

Handbook to Guide the Development of a National Multisectoral NCD Plan and the Establishment of a National Multisectoral NCD Committee

Produced by the Public Health Division



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Suva, Fiji, 2021

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Original text: English

Pacific Community Cataloguing-in-publication data

Handbook to guide the development of a National Multisectoral Non-communicable diseases (NCD) Plan and the Establishment of a National Multisectoral NCD Committee / produced by the Public Health Division

Diseases — Prevention — Oceania — Handbooks, manuals, etc.

Physical fitness — Oceania— Handbooks, manuals, etc.

Nutrition — Oceania— Handbooks, manuals, etc.

Health – Oceania – Handbook, manuals, etc.

I. Title II. Pacific Community

616.980995

AACR2

ISBN: 978-982-00-1381-0

Prepared for publication at SPC's Suva Regional Office, Private Mail Bag, Suva, Fiji, 2021,
www.spc.int

Printed by Star Printery Pte Limited, Suva, Fiji

CONTENTS

Abbreviations	iv
Acknowledgments	v
1. INTRODUCTION	vii
1.1. Purpose of the handbook	vii
1.2. Target audiences	vii
1.3. Scope and approach of the handbook	vii
2. DEVELOPING A NATIONAL MULTISECTORAL NCD PLAN	viii
2.1. Step 1: Form a technical working group	viii
2.2. Step 2: Conduct a situation analysis	ix
2.3. Step 3: Prepare and conduct a consultation workshop	4
2.4. Step 4: Draft the national multisectoral NCD plan	6
2.5. Step 5: Hold a follow-up meeting of the technical committee, and finalise the plan	11
2.6. Step 6: Endorse and disseminate the plan	11
3. ESTABLISHING A NATIONAL MULTISECTORAL NCD COMMITTEE	12
3.1. Step 1: Initiate a formal meeting	12
3.2. Step 2: Develop a governance structure for the NCD committee	13
3.3. Step 3: Develop terms of reference for committee and subcommittee members	16
Annex 1. World Health Organization’s global NCD ‘best-buy’ interventions, 2017	20
Annex 2. Pacific NCD Roadmap recommendations for stakeholder actions, 2014	21
Annex 3. Pacific Monitoring Alliance for NCD Action (MANA) Dashboard Indicators, 2018	24
Annex 4. Development of national targets – WHO’s National Target Setting Worksheet tool	25
BIBLIOGRAPHY	26

Abbreviations

CEO – chief executive officer

CSO – civil society organisation

ECHO – Pacific Ending Childhood Obesity

FCTC – Framework Convention on Tobacco Control

GYTS – Global Youth Tobacco Survey

MANA – Pacific Monitoring Alliance for NCD Action

M&E – monitoring and evaluation

MOH – Ministry of Health

NCDs – non-communicable diseases

NGO – non-governmental organisation

PEN – Package of Essential Noncommunicable Disease Interventions

PICTs – Pacific Island countries and territories

SDGs – Sustainable Development Goals

STEPS – STEPwise approach to Surveillance

TFP – Tobacco Free Pacific

ToR – terms of reference

VC – vice chair

WHO – World Health Organization

Acknowledgements

This document was developed by the Pacific Community's Public Health Division in consultation with Puloka Health Consultancy.

1. INTRODUCTION

Non-communicable diseases (NCDs) were once considered to be diseases of the rich and old people. Today, NCDs disproportionately affect the poor and young, causing approximately 75% of deaths in low- and middle-income countries including the Pacific Island countries and territories (PICTs). The major NCDs include diabetes, cardiovascular diseases, cancers and chronic respiratory diseases. The diseases are driven by inter-related key risk factors including tobacco use, excessive use of alcohol, poor diet, lack of physical activity and air pollution. Mental health is also being addressed as a major NCD.

In 2011, recognising the burden and impact of NCDs in the Pacific, Pacific Forum leaders declared a Pacific NCD crisis and committed to scale up multisectoral responses to NCDs at both national and regional level. To address the NCD crisis, the Pacific NCD Roadmap was developed and endorsed by Pacific health and economic ministers in 2014. The Roadmap is one of the key regional documents that guide PICTs to scale up national NCD actions through a multisectoral approach.

The Pacific health ministers in their meeting in 2019 reaffirmed their commitment to ensure that each country has an up-to-date national multisectoral NCD strategic plan with clearly defined priorities, indicators and timelines; and has a national multisectoral NCD committee which supports the implementation of the plan.

Given that NCDs are driven by risk behaviours and compounded by multiple environmental factors, it is important to explore the drivers of NCDs in a local context, identify the relevant sectors, develop a multisectoral plan, and establish a multisectoral committee to address the root causes of NCDs at the national level. In addition, there is increasing evidence that NCDs exacerbate the risk of dying from COVID-19, and this adds to the need for the Pacific to intensify a multisectoral response to NCDs, to minimise the impact of COVID-19 and to prepare for similar potential health crises in the future.

1.1. Purpose of the handbook

The purpose of this handbook is to provide practical and straightforward guidance on how to develop a comprehensive national multisectoral NCD plan and how to establish a national multisectoral NCD committee.

1.2. Target audiences

This handbook is targeted at national NCD focal persons, public health professionals, national health planners, and NCD stakeholders in PICTs that are intending to develop or strengthen their national multisectoral NCD plan, and to establish or strengthen a national multisectoral NCD committee.

1.3. Scope and approach of the handbook

This handbook provides a step-by-step approach on how to develop a national multisectoral NCD plan, and how to form a national multisectoral NCD committee to oversee the implementation of the plan. Where appropriate, recommendations and examples are provided in this handbook, and each country should choose and adapt these to suit their national context.

2. DEVELOPING A NATIONAL MULTISECTORAL NCD PLAN

Development of a comprehensive multisectoral NCD plan requires engagement and coordination of all relevant stakeholders. This section outlines a step-by-step process for doing this, with recommendations and examples where relevant.

2.1. Step 1: Form a technical working group

The technical working group leads the development of the national NCD plan (Steps 2–6). The NCD Unit of the Ministry of Health should take the lead on forming the technical working group, which should ideally have five to seven members. Members should be representatives of stakeholders including the Ministry of Health, other government ministries, civil society and development partners, who have significant experience in the following areas:

- governance, planning and management
- epidemiology/statistics
- clinical management
- public health, health promotion and communications
- finance management
- monitoring and evaluation
- others as relevant.

Alternatively, if the country or territory has an existing national NCD committee or subcommittee, the technical working group can be drawn from this committee or subcommittee.

The specific function of the technical working group is complete once the national multisectoral NCD plan is developed and endorsed. However, given that the members of this group have been selected for their highly relevant skills and experience, it is recommended to keep them as part of the national NCD committee or subcommittee to oversee the implementation of the plan.

2.2. Step 2: Conduct a situation analysis

This is the first task for the technical working group. Situational analysis is an important part in the development of a national multisectoral NCD plan and is essentially an information-gathering process to ensure that global, regional and national commitments, priorities and key recommendations relating to NCDs are reviewed and taken into account. The findings from the situation analysis provide baseline information and inform the development of an evidence-based national NCD plan with realistic target indicators.

2.2.1. Review global commitments and recommendations related to NCDs

The following key commitments and recommendations that address NCDs at the global level need to be reviewed to ensure that the national NCD plan is aligned with these commitments.

Global NCD targets

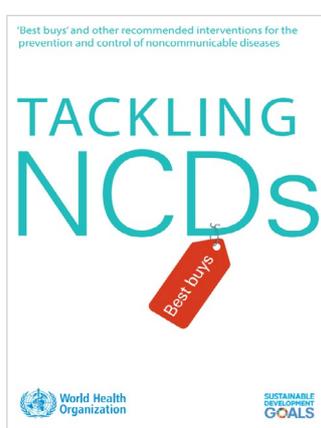
The World Health Organization (WHO)'s 'Global monitoring framework on NCDs' tracks implementation of the Global Action Plan for NCDs through monitoring and reporting on the attainment of nine global voluntary targets. The target date is 2025, and they are measured against a baseline in 2010. The nine targets are:

	Target 1: A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
	Target 2: At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
	Target 3: A 10% relative reduction in prevalence of insufficient physical activity.
	Target 4: A 30% relative reduction in mean population intake of salt/sodium.
	Target 5: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.
	Target 6: A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.
	Target 7: Halt the rise in diabetes and obesity.
	Target 8: At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
	Target 9: An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

Countries are urged to: (i) set national NCD targets for 2025 based on national circumstances; (ii) develop multisectoral national NCD plans to reduce exposure to risk factors and enable health systems to respond in order to reach these national targets by 2025; and (iii) measure results, taking into account the global action plan. Details can be accessed at <https://www.who.int/nmh/ncd-tools/definition-targets/en/>

WHO ‘best-buys’ for NCD prevention and control

In 2013, the World Health Assembly endorsed WHO’s Global Action Plan for NCDs 2013–2020. With the emergence of new evidence of cost-effectiveness of NCD interventions, in 2017 the WHO described ‘best-buys’ for NCD prevention and control. These include:



- Tobacco: increase excise taxes and prices; smoke-free policies; graphic warnings/plain packaging; advertising, promotion and sponsorship bans; and mass media campaigns
- Alcohol: increase excise taxes; restrictions on advertising; restrictions on availability
- Diet: reformulation of food products to contain less salt; supportive environments for lower sodium options; behaviour change communication; front-of-pack labelling
- Physical activity: public education and awareness campaign
- Cancer/cardiovascular diseases/diabetes: drug therapy and counselling for high-risk persons; human papilloma virus vaccination for girls; cervical cancer screening.

