TONGA HEALTH SYSTEMS SUPPORT PROGRAM

SIX MONTH REVIEW

July 25 – August 8, 2011

AusAID, TONGA

Review Team

Lynleigh Evans:	Strategic Health Adviser, Team Leader
Ana Kavaefiafi:	Health Advisor
Kisione Tupou	Finance & Procurement Advisor
Mia Urbano:	Gender & Inclusion Advisor

Table of Contents

"The views expressed in this paper are those of the authors and not necessarily those of the Australian Government"

Executive Summary

History of Australian Support to the Health Sector

AusAID has supported the development of the Tonga Ministry of Health (MoH) over many years.

From 1999 to 2007, Australia funded the AUD 5.7 M Tonga Health Sector Planning and Management Project (THSPMP). As a result of the project, the MoH strengthened its systems, procedures and skills in analysis, project management and monitoring, and demonstrated its ability to effectively and efficiently manage implementation of a wide range of activities funded by donors and the GoT.

Following the success of this project, AusAID decided to embark on a new program of support and, in 2009, contracted a design team to develop a new framework for this support. This resulted in the Tonga Health Systems Support Program (THSSP) which officially commenced in March 2010.

While Australian support to the health sector in Tonga is based on a 10 year timeframe, the Subsidiary Arrangement for THSSP covers the first four years (2009 – 2013) and provides A$ 7.5 million.

The Program has four main areas for support:

- Funding to assist the MoH address components one (Preventive Health) and three (Community Services) of the corporate plan, and assist with the implementation of the national strategy to prevent and control Non Communicable Diseases (NCDs);
- Funding, on a temporary basis, for critical staffing deficiencies while longer term solutions to the deficiencies are developed and implemented;
- An untied flexible fund of AUD 250,000 a year for unplanned small scale and/or urgent work; and
- Continued funding of AUD 60,000 a year for the St John of God Hospital, Ballarat twinning program.

Early implementation of the program was slow and, to assist the Ministry, in Oct/Nov 2010 the Strategic Health Advisor was asked to develop a costed work plan for the major NCD component of the program. This work plan outlined four key strategies, each of which was further divided into planned activities with concrete deliverables and timeframes. The strategies were:

- Strategy One: Legislative and Fiscal Measures;
- Strategy Two: Behaviour Change Communication (Health Promotion);
- Strategy Three: NCD Primary/Community Care;
- Strategy Four: Diabetes Centre and Diabetes Outreach.

The program only became fully operational in January 2011 and, AusAID have therefore commissioned this six month review to provide the Government of Tonga (GoT) and AusAID with information about the implementation of AusAID funded support to the health sector in order to improve Australia's support to the Ministry of Health, and subsequently the operation and management of the health sector.

The Burden of NCDs in Tonga

The threat posed by NCDs and particularly obesity, diabetes and other risk factors for cardio vascular disease cannot be overemphasised. "Diseases of the circulatory system" are the leading cause of mortality in Tonga and NCD risk factors for these have reached epidemic proportions.

The incidence of cardiovascular disease, diabetes and obesity is high, eclipsing the rates seen in developed countries. Diabetes, a major risk factor for cardiovascular disease, is especially concerning. National surveys show that prevalence has doubled over a 20-year period from 7.5 per cent in 1973 to 18 per cent in 2004. It is also estimated that between 13% - 50% of diabetes cases are undiagnosed. The WHO predicts that 25% of the

population over 60 years will be diabetic by 2030.

The increase in obesity rates is considered one of the key risk factors contributing to the rise in NCDs, with Tonga now the fourth most overweight country in the world. The incidence of obesity has risen markedly among women, with an average increase per woman of 21 kg (from 73.9 to 95kg) between 1973 and 2004. The corresponding increase for males is 17kg, increasing from 79.1 – 95.7kg for the same period.

Alarmingly, the MoH has confirmed this year that life expectancy in Tonga has actually dropped. In a soon to be published study that undertook a systematic review of data from the past 8 years, the study has found the following drops for both men and women's life expectancy at birth:

Life Expectancy (in years)	2001	2009
Males	69	65
Female	72	69

This reduction in life expectancy is attributed to the rise of NCDs and adds impetus to the urgency of scaling up prevention and control efforts.

Review of the Program

- **Review of Management Structure**

  The current management structure was determined when recruitment of an establishment advisor proved difficult. In their place, one technical advisor was appointed to manage each of the main clinical components of the NCD strategy together with a program administrator. These three managers reported to the Acting Principal Health Planning Officer.

  This structure has resulted in significant progress with respect to implementation and is generally supported. Nevertheless there have been some constraints. Key findings were that there was a risk that the program was evolving as a separate stream rather than the technical coordinators being facilitators of MoH activities and that further support was needed for the financial management of the program. In particular, it was felt that the NCD Community Health strategy should integrate better with Primary Healthcare and the Reproductive Health nurses and that clear roles and responsibilities for all stakeholders be developed so that a sustainable team approach could be introduced.

- **Progress with Implementation**

  Considering the delay in the start to operational implementation, it was felt that progress with implementation was satisfactory.

  It was known that the Behaviour Change component would always be faced with significant constraints and that, considering this, progress had been good. The main constraint has been the difficulty in obtaining proposals from the NCD sub-committees which could be assessed with respect to their evidence base, implementation plans and evaluation schedules. To assist with this it is recommended that the Twinning Program with VIC Health be expedited and that this be used to support the NCD sub-committees in developing plans and proposals. It was thought that the emphasis of the component should be on youth with support for a comprehensive integrated schools program. On the other hand, significant progress had been made with the KAP and STEPS surveys and with the social marketing sub-strategy.

  Significant progress has also been made with the NCD Community Health strategy particularly with respect to infrastructure and equipment. The implementation of the Community Nursing sub-strategy has been hindered by government regulations with respect to leave without pay provisions which has meant that nurses wishing to join the program will be required to resign from the public service. This has made recruitment difficult. The recommendation has been to recruit four nurses through the program to commence working at demonstration Health Centres while the other human resource issues are being

resolved. At the same time, the NCD nursing curriculum can be developed with the help of external assistance. It was also recommended that priority be given to implementation of the health information collection and collation from Health Centres.

- **Financial Management**

  One of the key constraints to the program has been the inability to expend funds in a timely manner and the limited resources to manage and monitor these funds.

  The document outlines the constraints in more detail under the headings Program Expenditure; Reporting; Procurement: Fixed Asset Register; Budgeting; and Audit. It is clear that expectations may have been unrealistic particularly with the limited resources in place early in the program.

  A key recommendation is support for an increase in personnel and for the installation of a computerised SUN financial system to strengthen reporting and financial management and make it less human resource intensive. The report also notes that the procurement of a boat for Ha'apai is a significant expenditure which should be expedited.

- **Gender Equity and Disability Inclusion**

  It was found that access to health care in Tonga was universal and that there was no obvious gender bias in either access to healthcare or in the burden of disease from cardiovascular NCDs. The key recommendation with respect to gender was that the STEPs, KAP and other demographic surveys should be carefully reviewed to determine if they bring out any previously unrecognised gender biases.

  Disability, on the other hand, was found to be in need of both funding and a higher profile. This was particularly important for the program because of the major disability imposed by diabetic sepsis and amputations and diabetic retinopathy. Several recommendations are made with respect to this.

  The importance of supporting the outer islands and major recipients of the program was emphasised at all times. It was noted that this was also a key result area within the corporate plan.

- **Monitoring and Evaluation, Partnership Agreement; Subsidiary Arrangement & Future Reviews**

  With respect to the Monitoring and Evaluation Framework, the key findings were that there needed to be some intermediate outcome indicators and that the THSSP Executive Team-Plus (ET+) needed a more comprehensive list of milestones so that they could monitor progress each quarter. These have been included.

