2-1-22 Pacific Non-communicable Disease (NCD) Programme

Annual Progress Report

1 January – 31 December, 2009

Report prepared and submitted by

Joint secretariat of the 2-1-22 Pacific NCD Programme

March 2010

SPC
Secretariat
of the Pacific
Community

World Health
Organization
Western Pacific Region

Contents

Acronyms 4

1. Executive summary 5
2. Introduction 6
3. Governance 7
4. Management 7
5. Progress report 8
6. Country activity report 20
7. Gender equality 27
8. Programme risks and management 28
9. Where to from here: 2010 and beyond 28
10. Financial report 28

Appendix 1	Progress Report	31
Appendix 2	Performance report	38
Appendix 3a, 3b	SPC Financial statements	44
Appendix 4	SPC/WHO Work Plan 2010	46

Acronyms

AFD	Agence Française de Développement
AusAID	Australian Agency for International Development
CDC	Centre for Disease Control
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
LoA	Letter of Agreement
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCDs	Non-communicable Diseases
NCDRG	Non-communicable Diseases Reference Group
NPAN	National Plan of Action on Nutrition
NZAID	New Zealand Agency for International Development
OPIC	Obesity Prevention in the Community
PA	Physical Activity
PHA	Pharmaceuticals
PHD	Public Health Division (SPC)
PICTA	Pacific Island Countries Trade Agreement
PICTs	Pacific Island countries and territories
PIMS	Project Information Management System
PHRG	Public Health Reference Group (SPC)
RCM	Regional Committee Meeting
RHD	Rheumatic Heart Disease
SHC	Strategic Health Communications
SNAP	Smoking, Nutrition, Alcohol and Physical Activity
SPC	Secretariat of the Pacific Community
STEPS	WHO STEPwise approach to surveillance of risk factors for NCDs
SWAP	Sector Wide Approach
TB	Tuberculosis
TOR	Terms of Reference
WHO	World Health Organization
WPDD	Western Pacific Declaration on Diabetes

1. Executive summary

This is the second annual progress report from the Secretariat of the Pacific Community (SPC) and World Health Organization (WHO) on the 2-1-22[1] Pacific Non-communicable Disease (NCD) Programme covering the period January 1 - December 31, 2009.

Many new country and regional activities funded under the programme commenced in 2009. These activities are summarised and reported on at various levels of detail in this document. Ten countries signed up for large country grants and eight of these received funds in the year. There were two rounds of small grant applications administered by SPC, and 29 NCD projects were supported through the scheme in 2009. Funds administered by WHO contributed to development and strengthening of on-going NCD healthy lifestyle promotions including environmental and clinical interventions, and surveillance work.

Capacity to deal with NCDs at country and regional levels improved greatly in 2009 with funds flowing in to countries. Disbursement was much slower than expected in 2009, but accelerated towards the end of the year as systems and arrangements became fully operational at both regional and country level. This is an encouraging sign for 2010 and beyond.

The recruitment of additional staff further strengthened the quality of services delivered to the recipient countries. A monitoring, evaluation and surveillance officer and a communications officer joined the team at SPC in Noumea and a health promotion assistant was taken on by WHO in Suva. Publicity for the 2-1-22 programme increased significantly in 2009 with wide coverage in newspapers, regional magazines, television and radio. SPC's Healthy Pacific Lifestyles website at www.spc.int/hpl was rebuilt to include the programme.

The year also saw the Joint Management Committee (JMC) actively taking their role in advising the secretariat on issues and directions of governance. JMC met by teleconference in June and face-to-face in November.

The first JMC-approved NCD Forum held in Nadi in August was very successful in highlighting the importance of NCDs. It attracted media coverage and interest from other health related organizations and academic institutes. The forum will now be an annual mid-year event for the important and highly productive sharing of knowledge and experience, as NCD practitioners in less well-resourced countries progress their national programmes (see page 16 *Objective 4*).

The following narrative documents project management, progress, country activities and finances. In view of the demands of reporting on project activities, outputs and outcomes in 22 countries—and as these relate to the project work plan objectives and indicators—for ease of reading, the main body of this report provides a summary analysis. Detailed relevant information is provided in tables in the appendices.

[1] Two organisations and one team serving 22 countries and territories.

2. Introduction

The 2-1-22 Pacific Non-communicable Disease (NCD) Programme harmonises and coordinates the efforts of technical assistance organisations, countries and development partners in responding to the increasing burden of NCDs on Pacific Islands countries and territories (PICTs). In aiming to reduce the burden of NCDs, the programme also fosters institutional integration by building on the comparative advantages of SPC and WHO, the two main supporting partners for the programme. The programme will strengthen coordination and harmonisation by:

- Providing an 'NCD Team' of technical experts from both organizations working together under the concept of two organisations and one team serving 22 countries and territories within the Pacific Framework for NCD Prevention and Control ('Pacific NCD Framework'), which outlines the agreed policy and strategic approach to tackling NCDs in the region...
- Aligning development partner funding for the programme and PICT needs and priorities with aid harmonisation agreements and guidelines.
- Developing a Joint Annual Workplan that has common goals and objectives. Joint plans will be developed collaboratively between the two organizations, and will show how the activities of the respective organisations contribute to the programme's overall objectives. For some activities, either WHO or SPC will take a leading role, while in others activities will be delivered jointly.
- Using a common approach for Joint Annual Reports on progress towards meeting the programme's objectives and development impact for all development partners.
- Using a common governance mechanism and monitoring and evaluation framework to oversee, monitor and assess programme implementation.
- Integrating NCD planning and activities into national health plans and, wherever possible, working within established SWAPs at the national level.

The implementation of the programme commenced on 1 June 2008 and is currently funded for a three-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 goal of the programme is to reduce 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 cent a year over and above existing trends to 2015.

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

The goal of the programme will be realised by the achievement of the following strategic objectives aligned with the Pacific NCD Framework:

Objective 1: To strengthen development of comprehensive, multisectoral, 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

3. Governance

The Joint Management Committee (JMC) of the 2-1-22 Pacific Non-communicable Disease (NCD) Programme is responsible for governance and management of the NCD Framework. This includes providing strategic leadership, oversight and advocacy for the NCD Framework and its implementation. The NCD Team (SPC Healthy Pacific Lifestyle Section and WHO-WPRO NCD Unit, Suva 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-Presidence de la PF, Ministere de la santé et de la Prevention (2008). Dr Tuterai Tumahai: Counseiller Technique au Ministère de la santé (2009).
Nauru	Mr Taniela Sunia Soakai, Secretary for Health and Medical Services.
Solomon Islands	Dr Divi Ogaoga, Under Secretary for Health Improvements. (2008) Dr Tenneth Dalipanda, Director, Diabetes Unit, Ministry of Health, Solomon Islands (2009).
Tonga	Dr Paula Vivili Senior Medical Officer Public Health.
Vanuatu	Ms Myriam Abel, Director General MOH (2008). Dr Len Tarivonda, Acting Director General MOH (2009).

Allied Members

AusAID	Ms Romaine Kwesius.
NZAID	Ms Megan McCoy.

Supporting Regional Agencies

SPC	Mr William Parr (Director, PHD). Dr Thierry Jubeau (Manager, PHD).
WHO	Dr Ken Chen (WHO Representative South Pacific, Suva).

Joint Secretariat: SPC-WHO NCD Team.

4. Management

(For more detail and reporting against expected outcomes, please refer to Appendices 1 and 2)

SPC and WHO have continued to strengthen their internal capacity to support the effective implementation of the programme. SPC core funded HPL Manager and Physical Activity Adviser positions were filled along with programme funded positions in SPC for a Monitoring, Evaluation & Surveillance Officer and a Communications and Information Officer. Since 2005, WHO has the current fixed-term NCD Medical Officer taking charge of the NCD Unit. Programme funded positions for WHO includes a Nutrition and Physical activity Officer, Data Management Assistant, Health Promotion Assistant, a Personal Assistant for the NCD Medical Officer and a Personal Assistant for the Nutrition and Physical Activity Officer. Workloads of each agency are shown in Appendix 4 SPC/WHO Work Plan. Staffing to support implementation of the project by mid 2009 was:

SPC	WHO
HPL Manager	NCD Medical Officer
NCD Tobacco and Alcohol Adviser*	Technical Officer Nutrition and Physical Activity*
NCD Nutrition Adviser*	Health Promotion/Communication 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

5. Progress report

(Progress against performance indicators are recorded in Appendices 1 and 2)

All parties involved in the 2-1-22 programme recognise that turning back the tide on non-communicable diseases in the Pacific will require long-term commitment. Just as there is no quick-fix to the epidemic of diabetes, hypertension and poor lifestyle choices from poverty and dependence on low cost processed foods, weak health infrastructures have meant that country uptake of the 2-1-22 programme has been slow. After two years of programme implementation there has been some progress at the community level but it is premature to show attributable health outcomes at the national level. Preliminary data from Cook Islands and Vanuatu referred to under *Objective 2.3,* demonstrates this progress.

Project progress is highlighted in the following summary analysis *5.2 Progress by objective* which covers the period January 1-December 31 2009. Progress is reported in more detail in *Appendix 1, Progress report.* A performance report is provided in *Appendix 2.*

5.1 Monitoring and Evaluation

The monitoring of the 2-1-22 programme goals and objectives is conducted annually according to the regional monitoring and evaluation framework. The expected outcomes of the implementation plan are reported on in the *Appendix 2, Performance report.* The 2-1-22 programme evaluates the impact of its activities in countries by compiling data from surveys and routinely collected data (mortality and morbidity) reported in CHIPS (WHO Country Health Information Profile) and annual reports. WHO/country NCD STEPS surveys provide NCD risk factor prevalence data at national level which is comparable over time and between counties/territories. Mini-STEPS surveys provide data on changes in NCD risk factors as a result of behavioural interventions in sentinel surveillance sites.

-

As a condition of receiving 2-1-22 assistance, countries are required to provide information on the impact of their activities on trends in NCDs and associated risk factors. These figures show mortality, morbidity, NCD incidence and risk factor prevalence. The 2-1-22 team is gathering this new data and there are still many data gaps that need to be filled. Efforts are being made to complete baseline assessments by end of 2010 and countries will be asked to report this information in their six-monthly programmatic reports.

The monitoring of progress of SPC activities specified in the 2-1-22 NCD implementation plan is performed on a monthly basis and is managed in the PIMS (Project Information Management System). Information on progress is provided by the NCD advisers and verified through the programmatic reports provided by countries. It should be noted that only activities completed by SPC or undertaken jointly with WHO are recorded in PIMS. For the sake of brevity in this annual report, a PIMS progress report on the 2009 annual work plan is not included here, but is available on request. Similarly WHO monitors its activities on a six-monthly basis through performance monitoring for its internal process.

5.2 Progress by objective

(Details of activities and progress against performance indicators are in Appendices 1 and 2)

Objective 1 - To strengthen the development of comprehensive, multisectoral national NCD strategies

(For more detail, see progress and performance reports in Appendices 1 and 2)

1.1 Comprehensive multisectoral national NCDs strategies in place

In 2009 Nauru and Marshall Islands have published their NCD strategies. FSM, Cook Islands, Solomon Islands and Niue have finalised theirs and three additional countries (CNMI, American Samoa, PNG) had initiated the process of NCD planning. This brings to 12 the total number of countries who have government-endorsed national NCD strategies since the beginning of the programme. Three of these

countries (Kiribati, Fiji and Palau) carried out reviews of their respective strategies and drafting of new ones. Vanuatu was planning to have their 2010-2014 plan finalised by the end of 2009, and the Tuvalu and Palau NCD plans were in their final stages of development. These plans are based on evidence (NCD STEPS and others), are comprehensive, integrated and costed with national government commitments on top of external resourcing. Despite economic and political crisis in Fiji Islands, its Ministry of Health's budget for NCD was increased by 25 per cent.

Appointments of NCD Coordinators in Nauru, Cook Islands, Vanuatu and Niue through the large country grants will increase country capacity to deliver NCD programmes. In Vanuatu an NCD Coordinator in Port Vila and a district coordinator were appointed under 2-1-22 to improve programme reach in other provinces, most notably in Santo. These posts are dedicated solely to NCD and the LOAs recommend that governments take over the funding for these positions in the longer term.