WHO ‘best buys’ for NCD prevention and control are summarised in Annex 1, and more details can be accessed at https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf?ua=

Sustainable Development Goals (SDGs)

The 2030 agenda for sustainable development adopted at the United Nations Summit in 2015 recognises NCDs as a major challenge for sustainable development. NCDs are addressed under SDG 3, Good health and wellbeing, and leaders have committed to:



- reduce by one-third premature mortality from NCDs;
- strengthen responses to reduce the harmful use of alcohol;
- achieve universal health coverage;
- strengthen the implementation of the WHO Framework Convention on Tobacco Control (FCTC);
- support the research and development of vaccines and medicines for NCDs that primarily affect developing countries; and
- provide access to affordable essential medicines and vaccines for NCDs.

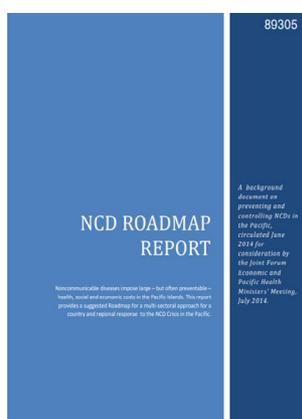
Details can be found at <https://sdgs.un.org/goals>

2.2.2. Review regional commitments and recommendations related to NCDs

The following regional commitments and key recommendations address NCDs in the Pacific. They are in line with the global commitments and recommendations described above. It is important to review the regional commitments and align the national NCD plan accordingly.

Pacific NCD Roadmap

In 2014, to intensify multisectoral responses to the Pacific NCD crisis, the inaugural Joint Forum Economic and Health Ministers Meeting endorsed the Pacific NCD Roadmap. The Roadmap identifies recommended NCD actions for key stakeholders, including high-level political leaders, government ministries, civil society organisations, faith-based organisations, youth, relevant private sector partners, and development partners. The Roadmap describes five key actions that all countries in the Pacific can take:

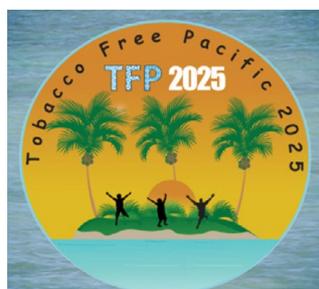


- strengthen tobacco control (including raising the excise duty to 70% of the retail price of cigarettes);
- increase taxes on alcohol products;
- implement policies on food and drink products directly linked to obesity, heart disease and diabetes in the Pacific;
- improve efficiency and impact from the existing health dollar by reallocating resources to targeted primary and secondary prevention of cardiovascular disease and diabetes, including scaling up of Package of Essential Noncommunicable Disease Interventions (PEN) and better drug prices; and
- strengthen the evidence base for better investment planning and programme effectiveness, including estimating productivity losses to the economy from premature NCD disability and death.

The Roadmap includes a menu of over 30 other multisectoral interventions suited to the Pacific region from which countries may choose. Details can be found in Annex 2, and at <http://documents1.worldbank.org/curated/en/534551468332387599/pdf/893050WP0P13040PUBLIC00NCD0Roadmap.pdf>

Tobacco Free Pacific 2025

The Tobacco Free Pacific 2025 initiative was endorsed by the Pacific health ministers in 2013 and launched in 2014. Its goal is less than 5% adult tobacco use in PICTs by 2025. Key strategies include:



- raise tobacco taxes as high as at least 70% of the price;
- protect from second-hand smoke;
- prevent tobacco industry interference;
- support cessation services;
- monitor the tobacco use epidemic; and
- strengthen and enforce tobacco control legislation.

These strategies are in line with the WHO Framework Convention on Tobacco Control (FCTC). More details can be found at http://mobile.wpro.who.int/southpacific/programmes/healthy_communities/tobacco/TFPfactsheet.pdf

Yanuca Island Declaration

In 2015, Pacific health ministers and representatives assembled on Yanuca Island in Fiji and reaffirmed their commitment to the Healthy Islands Vision as a unifying theme to guide health development, and particularly to the vision 'people work and age with dignity'. The proposed key recommendations and future directions specifically related to NCDs under the theme 'reducing avoidable disease burden and premature deaths' included:

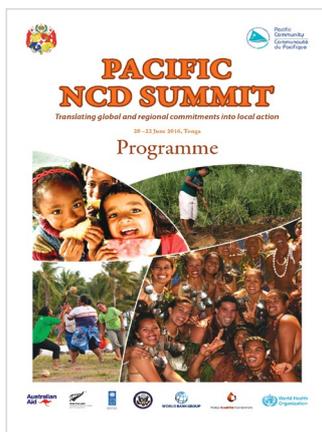


- foster and lead multisectoral action and health-in-all-policies approaches through actions in the NCD Roadmap;
- expand health promotion and protection beyond health education through building healthy public policy through legislation and fiscal measures, introducing food labelling requirements, and strengthening community participation;
- develop integrated, people-centred health service delivery through strengthening primary health care; and
- ensure reliable health indicators through developing and using population-based data on mortality, diseases and risk factors

Details on the Healthy Island Vision and future directions can be found at https://iris.wpro.who.int/bitstream/handle/10665.1/12508/PHMM_declaration_2015_eng.pdf

Pacific NCD Summit

In 2016, at the Pacific NCD Summit, Pacific heads of government, ministers of health and health leaders committed to:

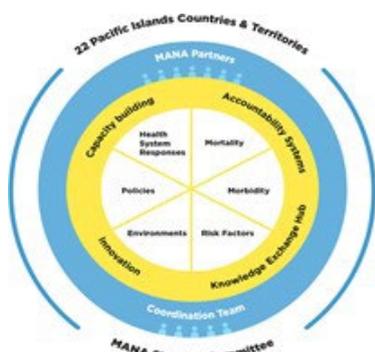


- take urgent and stronger actions at the highest political level to address the Pacific NCD crisis;
- invest resources to address NCDs;
- develop timelines at the national level to implement the key recommendations of the Pacific NCD Roadmap;
- improve multisectoral collaboration and partnerships to sustain efforts to reduce NCDs;
- strengthen taxation of tobacco, sugar-sweetened beverages and unhealthy products in the Pacific;
- strengthen national legislation to ensure that all PICTs are compliant with the WHO FCTC and meet or exceed the Pacific NCD Roadmap taxation target;
- develop opportunities for regional collaboration and information sharing; and
- undertake urgent, targeted and integrated actions to address diabetes within NCD responses at a national level.

Details on the Pacific NCD Summit can be found at <http://purl.org/spc/digilib/doc/4gtsz>

Pacific Monitoring Alliance for NCD Action (MANA)

In 2017, Pacific health ministers endorsed the establishment of MANA accountability mechanisms and the 'Pacific NCD Dashboard' and indicators, to assist PICTs to monitor progress on implementing the Pacific NCD Roadmap and the regional response on NCDs. The Dashboard has 31 NCD indicators across four areas as follows:



- Leadership and governance: indicators related to a multisectoral NCD taskforce, a national NCD strategy addressing NCDs and risk factors, and national NCD targets;
- Prevention policies: indicators related to tobacco, alcohol, foods, physical activity and enforcement;
- Health system response programmes: indicators related to guidelines for NCD care, essential drugs, smoking cessation, marketing of breast milk substitutes, baby friendly hospitals, and maternity leave and breastfeeding; and
- Routine monitoring processes: indicators related to adult and youth risk factor surveys, child growth monitoring and NCD-related mortality.

