

## Aid forms – keep it simple

The greatest health challenge facing the people of the Pacific is how to realign efforts to respond to the threat posed by the burden of noncommunicable disease (NCD).

Accordingly, on its final day the forum highlighted 19 issues and recommendations to be taken forward to the health ministers of Pacific Islands countries and territories (PICTs).

These recommendations focused on the theme of the conference: how to turn plans and policy into actions and engagement with communities for results.

The forum also discussed development assistance and funding issues on its final day with participants breaking out into sub-regional discussion groups and providing feedback.

The groups had been asked questions on monitoring of results, aid effectiveness, and regional versus bilateral approaches.

On return they called for simplifying the processes of applying for funds, of monitoring and evaluation, and of reporting. One group submitted that countries consider setting up a health promotion foundation like that of Tonga. Their recommendations and those of the forum follow.

### Development assistance partners

#### **Makaleta Liebrechts-Koloi (NZAID)**

NZAID regional, Health and Education Development Programme Coordinator Mrs Makaleta Liebrechts-Koloi said the core focus for New Zealand was sustainable development.

She said NZAID supported an integrated approach to NCDs and was guided by *Healthy Islands*. It was contributing NZ\$6 million in 2008-2011 to the 2-1-22 Programme jointly



Hali Robinett (Hawaii), Karen Fukofuka (SPC) and Dr Keith Masao Horinouchi (Guam).

implemented by the Secretariat of the Pacific Community (SPC) and the World Health Organization (WHO). The 2-1-22 Programme (two organisations, one team, 22 countries) sits under the Pacific Framework for the Prevention and Control of NCDs, and is aligned with the WHO Western Pacific Regional Action Plan for Noncommunicable Diseases.

‘We are committed to working with AusAID, SPC and WHO, and continue to support the Framework,’ she said.

Support was also aligned to country priorities, she said. NZAID was listening to the forum and would use this information to fill any gaps.

**Dr Karen Heckert** introduced the Pacific Islands Health Association which provides a regional voice for the six United States-affiliated Pacific countries in their development.

**Ms Paulini Matavewa** AusAID's Senior Program Manager for Health, Law and Justice in the Development Cooperation Section at the Australian High Commission in Suva, noted Australia's commitment to assisting Pacific Island countries and territories (PICTs) address the burden of noncommunicable diseases.

She said the Australian Government is contributing A\$20 million to the 2-1-22 Pacific NCD Program, through AusAID's *Delivering Better Health* Program over the years

2007/08 to 2010/11.

Ms Matavewa talked about Australia's strong focus on assisting PICTs to achieve the Millennium Development Goals (MDGs) by 2015. She noted Australia's *Pacific Partnerships for Development* agreements commit Australia and Pacific countries to address these challenges by working together in a spirit of mutual respect and mutual responsibility to meet common challenges, and ensure faster progress towards achieving MDGs. This was highlighted in the *Tracking Governance and Development in the Pacific Report* tabled at the Cairns Forum Leaders meeting in August 2009.

Ms Matavewa also noted the 'Cairns Compact' outcome of this meeting which strongly emphasised the need to strengthen development coordination in the Pacific. It called on development partners to better coordinate and harmonise their efforts in the region, with more emphasis on aid effectiveness and efficiency.

Ms Matavewa made recommendations on 'managing the seams' and 'filling the gaps' in NCD prevention and control. She agreed with Dr Tukuitonga that a lot more needed to be done to ensure effective and efficient activity implementation at country levels, including a stronger focus on monitoring for outcomes, whilst taking into consideration countries' absorptive capacities, processes and systems. She noted that in responding to country needs the 2-1-22 Programme had established two different ways to drive activity implementation in countries. One was to support bodies such as the Tonga Health Promotion Foundation and the other was to provide direct funding for NCD coordinator positions—as had been done in Vanuatu.

Ms Matavewa also noted the useful discussions during the forum regarding the socio-cultural impacts of NCDs, particularly the increasing rate of amputations and its subsequent impacts on the level of disabilities in the region. She took the opportunity to thank SPC and WHO in its joint implementation of the 2-1-22 Programme, and their efforts to reduce the NCD burden in the Pacific.

