



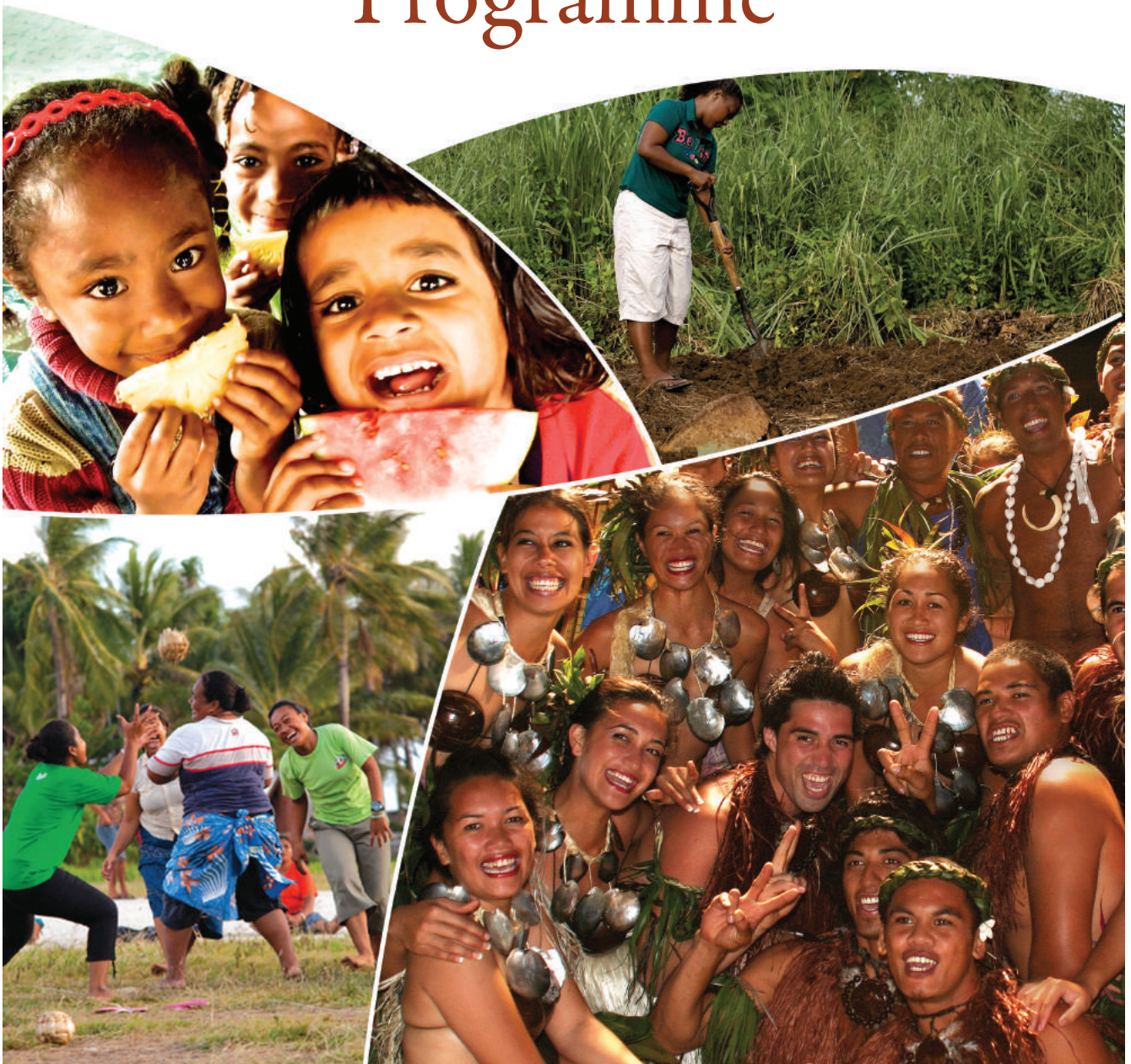
Pacific Community
Communauté du Pacifique

PACIFIC NCD SUMMIT

Translating global and regional commitments into local action

20 –22 June 2016, Tonga

Programme



PACIFIC NCD SUMMIT

Translating global and regional commitments into local action

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Summit Taskforce

Dr. Siale 'Akau'ola, Tonga Ministry of Health (Chairperson)
Ms. Potesia Cocker, Tonga Ministry of Health (Secretary)
Hon. Fanetupouvava'u Tu'ivakano, Tonga Ministry of Foreign Affairs
Ms. 'Ilaisipa 'Alipate, Tonga Ministry of Foreign Affairs
Ms. Elsie Fukofuka, Tonga Ministry of Foreign Affairs
Mr. Saia Misinale, Tonga Prime Minister's Office
Mr. Sisitoutai Tonga, Tonga Ministry of Police
Ms. Monica Tu'ipulotu, Tonga Health Promotion Foundation
Ms. Iemaima Havea, m-Health project
Sr. Seilini Soakai, Tonga Ministry of Health
Sr. Afu Tei, Tonga Ministry of Health
Sr. Falahola Vakasiuola, Tonga Ministry of Health
Mrs. Fusi Kaho, Tonga Ministry of Health
Ms. 'Esiteli Tu'i, Tonga Ministry of Health
Dr. 'Ofa Tukia, Tonga Ministry of Health
Mr. 'Eva Mafi, Tonga Ministry of Health
Dr. Lisiate 'Ulufonua, Tonga Ministry of Health
Dr. Sione Talanoa Latu, Royal Physician (Adviser)
Lord Tangi-'o-Vaonukonuka, Former Minister for Health (Adviser)

Summit Partners

The Pacific NCD Summit would not be possible without the support of the following partner agencies:



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Malo e lelei! Welcome!

We are pleased to welcome you to the Pacific NCD Summit, jointly organised by the Government of Tonga and the Pacific Community (SPC).

NCDs – primarily heart disease, cancers, lung disease and diabetes – have reached epidemic proportions in the Pacific and are creating a ‘human, social and economic crisis’. Pacific Island countries and territories (PICTs) have among the highest rates of NCDs and associated risk factors in the world. NCDs pose a significant social and economic burden on many PICTs, related to prolonged disability, diminished household financial resources, reduced productivity, lower life expectancy, and increased demand on health systems. An urgent and comprehensive response to NCDs is required, and strong political leadership is essential.

The Pacific NCD Summit is an important opportunity for leaders in the Pacific to join together to address NCDs. The Summit theme is “Translating Global and Regional Commitments into Local Action”. The Summit is intended to be more than ‘just another meeting’ and aims to address the need for more urgent and stronger high level political leadership on NCDs, and identify practical ways to move forward in addressing NCDs.

We are grateful to the following agencies for their generous support of this event: the Australian Department of Foreign Affairs and Trade, New Zealand Aid Programme, United Nations Development Programme, the Government of the United States, World Bank, World Diabetes Foundation and World Health Organization.



Honourable Dr Saia Ma'u Piukala
Minister of Health
Government of Tonga



Dr Colin Tukuitonga
Director-General
Pacific Community



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Summit Objectives

The objectives of the Summit are:

- To present the case for more urgent and stronger action at high political level to address the Pacific NCD crisis;
- To review how the PICTs are implementing their NCD activities aligned with global and regional commitments;
- To accelerate progress on implementation of the Pacific NCD Roadmap;
- To create and develop opportunities for South-South collaboration in implementing good practice to address NCDs.

To achieve these objectives, each day of the Summit has a different focus:

- **Day 1:** The focus will be on high level strategic sessions focused on linking NCD implementation to global and regional commitments;
- **Day 2:** The focus will be on regional and country implementation of the Pacific NCD Roadmap, including multi-sectoral collaboration, best buys for the main NCD risk factors, and monitoring and evaluation of NCD action;
- **Day 3:** Day 3 will have a more specific focus on prevention and control of diabetes in the Pacific.