Details can be found in Annex 3, and further information accessed at <http://purl.org/spc/digilib/doc/q5fz2>

Pacific Ending Childhood Obesity (ECHO)

In 2017, to address the growing burden of childhood obesity, in line with WHO Ending Childhood Obesity recommendations, Pacific health ministers endorsed and committed to support PICTs to implement Pacific ECHO priorities. These include:



- physical activity promotion;
- fiscal measures particularly on sugar-sweetened beverages;
- restriction of marketing of foods and non-alcoholic beverages to children; and
- childhood obesity surveillance.

2.2.3. Review existing NCD-related strategies and statistics at the national level

Where relevant, the following NCD-related strategies, capacities and statistics at the national level need to be reviewed.

- NCD-related national strategies** – Review the current or previous national multisectoral NCD plan, Ministry of Health strategic plan, national sustainable development plan, and any reviews or reports that identify progress, gaps, challenges and opportunities.
- National capacity to address NCDs** – Identify existing human resources, availability of equipment and materials, and budget allocation to address NCDs.
- NCD-related national statistics** – Review STEPwise approach to Surveillance on NCD risk factors (STEPS) or similar population-based risk factor survey reports, research papers, and hospital data on incidence, prevalence, complications, morbidity and mortality.

iv. Other national data – Review the following if available:

- population and health indicators including national census, birth and death rate, life expectancy and population age group distribution;
- economic and health expenditure including gross national income, employment rate and health budget; and
- social factors including income/employment, education, housing, transport and social services.

i.

2.2.4. Prepare a report on the situation analysis

The summary report, synthesising findings from the situation analysis, will be presented and further discussed at the consultation workshop (Step 3). The report should include the following:

- Introduction** – This section should cover the technical working group members involved in conducting the situation analysis and the process of analysis.
- Findings** – This section includes a summary of (a) global and regional key NCD-related recommendations that are relevant to the national context; (b) magnitude and trends of NCDs at the national level; (c) existing human, material and budget resources; and (d) current NCD-related strategies and activities being undertaken. Gaps and opportunities should be identified based on the findings.
- Recommendations** – This section should include the potential structure, approach and recommendations for a new national NCD plan, to be further discussed in the consultation workshop (Step 3).

2.3. Step 3: Prepare and conduct a consultation workshop

The purpose of the consultation workshop is to bring together stakeholders to develop the national multisectoral NCD plan, and to advocate for leadership and engagement among the stakeholders.

2.3.1. Ensure the situation analysis report is complete and finalised

See section 2.2.4 above.

2.3.2. Identify and engage relevant stakeholders

The Pacific NCD Roadmap identifies key stakeholders, and this list can be used as a guide to identify which groups and representatives should be invited to the consultation workshop. Key stakeholders include high-level political leaders, and representatives from government ministries, civil society organisations, faith-based organisations, youth, relevant private sector partners, and development partners. It is important to ensure adequate community representation to voice the needs of the poor, women, children, disabled people and other disadvantaged groups.

2.3.3. Invite stakeholders and prepare logistics

The invitation should come from a high political level, e.g. the Office of the Prime Minister, the Health Minister, or the Head of Health, to encourage high-level representations. For logistics for the workshop, consider forming a support team to accomplish these efficiently and effectively.

2.3.4. Develop the workshop agenda and conduct the workshop

Consider the following in developing the workshop agenda.

- i. Aim of the workshop – A clear statement of the overall aim of the workshop is essential, for example, ‘design and develop a national multisectoral NCD strategic plan following a whole-of-government and whole-of-society approach’.
- ii. Objectives of the workshop – Specify objectives in order to achieve the overall aim of the workshop, for example, ‘review situation analysis findings; identify strengths, weakness, opportunities and threats (in terms of existing national capacity and capability to address NCDs); determine overall structure and approach of the plan; identify strategies, activities, priorities, and timeframe for the plan; discuss target indicators, monitoring and evaluation; and explore funding sources and opportunities for collaboration with stakeholders’.
- iii. Workshop agenda – The length of the workshop should be decided by the technical working group, taking into consideration the objectives and expected outcomes of the workshop, and capacity and availability of stakeholders. Normally 2–3 days should be long enough. The following sessions are suggested.

-
- a. Opening formalities and introduction
 - b. Situation analysis findings (presentations and discussion)
 - c. Strengths, weaknesses, opportunities and threats, in terms of existing national capacity and capability to address NCDs (group work – this can be a separate session or incorporated in the relevant specific agenda items)
 - d. Overall structure and approach of the plan (presentations and discussion)
 - e. Vision, mission, goals, strategies, activities, priorities and timeframe (presentations, discussion and group work)
 - f. Target indicators, monitoring and evaluation (presentations, discussion and group work)
 - g. Funding sources and collaboration with stakeholders (presentation and discussion)
 - h. Summary, way forward and closing formalities
-

It is important to ensure there is a balance of presentations, discussions, group work and physical activity breaks throughout the workshop, and healthy refreshments are served.

Step 4 below will help guide agenda items (d), (e) and (f) during the workshop.

For agenda item (g), part of the process of facilitating stakeholder collaboration is to undertake a stakeholder mapping exercise, which can be initiated during the workshop and refined over time as more information comes to hand. This exercise basically requires the identification of the various stakeholders whose current roles and responsibilities within the country can significantly contribute to the effective implementation of the NCD multisectoral plan and actions.

Mapping the roles and responsibilities of each stakeholder under each key objective area, and having commitment from these partners, will not only strengthen the network but will also contribute to strengthening accountability and efficient implementation of the NCD plan.

2.4. Step 4: Draft the national multisectoral NCD plan

This step is led by the technical working group, using information from the workshop. There are different ways to structure a national multisectoral NCD strategic plan. Determine and develop your own structure to suit your local context. The following is a suggested structure for a national multisectoral NCD plan that PICTs can adopt or adapt.

2.4.1. Section 1: Introduction

This section should include a foreword, table of contents, abbreviations list, and executive summary.

2.4.2. Section 2: Background

The following information should be included in the background section:

- the national burden of NCDs, e.g. information on prevalence and mortality;
- the national response, aligned with global and regional commitments such as the Pacific NCD Roadmap;
- linkages with other national plans, e.g. the national sustainable development plan;
- processes used for the development of the plan, e.g. details of the stakeholder consultation workshop;
- the scope and structure of the plan, e.g. whether it follows a system approach, a risk factor approach, a disease approach or a setting approach³;
- and any other information as relevant.

2.4.3. Section 3: The national multisectoral NCD plan

In this section, the following should be addressed.

-
- i. Vision – A statement that captures what the country would like to achieve in the future through implementation of the plan. A vision statement should be inspiring and uplifting. Some examples from PICTs' national NCD plans are given below.

- 'Healthy communities in a healthy Palau, with people living long, happy and purposeful lives' (Palau NCD strategic plan 2015–2020)
- 'Health and wellness across the lifespan for all American Samoans' (American Samoa, NCD Strategy, 2013)
- 'A nation free of avoidable burden of NCDs' (Nauru NCD Strategic Plan 2018–2020)

- ii. Mission – A written description of the purpose and the approach to implement the plan for the country. Examples from PICTs' national NCD plans are given below.

3 A system approach is structured around leadership and governance, policy and legislation, system and management, monitoring and evaluation; a risk factor approach is structured around interventions to address physical inactivity, unhealthy diet, tobacco use, alcohol abuse and air pollution; a setting/sector approach is structured around interventions to address NCDs at different settings such as schools, workplaces, communities etc.; and a disease approach is structured around interventions to address specific NCDs such as diabetes, cardiovascular diseases, cancers and chronic lung diseases.

- ‘To prevent and control NCDs through the provision of an enabling environment for the reduction of NCD risk factors, and improving the management of NCDs through cost effective measures and a multisectoral approach using evidence-based decisions’ (PNG NCD multisectoral strategic plan 2015–2020)
- ‘To promote a commitment to and guide for action to achieve the government of Samoa’s goal to improve the health of the population through the prevention of NCDs’ (Samoa National NCD Policy 2018–2023)
- ‘To work collaboratively and collectively across government departments, non-governmental organisations, private sectors and other community sectors to prevent and control NCDs for the people of Federated States of Micronesia (FSM)’ (FSM NCD plan 2014–2018)

iii. Goal and targets – The goal is the result you hope to achieve by implementing your action plan. Targets are measurable indicators of achievement on the way to the goal. Some examples of goals from PICTs’ national NCD plans are given below.

