of tobacco	<ul style="list-style-type: none"> Conduct STEPS survey (see Integrated NCD Activities #6) Collect & collate tobacco production & import data 	WHO MOH Statistics Department	12 months	Data available	Baseline data available
Core Community					
9. Integrate activities with & between existing community/youth/sport/ women's/church groups assisting with (finance & IEC materials) to conduct drama, signing competitions, awareness/training, Western Union aerobics etc.	<ul style="list-style-type: none"> Conduct activities 	TCSC MOH (PAHP) NZAIID other partners	3 months (on-going)	Range of anti-tobacco activities conducted	Increased public knowledge & skills
10. World No Tobacco Day (WNTD)	<ul style="list-style-type: none"> Extend WNTD to a week long activity involving all partners 	MOH, WHO, LCC Salvation Army other partners	12 months (on-going)	Activities conducted	Increased public knowledge & skills
11. Media & social marketing	<ul style="list-style-type: none"> Use newspaper, radio, TV, media packs & youth approaches (eg juice music) to promote smokefree message (prevention & cessation) inclusive of role models 	TCSC MOH (PAHP) NZAIID other partners	3 months (on-going)	Promotional activities conducted	Enhanced knowledge & skills relating to key social marketing message(s)

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
12. Promote policies for smokefree workplaces, schools, churches, community halls & kava circles	<ul style="list-style-type: none"> Through community leaders & partnership networks, utilise opportunities to introduce & reinforce the smokefree concept in these settings 	TCSC other partners	6 months (on-going)	Promotional activities conducted	Increase in smoke-free public spaces
13. Government ministries to report on smoking prevalence	<ul style="list-style-type: none"> Each ministry to record current prevalence of smoking 	Government ministries	12 months (on-going)	Data collected; Linkage to Quit activities	Increase in smoke-free policies introduced & reduced prevalence
14. Village smokefree awards	<ul style="list-style-type: none"> Determine criteria for smokefree village awards Approach businesses for sponsorship or donation of prizes Acknowledge villages becoming smokefree with media & publicity, consider provision of village smokefree banners 	TCSC MOH	12 months (on-going)		Increase in smoke-free areas
15. Develop supportive school policies for students caught smoking	<ul style="list-style-type: none"> Develop procedures for schools (including formal counselling), to be followed if students are found smoking New policies endorsed by Minister of Education New policies introduced & staff trained 	MOE Church schools LCC Salvation Army	18 months 2 years	Policies documented; Policies introduced	Fewer students expelled & more sent for Quit counselling
Core Clinical					
16. Develop a comprehensive smoking cessation package.	<ul style="list-style-type: none"> Initiatives designed with input from smokers (current & ex-smokers) & also of youth smokers if programs are targeted at young people. Where relevant, use role models, incentives/rewards & existing networks/groups. Doctors in outpatients asking history of tobacco use: this must be included in medical records Education of patients/family Support groups Development & provision of relevant IEC materials Brief intervention training/updates Development of guidelines on brief interventions Training in outer islands for health workers in smoking cessation 	MOH (PAHP) NZAID LCC WHO MOH MOH, LCC Salvation Army NZAID, WHO NZAID, MOH MOH, LCC TCSC PASC	3 months (on-going) 12 months 3 months (on-going) 3 months (on-going) 3 months 12 months 3 months (on-going)	Programs designed & implemented; Better Medical records; Groups functioning; Materials available; Updates complete; Guidelines developed; Health workers trained;	Relevant materials & processes developed; Information used to inform brief interventions; Increased support to Quit; Enhanced Quit resources; Counselling improved Quit programs available in outer islands

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators*
	<ul style="list-style-type: none"> Link with PASC to ensure issue of weight maintenance is incorporated into cessation activities Examine potential for cessation program at village level based on pilot 	TCSC LCC	12 months	Weight increases for those Quitting minimised; Program commenced	Increased proportion reducing or maintaining pre-Quit weight; Number of villages participating
17. Hospitals & health centres	<ul style="list-style-type: none"> Continue & enhance enforcement of non-smoking areas (role models) 	MOH	3 months (on-going)	Enforcement applied	Increase in smokefree public spaces
Expanded National					
18. Legislative modifications: - Limiting how much tobacco can be discounted - Prescribing more smoke free premises (section 11 of Tobacco Control Act) - Consider whether a minimum price for tobacco products is set - Ban smoking while driving a vehicle - Introducing strong health warnings (in Tongan using pictograms / pictures)	<ul style="list-style-type: none"> Further review of Tobacco Control Act Amendments to Act submitted to Minister of Health Amendments endorsed by Cabinet & Act introduced 		3 years 3.5 years 5 years	Act Introduced	Strengthened Tobacco Control Act
19. Consider using section 11 of the Tobacco Control Act to declare churches, church halls, community schools & kava clubs as smoke-free public places	<ul style="list-style-type: none"> Consultation with relevant groups Recommendations submitted to Minister of Health Recommendations endorsed by Cabinet & introduced 	TCSC Crown Law MOH MOP	3 years 3.5 years 4 years	Section 11 used	Increase in smoke-free public spaces
20. Research - Assessment of tobacco price rise impact on smokers in Tonga	<ul style="list-style-type: none"> Obtain funding for & recruit consultant Submit report to Minister of Health Submit report to Cabinet 	TCSC MOH WHO Consultant	2 years 3 years	Report completed & submitted	Recommendations on price increases incorporated into tobacco pricing index