All countries with an NCD strategy have had multisectoral parties involved in the planning and drafting of the strategy. Once endorsed by government, the continuation of the coordination remains a challenge as it links up with implementation. This has taken various forms. Most already have existing multisectoral mechanisms which were developed and endorsed as part of the *Healthy Island Initiative* but have not been functioning due to lack of leadership and funding. Support through this programme is giving impetus to the revival of these existing structures. Countries in receipt of the large grants have allocated funding to support coordination activities. Networking of various stakeholders, developing TORs and identifying duties and responsibilities are areas needing further support to strengthen multisectoral mechanisms in most PICTs.

1.2 Advocacy on NCD issues at national and regional level

Ongoing advocacy for NCD issues and the emerging initiatives under the 2-1-22 Pacific NCD Programme through various meetings and country visits mentioned in the progress report (*Appendix 1*) has resulted in most national strategies aligning with the NCD framework. The northern regional partners—University of Hawaii (UH) and Centers of Disease Control (CDC)—are increasingly coordinating with the 2-1-22 Pacific NCD Programme in what they term 'South to North move'.

Ongoing advocacy for NCD issues and the emerging initiatives under the 2-1-22 Pacific NCD Programme has included presentation of the initiative at SPC's Joint Country Strategy (JCS) meeting in Wallis and Futuna (January '09), Tonga (February '09), American Samoa (April '09), and Samoa (July '09); and at the Pacific Health Ministers' Meeting (Madang, PNG July '09), PIHOA meeting (Honolulu, Hawaii July '09), the NCD Forum (Nadi, Fiji Islands, August '09), and the meeting of Cancer Council Pacific Island, (CCPI), (Hawaii September '09).

This advocacy has increased the knowledge and understanding of the 2-1-22 Pacific NCD Programme with key stakeholders in PICTs. This 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.

1.3 Multisectoral coordination mechanism and focal points for NCDs established

To ensure multisectoral coordination mechanisms align with comprehensive multisectoral national NCD strategies, in 2009 NCD Coordinator positions were established in Nauru, Cook Islands, Vanuatu, Tonga and Niue. In 2010, NCD Coordinators will be appointed in Palau, CNMI, Tuvalu and Kiribati. One district coordinator position in Vanuatu to assist NCD coordinator has been established and one NCD programme assistant will be established in Kiribati to assist NCD coordinators especially for the outer islands. Some countries like Solomon Islands and Fiji Islands already have an NCD Coordinator/National NCD Advisor installed and discussion on the necessity of NCD programme assistants is in progress. Discussion with other countries regarding the establishment of new coordinators is also underway. This demonstrates the potential for positive impacts including increased programme reach and implementation in rural areas and outer islands. This will assist in reducing inequities of access to interventions for populations in these areas by building local capacity to support NCD interventions.

In 2009, multisectoral coordination mechanisms were established in CNMI, Kiribati, RMI and Solomon Islands. Vanuatu and Nauru's multisectoral coordination mechanisms were strengthened. NCD committees

were established in those countries. Funding supports for the activities to address multisectoral coordination mechanisms through NCD committees were included in all large country grant recipients' costed work plan. Discussion with other countries regarding the establishment of NCD committees was progressed. However, networking of various stakeholders, clear identification of who is in the driving seat, developing terms of reference (TORs) and identifying duties and responsibilities still needs to be supported and strengthened in most PICTs.

Objective 2 - To support countries to implement their NCD strategies

(For more detail, see progress and performance reports in Appendices 1 and 2)

2.1 Effective administration of grants to support national NCD activities

2.1.1. Funding Stream 1—large country grants (SPC)

To ease the reporting burden, the programme management team's aim (as far as practically possible) is to have these agreements start in sync with country financial years and reporting cycles. Several countries are in various stages of the negotiation process and roll-out progress is dependent on when countries are ready.

Funding from these grants has been used to pay for an NCD Coordinator position where none was in place. The grant for Tonga is for the establishment of the Health Promotion Foundation (TongaHealth) as agreed and according to Objective 3 of the framework. Disbursement of funds is on a six-monthly basis according to agreed activities in costed work plan.

A total of AUD$560,403 was disbursed by the end of 2009. It was budgeted for 10 countries (five in Year 1 and five in Year 2) to receive grants, however by the end of December 2009 only eight countries had received grants.

Large country grant disbursement and acquittals

	2008			2009			2010		
Country	Budgeted (AUD)	Disbursed (AUD)	Acquitted (AUD)	Budgeted (AUD)	Disbursed (AUD)	Acquitted (AUD	Budgeted (AUD)	Disbursed (AUD)	Acquitted (AUD)
Nauru				150,000	150,000		75,000		
Vanuatu	150,000	100,000	94,000	156,000 (incl. $6,000 carry forward	23,043		150,000		
Niue				75,000	35,666		75,000		
Cook Is				150,000	96,250		150,000		
Tonga				200,000	200,000		175,000		
RMI				150,000	109,109		150,000		
Kiribati					76,200		150,000		
Solomon					74,500		150,000		

Further facilitation of Funding Stream 1—roll-out process

Focus has been on scaling up of activities in 2009 and establishing management systems and processes to support this. Anticipated capacity scale-up was completed with new staff appointed in 2009, providing a complementary skill mix in the SPC-WHO team.

In response to questions raised on slow uptake of grants by PICTs, secretariat is looking at ways of addressing such notwithstanding the fact that absorptive capacities in the countries varies a lot. The process and requirements set out and approved by JMC under the 2-1-22 programme appear simple enough with templates provided. It is noted that countries had internal issues to resolve before engaging fully with the NCD project particularly issues relating to the country's lack of human capacity on the ground. Project management hopes that as more countries access the large grant, more NCD coordinators will be available in-country.

One of the necessary steps and requirements for accessing Funding Stream 1 is for the country to have a costed work plan. Specific technical assistance has been provided to each country to work with them, focusing on their costed work-plan and the letter of agreement (LoA). Alternatively, the approach of bringing representatives from the countries to SPC to provide this assistance has been adopted in some instances. Kiribati was assisted in this way, resulting in the signing of the LoA by their Secretary for Health on 20 October. The same was done in Solomon Islands and a return visit to on the following week resulted in the signing of the LoA. CNMI representatives visited SPC Noumea in the third week of November, also resulting in the singing of the LoA. A Fiji Islands representative visited SPC during the first week of December to finalise their LoA. Palau and Tuvalu were invited to SPC at this time but due to internal priorities and illness, neither country was able to make the meetings. LoAs for these two countries will be finalised in 2010.

Since December 2008, ten countries have signed LoAs—Nauru, Tonga, Niue, Cook Is, RMI, Kiribati, FSM, CNMI, Vanuatu and Solomon Is. Of these, Kiribati, CNMI and Solomon Islands opted to start implementing the agreement from 1 January 2010. Three (Samoa, Tokelau and American Samoa), have clearly expressed that they are not ready until 2010 to begin the negotiation process. They have their own internal processes to sort out first. Negotiation with French Polynesia was part of the JCS mission in November. The JCS process (12 countries completed) significantly assists the 2-1-22 programme because this multisectoral approach helps address the social determinants on NCDs and draws attention to NCDs at the highest levels of government. To ease the reporting burden, SPC aims (as practically as possible) to have these agreements start in sync with countrys' financial years and reporting cycles. Several countries are at various stages of the negotiation process and roll-out progress is dependent on when countries are ready.

Funding from this grant (no more than 30 per cent of total annual grant allocation) has been used to pay for NCD Coordinator position where none was in place. The grant for Tonga is as agreed for the establishment of the Health Promotion Foundation (TongaHealth). Disbursement of funds is on a six-monthly basis and according to agreed activities in the costed work plan.

Roll-out analysis of Funding Stream 1—large country grants (as at December 2009)

Country	2008				2009				2010				2011				Status
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
Nauru					X												LoA signed, LoA start date 1 Feb 2009 LoA end date 31 Jan 2012 Initial planned start date Q4,2008
Tonga					X												LoA signed, LoA start date 1 July 2009 LoA end date 30 June 2012 (pending on funding availability) Initial planned start date Q4, 2008
Vanuatu				X													Amended LoA signed, 1 June 2009 LoA start date 1 Nov 2008 LoA end date 1 Sept 2011, LoA incl. inception phase July-Oct2008 Initial planned start date Q4, 2008
Niue							X										LoA signed, LoA start date 1 July 2009 LoA end date 30 June 2012 (pending on funding availability Initial planned start date Q4,2009
Cook Is							X										LoA signed, LoA start date 1 July 2009 LoA end date 30 June 2012 (pending funding availability) Initial planned start date Q4, 2008
RMI								X									LoA signed, Start date 1 October 2009 LoA end date 30 Sept 2012 (pending funding availability
Solomon Is									X								LoA signed Starting date 1 Jan10 LoA end date 31 Dec 2012 (pending funding availability)
Kiribati									X								LoA signed Starting date 1 Jan10 LoA end date 31 Dec 2012 (pending funding availability)
FSM								X									LoA signed Starting date 1 April10 LoA end date 31 Dec 2012 (pending funding availability)
Palau									X								Negotiations progressing
Tuvalu									X								Negotiations progressing
CNMI									X								LoA signed Starting date 1 Jan10 LoA end date 31 Dec 2012 (pending funding availability)
Fiji Islands									X								Negotiations completed. LoA ready to be signed
Tokelau										X							Not ready until 2010
Samoa										X							Not ready until 2010
American Samoa										X							Not ready until 2010
French Polynesia										X							Negotiations to start 2010
New Caledonia										X							Negotiations to start 2010
Guam											X						Negotiations yet to start
PNG												X					Negotiations yet to start
Wallis & Futuna												X					Negotiations yet to start
Pitcairn																	

2.1.2. Funding Stream 2—small grants (SPC)

The guidelines for small grants were agreed at the first meeting of the JMC (held in November 2008). It was decided there would be two rounds of small grants each year—in March and September. Due to time taken finalising small grant documentation, the initial round advertising of grants was delayed from March to May 2009. Initially it was agreed that countries in receipt of large country grants would be ineligible to apply, but this was changed at the November JMC meeting. It was then agreed that all countries could apply, with priority to be given to those not in receipt of a large country grant. It was anticipated that PICTs with large grants would develop their own country level small grant scheme and incorporate this into the large grant LoA. Countries can each apply for maximum of three grants up a value of AUD10,000 in any given round. Small grants were extensively promoted by letters to key PICT representatives, via the SPC website and through counterpart contacts in country. The closing date for the first round of grants was 29 May 2009.

First Round Status Report

Summary of successful Round 1 Small Grant proposals July 2009		
Country	Project title	Amount Awarded (AUD)
FIJI ISLANDS	Hospital Food Gardens	8,624.65
	Friend's Art and Cultural Enterprises 'FACE' Theatre	9,995.00
	Promoting Healthy Lifestyles through Agriculture	10,000
NIUE	Healthy Village Initiative	5,000
	Atuhau Moui Olaola Health Campaign	5,500
SOLOMON ISLANDS	*Makira Ulawa* Indigenous Food Compilation	9,090
RMI	Healthy Lifestyles at WUTMI executive Board Meeting	5,000
TUVALU	Healthy Food for Healthy Lifestyle	7,000
	Tuvalu—Implementing Tobacco Legislation	9,000
PALAU	Intensive Multi-Media programmes on NCDs	5,000
TOKELAU	Fruit and Vegetables for Better Health	10,000
COOK ISLANDS	*Kai Raurau/Ua Rakau no te Oraanga Meitaki*	10,000
Total	Twelve proposals approved	AUD 94,209.65

Summary of unsuccessful Round 1 Small Grant proposals July 2009		
Country	Project Title	
FIJI ISLANDS	Central East Hospital Garden Project	-
KIRIBATI	Pilot Project- Healthy Lifestyle by the community through the competition between groups and revolving fund approach	-
NIUE	*Mataginifale Moui Malolo* Project	-
SOLOMON ISLANDS	Departments that walk, Work better: A Solomon Islands intervention	-
Total	Four proposals rejected	

Second Round Status Report

The second round of small grants was advertised in September. Submitted applications were reviewed by the Grant Review Committee on 27 October 2009. SPC has agreed to award grants to the following applicants, subject to clarification of any issues that have arisen from the proposal or additional information requested by the Grant Review Committee.