## Discussion

**Sarah Su'a** (Samoa) said that as much as the countries want support, they wanted simple mechanisms for funding management. The floor heard that in the review it was revealed that the processes were complicated for some, but not for others. One size did not fit all. **Dr Viliami Puloka** (SPC) said that if countries wanted to go it alone, SPC would continue to support them as they required help.

**Dr Isimeli Tukana** (Fiji) said the 2-1-22 initiative was exciting but they sometimes became confused with a multitude of donors. Under 2-1-22 there were two organizations who understand the Pacific and this gave us

the opportunity to attack NCDs as a Pacific family. **Sara Su'a** suggested to development assistance partners to pool funding. **Adriana Wilhelmina** (PNG) told the forum that in addition to recurrent funding in PNG, there was one health sector improvement fund where donors put their funding. **Karen Fukofuka** (SPC) summed up the discussion as reflecting the realities we all faced, and to share experiences to work out what works for one and what may be useful for others. **Taniela Sunia Soakai** (Nauru) said there was poor awareness of 2-1-22.

## Feedback on funding management

The forum broke out into four focus groups to consider:

### Monitoring for Results

- How can countries monitor and report on key impacts to assure development partners that their funding assistance is making a difference, ie achieving real outcomes on the ground?
- What can SPC and WHO do to assist countries to do this?

### Aid Effectiveness

- How can countries be best supported to take ownership, accountability, and ensure affordability and sustainability of interventions from development partners and implementing agencies?
- How can development partners improve their interaction with countries and ensure mutual accountabilities?

### Regional versus bilateral approaches (aid modalities)

- In the 2-1-22 Program, what kind of initiatives do you think should be done at a regional level, and what is best done at a bilateral level?
- Where can the implementing agencies (like SPC and WHO) add the most value?

### Francophone group

Speaking for the group, **Marie Isabelle Lisiahi** (Wallis and Futuna) said that on the first question, the experience of Ovea was that 'we need SPC who have people to help us make the question and have the survey on the ground'. The nurses were volunteers. Maybe SPC and WHO could help Wallis and Futuna, she said. On the second question, for New Caledonia, they had no idea. There was a special funding mechanism for the French and they had to pay back loans at low interest rate. On the third question, yes they thought it was good—the millennium goal—it helps the government as it is multisectoral.

### Melanesian group

On the monitoring part of the first question, this group agreed that all the key outcomes were part of plans. On the second part, their belief was that 'if you want money you go to SPC, if you want TA you go to WHO'. On the second question—aid effectiveness—the view was there must be a responsible development assistance officer to deal with for this particular NCD program. Officers had conflicting priorities which was slowing down these activities.

On the third question, their view was that it had to have high level support. 'We must move it up to the ministers, the politicians support is essential for sustainability of this program.' On how development partners improve relationships, it was suggested that networking be encouraged with all 22 countries and for getting support from the examples of other countries. 'We should have a network of people who are interested in NCDs with our development partners. Also on question 3—regional versus bilateral approaches—there was a need for firm commitments in moving NCDs to the forefront. Sometimes there was a lack of 'knowing what the right hand side is doing from the left hand side'.

#### **Micronesia group**

This group submitted that their responses had to be taken in the country context. On the first question, M&E was a new technique and countries had to be educated on it. However, they felt the framework in 2-1-22 was adequate. They wondered whether it could fund training on the ground and a position for M&E.

On the second question, they felt that there were some weaknesses in the process and that government was sometimes inefficient in promoting release of funds. They suggested setting up organizations outside of Government like the Health Promotion Foundation in Tonga. It was further suggested there be a standardized template (forms) for funding and reporting.

On the third regional/bilateral question, they found there were certain programmes that warranted a regional approach, and others bilateral (for example malaria). Summing up, they felt that whatever modality you choose, the least amount of bureaucracy that had to be gone through was their preferred modality. 'Keep it simple,' they recommended.

#### **Polynesia group**

This group said they agreed with a lot of the things others had said. There were a few things they would also like to emphasise. Looking at M&E this was an encouragement to help it work better. The assistance needed by countries was to assist in producing and developing M&E. They recognized that countries were at different levels and

some had not even started. The group called for SPC to strengthen information systems. 'If you have spare money, allow people to travel to other countries to learn how other countries are.' They also asked for flexibility in meeting deadlines. Cyclones could interrupt them in their reporting.

