2-1-22 Pacific Noncommunicable Disease (NCD) Programme

Annual Progress Report

1 January – 31 December, 2008

Report prepared and submitted by: Joint Secretariat of the "2-1-22 Pacific NCD Programme" (SPC & WHO)

March 30, 2009

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Acronyms

AFD	Agence Française de Développement
AusAID	Australian Agency for International Development
CHIPS	Country Health Information Profiles
CRGA	Committee of Representatives of Governments and Administrations
CVD	Cardiovascular Disease
DOH	Department of Health
DHS	Demographic Health Survey
DPAS	Global Strategy on Diet, Physical Activity and Health
DSAP	Development of Sustainable Agriculture in the Pacific Programme
FCTC	Framework Convention on Tobacco Control
GDPS	Global Diabetes Prevention Strategy
GSHS	Global School Based Health Survey
GYTS	Global Youth Tobacco Survey
HPL	Healthy Pacific Lifestyle (SPC)
ICD-10	International Classification of Disease records-10th Version
JCS	Joint Country Strategy (SPC)
JMC	Joint Management Committee
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCDs	Noncommunicable Diseases
NCDRG	Noncommunicable Diseases Reference Group
NPAN	National Plan of Action on Nutrition
NZAID	New Zealand Agency for International Development
OPIC	Obesity Prevention in the Community
PHA	Pharmaceuticals
PHP	Public Health Programme (SPC)
PICTA	Pacific Island Countries Trade Agreement
PICTs	Pacific Island Countries and Territories
PIMS	Project Information Management System
PHRG	SPC Public Health Reference Group
RCM	Regional Committee Meeting
RHD	Rheumatic Heart Disease
SNAP	Smoking, Nutrition, Alcohol and Physical Activity
SPC	Secretariat of the Pacific Community
STEPS	WHO STEPwise approach to Surveillance
SWAP	Sector Wide Approach
WHO	World Health Organization
WPDD	Western Pacific Declaration on Diabetes

1. Introduction & Progress Summary

This is the first progress report from the Secretariat of the Pacific Community (SPC) and World Health Organisation (WHO), on the 2-1-22 Pacific Noncommunicable Disease (NCD) Programme. This report covers the period (January 1 - December 31, 2008) and includes details on the establishment of the coordination mechanism for the programme and initial activities for the period.

A major focus of this initial period was to clarify the governance structure and responsibilities. At the most recent Joint Management Committee (JMC) meeting (19-20 November), agreement was reached on these details. While this agreement has taken longer than anticipated in the planning documents and has consequently delayed implementation, resolution will now enable a scaling-up of the pace of implementation at the country level. In particular, the rollout of the large country grants to selected PICTs that are at a stage of readiness to receive these resources (Vanuatu was the only PICT to receive funds in 2008), the small grants to other PICTs not currently at this stage, and earmarked funds for specific strategies and activities will be prioritized in 2009. In light of the endorsed 2009 workplan, the Monitoring and Evaluation Framework has been updated to enable clear identification of Programme impacts (Annex 1).

Although the breadth of the NCD programme and the challenges it faces in improving health at the country level remain challenging, the preparatory work throughout 2008 has been essential to ensure country ownership and the optimal utilization of resources to scale up country responses.

With the JMC in place to oversee the programme and staffing complements within SPC and WHO approaching full capacity, the NCD programme is well placed to assist PICTs in strengthening implementation and to work towards meeting the programme objectives throughout 2009.

We look forward to continuing our highly collaborative approach to address the epidemic of NCDs in the Pacific.

2. Programme Description

The programme aims to harmonise and coordinate the efforts of both supporting and development partners. In doing so, the programme primary aim is to reduce the burden on PICTS, and implementing partners, minimize duplication and build on the comparative advantages of SPC and WHO. The two main supporting partners for the PICTs will strengthen coordination and harmonization.

- Working together under the concept of "T**wo organizations - One Team serving Twenty Two countries and territories**, the joint WHO-SPC "NCD Team" comprises technical experts from both organizations.

- The joint Team supports the implementation of a common policy framework **– the Pacific Framework for the Prevention and Control of Noncommunicable Diseases (the Pacific NCD framework)**, which outlines the agreed strategic approach to tackling NCDs in the region.

- The Team has developed a joint programme of support titled **2-1-22 Pacific NCD Programme (the NCD Programme)** with a Joint Annual Work plan that sets common goals and objectives. Joint plans are developed collaboratively between the two organizations and the 22 PICTs, and shows how the activities of the respective organizations contribute to the programme's overall objectives for the region.

- For some activities, either WHO or SPC takes a leading role or implement alone, while in others activities they deliver jointly.

- The team develops **Joint Annual progress Reports** towards the program me's objectives and to reach the identified targets and impacts.

- The funding for the programme is currently ensured for a four-year period by the Government of Australia through the Australian Agency for the International Development of the Department of Foreign Affairs and Trade (AusAID) and the New Zealand Agency for International Development (NZAID).

- The progress of the programme, of the annual work plans and the supervision of the team work is ensured by the Joint Management Committee, (JMC) piloted by countries and Territories. The JMC oversees, monitors and assesses programme implementation using **the agreed governance, monitoring and evaluation performance framework**

- The team aims to integrate NCD planning and activities into national health plans and, wherever possible, **works within established SWAPs at national level**

The implementation of the programme commenced on June 1 2008.

2.1 Goal

To reduce the morbidity, disability and mortality of NCDs and their risk factors within the Pacific – so as to contribute to the global goal of reducing death rates from NCDs by 2% per year over and above existing trends until 2015.

2.2 Purpose

To assist PICTs to improve the health of their populations by establishing a comprehensive approach to profiling, planning, implementing and monitoring & evaluating sustainable initiatives to combat NCDs and associated risk factors in their populations.

2.3 Objectives

The goal will be realized by the achievement of the following strategic objectives under the Pacific Framework for NCD Prevention and Control:

Objective 1: To strengthen development of comprehensive, multi-sectoral national NCD strategies.

Objective 2: To support countries to implement their NCD strategies

Objective 3: To support the development of sustainable funding mechanisms to deliver NCD strategies

Objective 4: To strengthen national health systems and capacity to prevent and control NCDs

Objective 5: To strengthen regional and country level M&E and surveillance systems

2.4 Governance Mechanism

The Joint Management Committee (JMC) is responsible for governance and management of the NCD Programme. This will include providing strategic leadership, oversight and advocacy for the NCD Programme and its implementation. The NCD Team (SPC Healthy Pacific Lifestyle Section and NCD Unit of WHO South Pacific Office), provide secretariat support to enable the JMC to function effectively.