- ‘To reduce NCD-related premature deaths by 25% by 2025 (25 by 25). To align with this, the Cook Islands goal is to reduce the incidence of NCDs by 2% per year by 2019.’ (Cook Islands NCD Strategy 2015–2019)
- ‘To contribute to the overall goal of a healthier Fiji, and specifically to achieve a 25% reduction in premature mortality from the four key NCDs by 2025’ (Fiji NCD strategic plan 2015–2019)

- Based on the baseline data and in line with global targets (see section 2.2.1(i)), PICTs should have specific targets for each NCD or risk factor. Examples of a country’s targets are shown below.

- Reduce the prevalence of diabetes by x% by [year, or end of plan]
- Reduce the prevalence of obesity by y% by [year, or end of plan]
- Reduce the prevalence of current smokers by z% by [year, or end of plan]

Annex 4 shows how PICTs can develop national targets using a simple tool developed by WHO.

iv. Strategic objectives and key actions – Table 1 provides an example of a system-based approach to assist PICTs in identifying strategic objectives and key actions for their national NCD plan. PICTs can use this approach, or adapt it to a risk factor approach, a setting/sector approach, a disease approach or a mixed approach, depending on discussions during the consultation workshop, the country context and preferences.

The examples of strategic objectives and key actions in Table 1 are based on the global NCD ‘best buys’ and key PICT priorities drawn from Pacific NCD Roadmap recommendations, Tobacco Free Pacific 2025 strategies, Pacific ECHO priorities and Pacific MANA Dashboard indicators endorsed by Pacific leaders

The key actions summarised in Table 1 are the essential NCD actions that PICTs should consider addressing in their national multisectoral NCD plan; however, PICTs may choose their own key actions. Priority setting is important in order to address the most important issues of national interest, taking into consideration the available resources, capacities and country context.

Table 1. Examples of strategic objectives and key actions for a national multisectoral NCD plan.

Strategic objectives	Key actions (each action can be further detailed based on individual country's context, e.g. how, where, when, what)
1. Improve political leadership and governance, and multisectoral engagement	<ul style="list-style-type: none"> • Advocate NCD prevention and control at high political level national events • Integrate NCD actions into the national sustainable development agenda • Establish/strengthen a multisectoral NCD committee with strong leadership from high-level politicians • Engage/mobilise government ministries, civil society, youth, faith-based organisations, private sector and development agencies in NCD actions • Mobilise resources and establish a sustainable funding mechanism to address NCDs (this can also be a separate strategic area together with activities related to taxation of unhealthy products for revenue, fund raising, grant applications etc.)
2. Strengthen policy, legislation, guidelines and enforcement	<ul style="list-style-type: none"> • Tobacco: increase tax, promote smoke-free environment, provide health warnings, graphic labelling, ban advertising/promotion/sponsorship, restrict sales and licensing, prevent industry interference, tackle illicit trade etc. • Alcohol: increase tax, ban advertising/promotion/sponsorship, restrict sales and licensing, ban drink driving etc. • Food and drinks: introduce/increase sugar-sweetened beverages tax, restrict salt, trans-fats, marketing to children, and breast milk substitutes, update school food policies, provide nutrition/diet-related guidelines etc. • Physical activity: include physical education in school curriculum, provide physical activity guidelines, consider built environment/urban planning, e.g. recreation/sports facilities, road safety etc. • Others: provide breast feeding and maternity leave, develop baby-friendly hospitals, enforce policy and legislation on air pollution, betel nuts and other substance abuse where relevant etc.
3. Enhance capacity, system, management and intervention	<ul style="list-style-type: none"> • Train or conduct professional placements for existing health/community workers to improve knowledge and skills (primary care/hospital care), or recruit new workforce if necessary • Scale up NCD screening, management/treatment and services, e.g. using the WHO Package of Essential Noncommunicable Disease Interventions (PEN) or a similar protocol, including palliative care services (primary care/hospital care) • Ensure referral system, essential drugs and supplies • Address cross-cutting issues, e.g. COVID-19 and other infectious diseases, oral health, maternal and child health etc. (primary care/hospital care) • Raise awareness and conduct behaviour change interventions through health promotion, innovation and social marketing that address NCDs and major risk factors at relevant settings (workplace, schools, communities, churches etc.) • Produce (or adopt or adapt from regional resources) health promotion and training resources that address NCDs and associated risk factors

<p>4. Establish accountability – monitoring, evaluation and surveillance</p> <p>(This strategic objective can also be a separate section in the plan as the M&E framework or accountability mechanism)</p>	<ul style="list-style-type: none"> • Monitor implementation of the NCD plan using a monitoring and evaluation (M&E) framework • Assess implementation of policies and legislations using the MANA Dashboard • Monitor NCDs and risk factors through population-based surveys (STEPS survey, Global Youth Tobacco Survey (GYTS), child growth monitoring etc.) • Develop an NCD-related health information system and registries (i.e. cancers, diabetes, morbidity/mortality etc.) • Conduct operational research (e.g. sentinel site surveillance and studies, evaluation of interventions, tax impact assessment) in collaboration with development agencies and academic institutions • Train staff for M&E, surveillance and research skills (this can also be addressed under strategic objective 3 above).
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Table 2 provides an example of a format for a national multisectoral NCD plan, detailing responsible stakeholders, timeframe, budget and source of funding. Output and outcome indicators (see section 2.4.4) can also be integrated into this format. It is important to indicate timelines for each of the key actions to ensure that all stakeholders are aware of the schedule and completion of the assigned actions.

Partnerships are critical to ensuring sustainability and ownership of the implementation of the plan and mobilising resources. The Pacific NCD Roadmap provides a summary of recommendations for the proposed actions of government ministries and stakeholders in scaling up national NCD actions. These recommendations are given in Annex 2.

Table 2. Example of a format for a national multisectoral NCD plan.

Strategic objectives	Key actions	Responsible stakeholders	Timeframe	Budget/ source
Strategic objective 1	Action 1.1	Office of the Prime Minister		
	Action 1.2	Ministry of Health		
Strategic objective 2	Action 2.1	Ministry of Sports		
	Action 2.2	Ministry of Finance		
Strategic objective 3	Action 3.1	Civil Society		
	Action 3.2	Youth		
Strategic objective 4	Action 4.1	Ministry of Agriculture		
	Action 4.2	Development partners		

2.4.4. Section 4: Monitoring and evaluation framework

A monitoring and evaluation (M&E) framework needs to be developed to test the theory of change that is intended by the NCD strategic plan, where the change is represented by the long-term goal or vision of the plan (e.g. ‘A nation free of avoidable NCD burdens’). The theory is the process that will allow that change to happen within the plan’s strategic period, and this is tracked using the M&E framework. The change is monitored by tracking the implementation of activities which result in outputs that lead to outcomes of change on an individual or population. This is done by specifying measurable indicators at different levels, e.g. output, outcome and impact, which show how a plan is progressing and achieving results over a period of time.

Understanding the planned theory will help the multisectoral NCD committee better articulate

the connection between the strategic actions or activities and the outputs, outcomes, impact and eventually achievement of the overall goal and vision. Table 3 illustrates the linkages in the process of change from the input level through to the impact.

Table 3. Theory of change definitions, and examples relating to an NCD national plan.

	INPUT	ACTIVITY	OUTPUT	OUTCOME	IMPACT
Definition	Resources that are deployed in service of a certain (set of) activity(ies)	Actions or tasks that are done in support of specific objectives	Tangible immediate practices, products or services that result from the activities that are undertaken in accordance with the plan, and lead to outcomes	Outcomes are results or changes made through activities; they answer the question ‘what difference has it made?’	Impacts are the achievements obtained relative to outcomes and objectives. In other words, these are changes or effects on society, population or environment that follow from the outcomes that have been achieved
Illustrative examples	NCD training committee Training package Health promotion/ graphics designer National statistics/data Funding	NCD risk factor training materials revised and updated Consultation meeting with NCD multisectoral stakeholders held quarterly Design of health promotion materials based on local data	NCD risk factor training conducted annually Meetings with relevant stakeholders held twice a year NCD-related health promotion materials developed	Improved knowledge Increased engagement of stakeholders Improved capacity	Reduced complications of diabetes Reduced premature mortality due to NCDs Reduced smoking rates

The M&E framework can be a section within the NCD plan or a supplementary document. It should be referred to regularly by the subcommittees and the main multisectoral NCD committee to review progress and determine responsive actions where needed to ensure that the eventual goals of the plans will be achieved. The reporting mechanisms will be determined by the governance structure adopted by the country (see section 3), which will have clearly articulated terms of reference for the different levels of the structure.