The group emphasised the importance of sustainable funding as this was long-term problem. On the third question, they recommended agencies be a bit more innovative in how they communicate. Not all countries had websites. On the Framework, they asked whether it could be more flexible on small grants. The group also asked for more donor harmonisation.

#### **Questions/comments**

**Leane Ester Pearce** (Tokelau) said 20 different reports for donors 'makes us very busy'. She suggested creating a database with a reporting template. **Dr Airambiata** (Kiribati) said they faced problems when contact points were out of office: 'Who next?' Notification of lead times was important for them because of their isolation. He appealed for a standardized form, especially for M&E. **Karen Myra Tairea** (Cook Islands) said there was need for more communications and 2-1-22 information on websites. **Karen Fukofuka** said SPC was rectifying this by appointing a communications officer.

#### **International group**

This group said it was important to identify country specific initiatives, to establish baselines and offer training for M&E, and have data sharing agreements. On aid effectiveness, the focus should be on what the countries want. Also thought there needed to be a streamlined process with donors. Make it simple for the countries, the group submitted. There was a need for improving communication between countries to raise awareness on what they were doing.

#### **Discussion**

In discussion that followed there was a call for the identification of generic and specific indicators for each country. There was a need for country support to establish baselines, training and data sharing agreements and to involve NSOs in M&E. There was also a demand to focus on country priorities, especially national strategic development plans which needed streamlining processes. Finally, there was a need to improve communication and information sharing arrangements between countries.



Forum participants limber up.

## Funding

### Stream 1—large country grants (SPC)

**Karen Fukofuka** (SPC) ran through the funding management arrangements and requirements of the large country grants of \$150,000 under Funding Stream 1 in the 2-1-22 programme. 'We try and fit in with your reporting cycles to ease the burden of reporting requirements,' she said, adding that these funds were dispersed every six months on receipt of a report. Countries had to spend 80 per cent of the current funding tranche to receive more.

### Stream 2—small country grants (SPC)

**Jeanie McKenzie** (SPC) explained how the small country grants work under Funding Stream 2. Disbursement of money to occur within six weeks of approval, she said. Ms McKenzie showed the full range of 15 applications and told the forum 12 were funded. \$150,000 was available and SPC funded nearly \$100,000. Round 2 of the small country grants would close at the end of October.

### Stream 3 (WHO)

**Dr Temo Waqanivalu** (WHO) explained that out of the 2-1-22 agreement a fourth of funding had gone to WHO which finances activities and technical cooperation with the countries. He explained the WHO—Country Budget (core) which countries prioritise and encouraged countries to continue prioritising NCD in it. The second funding managed by WHO were the inter-country funds where 2-1-22 funds were included and guided by the programme workplan and tagged specifically to activities. The main modality of administering these funds were contracts, direct financial cooperation and goods procurement which was current standard WHO process.

### Questions/discussion

**Sarah Su'a** (Samoa) asked why it takes so long to receive the funding. **Dr Waqanivalu** replied it was a globalised system. This year WHO had been transferring from the old system, so hopefully next year things will be better. He apologised for any delays. **Leane Ester Pearce** (Tokelau) said it would be good to have notice of timelines of

funding. 'Is there flexibility to change the level which seems to be pre-fixed?' she asked. **Dr Waqanivalu** said it depended on the WHO formula which was based on such things as GDP. Some countries like French Polynesia and New Caledonia had turned down the \$45,000 as an unjustified administrative burden. The levels were worked out at the World Assembly, and **Dr Li Dan** (WHO) said they all had to deal with the realities of the system. **Dr Airambiata Metai** (Kiribati) asked how long it took for SPC funding to come through. **Karen Fukofuka** said that when everything was ready SPC would sit down and negotiate with countries and that it tried to get this done in line with countries' reporting requirements.

## Forum issues/recommendations

The forum then finalised its issues/recommendations to be taken forward to the Health Ministers of Pacific Islands Countries and territories. The list follows on page 5.

## Forum closing session

**Dr Temo Waqanivalu (WHO)** In conclusion, Dr Waqanivalu said SPC and WHO were technical agencies, but had funds to support countries. 'We will be there to assist you.' He thanked his SPC counterpart Dr Viliami Puloka and said the forum also brought the organizations together. 'We should be able to work better together after this. It's better that we move to brighter days with NCD prevention and control.'