  Other key recommendations were:

  - Partnership Agreement: That consideration be given to changing some targets especially with respect to obesity.
  - Subsidary Arrangement: That consideration be given, closer to the due completion, to extending the arrangement so that unexpended funds could be expended.
  - Future Reviews: That six month reviews be continued and that each one include a mini theme to be reviewed in more detail. In addition, it was recommended that a mid-term review be undertaken at an appropriate time. These are listed in the document.

Summary of Key Recommendations

1. That program activities be better integrated into the MoH normal processes and procedures. To facilitate this, the role of the two technical coordinators as facilitators and coordinators of activities implemented through the Ministry should be reinforced and all officers (with the possible exception of the finance and procurement officer) recruited through the THSSP should report to MoH line managers and not to program staff.
2. That formal discussions with Treasury and the Public Service Commission with respect to the integration of up to 20 nursing positions into current MoH recruitment and management structures be continued. As part of this, a proposal outlining the role of the NCD Community Nurses and the importance of them being considered part of the Nursing Division and not a separate stream and asking for assistance in finding a way to achieve this within current GoT Finance and Recruitment policies and procedures should be developed.
    - That the recruitment of the NCD nurses for the NCD community nursing program be delayed until a mechanism for integrating them into routine MoH nursing structures is found.
    - In the short term, while negotiations are proceeding, two nurses could be contracted on short term (<2 years) contracts to work in two demonstration health centres on Tongatapu and assist with the development of guidelines, checklists, information gathering and curriculum devt. as the NCD community nursing program evolves.
3. That, given the enormous future burden of disease associated with obesity in the young, development of a coordinated NCD schools program be considered as a priority for the National NCD Committee. This would include each of the four key components (tobacco, Health eating, Physical Activity and Alcohol) and the 7 activity areas.
4. That transparency and accountability of reporting to MoH be strengthened through monthly reporting to MoH Executive Team and adopting the SUN accounting system for the program to facilitate reporting and reconciliation procedures.
5. That more attention be given to gender and disability within the THSSP and with respect to this:
    - The M&E framework be revised to ensure appropriate sex disaggregation of data;
    - That consideration be given to including a disability activity within the Diabetes Centre and Outreach strategy with particular attention being given to purchasing aids and prostheses for people affected with the complications of diabetes
    - That consistent standards of facilities and equipment in HCs include disabled access and equipment modifications needed to assist disabled persons.
6. That support be given to Ensuring that the Collection, collation and reporting of Health Information on NCDs from Health Centres (HC) is given priority;
7. That the Twinning Partnerships for the BCC and Nursing curriculum be expedited (if preferred a single consultant could be recruited to assist with the nursing curriculum devt.)
8. That a program of regular reviews of the program be implemented. It is recommended that another smaller review be undertaken in six months to evaluate progress with respect to the recommendations from this review and that program reviews be undertaken yearly after this. It is also recommended that the scope of each review cover a) General Progress and b) Finance and Procurement and that each review also include specific mini reviews of specified areas.

1. INTRODUCTION

1.1 History of Australian Support to the Health Sector

AusAID has supported the development of the Tonga Ministry of Health (MoH) over many years. Throughout this time, the overall support to the Health sector has been guided by the Australia Tonga Partnership for Development (PfD). The most recent of these was signed in August 2009 and includes, as Priority Outcome Two, support by Australia for the Government of Tonga (GoT) national health priorities as listed below:

- Reducing prevalence of non-communicable diseases risk factors;
- Improving community health services; and
- Increasing the budget utilised for preventative health.

These align with the Government of Tonga (GoT) national objectives and priorities for health that are reflected in Tonga's Strategic Development Framework 2011 – 2014, the Ministry of Health's Corporate Plan (2008/09 – 2011/12) and the National Strategy to Prevent and Control Non-Communicable Diseases (2010 – 2015). While a new Framework for Development is due to be negotiated in late 2011, it is expected that these strategic priorities will remain high priorities for the government.

From 1999 to 2007, Australia funded the AUD5.7mil Tonga Health Sector Planning and Management Project (THSPMP). As a result of the project, the MoH strengthened its systems, procedures and skills in analysis, project management and monitoring, and demonstrated its ability to effectively and efficiently manage implementation of a wide range of activities funded by donors and the GoT.

Following the success of this project, AusAID decided to embark on a new program of support and, in 2009, contracted a design team to develop a new framework for this support.

1.2 Program Design

In 2009, AusAID in partnership with the MoH designed a new framework of support – the Tonga Health Systems Support Program (THSSP) - which sought to build on the gains made through the previous project, by supporting the MoH to manage a suite of health system improvement projects identified through the MoH's planning processes. The Australian support was to be integrated into the MoH normal processes and the Government of Tonga (GoT) management and accountability systems to the maximum extent possible. It was envisaged that the Program would utilize Tonga's planning, management, procurement and implementation systems, with appropriate joint oversight, and that, in doing this, any weaknesses in these systems could also be diagnosed and addressed.

The allocation of AusAID funds was to be determined in the MoH Annual Management Plan with three year forward commitments specified and approved by a strategic oversight committee known as the THSSP Executive Team Plus (ET+) comprising the MoH Executive, AusAID and two Tonga Health NGO representatives, Ministry of Finance and National Planning representative and WHO country officer. To assist AusAID in overall strategic planning of the program and with technical advice, a Strategic Health Adviser was engaged by AusAID.

While Australian support to the health sector in Tonga is based on a 10 year timeframe, the Subsidiary Arrangement for THSSP covers the first four years (2009 – 2013) and provides A$ 7.5 million.

The Program has four main areas for support:

- Funding to assist the MoH address components one (Preventive Health) and three (Community Services) of the corporate plan, and assist with the implementation of the national strategy to prevent and control NCDs.
- Funding, on a temporary basis, for critical staffing deficiencies while longer term solutions to the deficiencies are developed and implemented;
- An untied flexible fund of AUD 250,000 a year for unplanned small scale and/or urgent work; and

- Continued funding of AUD 60,000 a year for the St John of God Hospital, Ballarat twinning program.

1.3 Early Implementation of the Program

While AusAID funding approval was endorsed in October 2009 and the program officially commenced in March 2010, there have been significant delays in the early implementation. This has partially been due to the difficulty experienced in recruiting key positions, particularly the establishment officer. The original design had no planned activities or framework within which activities could be proposed and budgeted to AusAID's satisfaction and, without the establishment officer, it has been difficult for the Ministry to develop an implementation plan and associated budget for the program.

In May 2010 the program conducted a Health Sector Public Expenditure Review (HSPER) of the health sector. The HSPER reiterated the need for dedicated funding for primary health care based activities and reducing NCD risk factors. A key recommendation of the HSPER was to undertake a costed workplan to facilitate the implementation of activities and assist with budget development for the program. This work was undertaken by the Strategic Health Adviser in Oct/Nov 2010.

Following consultation with key stakeholders, a workplan which specifically targeted the three National Health Priorities, the strategies in the Corporate Plan and the National Plan for Prevention of NCDs, was developed. This workplan outlined four key strategies, each of which was further divided into planned activities with concrete deliverables and timeframes. The strategies were:

- Strategy One: Legislative and Fiscal Measures;
- Strategy Two: Behaviour Change Communication (Health Promotion);
- Strategy Three: NCD Primary/Community Care;
- Strategy Four: Diabetes Centre and Diabetes Outreach.