Important Information

- **Wireless internet:** Wifi is available for Summit attendees. The login details are available at the Summit venue.
- **Summit Secretariat:** Secretariat staff are available to assist you throughout the Summit. The Secretariat Office is located in the hallway next to the main Summit meeting room, and will be open 7.30am to 6pm throughout the Summit. Contact details for the Secretariat Office are:
 - **Sunia Soakai** +676 77 94 382 sunias@spc.int
 - **Elisiva Na'ati** +676 77 18 381 elisivan@spc.int
 - **Odile Rolland** +676 77 73 336 odiler@spc.int
- **Public information:** Visit the Summit webpage www.spc.int/en/ncd-summit (Eng) or www.spc.int/fr/ncd-summit (Fr) and follow **#PacificNCDSummit**

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Agenda

Monday 20th June, 2016 (Day 1)

Time		Item	Description	Speaker	Session Chair
07.30am	08.30		Registration		
08.30	10.15	1	Opening Ceremony		
		1.1	Prayer: Rev Dr 'Aho, President of the Free Wesleyan Church of Tonga and Royal Chaplain		
		1.2	Welcome and remarks from Tonga Government: Hon 'Akilisi Pohiva, Prime Minister		
		1.3	Remarks from SPC: Dr Colin Tukuitonga, Director General		
		1.4	Address from Guest of Honour: His Majesty King Tupou VI		
		1.5	Address from UNDP: The SDGs, Prioritising NCDs, Helen Clark, Administrator		
		1.6	Vote of Thanks: Hon Jone Usamate, Minister for Health and Medical Services, Fiji and current Chair of Pacific Health Ministers Meeting		
		1.7	Closing Prayer: Rev Dr 'Aho, President of the Free Wesleyan Church of Tonga and Royal Chaplain		
10.15	11.00		Group Photo and Morning Tea		
11.00	11.30	2	National Sustainable Development Priorities: Health and NCDs (Kiribati)	HE Taneti Maamau President of the Republic of Kiribati	Hon Jone Usamate, Fiji
11.30	12.00	3	Leadership and government commitment in addressing NCDs (Samoa and Papua New Guinea)	Hon Dr Talalelei Tuitama and Hon Michael Malabag	
12.00pm	12.30	4	Addressing NCDs as a region: strength in numbers (Pacific Islands Forum Secretariat)	Ms Fong Toy	
12.30	2.00		Lunch		
2.00	2.35	5	The Pacific Possible: bending the NCD cost curve in the Pacific (World Bank)	Dr Xiaohui Hou	Hon Nandi Glassie, Cook Islands
2.35	3.10	6	Funding NCDs: panel discussion (World Bank, UNDP, DFAT, TongaHealth)	Mr Venkatesh Sundararaman Ms Osnat Lubrani HE Andrew Ford Ms Seini Filiai	
3.10	3.30		Afternoon Tea		
3.30	4.05	7	Commission on Ending Childhood Obesity ECHO (WHO)	Dr Douglas Bettcher	Professor Robert Beaglehole, University of Auckland
4.05	4.40	8	Building a strong and healthy Samoa (Samoa) The Role of fitness, sports and nutrition in empowering healthier youth (US)	Pastor Lenny Solomona Ms Ebony Andrews	
4.40			End of Day 1		

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Tuesday 21st June, 2016 (Day 2)

Time		Item	Description	Speaker	Session Chair
09.00am	09.45	9	The Pacific NCD Roadmap: lessons learned from the first two years (WHO and SPC)	Dr Yunguo Liu and Dr Paula Vivili	Hon Kalani Kaneko, Republic of the Marshall Islands
09.45	10.15	10	NCDs: money matters; taxation options (World Bank)	Mr Patrick Osewe	
10.15	10.45		Morning Tea		
10.45	11.20	11	NCDs and food security: an integrated approach (SPC)	Dr Paula Vivili	Hon Faipule Perez, Tokelau
11.20	11.55	12	Public Health 3.0: a new term for healthy settings (US) Healthy setting approach to NCD prevention (WHO)	Dr Thomas Novotny Ms Ada Moadsiri	
11.55	12.30pm	13	The Pen and NCDs: The media's role in a regional battle	Mr Netani Rika	
12.30	2.00		Lunch and Side Event: Illicit Drug Use (refer page 43)		
2.00	2.35	14	Working together: UN Thematic Group on NCDs (WHO)	Dr Wendy Snowdon	Hon Satini Tulaga Manuella, Tuvalu
2.35	3.10	15	Multi-sectoral collaboration at the national level: what works – case study (Samoa)	Dr Take Naseri	
3.10	3.30		Afternoon Tea		
3.30	4.05	16	A Pacific monitoring alliance for NCD action (C-POND)	Dr Ilisapeci Kubuabola	Hon Dr Saia Piukala, Tonga
4.05	4.40	17	Healthy Islands Vision Monitoring Framework (SPC and WHO)	Mr Sunia Soakai	
4.40			Outcomes Statement		
5.00			End of Day 2		

NCDs have reached epidemic proportions in the Pacific and are creating a 'human, social and economic crisis'

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Wednesday 22nd June, 2016 (Day 3)

Time		Item	Description	Speaker	Session Chair
9.00am	9.30	18	Putting the spotlight on diabetes in the Pacific: a regional perspective (SPC)	Dr Si Thu Win Tin	Prof Ruth Colagiuri, The University of Sydney
9.30	10.00	19	World Diabetes Foundation: lessons from ten years of support to the Pacific (WDF)	Dr Anders Dejgaard	
10.00	10.30		Morning Tea		
10.30	11.00	20	Diabetes Fiji initiatives including diabetes foot care (Diabetes Fiji)	Dr Wahid Khan	Dr Viliami Puloka, Health Promotion Forum of New Zealand
11.00	11.30	21	Tackling diabetes retinopathy in the Pacific (Fred Hollows Foundation)	Dr Biu Sikivou, Dr John Szetu, Mr Andrew Bell	
11.30	12.00	22	Reversing an epidemic of diabetes (Marshall Islands Diabetes Wellness Centre)	Ms Jacque Spence	
12.00	12.30pm	23	WHO PEN Package: lessons learnt (WHO)	Dr Francisca Cuevas	
12.30	1.30		Lunch		
1.30	2.00	24	The association between tuberculosis and diabetes in the Pacific Islands (ANU)	Dr Kerri Viney	Dr Teatao Tira, Kiribati
2.00	2.30	25	Hyperglycaemia in pregnancy/gestational diabetes - an integrated approach (Tonga)	Dr Ma'ake Tupou	
2.30	3.00	26	Dealing with diabetes: building capacity to reduce diabetes complications (Solomon Islands)	Ms Nevalyn Laesango	
3.00	3.30	27	Dialysis: experience from PICTs (Samoa)	Dr Take Naseri	
3.30	4.00		Afternoon Tea		
4.00	4.30	28	Driving Primary NCD Care through Dedicated Outreach Workforce (Tonga)	Dr Toakase Fakakovikaetau	Dr Isimeli Tukana, Fiji
4.30	5.00	29	Moving Diabetes Forward: where to from here?		
5.00			End of Day 3		

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Keynote address

Helen Clark

Administrator, United Nations Development Programme

Helen Clark became the Administrator of the United Nations Development Programme on 17 April 2009, and is the first woman to lead the organization. She is also the Chair of the United Nations Development Group, a committee consisting of the heads of all UN funds, programmes and departments working on development issues.



Prior to her appointment with UNDP, Helen Clark served for nine years as Prime Minister of New Zealand, serving three successive terms from 1999 - 2008. Throughout her tenure as Prime Minister, Helen Clark engaged widely in policy development and advocacy across the international, economic, social and cultural spheres. Under her leadership, New Zealand achieved significant economic growth, low levels of unemployment, and high levels of investment in education and health, and in the well-being of families and older citizens. She and her government prioritized reconciliation and the settlement of historical grievances with New Zealand's indigenous people and the development of an inclusive multicultural and multi-faith society.

Helen Clark advocated strongly for New Zealand's comprehensive programme on sustainability and for tackling the problems of climate change. Helen Clark was also an active leader of her country's foreign relations and policies, engaging in a wide range of international issues. As Prime Minister, Helen Clark was a member of the Council of Women World Leaders, an international network of current and former women presidents and prime ministers whose mission is to mobilize the highest-level women leaders globally for collective action on issues of critical importance to women and equitable development.

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Speakers' Presentation Summaries

2. HE Taneti Maamau

President of the Republic of Kiribati

National Sustainable Development Priorities: Health and NCDs

Like all PICTs, Kiribati is experiencing an increasing burden of NCDs. The burden of NCDs continues to impact on human and economic development nationally. The Government of Kiribati recognises that NCD prevention and control are essential for sustainable development. This presentation will describe the Government of Kiribati's priorities on health and NCDs in addressing national sustainable development.

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3. Honourable Tuitama Dr. Leao Talalelei Tuitama

Minister of Health, Samoa

Hon Tuitama Dr Leao Talalelei Tuitama is the Minister of Health for Samoa for two consecutive terms since 2010 to present. A member of Parliament since 2005, he is a Medical Physician by profession. Hon. Tuitama attended the Fiji School of Medicine (FSM) in 1966 and graduated from FSM in 1969 with a Diploma in Surgery and Medicine (DSM). Dr Tuitama was later granted a Nuffield Scholarship to the Aberdeen Medical School in Scotland where he attended a three month intensive post graduate medical course. In 1974 he was granted a Commonwealth Scholarship to India where he undertook a further 2 years of medical training from 1975 to 1976 Hon. Tuitama has represented Samoa at numerous regional and international meetings over the last decade.

Today, Hon. Tuitama retains his current interest in his field by practicing medicine and shares his professional knowledge with Medical colleagues at the Samoa Medical Practitioners Continuing Medical Education Program.

Honourable Michael Malabag

Minister for Health and HIV/AIDS, Papua New Guinea

Hon Michael Malabag is the Member of Parliament for Moresby North West Electorate and Minister for Health & HIV/AIDS, Papua New Guinea.

Leadership and Government commitment in addressing NCDs

The successful development of Samoa in all aspects of society over the years is a reflection of government leadership, commitment and political will. Of our socio-economic priorities, Samoa continues to make health a priority through its international and national obligations such as the MDGs - now SDGs – the 2014 SIDS Commitment and the Strategic Development for Samoa (SDS).