Representatives on the JMC are:

Country Members
Cook Islands - Dr Josephine Herman, Director Community Health Services
Federated States of Micronesia - Mr Marcus Samo, Assistant Secretary of Health
French Polynesia - Dr M. Charles Marty, Directeur de Cabinet de la Vice-présidence de la PF, Ministère de la santé et de la Prevention
Nauru - Mr Taniela Sunia Soakai, Secretary for Health and Medical Services
Solomon Islands - Dr Divi Ogaoga**,** Under Secretary for Health Improvements
Tonga - Dr Paula Vivili, Senior Medical Officer Public Health
Vanuatu - Ms. Myriam Abel, Health Director General

Allied Members:
AusAID
NZAID

Supporting Regional Agencies
SPC - Mr William Parr (Director Social Resources) Dr Thierry Jubeau (Manager PHP)
WHO - Dr Chen Ken (WHO Representative South Pacific, Suva)

The most recent JMC was conducted on November 19-20, 2008 with minutes included as **Appendix 1**. Major issues highlighted and resolved at this meeting included:

1. Confirmation of the Terms of Reference for the JMC
2. Progress report on 2008 activities
3. Consideration and endorsement of the 2009 workplan
4. Grant application and reporting procedures

3. Implementation Report

The following information reviews progress for the past 12 months (January 1 - Dec 31) and builds upon the Inception Report submitted on May 30. Specific details relating to each of the NCD Programme objectives as identified in the interim Monitoring and Evaluation Framework developed as a component of the inception period, are included. This is supplemented by a short narrative summary of activities within each of these areas.

3.1 Program Management & Technical Support Capacity

M&E Framework Indicators:

Expected outcome	Target 2011	Baseline 2007	Progress 2008
WHO and SPC have additional resourcing to support NCD delivery	Additional staff positions recruited by mid 2008	SPC - NCD Nutrition Adviser; NCD Tobacco & Alcohol Adviser; Physical Activity Adviser WHO - NCD Medical Officer; Nutrition & Physical Activity Officer; Data Management Assistant; 2 Personal Assistants	SPC - HPL Manager (Core funds); Project Assistant recruited; Recruitments in process - Physical Activity Adviser; Monitoring, Evaluation & Surveillance Officer and Communication and information officer WHO –3 positions with continuing funding from the programme established or extended
Effective coordination between WHO and SPC, and donor partners	JMC established and functioning effectively		Interim JMC (12-13 June) for early decision making established JMC formally established and TOR endorsed (19-20 November)
	Annual plans and reports developed jointly and other system harmonised where possible.	Joint annual plans reflect the activities and in-country coordination of both organisations	Joint 2008 plan endorsed by IJMC (12-13 June) Joint 2009 plan considered and endorsed by JMC (19-20 Nov)

3.1.1 Joint management and governance structures established

Report against indicators

Extensive consultation in countries on the establishment of the Joint Management Committee (JMC) and to determine effective, transparent accountability procedures: this has included in-country consultation relating to the NCD Programme by members of the joint NCD Team (SPC/WHO).

Formal process for high level consultation has included an initial Donor Round Table Meeting (11 June - Noumea), an Interim Joint Management Committee with four country representatives (12-13 June - Noumea), a follow-on to a Physical Activity meeting in Sydney with approximately 20 PICTs representatives (25 July 2008) and a side meeting during the WHO Regional Committee Meeting (RCM) (26 September - Manila) which involved Ministers and high level officials of Ministries of Health who ultimately endorsed the programme. Information from these consultations led to the development of draft Terms of Reference for the JMC that were considered and endorsed at the most recent JMC (Nov 19-20).

3.1.2 Joint regional NCD framework and implementation plan

Report against indicators

In 2008, a preliminary Monitoring and Evaluation Framework based on the Implementation Plan was developed. This document was presented for consideration at the interim JMC meeting of June 2008 and endorsed.

Subsequently, the Implementation Plan for 2009 was developed and completed and was endorsed by the JMC representatives (November 19-20, 2008), the annual workplan, targets and indicative budgets were endorsed. (See Appendix 2)

Negotiations with the Agence Française de Développement (AFD) based on their potential contribution to support implementation has been underway for the past two years. However, notification was provided to SPC (Nov 21) that due to the financial crisis the contribution from France will be postponed to at least 2010. Subsequent discussions held in 2009 indicated that due to the global economic downturn funding would be delayed indefinitely.

3.1.3 Capacity of WHO and SPC strengthened to support NCD implementation

Report against indicators

In 2008, both agencies have continued to strengthen their internal capacity to support the effective implementation of the Pacific NCD Programme. An SPC core funded HPL Manager has been established and filled, with recruitment in process for Programme funded positions within SPC: Monitoring, Evaluation & Surveillance Officer: Physical Activity Adviser (closing date for both is early Dec); and, a Communications & Information Officer. WHO has the current fixed-term NCD Medical Officer taking charge of the NCD Unit since 2005. It will be adding further capacity and complementing the skill set provided by the Nutrition and Physical Activity Unit through appointment of a Health Promotion Officer, scheduled to be filled by June 2009. The envisaged staffing complement to support implementation will be:-

SPC	WHO
HPL Section Head [a]	NCD Medical Officer
NCD Tobacco and Alcohol Adviser*	Nutrition and Physical Activity Officer*
NCD Nutrition Adviser*	Health Promotion Assistant*~
Physical Activity Adviser	Data Management Assistant*
Monitoring, Evaluation & Surveillance Officer*~	Personal Assistant for Nutrition and Physical Activity Unit*
Communications & Information Officer*~	Personal Assistant for NCD Unit
Project Assistant*	

* Positions funded by the 2-1-22 Pacific NCD Programme

[a] Posts created in 2008

~New posts to be created

3.2 Objective 1: To strengthen the development of comprehensive, multi-sectoral national NCD strategies

M&E Framework Indicators:

Expected outcome	Target 2012	Baseline 2007	Progress 2008
Comprehensive multi-sector national NCDs strategies in place	At least 15 countries have government endorsed national NCD strategies in place by 2011	5 countries currently have government endorsed NCD plans (a further 7 are in preparation)	New strategies completed in RMI and Solomon Islands Strategies updated in Kiribati and Vanuatu
	At least 12 countries have established dedicated NCD coordinators to drive implementation of national strategies	5 countries - Fiji, FSM, Palau, Solomon Islands and Tonga	Additional positions established Vanuatu
Improved multi-sectoral coordination of NCD issues at national level	At least 12 countries have established coordination mechanisms to guide NCD implementation by 2011	2 countries have functioning NCD committees – Fiji, and Tonga	New and/or strengthened coordination mechanisms established in CNMI, Kiribati, RMI, Solomon Islands and Vanuatu.