Summary of successful Round 2 Small Grant proposals October 2009		
Country	Project Title	Amount funded (AUD)
FUTUNA	*Imprimer des carnets en français et en futunien d'éducation et de surveillance des patients diabétiques*	10,000
FUTUNA	*Achat de grands cadres pour présenter des affiches et des documents éducatifs à la population dans les villages*	5,000
WALLIS & FUTUNA	Vegetable gardens and chicken farms	10,000
GUAM	LINK (Lifestyle & Innovative Nutrition for Kids) to Healthy Children	10,000
GUAM	Activity booklet. Kids will investigate family risk factors for chronic diseases and advocate for health promoting changes	5,000
FRENCH POLYNESIA	*Semaine promotion et utilisation des produits locaux en restauration collective*	7,500
FRENCH POLYNESIA	*Reactualisation de la mallette pedagogique 'la course a l'equilibre'*	10,000
FRENCH POLYNESIA	*Tama a tano noa* (*manger correctement*)	5,000
SOLOMON Is	Go Local	10,000
NEW CALEDONIA	Breast feeding for a Healthy Life	10,000
FSM (CHUUK)	Chuuk Healthy Lifestyle through Diabetes Educational and Prevention awareness	10,000
FSM (POHNPEI)	Physical Exercise through Beauty	10,000
FSM (NATIONAL)	Tobacco Policy Summit	10,000
FSM (KOSRAE)	Seafood Handling Safety and Security to prevent spread of diseases and spoilage	7,500
FSM (POHNPEI)	Dolon Community 'Lifestyles' Behaviour changes through home gardening and food preparation and consumption	10,000
FSM (YAP)	YWA Local market/Eatery	10,000
FSM (NATIONAL)	Go Local: Plant and Grow more local foods for health	10,000
FSM (POHNPEI)	Improving Health through the production and consumption of locally grown nutritious food	Not successful
FSM (POHNPEI)	Green Vegetable Farm & Piggery and Physical fitness	Not successful
Total	Seventeen proposals approved (of 19 submitted)	AUD 150,000

Summary

Over the two available funding rounds for 2009, a total of AUD 300,000 (150,000 per round) was available for distribution. At the end of the second round, of this amount AUD 244,209.65 was allocated to countries (i.e. 81% of the funds).

2.1.3. Funding Stream 3—WHO

Funding Stream 3 funds are WHO earmarked specifically for activities it technically supports ranging from Healthy Lifestyle Promotion (settings based) environmental interventions including built and policy, clinical interventions and surveillance activities. The breakdown of earmarked activities supported in 2009 is summarised in the table below aligned with the appropriate objective of the work plan. These represents funds directed for specific country benefits. Some regional activities and salaries are not included in this summary.

Activity Code	Country Activities	Amount (USD)
2.3.1.2	Support for improved diets and physical activity in health-promoting schools in the Pacific • Cook Islands (1 school to expand to 3 more) (USD 2000) • FSM (3 schools) (USD 5000) • Marshall Islands (national plan & 2 schools) (USD 10000) • Fiji Islands (National HPS plans, 7 OPIC schools + 9 additional pilots from the national planning) (USD 20000) • Solomon Islands (national review and pilot schools) (USD 10000)	47,000
2.3.1.2	Support for improved diets and physical activity in health-promoting workplaces in the Pacific • Kiribati (MOH, OB Office, MoA) (USD10000) • Cook Islands (MOH) (USD 12000) • FSM (MOH & all government departments) (10000) • Tuvalu (MOH) • Palau (MOH) (USD 7000) • Tonga (MOH) (USD 5000) • Fiji Islands (MOH)	44,000
2.3.1.2	Support for improved diets and physical activity in health-promoting communities in the Pacific • Chuuk (Healthy Island Healthy Population) (USD 5000) • Cook Islands (Go Local Titikaveka) (USD 12000) • American Samoa (Fagaalu programme - planned) • Samoa (Healthy Village)	17,000
2.3.1.2	Support for improved diets and physical activity in health-promoting churches in the Pacific • Tonga (USD 3000) • RMI (USD 3000)	6,000
2.3.1.3	Technical support and national tobacco cessation training workshops in the Pacific – FSM, RMI, CNMI, Palau (USD 3000 each + 15000 TA)	27,000
	Gender & tobacco control project in Palau	15,000
2.4.2.2	Support for strengthening cancer registry in the Pacific – Solomon Islands and Tonga/Kiribati	2,500
	Rheumatic Heart Disease Training in Fiji Islands and Tonga	5,000
2.4.2.3	Support for strengthening diabetes management software and clinical diabetes services in the Pacific—Fiji, Palau	15,000
2.5.1.2	In-country training and development of 'COMBI' plan for NCD & DPAS in • Fiji Islands (Bula 5:30 campaign) (USD 10 000) • RMI (Kalimo 30+) (25 000) • Cook islands (?BMW[30] campaign) (15,000)	50,000
5.2.2	Development, printing and dissemination of NCD STEPS Report for Kiribati	2,500
5.3.2.1	Development of mini-STEPS tool and procuring supplies for conduct of it in FSM,	21,000

	Kiribati, Palau, Tonga, Niue, RMI, Cook Is (USD 3000 each)	
	National Training Workshops in Fiji Islands, French Polynesia and CNMI	26,000
	Supplies and equipments of STEPS 1, 2 & 3 for Fiji Islands and CNMI	28,000
	Regional Activities	
2.2.1	Development of NCD Policy & Legislative Guide: a Pacific framework for pricing and taxation interventions for diet and nutrition	15,000
2.5.2.1	Develop and distributed Pacific Physical Activity guideline to all 22 countries. Adoption in: RMI, Fiji Islands & Vanuatu	5,000
	Develop a Pacific Aerobics DVD for distribution to countries	8,000
2.5.2.3	Develop country specific 'Food-based dietary Guidelines (FBDG) for Fiji Islands, FSM	10,000
2.5.2.4	Support to World No Tobacco Day in the Pacific – Fiji Islands, Tuvalu, Nauru, Palau, FSM, French Polynesia, Wallis and Futuna, Marshall Islands, CNMI	108,000
	Nutrition Diet & Lifestyle Training	20,000
	Support for Asia Pacific Physical Activity Network (APPAN) for development of Physical Activity Training Package	25,000
		399000

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

Whilst no other countries have moved further in modifying taxation for public health goals in 2009, four countries have completed the national tobacco legislation that incorporates Framework Convention on Tobacco Control (FCTC) elements. A regional guide was developed to assist countries with legislative interventions specific to NCDs and public health.

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

A lot has happened in 2009 on diet and physical activity interventions in country. From the inventory created[2] on physical activity programmes, alone, it was ascertained that 18 countries were conducting physical activity programmes and 14 of them directly funded by the programme. Some countries have more than one project being conducted.

Countries are also into the process of assessing community based projects. For example, in Cook Islands the Avarua health promoting school programme has shown a decrease of the percentage of overweight students from 27% to 21%[3] over one year of implementation. In Vanuatu, the Physical Activity Policy *Walk for Life* has resulted in observable increase of PA participation by civil servants and assessment reveals that overall the *Walk for Life* programme should be regarded as a successful physical activity health promotion policy action[4] although no repeat mini-STEPS have been carried out to demonstrate impact. Other projects initiated in workplaces have established baseline information for initiation of projects. Some regional tools have been developed to assist in these settings (e.g. Pacific Aerobics DVD, Pedometers etc) and WHO out of its broader global work has developed useful materials to assist in these settings (e.g. School series publications on Physical Activity and Nutrition).

National tobacco cessation training was completed in four Pacific Islands countries and territories (Palau, FSM, CNMI and Marshall Islands).The impact of tobacco control programmes has been demonstrated best by the repeat of Fiji Global Youth Tobacco Survey (GYTS) which has shown a decline in tobacco smoking amongst 13-15 year olds. This cannot be possibly attributed to the programme but gives an indication of the robustness of indicators within the framework and the sort of impact the programme could attain. Although

[2] *Case Studies: Pacific Physical Activity Programmes* (WHO).
[3] *Avarua assessment report 2008* (K Tairea & Tanya).
[4] Assessment: W*alk for life* policy Vanuatu government public service (WHO).

not many new programmes been implemented for alcohol under 2-1-22, there is planned increase action in 2010 and 2011.

2.4 Clinical interventions targeting prevention supported

Progress has been achieved in the clinical area with some countries taking up rheumatic heart disease and diabetes clinical intervention programmes in three countries—Fiji Islands, Palau and Tonga—with cervical cancer screening in Tuvalu continually supported.

2.5 Effective communication and social marketing strategies to promote healthy lifestyles

A regional *Pacific Physical Activity* campaign has been developed and two countries have adopted it to their respective context. They have developed national physical activity strategic health communication campaigns for physical activity in RMI and Cook Islands, which have just been initiated. Fiji is due to review its *Bula 5:30* campaign in 2010 and should have some impact results to report. Strategic Health Communications (SHC) training was carried out in Fiji Islands, RMI and Tuvalu and a multi-country training held in Noumea which was primarily aimed at tuberculosis (TB) coordinators also covered lung health more broadly. A communications plan specifically for improving lung health was developed for Niue.

Materials have been developed to assist countries in communicating public health messages in relation to NCD. The *Pacific Physical Activity* guideline published in 2008 was used in 2009 in two countries (RMI and Vanuatu) who have adopted it as their national guideline for their campaigns. Physical activity manuals were developed for individual country training.

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

(For more detail, see progress and performance reports in Appendices 1 and 2)

3.1 Alternative delivery mechanisms to implement NCD plans assessed and supported

Under the programme countries have been encouraged to find ways of making their NCD strategies sustainable. Countries have taken a variety of approaches to this. For example, there is the newly established Tonga Health Promotion Foundation. The Government has committed an annual budget contribution to support the Foundation which is being tasked to support healthy lifestyle activities aimed at the *Healthy Tonga* initiative. Other countries are looking at different mechanisms to enhance or increase sustainability. For example, Cook Islands is investigating a health promotion fund, possibly funded by taxes on tobacco, alcohol and other unhealthy products. A study is being commissioned to bring together information on the variety of mechanisms so countries may be able to choose the ones most appropriate to their own situation.

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

(For more detail, see progress and performance reports in Appendices 1 and 2)

4.1 Infrastructure and systems to address NCDs strengthened

As part of on-going work by WHO, there was strengthening of infrastructure for pharmaceutical access through the pool procurement initiative. This needed more work as recommended by the Pacific Ministers of Health meeting in 2009.

4.2 Workforce planning and capacity assessment needs for NCDs identified

A contract was developed for a consultant to look at workforce capacity assessment specifically for NCD but in close collaboration with the Pacific Human Resource for Health Alliance (PHRHA).

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

Some training has been carried out both at regional and country level namely the Nutrition, Diet and Lifestyle training workshop, the Health Promotion leadership and the Pacific NCD Forum. The health promotion settings training was postponed to 2010 due to other factors. Nutrition training was carried out in Nauru. SPC and WHO undertook the inaugural NCD integrated risk factor training in Vanuatu in late 2009.

4.4 Regional information sharing and networking on NCDs supported

The inaugural Pacific Non-communicable Disease Forum 2009 was approved by JMC under the banner of 2-1-22 Pacific NCD Programme. Representatives from the 22 SPC-member Pacific Islands countries and territories (PICTs) were invited and all but three countries were able to attend.

The objectives for the forum were:

- To develop a shared understanding of key concepts in NCD prevention and control
- To identify the latest evidence and best practices in NCD prevention and control
- To showcase PICT case studies of good practice
- To review progress of NCD planning and implementation in PICTs, identifying challenges/gaps and potential solutions
- To provide an opportunity for shared learning, networking and collaboration

These objectives were fully met during the forum, the tone of which was set by keynote speaker Dr Colin Tukuitonga from Niue by way of New Zealand. He highlighted the need to translate the many plans, resolutions, and declarations into meaningful action on the ground. 'Despite decades of 'busyness, there does not seem to be much progress,' he said.

Shared understanding of key concepts in NCD prevention and control and identification of the latest evidence and best practices in NCD where achieved through the variety of forum activities. A panel discussion led by a group of specialists focused on the issues of country capacity to deliver NCD programmes, the role of evidence, leadership, and advocacy. The panelists pointed out that in order to achieve outcomes, it was important not only to have the right people with the right training and skill mix, but also they are well resourced and equipped with the right tools to do the job. In so doing, they had reviewed progress of NCD planning and implementation in PICTs, identifying challenges/gaps and potential solutions

Showcasing of PICT case studies of good practice was achieved in an interactive market-day activity was a highlight of the forum where countries presented a range of activities being implemented to address NCDs. These included weight loss programmes, resource packs for teachers, community grants, physical activity programmes in workplaces and eat-well campaigns.