When it was realized that recruitment of the Establishment Officer was not going to be possible, it was decided to recruit some local contractors to coordinate and facilitate these activities. One coordinator was appointed to facilitate Strategies One and Two of the THSSP and a second one for strategies Three and Four. A program administrator was also recruited.

The budget from the workplan was approved by the MoH and AusAID, the coordination positions were filled and program activities commenced. These have now been underway for six months.

1.4 The Six Monthly Reviews

To assist both AusAID and the GoT to monitor the operation and achievements of the Program and to make adjustments to its operation when needed, it was envisaged in the design framework that Six-Monthly Reviews would take place throughout the duration of the Program. These reviews would occur in a context of the Ministry's own monitoring framework for the sector – the Balanced Scorecard – and would reinforce that system.

While six monthly reviews were anticipated in the design, the delay in implementation of the program has resulted in this review being the first six monthly review for the program. The **Terms of Reference** for the assignment are shown in full in Annex 1. The following summarises the key points.

Purpose: The purpose of this Six-Monthly Review is to provide the GoT and AusAID with information about the implementation of AusAID funded support to the health sector in order to improve Australia's support to the Ministry of Health, and subsequently the operation and management of the health sector.

Objectives: The overall objectives of the Six-Monthly Review are:

- To assess the operation of the Program and make recommendations for improvements in the design and operation of the Program, as appropriate.
- To assess the influence of the Program on the capacity of the MoH and the health sector and document these findings.

- To assess the linkages between the Program and the health implementation schedule of the Partnership for Development and make recommendations to improve linkages.

Scope: The review assessment has four components.

- To review of Activities carried out under the THSSP program to date;
- To review of Management information (and the M&E Framework) for implementation and decision making;
- To make and assessment of equity and inclusion issues in planning, decision making, project implementation and reporting;
- To review the role of the THSSP in achieving the objectives of the Australia-Tonga Partnership for Development.

The review has also been asked to assess if six monthly reviews are still relevant, and devise a three-year review plan proposing the dates for future reviews and the focus over time of the reviews (with the intention that this will be updated at each review). The 3 year review plan should include the dates for future reviews – taking into account an independent mid-term review and suggest timing.

1.5 The Whole THSSP Program

Critical Staffing Deficiencies

Significant funding within the Program was provided for the MoH to address critical staffing deficiencies within the Ministry. This has been used to recruit an overseas anaesthetist and surgeon through GoT procurement processes but funding is still available for other overseas contracted staff to be recruited if needed. The Ministry is currently advertising for a biomedical engineer.

Flexible Fund

The program has allocated A$ 250,000 per year in untied funding with decisions on its use made by the moH Executive team. This funding is always used and consideration could be given to increasing this when the Subsidiary Agreement is being negotiated.

St John of God Hospital Twinning Program

This program has been in place for over 15 years and provides small scale equipment, capacity building through twinning exchanges of training in-country and opportunities for short training placements in Australia for members of the Ministry. AUD 60,000 is allocated for this program annually. Considering the small amount of funding and strong relationship with this group, an annual report should be required from them but an onerous M&E framework may be excessive.

Dedicated NCD Funding for Reduction in Risk Factors for Cardio-vascular NCDs

The bulk of the planning and implementation of the program comes within this component and the remainder of this document relates to this part of the program.

2. BACKGROUND

2.1 The Burden of NCDs in Tonga

For many years, Tonga has had the highest Human Development Index (HDI) ranking of the Pacific region, reflecting its investments and achievements in universal health and education access.[1] However, the health status of the country is now being threatened by a sharp rise in diabetes and cardiovascular non-communicable diseases (NCDs). "Diseases of the circulatory system" are the leading cause of mortality in Tonga and NCD risk factors for these have reached epidemic proportions.

Alarmingly, the MoH has confirmed this year that life expectancy in Tonga has actually dropped. In a soon to be published study that undertook a systematic review of data from the past 8 years, the study has found the following drops for both men and women's life expectancy at birth:[2]

Life Expectancy (in years)	2001	2009
Males	72	69
Female	69	65

This reduction in life expectancy is attributed to the rise of NCDs and adds impetus to the urgency of scaling up prevention and control efforts.

The incidence of cardiovascular disease, diabetes and obesity is high, eclipsing the rates seen in developed countries. Diabetes, a major risk factor for cardiovascular disease, is especially concerning. National surveys show that prevalence has doubled over a 20-year period from 7.5 per cent in 1973 to 18 per cent in 2004.[3] It is also estimated that between 13% - 50% of diabetes cases are undiagnosed.[4] Estimates of rates vary but all confirm an underestimation of prevalence. Importantly, an estimated 18% of death certificates do not state the cause of death, so there is also likely to be under reporting of deaths attributable to NCDs. [5]

This puts Tonga among the 'Top 10' countries in the world with respect to the prevalence of diabetes and places it with the second highest prevalence in the Western Pacific region, after Nauru. The WHO predicts that 25% of the population over 60 years will be diabetic by 2030.

The increase in obesity rates is considered one of the key risk factors contributing to the rise in NCDs, with Tonga now the fourth most overweight country in the world.[6] The incidence of obesity has risen markedly among women, with an average increase per woman of 21 kg (from 73.9 to 95kg) between 1973 and 2004. The corresponding increase for males is 17kg, increasing from 79.1 – 95.7kg for the same period.[7]

There are many reasons for the growing obesity burden in Tonga, including reduced exercise and unhealthy

---

[1] Tonga was ranked 85 out of 169 nations in the 2010 Human Development Index, again the highest rating for the Pacific region. http://hdr.undp.org/en/media/HDR_2010_EN_Tables_reprint.pdf

[2] Australian Development Research Grant (ADRA) Grant. Strengthening Mortality and Cause of Death Reporting in Pacific Island Health Information Systems *(Led by University of Queensland, in progress).*

[3] Colagiuri, S. et al (2002) The Prevalence of Diabetes in the Kingdom of Tonga. *Diabetes Care.* 2002 Aug;25 (8):1378-83.

[4] World Health Organization Regional Office for the Western Pacific. 2003. *Health care decision-making in the Western Pacific Region: Diabetes and the care continuum in the Pacific Island countries.* Manila, World Health Organization Regional Office for the Western Pacific; Stakeholder interviews for this review suggested the rate was closer to 50%.

[5] World Health Organization. 2010. *Country Health Information Profiles: Tonga.* http://www.wpro.who.int/countries/ton/2010/health_situation.htm

[6] Schedule to the Partnership for Development Between the Government of Tonga and the Government of Australia. Implementation Strategy - Priority Outcome 2: Improved Health. 2009.

[7] Kingdom of Tonga. September 2010. Review of Public Expenditure on Health - Final Report: 13.49.

eating. Preference for driving over walking and the increased imports of packaged foreign foods that are high in sugars and fats have all contributed to the epidemic. One study of Tonga has suggested that consumption habits are strongly related to cost, with local, low fat sources of protein such as fish, calculated to cost 15%–50% more than mutton flaps or imported chicken parts.[8] An integrated approach to physical activity, eating, and substance reduction is needed to address these risk factors.