3.2.1 Comprehensive multisectoral national NCDs strategies in place

Report against indicators

Reviews of existing NCD plans were completed in Kiribati and Vanuatu, with new plans in the Republic of the Marshall Islands (RMI) and the Solomon Islands being completed and costed. Further development of NCD plans also occurred in CNMI (drafting), Niue and Cook Islands (finalizing), FSM (finalizing National Strategy and drafting State NCD Plan for each of the Four States: Pohnpei, Chuuk, Kosrae and Yap).

In the Solomon Islands the completion of the strategy has added impetus for inclusion of NCDs into the Sector Wide Approach that is being instigated and a consequential increase in resources available for interventions in this area. Similarly, following the revision and update of the Kiribati strategy, the Government of Kiribati has committed extra resources to address NCDs.

3.2.2 Advocacy on NCD issues at national and regional level

Report against indicators

Ongoing advocacy for NCD issues and the emerging initiatives under the 2-1-22 Pacific NCD Programme has included presentation of the initiative at the: Pacific Basin Medical conference - Yap (18-20 August); Pacific Diabetes Summit - Saipan (8-12 September); Sydney consultation meeting (25 July); WHO RCM and high level briefing in Manila (26 September); CRGA Noumea (13-16 October); and SPC Joint Country Strategy missions to Tuvalu (February) and Niue (May).

This advocacy has increased the knowledge and understanding of the 2-1-22 Pacific NCD Programme with key stakeholders in PICTs, that will prove invaluable in assisting effective implementation into the future. Notwithstanding this progress, continuing efforts will be required to ensure all stakeholders are adequately consulted and that mechanisms for all PICTs receive timely notification of the meeting agendas to enable input to the meeting through country JMC members and/or the Secretariat

3.2.3 Multisectoral coordination mechanism and focal points for NCDs established

Report against indicators

Throughout the period, three new multisectoral coordination mechanisms were established (CNMI, RMI and Solomon Islands) and a further two strengthened (Kiribati and Vanuatu). These were established to guide the finalization and implementation of their NCD plans.

Due to slower than expected resolution of processes to disburse large country grants, which is now resolved following endorsement by the JMC, only one new national NCD coordinator was established (Vanuatu). In Vanuatu, this has also been supported by the MOH with the establishment of two NCD co-ordination posts in Luganville and the MOH is looking at adaptations to the TORS of six additional staff to incorporate NCD prevention and control. This flow-on effect demonstrates the potential for positive impacts including increased programme reach and implementation in rural areas/outer islands. This will assist in reducing inequities of access to interventions for populations in these areas by building local level capacity to support NCD interventions. Discussion with several PICTs (Cook Islands, Nauru, RMI, Tonga) regarding the establishment of new coordinators is also in progress.

3.2.4 Country Reports

The in-country status as at December 31st is summarized in the Table below:

PICT	NCD Strategy Status	NCD Project Coordinator
American Samoa	In preparation	
Cook Islands	Finalizing	
CNMI	Finalizing	
FSM	Finalizing	
Fiji	Operational & to be reviewed in 2009	Yes (own funding)
French Polynesia		
Guam		
Kiribati	Operational	
Nauru	Operational	
New Caledonia		
Niue	Finalizing	
Palau	Operational but to be reviewed 2009	
Pitcairn Island		
PNG		
RMI	Operational	
Samoa	Operational	
Solomon Islands	Operational	
Tokelau	Drafted	
Tonga	Operational & reviewed	Yes (own funding)
Tuvalu	Drafted	
Vanuatu	Operational & reviewed	Yes
Wallis and Futuna		

Note: All countries have a focal point for NCD within the Ministry of Health but **NCD Coordinator** refers to dedicated personnel to operationalise the NCD plan

3.3 Objective 2: To support countries to implement their NCD strategies

M&E Framework Indicators:

Expected outcome	Target 2012	Baseline 2007	Progress 2008
Grant funds are effectively supporting national implementation of NCD activities	At least 15 countries have successfully implemented at least one grant funded NCD activity by 2011	No country received the large grant.	One large country grant commenced (Vanuatu)
PICTS have appropriate national legislative and policy framework in place to support NCD implementation	Number of countries which have formally adopted international/regional agreements relating to major risk factors (FCTC, PICTA, (continued exclusion of tobacco and alcohol), WPDD, DPAS, Regional Alcohol Strategy	All 22 countries have ratified the FCTC but only three (Fiji, Cooks, Tonga) have passed FCTC compliant legislation All 22 countries endorsed the DPAS strategy in 2004	National level support to commence drafting tobacco legislation - Palau, Solomon Islands, Tuvalu and Nauru Implementation of DPAS starting (Ref 3.3.3)
PICTS have appropriate national legislative and policy framework in place to support NCD implementation	At least 10 countries have national legislation in place which meets Framework Convention on Tobacco Control (FCTC) obligations by 2011	3 countries currently have national legislation (Fiji, Tonga and RMI)	New countries include Cook Islands and Vanuatu
	At least 5 PICTS have reviewed legislation pertaining to food standards	nil	Three countries have commenced review – Fiji, FSM and RMI
PICTS are implementing effective lifestyle interventions to address NCDs risk factors	At least 17 countries are effectively implementing at least one diet & physical activity intervention by 2011	11 countries are currently implementing at least one DPAS activity	New countries - Kiribati, RMI and Vanuatu
	At least 12 countries with at least one tobacco free jurisdiction	6 jurisdictions (hospital and villages) in three countries – Fiji, Kiribati and Nauru	Tobacco free public events in Tuvalu and Fiji
	At least six countries with alcohol intervention project		To commence 2009
PICTS are providing effective clinical services to provide preventative treatment for NCDs	At least 15 countries have effective clinical programs targeting NCD prevention and control by 2011	Seven PICTs - CNMI, Fiji, Nauru, New Caledonia, Tonga, Tokelau	New diabetes Standard Treatment Guidelines developed in Nauru. Cervical screening program implemented in Tuvalu. A Rheumatic Heart Disease screening project initiated in Fiji and Samoa.
PICTs are able to effectively conduct social marketing and information campaigns	At least 15 countries have implemented at least one national social marketing campaign targeting NCD risk factors by 2011	Two being conducted – Fiji and Tonga	New campaign in Fiji and Nauru