Fulfilling its objective as an opportunity for shared learning, networking and collaboration, the forum concluded with a call to action by all at different levels both in countries, at regional and international levels. Reports of the forum are available at the Healthy Pacific Lifestyle website www.spc.int/hpl

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

(For more detail, see progress and performance reports in Appendices 1 and 2)

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

The M&E framework for the 2-1-22 programme has been further reviewed and used for the annual monitoring of the programme. National M&E frameworks have been developed in Nauru and RMI for their respective NCD Plans. Project Information Management system (PIMS) is being used by SPC for its reporting; the 6-monthly Assessment and Reporting System is being used by WHO (for more than 20 years).

5.2 Data on NCDs available for surveillance systems strengthening

An additional country—Kiribati—published its NCD STEPS Survey report in 2009 and one—Solomon Islands—was being finalised. Three countries—Tuvalu, FSM (Chuuk) and Cook Islands—were analysing their respective data and two states in FSM carried out their national STEPS survey. National training for new or second round STEPS surveys were carried out in Fiji Islands, French Polynesia and CNMI.

Under the project, SPC and WHO share responsibilities on monitoring and evaluation and surveillance. SPC takes the lead on M&E and WHO on surveillance. WHO work on NCD surveillance frameworks at national levels under the project has started in Fiji Islands, Palau, Tonga, and RMI. The mini-STEPS manual has been developed and surveys were carried out in FSM, Kiribati, Cook Islands, Niue, Palau and Tonga.

5.4 NCD research priorities identified and supported

The Diabetes Prevention in the Pacific (DPIP) has been slow in development due to lack of academic experts to assist in the design phase. Some assessment of the SNAP intervention in Fiji Islands as pilot has been carried out which will expedite implementation in 2010. The diabetes-TB study is a collaboration between SPC TB Section and the Centre for Disease Control (CDC). The new Center for Prevention of Obesity and NCD (C-POND) has been established as a collaboration between Fiji School of Medicine and Deakin University and may in due course support further research on NCDs.

6. Country activity report

The following report summarises 2-1-22 programme activities by countries in 2009 which is further detailed in *Appendix 1.* It highlights the activities carried out by countries supported by the 2-1-22 Pacific NCD programme. The secretariat note preliminary feedback that it is difficult to measure these activities against impact/outcome/progress level indicators, and is therefore looking at a tabulated appendix for this purpose in future reports. Within the following narrative there are some activities which are part of the broader WHO mandate, and where this occurs, is mentioned.

American Samoa

The most serious health concerns in American Samoa are chronic diseases associated with unhealthy diets, physical inactivity, tobacco smoking and alcohol abuse. According to the 2004 STEPS survey results published in 2007, American Samoa is compared and ranked No.1 country/territory in the world for the highest overweight (93.5%) and diabetes (47.3%) prevalence among its adult population. Of most concern is the increase in these risk factors among people under the age of 25 years. Despite the many challenges, including limited human resource capacity, American Samoa has initiated several NCD prevention programmes. The focus has been on diabetes prevention activities, in line with funding arrangements. The

Cancer Coalition is also very active and has developed a comprehensive American Samoa Cancer Prevention Plan 2007–2012. The country does not have a national NCD plan and establishing one is a criteria for receiving grant support under the 2–1–22 programme. In April 2009 an adviser from SPC's Healthy Pacific Lifestyles section visited American Samoa as part of an SPC joint country strategy mission. The 2–1–22 country grant support was discussed with key staff in the Department of Health and a workshop to develop American Samoa's national NCD plan was arranged. A WHO technical officer subsequently visited Pago Pago to build on that work, develop an NCD planning framework and meet other stakeholders. The next step was to use the framework in a national planning workshop but for various reasons, including the tsunami in September, the national planning workshop was postponed until early 2010.

Cook Islands

The Cook Islands' Ministry of Health estimates half of annual deaths in the country are due to NCDs. Diabetes and hypertension are increasing and there are high levels of obesity and low levels of physical activity. Under the 2–1–22 programme, in 2009 Cook Islands received a number of small country grants, and secretariat provided technical assistance with development and implementation of its national NCD plan. On 1 July a large country grant agreement was signed with SPC supporting implementation of the plan and funding an NCD coordinator position. Three participants from Cook Islands (one each from the ministries of health and education and the private sector) attended the diet, nutrition and lifestyle sub regional workshop in Nadi, Fiji Islands, in February supported by SPC, WHO, the Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF) and the Japan International Cooperation Agency (JICA). Two representatives also attended the NCD Forum in Nadi. With assistance from WHO, the Cook Islands Ministry of Health has developed a *Live smart-Be active-Eat wisely* logo. 'Eat wisely' was preferred to 'Eat less' for the campaign to promote healthy eating. SPC assisted the ministry in its development of a *5+ a day* logo. The 2–1–22 funding also supported the 5+ a day fruit and vegetable campaign, *Kai Raurau/Ua Rakau no te Oraanga Meitaki*, and the provision of smoke-free resources for the Mini South Pacific Games in October. The Cook Islands Tobacco Control Working Group, in collaboration with the Ministry of Health, launched a smoke-free initiative in 2006, with young people doing hip hop dancing around the theme of *Respect y'self before you wreck y'self.* The Smokefree Challenge is held every two years. The Ministry of Health also has a number of other initiatives under its *Live smart* banner. To promote physical activity, the Vaevae team challenge is open to workplaces and the community. WHO sent a consultant to Cook Islands in 2009 to assist in planning and initiating a physical activity campaign. An SPC adviser plus technical person from WHO also helped facilitate the national food summit in Rarotonga.

Commonwealth of the Northern Mariana Islands (CNMI)

Health professionals in CNMI report that cancer and cardiovascular disease are next on their hit list of NCD. They have decided the best way to address NCD risk factors are through multisectoral collaboration and an emphasis on policies of prevention. This conclusion was reaffirmed for CNMI representatives at an SPC–WHO NCD risk factor meeting in Suva in 2006. CNMI has therefore developed a comprehensive national NCD plan to address diet, physical activity, alcohol abuse and tobacco control. It aims to decrease overlap in programmes and to make the best use of the limited resources available in the islands. At a three-day workshop in 2008 WHO helped CNMI write its NCD strategy with 20 stakeholders from a broad spectrum of government agencies, the private sector and the community. Then in 2009 SPC supported CNMI's *Healthy Living in the Pacific Islands* initiative, a United States federal government programme for all US affiliated countries in the Pacific. WHO contributed to CNMI's diabetes and cancer programme and provided financial and technical assistance on policy advocacy, the NCD STEPS survey, diabetes control and legislation and training on tobacco control. Following up on an earlier joint SPC–WHO mission and advocacy on NCDs with legislators, SPC sent a joint country strategy mission to CNMI in early 2009 to further develop the national NCD plan and a 2–1–22 large country grant work plan. Through government invitation, WHO assisted in a meeting of legislators to bring awareness to NCD and the plan. CNMI health officers then visited SPC headquarters in Noumea, New Caledonia, in November to finalise their country grant agreement, which funds a coordinator position and NCD related activities in 2010. A WHO medical officer went to CNMI to conduct the national STEPS training. The participants came from all over the territory (Saipan, Tinian and Rota). Financial support was also provided to CNMI on the national STEPS supplies and equipment

through global procurement. The medical officer also co-organised a national tobacco cessation training in CNMI.

Federated States of Micronesia (FSM)

Through the NCD STEPS survey, FSM has identified NCD as a priority concern for the health of its population. Technical assistance from SPC's Healthy Pacific Lifestyle section led to the drafting of a national NCD plan for FSM and to the signing of a 2–1–22 funding agreement in December 2009. FSM submitted several proposals for the second round of 2–1–22 small grants in 2009. Grants approved will fund the *Chuuk Healthy Lifestyle* through the *Diabetes Education and the Prevention Awareness* project, and *Physical Exercise through a Beauty* project and Tobacco Policy Summit. Support was also provided for the *Seafood Handling Safety and Security* project designed to prevent spread of diseases and food spoilage, a project in the Dolon community to achieve lifestyle behaviour changes through home gardening and food preparation and consumption, the *YWA Local market/Eatery* project, and the *Go Local* project promoting planting and growing of more local fruit and vegetables. In addition through WHO earmarked funds (Stream III), four health promoting schools, and a whole-of-government workplace initiative in Palikir and Namoluk community healthy Lifestyle project have been supported. A WHO technical officer completed a visit as follow up support for the three programmes supported. The officer provided training for, and initiated, the mini-STEPS survey as evaluation tools for the programmes in 2009. A WHO consultant also assisted in the finalization of the FSM food-based dietary guidelines. The 2–1–22 programme supported FSM's participation in the NCD Forum at Nadi, Fiji Islands and a national tobacco cessation training was conducted and co-organised by WHO in 2009.

Fiji Islands

Fiji Islands' Ministry of Health (MOH) reports NCDs have replaced infectious diseases as the principal causes of mortality and morbidity. The magnitude of NCD risk factors in Fiji Islands was earlier highlighted in 2002 surveys which showed over half of the adult population was overweight. By 2009 MOH singled out anaemia as a major problem for Fiji Islands and estimated half of the population rely on supermarkets for their food. MOH aims to make health 'everybody's business' and is improving clinical services and health promotion settings. Fiji Islands' first national NCD strategic plan ended in 2008 and was reviewed and redrafted in 2009. The new version will form the basis of a 2–1–22 country grant in 2010. In 2009 SPC provided technical assistance for the development of a large country grant work plan. WHO supported the *Bula 5:30* campaign, designed to raise awareness of diet and physical activity, and a national workshop on H*ealth Promoting Schools*, a programme being piloted in 16 schools. Small grants of the 2–1–22 programme supported the hospital food gardens project, the Friends' Art and Cultural Enterprises (FACE) theatre project, and the *Promoting Healthy Lifestyle through Agriculture* project. Support was provided for participation at the diet, nutrition and lifestyle workshop, the NCD Forum in Nadi and the Oceania food training course. WHO provided technical and financial support for training on the second round STEPS survey, as well as supplies and equipments on STEPS 1, 2 & 3, review of the NCD plan, a rheumatic heart disease project, and diabetes and tobacco control. MOH regularly accesses technical assistance from WHO based in Suva. In mid 2009 WHO and SPC provided MOH strategic health communications training for health workers from around the country.

French Polynesia

In 2009 the 2–1–22 programme supported French Polynesia's efforts to address NCD risk factors. Among these initiatives were regulations banning smoking in restaurants, bars and public places which were to be introduced at the end of 2009. SPC and WHO supported a cooperative effort by health, education and agriculture services in the territory to promote local fruits and vegetables in school restaurants. In 2009 the 2–1–22 programme funded French Polynesia's attendance at the NCD Forum in Nadi and a second round of small grants for three school-based initiatives focusing on promoting healthy eating habits and good nutrition among children. Following discussions on the development of a 2–1–22 agreement, an SPC adviser participated in an SPC Joint Country Strategy (JCS) visit to French Polynesia in November 2009. WHO provided financial and technical assistance for training on tobacco control and surveys. WHO provided technical and financial support to French Polynesia to conduct the national STEPS training in 2009. In addition, although outside of the programme, communication training was conducted by WHO.

Guam

Guam health officials report a high prevalence of smoking there than in the United States. A campaign of anti-smoking commercials for television has been introduced to combat this. The prevalence of diabetes is increasing in Guam. In particular, Chamorro people are reported to be at higher risk from NCDs with a 50 per cent level of diabetes. Although Guam does not have a national NCD plan, in 2009 it was undertaking a number of healthy lifestyle initiatives through the Wellness Center and the Cancer Control Coalition. The *Healthy Guam* initiative has increased physical activity on the island, especially among young adults. A fitness fiesta has promoted healthy lifestyles and cooking demonstrations. Childhood anti-obesity and new-start physical activity campaigns are reducing levels of obesity and fasting insulin. In 2009 the 2–1–22 programme supported Guam's participation in the NCD Forum in Nadi. In addition, two small grants funded the development of an activity booklet and *LINK* (Lifestyle and Innovative Nutrition for Kids) *to Healthy Children*. Using the booklet, children will investigate family risk factors for chronic diseases and advocate for health-promoting changes. Discussions on an agreement with SPC for a large country grant under 2-1-22 commenced in 2009.