The MANA Dashboard is also an established accountability mechanism to monitor progress on the implementation of NCD-related policies, legislation and programmes recommended by the Pacific NCD Roadmap. It uses the traffic light scheme, and has 31 indicators across the areas of leadership and governance, preventive policies for the major risk factors of NCDs, health system response programmes, and routine monitoring process. Details can be found in Annex 3, and additional information can be accessed at <http://purl.org/spc/digilib/doc/q5fz2>

2.5. Step 5: Hold a follow-up meeting of the technical committee, and finalise the plan

The purpose of the follow-up meeting is to review the draft plan and to ensure that inputs from the consultation workshop are incorporated in the plan. This second meeting does not need to be done in person, i.e. the reviewing and finalising can be done electronically. The technical working group may call on other NCD stakeholders or experts or development partner representatives to assist or input to the plan if required. The draft plan should be circulated to stakeholders for reviewing, validating and providing final comments, and they should be incorporated in the final plan document.

2.6. Step 6: Endorse and disseminate the plan

Each country will have their own process of approval and endorsement of the national NCD plan. Endorsement by the highest authority, e.g. the Prime Minister or Head of State, will give a strong message as to the importance of addressing NCDs as a whole-of-government and whole-of-society approach.

After endorsement of the NCD plan, it is important that the plan is disseminated and communicated by the Ministry of Health to key players, stakeholders, development partners and the general public, to raise public awareness and maintain national interest in prevention and control of NCDs. Many policies fail to be implemented because they are poorly communicated.

Development of a strategic health communication plan may be required following endorsement. This will involve developing strategic health communication actions for relevant components of the national NCD plan, for example, promotion of eating five servings of vegetables and fruits per day; reducing consumption of sugar, salt and fats; and promoting physical activity for different groups in the population.

3. ESTABLISHING A NATIONAL MULTISECTORAL NCD COMMITTEE

This section provides guidance on establishing or strengthening a national multisectoral NCD committee or taskforce that will provide leadership and oversee the implementation of the national multisectoral NCD plan.

A multisectoral national NCD committee will be most effective if mandated by the top leadership of the country, such as the Office of the Prime Minister or Head of State. This is also key to its sustainability. Although forming a committee may be relatively easy, sustaining the role and function of the committee is likely to be challenging. All stakeholders need political support to ensure sustainability of the committee and subcommittees.

3.1. Step 1: Initiate a formal meeting

The Permanent Secretary or Chief Executive Officer (CEO) in the Ministry of Health should call on the appropriate key stakeholders and initiate a formal meeting. Stakeholders identified in the Pacific NCD Roadmap or stakeholders who participate in the development of the national multisectoral NCD plan should be members of this high-level leadership committee. Where relevant, this meeting can be conducted alongside the national consultation workshop for the development of the national NCD plan, described in section 2.3.

The top-level leadership of this meeting should come from the Office of the Prime Minister, and finance and health ministries. Government ministries that need to participate in the meeting include education, sports, agriculture, labour and industry, customs and excise, trade, statistics, attorney-generals, communications, public service commission, town councils and police. Other stakeholders that should be involved in the meeting include representatives from civil society, faith-based organisations, youth, women's groups, communities and development partners. The meeting should also include persons with disabilities and ensure their meaningful participation. Community-based stakeholders have an integral role to play in advocacy and community mobilisation. It is important to identify and invite individuals who possess skills and experience to lead and commit their time to the committee.

If your country has already established a national multisectoral NCD committee and subcommittees, then you may use the opportunity of this meeting to review how well the committees are providing leadership in implementing the national NCD plan and delivering expected outcomes. For PICTs that still need to form a national multisectoral NCD committee and subcommittees, you may consider the following objectives and agenda items for the formal meeting.

Objectives:

- Raise awareness about the magnitude of NCDs and their impact on national development.
 - Advocate on the establishment of a national NCD committee and subcommittees.
 - Discuss the structure for a national NCD committee and subcommittees.
 - Identify the role and responsibilities of a national multisectoral NCD committee and subcommittees, and develop terms of reference.
-

Agenda items:

- The importance of establishing a national multisectoral NCD committee and subcommittees.
 - Criteria of a functioning national multisectoral NCD committee and subcommittees.
 - Stakeholders to be involved in the national multisectoral NCD committee and subcommittees.
 - Structure of a national NCD committee and subcommittees.
 - Role and responsibilities of the committee and subcommittees, and terms of reference.
-

Section 3.2 below will help guide the agenda items during the meeting. It is important to ensure there is a balance of presentations, discussions, group work if required, and physical activity breaks throughout the meeting, and healthy refreshments are served.

3.2. Step 2: Develop a governance structure for the NCD committee

The governance structure is important to a multisectoral response as it formalises partnerships, navigates local responsibilities, and fosters accountability on the stakeholders to operationalise the implementation of the NCD plan. When designing a governance structure, the following key factors should be considered.

- Clarity of purpose: How would this governance structure fit into the current national structure of governance?
- Leadership at all levels: Is there leadership guidance from highest political level to implementation level?
- Clear coordination between stakeholders: Is a secretariat body needed to coordinate?

The Pacific MANA Dashboard specifies the following criteria for a functioning national multisectoral NCD committee. This can be used as a guide for the development of a governance structure.

Criteria for a functioning national multisectoral NCD committee:

- The committee meets at least twice a year.
 - The committee produces an annual report (or equivalent).
 - The committee is led by a government minister or the Prime Minister.
 - The committee includes senior representation from government sectors such as the Attorney General's office, ministries of agriculture, communications, customs and excise, education, finance and economic planning, health, labour and industry, sport, national statistics, trade, police, and urban planning.
 - The committee includes civil society and non-government organisations.
 - The committee has established mechanisms for engagement with the private sector (excluding the tobacco industry), with conflicts of interest managed appropriately (see below).
 - The committee demonstrates decision-making, monitors implementation of the NCD plan, and publicly documents its actions.
-

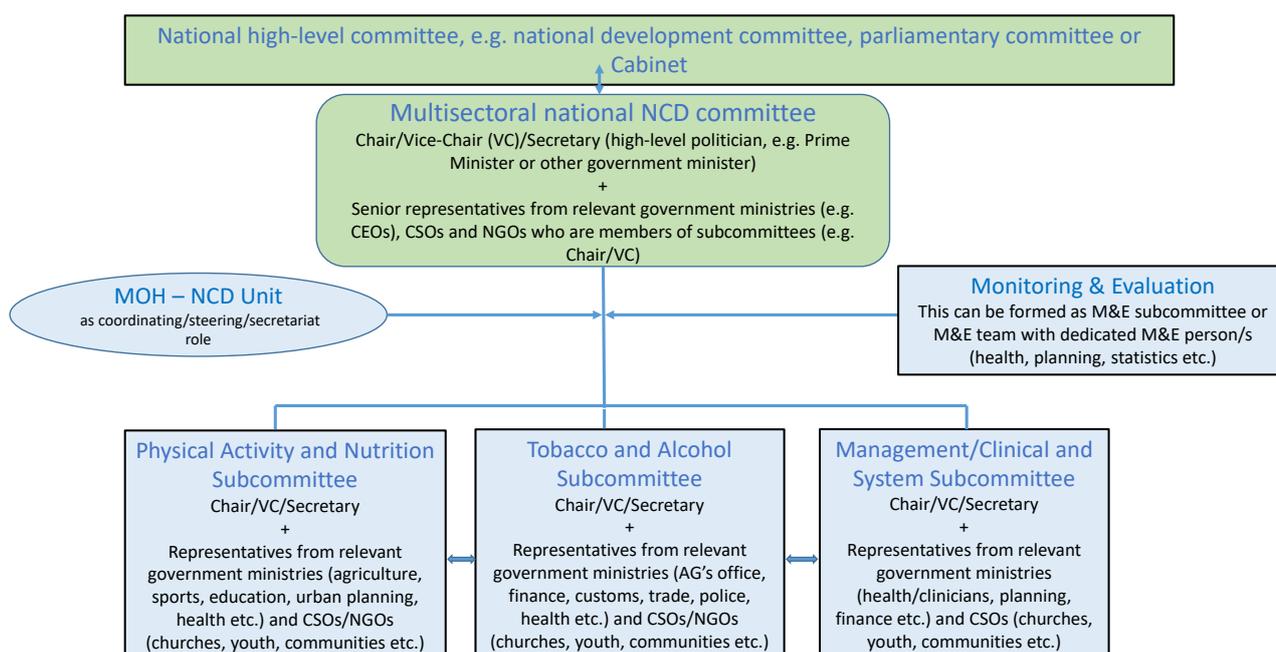
Any potential conflict of interest among committee members needs to be clarified and addressed.