In September 2014, forty-three (43) Small Island Developing states met in Samoa, and one of the major achievements of this meeting was the development and endorsement of the Small Island Development States Accelerated Modalities of Action (S.A.M.O.A.) Pathway, a document highlighting the need to build and strengthen sustainable partnerships as a means to foster development. The participating Island Countries health agenda was one of the priorities acknowledged in this Pathway with the countries agreeing that “Health is a precondition for and an outcome and indicator of all three dimensions of sustainable development.

Sustainable development can be achieved only in the absence of a high prevalence of debilitating communicable and non-communicable diseases, including emerging and re-

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emerging diseases, and when populations can reach a state of physical, mental and social well-being". The meeting recognized that while prevention, treatment, care and education are critical they called on the international community to support actions of the small island developing states in addressing Communicable and Non Communicable Diseases.

At the sector level, the Samoa Parliamentary Advocacy Group for Healthy Living (SPAGHL) was established in 2007 to assist in advocating and promoting health related issues at the national and community levels particularly Non Communicable Diseases. The SPAGHL continues to formalise the work of the Health Promotion Council including the lobbying of health issues in Parliament as well as advocating the importance of proactive healthy living within schools and home settings.

Healthy Islands is shifting the focus from "Settings" to "People" and from a healthy setting approach to people centred action. This was revitalized at the 10th Pacific Health Ministers Meeting that was held in July 2013 in Apia, Samoa. The Apia Communiqué as a result of the 2013 Ministers' Meeting has been adopted, whereby the Pacific Ministers reiterated their political commitment to addressing the NCD Crisis by promoting a multisectoral action. The meeting further adopted goals such as a Tobacco Free Pacific by 2025, developing targets for recommended levels of fat, sugar and salt in food and beverages and supporting implementation of interventions that strengthen health promotion, promote primary health care, together with developing accountability mechanisms for NCD surveillance.

At the 66th session of the UN General Assembly in September 2011, the Prime Minister of Samoa noted that non-communicable diseases would wreak havoc on the world's economies if we do not urgently address these. He urged then, that we needed to include the reduction of NCDs in our work to achieve the Millennium Development Goals. That was then acknowledged by the Assembly to assure that the central and cross-cutting nature of NCDs is health system strengthening founded on Health Promotion and Primary Health Care. For Samoa, it meant that we needed to continually look at ways to enhance our health systems based on Primary Health Care, in order to achieve the Sustainable Development Goals or SDGs recently introduced post the 2015 Development agenda.

In terms of leadership, we believe that a Whole of Country, One Health, Integrated Health System approach based on the values of Health Promotion and Primary Health Care is the most effective and sustainable way for Samoa. "Sustaining Partnerships in Health – The Samoan Way" speaks volumes. I am convinced that our Samoan culture underpins our self-confidence and self-respect and is a vital part of our economic and social development efforts that we must recognize and use to gain momentum in our work in health. During the commemoration of the World Health Day in April 2016 in Samoa, our Prime Minister has also challenged Samoa to beat Diabetes by 2021, a challenge that we have taken seriously as we continue to fight the NCD fight.

Health and NCDs are key development priorities for Samoa, we have recognized the NCD links with unhealthy trade, and unfortunately experienced the disastrous consequences of climate

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change and the impact to the health of our people. There have been notable examples of multi-sectoral collaboration in Samoa with government agencies realizing the development and adoption of health policies, such as the Tobacco Act, Food Act and Health Promotion Foundation Bill. The challenges during these experiences include cautious and careful alignment of the health agenda in other respective legislations and policies of government.

There is also the continuous support of community leaders through good governance such as the Village Councils, Village Representatives, Women's Committees/Komiti Tumama towards health and its development.

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4. Ms Fong Toy

Deputy Secretary General (Economic Governance and Security), Pacific Islands Forum Secretariat

Ms Fong Toy is currently the Deputy Secretary General (Economic Governance and Security) for the Pacific Islands Forum Secretariat, a position she has held since May 2011. The position provides oversight of: the promotion of regional economic growth, sustainable trade, increased private sector participation and deeper regional economic integration; support to members' security and governance priorities; strengthening of regional legal and law enforcement cooperation and integration; and support to the integrity of key institutions of governance. Ms Fong Toy holds a Bachelor of Laws from the Victoria University in New Zealand and Masters in International Relations from Deakin University, Australia. She has been admitted to the High Court of New Zealand and the Fiji Bar. Ms Fong Toy is also a member of several Advisory Boards.

Addressing NCDs as a region: strength in numbers

Non-Communicable Diseases pose a significant threat to the people of the Pacific region. The Forum Secretariat's presentation will consider the political discussions that have been facilitated on the issue of NCDs, in particular, at the 2014 joint Forum Economic Ministers Meeting/Pacific Health Ministers Meeting in the Solomon Islands and the Forum Leaders Meetings. The presentation will also consider the role regional trade agreements and national trade policies can play in addressing this issue of NCDs. Recognizing the significance that partnerships with key regional development partners and agencies can play in assisting Members in combating NCDs, the presentation will also consider existing regional mechanisms to build advocacy and awareness to increase coordination and engagement amongst key stakeholders and influence partners' contribution towards the Pacific region to address this critical issue.

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5. Dr Xiaohui Hou

Senior Economist, World Bank, Sydney, Australia

Xiaohui Hou is a Senior Economist in the World Bank. She has worked on countries in East Europe, South Asia and most recently East Asia and the Pacific region. Her fields of interests include health economics, social safety net, labor economics, poverty and impact evaluation. She has published books, book chapters and journal papers in both economic and medical peer reviewed journals. She also teaches as a visiting scholar. She obtained her Ph.D. from the University of California, Berkeley.

The Pacific Possible: Bending the Non-communicable Diseases Cost Curve in the Pacific

The presentation examines the current health and health financing challenges facing the region and presents strategies to mitigate the costs of NCDs in the Pacific. The global evidence increasingly shows that NCDs result in long-term macroeconomic impacts on labor supply, capital accumulation, and GDP growth. In the Pacific, our modeling to project the economic burden of NCDs in the Pacific shows the following results: First, the economic burden of NCDs in the Pacific is greater than expected for middle-income countries; second, although cardiovascular disease is the biggest contributor to the mortality burden in the region, diabetes plays a far greater role in the Pacific countries compared to the global average; third, the economic burden is increasing with time, especially as incomes rise; and fourth, estimates showed that in the absence of these four NCDs, the labor force could be at least nine percent, and up to 30 percent larger. The modelling also suggests that the Pacific Island countries that successfully pursue measures to prevent and control NCDs will be able to bend the cost curve of NCD treatment and generate broader budgetary and macroeconomic benefits.

Are you aware NCDs pose a significant social and economic burden on many PICTs?

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6. Mr Venkatesh Sundararaman

Human Development Program Leader, Health, Nutrition & Population Global Practice, World Bank

Ms Osnat Lubrani

UN Resident Coordinator and UNDP Resident Representative, United Nations Development Programme, Pacific Office, Fiji

HE Andrew Ford

Australian High Commissioner, Tonga

Ms Seini Filiai

CEO, TongaHealth

Funding NCDs: panel discussion

This session will comprise a panel discussion with representatives of World Bank, UNDP, DFAT and TongaHealth.

Do you know PICTs have among the highest rates of NCDs and associated risk factors in the world?

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7. Dr Douglas Bettcher

Director, Prevention of Noncommunicable Diseases, World Health Organization, Switzerland

Dr Douglas Bettcher is Director of the Department for Prevention of Noncommunicable Diseases at the World Health Organization; his responsibilities include oversight of WHO's implementation of the NCD prevention component of the UN Sustainable Development Goals. This portfolio includes WHO's work on NCD risk factor prevention (including tobacco use, diet and physical inactivity), prevention of childhood obesity, health promotion, and NCD risk factor surveillance.

Commission on Ending Childhood Obesity (ECHO)

The prevalence of infant, childhood and adolescent obesity is increasing in many countries, with the most rapid rises occurring in low- and middle-income countries. Children who have suffered from undernutrition are at particularly high risk of developing obesity when socioeconomic circumstances change. Without intervention, obese children are likely to continue to be obese during adolescence and adulthood.

Childhood obesity is associated with a wide range of health complications and an increased risk of premature onset of non-communicable diseases, including diabetes and heart disease. Obesity has many causes and potential solutions and no single intervention can halt the rise of the growing obesity epidemic. However, as with all public health strategies, there are many challenges to implementation.

The WHO Director-General established a high-level Commission on Ending Childhood Obesity in 2014, to report on the approaches and combinations of interventions that are likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world.

The Commission have developed six recommendations to address childhood obesity by promoting the intake of healthy foods; promoting physical activity; preconception and pregnancy care; early childhood diet and physical activity; health, nutrition and physical activity for school children and weight management for those already obese.

The greatest risk to effective progress on childhood obesity is lack of political commitment and that government and other actors fail to take ownership, leadership and the necessary actions. It is only through a combination of community partnerships, government support and scientific research that the best interventions can be developed and implemented worldwide.