Kiribati

The NCD Forum at Nadi in August 2009 heard that NCDs—including diabetes, cardiovascular diseases and cancer—have become a major burden for Kiribati. The prevalence of diabetes is rising, resulting in more amputations. The representative of Kiribati at the forum said an estimated 80 per cent of the population was overweight and half were obese. Excessive alcohol consumption in Kiribati caused many road accidents and a new law has been brought in to control speeding. The Kiribati Ministry of Health reports that cervical cancer is the most common type of cancer. It is addressing this through screening, treatment, prevention and control initiatives. In 2009, WHO provided technical and financial support to Kiribati to finish and publish a STEPS survey report that showed 28 per cent of the population of aged 25–64 years were diabetic. Kiribati has meanwhile revised its national NCD plan for 2010–2011. The aim of the revised plan is to reduce the four main risk factors for NCDs (tobacco, physical inactivity, poor diet and alcohol) through activities in workplaces, schools and community maneabas. In 2009 SPC provided funds to support the implementation of Kiribati's national NCD plan. Technical assistance was provided by an SPC Healthy Pacific Lifestyles adviser who helped the Ministry of Health develop its work plan for a large country grant of AUD150,000. SPC also supported Kiribati's tuberculosis–diabetes study and its participation in the inaugural Pacific NCD Forum. A WHO technical officer visited Kiribati to review the 2008 NCD plan, help draft the 2009 work plan, and assist in conducting mini-STEPS surveys for baseline data in workplace-based lifestyle programmes which has been supported through WHO earmarked funds.

Nauru

Nauru is working hard to reduce the impact of lifestyle changes associated with massive levels of disposable income from phosphate mining, which reached its peak in the 1970s. With these changes came one of the highest rates of diabetes in the world in 1975-an overall prevalence of 34.4 per cent among people over the age of 15. According to the Nauru STEPS survey report published in 2007, the overall diabetes prevalence for 25–64-year-olds was 22.7 per cent and prevalence rates for hypertension, overweight, obesity and NCD risk factors in Nauru were also high. To address this the Government of Nauru has a national NCD plan (2007–2012) in operation. Under the 2–1–22 initiative, SPC has provided AUD300,000 for three years to 2012 to support the implementation of this multisectoral plan. In 2009 SPC contributed technical assistance for its implementation and for developing the monitoring and evaluation framework. SPC also supported nutrition training for district primary health care workers. Support was provided for a Nauru representative to participate in the NCD Forum in Nadi, and advice was given on the wording of the tobacco control bill to strengthen its provisions. The Nauru NCD plan invests heavily in health promotion and disease prevention initiatives to more effectively prevent and control diabetes and other non-communicable diseases. These health strategies target risk factors such as physical inactivity, poor nutrition, smoking and alcohol. Physical activity programmes designed to promote a healthy diet and to control smoking and alcohol. These include the *Stomp the Fat* national weight reduction campaign, the *New Nauruan eat healthy-live healthy* programme and the *Workers' Walk on Wednesday* initiative. Support has also been provided by WHO for initiation of mini-STEPS survey for evaluation of programme and pilot health promoting schools programme.

New Caledonia

New Caledonia has long-standing programmes on alcohol, tobacco and marijuana control. In 2009, SPC supported New Caledonia's efforts to address these key NCD risk factors. It hosted two community consultation workshops for the northern province on *addictologie*—addiction to alcohol and marijuana—in Noumea in November and December. SPC also provided advocacy support for legislation to ban smoking in public places. This followed earlier SPC-backed research showing relatively high incidence of smoking in bars and restaurants. The much-anticipated laws are expected to be introduced in 2010. New Caledonia has a diabetes programme and an obesity prevention campaign targeting school-age children. A resource tool for teachers was distributed for this campaign. Through technical assistance and a small grant, in 2009 SPC's Healthy Pacific Lifestyle section supported the *Breast Feeding for Healthy Life* project. The 2–1–22 programme also funded the participation of a New Caledonia representative in the NCD Forum.

Niue

Data from patient records and surveys on national nutrition, health, general population characteristics and diabetes in Niue over the past decade showed a steady increase in diabetes, hypertension and alcohol use and, for some groups, in tobacco use. However, according to 2008 patient and smoking cessation services records, the number of women smoking may have decreased. To address the overall trends, Niue came up with its *Niue Moui Olaola* national NCD plan developed with support from SPC and WHO in 2007. The action priorities of this plan were based on the 1995 *Yanuca Island Declaration* by Pacific health ministers, which incorporates themes of health education, promotion and protection. Guiding the Niue plan is a council with representatives of different sectors-government, health, community affairs, education, business, sport, and non-governmental organizations (NGOs). To support implementation of the plan, Niue signed a letter of agreement in August 2009 to receive country grant funding from SPC. The 2–1–22 programme supported Niue's participation in the Pacific NCD Forum 2009 in Nadi. Niue is also being assisted to implement two community-based projects through the first round of SPC's small grants scheme: a healthy village initiative and the *Atuhau Moui Olaola* youth health campaign. SPC worked with Niue to develop a lung health advocacy campaign to encourage more people on the island to use tobacco cessation services.

Palau

In addition to rising NCD risk factors, Palau has had to deal with the impact of betel-nut chewing, which causes oral cancers. Responding to these challenges, Palau's health authorities revised their NCD plan early in 2009 during an SPC-WHO consultation workshop. Under 2–1–22 a representative of Palau attended the NCD Forum. A small country grant supported intensive multi-media programmes on NCDs. An NCD officer was invited to visit SPC in New Caledonia to develop Palau's 2–1–22 agreement but due to illness this meeting was postponed. It is expected that a large country grant agreement will be signed between Palau and SPC in 2010. A third stream of funding through WHO meanwhile supported a healthy workplace initiative, diabetes control, tobacco legislation, tobacco cessation and rheumatic heart disease prevention and a technical officer and medical officer from WHO in separate visits supported the implementation of these projects including training and conduct of mini-STEPS. An SPC Healthy Pacific Lifestyles adviser participated in an SPC joint country strategy visit to Palau in 2009 to initiate the planning process for a national strategy. This adviser and a WHO technical officer visited Palau in a joint mission with the University of Hawaii to support the review and redrafting of the NCD plan. The SPC officer met with the tobacco control coalition and two senators on the health and education committee to discuss upcoming tobacco legislation. A WHO medical officer also visited Palau in 2009 to organise a national tobacco cessation training in Palau.

Papua New Guinea (PNG)

With more than 80 per cent of the population living outside of urban areas and less reliant on processed foods, Papua New Guinea has less problems with obesity than other PICTs. However, widespread betel-nut chewing in PNG has led to a relatively high incidence of oral cancers. And a new cluster survey on NCDs has identified chronic diseases as an increasing burden to be addressed. In 2009 PNG was planning its NCD strategy and allocation for these diseases was sought in the Ministry of Health 2010 budget. PNG

has expressed interest in the 2–1–22 programme and discussion has commenced on the development of a multisectoral NCD plan in 2010 and on PNG's eligibility to access a large country grant. A WHO officer visited PNG in 2009 to assess their status, identify areas of possible support and open discussion on planning and a draft NCD plan has been incorporated into the Health strategic plan for 2010. The 2–1–22 programme provided some support through Funding Stream 3 for the *Healthy Workplace* initiative in 2009 and an NCD officer from PNG attended a diet, nutrition and lifestyle workshop. PNG participated in the Pacific NCD Forum and WHO supported in-country communication training. SPC and WHO were also planning an alcohol intervention study in PNG with Massey University, New Zealand.

Pitcairn

Pitcairn does not have an NCD plan. Following the visit of a Pitcairn representative to SPC in Noumea, the Healthy Pacific Lifestyles section offered assistance for the development of the social welfare portfolio on the remote island territory.

Republic of the Marshall Islands (RMI)

An important theme in the campaign to address NCDs in the Marshall Islands is *Fun—go local*. Reports from RMI indicate that an increasing number of community groups are adopting this and other healthy lifestyle principles. The Diabetes Wellness Centre in RMI promotes healthy food and is a champion for healthy lifestyles. It operates without government funding but advocates at the political level on eating healthy food. The centre also promotes healthy cooking and sharing resources with the community. The Marshall Islands published its WHO STEPS report in 2008 and has an NCD and nutrition plan in operation. The *Health Promoting Schools* initiative was launched in 2008 through in-country training by WHO and a memorandum of understanding was signed between the Ministries of Health and Education for the implementation of the programme. The programme was piloted in a number of schools as part of the implementation of the NCD plan. The *Healthy Workplace* approach was introduced in 2009, commencing with the Ministry of Health. Under the 2–1–22 programme, an SPC Healthy Pacific Lifestyle adviser visited RMI to finalise a large country grant agreement signed in October. WHO conducted an in-country strategic health communication training course. A physical activity campaign, *Kalimo 30+*, was planned and initiated with support from 2–1–22 through Funding Stream 3 and national physical activity guidelines were developed as one of the tools for its implementation. RMI received a small grant to support healthy lifestyles at the Women United Together Marshall Islands (WUTMI) executive board meeting and a representative of RMI attended the NCD Forum in Nadi. Work on an NCD/Nutrition Surveillance framework was started and supported through Funding Stream 3. WHO provides financial and technical support to conduct a national tobacco cessation training in RMI in 2009.

Samoa

Samoa's Ministry of Health conducted a health situational analysis in 2006 that identified NCDs as a major issue and challenge. In response, and in consultation with all health sector partners and the community, MOH developed its Health Sector Plan 2008–2018. The plan provides a strategic framework that guides the planning and implementation of all health programmes and activities. The 2–1–22 programme made it possible for a participant from Samoa to attend the Oceania food training course at the University of New South Wales, Sydney in 2009. An SPC adviser visited Samoa and an NCD officer attended the Pacific NCD Forum. With its NCD policy and strategy under review in 2009, Samoa asked SPC to delay the large country grant process until 2010 while it worked through its internal processes. One key activity supported by the Samoa Health Sector Wide Approach programme (funded by the Government of Samoa, and the pool partners-NZAID, AusAID and the World Bank) was a WST 500,000 small grant for communities to improve and promote healthy living. A committee made up of representatives from the Ministries of Health, Finance and Women and Community Development approved 90 proposals for physical activity programmes and 61 for vegetable gardens. Samoa also has a community physical activity programme and a television programme on the Prime Minister's 30-minute challenge. Samoa was to receive assistance from a WHO 2-1-22 Healthy Workplace programme in 2009. This was put on hold after the tsunami hit Samoa on 30 September.

Solomon Islands

The high prevalence of oral cancer due to betel nut chewing is a major NCD issue for Solomon Islands This and other NCDs risk factors are addressed in national policies and legislation, by creating supportive environments for healthy lifestyles, implementing advocacy and through social marketing campaigns in schools, workplaces and communities. Solomon Islands has a 10-year National Nutrition and Healthy Lifestyle Plan (2007–2017). This multisectoral plan addresses nutrition, other NCD risk factors and the prevention and control of lifestyle diseases. SPC conducted a strategic health communication workshop in Solomon Islands in 2009. Information, education and communication (IEC) materials have been developed by the government to address betel-nut chewing and other NCD risk factors such as lack of physical activity, poor nutrition, tobacco and alcohol use. In 2009 SPC provided funding to support the implementation of Solomon Islands' national NCD plan. Technical assistance was provided through the visit of an SPC adviser to develop a large country grant and the visit of an NCD coordinator to Noumea to finalise the LoA. The 2-1-22 programme also supported the attendance of a Solomon Islands NCD officer at the Oceania food training course. The *Health Promoting Schools* framework was undergoing review with plans to pilot with NCD focus in a few schools. A 2-1-22 small grant backed the *Go Local –Kastom* garden project and the *Makira Ulawa* indigenous food compilation project. Solomon Islands is also considering an evidence-based intervention in alcohol prevention. A Solomon Islands' representative participated in the inaugural NCD Forum in Nadi in August. 2009. In 2010 Solomon Islands health officers will work with SPC and specialists from Massey University's Centre for Social and Health Outcomes Research and Evaluation (SHORE) on an alcohol intervention study.

Tokelau

The 2–1–22 programme enabled an NCD officer from Tokelau to attend the diet, nutrition and lifestyle workshop in Nadi in early 2009. Tokelau received a 2–1–22 small grant in 2009 for its project promoting fruit and vegetables for better health. A delegate from Tokelau attended the NCD Forum and support was provided for a healthy lifestyle promotion in the three atolls. Health officers were revising Tokelau's national health plan in late 2009, based on the published national STEPS report.

