

## **Joint Workplan 2011 - 2-1-22 Pacific NCD Programme**

### **Introduction**

The 2011 workplan focuses on further strengthening the implementation at country level with more countries having initial funding from the large country grants. It largely has been determined by gaps that begin to emerge especially with regards to capacity in country. Capacity building and supplementation with targeted training of NCD coordinators with building of "NCD Team" in country will be a focus. Experiential and hands-on training through exchange and short term attachment within PICTs and in Australia and New Zealand will be explored and implemented. The call for re-vitalization of the Healthy Island vision and Primary Health Care approach with special attention to strengthening of health system response both in public health but also some focused clinical work, together with the global attention to NCD as a rightful indicator for the MDGs. Renewed focus in areas like salt reduction, marketing of foods and non-alcoholic beverages to children and alcohol harm reduction needs emphasis on legislations and policies after endorsement of such resolution from the World Health Assembly. In addition there is hope for a few countries to progress their respective Health Promotion foundations further in 2011. Healthy Lifestyle promotion and clinical interventions continues but with some emphasis on moving beyond the national governments to the provinces and grassroot levels. Through Monitoring and Evaluation some impacts of the programme should be realised with two countries planning to repeat their respective STEPS survey. Intervention research is another area for increased focus in the changing global context of urbanization, climate change and globalization and how it affects food security, obesity and NCD in general.

### **Budget**

The total budget for 2011 is AUD\$9,621,338 (SPC \$7,133,278 + WHO \$2,488,060) as summarised below. This is based on what each agency proposes to accomplish in 2011 with their current capacity and not necessarily on what income will be received. As per large country grant analysis sheet, the expected 2011 disbursement amount is 2 721,715 AUD and the forecast for undisbursed amount by the end of 2011 is 2 597,558. However, analysis has been made on certain countries and their ability to absorb more funds and these would include FSM, Guam, Kiribati, Niue, Palau and Solomon Island who could have another disbursement close to the end of 2011 – a total of 640,218 AUD. Therefore, in the best of efforts, the 2011 work plan has additional allocation of large country grant (Activity 2.1.2.2 in workplan) totaling 3 361,933 AUD (2721, 715 AUD as per large country grant analysis sheet + additional 640,218 AUD that could be disbursed by the end of 2011). Hence the forecast for undisbursed funds for large country by December 2011 will be a total of 1 957,340 AUD instead of 2 597,558. The two agencies would strengthen their support to the countries and co-operate further in delivering some of the regional activities together to the point of possible recalibration of funds for it in order to achieve such implementation in 2011.

### **Income**

The total income for 2011 is drawn from projected carry over funds in 2010 and also allocations from AusAID and total figure from NZAID equaling \$10,740,000 in total. Income to each agency is detailed except for the NZAID funds which are yet to be decided on allocations to the two respective agencies. It is worth noting as well that by December 2011 there is an expected 1 957,340 AUD (could be more) of large country grant yet to be absorbed by the countries as explained above. In addition, NZAID would still have a commitment of NZD 1 500 000 to deliver for the program because of delayed start. As such, a no cost extension of the programme beyond December 2011 would be ideal in order to maximise the impact of the programme.

## Workplan 2011 - Joint Pacific Regional Implementation Plan for Noncommunicable Diseases (NCD)

**Goal: To reduce death rates from NCD related diseases by 2% per year over and above existing trends by 2015**

**Purpose:** To establish a comprehensive approach to planning, implementation, surveillance and M&E to combat NCDs and their risk factors