Addressing conflicts of interest in the national multisectoral NCD committee:

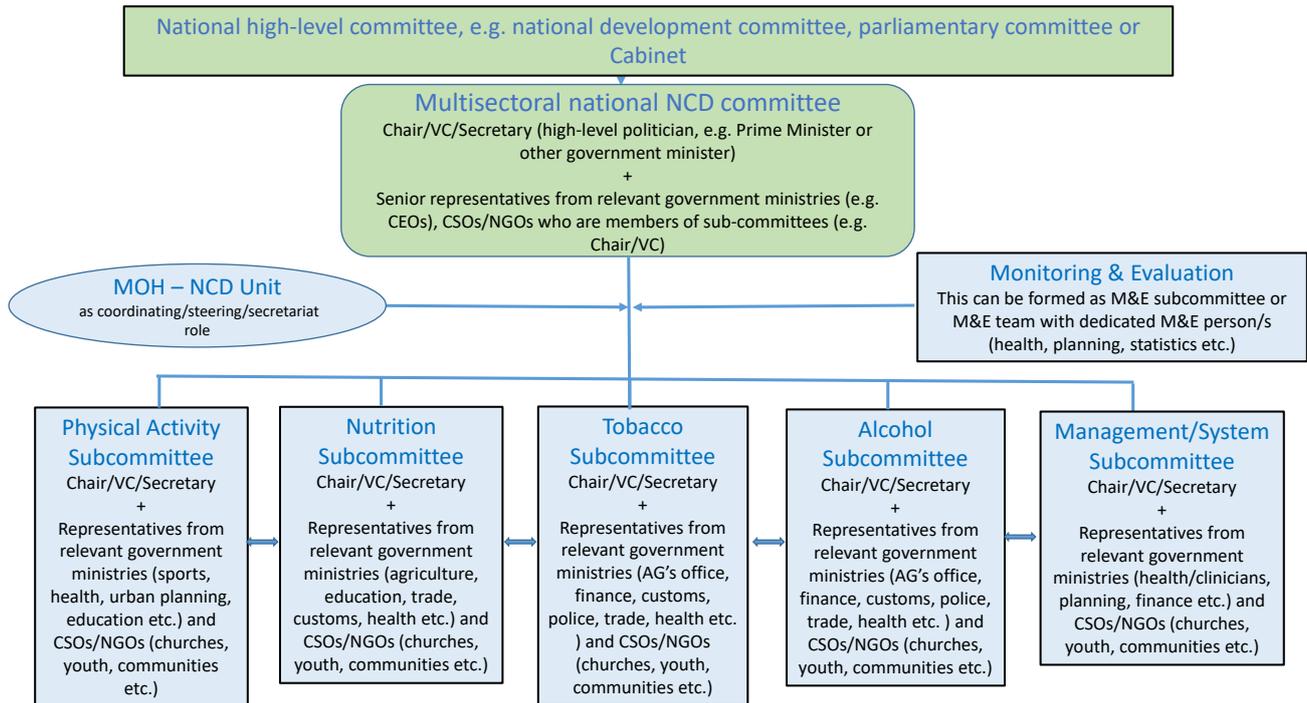
- The committee should ensure that decisions or interests of the committee are not affected by any personal interest of a member.
- The committee should require new members to make a written declaration on their personal or financial interests in, for example, the tobacco industry.
- At meetings of the committee, members are required to disclose any personal interest on any matter to be deliberated and decided by the committee. The disclosed interest is to be recorded in the minutes of the meeting. The member who discloses the interest should be excluded from the meeting when that matter is being discussed and voted by the committee.

Below are examples of possible structures for PICTs’ national multisectoral NCD committee and subcommittees, with proposed members for each committee/subcommittee. PICTs can adopt or adapt any of these structures based on the country context, strategic objectives in their national NCD plan, priorities and preferences. It is recommended that the national NCD committee be linked, where appropriate, with national high-level committees such as cabinet or other parliamentary committees to ensure ongoing high-level political support. In brief, the multisectoral committee needs to be operating, reporting regularly, and catalysing and monitoring actions on NCD.

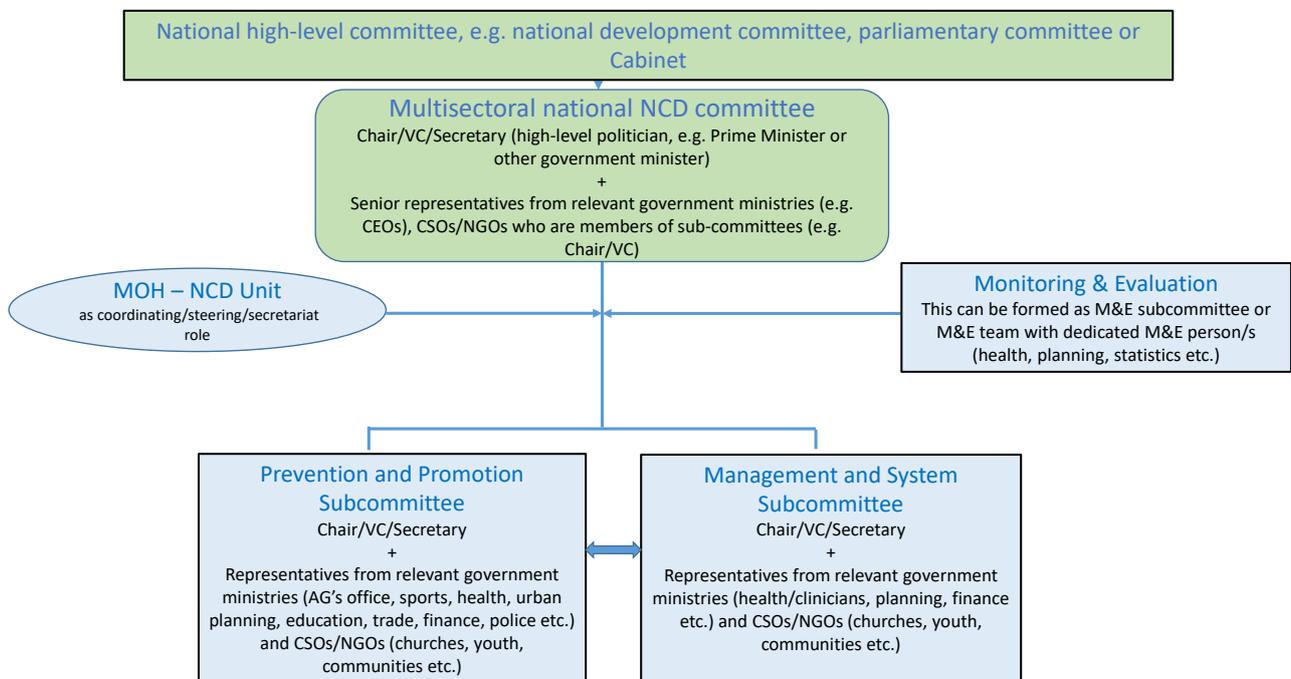
Example structure 1



Example structure 2



Example structure 3



Some PICTs have established national diabetes and cancer associations, or national NCD alliances in response to needs in the community that the Ministry of Health or other government ministries are not addressing. If such associations or alliances exist in PICTs, their representatives should be included in the national NCD committee to ensure that their voices are heard, and their efforts are coordinated at the national level. If PICTs do not have these associations but intend to establish one, 'guidelines for the development and strengthening of national diabetes associations' or similar alliances can be accessed at https://www.spc.int/DigitalLibrary/Doc/PHD/NCD/Diabetes/Diabetes_for_Health_Professionals/Guidelines_for_the_Development_and_Stengthening_of_National_Diabetes_Associations.pdf

The monitoring and evaluation team plays an important role on the national NCD committee, ensuring that implementation of the national NCD plan is on track. Representatives from health, statistics, planning or other relevant ministries should be included in the team, and they should use an M&E framework as recommended in section 2.4.4.

3.3. Step 3: Develop terms of reference for committee and subcommittee members

The terms of reference (ToRs) outline the specific roles and responsibilities of committee and subcommittee members. The ToRs need to specify the following:

- the national context, e.g. NCD burden, strategic objectives in the national multisectoral NCD plan;
- the establishment and composition of the NCD committee and subcommittees, i.e. the appointment of chair, co-chair, secretary and members, including terms and conditions of appointments. The conditions of appointment should include suspension and expulsion of members from the committee;
- the roles and responsibility of the committee, subcommittee, and its chair and co-chair;
- the rules of meeting, e.g. convening of meetings, frequency of meetings, presiding member, quorum, disclosing of interest, voting, minutes and other procedures;
- communication between meetings;
- reporting mechanism and frequency; and
- the management/administration and financial accountability and logistics of a committee.