Tonga

Tonga has an NCD plan in operation and is the recipient of a large country grant under the 2–1–22 programme. This grant helped fund the establishment of the Health Promotion Foundation which introduced the Advocate for a Healthy Public policy. Every new road being built in Tonga must now include a footpath for safe walking. Legislation to reduce tobacco use has been passed and there are now bans on smoking in public places and the selling of single cigarettes to minors. In 2009, Tonga strengthened its partnerships with key stakeholders to ensure health promotion activities are implemented. Adapting SPC's regional food guidelines, Tonga developed a school food policy. A Health Promoting Church programme was piloted in one village with six churches. Since then the programme has been rolled out to other villages. The 2–1–22 programme funded a Tongan NCD officer's attendance at a diet, nutrition and lifestyle workshop. The WHO-led *Healthy Workplace* initiative—beginning at the Ministry of Health with a mini-STEPS survey—was also supported. Part of this initiative was to promote regular sporting activity among staff of government ministries and agencies. The *Health Promoting Schools* programme under Funding Stream 3 of the 2-1-22 programme continued and some assistance was directed to the rheumatic heart disease (RHD) programme. Tonga received technical assistance and guidance on taxation from cigarettes and alcohol. Two representatives of the Health Promotion Foundation attended the NCD Forum in Nadi. An SPC Healthy Pacific Lifestyle adviser visited Tonga in 2009 in connection with SPC's joint country strategy, and a WHO NCD medical officer went to Tonga to attend in October the 39th Meeting of the Committee of Representatives of Governments and Administrations (CRGA) a governing body of SPC. An SPC monitoring and evaluation officer helped the Health Promotion Foundation develop a monitoring and evaluation framework and assisted the Ministry of Health on extracting information for monitoring Tonga's NCD plan.

Tuvalu

Tuvalu has completed the field work for a STEPS survey and is developing a nutrition and NCD plan initiated through technical visit by WHO in early 2009 It is finalizing the Food Based Dietary Guideline and has initiated the Health Promoting Schools programme. Further technical assistance was provided in Tuvalu for negotiation of a large country grant from SPC. It is expected a representative of Tuvalu will visit Noumea in 2010 to finalise the grant agreement. A strategic health communications training workshop was conducted and two NCD officers from Tuvalu attended the NCD Forum in Nadi in August. Through a small 2-1-22 grant, support was provided for Tuvalu's projects on healthy food and lifestyles and for the implementation of tobacco legislation. Discussions on a project focusing specifically on enforcement of alcohol legislation were initiated in 2009. WHO continued to support the Tuvalu cervical cancer screening project.

Vanuatu

Health authorities in Vanuatu have identified nutritional deficiencies and anaemia among children and mothers as a major public health problem. To address these and other NCD risk factors, Vanuatu has a large country grant in place under the 2–1–22 programme and a national NCD plan. Following a national consultation workshop on the 2010–2014 NCD plan in Port Vila at the end of 2008, in 2009 SPC staff provided technical assistance to finalise the plan and to secure the grant. NCD officers from Vanuatu participated in the NCD Forum in Nadi in August. The *Walk for Life* policy in government workplaces continued in 2009 and assessment of the policy though support from funding stream 3 showed positive results as well as leading to recommendations regarding areas for improvement. The 2-1-22 programme also helped two participants from the Health and CODEX Committee to attend the Oceania foods training course, an NCD plan consultation meeting with stakeholders, and a meeting with a local AusAID official to share information on the programme. A WHO technical officer and an SPC adviser visited in 2009 to provide integrated NCD risk factor training.

Wallis and Futuna

Diabetes is a major disease in Wallis and Futuna and efforts in 2009 to combat it there drew on a prevention project funded by France's aid agency *Agence Française de Développement* (AFD). The project uses the Diabetic Prevention in the Pacific (DPIP) design. An SPC Healthy Pacific Lifestyle adviser visited in April and SPC funded the printing of diabetes survey forms and the purchase of display stands for information, education and communications materials in villages. These activities promoted home gardening and chicken farming for women and community groups. A chronic diseases risk factor survey was completed by SPC in the French territory in early 2009. The data provides a baseline for Wallis and Futuna's NCD plan to be developed and implemented in 2010. Under 2–1–22, in 2009 SPC also developed and published diabetes booklets for patients, and Wallis and Futuna participated in the first Pacific NCD Forum in Fiji Islands.

7. Gender equality

In keeping with the principles outlined in *Integrating Poverty and Gender into Health programmes* (WHO 2005), the 2-1-22 programme addresses gender inequality issues. It does this by ensuring NCD programme implementation focuses on gender sensitive approaches which address different needs that women and men have, particularly in relation to how gender determines individuals exposure to risk factors for NCDs. Evidence suggests that whilst more males than females die from coronary heart disease, death rates for women follow closely behind those of men. The prevalence of individual risk factors for NCDs—such as smoking, inadequate physical activity and alcohol consumption—varies greatly between women and men and from country to country. Through STEPS and mini-STEPS, the 2-1-22 programme disaggregates data by gender in order to inform programme interventions and monitor programme outcomes. Programme grants, specifically small grants distributed during 2009 have increased the participation of women in a range of NCD activities. Some examples include increasing the availability of locally produced and prepared food through a number of local food garden projects; and a physical activity initiative and a breastfeeding project. Many of the NCD prevention and control organizations supported by the 2-1-22 programme are

women's' organizations or are led by women. For example, Women United Together Marshall Islands (WUTMI) received a small grant to support healthy lifestyles at its executive board meeting in 2009. In future, reports from this secretariat will highlight the gender impact of activities, and whether for example there are any perverse incentives from increased gender involvement in food production. Preliminary feedback on whether young girls are being removed from school to care for people disabled by NCDs will also be investigated.

8. Programme risks and management

Several risks and management of them have already been addressed in the Implementation Plan. These include: political instability; multisectoral coordination; coordination between regional partners; capacity of SPC/ WHO and regional partners; absorptive capacity, and; poor financial governance. Throughout 2009 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) Indefinite postponement of the potential contribution from AFD pending further announcements from the French Government;

(b) Internal re-structuring of SPC Public Health Division in which the current Healthy Pacific Lifestyle Team sits. As the whole purpose of the restructure is to assist and enhance the delivery of programmes such as 2-1-22, improvements through these changes will flow through in the second half of 2010;

(c) 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 work plan in AUD, this will minimise 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;

(d) 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.

9. Where to from here: 2010 and beyond

The secretariat of the 2-1-22 programme is aware of evidence-based best practice in NCD prevention control from around the world and is applying this in the Pacific. Under this project many PICTs have made substantial progress in developing NCD plans and strategies and in appointing NCD coordinators. Funds have been allocated through SPC or WHO as well as within national budgets.

In terms of implementation, PICTs have been undertaking a range of activities and although these vary in scope and scale, they demonstrate a commitment to addressing programmes that are effective in delivering NCD prevention and control.

Although there may be substantial gaps in the available data per country, efforts are being made by SPC and WHO to assist countries to collect and analyse surveillance data at population, community and clinical levels. It is expected that as countries report on the implementation of their national plans, trends in the prevention and control of NCDs will become apparent which enable better monitoring and evaluation of the regional NCD plan.

It is time that we move on from identifying the problem to implementing evidence-based actions or strategies to reduce the high rates of obesity and diabetes in the Pacific by providing more hands-on assistance on the ground. Resourcing and funding remains a challenge and so is the human capacity to deliver services.

It is clear it will take much longer than the current life of this project to mid 2011 for countries to be self-sufficient in controlling and reducing NCDs. These are long-term problems requiring sustained support through the frameworks and foundations for progress established by this project.

10. Financial report

In keeping with the agreements between the two agencies and the development partners, the following report records SPC's financial performance and provides certified statements for the period (*Appendices 3a* and *3b*). WHO financial statements will be provided separately.

SPC Funds

The SPC financial statements have been prepared and reconciled for this reporting period. The first statement presents the financial performance of actual income and expenses against budget as presented below in the table below (Annex 3a). The other statement provides only the actual income and expenses, and balance of funds available as at the end of 2009 (Annex 3b). The statements cover the period of 1 January to 31 December 2009. The total budgeted income for the NCD Programme is a combination of contributions from the two development partners, AusAID and NZAID. The funds from NZAID intended for 2009 activities were received at the end of December 2008 and were recorded as income for 2008. This meant the expenditure budget for 2009 was more than the actual income. A summary statement of income and expenditure by workplan objective is provided in the following table. It also includes the life to date (2008-2009) financial summary to provide an overview of financial performance for the programme to date.

2009 Statement of Income and Expenditure

Pacific NCD Programme
Statement of Income and Expenditure

Executing Agency:	Secreatiat of the Pacific Community
Project:	Pacific NCD Framework for the Prevention and Control of NCDS
Project Code:	SHHZ08XN
Period:	1 January - 31 December 2009
Currency:	AUD

INCOME	2009				Life to date			
	Budget AUD	Actual AUD	Variance	%	Budget AUD	Actual AUD	Variance	%
AusAID								
AUSAID Part 1 (27/02/08)			-		1,000,000	1,000,000	-	0%
AUSAID Part 2 (17/06/08)					700,000	700,000	-	0%
AUSAID Part 3 (11/05/09)	3,820,000	3,820,000	-	0%	3,820,000	3,820,000	-	0%
NZAID								
NZAID Part 1 (31/12/09)					400,825	400,825	-	0%
TOTAL FUNDS AVAILABLE	3,820,000	3,820,000	-	0%	5,920,825	5,920,825	-	0%
EXPENDITURE								
Component 1- Programme Implementation								
Objective 1: Development of national NCD Plans	73,000	17,656	55,344	76%	103,000	57,493	45,507	44%
Objective 2: Supporting implementation of national plans	1,965,000	842,922	1,122,078	57%	2,855,000	1,064,954	1,790,046	63%
Objective 3: Supporting development of sustainable funding mechanism	215,000	185,583	29,417	14%	740,000	185,583	554,417	75%
Objective 4: Strengthening national health systems and capacity	555,000	195,088	359,912	65%	680,000	587,504	92,496	14%
Objective 5: Strengthening national level M&E&Surveillance	140,000	10,009	129,991	93%	140,000	14,027	125,973	90%
Subtotal Component 1	2,948,000	1,251,258	1,696,742	58%	4,518,000	1,909,562	2,608,438	58%
Component 2 - Programme Management	1,269,000	848,170	567,359	45%	2,476,000	1,636,325	839,675	34%
Subtotal Component 2	1,269,000	848,170	567,359	45%	2,476,000	1,636,325	839,675	34%
TOTAL EXPENDITURE	4,217,000	2,099,427	2,117,573	50%	6,994,000	3,545,886	3,448,114	49%
Surplus/(Deficit)	(397,000)	1,720,573	(2,117,573)	533%	(1,073,175)	2,374,939	(3,448,114)	321%

It is important to acknowledge that there has been a significant increase in the level of activity in 2009 as compared to 2008. The budget variance is still high at 50%. As presented at the November 2009 JMC, the delays in appointing additional staff to do the work has meant that HPL team was performing at less than full capacity for the first half of this financial year. In addition, some activities were delayed as countries themselves were not ready due to various reasons, one being the H1N1 outbreak. Funding of NCD Coordinator positions in countries receiving large country grants will help address some of these capacity and resource issues and we would anticipated an acceleration of implementation of activities in 2010.