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8 (Part A). Lenny Solomona

Director, 1Touch Ministries, Samoa

Lenny Solomona is an igniter of dreams. He is passionate about seeing a generation both young and mature reach their potential in life. Through his unique brand of humour, Lenny throws open the windows that let a new breeze blow through every place he goes. While he is downright funny, more importantly, he packs a powerful punch through the anointing upon his life. One of the many joys of listening to Lenny is the way he uses his life's experiences to engage and capture his audience. He knows how to motivate and inspire those who have lost the ability to dream, through the messages he imparts and the way in which he delivers them.

Building a strong and healthy Samoa

Implementing a holistic approach of health initiatives aimed at reducing chronic sickness causing premature death. Encouraging families to make healthy choices together so that they have a stronger support system to overcome conditions such as diabetes, kidney and liver failure and other leading sicknesses and diseases. Healthy families build healthy communities, healthy communities build healthy cities, and healthy cities build healthy nations.

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8 (Part B). Ebony Andrews

Director of Sports Initiatives, President's Council on Fitness Sports and Nutrition - US Department of Health and Human Services, Washington, DC USA

Ebony is a public health advisor with a background in health promotion, active living, youth sports participation and tobacco control. She is the Director of Sports Initiatives for the President's Council on Fitness, Sports and Nutrition. She formerly worked for the US Office of Surgeon General supporting national public health initiatives.

The Role of Fitness, Sports and Nutrition in Empowering Healthier Youth

The US President's Council on Fitness, Sports and Nutrition plays a key role in the development of governmental programmatic priorities, outreach, and awareness efforts to improve the health and quality of life through physical activity, sports participation and good nutrition. To promote healthy and active lives and reduce the burden of non-communicable diseases, President's Council efforts focus on motivating people of all ages, backgrounds, and abilities to lead active, healthy lives.

Through a collection of youth focused initiatives, the President's Council also works to reverse the health implications of non-communicable diseases on future generations. These programs include: Let's Move! Active Schools, a physical activity and physical education initiative to ensure 60 minutes of physical activity is the new norm for schools; the Presidential Youth Fitness Program, a national fitness education and assessment program that provides a model to help schools achieve excellence in physical education; the I Can Do It, You Can Do It! program, a national health promotion program that facilitates increased access and opportunities for children and adults with disabilities to participate in regular activity, learn about good nutrition; and, the Sport for All, an initiative that strives to educate on the benefits associated with sport participation and increase access to youth sports.

Ms. Andrews will discuss the approach of the President's Council and other federal efforts of the US Department of Health and Human Services to engage, educate and empower people to adopt healthier eating and physical activity habits, as well as, a tobacco-free lifestyle.

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9. Dr Yunguo Liu

Director, Pacific Technical Support

Representative, South Pacific, World Health Organization

Office of the WHO Representative in the South Pacific, Fiji

Dr Liu Yunguo was appointed to his current position in March 2014. He was previously WHO Representative in Lao and prior to that Regional Advisor for Maternal and Child Health at WHO Regional Office for the Western Pacific. Before joining WHO, he held senior positions in the Ministry of Health in China.

Dr Paula Vivili

Director, Public Health Division, Pacific Community, Noumea

Dr Paula Vivili was appointed to his current position in January 2015. He was previously Deputy Director (PHD), Policy, Planning and Regulation. Before joining SPC in 2013, he held senior positions in the Ministry of Health in Tonga.

The Pacific NCD Roadmap: Lessons learned from the first two years

The Pacific NCD Roadmap was approved by Ministers of Health and Finance in 2014. The Roadmap included a number of recommended actions for the region, including increasing taxes on tobacco and alcohol, policies to reduce consumption of food and drinks high in salt, sugar and fat, improved efficiency and impact of health budget for NCDs and better evidence base for NCD action. Pacific Health Ministers and Finance ministers reaffirmed their commitment to this roadmap in their subsequent meetings in 2015.

Implementation is proceeding in many areas in the Pacific Island countries, through raised taxes on alcohol, tobacco and selected foods and drinks, and also lowered taxes on healthier food alternatives. Adaptation of the WHO's Package of Essential NCD interventions for Primary Health Care has also moved forward, with a focus on incorporation into and strengthening of the existing health system. Availability of, and use of NCD-related data for planning and monitoring has also advanced and some costing studies are also underway.

The scale of the NCD crisis in the region, requires a strong response, and an intensification of actions at the country level. The Ministers of Finance recently committed to developing specific timebound targets against the roadmap, and the Ministers of Health have also committed to Pacific Healthy Island targets, in line with the Roadmap. This improved monitoring of progress against the Roadmap is expected to enhance overall progress.

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10. Dr Patrick Osewe

Global Lead; Healthy Societies; Health, Nutrition and Population Practice; World Bank; South Africa

Dr Patrick L. Osewe is the Global Lead for Healthy Societies at the World Bank. He provides technical assistance and operational support to World Bank teams and the global health community to address public health challenges including health and climate change, pandemic preparedness, NCDs and cross sectoral collaboration. Before joining the World Bank, he served as the principal USAID liaison officer and technical expert for all matters related to U.S. government health programming, policy, implementation and strategy. He has also served as a public health expert with the Centre for Disease Control and with other international organizations and low-middle income country governments. He holds a Medical Degree and a Master's in Public Health.

NCDs: Money Matters; Taxation Options

Worldwide, non-communicable diseases account for 60% (35 million) of global deaths. The largest burden - 80% (28 million) - occurs in lower middle income countries (LMICs), making NCDs a major cause of poverty and an urgent development issue.

With public expenditure on health (including external grants) in the Pacific already larger as a percentage of GDP than LMICs globally, NCDs impose even greater pressures on governments' fiscal positions. One of the key public policy strategies being advanced to reduce the NCD risk factors is the taxing of tobacco, sugar-sweetened foods and beverages, and other unhealthy products. In addition to addressing this major new health threat, taxation is also one of the most cost-effective strategies for enhancing governments' revenues.

Dr Osewe will look at the international evidence and experience with taxation measures in LMICs. He will then present the current status of taxes on tobacco, alcohol, sugary drinks and unhealthy foods in the Pacific, as well as reflect on some of the common objections to and challenges faced in the implementation of these taxation measures. He will then conclude by providing some recommendations for consideration in the Pacific based on the international evidence and experiences presented.

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11. Dr Paula Vivili

Director, Public Health Division, Pacific Community, Noumea

Dr Paula Vivili was appointed to his current position in January 2015. He was previously Deputy Director (PHD), Policy, Planning and Regulation. Before joining SPC in 2013, he held senior positions in the Ministry of Health in Tonga.

NCDs and Food Security: an integrated approach

Food security and NCDs are two critical development issues for the Pacific that impact directly on population health. The right to food is an inclusive right and an inability to access sufficient, safe and nutritious foods threatens food security, undermines individual health, livelihoods and economic growth and is a root cause of NCDs. These issues are inter-related and complex and require multi-sectoral approaches to make sustainable differences and improve development outcomes for Pacific people.

In considering these issues, SPC recognizes a clear nexus point between food security and NCDs - unhealthy diets. A lack of food security will result in unhealthy diets, a key risk factor for NCDs such as diabetes, obesity, heart diseases and some cancers. The overall impact of NCDs in the Pacific has resulted in the increase of NCD related disabilities, premature death and lower life expectancies than expected in many Pacific Island Countries and Territories, impacting on economic development through loss of productive work lives and increased burden on national health budgets. The situation will also be exacerbated by projected population increases by 2030 and stresses from climate change impacts.

Although achieving food security is a necessary pre-requisite to reducing the impact of unhealthy diets, it does not guarantee an automatic improvement in nutritional and health status, unless the environment – physical, socio-cultural, economic and political - in which people live is stable, healthy and conducive to adopting healthy behaviours. Therefore an inadequate and ineffective food systems can often be an underlying cause for issues in both food security and NCDs.

Enabling supportive environments recognises the crucial role an effective food system plays in ensuring all processes – from production to consumption, including all inputs required– in feeding a population are stable and sustained. This includes the management and protection of natural resources, bio-cultural diversity and ecosystems for optimal use both now and for future generations. Achieving this requires strong leadership, coordination, partnerships and collaborations across multiple sectors and actors.

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12 (Part A). Dr Thomas Novotny

Deputy Assistant Secretary for Health (Science and Medicine), US Department of Health and Human Services, Washington, DC USA

Dr. Novotny is a recognized expert in public health practice, tobacco control, and NCDs. He has served as HHS Deputy Assistant Secretary for International Health and on the Executive Board of WHO. He has extensive experience in the Pacific (as a Peace Corps Volunteer in Samoa, Dept. of Energy health consultant in Micronesia, and representative of US jurisdictions in WPRO).

Public Health 3.0: A New Term for ‘Healthy Settings’

Empowering all Pacific Island people and their communities to be as healthy as they can be requires partnerships to be built not only across ministry of health units (including health care, public health, and social services), but also with those sectors that share the health sector’s vision for human security, including education, housing, and transportation, to name a few. These partnerships must extend from the international levels to the national and local levels as well. Coordinating investments in health security will give us a greater return in terms of human development and will result in an overall improvement in health and well-being at both the individual and community level. In addition, by focusing these efforts on island communities that are doing the least well, we will address the overall health inequities within the Pacific region. This is a moral, practical, and professional necessity, as our entire global community is now a highly interconnected community, where people, goods, and services must transcend national boundaries, just as do infectious diseases, NCD risk factors, and human security issues that impact the Pacific’s global burden of disease.