Due to their chronic nature, NCDs also translate to a long-term burden on health system in Tonga. Tongans currently enjoy a high standard of health care access, with free outpatient treatment and free medication guaranteed by the Constitution and with close to 80% of the population having access to health facilities within one hour of travelling time. [9] However, the health system will need to rapidly scale up NCD prevention and specialist care in order to keep pace with the burgeoning epidemic. NCD-related hospital stays are generally longer than non-NCD admissions in Tonga (9.2 days compared with 4.9 days) and they currently account for around 20% of health expenditure. [10]

2.2 NCDs and Youth

The age of onset of NCDs is also of concern. The first case of Type 2 diabetes under the age of 14 was admitted to the national referral hospital (Vaiola Hospital) in 2008.[11] A recent study undertaken between the Pacific Action for Health Project of SPC and the Tonga Family Health Association, found that smoking and alcohol consumption among Tongan youth was widespread. The most common ages to start smoking were 11 to 13 years, while 16 and 17 were the most common ages to start drinking. With 46% of the Tongan population under 18 years, early intervention and prevention among adolescents is crucial.[12]

2.3 The Response in Tonga to Date

In response to this emerging threat, Tonga was the first nation in the Pacific region to introduce a multi-sectoral national NCD strategy after the regional Health Ministers meeting in 2003. In response to this meeting, Tonga made the "Tonga Commitment to Promote Healthy Lifestyles and Supportive Environment" published by the WHO. To implement its commitment to NCD prevention and control, Tonga established the Tonga Health Promotion Foundation and formed the National NCD Committee, with four multi-sectoral sub-committees to address the NCD risk factors of unhealthy eating, alcohol use, tobacco use and physical inactivity. The committees advise the Ministry of Health and are responsible for the implementation of the strategy. The National NCD Strategy was updated in 2010 with support from the WHO, and is now known as the "Path to Good Health" or Hala Fononga. In 2011, the GoT also approved the reintroduction of taxes on imported cigarettes, as one measure needed to decrease tobacco demand. The emphasis on NCDs in the PfD and the THSSP reflect how serious the GoT considers this threat.

2.4 Measurement and Monitoring

The first WHO STEPS survey to assess national NCD prevalence in Tonga was undertaken in 2004. An improved version of this will be carried out in late 2011. This will yield comprehensive, sex-disaggregated NCD data for Tonga, and will provide a baseline for the tracking of trends. Other surveys which will improve Tonga's

---

[8] Evans M. et al. Globalization, diet, and health: an example from Tonga. Bulletin of the World Health Organization; Popkin B.M., Gordon-Larsen P. The nutrition transition: worldwide obesity dynamics and their determinants. International Journal of Obesity, 2004, 28:S2–S9.

2001, 79:856–862.

[9] WPRO 2004 cited in Government of Tonga. 2006. A Situation Analysis of Children, Women and Youth: Tonga. UNICEF Pacific Office, Suva:16.

[10] Doran C. 2003. Pacific Action for Health Project Economic impact assessment of non-communicable diseases on hospital resources in Tonga, Vanuatu and Kiribati. Pacific Action for Health Project: Secretariat of the Pacific Community, AusAID: 39.

[11] World Health Organization. 2010. Country Health Information Profiles: Tonga. http://www.wpro.who.int/countries/ton/2010/health_situation.htm

[12] http://www.unicef.org/infobycountry/Tonga_statistics.html (2009)

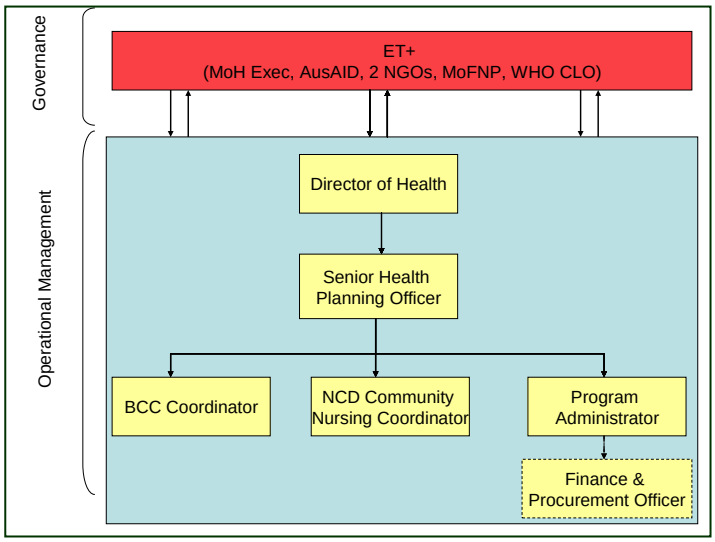
understanding of the NCD disease burden will be the Demographic Health Survey and the Tongan Census – both of which are due to be completed within the next two years. The Knowledge, Attitudes and Practices (KAP) surveys and the routine collection of information on NCDs from communities, planned within the framework of the THSSP, should shed more light on the extent of the problem in Tonga and any progress made in addressing the threat.

3. PROGRESS WITH IMPLEMENTATION

3.1 Review of Management Structure

Key findings

While the original plan was to recruit an Establishment Adviser to assist with implementation over the first one or two years, the inability to recruit a suitable candidate resulted in the recommendation to appoint some locally sourced coordinators reporting to the Acting Principal Health Planning Officer (PHPO) with responsibilities respectively for:



- Coordination and facilitation of strategies 1. and 2. (legislative and Fiscal Measures and Behaviour Change Communication (BCC);
- Coordination and facilitation of strategies 3. and 4. NCD primary/community care and diabetes centre and outreach;
- Program administration.

This has been implemented as shown in the adjacent management and governance diagram. It should be noted that, due to the heavy burden on financial reconciliation and procurement a separate Finance and Procurement officer is currently being recruited to work with the team.

Overall, this structure has been effective in that individuals have been given a framework within which to work and have been given responsibility both for facilitating the key strategies and achieving the agreed outcomes. Nevertheless, some issues with respect to this have been raised during the review.

Issues and Recommendations

(a) Integration into MoH activities

It was always envisaged that the THSSP coordinators would be facilitators and coordinators of activities which would be implemented through normal MoH structures and processes. The coordinators were to work with key line managers in the Ministry. While this has been partially effective, there is the feeling that the program is separate to the Ministry with the coordinators developing their own management streams. This has been exacerbated by the failure to find suitable accommodation for the coordinators close to their Ministry counterparts.

Recommendations:

- That the role of the strategy coordinators as facilitators and coordinators of activities but not line managers be reinforced;
- That, as soon as possible, the Strategy Coordinators be found accommodation close to their Ministry Counterparts;

(b) Reporting Lines for Program contractors

In addition, it was envisaged that operational contract positions included in the design would be integrated with the MoH normal staffing and report to line managers within the Ministry. For various understandable

reasons – particularly relating to the new GoT recruitment procedures - this is not always happening and there is now a risk of a parallel structure being established. For sustainability of the program, it is imperative that every effort be made to ensure that the processes and people working on program activities are integrated into the MoH normal processes and procedures.

Recommendation:

That contractors recruited through the program (with the possible exception of the Finance and Procurement Officer) report to MoH line managers and not the Program Coordinators.

c) Program Manager:

The current Program Manager is the Principal Health Planning Officer and has significant other commitments with respect to Development Funding. The question of appointing a full time Program Manager to facilitate liaison with AusAID and other line ministries, to ensure timely reporting and monitoring and to support the Program Coordinators was raised. While opinions varied with respect to the need or validity of this, the review team felt it should be re-explored.

Recommendation:

That consideration be given to recruiting a person to assist SHPO to manage the program. N.B. The decision for this could be taken after the Financial Procurement Officer has commenced working and the impact of this position is seen[13].

3.2 Progress with Implementation and Project Timeframes

Implementation of activities was delayed in the first year due to delays in recruiting a dedicated management team. Recruitment for the BCC Coordinator, the NCD Community Health Coordinator and the Administration Officer was completed by January 2011 and work commenced that same month.

The following describes progress against the workplan since that time.

3.2.1 Strategy One: Legislative and fiscal measures

Key Findings

Progress has been slow in this area but it is hoped that activity will speed up with the imminent appointment of a legal officer who can support the activities within this Strategy.