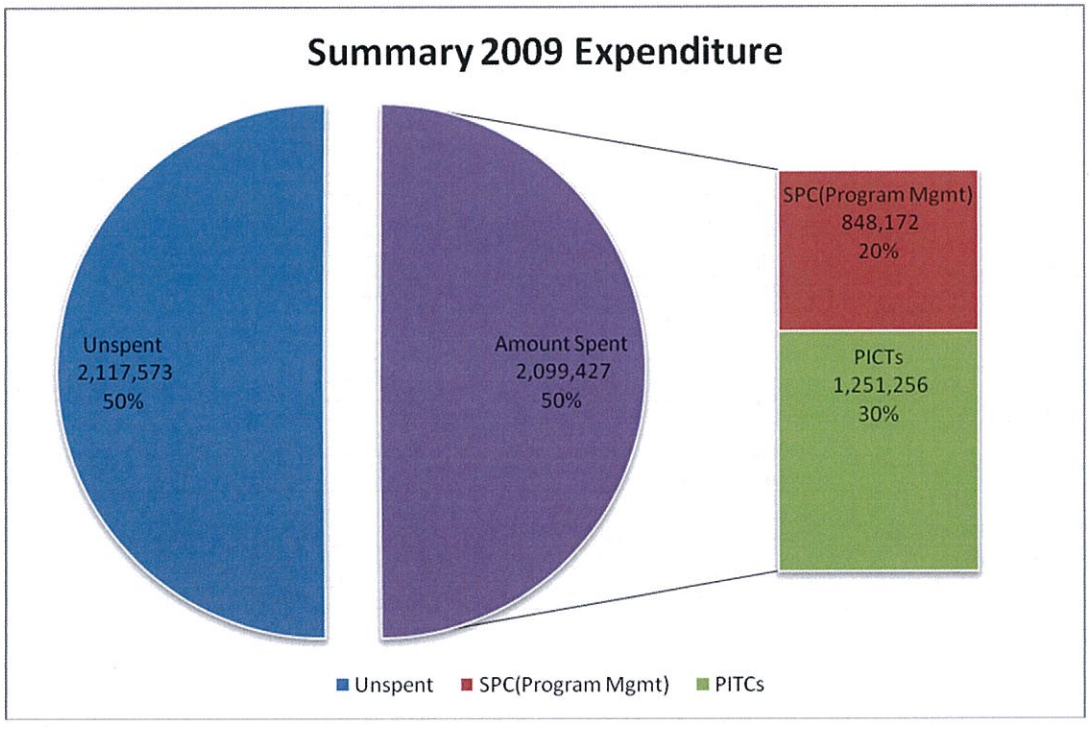
The major contribution to the current budget variance is the disbursement of the large country grants (Funding stream 1, Workplan Objective 2) given that 31% of the total budget was allocated for these grants. Of the 10 countries we anticipated to receive these grants in 2009, one (Vanuatu) received continued support, seven (Cook Is, Nauru, Niue, RMI, Solomon, Kiribati, and Tonga) signed the agreement and received their funds, and two (CNMI and FSM) signed the agreement and opted to receive their funds in 2010. The support to Tonga is for a specific purpose and the funds disbursed to Tonga were recorded against Workplan Objective 3 acquittals. Although we did achieve the target of having 10 countries lined up to receive the large country grant, the disbursement of grants was phased according to when countries signed the LoAs, the starting dates for the agreements, and according to agreed costed work plan activities for period 1 (activities for the first six months of the agreement) contributed to the reported variance.

Objective 2 also includes Funding Stream 2 allocation of AUD300 000. Eighty-two percent of this allocation was approved in this financial year for funding over 20 community-based NCD prevention activities. However, several round two proposals did not receive their funds during this financial year due to delays by applicants in responding to queries for clarification of certain aspects of their proposals. Approved funds will be disbursed as soon as clarifications are addressed and will be reported in 2010 expenditure reports.

Due to the delays in the appointment of the M&E & Surveillance Officer, there were few expenses against Workplan Objective 5. It is anticipated that activities in this objective will be completed as planned in 2010.

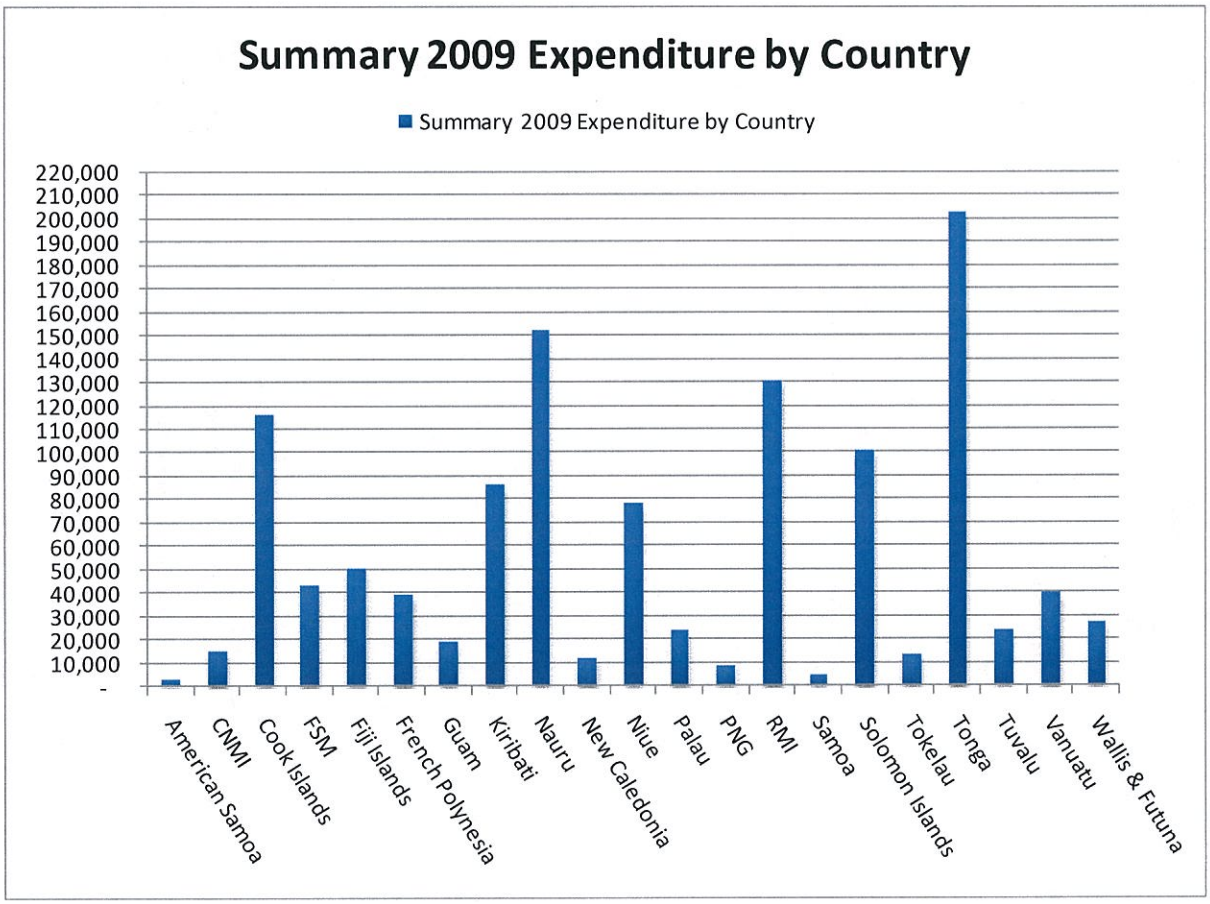
The funds available at the end of this financial year are already earmarked for the agreed activities as per the work plan. The 2010 budget will be revised accordingly.

As shown in the following chart, of the 50% of funds expended in this financial year, 30% was spent directly on PICTs. Program management costs accounted for the other 20% which includes staff salaries, SPC 7% management fees, and JMC expenses. Delays in the appointment of two new staff (M&E and Surveillance Officer and the Communications and Information Officer) have also contributed to the reported budget variance.



The following graph provides the detailed summary of expenditure in this financial year by country as noted above. These expenses include direct funding grants (Funding streams 1 & 2), attendance of country representatives at regional training courses and workshops and provision of in-country technical assistance.

Summary 2009 Expenditure by Country



SPC Financial statements for the project are attached as *Appendices 3a* and *3b* of this report.

WHO Funds

The total amount of funds disbursed to WHO in 2009 were AUD900 000 from AusAID and NZD1 000 000 from NZAID for Funding Stream 3. Approximately 40% of this is for salaries and travel plus a management fee for WHO. The funds are administered through WHO's current system of operation with no requirement for additional resources to manage it. The total expenditure rate is around 80% but final figures and financial statements will be provided separately.

Appendix 1 **Progress Report**

Activity Code	Expected outcome	Activity Description	Progress 2009	Additional Comments
Programme Management & Technical support Capacity				
A.1	**Joint Management & Governance Structures established**	• Management and governance structures in place and functioning. • JMC teleconference meetings in May/June & face-to-face meeting in November. • DRT meeting held in conjunction with Q4 JMC meeting.	• Membership of JMC and TORs confirmed and approved during Inaugural JMC meeting held in November 2008. • First June meeting held via teleconference had a 100% attendance.	• Governance structures in place provide guidance and common procedures of practice allowing a more efficient performance of duties and responsibilities for SPC, WHO and DP.
A.2	**Joint NCD framework and implementation plan in place**	• Revised, updated and disseminate NCD joint framework as required. • Implementation plan update finalised by first quarter. • Annual work plan for 2010 drafted by October completed and actioned. • M&E framework updated by October, completed and actioned.	• The Pacific NCD joint framework provides countries with evidence based information and a stepwise approaching to profiling, planning, implementation and evaluation finalised and disseminated as planned. • Annual work plan for 2010 drafted in September facilitated by a consultant and finalised in December. • M&E framework completed and sent to JMC.	• The Pacific NCD framework focuses on the 22 PICTS which is well aligned with the recently endorsed WHO Western Pacific Regional Action Plan for NCDs • Potential confusion in countries was noted at the NCD Forum. • Communication of the two frameworks needs to be made clear to countries.
A.3	**WHO and SPC have additional resourcing to support NCD delivery**	• Recruit M&E/Surveillance Officer, Communications Officer	• Communications Officer and M&E/Surveillance officer recruited. PA Adviser replacement was appointed in July and making up a seven-member team in SPC. • Health Promotion Assistant recruited in WHO	• Capacity of WHO and SPC strengthened to support NCD implementation. • Technically assistance needs streamlining for the specific activity in country.

Objective 1 - To strengthen the development of comprehensive, multisectoral national NCD strategies

Activity Code	Expected outcome	Activity Description	Progress 2009	Additional Comments
Programme Implementation				
Objective 1 - To strengthen the development of comprehensive, multisectoral national NCD strategies				
1.1 Comprehensive multi-sector national NCDs strategies in place				
1.1	**Comprehensive multi-sector national NCD strategies in place**	• National NCD strategies/plans assessed as a component of JCS activities in selected countries. • National NCD strategies/plans reviewed in at least three countries. • National NCD strategies/plans completed in at least three countries.	• National NCD plans assessed in six countries as a component of SPC-JCS activities in 2009. JCS countries includes W&F, Tonga, A. Samoa, Samoa, Palau and French Polynesia (Attached: JCS report). • National NCD strategies/plan reviewed in Fiji and Kiribati. • National NCD strategic plan finalised in Kiribati, and published in Nauru, Cook Islands and Niue. • Palau, Tuvalu, FSM & CNMI being progressed for finalising. • PNG initiating the process of planning beginning with MOH and focusing on Healthy Workplaces.	• Contribute to JCS reports to ensure NCD issues are addressed in the report. Prepare briefing notes for PHD representatives to ensure NCD issues are included in the discussion in country. • The JCS process (12 completed) significantly assists 2-1-22 because this multisectoral approach helps address the social determinants on NCDs and draws attention to NCDs at the highest levels of government.
1.2 Advocacy on NCD issues at national and regional level				

1.2	**Advocacy on NCD issues strengthened at national and regional level**	• Review required facilitating advocacy with relevant trade and other ministries for continued exclusion of tobacco and alcohol from Pacific Island Countries Trade Agreement (PICTA) till 2011. • Promote Framework Convention on Tobacco Control (FCTC). • Promote Framework for Action on Alcohol (Regional Strategy on Reducing alcohol-related harm) • Promote Global Diet, Physical Activity and Health Strategy (DPAS). • Promotion of Regional NCD Joint Framework.	• SPC attended INB 3of Illicit Trade Protocol in Tobacco Products, liaising with all represented PICTS, attending WPRO sessions and working with Framework Convention Alliance to ensure strong Pacific support and ongoing commitment. • Nauru tobacco control bill that meets FCTC obligation was endorsed and implemented. Kiribati tobacco control bill finalised. • DPAS included in new NCD plans and those being reviewed. • Pacific NCD framework presented at the Ministers of Health meeting and the PIHOA meeting. • NCD framework presented at JCS meetings.	• Tobacco and alcohol continues to be excluded from PICTA preventing lowering of cost that may allow more people to smoke and misuse alcohol • As a result of advocacy at regional level PIHOA interest and discussion with CDC initiated.
1.3 Mutisectoral coordination mechanism and coordinators for NCDs established				
1.3	**Improved multisectoral coordination of NCD issues at national level**	• NCD coordinator established and funded by NCD Programme • Multisectoral committee established or strengthened.	• NCD Coordinators established in Nauru, Cook Islands, Vanuatu, Tonga and Niue through the provision in the large country grant. NCD Coordinators will be established in Tuvalu, Palau, CNMI and Kiribati. One district coordinator in Vanuatu and one NCD programme assistant will be established in Kiribati. • Multisectoral coordination mechanisms established and operational with varying degrees in CNMI, RMI, Nauru, Palau, Fiji, Niue, Kiribati and Solomon Islands.	• Funding new positions and new people strengthened the national capacity to deliver as these become dedicated NCD personnel in addition to NCD focal persons[5]. • Countries who already have dedicated NCD Focal persons have the option of appointing additional staff such as District Coordinators to increase programme reach to rural or outer island communities. • Many countries formed National multi-sector NCD committees but need strengthening through technical support and otherwise.