Examples of roles and responsibilities of a national multisectoral NCD committee and subcommittees based on example structure 1 above are described below. PICTs can adopt or adapt these as relevant.

Example role and responsibilities of a national multisectoral NCD committee

Overall role:

- The committee is a decision-making governance body to support national NCD plan implementation. Committee members oversee strategies and provide direction for the national NCD team. Committee members contribute their expertise and insight in addressing NCDs.

Specific responsibilities:

- Advise government on issues pertaining to the prevention and control of NCDs.
- Inform and make recommendations on policy pertaining to health promotion and prevention strategies, including legislation and regulations.
- Advocate and lead in the incorporation of NCD strategies into national sustainable development plans.
- Oversee and steer the implementation of activities related to the prevention and control of NCDs in accordance with the national strategy.
- Ensure that all working groups deliver effective and complementary outputs and outcomes to support implementation of the NCD commitments.
- Oversee budgetary decisions on the distribution of funds for NCD plan implementation.
- Monitor and review progress against annual plans on a quarterly or monthly basis and update plans and programmes as required. Submission of annual reports to assigned authority.
- Delegate the responsibility for coordinating policy development and implementation processes, including decision-making, to the assigned authority who will administer and support the national NCD committee.
- Raise funds, where appropriate, in discussion with relevant government sectors and donor agencies.
- Strengthen harmonisation of donor funds by ensuring NCD health promotion funding is coordinated against delivery of the national NCD strategies.
- Coordinate in measuring impact and cost-effectiveness of national NCD strategies.
- Address any issues that have major implications for the programme.

Example role and responsibilities of a physical activity and nutrition subcommittee

Overall role:

- The physical activity and nutrition subcommittee supports the design and implementation of the national NCD strategies. Committee members oversee physical activity and nutrition strategies and contribute their expertise in addressing NCDs.

Specific responsibilities:

- Advise the national NCD committee on policy, planning and regulatory issues related to physical activity and nutrition interventions.
- Advocate and lead in the incorporation of evidence-based physical activity and healthy eating interventions into national NCD strategies.
- Oversee and steer the implementation of physical activity and nutrition programmes in accordance with the national NCD strategies.
- Ensure that physical activity and nutrition programmes deliver effective and complementary outputs to support implementation of the NCD commitments.
- Liaise with relevant organisations and sectors to strengthen the effective implementation of physical activity and nutrition strategies.
- Advise budgetary decisions on the distribution of funds for physical activity and nutrition programmes.
- Monitor and evaluate progress against annual plans on a monthly basis, and update physical activity and nutrition strategies as required.
- Raise funds, where appropriate, in discussion with relevant government sectors and donor agencies.
- Address any issues that have major implications for the physical activity and nutrition programmes.

Example role and responsibilities of a tobacco and alcohol control subcommittee

Overall role:

- The tobacco and alcohol control subcommittee supports the design and implementation of the national NCD strategies. Committee members oversee national tobacco and alcohol control strategies in line with global and regional commitments.

Specific responsibilities:

- Advise the national NCD committee on policy, planning, regulation and taxation issues related to tobacco and alcohol control.
- Advocate and lead in the incorporation of tobacco and alcohol control strategies into national NCD strategies.
- Oversee and steer the implementation of tobacco and alcohol control programmes in accordance with national NCD strategies.
- Ensure that tobacco and alcohol control programmes deliver effective and complementary outputs to support implementation of the NCD commitments.
- Liaise with relevant organisations and sectors to strengthen the effective implementation and enforcement of tobacco and alcohol legislation.
- Advise budgetary decisions on the distribution of funds for tobacco and alcohol control programmes.
- Monitor and evaluate progress against annual plans on a monthly basis.
- Address any issues that have major implications for the tobacco and alcohol control programmes.

Example role and responsibilities of a health system and clinical management subcommittee

Overall role:

- The health system and clinical management subcommittee supports the design and implementation of the national NCD strategies. Committee members oversee national NCD-related health and clinical management strategies, in line with global and regional recommendations and commitments.

Specific responsibilities:

- Advise the national NCD committee on strengthening the health system and improving NCD clinical management.
- Advocate and lead the incorporation of the NCD-related health system and clinical management strategies into national NCD strategies.
- Oversee and steer strategies to strengthen NCD workforce capacity and healthcare facilities for improved health outcomes.
- Oversee and steer the implementation of essential NCD interventions through a primary healthcare approach to strengthen early detection and timely treatment.
- Ensure the availability and accessibility (and sustainability) of NCD essential medicines and quality clinical care including palliative care.
- Advise on budgetary decisions on the allocation of funds to improve the health system and clinical management.
- Oversee and steer to improve the health information system for NCD management.
- Monitor and evaluate progress against annual plans on a monthly basis.
- Address any issues that have major implications for the health and clinical management programmes.

Annex 1. World Health Organization's global NCD 'best-buy' interventions, 2017

Risk factor/ disease goal		Intervention	Detailed description
Reduce tobacco use	1	Tax	Increase excise taxes and prices on tobacco products
	2	Packaging	Implement plain/standardised packaging and/or large graphic health warnings on all tobacco packages
	3	Advertising, promotion and sponsorship	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
	4	Smoke-free public places	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, and public transport
	5	Educate	Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke
Reduce harmful use of alcohol	6	Tax	Increase excise taxes on alcoholic beverages
	7	Advertising	Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
	8	Availability	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
Reduce unhealthy diet	9	Reformulate food	Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals
	10	Supportive environments	Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided
	11	Educate	Reduce salt intake through a behaviour change communication and mass media campaign
	12	Packaging	Reduce salt intake through the implementation of front-of-pack labelling
Reduce physical inactivity	13	Educate	Implement community-wide public education and awareness campaigns for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels
Manage cardiovascular disease and diabetes	14	Drug therapy and counselling	Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) of a fatal and non-fatal cardiovascular event in the next 10 years

Manage cancer	15	Vaccinate	Vaccination against human papillomavirus (2 doses) of 9–13-year-old girls
	16	Screening	Prevention of cervical cancer by screening women aged 30–49, either through: visual inspection with acetic acid, linked with timely treatment of precancerous lesions pap smear (cervical cytology) every 3–5 years, linked with timely treatment of precancerous lesions; or human papillomavirus tests every 5 years linked with timely treatment of precancerous lesions.

Annex 2. Pacific NCD Roadmap recommendations for stakeholder actions, 2014

Stakeholder	Proposed actions
Government ministries	
Prime Minister's Office	<ul style="list-style-type: none"> Establish, and then actively chair, regular meetings of a multisectoral taskforce to supervise progress in addressing NCDs Hold government departments and other stakeholders accountable for progress through active monitoring and evaluation
Attorney General	<ul style="list-style-type: none"> Involve in multisectoral taskforce to ensure that taxation and other measures are legally sound
Agriculture	<ul style="list-style-type: none"> Promote the production and marketing of fresh fruit, vegetables and fish Restrict the use of land for smallholder production of tobacco leaf
Communication	<ul style="list-style-type: none"> Ban or severely restrict advertising of unhealthy products especially when children are involved Promote informed views and images about healthy lifestyles, including through social media
Customs and excise	<ul style="list-style-type: none"> Strengthen the collection of excise duties on tobacco, alcohol and unhealthy food products (e.g. strengthen compliance of existing laws to reduce the sale of single stick cigarettes at markets) Collect – and publish – statistics on excise revenue collection of unhealthy products in collaboration with National Statistics Office, Ministry of Health and Ministry of Finance
Education	<ul style="list-style-type: none"> Screen school canteen menus to replace unhealthy food and drinks with healthy alternatives Work with town councils to minimise fast food outlets and street vendors near schools Promote exercise programmes Provide education about NCD risks and responses Prohibit use of educational or sports scholarships from tobacco companies or companies selling 'junk food' or sugar-sweetened beverages Monitor and evaluate, given international research that school-based programmes are not particularly cost-effective compared to other alternatives