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
21. Research - Knowledge of Act & on-going compliance	<ul style="list-style-type: none"> Assess retailers' knowledge of Act Maintain compliance testing procedures (links with strategy #4) 	MOH (PAHP) MOP NZAID	2 years +	Knowledge of Act; Number of infringement notices / prosecutions	Fewer outlets in breach of law
Expanded Community					
22. Strengthen the role of children as change agents, use children to illustrate the impact of tobacco on family life	<ul style="list-style-type: none"> Obtain funding for & recruit consultant to investigate the potential role of children Submit report to TCSC Submit report to Cabinet & recommendations actioned 	TCSC	3 years 4 years	Report completed & actions identified	Information used to strengthen community focus of program
23. Create a student advisor/counsellor position	<ul style="list-style-type: none"> Obtain funding for position Position shared among schools & assisting with Quit initiatives 	MOE LCC	3 years 4 years	Position appointed	Increased support for students to Quit
Expanded Clinical					
24. Expand Quit-line	<ul style="list-style-type: none"> Assess options for extension of Quit-line Obtain funding for Quit-line 	MOH LCC	3 months (on-going)	Quit-line expanded	Increased support for students to Quit
25. Ensure availability of Nicotine Replacement Therapy (NRT)	<ul style="list-style-type: none"> Commence negotiations with pharmaceutical industry to supply Nicotine Replacement Therapy (NRT) & determine in-country distribution network to ensure sustainability 	MOH (PAHP) NZAID	3 months (on-going)	NRT available	Enhanced Quit rates
26. Establish an additional smoking cessation advisor / counsellor position.	<ul style="list-style-type: none"> Identify funding & recruit Advisor/counsellor to implement smoking cessation programs across settings. 	TCSC	3 years	Additional counselling available	Enhanced Quit rates
Optimal National					
27. Expansion of the Consumer Protection Act to regulate sales of tobacco products close to school.	<ul style="list-style-type: none"> Prepare discussion paper Hold discussions with key stakeholders Develop proposal Discussion with Ministry of Labour, Commerce & Industry (MLCI) Minister of LCI presents proposal to Cabinet 	TCSC Consultant MLCI	3 years 4 years 5 + years	Zoning restrictions introduced	Decreased access to tobacco in school precincts

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
28. Total ban on smoking in all public places	<ul style="list-style-type: none"> Consultation with relevant groups Recommendations submitted to Minister of Health Recommendations endorsed by Cabinet & introduced 	TCSC Crown Law MOH MOP	3 years 3.5 years 5 years	Legislation introduced	Increase in smoke-free public spaces
29. Ban or restrictions on duty free tobacco	<ul style="list-style-type: none"> Prepare discussion paper Hold discussions with key stakeholders Develop proposal Discussion with MLCI Minister of LCI presents proposal to Cabinet 	TCSC Consultant MLCI	3 years 4 years 5 + years	Allowance reduced	Decreased availability of duty free tobacco
30. Meet FCTC reporting requirements	<ul style="list-style-type: none"> Feedback to FCTC Conference of the parties 	MOH	5 years	Feedback provided annually	Reduced prevalence of tobacco use
31. Research – tobacco smuggling	<ul style="list-style-type: none"> Identify funds for consultant Conduct assessment of tobacco smuggling 	TCSC	5 years	Report tabled with Cabinet	Actions taken to further control smuggling
Optimal Community					
32. Resource Centre	<ul style="list-style-type: none"> Identify funds Establish a resource centre on tobacco for distribution of information 	TCSC other partners	5 years	Centre established	Increased access to smokefree resource information
33. Further research into the health, social, cultural & economic impacts of tobacco use	<ul style="list-style-type: none"> Identify funds for consultant Participatory research on initiation & progression to regular smoking in Tongan youth 	TCSC	5 years	Research conducted	Information used to strengthen youth focus of program
Optimal Clinical					
34. Develop a specific smoking cessation clinic incorporating all elements of tobacco cessation & including a recall/follow-up system for clients	<ul style="list-style-type: none"> Identify funds Establish centre 	MOH Salvation Army	5 + years	Clinic established	Enhanced Quit rates

COMPONENT 3: PHYSICAL ACTIVITY

OBJECTIVE: To increase the levels of physical activity among Tongans

IMPACT INDICATORS: Levels of physical activity amongst Tongans
 Risk factors for NCDs (obesity, hypertension etc) among Tongans

FRAMEWORK - PHYSICAL ACTIVITY

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish Physical Activity sub-committee (PASC)	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC & sub-committees to Cabinet 	MOH Workshop working group	6 months	Submission presented to Cabinet	PASC activities being introduced
2. Introduce a National Education Policy that all schools have compulsory PA.	<ul style="list-style-type: none"> Develop proposal Proposal ratified by NCDC Proposal submitted to Minister of Education & Cabinet Proposal endorsed by Cabinet & policy introduced Policy for primary schools available, currently under revision Secondary schools: Scheduled PE time reintroduced in addition to every Friday afternoon sports 	PASC/MOE reps NCDC	12 months 18 months 2 years	Policy introduced; Required number. of hours of PA stipulated in curricula for primary & secondary schools	PA being carried out in all schools
3. Introduce a National Education Policy that all schools have a teacher trained in PA	<ul style="list-style-type: none"> Formulate draft policy Proposal endorsed by NCDC Proposal submitted to Minister of Education & Cabinet for approval Proposal endorsed by Cabinet & policy introduced PA already incorporated in teacher's training; review level of implementation/effectiveness Make recommendations for improvements 	PASC/MOE reps NCDC	12 months 18 months 2 years 6 months 12 months	Policy introduced	All schools have teacher trained in PA