Dr. Novotny will discuss the foundational capabilities necessary for a Health Settings approach to NCDs and how the US Department of Health and Human Services now refers to this as Public Health 3.0--the next generational approach to public health practice in support of the UN Sustainable Development Goals.

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12 (Part B). Ada Moadsiri

Technical officer, NCD and Tobacco Free Initiatives, WHO Division of Pacific Technical Support, Fiji

Ada Moadsiri is a technical officer for NCDs in the WHO Division of Pacific Technical Support. Prior to this, she served as a U.S. Peace Corps volunteer and was a Fulbright scholar with the Tonga Health Promotion Foundation. She holds a Doctor of Public Health degree from the University of Illinois at Chicago.

Healthy settings approach to NCD prevention

The healthy islands Yanuca declaration recognizes the importance of a whole of society approach to improving health and the importance of providing a supportive healthy environment. Within this there is recognition that a settings-based approach to NCD prevention and control is critical.

A settings-based approach to health promotion recognizes the complex interplay of environmental, community, organizational, and personal factors in determining health. Settings are dynamic socially and culturally defined systems, and include islands, villages, community meeting houses, social groupings, faith-based organisations, workplaces and schools.

Examples of the use of settings-based approaches to support efforts to reduce NCDs are many, and this presentation will highlight such efforts from across the Pacific. Initiatives based on healthy settings include ones targeting alcohol, tobacco, betel chewing, diets and physical activity, with many developed and led by communities.

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13. Netani Rika

Publisher, Islands Business Magazine, Fiji

Netani Rika is an award winning journalist with a 28-year career spanning newspapers, television and more recently the social media. His work on NCDs includes building a network of urban gardeners in the Suva area to promote healthy eating and daily physical activity. Netani is the Pacific Media Freedom Award holder.

The Pen and NCDs: The Media's Role in a Regional Battle

In the Pacific there is no doubt that Non Communicable Disease Poses the greatest threat to our people, our economies, our leadership, our sustainability as a society.

NCDs arguably present a clear and present danger greater even than the slow, gradual onslaught of climate change.

For NCDs live here, among our people, and have done so for decades, killing, maiming, destroying the core of our countries, the vitality of our nations. Now they threaten even the young.

The Pacific media has stood on the sideline of the Battle against NCDs for too long, content to cover the issue as it develops, revealing sensational statistics and covering the proclamations of prime ministers.

But that is not enough. The time has come for the Pacific media to join the fight or at the very least to become embedded – the term used these days in conflict situations – in the daily lives of our health workers who are on the front line.

It is time to report the battle from the war zone and to bring every weapon in the media arsenal to bear on this killer.

It is time for the media to open a new front in this battle – a battle for the very existence of the Pacific people.

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14. Dr Wendy Snowdon

Team Coordinator - Pacific NCD and Health through the Life-Course, Division of Pacific Technical Support, World Health Organization, Fiji

Dr Snowdon joined WHO in 2014. She leads the Pacific NCD and health through the lifecourse team. Prior to joining WHO she led the Pacific Research Centre for the Prevention of Obesity and NCDs (C-POND), a collaborative research centre based in Fiji. She has also previously worked for SPC and UNICEF and has been living and working in the Pacific Islands since 1998.

Working together: UN Thematic Group on NCDs (WHO)

Following the establishment of the global United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs in 2014, a Pacific thematic UN group on NCDs was established. This group meets quarterly to coordinate and discuss the activities of UN organizations to support governments with actions to combat NCDs. The group meets regularly and discusses opportunities for collaboration, and current relevant activities. In 2015 SPC was invited to join the group, to further increase its relevance.

Since its inception the group has discussed issues such as gestational diabetes, food security, cervical cancer, workplace health promotion and costing studies for NCDs. The group also conducted a joint mission to Tonga in 2015.

The continued close collaboration and networking is expected to assist with greater cross-sectoral support for NCD prevention and control

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15. Leausa Dr. Take Naserii

Director General of Health, Ministry of Health, Samoa

Leausa Toleafoa Dr. Take Naseri is the Director General of Health / Chief Executive Officer for the Ministry of Health SAMOA. The Ministry of Health functions are in the areas of regulation of the health sector, policy development, setting strategic directions and sector priorities for development through sector planning, funding, coordination as well as monitoring health sector to ensure safe practice, safe service as well as quality of health care services and health care products.

He holds a Masters in Public Health from the University of Queensland, Australia and a Bachelor of Medicine and Bachelor of Surgery (MBBS) from the University of Papua New Guinea. He started his education in Samoa before furthering his studies in New Zealand and Fiji.

*He has served in the Medical Profession for over 20 years in Samoa, American Samoa and in New Zealand in the areas of Anaesthesia & ICU, Internal Medicine & Infectious Diseases and Population Health. In 2010 he was appointed in the Ministry of Health as the Consultant Specialist Physician Public Health & ACEO NDS & IHR Division until his elevation to the DG/CEO MOH. He was instrumental in establishing and developing our National Disease Surveillance (NDS) & International Health (IHR) Division within the ministry in 2012. His population health background and distinguished clinical experience with his visionary approach led to our contextualisation of the WHO NCD PEN to become PEN Fa'aSAMOA. This was recognised with an award for "**Best Proposal**" at the Pacific Health Ministers Meeting 20th Anniversary held in Yanuca, Fiji in 2014. He is a registered practicing physician.*

He is a matai and deacon of the EFKS Church.

Multi-sectoral collaboration at the national level: what works

Multi sectoral collaboration at the national level was formalised in Samoa with the public sector reforms that began by the mid-1990s. Thus the introduction of the SWAp (sector wide approach) as a planning and funding modality by 2007 into the health sector was facilitated, to make aid assistance more effective with the aim of harmonising projects and maximising development results.

The linkages between the Approach and Better Sector Outcomes was the ultimate aim and still is. The modality is built around the 2005 Paris Declaration on Aid Effectiveness which Samoa signed by 2008 and served to provide guidance for improvements in the delivery of aid through five principles: Ownership, Alignment, Harmonisation, Managing for Results and Mutual Accountability.

As indicated, prior to the Paris Declaration, Samoa had already begun a continuing program of reforms amongst which was the key objective to achieve development effectiveness. For the health sector, the Health SWAp Program was implemented from October 2008 to

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December 2013 with a budget of SAT\$83million, with a no-cost extension of the Program to December 2016 to ensure that the remaining medical packages, other goods and comprehensive infrastructure projects are duly completed. The re-development of the Health SWAp Program from 2010 to 2011 saw all development projects channelled through the Ministry of Health (MoH) incorporated under the “Health Sector Program” assortment; thereby including Programs supported by the SWAp Partners, WHO, UNFPA/UNICEF, SPC-NCD Project, SPC/Global Fund Project and the SPC/Respond Fund Project.

By June 2012 with PSC endorsement, all related personnel and programs/projects were brought under the management of the newly established MoH Health Sector Coordination, Resourcing and Monitoring Division. It is the practical realisation of the ‘Funder’ role of the Ministry of Health which by 2015 required the further need to enforce its mandated role by executing the Purchaser-Provider Agreements in the years ahead.

The benefits of the SWAp modality and its application are various and significant! The challenges are equally important. The MoH together with the Ministry of Finance as the executive agency, have responded to these challenges pragmatically over the years, but without compromising on key issues of national ownership and alignment with government development strategies.

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16. Dr Ilisapeci Kubuabola

**Director, Pacific Research Center for the Prevention of Obesity and NCD (C-POND)
College of Medicine, Nursing and Health Sciences, Fiji National University
Suva**

Dr Ilisapeci Kubuabola is presenting on behalf of the Pacific MANA Coordination Team which comprises of representatives from: the Pacific Communities (SPC);, the Pacific Island Officers Association (PIHOA), the Pacific Research Center for the Prevention of Obesity and NCD (C-POND); World Health Organisation (WHO) and the University of Auckland (UoA).

Coordinating and Strengthening NCD Monitoring: Pacific MANA

In response to the NCD crisis in the Pacific, the Pacific Monitoring Alliance for NCD Action (MANA) was established in 2013 to provide a mechanism for coordinating and strengthening NCD monitoring. This was to be achieved by improving national and regional data monitoring and reporting; demonstrating progress; and stimulating innovation and accountability for actions to control and prevent NCDs. The Pacific MANA Framework was endorsed and approved at the 2014 Pacific Health Ministers meeting. There are three strategic objectives under MANA: (1) to support in-country capacity to identify and understand national NCD monitoring strengths and weakness; (2) to support growth of regional public goods to build national and regional technical data capacity and knowledge exchange, in areas such as civil registration and vital statistics and HIS strengthening; and (3) to support monitoring innovation and develop accountability systems.