## Program Management & Technical Support Capacity

Activity Code	Planned Activities (2008-11)	Planned achievements - Year 4 (2011)	Year 4				Performance Indicators	Lead Agency	SPC(AUD)	WHO(AUD)	TOTAL(AUD)
			Q1	Q2	Q3	Q4					
<b>A.1 Joint management and governance structures established</b>											
A.1.1	Joint (WHO-SPC) management and governance arrangements for implementation functioning	Management and governance structures operational	X	X	X	X	All governance mechanisms functioning effectively	SPC/ WHO			
A.1.2	Joint Management Committee (JMC) meetings/Additional funding for JMC members adminstraion - twinning arrangement	Meetings held in June/November		X		X	Minutes of meetings	SPC/ WHO	\$35,000		\$35,000
A.1.3	Annual Donor Roundtable Meeting	All donors participated in meeting held in conjunction with JMC				X	Minutes of meetings	SPC/ WHO	\$10,000		\$10,000
A.1.4	Regular Meeting/ Teleconference between Donors, Secretariat and PICTs	Regular meeting held between Donors and Secretariats	X	X	X	X	Minutes of meetings	SPC/WHO	\$10,000		\$10,000
<b>A.2 Joint regional NCD framework and implemmentation plan</b>											\$0
A.2.1	NCD joint framework	Disseminate Pacific NCD joint framework as required	X	X	X	X	Support maintained for NCD joint framework by PICTs and donors as reflected in JMC minutes and other forums	Joint			\$0
A.2.2	Review Program and design of next phase for 2-1-22 Pacific NCD prevention and control	Design document for 2011 & beyond					Document endorsed by JMC	Joint	\$35,000	\$30,000	\$65,000
A.2.3	Develop annual workplan	Annual workplans drafted by October each year, completed and actioned				X	Workplans endorsed by JMC	Joint	\$5,000	\$0	\$5,000
A.2.4	Update joint M&E framework for NCD joint framework	M&E framework updated by October, completed and actioned				X	M&E framework endorsed by JMC	Joint			\$0
<b>A.3 Capacity of WHO and SPC strengthened to support NCD implementation</b>											\$0
A.3.1	Staff costs for SPC and WHO technical staff to deliver program  * Denotes Core or Continuing Appointment funded by SPC or WHO	A.3.3.1 HPL Manager*					HPL Manager in place	SPC			\$0
		A.3.3.2 M&E / Surveillance position					Position in place	SPC	\$205,000		\$205,000
		A.3.3.3 Physical Activity Adviser*					Position in place	SPC			\$0

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			Q1	Q2	Q3	Q4					
		A.3.3.4 Tobacco & Alcohol Adviser					Position in place	SPC	\$250,000		\$250,000
		A.3.3.5 Nutrition Adviser					Position in place	SPC	\$250,000		\$250,000
		A.3.3.6 NCD Communications Officer					Position in place	SPC	\$205,000		\$205,000
		A.3.3.7 Project Administrator position					Position in place	SPC	\$86,000		\$86,000
		A.3.3.8 NCD Medical Officer*					Position in place	WHO			
		A.3.3.9 Technical Officer : Nutrition and Physical Activity					Position in place	WHO		\$180,000	\$180,000
		A.3.3.10 Personal Assistant position					Position in place	WHO		\$25,000	\$25,000
		A.3.3.11 Personal Assistant position					Position in place	WHO		\$25,000	\$25,000
		A.3.3.12 Data management assistant					Position in place	WHO		\$30,000	\$30,000
		A.3.3.13 Health promotion / communication assistant					Position in place	WHO		\$40,000	\$40,000
A.3.2	Programme Administration Fee	A.3.2.1 SPC (7%)						SPC	\$330,285		\$330,285
		A.3.2.2 WHO (13%)						WHO			