3.3.1 Effective administration of grants to support national NCD activities

Report against indicators

The JMC (19-20 November) considered and approved the administrative procedures for large country grants (Funding Stream 1) and small grants (Funding Stream 2). This includes the development of standardized guidelines, contracts (Letters of Agreement) and reporting templates for grants. Arrangements for the earmarked, WHO grants (Funding Stream 3), will follow the existing processes that PICTs use to access WHO grants. The initial large country grant was allocated to Vanuatu.

3.3.2 National legislative and policy framework in place to support NCD implementation

Report against indicators

Technical assistance to commence drafting legislation relating to national tobacco control was provided in Palau, Solomon Islands, Tuvalu, Nauru and Fiji. Pacific focused briefing papers for PICTs were developed and disseminated to assist inputs at the FCTC Conference of the Parties III meeting. A specific paper on Tax from Tobacco and alcohol as a mechanism to increase sustainability for the Health Promotion Foundation was prepared for Tonga. At an applied level a NCD toolkit is under development to assist PICTs in formulating NCD related legislative approaches (primarily diet and obesity). The objective is for PICTs to use this toolkit to stimulate legislative and regulatory changes that will support healthy environments. Initial consultation on food fortification included participation at the Pacific Food Fortification Group meeting (November).

3.3.3 Healthy lifestyle interventions targeting risk factors implemented (behavioural, environmental)

Report against indicators

A range of behavioural and environmental interventions have been conducted throughout the reporting period. These have included the following:

Project / Activity	Impact
Diabetes prevention project (Niue)	Has made lifestyle interventions available rather than just clinical interventions
School setting interventions (Cook Islands, FSM, Kiribati, RMI, Vanuatu)	Established an MOU between health and education (Cook Islands, RMI), creating playgrounds and physical activity spaces (Avarua School, Cook Islands). Health Promotion integrated into curriculum (Kiribati)
Workplace setting interventions (Fiji, Nauru, Vanuatu)	Public Service policy (Fiji, Vanuatu), intervention program (Nauru)
Community setting interventions (Nauru – Our Steps Our Health and Stomp the fat, Cook Islands Vaevae Challenge)	58 teams (330 individuals in total): Most significant stories assessment reveal improvement in Physical Activity behaviour for participating teams
Smoking, Nutrition, Alcohol & Physical Activity (SNAP) intervention (Green Prescription concept) (Fiji)	Analysis is in progress, however preliminary findings indicate that up to 70% of newly diagnosed patients are managed through lifestyle interventions
Pacific Obesity Prevention in Community research (OPIC) in Fiji and Tonga	Training of teachers in physical activity (Fiji), exclusion of high fat/sugar foods from school canteen (Tonga)
Tobacco free initiative (Tuvalu, Palau, Fiji, French Polynesia, Nauru)	Comprehensive tobacco control and awareness programme was initiated, Specific events commenced and these were designated smoke free. Many events were conducted around World No Tobacco Day, 2008
Food-based Dietary Guidelines (Fiji, Kiribati, Samoa, Solomon Islands and Tuvalu)	Utilized to assist in nutrition related aspects of NCD prevention and control e.g. DPAS interventions
Pacific Physical Activity Guideline developed	Increased rigour of PA interventions in the region by adherence to guidelines

3.3.4 Clinical interventions targeting prevention supported

Report against indicators

Standard Treatment Guidelines for diabetes were finalized and are now being utilized in Nauru and Fiji. Adherence to these guidelines will improve patient treatment, care and outcomes. Support to strengthen the cancer registry in Fiji has resulted in merging with the International Classification for Diseases 10 enabling a more robust measure of the cancer burden. In collaboration with UNFPA, the inaugural cervical cancer screening initiative was introduced in Tuvalu with approximately 300 women being screened. A Rheumatic Heart Disease screening project was undertaken in Fiji and Samoa. Of the 600 screening tests completed in Fiji, 15 have been confirmed as positive, while data for the 400 individuals screened in Samoa are being collated.

3.3.5 Effective communication and social marketing strategies to promote healthy lifestyles

Report against indicators

At the national level, training support was provided for development of strategic communication plans in Vanuatu. The Fiji campaign (Bula 5:30 (five fruit &/or vegetables / 30 minutes of physical activity) - is currently in operation and will be assessed for impacts in early 2009. Development of a regional communications plan for Physical Activity was commenced and will be implemented in 2009.

Communication for Behavioural Impact (COMBI) training was conducted in Vanuatu which has resulted in the drafting of national diet and physical activity COMBI plans that would be finalized and implemented in 2008/2009. Similar training in Behavioral Change Communication in the Solomon Islands was undertaken collaboratively with the HIV/STI programme at SPC, Two communication plans (one relating to increased fruit and vegetable consumption and the other on tobacco control and youth were developed during the training

3.4 Objective 3: To support the development of sustainable funding mechanisms to deliver NCD strategies

M&E Framework Indicators:

Expected outcome	Target 2012	Baseline 2007	Progress 2008
PICTs are using sustainable mechanisms to deliver NCD activities (e.g. Health Promotion Foundations)	At least 5 countries have adopted sustainable mechanisms to deliver their NCD activities by 2011	Three countries are in process of developing in 2007	Tonga Health Promotion Foundation launched in July
PICTs have secured sustainable resources to fund their NCD programs	At least 15 countries have funding allocated for NCDs in national health budgets.	To be established	Health promotion policy and Bill being drafted (Cook Islands)

3.4.1 Alternative delivery mechanisms to implement NCD plans assessed and supported

Report against indicators

The Tonga Health Promotion Foundation was officially launched in July, with the Government of Tonga dedicating its first annual tranche of funding (TOP$300,000). The Governing Board for the Foundation has been established with applications for the inaugural Chief Executive Officer closing on December 1, 2008. **(CEO has been selected to begin April 2009)**

3.4.2 Alternative revenue sources to fund NCD activities identified and assessed

Report against indicators

The Cook Islands has commenced work on a Health Promotion Fund through formulation of a health promotion policy and drafting of a supporting Bill.