Stakeholder	Proposed actions
Finance and economic planning	<ul style="list-style-type: none"> • Support establishment of overarching principles for allocating scarce health resources and achieving value for money in the Ministry of Health (and if necessary other ministries). Would include clearer and more explicit requirements for determining value for money purchases, and minimum thresholds for undertaking cost-effectiveness analysis in larger procurement packages • Increase excise duty on tobacco to reach 70% of the retail price of domestic and imported tobacco • Apply the excise duty on all tobacco products, and not just imported products, to increase revenue, reduce consumption, and be compatible with World Trade Organisation rules and obligations • Employ additional inspectors to ensure excise duties are being paid and cigarettes not sold individually at markets or to children • Consider, with other ministries such as health, and industry and commerce, plain packaging of cigarettes after current disputes between Australia and tobacco companies are resolved • Avoid preferential rates for 'e-cigarettes' until their safety and effectiveness as a tobacco cessation tool has been assessed • Increase taxes on other products linked to NCD risk factors including alcohol
Health	<ul style="list-style-type: none"> • Review and reallocate scarce financial and personnel resources to effective primary and secondary prevention strategies • Scale up PEN (Package of Essential Noncommunicable Disease Interventions) to national coverage by January 2015, and monitor costs and equity of access • Analyse reasons for different prices charged for imported essential NCD drugs such as simvastatin • Avoid high-cost/low-impact interventions (including possibly dialysis) and 'futile care' • Invest in maternal and pre-maternal health, including nutrition of adolescent girls • Collect and then monitor accurate up-to-date records of hospital and clinic admissions directly due to alcohol. Charge 'cost recovery' for those admissions caused by the user abusing alcohol • Invest heavily in monitoring and evaluation as the foundation for making best use of scarce resources
Labour and industry (and public service commission)	<ul style="list-style-type: none"> • Work constructively – but firmly – with food and drink manufacturers, retailers, and ministries of health, to reduce the production and sale of unhealthy products • Work in an even-handed way to promote the production and marketing of alternative healthy local foods, e.g. regulations on food safety, quality, and labelling of locally produced and marketed vegetables, meat, fish, fruit. Where price controls are already in place, use these to encourage consumption of healthy products/discourage consumption of unhealthy products • Actively make workplaces 'heart healthy', e.g. by organising health checks amongst all workers for NCD risk factors; improvement of canteen food choices; banning smoking

Stakeholder	Proposed actions
Sport	<ul style="list-style-type: none"> • Allocate funding to a wide range of community groups, not just elite sports or sports stadiums, to encourage physical activity (not just as spectators) • Ban advertising/sponsorship by tobacco, alcohol, and sugar-sweetened drink manufacturers of sporting teams and venues
Trade	<ul style="list-style-type: none"> • Strengthen trade and taxation issues
Police	<ul style="list-style-type: none"> • Introduce random alcohol breath testing of drivers • Collect, monitor and publish statistics on alcohol-related incidents
Urban planning and town councils	<ul style="list-style-type: none"> • Map the relative ease of access to ‘heart-healthy’ facilities – parks, bicycle paths, sidewalks and fresh food markets – compared to unhealthy facilities – including fast food outlets – and plan future developments in better ways • Consider including in planning codes that new developments have recreational areas, sidewalks, dog control, and parks etc. are maintained
National statistics office	<ul style="list-style-type: none"> • Collect new relevant data in household expenditure, e.g. expenditure on tobacco, alcohol, sugar-sweetened drinks, and/or out-of-pocket expenditure on health • Where possible, make the questions consistent between countries so that comparisons can be made • Remove unhealthy products (tobacco, sugar-sweetened drinks, turkey tails, mutton flaps etc.) from the basket of goods used for tracking inflation
Transport	<ul style="list-style-type: none"> ▪ Identify key bottlenecks that prevent fresh farm produce and fresh fish reaching consumers and include that information when prioritising future investments
Non-government stakeholders	
Development partners	<ul style="list-style-type: none"> ▪ Provide financial and technical support to ministries of health and other departments’ efforts to reduce NCDs ▪ Ensure design and implementation of aid projects in sectors outside the health sector (e.g. roads, education etc.) help to reduce NCDs ▪ Adopt a more coherent ‘whole-of-government’ approach to NCDs and other health issues when engaging with the Pacific (e.g. trade policy aligns with aid and other policies)
Private sector	<ul style="list-style-type: none"> ▪ Work with Government to establish a formal, transparent, regular, high-level taskforce for communication about NCD policies, including taxation and regulation of harmful products/promotion of healthy products ▪ Work with Ministry of Health, and employees, to conduct workplace health surveys in the private and public sectors ▪ Work with ministries of health, trade and industry, statistics office and academic institutions to accurately measure the level and trends of lost productivity in individual firms and industries as a result of NCDs
Civil society	<ul style="list-style-type: none"> ▪ Alliances formed between Government and churches, media and universities to leverage responses to NCDs ▪ Churches to work with Ministry of Health to conduct health surveys and assessment of risk factors
Regional	<ul style="list-style-type: none"> ▪ Support regional initiatives addressing NCDs

Annex 3. Pacific Monitoring Alliance for NCD Action (MANA) Dashboard Indicators, 2018

Leadership and governance	
	L1. Multisectoral NCD taskforce
	L2. National strategy addressing NCDs and risk factors
	L3. Explicit NCD indicators and targets
Preventative policies	
Tobacco	T1. Tobacco excise taxes
	T2. Smoke-free environments
	T3. Tobacco health warnings
	T4. Tobacco advertising, promotion and sponsorship
	T5. Tobacco sales and licencing
	T6. Tobacco industry interference
Alcohol	A1. Alcohol licencing to restrict sales
	A2. Alcohol advertising
	A3. Alcohol taxation
	A4. Drink driving
Food	F1. Reducing salt consumption
	F2. Trans-fats
	F3. Unhealthy food marketing
	F4. Food fiscal policies
	F5. Healthy food policies in schools
	F6. Food-based dietary guidelines
Physical activity	P1. Compulsory physical education in school curriculum
Enforcement	E1. Enforcement of laws and regulations related to NCD risk factors
Health system response programmes	
	H1. National guidelines for care of main NCDs
	H2. Essential drugs
	H3. Smoking cessation
	H4. Marketing of breast milk substitutes
	H5. Baby-friendly hospitals
	H6. Maternity leave and breastfeeding
Monitoring	
	M1. Population risk factor prevalence surveys – adults
	M2. Population risk factor prevalence surveys – youth
	M3. Child growth monitoring
	M4. Routine cause-specific mortality

Annex 4. Development of national targets – WHO’s National Target Setting Worksheet tool

NCD National Target Setting Worksheet for
select country name

Premature mortality from noncommunicable disease
A **25%** relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.

2010 national baseline % (unconditional probability of dying)

intermediary target for **2015**
(select year for intermediary target)

2025 target

Harmful alcohol use
At least **10%** relative reduction in the harmful use of alcohol as appropriate, within the national context.

2010 national baseline %

intermediary target for **2015**
(select year for intermediary target)

2025 target

Physical inactivity
A **10%** relative reduction in prevalence of insufficient physical activity.

2010 national baseline %

intermediary target for **2015**
(select year for intermediary target)

2025 target

Members are encouraged to consider developing their national targets based on the nine global voluntary targets, adapted for the national context. National targets may be more or less ambitious than the global ones, and national adaptation should be guided by: (i) current performance in prevention and management of NCDs; (ii) current level of NCD-related mortality; (iii) risk factor exposure and NCD-oriented programmes; and (iv) policies and interventions both planned and in place.

The NCD National Target Setting Worksheet is a simple tool developed by WHO that can be used by PICTs to calculate their national targets. This worksheet uses 2010 as the baseline year, however the tool can be used by PICTs regardless of the country’s selected baseline year. If different to 2010, it is important to document the baseline year in the M&E portion of the plan. Find the tool at <https://www.who.int/nmh/ncd-tools/definition-targets/en/>

With reference to the example in section 2.4.3(iii), here is how targets can be calculated. Country X is drafting their new NCD Strategic Plan for 2021–2025. The first target is to *reduce the prevalence of current smokers*. To calculate the amount of reduction to target by 2025, a baseline is required. The baseline data need to be nationally representative, need to be collected regularly using consistent methods of data collection, and need to be accessible by the national NCD committee. The most recent national prevalence of current smokers for country X was determined in 2017 through the population-based NCD STEPS survey, and was 34%. This value is used as a proxy national baseline in the worksheet as shown (Below).

Tobacco use
A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.

2010 national baseline %

intermediary target for **2015**
(select year for intermediary target)

2025 target

Note: Global target is a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years, over a 15 year period.

So, with a baseline of 34%, country X can aim to reduce the prevalence of current smoking down to 30.6% within the next 5 years. The NCD committee should deliberate on this target based on the country's ability to effectively resource and implement strategic activities to achieve the target, and if this is too ambitious, they may adjust down to a level that is achievable by the country.

The important point to note is that country is able to reduce current tobacco use gradually over time within its resources and capability and achieve the agreed target within the timeline set out.

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Pacific
Community
Communauté
du Pacifique

ISBN 978-982-00-1381-0



9 789820 013810

Produced by the Pacific Community (SPC)
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