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			Q1	Q2	Q3	Q4					
1.3.1	NCD coordinators established within PICTs and/or funded by NCD program	1.3.1.1 At least two new in-country coordinators established and MOUs agreed by end 2011 (link to 2.1.2.2)	X	X	X	X	NCD coordinators funded & functioning in Cook Islands (40K), Kiribati (30K), Nauru (35K), CNMI (30K) Niue (25K), Palau (40K) RMI (40K), Tuvalu (20K), Vanuatu (45K), FSM (20K), Palau (40K), Guam (55K), Tokelau (25K) incorporated in large country grants	SPC			
1.3.2	National multi-sector NCD committees established and/or strengthened	1.3.2.1 At least three countries assisted to establish/strengthen multi-sectoral NCD committees	X	X	X	X	Functioning multi-sectoral NCD committees in Kiribati, Nauru, Solomon, FSM, W&F, Vanuatu , Cook Islands, Tuvalu, Guam	SPC/ WHO	\$0	\$60	\$60

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			Q1	Q2	Q3	Q4					
<b>Objective 2 - To support countries to implement their NCD strategies</b>											
<b>2.1 Effective administration of grants to support national NCD activities</b>											
2.1.1	Establish and implement an effective administrative system to manage the grants	2.1.1.1 Regular review of standardised assessment criteria, guidelines and reporting template for SPC and WHO administered grants	X	X	X	X	Monitor effectiveness of system and make relevant changes	SPC / WHO			
		2.1.2.2 Funding allocation for large country grants recipients	X	X	X	X	Funding support to large grant countries	SPC	\$3,361,993		\$3,361,993
		2.1.2.3 Financial auditing for large country grants as required	X	X	X	X	Financial auditing completed	SPC	\$25,000		\$25,000
2.1.3	Technical assistance support to countries in PICTs	2.1.3.1 Support to all large grant recipients (6x15@4k/ trip)	X	X	X	X	Technical support to large country grants recipients	SPC	\$240,000		\$240,000
		2.1.3.2 Support to PICTs for technical and grant support (2x10x5k/trip)	x	x	x	x	Technical support to PICTs	WHO		\$100,000	\$100,000
2.1.4	Small grants for NCD prevention activities in Communities and civil societies.	2.1.4.1 At least 10 small grants funded in 2011.	X	X	X	X	Number of small grants / volume of funding approved and dispersed each year by PICT	SPC	\$150,000		\$150,000
2.1.5	Conduct annual review of small grant funded activities to assess outcomes and impact	2.1.5.1 Small grants independently assessed through a desk review audit and final audit and effectiveness report			X		Annual Report summarises outcomes and impact of small grant funded activities	SPC	\$15,000		\$15,000
<b>2.2 National legislative and policy framework in place to support NCD implementation</b>											
2.2.1	Assist PICTs to review legislative framework pertaining to NCDs	2.2.1.1 Review legislation and incorporate model NCD related legislation at national level where feasible using international and pacific legislative experts		X	X	X	NCD legislation is reviewed	WHO/ SPC	\$30,000	\$60,000	\$90,000
2.2.2	Provide technical assistance to amend or draft relevant legislation	2.2.2.1 Continue the process of legislative reform based on COP amendments for tobacco	X	X	X	X	All PICTs progress COP amendments	WHO/ SPC	\$20,000		\$20,000
		2.2.2.2 Provide Pacific specific briefing notes and papers to support delegates attending Conference of the Parties 4 (COP4) meeting, INB meetings and representatives of pacific health ministers meeting and pacific forum	X	X	X	X	Representative attends COP4 and relevant INB meetings	WHO/ SPC	\$10,000		\$10,000
		2.2.2.3 Audit of alcohol related legislation in the Pacific		X	X	X	Summary of legislation in Fiji, Kiribati, Tonga, Vanuatu completed	SPC	\$15,000		\$15,000

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			Q1	Q2	Q3	Q4					
2.2.3	Provide technical assistance and advice on policies and implications relating to food systems (Trade, Food security, Food standards, Food Composition Tables)	2.2.3.1 Pacific Food Quality and Safety Expert Committee		X	X		Provision of national and regional advice and support	WHO/ SPC	\$5,000		\$5,000
		2.2.3.2 Support for Pacific Food Summit follow up action at country level	X				Food security framework endorsed, countries assisted to use framework to guide national food security planning and implementation	WHO/ SPC	\$40,000	\$60,000	\$100,000