3.5 Objective 4: To strengthen national health systems and capacity to address and prevent NCDs

M&E Framework Indicators:

Expected outcome	Target 2012	Baseline 2007	Progress 2008
PICTS have the required systems and infrastructure to support NCD	At least 4 countries with established inventory system	Number of countries assisted to strengthen procurement, distribution and utilisation of NCD drugs and supplies	No impacts
National capacity development needs for NCD have been identified	At least 10 countries have assessed NCD workforce capacity needs	To be established	No Action
Key NCD personnel have the capacity and skills to address and prevent NCDs	Qualitative assessment shows evidence that training provided is effective and meeting identified capacity needs	To be established	Training undertaken but impact not assessed
Regional meetings, information sharing, and networking on NCDs supported	Regional meeting on NCDs held every two years	Nil on NCD as a whole	First meeting in August 2009
	Qualitative assessment of the benefits / coverage of regional NCD information and networking forums	Existing networks for possible review include APPAN, PacNUT, TFI, MOANA	No Action

3.5.1 Infrastructure and systems to address NCDs strengthened

Report against indicators

Collaboration with the pharmaceutical programme of WHO continues with the aim being to improve the supply of essential medications

3.5.2 Workforce planning and capacity assessment needs for NCDs identified

Report against indicators

Preliminary discussions with the newly established Pacific Human Resource Health Alliance (PHRHA) on ways to collaborate in respect to workforce assessment, planning and training have been completed. Into 2009, a separate budget allocation to collaborate with the Alliance on these issues has been incorporated.

3.5.3 Targeted training and professional placements provided to meet identified capacity needs

Report against indicators

Targeted training workshops (8 Regional, 13 national) on NCD issues have been conducted for PICTs. These have included a range of NCD related issues including alcohol, tobacco, cancer, communication, diabetes, diet and lifestyle, health promotion leadership (Pro-Lead), physical activity / obesity prevention and tobacco control. Many of these activities were funded from other external sources.

3.5.4 Regional information sharing and networking on NCDs supported

Report against indicators

An SPC communiqué outlining the NCD Programme was sent to all PICTs and multi-sectoral agencies that were stakeholders in preventing and controlling NCDs. Additionally, details relating to the Programme were disseminated through the Pacific Island Nutrition newsletter and electronic Public Health Newsletter.

An additional position for a Communication and Information Officer is being created to co-ordinate regional information sharing and networking on NCDs. This person is scheduled to be in place by June 2009 with a prime responsibility to work on this area.

3.6 Objective 5: To strengthen regional and country level M&E and surveillance systems

M&E Framework Indicators:

Expected outcome	Target 2012	Baseline 2007	Progress 2008
Data on NCDs available to inform national planning and delivery	At least 12 countries have published 12 final STEPS Reports	Four countries, i.e., Fiji (2005), Nauru (2007), American Samoa (2007) and Tokelau (2007) have published STEPS Reports	(1) Another two country published STEPS Reports FSM (Pohnpei) and RMI (2) 1 PICT finalized the STEPS Report; 3 PICTs STEPS Reports are on data analyses
	At least 4 program supported interventions assessed using mini-STEPS each year	Mini-STEPS tool and manual is currently being finalised (after initial pilot).	Mini-STEPS survey conducted in Vanuatu, Fiji and Kiribati
Routine surveillance data on NCDs is being collected and used to inform planning	At least 12 countries undertaking routine surveillance of NCDs	To be established	
Priority areas for NCD research are supported	Regional research agenda for NCDs identified and supported	To be established	Not planned for 2008

3.6.1 Framework to monitor and assess regional progress in addressing NCDs established

Report against indicators

A preliminary M & E Framework for the 2-1-22 NCD Programme was developed conjointly by the NCD Team. This Framework was endorsed at the IJMC (12-13 June), but has been modified and updated based upon the recently JMC endorsed workplan for 2009. At the national level, NCD M&E Frameworks were initiated in Fiji and Kiribati.

3.6.2 Data on NCDs available to inform national planning

Report against indicators

To date, 6 STEPS Reports in 6 PICTs (Fiji, Nauru, American Samoa, Tokelau, Marshall Islands and FSM (Pohnpei) have been published which have been utilized to inform national planning. .

3.6.3 NCD surveillance systems established

Report against indicators

A manual on using mini-STEPS has been drafted and piloted in Fiji, Kiribati and Vanuatu. Mini-STEPS assessments have been used as a Monitoring & Evaluation method for diet and physical activity settings-based interventions in Fiji, Kiribati and Vanuatu. A new position for M&E/Surveillance Officer is currently being recruited at SPC to support this function, with the position scheduled to be filled in early 2009.

3.6.4 NCD research priorities identified and supported

Report against indicators

No action in this area

4. Acceleration of Programme

As indicated earlier in this report, there has been a delay in implementation resulting from the extended negotiations involved in establishing the JMC and associated governance mechanisms. As these issues have been resolved with the endorsement of the JMC Terms of Reference and 2009 workplan at the November 19-20 meeting, it is vital that efforts be made to accelerate implementation.

Ensuring ownership and resource flows to support country level implementation, is central to the underpinning principles of the 2-1-22 Pacific NCD Framework. Consequently, in considering the recently endorsed workplan for 2009, additional allocations for large country grants above and beyond the envisaged five grants have been incorporated. This fast-tracking will remain dependent on countries meeting the criteria for inclusion, however the NCD Team are committed to assisting PICTs not only to effectively implement their large country grants and other related activities, but also in assisting all PICTs to attain these criteria in the quickest period possible.

The staffing complements at both SPC and WHO are not yet complete, however by mid 2009 it is expected that all positions identified as essential for this period of the Programme will be in place and functional. Significantly, this will include an M&E/ Surveillance position that will work with large grant country recipients to ensure that suitable assessments are in place to gauge Programme impacts and to guide future interventions. The basis for assessment will be the updated M&E Framework, with significant attention paid to the designated impact indicators (Annex 2).

5. Program risks and management

There are several risks and their management that have already been noted in the Implementation Plan, these include: political instability; multi-sectoral coordination; coordination between regional partners; capacity of SPC/ WHO and regional partners; absorptive capacity; and, poor financial governance. Throughout 2008 conscious efforts to manage these risks have been incorporated into the design of the Programme and its implementation at the country level.