Since the inception of MANA, several strategic activities have taken place. A situation analysis of Child BMI monitoring in the Pacific was undertaken in 2015. The results were presented at the April 2016 HoH meeting where one of the key recommendations was for the development of a regional protocol for standardization of anthropometric measurements in the Pacific to allow for comparison and trend tracking. Another area of innovation under the alliance is the development and testing of protocols for countries to use to monitor food environments. An additional major initiative by MANA has been the development of a mutual accountability mechanism – the Dashboard for NCD Action. The purpose of the dashboard is to allow countries to easily view progress against agreed key NCD actions including those in the NCD Roadmap, Global Action Plan on NCDs, the Framework Convention on Tobacco Control (FCTC) and the USAPI Policy Commitment Package. This dashboard will sit alongside the Healthy Island Indicators, overlapping on certain indicators such as tobacco excise tax and alcohol taxation. Countries will be supported by the Pacific MANA CT to establish their baselines using the dashboard prior to progressing with monitoring of the key indicators.

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17. Sunia Soakai

Deputy Director, Public Health Division, Policy, Planning and Regulation Programme, Pacific Community, Fiji

Mr Sunia Soakai is Deputy Director, Public Health Division, Policy, Planning and Regulation Programme, Pacific Community (SPC). Mr Soakai holds undergraduate qualifications in health service management from the Elton Mayo School of Management, University of South Australia and an MBA from the Centre for Health Planning and Management, Keele University, United Kingdom.

Mr Soakai commenced his employment with the Ministry of Health, Tonga in 1985 and was head of the Health Planning and Information Division prior to his initial departure in 2004.

Mr Soakai has spent the last 30 years working in the Pacific and internationally; as Human Resource Planner with WHO HQ, Geneva, Secretary for Health and Medical Services, Nauru, Policy and Planning Adviser, Ministry of Health, Fiji. During his career Mr Soakai has been involved in, health policy and planning, health systems reforms, donor coordination, World Bank project management and hospital infrastructure development.

Healthy Islands Vision Monitoring Framework

Leading up to the 20th anniversary of the Healthy Islands Declaration a review was commissioned to ascertain its progress or lack thereof. Healthy Islands has remained an inspirational vision for health ministers and senior officials across the Pacific. Some countries have applied the Healthy Islands vision to their health policies and have reported great success in settings such as villages and schools. However, there have been difficulties in bringing the approach to scale across the Pacific.

Healthy Islands has played a significant role in energizing the approach to NCDs by supporting a focus on the environments in which people are nurtured, work and play. The vision has framed the approach health leaders have taken to engage with other sectors, and it has supported the largely successful efforts to bring global attention to the rising NCD epidemic.

There is consensus in the Pacific that the vision is relevant and helpful and that it should be maintained and supported. The breadth of the vision is only now being realized, with its weave of health, environmental and Pacific cultural concepts. As one official noted: "Healthy Islands was ahead of its time, and its time has now come." At the same time, most people believe implementation has fallen short of expectations and see the need for greater focus by all stakeholders.

The health of Pacific peoples has improved over the last 20 years, with child survival and life expectancy increasing. The region has reduced the burden of lymphatic filariasis and reduced chronic hepatitis B infection rates among the younger generation, while remaining polio free despite continuous threats of its importation. Most Pacific island countries and areas (PICs)

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have eliminated neonatal tetanus. However, the rate of improvement has been slower than in the rest of the world. Many countries are unlikely to meet the Millennium Development Goals (MDGs) for children. The rise of NCDs has further complicated the health situation. Adult populations in many PICs face an unprecedented NCD crisis, resulting in early deaths from preventable diseases.

In light of the Healthy Islands Review findings the Pacific Health Ministers Meeting (PHMM) in its 11th meeting in April 2015 tasked the secretariat under the auspicious of the Heads of Health (HoHO) to develop a results or monitoring framework to be presented at the PHMM biannual meeting as a means to assess progress across the Pacific region and nationally as well.

This presentation wishes to provide Honourable Ministers an update on the progress of work undertaken to date in preparation for the presentation of the Healthy Islands Monitoring Report to 12th PHMM in Cook Islands in 2017.

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18. Dr Si Thu Win Tin

Team Leader – Non Communicable Diseases, Public Health Division, Pacific Community (SPC)

Dr Si Thu Win Tin is a Public Health Physician and currently works as NCD Team Leader for SPC. Prior to joining SPC he worked as a Research Fellow at the University of Sydney. He previously worked as NCD Adviser for SPC, Director of Public Health for Nauru, and Public Health Physician for World Vision International and Aide Medicale Internationale. He has wide experience in international public health, particularly NCD prevention and control.

Putting the Spotlight on Diabetes in the Pacific: A Regional Perspective

Diabetes has reached epidemic proportions and continues to impact on human and economic development globally, striking hardest at the world's low and middle income countries. Given the predicted increase in global diabetes prevalence from 415 million in 2015 to 642 million by 2040, this raises serious concerns about health and sustainable development worldwide. This is particularly apparent in small developing Pacific Islands Countries and Territories (PICTs). Seven out of top ten countries with the highest diabetes rates in the world are PICTs, with diabetes prevalence approximately 40% in some PICTs.

The prevalence of diabetes complications and associated risk factors are substantial in PICTs leading to premature mortality and disability. For example, approximately 70% of people with diabetes have retinopathy and 11% have diabetes-related amputations in some countries. Poor clinical outcomes are also reported in PICTs, with a high percentage of people with diabetes not meeting recommended glycaemic control, blood pressure and cholesterol targets. Accessibility to quality health care services is a challenge. Absenteeism and retirement from work due to diabetes are common, causing social and economic burden to families and lost productivity. In some PICTs, annual expenditure for diabetes is approximately 20% of annual government health care expenditure, which is higher than the average health spending (approximately 12%) on diabetes worldwide.

Much of the impact of diabetes could be averted. Cost-effective interventions and good clinical practice can prevent or delay the onset of diabetes and its complications. Without urgent multi-sectoral action, the increasing burden of diabetes will lead to reduced quality of life, increased burden of poverty, and delayed national development in PICTs.

Diabetes costs to governments and society are high and escalating

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19. Dr. Anders Dejgaard

Managing Director, World Diabetes Foundation

M.D.Copenhagen University (1978). Registrar at university hospitals, specialist in endocrinology and senior registrar at Steno Diabetes Centre. Author to more than 80 publications. Joined Novo Nordisk A/S in 1987, having various managerial positions mainly within international clinical research. Highly engaged in bioethical issues and in clinical research guidelines for the pharmaceutical industry. As of April 2013 Managing Director of the World Diabetes Foundation (WDF) with key interest in diabetes prevention and programme evaluation.

World Diabetes Foundation (WDF): Lessons from ten years of support to the Pacific

WDF has as its core mission to strengthen the prevention and treatment of diabetes, and its complications and comorbidities, in low and middle income countries through provision of financial and technical support. WDF creates partnerships to assist people with diabetes and those at risk, acting as a catalyst to help others do more. WDF is engaged with a variety of global, regional and local partners.

Since 2002, WDF has supported more than 450 programmes and projects in more than 100 low and middle income countries. Hence, WDF possesses unique, protracted and comprehensive experience within the field of diabetes and other NCDs in low and middle income contexts. The application process will be presented.

In the Pacific, a region so severely affected by diabetes and other NCDs, WDF has held partnerships for more than a decade, starting with smaller pilot projects and more recently moving into larger scale programmes with Ministries of Health and other stakeholders. Key regional lessons will be presented, and during the Summit representatives from the Pacific countries where WDF has been active will give more detailed presentations.

WDF is an official Participant to the WHO Global Coordination Mechanism on NCDs and thereby seeks to support the implementation of the WHO Global Action Plan on NCDs 2013-2020, in perspective of the Sustainable Development Goals (SDGs).

WDF strongly supports the Pacific NCD Roadmap framework and the Pacific NCD Network. New strategic WDF priorities and refined funding modalities will be presented and potential new partnerships with the Pacific will be discussed.

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20. Dr Wahid Khan

Chair, Diabetes Fiji

Dr Khan is the current Chair of Diabetes Fiji and also the current Hon Secretary to WONCA - Asia Pacific Region. He is a General Family Practitioner based at the Bayly Clinic in Suva, Fiji. Being a Diabetic himself, he underwent a Vertical Sleeve Gastrectomy in 2013 and is now free of the ailment. Naturally, his medical interest is in Diabetes, but also includes Men's Health and Minor Surgical procedures.

Diabetes Fiji initiatives including diabetes foot care

Diabetes Fiji is a Registered Charitable Trust based in Fiji which is currently working in Collaboration with the Fijian Ministry of Health and Medical Services on a Project titled *Primary level diabetes care capacity building*. This project is co-funded by the World Diabetes Foundation and the major emphasis of the Project is on empowering Health Personnel and Patients towards "early recognition of diabetes foot infections". This presentation shares the Fijian experiences in this journey over the last 2 years and analyses the achievements and problems to date.