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
4. Determine level of PA & prevalence of sedentary lifestyle	<ul style="list-style-type: none"> Conduct STEPS survey (see Integrated NCD Activities #6) 	WHO MOH	12 months	Data available	Baseline data available Follow-up data available
Core Community					
5. PA Communication	<ul style="list-style-type: none"> Integrate PA communication needs from the below areas (7-11, 13) into one communication strategy for dissemination 	PASC			PA Communication Strategy disseminated
6. Support of PA groups	<ul style="list-style-type: none"> Support groups & role models Supply body fat monitoring scales Training of trainers Recruit more PA trainers from community nurses 	HPU	Ongoing		
7. Support Youth groups – Toutuú & Koka'anga	<ul style="list-style-type: none"> Meetings with village chief/ committee Land provided by village Funding raised for seedlings & activity instructor 	MAFF Village chief Village committee	9 months 12 months	Youth groups active	Increase in youth PA
8. Revive inter-department sports competitions	<ul style="list-style-type: none"> Establish sports competition working group Contact departments to request forming teams Organise sporting grounds & timetable / Start competition Request at least one hour dedicated time for PA in all departments in a submission to the government 	PASC PA coordinator (if appointed)	9 months 12 months 9 months	Sports competition revived	More staff participation in PA
9. Encourage Church Ministers & nobles to act as role models for PA	<ul style="list-style-type: none"> One-to-one discussions with key ministers & nobles Suggest leading an activity eg walk or aerobics team 	HPU PASC	9 months 12 months	Discussions held with key nobles etc	Nobles & ministers leading exercise groups
10. Request that schools improve PA facilities within current resources (eg football fields, volleyball, children's play areas)	<ul style="list-style-type: none"> PASC & MOE reps develop proposal for MOE MOE endorses proposal & notifies all schools Schools request assistance of PTA to improve sports facilities in school. 	PASC MOE PTA FIFA	12 months 18 months	Meetings held with PTA; Submission prepared	School sports facilities improved
11. Use Royal Tomb Park for recreational setting	<ul style="list-style-type: none"> Meetings with local landowners Lobby for Royal support Prepare submission for Royal support 	NCDC	12 months 18 months	Meetings held; Submission prepared	Royal Tomb Park used for recreation

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
12. Introduce exercise programs for the elderly & for women	<ul style="list-style-type: none"> • Training for HOs in running exercise programs • HOs to run programs from health centres until plan of activities implemented • Expand current Health Promotion program • Walk-for-health every Saturday 	HPU MOH	18 months 2 years	Programs running	Increased PA by elderly & women
13. Expand aerobic competitions	<ul style="list-style-type: none"> • Meet with & obtain agreement from departments • Organise schedule for competitions • Start interdepartmental aerobics competition prior to Western Union Aerobics Extravaganza 	PASC PA coordinator (if appointed)	12 months 15 months 18 months	Aerobics competition established	More staff participation in PA
14. Encourage workplace PA activities (eg group walking, aerobics)	<ul style="list-style-type: none"> • Prepare information sheet on opportunities available for PA for staff members • Present seminars to workplaces on importance of PA & opportunities available 	HPU	18 months 2 years	Seminars presented	Increased workplace PA activities
15. Allow school playgrounds to be used for village physical activities	<ul style="list-style-type: none"> • Request permission from MOE to have discussions with schools • Discuss options for supervision of school playgrounds after hours with schools & PTA; • Prepare & submit request to MOE 	PASC School principals PTA	12 months 18 months 2 years	Discussions held with Schools/ PTA Request granted by MOE	Increase in schools facilities used for community PA
Core Clinical					
16. Increase the promotion of PA by clinical staff.	<ul style="list-style-type: none"> • Include PA in standard treatment guidelines (STGs) for NCDs (such as diabetes & hypertension) • Develop STG for weight loss & weight maintenance with PA component • Train doctors & nurses in STGs • Develop Physical Activity "Prescription" 	MOH Clinical staff Diabetes Centre HPU WHO Consultant	2 years 2 years	Guidelines completed	Health staff actively promoting PA as part of NCD management
Expanded National					
17. Create position of national coordinator for Physical Activity	<ul style="list-style-type: none"> • Develop terms of reference for position • Lobby support for position • Seek funding for position from IOC or other agencies • Advertise & recruit position if funding obtained 	PASC NCDC	12 months 18 months 2 years 3 years	Funding obtained	PA coordinator in place