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			Q1	Q2	Q3	Q4					
<b>2.3 Healthy lifestyle interventions targeting risk factors implemented (behavioural, environmental)</b>											
2.3.1	Implement national and/or community based intervention programs in PICTs	2.3.1.1 Review implementation progress of existing DPAS programs in PICTs			X		DPAS programs assessed - Cook islands (Titikaveka), Kiribati (workplace), Tuvalu (workplace), Niue (schools), Tonga (workplace)	WHO		\$25,000	\$25,000
		2.3.1.2 Five additional PICTs implementing DPAS activities (Stream 3 Grants) and continue others		X	X	X	New countries: Guam, Am Samoa, Solomon, Tokelau, PNG, CNMI Countries with current to continue: Cooks, FSM, Fiji, Nauru, Niue, RMI, Samoa, Tonga, Tuvalu, Vanuatu, Palau	WHO		\$250,000	\$250,000
		2.3.1.3 Supporting implementation of Tobacco interventions including enforcement training		X	X	X	Tobacco interventions including enforcement training implemented	WHO/ SPC	\$40,000	\$20,000	\$60,000
		2.3.1.4 Supporting World No Tobacco Day activities across the Pacific	X	X			No. of PICTs get support before or on WNTD	WHO		\$20,000	\$20,000
		2.3.1.4 Alcohol-related harm reduction strategies implemented in at least 5 countries		X	X	X	Number of countries with alcohol related harm reduction strategies implemented & brief intervention approaches	SPC/ WHO	\$75,000	\$60,000	\$135,000
		2.3.1.5 Supporting implementation of PA interventions		X	X		Pedometers procured for regional distribution	SPC	\$60,000	\$50,000	\$110,000
		2.3.1.6 Diabetes Prevention Activities (primary)	X	X	X	X	Strengthen Diabetes Foundation in PICTS which have Diabetes Foundation	WHO/ SPC	\$20,000		\$20,000
		2.3.1.7 Diabetes Prevention in the Pacific (DPIP)			X		DPIP conducted and evaluated in Niue, W&F	WHO/ SPC	\$40,000	\$60,000	\$100,000
		2.3.1.8 Supporting implementation of Food & Nutrition interventions	X	X	X	X	food and nutrition models and resources procured and distributed	SPC	\$20,000		\$20,000
		2.3.1.9 Support life-cycle initiatives for PA intervention	X	X	X	X	Bicycles/ safety measures provided for PICTS	SPC	\$50,000		\$50,000
		2.3.1.10 Evidence based PA intervention - Pacific Physical Activity Break Material	X	X	X	X	Production of Audio-visual materials for Physical Activity intervention	SPC	\$20,000		\$20,000
<b>2.4 Clinical interventions targeting prevention supported</b>											
2.4.1	Develop and disseminate clinical guidelines for screening and treatment of NCDs	2.4.1.1 Pacific diabetes clinical guidelines developed and consulted		X	X	X	Pacific regional diabetes clinical guidelines finalized	WHO		\$96,000	\$96,000