**Dr Viliami Puloka (SPC)** Dr Puloka concluded that many view the Pacific as paradise, 'but this is what we call home'. 'I think we have had far too many workshops. This is our first meeting on NCDs and we need to stand up on our own. We need to be clear what it is we want. We don't need more people, we need more commitment. Just do what you can do. Do your best and others will come to help you.' Dr Puloka thanked the development assistance partners and he thanked 'each and every one of you for making an effort'. 'Just remember they will go back from paradise, you and I will have to stay because this is home.'

### Dr Airambiata Metai – vote of thanks

Dr Metai thanked Dr Puloka for his leadership and the development partners advisers. 'We are one in the Pacific,' he said. 'Although we have different countries, we are definitely from the paradise of the Pacific.' There were often difficulties and each country faced different obstacles. He thanked the development assistance partners adding that the countries hoped to continue working closely with SPC and WHO.

The rest of Day 5 (Friday) was used for one-on-one discussions with countries bringing their specific needs to SPC, WHO, development assistance partners and advisers.

# Pacific Forum on Noncommunicable Diseases (NCDs) 2009

## Issues/Recommendations

The greatest health challenge facing the people of the Pacific is how to realign efforts to respond to the threat posed by the burden of noncommunicable disease (NCDs).

Accordingly, it is recommended that:

1. Plans and policies which have been developed by Pacific Countries and Territories (PICTs) to respond to the NCD burden must now be put into action.
2. Countries should consider engagement with their food industries where they consider that industry may be receptive to requests to support moves to discourage the consumption of unhealthy foods and to encourage the consumption of healthier alternatives. Countries should ensure that lessons learned from engagement with the tobacco and alcohol industry are considered as part of their planning on engagement with the food industry.
3. Legislation and policy should be used to address NCDs. A guidance document on how to give practical effect to law and policy is being developed by WHO and will be provided to PICTs to support their efforts.
4. Action to address the NCD burden must be sustainable. Countries should be encouraged to develop sustainable funding mechanisms for funding programmes to address NCDs.
5. Development Partners are encouraged to be flexible and consider including human resources on top of funding for activities to drive sustainable implementation of NCD plans.
6. Barriers to practical action on the NCD burden because of capacity and capability should be addressed to support PICTs to take practical action. Utilisation of available tools to guide work in the Pacific is encouraged (ie Physical Activity, Food Based Dietary Guideline, MPOWER, Alcohol, etc).
7. PICTs should prioritise empowering communities to take responsibility for their own health. Practical action should be taken by health agencies to promote and give practical support for community action building on what is already being carried out.
8. PICTs to increase emphasis and scale up programmes focusing on young population groups (including early childhood); and the all-encompassing Health Promoting Schools programme should be used as a model.
9. Recognize and acknowledge the simplicity and flexibility of Mini-STEPS surveys in evaluating community based program complementing the national STEPS and PICTs are encouraged to consider its use.
10. NCD STEPS Survey work is acknowledged as scientific standardised comparable national prevalence study and PICTs are encouraged to strengthen application and utilization of published STEPS results—next steps to STEPS.
11. Working with country national statistics office during analysis process of STEPS work is encouraged.
12. The potential for strategic health communication to help reduce the NCD burden was noted. WHO and SPC should provide PICTs with practical guidance on strategic health communication through all its stages, from planning to implementation.
13. Universities, research and other regional institutions including in the northern Pacific should cooperate with PICTs to assist NCD control efforts including monitoring, evaluation and research.
14. PICTs should ensure that their NCD control efforts are monitored and evaluated. WHO and SPC should support PICTs with their monitoring and evaluation efforts.
15. Monitoring and evaluation frameworks, processes and systems should be harmonised across the Pacific.
16. WHO and SPC shall ensure that materials which are developed to support NCD control can be made available in French for French speaking PICTs.
17. PICTs NCD efforts should, wherever practical be consistent with international and regional frameworks for NCD control.
18. Progress on the response to these recommendations should be reported back at the next regional NCD meeting.
19. PICTs should ensure that they proactively share information with other PICTs for the purpose of strengthening NCD control efforts across the region. Linking the PICTs in a community of practise in NCD prevention and control both for information and experience exchange including possible inter-country technical placement of officers and facilitation.