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
18. Train current teachers to supervise PA activities	<ul style="list-style-type: none"> Recruit qualified PA teacher from Japan/Australia to train teachers in PA Request schools to identify staff from training in supervising PA Staff to undertake in-service training 	PASC MOE JOCV/AYA AusAID, Youth Ambassadors	18 months 2 years 3 years	PA trainer recruited; Staff for training identified	Designated staff supervising PA classes
19. Formulate national education policy that all new schools have dedicated sports & exercise facilities	<ul style="list-style-type: none"> Develop proposal Proposal ratified by NCDC Proposal submitted to Minister of Education & Cabinet Proposal endorsed by Cabinet & policy introduced 	PASC MOE reps MOE	18 months 2 years 3 years	Policy endorsed by Cabinet	Better facilities in schools
20. Investigate international standards with respect to taxes on push bikes & sports equipment & reducing taxes if appropriate	<ul style="list-style-type: none"> Obtain funding for & recruit consultant Submit report Prepare submission if appropriate 	NCDC PASC/Consultant	2 years 3 years	Report completed; Submission prepared	Push bikes & sporting equipment cheaper
21. Formulate national policy that local development plans include the provision & maintenance of accessible sites for PA (such as parks & pedestrian paths)	<ul style="list-style-type: none"> Consultation with local village committees Develop proposal Proposal endorsed by NCDC Proposal submitted to Cabinet Proposal endorsed by Cabinet & policy introduced 	PASC NCDC	2 years 2.5 years 3 years 4 years	PA friendly areas; Local infrastructure plans documented	PA friendly areas in every village
Expanded Community					
22. Encourage each church &/or village to develop a Plan of Activities.	<ul style="list-style-type: none"> Develop guidelines for plans of activities. Enrol churches & communities Establish village activities committee Encourage development of PA plans along guidelines 	HPU PASC/NCDC Churches Village officers Village chiefs	2 years 2.5 years 3 years	Plans documented	Increase participation in PA in community
23. Request that government & other organizations allow all employees one hour per week for PA.	<ul style="list-style-type: none"> Formulate draft policy Present proposal to NCDC for endorsement Submit proposal to PSC, private sector, churches. 	PASC NCDC	3 years 4 years	Submission prepared	Increased work-based PA activities
24. Expand village agricultural & garden competitions	<ul style="list-style-type: none"> Include gardening competitions in village plan of activities 	MAFF Village chief Village committee	3 years	Competition expanded	Increased PA for women & elderly in villages

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
25. Investigate ways to improve available time to undertake PA	<ul style="list-style-type: none"> Do feasibility study on improving lighting at sports facilities & walking areas Investigate possibility of church related PA activities on Sundays (eg walking groups) 	PASC Consultant NCDC	3 years 3 years	Study report completed	PA activities possible for extended hours
26. Initiate Nuku'alofa car-free day	<ul style="list-style-type: none"> Collect statistics on car use Prepare submission for Cabinet Present to NCDC for endorsement Submit to Cabinet Policy endorsed by Cabinet & car-free day introduced 	PASC NCDC	3 years 3.5 years 4 years	Submission prepared	Car-free day endorsed by Cabinet
27. Increase facilities for exercise in workplaces	<ul style="list-style-type: none"> Investigate possibility of small grants from international sports federations for equipment (eg netball, rugby etc). Prepare & submit submissions for equipment Offer equipment to workplaces which agree to maintain courts, fields etc. 	HPU PASC PA Coordinator	3 years 3.5 years 4 years	Report completed, Submission made Offers sent out	More PA opportunities for workers
28. Introduce TV exercise shows aimed at special target groups (eg elderly/obese).	<ul style="list-style-type: none"> Investigate cost of airing shows Obtain funding if appropriate Approach TV station to request TV exercise shows 	PASC Maá Lahi	3 years 4 years	TV shows aired	More home based PA
29. Make walking safe from dogs in villages/town	<ul style="list-style-type: none"> Enforce dog population control Start registering dog bites from Emergency Department Investigate & recommend system to ensure dangerous dogs are restrained & reported to police if not. Obtain endorsement for system from MOP & introduce 	MAFF MOP MOH	12 months 12 months 2 years 4 years	Reduced stray dogs & dogs roaming freely	Safer walking areas
Expanded Clinical					
30. Increase the physiotherapy capacity in the hospital.	<ul style="list-style-type: none"> Investigate current situation with physio aides Recruit & train physio aides if appropriate Encourage school leavers to study physiotherapy at university 	External consultant MOH physiotherapist	2 years 3 years 3 years	Review of physiotherapy options completed	More physiotherapists or aides
Optimal National					
31. Modify construction code for new buildings to include facilities to promote PA (such as change rooms, showers)	<ul style="list-style-type: none"> Formulate policy Proposal ratified by NCDC Proposal submitted to Minister of Works & Cabinet New construction code ratified 	PASC MOH/MOW	5+ years	Revised code	More new buildings promoting PA

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
32. Modify construction code for new roads in settlements to include footpaths	<ul style="list-style-type: none"> • Consultation with stakeholders • Formulate policy • Proposal ratified by NCDC • Proposal submitted to Minister of Works & Cabinet • New construction code ratified 	PASC with MOW reps NCDC MOW	5+ years	Construction code passed	All new urban & village roads have foot paths
33. Develop urban planning policies to encourage walking instead of car use (e.g. Designate town area as car free mall or waterfront at certain times)	<ul style="list-style-type: none"> • Consultation with stakeholders • Formulate proposal • Proposal ratified by NCDC • Proposal submitted to Minister of Works & Cabinet • Car free areas introduced 	PASC with MOW reps NCDC MOW	5+ years	Urban planning policy passed	Car free areas in place
Optimal Community					
34. Improve facilities for swimming (ocean pool)	<ul style="list-style-type: none"> • Investigate possibility of IOC or ISF funding an ocean pool • Construct salt water pool 	PASC PA coordinator	5+ years	Funding obtained for pool	Pool constructed
35. Investigate outrigger canoe competitions	<ul style="list-style-type: none"> • Discussions with villages & churches about feasibility of constructing canoes • Institute competition through village & church network • Start competition if feasible 	PASC Village committees PA coordinator	5+ years	Feasibility study completed	Competition started
36. Introduce adult & child swimming lessons	<ul style="list-style-type: none"> • Recruit instructors to conduct swimming lessons • Ask JOCV/AYA in early stages • Train local Tongans to teach swimming 	PA coordinator	5+ years	Swimming lessons commenced	More participation in water sports
Optimal Clinical					
37. Recruit & train more qualified physiotherapists	<ul style="list-style-type: none"> • Market physiotherapy at career's night • Encourage school leavers to do physiotherapy • Investigate incentives for physiotherapists to return from overseas 	MOH	5+ years	Physiotherapist in training	Physiotherapists working in MOH
38. Create position for occupational therapist (OT)	<ul style="list-style-type: none"> • Develop proposal • Proposal ratified by MOH • Proposal submitted to Minister of Health & Cabinet (PSC) • Recruit person to train in OT 	Medical Superintendent CHO/HPU	5+ years	Position created	OT in place