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			Q1	Q2	Q3	Q4					
2.4.2	Support specialised clinical programs	2.4.2.1 RHD screening and prevention program		X	X	X	Clinical intervention projects supported in 3 PICTs	WHO		\$15,000	\$15,000
		2.4.2.2 Support for cancer registry		X	X	X	Cancer registry in 2 PICTs	WHO		\$10,000	\$10,000
		2.4.2.3 Support approaches for cancer control interventions					Topography and morphology of cancer registry will be further improved in 1 PICT	WHO		\$5,000	\$5,000
		2.4.2.4 Support training on cancer registry in the Pacific	X			X	No.of the PICTs attended the training	WHO		\$96,000	\$96,000
		2.4.2.5 Diabetes clinical intervention (secondary)		X	X	X	Diabetes clinical intervention in 2 PICTs	WHO		\$20,000	\$20,000
2.4.3	Smoking, Nutrition, Alcohol and Physical Activity (SNAPO) lifestyle prescription	2.4.3.1 SNAPO resources and protocols piloted		X	X	X	Draft SNAPO resources piloted	SPC	\$20,000		\$20,000
<b>2.5 Effective communication and social marketing strategies to promote healthy lifestyles</b>											
2.5.1	Develop and implement national strategic health communication (SHC) programs to supplement healthy lifestyle promotion	2.5.1.1 Pacific Social Marketing Campaign for NCDs developed			X	X	SHC plan for other risk factors and diabetes in place	WHO		\$20,000	\$20,000
		2.5.1.2 Countries implementing evidence based strategic health communications (SHC) programs targeting NCD risk factors	X	X	X	X	Countries develop and implement evidence based NCD Social Marketing and Communication campaigns	SPC/ WHO	\$50,000	\$200,000	\$250,000
		2.5.1.3 Revise and update the strategic health communication guideline toolkit	X	X	X	X	Update SHC toolkit to incorporate NCD issues	SPC	\$15,000	\$20,000	\$35,000
		2.5.1.4 Strategic health communications trainings in 6 countries		X	X		NO of trainings conducted	WHO/SPC	\$20,000	\$40,000	\$60,000
2.5.2	Develop and distribute guidelines and IEC materials to support NCD programs	2.5.2.1 Develop country specific 'Food-based dietary Guidelines (FBDGs) for at least three additional countries	X	X	X	X	National FBDGs developed & endorsed	WHO/ SPC	\$20,000	\$40,000	\$60,000
		2.5.2.2 Tobacco support resources	X	X	X	X	Signage and public awareness materials	SPC	\$20,000		\$20,000
		2.5.2.3 Review all existing Pacific nutrition resources and determine needs		X	X		Number of resources reviewed and updated	SPC	\$20,000		\$20,000
		2.5.2.4 Review existing Pacific PA resources (PA factsheets/ Pa Manual-Workbook/Pacific Physical Activity Guideline)	X	X	X	X	Number of resources reviewed and updated	SPC/WHO	\$20,000	\$40,000	\$60,000

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			Q1	Q2	Q3	Q4					
		2.5.2.5 Production of NCD Communication and advocacy materials	X	X	X	X	PIN magazine, Health education and communication materials produced and distributed	SPC	\$20,000		\$20,000

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			Q1	Q2	Q3	Q4					
<b>Objective 3: To support the development of sustainable funding mechanisms to deliver NCD strategies</b>											
<b>3.1 Alternative delivery mechanisms to implement NCD plans assessed and supported</b>											\$0
3.1.1	Funding support for the Tongan HPF (refer 2.1.2)	3.1.1.1 Funding and technical assistance provided to establish Tonga Health Foundation	X	X	X	X	Tonga Health Promotion Foundation operational (200K)	SPC/ WHO	\$50,000		\$50,000
3.1.2	Technical and M&E support to consolidate sustainable NCD actions in Tonga	3.1.2.1 Support to ensure linkages of THPF with other relevant partners	X	X	X	X		SPC	\$30,000		\$30,000
3.1.3	Funding support to PICTS key NCD Personnel to learn Health Promotion Foundation set up and functions	3.1.3.1 Learning visit facilitated and supported	X	X	X	X	Number of countries and people visited to well functioning health promoting foundation (i.e. Tonga health promotion foundation)	SPC	\$50,000		\$50,000
3.1.4	TA to support establishment of sustainable funding options for PICTS	3.1.4.1 Establishment of sustainable funding mechanism in addition 2 countries (Cook Is, Vanuatu)			X	X	Established funding mechanism	SPC/WHO	\$15,000	\$40,000	\$55,000
3.1.5	Assist PICTS to prepare recommendations for government on potential revenue sources	3.1.5.1 In-country consultation meetings drawing on the review of sustainable funding options and examining the feasibility of adopting mechanisms		X	X	X	Consultation meetings examining feasibility with defined recommendations for action if required	WHO/ SPC			