Objective 2 - To support countries to implement their NCD strategies

Activity Code	Expected outcome	Activity Description	Progress 2009	Additional Comments
Objective 2 - To support countries to implement their NCD strategies				
2.1 Effective administration of grants to support national NCD activities				
2.1	**Grant funds are effectively supporting national implementation of NCD activities**	• Develop standardized assessment criteria, guidelines and reporting template for SPC and WHO administered grants. • Timetable for large country roll out completed • Allocate funding and develop MOU for large country grants. • Financial auditing for large country grants if required. • TA support provided to large country grant recipients. • Develop standardized assessment criteria, guidelines and reporting template for SPC administered grants.	• Standardized assessment criteria, guidelines and reporting template completed and approved by JMC. • Timetable for large country roll out completed and presented at the June JMC. • MOU template developed for large country grants. • Funding allocated to implement large country grant rollout • LoA signed with Nauru, Tonga, Vanuatu, Niue, Cook Is, RMI, Solomon Is, CNMI, FSM and Kiribati. • Palau and Tuvalu, in progress and Fiji LoA finalized. • Ongoing TA support provided to large country grant recipients • Standardized assessment criteria, guidelines and reporting.	• Timeframe for roll out is linked to MOU with AusAID. Most countries will only receive 2 years of a planned three-year support due to delays in the rolling out of the programme. LOAs amended to reflect the reduced timeframe. • Requesting AusAID to consider a no-cost extension to the implementation timeframe for the programme.

[5] Focal Persons are those persons Ministries of Health identify and submits to WHO as responsible for certain areas. Usually there is one for each risk factor group or one for NCD as a whole.

		• At least 10-30 small grants approved to support community based NCD projects. • Direct grants (large & small grants) assessed through a desk review / audit.	.templates for SPC administered grants developed. • Small grant processes, grant application forms developed and implemented Round One funded 12/15 proposals. Round 2 funded 17/19 proposals.	
2.2 National legislative and policy framework in place to support NCD implementation				
2.2	**PICTS have appropriate national legislative and policy framework in place to support NCD implementation**	• Review legislation and incorporate model NCD related legislation at national level where feasible. • Continue the process of legislative reform based on COP amendments for tobacco. • Provide Pacific specific briefing notes and papers to support delegates attending Conference of the Parties 4 (COP4) meeting and INB meetings. • Audit of alcohol related legislation in the Pacific • Participate in the Pacific Expert Committee on Food Quality which includes Pacific Food Fortification Group and Pacific food summits.	• Respective PH legislations incorporating NCD related standards (Fiji, RMI). • Guideline documents on legislative and policy interventions in NCD developed. • Ongoing TA and support during INB and COP meetings and ongoing assistance with aspects of legislative enforcements or updating legislative provisions. • TA with introduction of an alcohol (and tobacco tax) Tonga. • TA assistance with promoting Palau draft Tobacco Bill to government (House of Representative Health &Education Committee). • Vanuatu was provided with advice on tobacco legislation and enforcement. • National food summits conducted in Samoa, Vanuatu, Fiji and Cook Islands.	• Countries are weak in the law enforcement and need to identify strategies on how to assist countries for strengthening law enforcement once tobacco and alcohol control bills are passed.
2.3 Healthy lifestyle interventions targeting risk factors implemented (behavioral, environmental)				
2.3	**Implement National and /or community based healthy life style intervention programmes in PICTs**	• Review implementation progress of existing DPAS programmes in PICTs. • Implement DPAS activities in five additional PICTs Establish • Smoke free criteria and jurisdictions Implement • Alcohol-related harm reduction strategies in at least three countries • Undertake Diabetes Prevention Activities (primary and secondary)	• DPAS programmes reviewed in Vanuatu and Cook Islands • DPAS activities implemented through: o HPS in FSM, Fiji and Cook Islands. o HPW in Nauru, Kiribati, Cook Islands, RMI, Palau, Vanuatu, Tonga and Fiji. o HP Church in Tonga. o HP Community in Cook Islands, FSM and initiated in A. Samoa. • Preliminary discussions with Massey University (SHORE) on joint project implementing 2 best practice alcohol interventions (Solomon and PNG). • Smoke free criteria developed and implemented in Nauru • National tobacco cessation training workshops were completed in Palau, FSM, CNMI and RMI.	• Funding from this programme contributing to existing activities and extending programme reach. • There has been an inventory created on physical activity programmes conducted by PICTs – this was mainly derived from interview of attendants of the Pacific NCD Forum.
2.4 Clinical interventions targeting prevention supported				
2.4	**Effective clinical services are targeting secondary prevention for NCD**	• Develop and disseminate regional diabetes treatment guidelines Establish • RHD screening and prevention programme in two countries • Support for cancer registry in one PICT • Establish Diabetes clinical intervention in 2 countries • Implement Cardiovascular Intervention projects in 2 countries. • Develop Green Prescriptions guidelines and protocols.	• Develop of Smoking, Alcohol, Nutrition, Alcohol and Obesity (SNAPO) training Resources/'green prescription' currently being undertaken. • Revision of course diabetes is everybody's business is underway and will be ready for use beginning of next year. • Regional diabetes treatment guidelines was drafted. • RHD screening projects were conducted in Fiji and Tonga. • Cancer registry was conducted in Fiji. • Diabetes management software was developed in Fiji and diabetes clinical service was strengthened in Fiji and Palau.	• SNAPO resources will be used as part of NCD risk factor training. • SPC will explore possibility of using resources as part of accredited SPC training. • Implementing SNAP/O in primary care setting is a challenge as resources are limited. • In relation to 'green prescription', many PICTs do not have adequate services for referral.

		• Review course diabetes is everybody's business		
2.5 Effective communication and social marketing strategies to promote healthy lifestyles				
2.5	**Effective Strategic health communication interventions and training for behaviour changes conducted**	• Develop a Pacific Social Marketing Campaign for NCDs (COMBI). • Assist 2 countries to implement properly planned social marketing campaigns targeting NCD risk factors (COMBI/BCC). • Develop and distribute Pacific Physical Activity guideline to all 22 countries and the PA manuals for at least 2 countries. • Develop best practice Pacific specific DPAS package, including M&E tools for schools, workplace and community. • Develop country specific 'Food-based dietary Guidelines (FBDGs) for at least three additional countries. • Evidence based tobacco control resources (e.g. smoking cessation) developed. • Review all existing Pacific nutrition resources and determine needs	• Pacific COMBI Plan for PA developed. • PA COMBI Plan designed and initiated implementation in RMI and Cook Islands. Support for Cook Islands for smoke free sports at Pacific Mini-Games. Diet & PA campaign in Fiji. • Pacific Physical Activity Guideline finalised, 2000 copies printed, 1500 copies distributed to all 22 PICTs, selected institutions & agencies. Physical activity workshop manual and workbook have been finalised to support physical activity implementation. • National Physical Activity Guidelines developed based on the Pacific one in RMI and Vanuatu with communication plans. • DPAS package on 'What works" developed and disseminated. Also a Pacific aerobics DVD has been developed for use by countries. • Food Based Dietary Guidelines finalised in Fiji and Kiribati. • NCD component included in BCC (now SHC) training In Solomon's, Tuvalu and TB training (undertaken in Noumea - Oct 2009). • Comprehensive lung health communication plan developed for Niue. • The need for updated nutrition resources and materials were highlighted during the NCD Forum. Desk top review yet to be completed.	• Joined between NCD, HIV others and also between partners. • Guidelines, manuals are essential for the countries. However, application for these guidelines at the country level still need to strengthened and improved. PICTs have lack of capacity on application of guidelines. • SPC, WHO, UNFPA and UNICEF streamlining Health Communication Approaches with development of a common guideline for PICTs. • Specific activities for implementation of social marketing campaign are included in the large country grant recipient. • Market Place activity was introduced during the NCD Forum and favored well by the participants.

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

Activity Code	Expected outcome	Activity Description	Progress 2009	Additional comments
Objective 3: To support the development of sustainable funding mechanisms to deliver NCD strategies				
3.1 Alternative delivery mechanisms to implement NCD plans assessed and supported				
3.1	**Alternative delivery mechanisms to implement NCD plans assessed and supported**	• Commission review paper to assess different Health Promotion Foundation models. • Provide seed funding and technical assistance to establish Tonga Health Foundation. • Assist PICTS to prepare recommendations for government on potential revenue sources.	• Current work in progress and paper due by Dec 2009. • Tonga Health Promotion Foundation is now established and Tonga Government is now supporting the Foundation with regular annual contribution. • Funding to support PICTs to identify alternative sustainable funding mechanisms to address NCD included in the large country grant work plan and LOA in all large country grant recipients.	• Tonga is now able to reach out more to the community through HPF funding. • Agreement signed detailing funding management mechanisms and reporting requirements consistent with large country grant agreements.

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

Activity Code	Expected outcome	Activity Description	Progress 2009	Additional Comments
Objective 4: To strengthen national health systems and capacity to address and prevent NCDs **4.1 Infrastructure and systems to address NCDs strengthened**				
4.1	**Systems and structures to support NCD delivery are in place**	• Synchronization of PICTs essential medicine list. • Establish inventory system in PICTs for essential drugs and supplies. • Assist PICTs to review and strengthen their Referral Systems. • Assist PICTs to improve access to NCD clinical services • Increase coordination between public health and clinical services	• Work currently in progress through the Pool procurement initiative • Kiribati is being assisted on review of Diabetic and NCD Referral system and Tuvalu on overall health referral including NCD • Integration of PH and NCD risk factors through implementation of the NCD Plans	• Ministers of Health Meeting has called for more information and work on the Pool procurement initiative hence some delay • Ministers of Health Meeting in Madang and later during the WHO RCM 2009 called for revitalization of Healthy Islands and Primary Health Care which would enhance the NCD work in country as well
4.2 Workforce planning and capacity assessment needs for NCDs identified				
4.2	**National capacity development needs for NCD implementation identified**	• Complete workforce capacity assessment in at least four countries in partnership with PHRHA. • Develop three-year workforce skills training plan targeted at NCD coordinators.	• Developed contract/ TOR for consultant to look at workforce capacity and training needs for PICTs. • Anticipated that work will start in three countries Nauru, Palau and Solomon before extending to others. • To be developed in 2010 as training need assessment to be conducted first as part of the workforce capacity assessment.	Activity pending, awaiting PHRHA progress.
4.3 Targeted training and professional placements provided to meet identified capacity needs				
4.3	**Key personnel have the capacity and skill in NCD prevention and control- gap identified and addressed**	• Sentinel evidence-based alcohol intervention developed and implemented. • Conduct Pro-Lead extension training. • Conduct Physical Activity Training. • Revise course diabetes is everybody's business. • Conduct Diabetes is everybody's business training. • Conduct Nutrition, diet and lifestyle workshop. • Conduct nutrition training in Kiribati. • Conduct training on Health Settings for Lifestyle • Oceania foods training. • Support at least two professional placements within the region. • Support two participating countries for professional placements at an international setting. • Conduct and evaluate a pilot intervention course at the Community Education Training Centre (CETC) as part of the Health curriculum.	• Two key sites identified for sentinel evidence based alcohol initiative (PNG and Solomon Islands) to be done in collaboration with Massey university (SHORE). • Revision of Diabetes is Everybody's Business commissioned. Resources and training tools to be updated by end November 2009. • PICTs are being supported to participate in some ongoing NCD related training. • Nutrition Diet and Lifestyle workshop attended by seven countries. • Nutrition training conducted in Nauru as requested. • Funded participation of nine Pacific representatives at the Oceania Foods training course. • Health Settings training rescheduled to 2010 as part of Revitalisation of Healthy Islands meeting. • Process for placement being initiated but may be delayed to 2010 • Physical activity trainings were conducted in Nauru and as part of integrated NCD training in Vanuatu.	• Key personnel up skilled in NCD issues and many applied for small grants to implement activities planned at training workshops. • Basic NCD Integrated Training module has been developed and piloted in Vanuatu and would expand to other PICTs as per need. • Basic and advanced Physical Activity training module developed.
4.4 Regional information sharing and networking on NCDs supported				
4.4	**Regional information sharing and networking**	• Support Regional NCD meeting. Attend and represent the Pacific NCD at regional and	• The first NCD forum was successfully held with active participation from PICTS. (Attached; Executive summary report)	• NCD FORUM is to be convened as an annual meeting to highlight the importance of NCD.