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
39. Rehabilitation unit including cardiac rehab, general rehab, pool facilities in MOH	<ul style="list-style-type: none"> • Undertake planning study for rehabilitation unit • Develop submission & present to Cabinet • Obtain funding for unit & staffing • Build unit 	Medical Superintendent MOH	5+ years	Funding obtained	Unit built
40. Use MOH rehabilitation pool for aquarobics activities for obese, elderly etc	<ul style="list-style-type: none"> • Obtain permission from MOH • Train instructors in aquarobics or recruit volunteers (JOCV, AVA, Peace corps) • Start aquarobics sessions 	PASC HPU MOH	5+ years	Permission granted to use pool	Special aquarobics commenced

COMPONENT 4: HEALTHY EATING

OBJECTIVE: To improve the diet and eating patterns among Tongans

IMPACT INDICATORS: Prevalence of obesity amongst Tongans
Prevalence of risk factors for NCDs (high cholesterol and lipids, hypertension etc) amongst Tongan people

FRAMEWORK– HEALTHY EATING

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish a Healthy Eating Sub-committee (HESC) of the NCDC	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC & sub-committees to Cabinet 	MOH Workshop working group	6 months	HESC submission presented to Cabinet	PASC activities being introduced
2. Develop Coordination strategy to ensure good communication with Food Department of MAFF & FAO.	<ul style="list-style-type: none"> MOH, HESC & MAFF to meet to determine routine communication network. Member of Food Dept. to be on HESC Food Dept. to regularly update MOH & HESC. 	HESC MOH MAFF MOE	6 months	Regular meetings taking place	Improved coordination between MOH, MAFF & HESC
3. Ensure appropriate input about NCD issues included in new Food Act (e.g. appropriate labelling of food composition)	<ul style="list-style-type: none"> Meet with MAFF & individuals responsible for Food Act Request representation on working groups & in discussions Ensure consultant reviews Act before submission to Cabinet 	MAFF (Head of Food Division) MOH Consultants	6 months 12 months	Draft legislation endorsed by MOH & consultant	Legislation passed & implemented
4. Review & adopt Healthy Eating Guidelines in accordance with the Pacific Guide (developed by SPC)	<ul style="list-style-type: none"> Conduct focus groups Draft guidelines Guidelines endorsed by NCDC 	HESC HESC/NCDC	12 months 18 months 2 years	Working Group established; Focus groups held	Revised healthy eating guidelines

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
5. Restrict importation of fatty meat products	<ul style="list-style-type: none"> Develop proposal to support the case for setting quotas on importation of fatty meats, including scientific justification & legitimate objectives for negotiations with WTO Submit proposal to Cabinet for endorsement If endorsed, draft legislation Review legislation by Law Reform Committee Legislation passed by Parliament 	WHO consultants MOH MLCI	6 months 18 months 2 years	Proposal completed; Proposal endorsed by Cabinet	Legislation passed; Less fatty meat on market
Core Community					
6. Develop & enforce school food policies to encourage healthy eating	<ul style="list-style-type: none"> Working party established with representatives from MOE, MOH, HESC Completion of School Nutrition & Risk Factor Survey Joint school food policy developed by working party Joint school food policy endorsed by NCDC, MOE & MOH Food policy introduced in staged process with some schools chosen as demonstration schools to commence in 2005 	HESC MOE MOH NCDC	12 months 18 months 2 years	Joint Food Policy developed; Food policy introduced into pilot schools	Children eating healthier food in pilot schools
7. Expand home vegetable gardens	<ul style="list-style-type: none"> Work with MAFF to extend home gardens program Commence pilot project 	MAFF MOH	12 months		
Core Clinical					
8. Increase participation in current risk factor assessment, weight management & counselling programs in diabetes centre.	<ul style="list-style-type: none"> Protocols for referral to diet clinics in diabetes centre distributed widely Doctors & nurses instructed in referral protocols & suitability of patients Increase involvement of health centres, clinics & hospital 	HESC MOH MAFF OPIC	12 months	Protocols developed & disseminated	More people referred for counselling
Expanded National					
9. Train more home economics teachers to teach nutrition.	<ul style="list-style-type: none"> Review staffing levels for home economics & determine ideal staffing Prepare submission for increased staffing levels Submission endorsed by Minister of Education & submitted to Cabinet/PSC Submission endorsed by Cabinet /PSC Additional student teachers recruited 	HESC/MOE reps Consultant MOE	12 months 2 years 3 years	Review completed; Submission endorsed by Cabinet	More home economics teachers in training