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			Q1	Q2	Q3	Q4					
<b>Objective 4: To strengthen national health systems and capacity to address and prevent NCDs</b>											
<b>4.1 Infrastructure and systems to address NCDs strengthened</b>											
4.1.1	Assist PICTS to establish / strengthen distribution and inventory systems	4.1.1.1 Established inventory system in PICTs	X	X	X	X	No. of countries with pharmacist trained in drug supply management	WHO			
4.1.2	Assist PICTS to strengthen referral systems	4.1.2.1 PICTs assisted in reviewing and strengthening its Referral System			X		No. of countries assisted	WHO			
4.1.3	Assist PICTS to improve access to NCD clinical services	4.1.3.1 Actions to be determined in consultation with Clinical Services Programme and Pacific Eye Institute	X	X	X	X	No. of conjoint/aligned activities implemented and increased coordination between public health and clinical services	WHO		\$30,000	\$30,000
4.1.4	Support enabling built environment to strengthen NCD interventions	4.1.4.1 Health promotion centre/ physical activity centre/ walk ways/ green spaces etc developed in PICTs	X	X	X	X	No of enabling stucture developed in PICTs	SPC	\$100,000		\$100,000
4.1.5	NCD country staff assistants	4.1.5.1 Additional staff for NCD operations recruited	X	X	X	X	Assistant staff in place and effectively functioning - incorporated in large country grant Kiribati, Tonga, FSM (funded under LOA)	SPC			
<b>4.2 Workforce planning and capacity assessment needs for NCDs identified</b>											
4.2.1	Support PHRHA for NCD workforce planning and capacity building	4.2.1.1 NCD Workforce planning and capacity building were supported through PHRHA		X	X		Number for PICTS received NCD capacity building and workforce planning assistance	SPC	\$20,000		\$20,000
4.2.2	Develop workforce and capacity development / training plans	4.2.2.1 Develop three-year workforce skills training plans targeted at NCD focal points in 2010 (link with PHRHA as feasible)			X	X	Plans operational and monitoring of effectiveness commenced in PICTs	SPC	\$20,000		\$20,000
<b>4.3 Targeted training and professional placements provided to meet identified capacity needs</b>											
4.3.1	Targeted training workshops on NCD issues	4.3.1.1 Diabetes is everybody's business training	x	x	x	X	Training completed and utilization in-country monitored	SPC	\$50,000		\$50,000
		4.3.1.2 NCD risk factor training (integrated risk factor training SNAPO- See above) in 5 additional countries	x	x	X	x	Training completed and utilization in-country monitored	WHO/SPC	\$50,000	\$50,000	\$100,000
		4.3.1.3 Evidence based tobacco control training	x	x	X	X	Training completed and utilization in-country monitored	Joint	\$40,000		\$40,000
		4.3.1.4 Nutrition training	x	X	X	x	Training completed and utilization in-country monitored	SPC	\$40,000		\$40,000
		4.3.1.5 Physical Activty Training	X	X	X	X	Training completed and utilization in-country monitored	SPC	\$40,000		\$40,000