Issues and Recommendations

(a) Compliance Unit:

This component includes the recruitment of a legal officer and strengthening measures to improve compliance. The legal officer is currently being recruited and the decision has been taken to wait until he/she is apppointed to commence compliance activities. The question of establishing a compliance unit to oversee compliance within the Ministry is currently being canvassed.

Recommendation

That the goal of establishing a compliance unit for enforcement of NCD legislation be formally included within Strategy 2. and Terms of Reference for this unit be developed and presented to the ET or ET+. The TORs should include:

- Structure, roles and reporting lines (including required qualifications of staff);
- Responsibilities of key personnel;
- Legislative powers;
- Links with other enforcement agencies;

[13] Alternately, an external contractor could also be recruited for up to 3 months to support the program at this critical time.

- Reporting and monitoring procedures.

(b) Hypothecated Taxes

The original workplan included activities relating to development of new legislation or policies to encourage healthy behaviours and support NCD activities. Of particular importance here was the hypothecation of funds from the alcohol and tobacco taxes directly to the MoH for NCD prevention activities. This was explicitly documented in the Partnership for Development and was also a key recommendation from the Health Sector Public Expenditure Review (HSPER). There has been reluctance to pursue this activity, however, and it may be that other ways of increasing the preventive health budget can be found which are more acceptable in Tonga. In view of the emphasis placed on this in the PfD, however, this should be revisited during the next Partnership talks.

Recommendations

That the Governments of Australia and Tonga revisit hypothecating funds from taxes on alcohol and tobacco, and other revenue in support of increasing the MOH preventative health care budget, at the next Partnership talks. Pending these discussions, the PfD may be amended accordingly.

3.1.2 Strategy 2: Behaviour Change Communication (Health Promotion)

Key Findings

The key activities in this component were to undertake a KAP survey; to establish a twinning program with a well established health promotion unit to work with the MoH; to support the development of a social marketing program and to fund some of the Health Promotion Activities of the NCD committee and sub-committees.

Progress in this component has been good. The KAP survey has been developed and is due to be undertaken; the THSSP has joined with TongaHealth to fund and tender for the social marketing program and a successful tenderer has been selected. Initial contact has also been made with "VIC Health" (who have previously worked with the MoH) with respect to a Twinning Partnership and discussions are ongoing.

Nevertheless, some obstacles have been encountered.

Issues and Recommendations

(a) Integration with MoH activities

Because of the separate funding and location of the BCC Coordinator, the Behaviour Change Coordination Strategy risks being seen as running in parallel to the MoH Health Promotion unit and TongaHealth rather than being integrated within or complementing the MoH structures and staff.

Recommendation:

That the functions of the BCC coordinator be integrated with the Ministry as much as possible and office accommodation be found for her close to Ministry Counterparts as soon as is feasible.

(b) Funding for NCD Sub-Committees

While there has been funding put aside for the National NCD Committee and subcommittees in the budget, the coordinator has developed a policy that proposals to use these funds should be submitted to the THSSP to be assessed before funding is authorized. These proposals should outline the evidence on which they are based and have clear implementation plans and evaluation frameworks. She has not yet received valid proposals to fund and this has delayed the distribution of this funding.

Recommendation:

That, understanding the enormous future burden of disease associated with obesity in the young, and the need for a focused, planned and evidence based strategy to be developed for use of the NCD funding, consideration be given to using the majority of the THSSP NCD Committee funding to support the coordinated NCD schools program currently being facilitated by the MoH. The Twinning Partners ("VIC Health") could be asked to assist with the development of this program.

The program would include each of the four key NCD components (Tobacco, Health Eating, Physical Activity and Alcohol) and would include strategies with respect to:

- Policy Development (including curriculum; canteens etc)
- Development of standard guidelines for schools;
- Development of sophisticated education packages for different ages;
- An assessment of personnel required to deliver the education packages and contracting of these personnel;
- A plan to roll out the program to all schools in the country over several years. This could include a Train-the-trainer program;
- Development of a monitoring tool to determine how successful the program is both in raising knowledge and in changing behaviour;
- Introducing competitions, awards and incentives to provide motivation for the "Healthy School".

(d) Review of Effectiveness of Health Promotion activities in Tonga

KRA 1(Str 5) of the Corporate Plan states "Review existing preventative health programmes and implement recommendations to improve their effectiveness. This activity could be included under the BCC Component of the THSSP. This would also be an ideal activity to include early in the contract with the Twinning Partner.

Recommendation:

That the Twinning Partnership be used to assist with review of Preventive Health activities in Tonga

c) Twinning Arrangement

While initial discussions have been held with "VIC Health", formal negotiations have yet been undertaken. The experience of "VIC Health", particularly with schools programs, could provide significant support to the MoH.

Recommendation:

That discussions and negotiations for a Twinning Partner for the Health Promotion Unit (and the BCC Strategy) be expedited and that the Terms of Reference (TOR) include support for the Coordinated Schools Program and the review of effectiveness of preventive health strategies in Tonga.

(e) Emphasis on Youth

With studies demonstrating that adolescence is a period of behaviour formation, including the uptake of risk factors for NCDs (e.g. smoking, drinking, exercise habits and unhealthy diet), primary prevention is crucial for this group. The standardised WHO STEPS Survey only includes people aged 25 – 64 years. Young people (aged 10 – 24 years) will therefore be missed in the baseline information on NCD risk factors and prevalence, even though they represent 48% of the population in Tonga. The program has the opportunity to supplement this vital data gap by adding a survey component to its integrated schools-based health promotion activities.

Recommendation:

- That the THSSP BCC ensures that youth are targeted through the program and that youth are included in all health behaviour surveys. Funding for the implementation and monitoring of the coordinated schools program should help with this.

3.2.3 Strategy Three: NCD Community Nursing

The aim of this strategy is to recruit, train and maintain a cadre of nurses based in the Health Centres who are specialized in primary prevention and in the management and monitoring of people with primary and secondary risk factors for cardiovascular NCDs. Their roles will be to facilitate NCD Health Promotion activities and to identify, monitor and manage those people with primary (obesity) and secondary (especially diabetes and hypertension) risk factors.

Sub-strategies include infrastructure and equipment for Health Centres (HC); program management and staffing;

training and curriculum development for NCD Community nurses; the development and endorsement of guidelines and checklists; and information systems and reporting.

Progress made has been steady considering the long lag time required for some activities if they are to be sustainable. A checklist of minimum infrastructure and equipment standards for Health Centres has been developed and is awaiting submission for endorsement. Several Health Centres have been upgraded and a recommendation for a scoping study for a boat for Ha'apai is almost completed.

Staffing recruitment is in progress. However further negotiation with the Public Service Commission (PSC) is needed with respect to the recruitment of nurses (see below). A structure, including clear delineation of roles and responsibilities for those staff working in Health Centres is yet to be finalized.

Curriculum development for NCD nurses has been discussed and a request has been made for an external expert to assist a local nursing education counterpart.

Guidelines and checklists for patient management, follow-up and for reporting are currently being examined, and preparation for an appropriate Operations Manual for Health Centres has begun. A high priority for the program is also to ensure consistent and timely data collection from the HCs and linkages to the diabetes centre and Hospital Information System (HIS).

Issues and Constraints

(a) Communication and Integration

There is concern that this part of the program may be developing as a parallel stream and that consultation and communication with existing MoH structures has not been adequate. This may be partly due to the absence of some key staff, including the Head of the Primary Care section, during the first few months of the program. More effort must be made to improve communication and consultation with all parties.