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
10. Improve constancy of supply of affordable fruit & vegetables to overcome seasonal variation	<ul style="list-style-type: none"> Assess report of current Chinese consultant Obtain funding for implementation of recommendations if appropriate Implement recommendations Undertake further review & new initiatives if needed 	Consultant MAFF	6 months 3 years 4 years	Report reviewed; Actions implemented	Supply of fresh fruit & vegetables more constant
Expanded Community					
11. Introduce social marketing on healthy eating, breastfeeding & food handling (TV, radio, newspaper, newsletter)	<ul style="list-style-type: none"> Develop funding proposal for introduction of broad social marketing campaign aimed at healthy eating, size of food serves, breastfeeding & food handling Obtain funding Recruit experts to design & produce advertisements Air advertisements 	HESC HPU MOH	9 months 18 months 2 years	Proposal completed; Funding obtained	Enhanced knowledge & skills relating to key social marketing message(s)
12. Strengthen MAFF women's outreach programs in the community - cooking, home gardens, maternal nutrition, encourage local produce etc	<ul style="list-style-type: none"> Write proposal for funding to extend outreach programs especially for nutrition & cooking skills Proposal endorsed by Minister of Agriculture Programs expanded 	MAFF HESC OPIC MOH	12 months 18 months 2 years	Proposal written; Outreach programs extended	Women in villages have greater knowledge of nutrition
Expanded Clinical					
13. Expand weight management program (nutrition education, one-to-one, group sessions, specific weight loss, mothers – postnatal care, MCH etc)	<ul style="list-style-type: none"> Develop protocols for identification, monitoring & management of overweight people in villages Introduce weight loss programmes for high risk patients such as women with gestational diabetes Identify training needs for MOH staff & equipment needs (scales, training material etc) Submit funding proposal for training & equipment Obtain funding Train staff, purchase equipment & materials Introduce expanded weight loss programs 	HESC MOH MAFF OPIC	12 months 2.5 years 3 years	Protocols prepared; Funding obtained; Expanded programs introduced	Decrease in number of overweight people in villages
14. Update curriculum for school of nursing, health officers & agricultural extension officers to incorporate public health nutrition.	<ul style="list-style-type: none"> Review existing curricula Develop public health nutrition component for curricula Introduce PH nutrition curricula 	HESC SPC	18 months 2 years 3 years	Review & updates completed	Increased skills in community & clinical settings

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Optimal National					
15. Regulate advertisements directed at young children	<ul style="list-style-type: none"> Review international experience with restrictions of advertising & develop proposal Formulate policy if appropriate Submit policy to Cabinet for endorsement Draft legislation Review legislation by Law Reform Committee Submit legislation to Parliament 	Consultant HESC NCDC MOH/HPU	5+ years	Review documented; Legislation drafted, if appropriate	Children eating healthier food
Optimal Community					
16. Introduce Healthy Food Awards	<ul style="list-style-type: none"> Develop proposal for Healthy Food Awards Obtain tentative sponsorship for awards Proposal endorsed by NCDC Proposal endorsed by Minister of Health & submitted to Cabinet Proposal endorsed by Cabinet Introduce awards on annual basis & present prizes at significant event 	MOH/ HPU Food council HESC NCDC Sponsors	3 years 4 years 5+ years	Develop proposal; Secure funding; Launch & promote program	Healthy food program in a variety of settings
Optimal Clinical					
17. Recruit & train more nutritionists	<ul style="list-style-type: none"> Educate school leavers on nutrition & dietetics as a university course Encourage nutrition recruits at careers night Identify MOH staff (e.g. nurses) who may wish to train as nutritionists Obtain scholarships for training 	MOH	5+ years	People identified to train in nutrition & dietetics overseas	More trained nutritionists & dieticians in Tonga

COMPONENT 5: ALCOHOL MISUSE

OBJECTIVE: To reduce alcohol misuse among Tongans

IMPACT INDICATORS: Prevalence of alcohol misuse among Tongans
Prevalence of alcohol misuse by youth (baseline Pacific Stars survey)
Incidence of alcohol misuse harms (e.g. road trauma, domestic violence, alcohol related medical conditions), among Tongans.

FRAMEWORK – ALCOHOL MISUSE

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Core National					
1. Establish an Alcohol Misuse Sub-committee (AMSC) of the NCDC	<ul style="list-style-type: none"> Recruit appropriate membership of committee Submit committee structure with NCDC & sub-committees to Cabinet 	MOH Workshop working group	6 months	Committee structure submitted to Cabinet	AMSC activities being introduced
2. Conduct compliance test with current legislation (supply after 5pm, selling liquor to underage youth etc)	<ul style="list-style-type: none"> Develop survey process (in conjunction with tobacco) for measuring compliance Establish the number of retailers & quantities of imported & locally produced alcohol Complete the testing of shop keepers for compliance with current legislation 	MOH (PAHP) MOP	6 months 12 months	Survey process defined; Survey conducted	Baseline data available to measure effect of enforcement of legislation
3. Educate retailers on existing legislation regarding selling liquor to underage youth.	<ul style="list-style-type: none"> Produce written materials summarising legal obligations (in Tongan, English & Chinese) & visit premises to re-educate shop owners & public on existing law 	AMSC MOP	2 years	Workshops conducted	More outlet owners & staff understand the Liquor Act
4. Enforce current legislation through prosecution of non-compliers	<ul style="list-style-type: none"> Police to follow-up complaints with warnings and/or prosecution of offences 	MOP	2 years	Number of prosecutions	Fewer outlets in breach of law