Diabetes kills and disables

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21. Dr Biu Sikivou

Director, Pacific Eye Institute

Dr Biu Sikivou is the Director of Pacific Eye Institute. After serving MOHMS for 20 years, she joined PEI in 2009 as the Lead Ophthalmologist for the Diabetes Eye Project.

Dr John Szetu

Regional Medical Director

Dr John Szetu is the Regional Medical Director. He relocated from the Solomon Is to Fiji in 2006 and served as the first Director for Pacific Eye Institute for 7 years.

Andrew Bell

Executive Director Fred Hollows Foundation New Zealand

Andrew Bell is the Executive Director of The Fred Hollows Foundation NZ. The Foundation seeks to carry on the work of a legendary New Zealander, the late Professor Fred Hollows who championed the right of all people to high quality and affordable eye care.

Tackling Diabetic Retinopathy in the Pacific

The Pacific Eye Institute (PEI) in Suva, Fiji is a centre of excellence for Pacific eye care. As an initiative of FHFNZ, and in partnership with the Fijian Ministry of Health and Medical Services, PEI focuses on the delivery of longer term, accredited training for eye health workers throughout the region. The program already collaborates with Ministries of Health in Pacific Island Countries (PICs) and various other stakeholders. In 2009, The Fred Hollows Foundation NZ responded to the lack of information about diabetes and eye health in Fiji by undertaking a population-based eye health survey. The alarming survey findings prompted the establishment of a project partnership agreement between FHFNZ and WDF which strengthened and expanded existing DR services in Fiji and replicated across the Pacific region. This also provided a suitable context to train diabetes eye care specialists for the PICs. In 2010 guidelines for the screening and grading of diabetic retina were endorsed for the whole region.

Gaps in referral and service delivery were identified and addressed. Training of nurses at the primary health care level has demonstrated doubling of cases referred for DR screening. To improve access to services, a dedicated outreach team together with the Mobile Eye Clinic provide services on a regular basis. Diabetes eye care is now integrated into NCD policies.

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22. Jacque Spence

Executive Vice President and Co-Founder, Canvasback Missions, Inc. U.S.A.

Jacque Spence is the co-founder and Executive Vice President of Canvasback Missions, an NGO that has provided health care in the Pacific since 1986. She also organizes surgery teams to Micronesia. She is a leader of Canvasback's Diabetes Wellness Center's programs to reverse the epidemic of diabetes in the Marshall Islands.

Reversing an Epidemic of Diabetes

Canvasback Missions' Diabetes Wellness Center (DWC) in Majuro was founded in 1993 through a research Grant from the U. S. Department of Defense to investigate the effectiveness of lifestyle intervention to improve glycemic control in Marshallese with type 2 diabetes. The project showed that lifestyle change is highly effective in reversing diabetes and other NCDs.

Reversing the epidemic of diabetes would require more than an outpatient Wellness Center. In 2011 the World Diabetes Foundation (WDF) filled the need to reach a critical demographic, the middle school students. In partnership with the Ministry of Education and WDF we developed a nutrition curriculum for middle school children and teachers which incorporated daily exercise programs. Children, teachers and parents were taught hands on how to make healthy culturally appropriate meals. The children delighted in planting and cultivating a vegetable garden. Cookbooks for the meals that the students learned to prepare were distributed. TV videos and radio spots about preventing diabetes were broadcast.

In a nation where half of adults over 30 are diabetic, people felt that diabetes was their fate. The WDF grant was one of the most effective that Canvasback has partnered in and the momentum it provided carries on today. The Diabetes Wellness Center continues its lifestyle intervention programs but the multiple programs that reach out to the community are most important to reverse the deadly epidemic of diabetes.

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23. Dr Francisca P. Cuevas

Consultant, NCD-PEN, Office of the WHO Representative, Division of Pacific Technical Support, Suva, Fiji

Dr Cuevas joined WHO-DPS in May 2015 has been providing technical support on PEN adaptation/implementation in the PICTs. She was a public health manager in the Philippines for 23 years and worked for 3 years with an international health organization. She was involved in the national adaptation of PEN in the Philippines and also provided technical support to Lao PDR.

WHO PEN Package: Lessons learned

The package of essential NCD interventions continues to be scaled up in the PICTs. In almost all countries, the PEN protocols on the integrated management of hypertension and diabetes and counselling on healthy behaviours have been adapted to country-context.

Health system reforms have been introduced to support the delivery of these essential interventions at the primary health care facilities. Among these are community mobilization and participation in community-based NCD care which is clearly demonstrated in the PEN Fa'a Samoa and in Fiji wellness programme; systematic household CVD risk screening (Tuvalu); setting up of collaborating mechanisms to coordinate NCD care between levels of health care and health systems support for NCD service delivery; laboratory send-out mechanism (Palau); development of tools to aid countries in planning PEN; integration of PEN in the health information system as demonstrated in Kiribati and Fiji; close supervision and monitoring of PEN implementation as demonstrated in Cooks Island; health financing for NCDs; revision of the essential drug list to include NCD medicines; strategies to improve patient adherence through packaging of medicines and issuance of patient-held records; training and deployment of non-physician health workers (FSM Pohnpei); pre-service and in-service training on PEN; establishment of NCD only clinic days; creative health education sessions; and strategies to reduce patient defaulting and drop outs.

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24. Dr Kerri Viney

Research Fellow and International Public Health Consultant, Australian National University, Canberra, Australia

Dr Viney currently works as a Research Fellow at Australian National University on the Master of Applied Epidemiology Programme. Prior to joining the University she worked for the Pacific Community for five and a half years as their Tuberculosis Adviser. It was during this time that Dr Viney witnessed first-hand the association between TB and diabetes and heard the concerns that local clinicians had about these conditions.

The association between tuberculosis and diabetes in the Pacific Islands

Epidemiological analyses demonstrate the strength and public health importance of the association between tuberculosis (TB) and diabetes, and the extent to which diabetes influences the global epidemiology of TB. Diabetes is associated with a three-fold risk of developing active TB and it affects TB treatment outcomes, including death. Globally, 15% of TB is attributable to diabetes.

The association between TB and diabetes is particularly important in the Pacific Islands. Of the 10 countries with the highest prevalence of diabetes in adults globally, seven are in the Pacific, with rates exceeding 25% in five Pacific Island countries. In some of these countries, rates of TB are also high. As a result, diabetes is thought to be a key driver of TB in the Pacific, with up to 40% of TB attributable to diabetes.

In response to the TB-diabetes syndemic in the Pacific, regional standards on the management of TB and diabetes have been developed. The *Pacific Standards for the Management of Tuberculosis and Diabetes* include six standards for the care and management of people with TB and or diabetes under the headings of: bi-directional screening for TB and diabetes; the treatment of TB in people with diabetes; and the management of diabetes in persons with TB. In addition, bi-directional screening has been implemented and local operational research studies have been conducted. However, much more remains to be done including improved prevention, care and control of diabetes, which will be a key intervention to further reduce rates of TB in the Pacific.

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25. Dr Ma'ake Tupou

Consultant Obstetrician/Gynaecologist, Vaiola Hospital, Nuku'alofa, Tonga

Dr Ma'ake Tupou is the consultant Obstetrician and Gynaecologist at Tonga's Vaiola Hospital. He is responsible for overseeing the Obstetrics and Gynaecology Department and leads the team liaising with other divisions and partners in the Vaiola GDM Intervention Taskforce. He has experience in working in a number of countries including Australia, Fiji and Nauru. He also often takes on the role of Acting Medical Superintendent.

Hyperglycaemia in pregnancy/gestational diabetes – an integrated approach

Tonga's effort at strengthening multi-sectoral collaboration has now extended to include an integrated approach to addressing Gestational Diabetes Mellitus including the set-up of the Vaiola GDM Intervention Taskforce.

The presentation will discuss the process of putting in place the structure and mechanisms for an integrated approach between the different disciplines including Obstetrics and Gynaecology, Ante Natal Clinic, Diabetes Clinic, NCD Community Programme as well as external partners.

The challenges and opportunities will also be discussed.

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26. Nevalyn Laesango

National NCD Coordinator. Non-communicable Diseases Department, Ministry of Health and Medical Services, Solomon Islands

Nevalyn Laesango is currently the National NCD Coordinator in the Solomon Islands. She is a nurse by profession, obtained a postgraduate diploma in public health and about to complete master in public health. Nevalyn has been the principal investigator in most NCD research carried out in the Solomon Islands and has extensive experience in the NCD prevention and control.

Dealing with Diabetes: Building capacity to reduce diabetes complications in the Solomon Islands

The Solomon Islands is one of many countries in the Pacific facing a diabetes epidemic. Despite the high prevalence of diabetes and its complications, care is inadequate. To address these challenges, a diabetes capacity building project was conducted. This project aimed to design, implement and report on a locally relevant and sustainable model to increase the capacity of the Solomon Islands to manage, monitor and improve diabetes care and reduce complications resulting from diabetes.