Recommendations

- Ensure that roles and responsibilities and reporting lines for Health Officers (HO), NCD Community nurses and Reproductive Health (RH) nurses within the Health Centres are documented and endorsed before proceeding with recruitment of the majority of the NCD Community nurses. The emphasis should be on developing a team approach.
- Ensure that guidelines and checklists (Operations Manual) with respect to the running of the Health Centre and the duties of the NCD Community nurses are a priority for the program. These should also include clinical guidelines when available.

(b) Nursing Recruitment

The review highlighted the need for recruitment of NCD community nurses as an important strategy for achieving the outcomes stated in the MoH Corporate plan; National NCD Strategy and the Australia-Tonga Partnership for Development.

Nurses are not readily available outside of the MoH and it would be expected that most of the nurses recruited would be from current MoH staff[14]. There have, however, been issues recruiting nurses who are currently in MoH positions. Issues which have been highlighted include:

- Nurses are currently being asked to resign and be given contracts through the THSSP as according to Government (PSC) policy, civil servants (nurses) cannot be released on leave-without-pay for longer than 20 days. Nurses within the MoH have been reluctant to take up the positions because of real or perceived issues with retention of entitlements if they resign from the MoH.

[14] An ideal solution would be for Reproductive Health Nurses to be used with their positions being back-filled. The reasons are:
- They have experience in working with people in the community;
- They know their districts and have a background knowledge of their health problems
- They are well acquainted with the population breakdown and they are in a position to negotiate with other stakeholders

- Contract nurses may also be disadvantaged firstly by losing an opportunity for promotion in the nursing Division of the MoH should he/she later decide to return to the MOH at the end of their contract; and secondly by losing the 5% superannuation contributed by the Govt. if compensation for this is not included in their salary;
- At the end of the program (contract) there must be sufficient financial support within the MoH budget to incorporate them into the MoH budget. With this in mind, the MoH should make every effort to ensure the Hospital is as efficient as it can be[15].
- The review team was also very concerned about the high risk of establishing a parallel stream outside the MoH if recruitment was not organized through normal MoH processes within the Nursing Division.

Recommendations

- Negotiate strongly with the PSC for a review of the leave without pay policy and/or the recruitment policy for contracted staff (Note: this could take time). The first step for this should be a proposal for the nurses to be prepared for PSC and Treasury;
- If possible, delay the recruitment of the remainder of the nurses until resolution has been reached with the PSC and Treasury.
- If the negotiations with the PSC are unsuccessful, allow the prospective contracted staff to resign from the MoH but with a clear understanding of any disadvantage they may encounter should they wish to return to the MoH. If this is necessary, nursing staff should still be part of the Nursing Division and report through normal nursing structures.
- Negotiate with the Program to complement the required 5% of the persons wages toward retirement fund and also through the salary provide for the person's 5% contribution;
- Negotiate with the MoH to consider financial provision for gradual re-absorption of the nurses back into the MoH (as some stage in the program) at a rate of one to two nurses each financial year so that by the end of the period of AusAID funding all contracted staff will be secured back into the MoH staffing profile;
- Expedite the hospital efficiency review to determine if hospital efficiency measures can be found to reduce hospital costs;
- Recruit up to 4 nurses through fixed term (<2 years) contracts to work in demonstration Health Centres to pilot activities, verify procedures and linkages, and pilot the team approach and determine any factors inhibiting best outcomes.

c) Curriculum Development

To ensure an efficient and effective training program it is imperative that the curriculum contents target the needs identified. The outcome of the training would be to have a well qualified, knowledgeable and skilful workforce in all aspects of non-communicable diseases.

To develop the curriculum it is generally felt that an external nursing advisor who is not only an expert on curriculum development but also has experience in NCD work in the Pacific countries be hired. The Nurse Advisor will work collaboratively with a local counterpart (nurse educator) to develop a comprehensive curriculum document.

It is envisaged that this process will take a minimum of six months. At the end of the six months, a curriculum document will be submitted to the Tonga Qualification and Accreditation Board for approval. Once that is approved, it is submitted to MoH for endorsement and then finally to Cabinet. This process may take 1-2 months.

Once Cabinet approval is granted, and by this time hopefully the PSC has finalized and resolved the management issues of contracting nurses to the program, recruitment of nurses to the program can

[15] Care must be taken in assuming that significant savings can be made in the hospital sector. With the rapidly rising burden of disease, it is possible that hospital costs may not be able to be reduced, even with transfer of workload to the communities and efficiency gains in the hospitals.

commence. The recruitment of nurses would be the responsibility of the MoH nursing Division through existing recruitment processes of the Queen Salote School of Nursing.

The duration of the course will be one year like other post basic courses delivered through the Nursing School. Within this one year, students will spend time both in the classroom and in the community for their practical. It is important that the course is one year so that full benefits of having completed a post-basic diploma can be achieved.

The expected time for recruitment of nurses – taking account of what has to be done – would be July or August of 2012 with formal training commencing in January 2013. For equity of service delivery it is suggested that students from the outer islands be recruited in the first intake of NCD nurse training.

Recommendations

- That time be taken in developing the nursing curriculum and undertaking the necessary public service procedures to ensure its sustainability;
- That training remain under the Nursing Education Section and that the appointed tutor, the nurse supervisor for NCD nurses, the principal of the Queen Salote School of Nursing (QSSN), the program co-ordinators and other stakeholders involved in NCD activities, work closely together to support, monitor and supervise the students as per curriculum requirements.
- That appointment of an external Nursing Advisor be utilized to support the curriculum development and ensure that it is recognized throughout the Pacific;
- That, for equity of service delivery, students from the outer islands be recruited in the first intake of NCD nurse training.

(d) Hospital Efficiency Review

With the increase in funding for nursing within the community, it is appropriate to review the hospital services to determine if any efficiencies can be found in this sector. Nevertheless, caution should be taken here as the rising burden of Non Communicable diseases in Tonga may make it difficult to reduce the costs of hospital services even if the community program is successful and efficiency measures are implemented.

Recommendations

- That the hospital efficiency review be expedited.

(e) Infrastructure and Equipment

This component has been very successful with the advantages of properly upgrading health centres clearly visible when visiting old and upgraded centres. The upgrading would be expected to significantly increase the number of people willing to attend the clinic and the morale of staff working within them.

It is important, however, that the upgrading is not confined just to Tongatapu but expands to the Outer Islands. A local consultant could help with this.

A scoping study and funds to purchase a boat for Ha'apai are included in this section. This is an important activity to improve communication and access to health for people of these islands.

Recommendations

- That sufficient funding be provided for full upgrading of Health Centres;
- That the audit of the Outer Island HCs be undertaken prior to March 2012 and commitments for upgrading these Health Centres be included in the 2012-2013 budget;
- That the scoping study for the boat be expedited.

(f) Information and Reporting

A key aim of this program is to be able to collect accurate information from Health Centres, hospitals and the

diabetes centre on a continuous and timely basis so that the country does not have to rely on 5 yearly surveys to determine its health status with respect to cardiovascular NCDs[16].

The MoH has a good basis for this in the reporting of maternal and child health data from the reproductive health nurses. It is, however, complex in that information from hospitals and the diabetes centres will need to be collated and reported together in order to get a full picture of the country's disease and risk profile. The review team felt that this should be a very high priority for the THSSP.

Recommendations

- That priority be given to developing a robust reporting system from the Health Centres for NCDs and that this is integrated with HIS and Diabetes Centre (DC) information to have timely information on NCDs on an ongoing basis ;
- That external assistance be used to validate and provide expertise, where needed. This could be a partnership with an overseas institution or a contracted person.

3.2.4 Strategy Four: Diabetes Centre, Outreach and Clinical Services

This Strategy was included in the Program primarily to allow for additional funding for the Diabetes Centre given the expected increase in workload with the detection of previously undiagnosed diabetes through screening activities.