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
5. Ensure that the tax on alcohol is not reduced with the introduction of the new GST legislation	<ul style="list-style-type: none"> Review GST legislation currently being enacted Raise concerns with government regarding WTO negotiations & its impact on alcohol prices & availability. Ensure that a separate tax on alcohol is maintained if current sales & ports taxes are abolished. 	MOH Crown Law MLCI	12 months	Alcohol tax included in legislation	Legislation implemented
6. Determine level of alcohol use	<ul style="list-style-type: none"> Conduct STEPS survey (see Integrated NCD Activities #6) Collect & collate alcohol production & import data Establish prevalence of alcohol related accidents & injuries presenting at Vaiola hospital Obtain an indicator on the prevalence of drink driving 	WHO MOH	12 months	Data available	Baseline data available
Core Community					
7. Incorporate alcohol misuse themes into existing community programs e.g. Heilala Week, major sports events & village celebrations.	<ul style="list-style-type: none"> Conduct performances (music, drama etc) in communities highlighting alcohol misuse (& link with tobacco control program) 	Church, youth, sport, NGOs & women's organizations	12 months & ongoing	New activities commenced	Increased understanding of affect of alcohol misuse by participants
8. Enforce school regulations regarding drinking on school grounds (teachers & students)	<ul style="list-style-type: none"> Conduct in-service on regulations & national procedures Head teachers to institute systems to report & document incidence of drinking in school grounds 	MOE Church schools MOP	18months 2 years	Workshops conducted	Reduction in alcohol affected students attending school
9. Introduce school policies to manage students affected by alcohol	<ul style="list-style-type: none"> Develop procedures for schools (including formal counselling), to be followed if children or teachers are found drinking in school grounds New policies endorsed by Minister of Education New policies introduced & staff trained 	MOE Church schools Salvation Army	18 months 2 years	Policies documented; Policies introduced	Fewer students expelled & more sent for counselling for alcohol related issues
10. Introduce or expand information & income generating activities for high risk interest groups - focus on unemployed youth, school drop-outs eg Young Farmers program	<ul style="list-style-type: none"> Develop appropriate information & work training program for youths & source trainers (use current AusAID projects where appropriate) Select high risk groups Commence programs 	MAFF Fisheries MLCI Youth Councils AusAID	12 months 2 years	Programs developed & commenced	High risk youth more actively engaged & undertaking less self destructive behaviour

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
11. Expand FWC no-alcohol camps to other congregations	<ul style="list-style-type: none">Discussions with FWC & other congregationsNon-alcohol camps introduced widely	FWC Other congregations	12 months 2 years	More congregations have no alcohol camps	Increase in youth attending camps & knowledge regarding alcohol
Core Clinical					
12. Introduce or expand alcohol support programs (individuals)	<ul style="list-style-type: none">Promote existing support group & alcohol cessation program.Provide information on available resources to health staffTraining for MOH staff for referrals to program	Salvation Army MOH	18 months	MOH staff trained; Support groups being held	Increased length of abstinence by alcoholics sent to support groups
13. Breath testing for alcohol incorporated in hospital assessment of accidents at outpatients prior to legislative amendments to enforce this action	<ul style="list-style-type: none">Obtain funding for purchase of breath analysis equipmentEstablish protocols for use in Emergency Dept.Develop coding field in outpatient records to document alcohol level & also establish manual register for breath alcohol levelsTrain outpatient staff in use of equipmentEnsure continuation of supply of required consumables & calibration mechanism for equipmentPrepare report on readings found for NCDC to be used for advocacy & potential legislative review	MOH Crown Law	18 months	Breath testing equipment being used & readings recorded	Information on breath alcohol levels available for advocacy
			18 months		
			2 years		
Expanded National					
14. Educate public on existing legislation regarding selling liquor to underage youth etc.	<ul style="list-style-type: none">Obtain fundingDevelop media programsConduct public seminars & produce written materials on existing law	AMSC MOP	2 years 3 years	Media programs aired	Fewer underage youth trying to obtain liquor
15. Formulate policy & institute procedures for complaints against location of liquor premises & non-compliance of legislation.	<ul style="list-style-type: none">Formulate draft policyProposal endorsed by NCDCProposal submitted to Minister of Police & Cabinet.Policy endorsed by CabinetProcedures documentedPositions created for maintaining registerTraining undertaken in proceduresRegister goes live	AMSC/MOP reps MOP	3 years	Policy endorsed by Cabinet; Register goes live	Reduction in number of liquor outlets & law breaches.
			3.5 years		
			4 years		

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
16. Reduce duty free alcohol allowance	<ul style="list-style-type: none"> • Prepare discussion paper • Hold discussions with key stakeholders • Develop proposal • Discussion with MLCI • Minister of LCI presents proposal to Cabinet 	AMSC NCDC MLCI	3 years	Allowance reduced	Decreased availability of duty free liquor
17. Review alcohol policy with respect to licensing hours, types of alcohol sold, re-issuing of licenses, number of outlets, penalties, community input to new license applications & training of bar owners/ servers, media code & amend Liquor Act as appropriate	<ul style="list-style-type: none"> • Obtain funding for consultant • Recruit consultant • Undertake review taking into account international experience & stakeholder discussions • Draft amended liquor policy • Policy endorsed by Cabinet • Legislation drafted • Draft legislation reviewed by Law Reform Committee • Legislation passed by Parliament 	Consultant AMSC Crown Law MOH MOP Customs MLCI	6 months 9 months 3 years 4 years	Review completed; Legislation drafted	Amended Act passed
18. Review Traffic Act with respect to legal blood alcohol driving limit & penalties, random breath testing & seat belt legislation & amend Traffic Act as appropriate.	<ul style="list-style-type: none"> • Review international experience with legal drinking limit & drink driving legislation (0.05 or 0.08) • Obtain data on road trauma implicated with alcohol in Tonga from hospital breath alcohol report • Prepare report & lobby to obtain support for new legislation from all stakeholders • Draft amended traffic Policy • Policy endorsed by Cabinet • Legislation drafted • Draft legislation reviewed by Law Reform Committee • Amended Traffic Act passed by parliament 	Consultant AMSC/NCDC Crown Law MOH MOP	2 years 2 years 3.5 years 4 years	Review completed; Legislation drafted	Amended Act passed
19. Introduce Random Breath Testing	<ul style="list-style-type: none"> • Amended Traffic Act passed by parliament • Equipment purchased • Police trained in use of equipment 	AMSC/ Consultant MOP Crown Law	4 years 5 years	Police trained; RBT introduced	Reduction in drink driving, number of MVAs & fatalities
20. Ensure amended Liquor Act is enforced	<ul style="list-style-type: none"> • Train police in new legislation • Develop procedures for enforcement of legislation • Monitor number of prosecutions 	MOP Crown Law	4 years	Police trained Prosecutions increased	Reduction in number of MVA's & fatalities