Three years following the project intervention, several positive changes were observed. For example – this project improved quality and organisation of diabetes care including: dedicated multidisciplinary diabetes services available through strengthened diabetes centres; increased clinical capability with appropriate equipment and consumables; established general and specialised diabetes training for health care professionals; nationally agreed system of care, clinical targets, priorities and programs; the provision of outreach education, awareness and screening for early detection of diabetes; and established diabetes database and registries. Although there were no significant changes in overall prevalence of diabetes complications, at follow-up there were significant improvements in diabetes control and control of risk factors which could ultimately reduce diabetes complications in the long term.

Nonetheless, a concerted ongoing effort is needed to build on these advances and further strengthen policies and systems to maintain and improve the quality and accessibility of diabetes care in the Solomon Islands.

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27. Leausa Toleafoa Dr. Take Naseri

Director General of Health, Ministry of Health, Samoa

Leausa Toleafoa Dr. Take Naseri is the Director General of Health / Chief Executive Officer for the Ministry of Health SAMOA. The Ministry of Health functions are in the areas of regulation of the health sector, policy development, setting strategic directions and sector priorities for development through sector planning, funding, coordination as well as monitoring health sector to ensure safe practice, safe service as well as quality of health care services and health care products.

He holds a Masters in Public Health from the University of Queensland, Australia and a Bachelor of Medicine and Bachelor of Surgery (MBBS) from the University of Papua New Guinea. He started his education in Samoa before furthering his studies in New Zealand and Fiji.

He has served in the Medical Profession for over 20 years in Samoa, American Samoa and in New Zealand in the areas of Anaesthesia & ICU, Internal Medicine & Infectious Diseases and Population Health. In 2010 he was appointed in the Ministry of Health as the Consultant Specialist Physician Public Health & ACEO NDS & IHR Division until his elevation to the DG/CEO MOH. He was instrumental in establishing and developing our National Disease Surveillance (NDS) & International Health (IHR) Division within the ministry in 2012. His population health background and distinguished clinical experience with his visionary approach led to our contextualisation of the WHO NCD PEN to become PEN Fa'aSAMOA. This was recognised with an award for "Best Proposal" at the Pacific Health Ministers Meeting 20th Anniversary held in Yanuca, Fiji in 2014. He is a registered practicing physician.

He is a matai and deacon of the EFKS Church.

Dialysis: experience from PICTs

The ongoing challenge to prevent kidney failure dialysis and to reverse the continuing increasing trend in the number diagnosed each year is a long term goal of the National Kidney Foundation of Samoa. Even though it is the collaborative effort of the Health Sector to cope with ESRD (End Stage Renal Disease), its prevention programs and management, the National Kidney Foundation was built specifically to cater for such.

The National Kidney Foundation in Samoa was built/established in 2005 as part of the Health Sector focusing on the screening/treatments of the dialysis patients. The main objectives of the foundation include;

- The provision of high quality holistic kidney replacement therapy (dialysis) for patients with end-stage kidney failure
- Providing interventions for patients identified with impaired kidney function, that will prevent or delay progressive kidney disease leading to kidney failure, as much as possible,
- Raising of public awareness on kidney disease prevention and care and provision of quality kidney health y education through advice and information
- Efficiency in the utilization of resources for the provision of core functions

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There has been an increase in the number of patients from that time, including both overseas based visiting/holiday patients and local dialysis patients. Kidney damage as a result of diabetes is progressive. It is therefore clear that the prevention of diabetic nephropathy leading to kidney failure is very much part of the NVD's prevention program. Diabetes related deaths is in the top 5 leading causes of death in Samoa.

Challenges are that, the more dialysis patients both from local as well as visiting patients will also mean an increase in the demand on the service capacity in the not so distant future. Some of the efforts required to achieve the continuing increasing in the number of diagnosed cases is outside the scope of the National Kidney Foundation of Samoa reasons being are based on the profile of the patients whereby most of the patients receiving dialysis treatments have different ranges of diabetes, hypertension, and kidney disorders. The current infrastructure cannot accommodate the increased number of dialysis patients from time to time. Funding on the other hand, is also limited as 95% of the budget is provided by the Government of Samoa and the rest in the form of in kind donations/contributions. As way forward, these challenges can be viewed as opportunities to strengthen the development of dialysis treatment in Samoa.

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28. Dr Toakase Fakakovikaetau

NCD Community Health Coordinator, Ministry of Health (Tonga Health System Support-THSSP), Tonga

Tongan Paediatrician who facilitated the introduction of Rubella and Hib Vaccine into national Immunization Schedule. Won the Procor Lone Heart Hero Award for the MAFU SAI, the National Program on ARF/RHD Prevention. In 2011, became the NCD Community Program Coordinator and champion of the NCD Nursing Workforce and Outreach Program. Currently Secretary to the Vaiola GDM Intervention Taskforce.

Driving Primary NCD Care through Dedicated Outreach Workforce

Tonga has one of the highest levels of obesity and other risk factors for NCDs in the world. Despite the many interventions tried over the last 30 years, levels of obesity and diabetes (and their complications) have continued to increase.

The Ministry of Health Tonga believed that NCD outcomes could be improved if credible health services could be shifted to the community level using a model based on their successful reproductive health nursing program.

After Piloting the initiatives in 2012 in 4 Health Centres and one Island Hospital the MoH and Public Service Commission approved the training and establishment of NCD Section under the Nursing Division for improved clinical care and rolling out the NCD Outreach with support of a Community Diabetic doctor.

Now there are 20 NCD nurses staffing all 7 Health Centres in Tongatapu, all 3 Outer island hospitals and Diabetic Centre of Vaiola Hospital – the tertiary and referral hospital in Tonga.

Findings:

- Dramatic Improve attendance at and satisfaction with clinical care at the community Health centres and outer islands hospital.
- many new cases of diabetes and hypertension were identified
- the number of defaulters decreased markedly.
- Better control of individual patients.

Policy Implications:

This program represents a successful approach to moving care away from high cost hospital settings while at the same time improving satisfaction with health services. It has implications for the whole of the Pacific.

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Side event: Building capacity for treatment and prevention of illicit drug use

This event will be held during the lunch break (12.30pm – 2pm) on Tuesday 21st June in the main plenary room.

George Murimi

Training Coordinator for Africa, International Centre for Credentialing and Education of Addictions Professionals (ICCE), Colombo, Sri Lanka

George Murimi is currently the Training Coordinator for Africa in the Colombo Plan International Centre for Credentialing and Education of Addictions Professionals (ICCE). He previously worked as the Treatment and Rehabilitation Manager at the National Authority for the Campaign Against Alcohol and Drug Abuse in Kenya, Administrator in various Government Ministries and Teacher.

The Training and Credentialing of Prevention and Treatment Professionals

Many countries have a large shortfall in the provision of services in both prevention and treatment of substance use disorders. For instance, only one out of every 18 problem drug users in the Africa has access to treatment. To address the situation, ICCE works towards creating a cadre of drug demand reduction professionals through the enhancement of their knowledge, skills and competence, thereby enabling them to provide quality services for their beneficiaries; to provide a global standard that encourages drug demand reduction professionals to continue learning for the purpose of providing quality services to their beneficiaries; to focus on the development of the individual professional and provide a formal indicator of his/ her current knowledge and competence; and to promote professional and ethical practice by enforcing adherence to a Code of Ethics.

With support from the the Bureau of International Narcotics and Law Enforcement US Department of State (INL), ICCE currently has programmes in 47 countries and intends to increase this through International Society of Substance Use Prevention and Treatment Professionals (ISSUP), International Consortium of Universities on Drug Demand Reduction (ICUDDR) and other strategies.

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William J. McGlynn

Senior Advisor, Bureau of International Narcotics and Law Enforcement Affairs, Department of State, United States

Bill McGlynn has worked on international drug treatment programs in Africa, Asia, Europe, and Latin America. He served as Principal Deputy Assistant Secretary in the Bureau of International Narcotics and Law Enforcement (INL), and in U.S. Embassies to Haiti, Gabon, the European Union, Austria, Portugal, and the Organization of American States.

Addressing Global Illicit Drug Use – Building Capacity and Professionalizing Treatment And Prevention

Illicit drug use is increasing both geographically and with the introduction of new, often more dangerous products. Scientific research over the last two decades has improved and dramatically changed our understanding of substance use disorders and how to treat them. This new understanding of addiction has provided an opportunity to create evidence-based programs that are more effective. The Universal Treatment Curriculum (UTC) was developed by incorporating the best scientific information and practical experience through a rigorous process of expert review, pilot testing, and regular updating. Implemented by the Colombo Plan and with other international organizations, it is now used in over 45 countries. Other curricula have been developed for drug prevention (Universal Prevention Curriculum - UPC), women (Guiding Recovery for Women - GROW), child addiction, and recovery.

These programs are implemented by identifying qualified participants actively engaged in treating clients and a train-the-trainer system has allowed a much larger number of addiction practitioners to benefit. Participants take exams on the material and based on that and their professional qualifications, appropriate certification and credentials in a framework overseen by the International Centre for Certification and Education of Addiction Professionals (ICCE). The UTC and other programs are implemented in close collaboration with host country authorities and International organizations that are active in the field, such as the UN Office on Drugs and Crime, the Organization of American States, and the African Union.

More information:

English - www.spc.int/en/ncd-summit

Français - www.spc.int/fr/ncd-summit

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