Additional issues that have arisen since the development of the implementation plan revolve around the global financial crisis. To date this has included:
(a) Postponement of the potential contribution from AFD to at least 2010 pending further announcements from the French Government;

(b) Variations in exchange rates for both the Australian and New Zealand dollar against the US Dollar (for WHO) and the Euro (for SPC - to which XPF is tied). A continuing deterioration in the exchange rates may impinge on some activities, however financial risk management practices in both agencies will to the extent possible, limit these impacts. Additionally, by allocating resources to the workplan in AUD, this will minimize the risk of any overruns in expenditure. As a worst case scenario if the rates decline further, there will be a need to cut back on some activities to ensure the Programme functions within the funding envelope available;

(c) The impact of the financial crisis on the availability of national level government resources that can be applied to NCD control and prevention is unknown. However, an ongoing monitoring role to assess any potential resource allocation cut-backs by national governments in this area will need to be maintained.

6. Financial Report

In keeping with the agreements between the two agencies and the two development partners, the financial reports for the period from the two agencies are attached separately.

a. SPC FINANCIAL REPORT:

The SPC financial statement has been prepared for this reporting period. The statement covers the period of 1 January to 31 December 2008.In 2008, income for the NCD Programme was received from the two development partners, AusAID and NZAID. It should be noted that although the NZAID contribution of 24.3 million XPF was received in late December 2008, it is intended to implement the 2009 Work plan. However, the financial statement reflects funds received from both development partners (see Appendix 2).

When reviewing at the intended 2008 contributions from AusAID (excluding the 2009 NZAID funding), the total funding received from AusAID in 2008 for the NCD Programme was 122.2 million XPF. Of the 2008 AusAID funding received, 46 percent of the budget (56.4 million XPF) was expended in 2008, the major focus of the period, as previously outlined, was to clarify governance structures and responsibilities. With the JMC in place, the 2009 Workplan endorsed, the Monitoring and Evaluation Framework updated and SPC increasing the human resources capacity for the NCD Programme, SPC is in strong position in 2009 to meet the programming objectives.

In 2009, NCD Programme activities are ramping up. SPC is in the process of hiring three critical positions for the NCD Programme within the first half of the year. This includes the hiring of the Physical Activity Advisor (SPC funded), the Communications, Information Officer and the M&E / Surveillance Officer (the two later positions are NCD Programme funded). The large country grants will also be disbursed at a quicker rate. In the first quarter of 2009, LOAs have been signed with Nauru and Tonga. SPC anticipates that by the second quarter, LOAs shall be in place with RMI, Cook Island and Palau. For the third and fourth quarters Kiribati, Solomon Islands, FSM and Niue will receive the large country grants provided their LOAs are in place.. In addition, the small grants scheme will be advertised with selections awarded by the end of the second quarter of 2009. The small grants will be advertised and distributed twice annually. The total budgeted cost per year shall be at AUD 300,000 in 2009.

The major areas of expenditure included for this reporting period falls under the following SPC expenditure areas: (01) staff salaries, 16.6 million XPF; (03) operating costs, 10.3 million XPF ;(06) conference, training and workshops, 17.1 million XPF; and (09) grants, 9.3 million XPF. The category operating costs includes 10.3 million XPF to cover the 7 percent management fee charged by SPC.

b. WHO FINANCIAL REPORT:

WHO shall be submitting their part of the financial report to donors separately.

Appendix 1: Minutes of JMC Meeting, November 19-20, 2008

2-1-22 Pacific NCD Programme
Inaugural Joint Management Committee (JMC) Meeting
19-20 November 2008, Tanoa Hotel, Nadi, Fiji

Day One - 19 November

Present:

Country Representatives - (Cook Islands) Dr Josephine Herman, (Federated States of Micronesia) Mr Marcus Samo, (French Polynesia) Dr M. Charles Marty, (Nauru) Mr Taniela Sunia Soakai, (Solomon Islands) Dr Divi Ogaoga, (Tonga) Dr Paula Vivili, (Vanuatu) - Ms. Myriam Abel

Allied Member s - (AusAID) Ms Romaine Kwesius , (NZAID) Ms Megan McCoy, (SPC) Mr William Parr & Dr Thierry Jubeau, (WHO) Dr Ken Chen

NCD Secretariat - (SPC) Dr Viliami Puloka, Ms Jeanie McKenzie, Ms Lara Studzinski, WHO - Dr Li Dan, Dr Temo Waqanivalu

Consultant - Tony Lower

Apologies:

Paula Vivili, Tonga, delayed due to missed flight disruptions (arrived Nov 20)

1. **Opening remarks:**
   Provided by Mr Bill Parr (SPC) and Dr Ken Chen (WHO)

2. **Selection of Chair and Vice Chair:**
   Dr Divi Ogaoga (Solomon Islands) moved a motion to appoint Ms Myriam Abel (Vanuatu) as Chair and Mr Taniela Sunia Soakai (Nauru) as Vice Chair.
   Motion approved unanimously.

3. **Agenda:**
   Chair notes acceptance by all parties of JMC agenda.

4. **Overview of NCD Programme:**
   Dr Temo Waqanivalu (NCD Secretariat) provided an overview of the programme and a summary of the three major meetings in 2008 leading up to the JMC.

5. **Comments by Development Partners:**
   Ms Romaine Kwesius (AusAID) was pleased that progress on establishing the JMC has reached this point but was disappointed that papers for the meeting had not been distributed prior to meeting. Was interested in hearing how SPC and WHO will work together, how this Programme will play out at the country level and how countries will benefit.
   Ms Megan McCoy (NZAID)
   Expressed support for the Pacific NCD Framework and hoped to see a coordinated effort between the JMC, Secretariat and countries. Looks forward to active engagement of countries in the JMC.

6. **Confirmation of JMC Terms of Reference:**
   Mr Taniela Sunia Soakai (Nauru) put forward a motion recommending endorsement of 2-1-22 logo
   Dr Divi Ogaoga (Solomon Islands) seconded the motion.
   JMC endorsed the motion.