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Expanded Community					
21. Educate retailers on existing legislation regarding selling liquor to underage youth	<ul style="list-style-type: none"> Conduct workshops to re-educate shop owners & public on existing law 	AMSC MOP	2 years	Workshops conducted	More outlet owners & staff who understand the Liquor Act.
22. Translate relevant & currently available alcohol related education materials into Tongan	<ul style="list-style-type: none"> Obtain funding for translation & printing Collect all current materials Translate current materials Ensure all future materials translated into Tongan 	AMSC Salvation Army MOH/HPU Local consultant to translate	2 years 3 years	Materials translated into Tongan	Increased knowledge by those accessing materials
23. Social marketing for responsible drinking including use of role models on TV & radio	<ul style="list-style-type: none"> Obtain funding for marketing program Undertake market research Develop programs Air programs on TV & radio 	HPU ARSC MOP WHO	3 years	Funding obtained; Marketing research completed; Programs aired	Enhanced knowledge & skills relating to key social marketing message(s)
24. Promote alcohol-free friendly environments/ zones	<ul style="list-style-type: none"> Discussions with key stakeholders Agreement by key stakeholders Identification of facilities with labels & signs signifying "alcohol free zone" 	AMSC/HPU All churches Village councils Schools Health Centres	2 years 3 years	Alcohol free zones established	Reduction in alcohol related incidents in alcohol free zones
Expanded Clinical					
25. Brief intervention training. Educate staff in hospitals to give 3-10 minutes one-to-one counselling on alcohol misuse (also tobacco)	<ul style="list-style-type: none"> Agreement from Med Super to undertake training Obtain funding for training & for consultant trainer Undertake training sessions for clinical staff Train some staff to continue training programs 	MOH Medical Superintendent	3 years	Training sessions held; Some staff trained as trainers	Increased recognition of alcohol related issues & number of referrals

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Optimal National					
26. Introduce a system of proof of age identification	<ul style="list-style-type: none"> Develop policy for age identification card Policy endorsed by Cabinet Develop procedures for obtaining/purchasing card Introduce card Enforce card produced when alcohol purchased 	AMSC/NCDC PMO MOP	5+ years	Proof of Age policy endorsed by Cabinet; System introduced	Sales to minors under 18 years of age reduced
27. Reduce number of alcohol retail licenses	<ul style="list-style-type: none"> Develop estimate of appropriate number of retail outlets Reduce number of licensed outlets through natural attrition & removal of licenses from premises not complying with legislation 	AMSC/NCDC MOP MLCI	5+ years	Estimate of desired number of outlets completed	Reduction in alcohol accessibility
28. Introduction of media code limiting alcohol advertising	<ul style="list-style-type: none"> Obtain funding for & recruit consultant Undertake stakeholder consultation Formulate code Code ratified by NCDC Incorporate code as regulation to Liquor Act or other relevant Acts 	PASC/NCDC MCLI PMO MOH Crown Law	5+ years	Code formulated; Liquor Act amended	Reduction in quantity & impact (eg not related to sporting success) of alcohol advertisements
Optimal Community					
29. Develop a network of support groups for affected families	<ul style="list-style-type: none"> Establish support group for family members of individuals with an alcohol addiction 	AMSC MOH Partner NGOs	5 years	Group established; Number of participants (families) affected	Provides social support network for families in crisis
30. Encourage use of women's refuge for victims of domestic violence (frequently associated with alcohol use) through public education programs	<ul style="list-style-type: none"> Obtain funding for programs Develop education & media programs Run programs 	AMSC WCC staff	5 years	Education campaign undertaken	Increased use of Women's & Children's Centre

STRATEGY	ACTIVITIES	Person or Group Responsible	Time for Completion	Milestones	Impact Indicators
Optimal Clinical					
31. Blood testing facility for BAC in hospital	<ul style="list-style-type: none"> • Conduct cost analysis of alcohol blood testing to ensure activity is sustainable • Purchase of required laboratory equipment/ reagents • Establish protocols for use in hospital • Develop coding field in outpatient records to document alcohol level • Ensure continuation of supply of required consumables 	MOH Crown Law	5 years	Cost analysis completed; Procedures for BAC documented; BAC commenced	Data from readings provided in report form to NCD Committee & Cabinet used for advocacy
32. Kava research	<ul style="list-style-type: none"> • Collect baseline data on kava consumption within STEPS survey • Conduct research study on physical & social impacts of kava use in Tonga 	WHO MOH PMO	12 months 5 years	Documentation of kava impact	Data provided in report form to NCD Committee & Cabinet used for advocacy