It should be noted that while it is envisaged that screening and management of uncomplicated diabetes should take place in the Health Centres, the role of the Diabetes Centre as a resource centre for Diabetes and in managing complex cases and complications of diabetes is not expected to diminish.

Key Constraints and Recommendations

(a) Disability Sub-Strategy 4.5.

It has been brought to the attention of the review team during this review that there is a large unmet need for aids and prostheses for people with complications of diabetes (particularly amputations) and cardio-vascular disease (strokes) and for physiotherapy services dedicated to the management and rehabilitation of people with complications of NCDs (amputations, strokes etc). Inclusion of an activity to address this unmet need is therefore recommended by the team.

Recommendations

- That a new sub-strategy be introduced into Strategy 4: Diabetes Centre and Outreach to address the needs of people with disability and activities and budget be assigned to this.
- That activities within this Sub-strategy include the purchasing of wheelchairs and other aids, the possible recruitment of a rehabilitation physiotherapist through the Critical Staffing Deficiencies funding and contracting and training physiotherapy assistants by this person.

(b) Gestational Diabetes Screening Sub-Strategy 4.6

There was a request from the Obstetrician that funding be provided through the THSSP to screen all pregnant women for gestational diabetes. The review team felt that this was an excellent initiative. It was suggested, however, that the THSSP should ensure (and fund, if necessary) that information was collected on the outcomes of this initiative to ensure that that there was evidence to support continuation of the screening if ongoing funds were sought.

Recommendations

- That funding be provided for the screening of all pregnant women for gestational diabetes.
- That information on the findings and outcomes from the screening be documented and reported on before

[16] This currently happens for maternal and child health through the Reproductive Health nursing section and it is this model which it is hoped will be duplicated.

further funding was provided.

c) Additional Outreach Services

While Diabetes Outreach was included as part of the THSSP, other specialized outreach services to the islands were not included. These are, however, part of the Corporate Plan and additional outreach services could be included in this Strategy.

Recommendations

- That the reason for the low number of outreach services to the Outer Islands be investigated and, if funding is found to be a key inhibiting factor, funding for additional outreach services be included in the budget.

(c) Change of Name

If these additional activities are included in this Strategy it is recommended that the name be changed to "Diabetes Centre, Outreach and Clinical Services".

Recommendation

- That the Name of this Strategy be changed to 'Diabetes Centre, Outreach and Clinical Services (DOC).

3.3 Links with Corporate Plan; NCD Strategy and Australia –Tonga Partnership for Development

Corporate Plan	National Strategic Plan to control NCDs in Tonga	Australia-Tonga Partnership for Development	THSSP Workplan
KRA 1, Str 4. Lobby Govt. to introduce legislation to combat NCD epidemic	• Raise tobacco taxation • Tobacco Control Act (appropriate amendments and education) • Strengthen enforcement of tobacco act • Extension of non-smoking public places • Strengthen enforcement of tobacco act in schools	The partnership will provide financial and technical support to the Government of Tonga (GoT) to implement the Ministry of Health's Corporate Plan 2008/9 – 2009/10 to achieve the targets of: 1. Reduced prevalence of NCD risk factors including: • Tobacco Control: 2% reduction in the prevalence of tobacco consumption by 2015; • Obesity: 2% reduction in the overall prevalence of obesity by 20151. Legislative and Fiscal Measures 2. Budget for preventative Health	**1. Legislative and Fiscal Measures** 2.1 Oversight and new Policy Devt. 2.2 Ongoing compliance
KRA 1: Build capability and effectiveness in preventive health services to fight the NCD epidemic and communicable diseases. **Goal**: We will fight the NCD epidemic and communicable diseases using effective preventative health measures, being good role models and developing public participation and commitment. 1. Secure funding to implement all existing NCD plans/programs with emphasis on the priority areas identified in the "National Strategic Plan to Control NCD in Tonga". 2. Expand the screening program for risk behaviours conducive to developing NCDs with emphasis on children and other high risk population. 3. Improve the effectiveness of stakeholder collaboration through greater contribution and commitment. 5. Review existing preventative health programs and implement recommendations to improve effectiveness. 6. Develop and implement voluntary health programs for all MOH personnel 7. Involve the community in preventative health activities	Most non-legislative activities within the National NCD Plan come within this area. Components (Tobacco; Healthy Eating; Physical Activity; Alcohol) Target Groups (National; Churches; Schools; Workplaces; Individuals); Types of activities • Policy Development • Social Marketing • Guidelines and Education • Technical Support • Awards/ Incentives/ Events • Clinical/ Individual • Other (e.g. infrastructure)		2. **Behaviour Change Communication** (Health promotion) 2.1 STEPS & KAP survey 2.2 Twinning Program 2.3 Social Marketing 2.4 Funding of NCD activities from Plan

KRA 3: Provision of Services in the Outer Island Districts & Community Health Centres **Goal**: We will provide appropriate services to all the Outer Island Districts and community health centres through effective resourcing. Specialized services will be provided through regular programmed visits. 27. Undertake a review of services provided in the outer island districts and community health centres and expand services to ensure appropriate services are provided 28. Undertake a review of existing facilities and equipment and implement recommendations to ensure these support the provision of services in the outer island districts and community health centres. 7. from KRI 1. Involve the community in preventative health activities		care reaches 10% of public health budget by 2015 3. Primary Health care to all communities in Tonga to follow a national standard including utilization of this service.	3. **NCD Community Nursing** 3.1 Infrastructure and Equipment 3.2 Management and staffing 3.3 Training & curriculum Devt. 3.4 Guidelines & Checklists 3.5 Monitoring and Reporting 3.6 Roll-out
29. Develop and implement a program for the regular provision of specialized services for the outer island districts			4. **Diabetes Centre & Outreach**

Discussion, Issues and Recommendations

As can be seen from the table above, there is strong agreement between the Targets of the Partnership for Development and the Strategies of the THSSP. The Strategies for the THSSP also correspond closely to some, although not all of the Strategies within KRIs 1. and 3. of the Corporate Plan and Strategies 1 and 2 of the THSSP directly correlate with the activities of the National Strategy for the Control of NCDs in Tonga.

Nevertheless there are gaps and constraints and these are discussed below. Many of these have also been highlighted under the appropriate strategy in the workplan.

(a) Youth

As mentioned previously, the Review team has identified that prevention of high risk NCD behaviours in youth before they have develop harmful behaviour patterns should be a high priority for Tonga. This is corroborated in the Corporate Plan where KRA1 (Str 2) refers to screening of children and high risk populations.

Recommendation:

- That the THSSP BCC ensures that youth are targeted through the program and that youth are included in all health behaviour surveys. Funding for the implementation and monitoring of the coordinated schools program should help with this.

(b) Prioritisation of NCD Activities

As mentioned previously, the relationship between the NCD Committees and Sub Committees and the BCC Strategy of the THSSP has not been as close as would have been hoped. This is partially due to a need for proposals for funding under the THSSP to be assessed with respect both to the evidence base, and for there to be evidence of a clear workplan, budget, and evaluation schedule. It is hoped that the possibility of focusing on a coordinated schools program with support from the Twinning Partners could significantly improve both the interaction between the two groups and the flow of funds from the THSSP to address activities within the National NCD Plan.

It should also be noted that the corporate plan has a section relating to reviewing NCD programs for their effectiveness and the Twinning partners could also offer strong support in undertaking this task.