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		4.3.1.6 Physical Activity advance on-line training initiated		x	x	x	No of students enrolled and completed the course	WHO		\$50,000	\$50,000
		4.3.1.7 In-country M&E training	X	X	X	X	Training completed and utilization in-country monitored	SPC/ WHO	\$40,000		\$40,000
		4.3.1.8 Healthy Settings for Lifestyle	X	X	X	X	Completed with maximum attendance by PICTs	WHO		\$70,000	\$70,000
4.3.2	Support professional placements for PICT representatives (PICT to PICT, NZ health, International Academic courses)	4.3.2.1 Professional placements supported		X	X	X	Professional Pacific placements	SPC	\$50,000		\$50,000
4.3.3	International placements for PICT representatives	4.3.3.1 Placement for NCD person from - Fiji, Kiribati, Tonga, Am Samoa, Solomon, Vanuatu			X	X	No. of completed placements	WHO		\$70,000	\$70,000
4.3.4	Development and dissemination of Intergrated NCD Training package	4.3.4.1 Manual & materials completed and disseminated					No. of countries receiving the package	WHO		\$40,000	\$40,000
4.3.5	Incorporate NCD related modules into curriculum of relevant training organisations (CETC)	4.3.5.1 Pilot intervention course conducted and evaluated within the Community Education Training Centre program	X	X			Resources developed for lifestyle interventions	SPC	\$15,000		\$15,000
<b>4.4 Regional information sharing and networking on NCDs supported</b>											
4.4.1	Host regional NCD Forum	4.4.1.1 All PICTs participating		X			Minutes of meeting and lessons learnt documented	SPC/ WHO	\$180,000		\$180,000
4.4.2	Attend and represent Pacific at regional and international meetings on NCDs	4.4.2.1 Support PICTs attendance at regional & internation meetings, including WPDD commitments	X	X	X	X	Number of PICTs represented at the meeting & follow up implementation	SPC	\$60,000		\$60,000
4.4.3	Secretariat attendance and representation at International meeting, conferences on NCDs	4.4.3.1 Participation in International meetings, conference	X	X	X	X	Number Secretariat represented and attended the international meetings, conferences	SPC/WHO	\$50,000	\$20,000	\$70,000
4.4.4	Strengthen NCD information networks in Pacific	4.4.4.1 Undertake stocktake of current NCD related networks with aim of consolidation	X	X	X	X	Review completed and results disseminated	SPC			
		4.4.4.2 Support for NCD related information networks : APPAN and PacHELPS	X	X	X	X	Coverage of PICTs represented in distribution list. Frequency of distribution and coverage of NCD issues	WHO/SPC		\$50,000	\$50,000
		4.4.4.3 Web site SPC / WHO	X	X	X	X	System tool development	SPC / WHO	\$15,000		\$15,000

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			Q1	Q2	Q3	Q4					
<b>Objective 5: To strengthen regional and country level M&amp;E and surveillance systems</b>											
<b>5.1 Framework to monitor and assess regional progress in addressing NCDs established</b>											
5.1.1	Assist PICTs to develop and implement national level M&E frameworks for NCDs	All large grant countries have M&E frameworks in place by end 2010	X	X	X	X	M&E frameworks in place for PICTS	SPC/ WHO			
5.1.2	End of project review and reporting for NCD Program	End of project (phase 1 - up to May 2011) review and report submitted			X	X	Review completed and results disseminated	SPC/WHO	\$20,000		\$20,000
5.1.3	Prepare End of Program Report on 2-1-22 Pacific NCD Program	End of program report submitted to JMC in November 2011				X	Annual Plan approved by Joint Management Committee	SPC/ WHO		\$5,000	\$5,000
<b>5.2 Data on NCDs available for surveillance systems strengthening</b>											
5.2.1	Undertake STEPS surveys in target countries	Complete STEPS survey in 4 additional countries		X	X	X	Surveys conducted in French Polynesia, Palau, Fiji (2nd round survey), Niue or CNMI	WHO		\$40,000	\$40,000
5.2.2	Analyse STEPS survey data	STEPS surveys analysed in 4 additional countries					Analysis completed - Cook Is, FSM - Chuuk, Tuvalu, FSM-Pohnpei (2nd round Survey)	WHO		\$2,000	\$2,000
5.2.3	Finalize STEPS survey data	STEPS reports finalized in 2 additional countries	X	X	X	X	2 national STEPS reports (FSM-Chuuk, Tuvalu) to be finalized in 2011	WHO		\$14,000	\$14,000
5.2.4	Apply and utilize the STEPS data	Application and utilization on STEPS data was conducted in 10 PICs	X	X	X	X	STEPS data applied and utilized at least one working area among all of the 10 PICs	WHO		\$70,000	\$70,000
5.2.5	Collate other relevant national-level data on NCDs (eg. epidemiological, socio-behavioural etc)	5.2.5.1 Initial identification and collation of available national level data sets	X	X	X	X	Data collated by PICT	SPC	\$10,000		\$10,000
		5.2.5.2 Global School based Health Survey					Fiji, Vanuatu	WHO			
		5.2.5.3 Global Youth Tobacco Survey conducted in 2 countries (GYTS)			X	X	Conducted in three PICTS	WHO		\$10,000	\$10,000
5.2.5	Incorporate available NCD data into existing databases (eg PRISM and CHIPs)	Commence integration of information	X	X	X	X	Items incorporated into existing systems	SPC/ WHO			
5.2.6	Develop and strengthen national and regional NCD Surveillance Framework	Draft surveillance framework based on a stocktake of existing population based and clinical information systems in-country (routine surveillance)	X	X	X	X	Framework developed in three countries	WHO/SPC			
5.2.7	Assist PICTs to conduct surveillance activities	5.2.7.1 Development of mini-STEPS tool and assist current plus 7 additional PICTs in carrying out community surveillance	X	X	X	X	Number of new PICTs providing mini-STEPS results - (3 resource packages x 7 additional PICTs)	WHO/SPC	\$30,000	\$50,000	\$80,000