JMC considered the Terms of Reference and made several modifications (Annex 1), these were:

- JMC to endorse budget, in addition to joint annual work plans
- JMC to review implementation of activities based on six-monthly and annual progress reports from grant recipients and the NCD Team
- An additional role was added - Advocate with government for a positive policy environment to support NCDs
- The NCD Reference Group was deleted and replaced with 'Seek technical assistance from designated experts in the area of NCDs, as required'
- Agree on Terms of Reference was added to ' oversee the process of undertaking a mid-term review'
- SPC PHP Reference Group was deleted from 'Review reports for presentation to the Meeting of Pacific Health Ministers, development partners and relevant regional forums'
- The word 'senior' was added to the section on Structure and Core membership in relation to both Core and Allied member representation on the JMC.
- NZAID was added as an allied member of the JMC
- It was agreed that annual face-to-face meetings will be held in November each year, with a six-monthly meeting being held by teleconference in June). It was also added that, 'the JMC may also meet on an ad hoc basis as the need arises'
- A clause about providing interpretation (in French) as required was added. It was also agreed that minutes, agenda and key documents will be provided in French and English
- The wording was changed from 'annual work plans and budgets for the Programme for Committee for 'approval 'to 'consideration'
- An additional clause 'Provide and circulate minutes of all JMC meetings in a timely fashion', was added
- An additional clause 'Ensure there is an on-going process for consultation and feedback on the NCD Programme that can allow input into the JMC agenda, discussion and decisions', was added
- The word 'briefing' was added to 'reports on the NCD Programme may be provided to the Committee of Representatives of Governments and Administrations (CRGA - SPC), a follow-up meeting for Pacific representatives at the WHO Regional Committee Meeting and the SPC Public Health Program Reference Group'

Action 1: The meeting resolved to accept the modifications to the TOR as listed.

Action 2: The JMC TORs for Roles and Responsibilities of Members and Roles and Responsibilities of Chairperson to be reviewed internally.

7. Progress Report 2008

A summary of actions to date was presented by the NCD Secretariat (Annex 1). Discussion on a standardized reporting timeline followed with the JMC requesting that the annual reporting deadline to be changed to March, so that this fits with in-country planning cycles (Jan-Dec). Both development partner representatives indicated flexibility to cater for this modification.
Action 3: SPC/WHO to forward a suggested timeframe for reporting deadlines to AUSAID to commence process of modifying the respective EOL's.

Day Two - 20 November

Mr Taniela Sunia Soakai (Nauru) the Vice Chair, chaired the day-two meeting assumed the Chair for day two of the meeting.

8. NCD Programme Work Plan for 2009

An overview of the 2009 Work Plan and hand out was provided. Issues raised in subsequent discussions were as follows, with the updated 2009 Work Plan (highlighting modifications) being attached as Annex 2:

A: Programme Management & Technical Support Capacity

A discussion on staffing costs and Programme administration fees highlighted concern over the Secretariat salary costs in 2009 (approx 1.3 mil AUD). The JMC emphasized that funds should be focused on countries, not administrative costs for the Secretariat. It was highlighted by the Chair that the Secretariat needs adequate resources to support national level implementation and that there are initial start-up costs for the Secretariat. In 2009, the proportion of funds supporting the Secretariat is around 20% but this drops to around 15% in subsequent years as the allocations to countries increase. Further concern was raised on Programme administration fees for WHO at 13% compared to SPC's 7% (NZAID).

Action 3: Request to WHO to examine potential to reduce administration fee through member countries of JMC.

PNG's inclusion in the Programme was raised and AusAID clarified that PNG was included.

Objective 1: To strengthen the development of comprehensive, multi-sectoral national NCD strategies
Clarification of the role of in-country NCD Coordinators (focal points) was provided.

Objective 2: To support countries to implement their NCD strategies
2.2.2 WHO will continue to fund one person from from low and middle income country to attend FCTC COP4.
2.4.1 The JMC recommended a regional approach for diabetes treatment guidelines.
2.3 The JMC debated inclusion of funding for glucose strips or supplies and consumables in the work plan. If secondary prevention activities are included in the existing national NCD Strategy, the Secretariat could negotiate on a case-by-case basis prior to any inclusion in large country grants.

Objective 3: To support the development of sustainable funding mechanisms to deliver NCD strategies
No specific comments.

Objective 4: To strengthen national health systems and capacity to address and prevent NCDs
4.3 To limit administrative burden on the countries in assessing workforce capacity, strengthening linkages with Pacific Human Resource for Health Alliance (PHRHA) was strongly supported. Similarly, ensuring solid links with both the Pacific Clinical Services Programme and the Pacific Eye Institute were raised. The importance of collaborating with existing initiatives in the Pacific that address alcohol related harm (e.g. gender violence), was also noted. Subject to the identification of national workforce capacity needs, relevant local training should form a component of the national NCD plan and be incorporated as an activity within the large country grants.

Objective 5: To strengthen national and country level M&E and surveillance systems
5.3.1 JMC advised the NCD Secretariat partners that they need to ensure each agency's efforts are not duplicated. Secretariat partners need to communicate well about each agency's programmes in all PICTs.
5.4. JMC discussed research needs and capacity in countries. JMC agreed that countries should determine their research capacity and training needs and specify defined needs in their national NCD plans. JMC also recommended that countries tap into SPC and WHO expertise as needed.
Concern was raised in regards to the slow progression of NCD STEPS work in the Pacific and there is a need to expedite this important activity. There was general discussion and consensus that information systems are an important component underpinning surveillance efforts in country and that linkages with existing information system initiatives is important.

Action 4: Secretariat (WHO) is to provide a clear timeline of NCD STEPS work in the Pacific and how it plans to support accomplishment

Action 5: The JMC endorsed the 2009 Work Plan noting that the Secretariat would update the existing Plan and highlight the modifications when circulated to members.

9. Funding and Reporting Processes

The funding mechanisms were described with three ways for countries to access grants - (a) SPC Country Grants (Funding Stream I); (b) SPC Small Grant s (Funding Stream II); and, (c) WHO Earmarked Budget (Funding Stream III).

Country grants (Funding Stream I) will be up to 150,000 AUD per PICT. Selection criteria will be used to determine the stage of readiness for PICTs to access large country grants, these criteria are; (a) NCD Plan in place; (b) Active multi-sectoral committee; (c) Active implementation of existing NCD programs; (d) Population size; (e) Vulnerability; (f) Government contribution & sustainability; (g) Availability of other funding sources; and (h) Absorptive capacity.

Funding priorities will be based on priorities identified in national NCD Plans. Funds are for implementation of country NCD Plans and an NCD coordinator if such a post is not already in place. A small proportion of the country grants will also be set aside for small NGO related grants, financial and M&E training. The Secretariat will assist PICTs in developing costed annual work plans.

After a Letter of Agreement is in place, grant monies will be disbursed without delay. Financial reporting will be on a quarterly basis (in local currency), with programmatic reports due six monthly. Future disbursements will be based on acceptance of quarterly financial reports and acquittals showing expenditure of 80% of the previous tranche .

Small Grants (Funding Stream II) will be up to 10,000 AUD, three projects maximum in any country in any given year. These grants are primarily for NGO's and civil society groups and those without access to large country grants .

Clarification on the rational for SPC prioritization of Joint Country Strategy sites was requested (NZAID).

Action 6: Statement to be withdrawn from application, as sole determinant of large country grant receipt is meeting the selection criteria.

WHO Earmarked budgets from this Programme are not part of a country's biennial WHO regular budget. The Earmarked budgets will use the existing WHO approach, like DFC, APW, SOE that countries have been familiar with.

Clarification was sought (NZAID) that these WHO earmarked funds will be for different activities to SPC country grants, and enquiry about reporting processes. It was highlighted by the Secretariat that they will be in consistent communication to ensure there is no duplication.

Action 7: WHO to furnish development partners on its funding processes of Direct Financial Coperation (DFC), Agreement for Performance of Work (APW) etc for their information

The need for clear triggers and a fixed timeline for negotiating country grant Letters of Agreement was discussed (i.e. a biannual process). However, it was agreed by the JMC that it would be a rolling programme.

Concern was raised (NZAID) that current funds are not fully allocated (i.e. $0.5 million AUD unallocated). It was agreed to fast track large country grants and that additional funds would be allocated to support this line item. Discussion on the potential future involvement of Agence Francaise de Developpment (AFD) within the Programme was raised.

Action 8: SPC to inform JMC regarding the potential involvement of AFD.

10. Country Information and Engagaement

There was general discussion on how the other PICTs who are not members of the JMC could be further informed and be engaged. In addition to regular communication by the Secretariat there was suggestion of having five countries per core member so there is peer communication amongst the country members. Group email or online communication was also discussed.

Action 9: Secretariat to ensure proper consultation with other PICTS after and leading up to JMC meetings to ensure their engagement

Action 10 : Core members will communicate with appropriate PICTS they are representation of i.e Melanesia, Polynesia, Micronesia and Francophones

Action 11: Following approval of Minutes by the JMC, they would be forwarded to all 22 PICTs with an email circulation list to be developed to facilitate this process.

Action 12: Secretariat will prepare an overall report on progress that the JMC Chair will present to the Meeting of Pacific Health Ministers in July 2009.

Action 13: The JMC directed the Secretariat to update respective agency website with results of the JMC meeting.

11. Upcoming Meetings

Options to build the NCD Forum onto existing meetings in the Cook Islands and Majuro were raised, along with Fiji. Further investigation of the potential for these locations in terms of participants and budgetary implications needs, to be undertaken by the Secretariat.
French Polynesia also offered to host the next face-to-face JMC scheduled for November, with other notional sites being Fiji and Auckland. The Secretariat was tasked with assessing these options in light of the existing budget.
The JMC agreed to meet twice per year but may also meet on an ad hoc basis as required (to be included in JMC TOR). Papers will be presented to JMC members at least two weeks prior to meetings.

- Next JMC meeting by teleconference to be held June 17, 2009.
- Annual face-to-face meeting to be held 11-12 November, 2009.

12. Advocacy for NCDs

It was recommended that both JMC members and the Secretariat continue to advocate for NCDs at various meetings throughout the Pacific with relevant stakeholders. A few upcoming meetings in 2009 were mentioned: Pacific Islands Health Officers Association (PIHOA), Senior Health Officers Network (SHON), Pasifika Medical Association (PMA), Vanuatu Food Summit Meeting. It was suggested that the country members of JMC could champion NCDs at these meetings with Secretariat providing the necessary information required.

13. Meeting Close

Ms Myriam Abel (Vanuatu), the Chair suggested that all seven JMC core members should get an opportunity to be the Chair and the Vice-Chair of the annual JMC meetings. This was supported by the JMC. The Chair then formally closed the meeting.

Appendix 2: SPC 2008 Financial Statement

NON-STATUTORY FUNDING
STATEMENT OF INCOME AND EXPENDITURE

EXECUTING AGENCY	:	SECRETARIAT OF THE PACIFIC COMMUNITY
PROJECT NAME	:	AUSAid / NZAid Pacific NCD Project
PROJECT CODE	:	SHHZ08XN
PROJECT OFFICER	:	VILIAMI PULOKA
PERIOD	:	1 JANUARY - 31 DECEMBER 2008
CURRENCY	:	CFP FRANCS

INCOME	Preceding Period	January 2008 December 2008	Combined Income
Funds received from AUSAid, EUROS 606,302.43		72,351,125	
Funds received from AUSaid, EUROS 417,830.64		49,860,458	
Funds received from NZAid, NZD 500,000.00		24,362,155	
			146,573,738
TOTAL FUNDS AVAILABLE		0	146,573,738

EXPENDITURE	EXPENDITURE IN FCFP		
	Preceding Period(s)	January 2008 December 2008	Combined Expenditure
01 Staff costs		16,634,553	16,634,553
02 Communications costs		263,221	263,221
03 Operating costs/ other		10,313,049	10,313,049
04 Capital costs		0	0
05 Transport and travel costs		1,129,932	1,129,932
06 Conference, training and workshops		17,056,557	17,056,557
07 Field work costs		1,506,978	1,506,978
08 Study and research costs		0	0
09 Grant (paid)		9,251,138	9,251,138
10 Publications / production materials		240,811	240,811
TOTAL EXPENDITURE		56,396,239	56,396,239
FUNDS ON HAND AS AT 31 DECEMBER 2008 in XPF			90,177,499
FUNDS ON HAND AS AT 31 DECEMBER 2008, in AUD (1 AUD = 58.65633 XPF)			1,537,387

Date : 16-Mar-09 Certified by :

Hervé Delahaie
Finance Manager

SECRETARIAT GENERAL DE LA COMMUNAUTE DU PACIFIQUE

Appendix 3: SPC/WHO Work Plan 2009 (Sent as separate Excel attachment)