Activity Code	Planned Activities (2008-11)	Planned achievements - Year 4 (2011)	Year 4				Performance Indicators	Lead Agency	SPC(AUD)	WHO(AUD)	TOTAL(AUD)
			Q1	Q2	Q3	Q4					
		5.2.7.2 Mini STEPS training	X	X	X	X	Number of PICTs and individuals undertaking training	WHO / SPC		\$50,000	\$50,000
		5.2.7.3 Incorporation of alternate surveillance activities to add to assessment of large country grant impacts	X	X	X	X	Sentinel surveillance sites included in large country grants countries where feasible	SPC	\$30,000		\$30,000
<b>5.3 NCD research priorities identified and supported</b>											
5.3.1	Develop and prioritise NCD research agenda for the Pacific	Assist in developing NCD research agendas from in-country to the region	X	X	X	X	Research priorities identified in conjunction with PICTs - potential issues include NCD economic impact, NCD Social determinants, TB/diabetes/tobacco	SPC	\$20,000		\$20,000
5.3.2	Support priority research activities	Activities commenced on ground work for NCD research.	X	X	X	X	Commence support for implementing research on country priorities	SPC/WHO	\$70,000	\$70,000	\$140,000
							<b>TOTAL</b>		<b>\$7,133,278</b>	<b>\$2,488,060</b>	<b>\$9,621,338</b>

<b>Income expected in 2011</b>	<b>AusAID (AUD)</b> (predetermined)	<b>4 500 000</b>	<b>900 000*</b>	<b>\$5,400,000</b>
	<b>NZAID (flexible)</b>	<b>1 500 000 NZD</b>		<b>\$1,140,000</b>
	<b>Projected Carry over from 2010</b>	<b>4 000 000</b>	<b>200 000</b>	<b>\$4,200,000</b>
<b>TOTAL</b>	<b>AUD</b>			<b>\$10,740,000</b>
* This is amount allocated for WHO to be spent in 2011 according to the EoL and not actual amount to be transmitted by AusAID as WHO has been frontloaded some payment in 2010 NB: NZAID would have NZD1 500 000 commitment yet to be disbursed after Dec 2011				

<b>Projected undisbursed funds (Large Country Grants) by Dec 2011</b>	<b>1,957,340</b>
<b>TOTAL BUDGET FOR SPC (including the projected undisbursed funds for large country grants)</b>	<b>9, 090, 618</b>