Recommendation:

- That the twinning program recommended in the THSSP Strategy 2 (BCC) be expedited and that the Twinning Partner be used to support the development of a coordinated schools program and to assist in undertaking a review of the effectiveness of the Health Promotion activities in Tonga.

c) Roles and Responsibilities for Community Health Staff and Consistent Standards

Strategy 3 of the THSSP directly links with Target 3 of the PfD and with strategies 7 of KRI 1. and 27 and 28 of KRI 3. in aiming to develop agreed standards for facilities and equipment for the Health Centres and in training and introducing a cadre of NCD nurses who can be responsible for the implementation of primary and secondary risk factor reduction activities in their communities and for ensuring that information with respect to NCD risk factors in these communities is accurate. More work, however, needs to be done to develop clear roles and responsibilities and reporting lines for these nurses and to determine the interaction between themselves, the health officers who have a broader mandate for primary health care and with the Reproductive Health nurses who are responsible for their communities with respect to Maternal and Child Health.

In addition, the HC Operations Manual will contain guidelines and checklists with respect to operational and clinical guidelines which will ensure that consistent standards of care are met.

Recommendation

- That one of the priority activities for the NCD primary care coordinator is to determine and ensure there is

agreement on the relative roles and responsibilities of the Health Officers, NCD nurses and Reproductive Health nurses at the community level.

- That the development of consistent guidelines and checklists be given priority within the THSSP.

(d) Outreach Services

Strategy 4. of the THSSP directly relates to strategy 29 of KRI 3. of the corporate plan and to target 3 of the PfD. It does, however, only address the need for a planned diabetes outreach service for Tonga and it may be desirable to review the factors which are inhibiting other outreach services and provide funding for these if funding is found to be the key limiting factor.

Recommendation

- That the provision of outreach services to the outer islands be reviewed to better understand the reasons why these are not as successful as desired. If funding is a critical constraint, funding could be allocated from the budget.

3.4 Links with other Entities such as Tonga Health and NCD Committees

The program has several key and strategic links as follows:

The National NCD committee and Subcommittees

The Behaviour Change component of the program is directly linked with the NCD Committee and Sub-Committees. Funding within the component is earmarked for utilization with the NCD committees. The BCC coordinator is a member of each committee and can act as a liaison person between the committees and the MoH.

Unfortunately, this relationship has been affected by the issues raised previously with respect to the need for proposals to be evidence based and have clear implementation plans and evaluation frameworks. This has reduced the effectiveness of the relationship to date as proposals filling these criteria have not been forthcoming. The proposal to support and fund the coordinated schools program utilizing the support of a Twinning Partner may significantly increase both the level of interaction and the flow of funds.

The NCD Community Nursing Coordinator will also need to work closely with the NCD committees as it is envisaged that the NCD nurses will play a key role in delivering health promotion messages to the community.

The Tonga Health Promotion Foundation (TongaHealth)

The BCC coordinator has a strong relationship with TongaHealth and has coordinated activities with them. In particular, funds for the development and implementation of a social marketing campaign have been pooled and tenders jointly evaluated with the result that an agency is due to be selected to undertake a comprehensive social marketing campaign. This close interaction should be encouraged.

Community and Civil Society Organisations

As a key part of the NCD program is to work more closely with communities in raising awareness and involvement to promote healthy behaviours it will be important for the coordinators and the Ministry to continue to maintain a key linkages with community organizations.

In addition, a key role of the NCD community nurses will be to monitor and support diabetics who have complications such as diabetic sepsis or amputations and, as such, a strong links with civil society organizations such as the “Tonga Disabled Persons Association” will be important in order to ensure maximum gains for these people are obtained.

The Prevention and Control of NCDs though the SPC and WHO Regional Programs

The program has close links both with the SPC and the WHO regional programs. Many NCD activities are funded through these organizations which also provide a framework for all NCD programs in the Pacific. More specifically, the STEPS survey is being jointly funded by the THSSP and WHO and WHO is separately contributing to the National NCD Plan activities by funding support for the healthy church activities. Of particular

importance to this program will be the Tonga Health Demographic survey being funded jointly by SPC and WHO and due to be undertaken in 2012. This survey will provide significant information on gender and disability which is currently unavailable.

As mentioned previously, THSSP works closely with TongaHealth which is partially funded by the SPC.

The Pacific Senior Health Officer's Network and activities flowing from this, initially focusing on health workforce Planning, through the Australia Department of Health and Aging.

It is hoped that, by establishing a cadre of community nurses trained in NCD primary and secondary prevention, provision of health services will gradually flow from the curative tertiary referral sector to the community primary care sector. Workforce planning will be particularly important with respect to this, as the efficiency and effectiveness of some curative services will need to be reviewed to determine if savings can be made in this sector.

Caution should be taken, however, as it is known that Tonga is on a rising trend with respect to health care demand for conditions relating to NCDs and even the most effective program may only be able to stem the increase in demand over the next 10 or 20 years. It is unlikely that the demand for curative services will decrease in the short term.

AusAID Scholarships

Under the bilateral program, AusAID funds scholarships to study at regional tertiary institutions, some of which are used to train health workers as prioritized by the MoH. If gaps in tertiary level skills or training are identified through the THSSP, these should be managed through the MoH Training Committee as priorities for the scholarship programs..

Other entities which will interact with the program

There are a variety of other regional AusAID funded programs which are important for the MoH and THSSP but have less direct linkages to the Program. These include:

- The Tonga Family Health Association through the international Planned Parenthood Federation.
- HIV and other STI prevention, treatment and care programs through the SPC;
- Visiting surgery teams from AusAID's Pacific Regional Program;
- BioMedical Equipment Management Initiative (BEMI); and
- The Fiji School of Medicine.

4. FINANCIAL MANAGEMENT AND PROCUREMENT

4.1 Program Expenditure

The initial tranche of AusAID funding was deposited into the GoT General Development Account in June 2010 for the amount of T$2,712,690. A high level budget was drawn up for the 2009/2010 financial year with the approved budget beingT$2,712,690. THSSP did not begin to utilize the funds until August 2010.

The funds essentially were for the establishment of the program and the recruitment of the program team. As discussed above, there were delays in the recruitment of the program team. As a result, no expenditure from the program was made during the 2009/2010 financial year. This resulted in a surplus of funds of $2,712,690, which was revoted by MoFNP to the next financial year.

For the 2010/2011 financial year, a more detailed budget had been prepared and approved. The approved budget was for T$2,281,600. Actual funding received for the 2010/2011 financial year totalled T$2,296,852. The difference (between budget and funds received) being a foreign exchange gain to the program. Interim figures on actual expenditure (for the 2010/2011 financial year) total T$1,668,160. This has resulted in a net surplus of $693,225 for the financial year.

These surplus funds were again revoted by MoFNP to the current financial year. At the start of the 2011/2012 financial year, the program had available funds of T$3,341,382

Below is a table giving the breakdown of actual expenditure for the first two financial years of the program, by the four support areas.

		2009/10 (T$)			2010/11 (T$)	
	Budget	Actual	Balance	Budget	Actual	Balance
Critical Staffing Deficiencies				782,000	(293,088)	488,912
Twinning Program				92,000	(91,194)	806
Flexible Fund	797,850	-	797,850	0	(753,126)	(753,126)
Dedicated NCD Funding	1,914,840	-	1,914,840	1,407,600	(530,752)	876,848
Forex Gain	-	-	-	-	15,252	15,252
Total	2,712,690	-	2,712,690	2,281,600	(1,652,908)	628,692

The following table provides a year to date (31 July 2011) summary of the programs budget against actual expenditure.

	2011/12 (T$)		
	Budget (T$)	Year to Date (31/7/2011)	Balance (T$)
Critical Deficiencies	1,104,000	(37,825)	1,106,175
Twinning Program	110,400	-	110,400
Flexible Fund	460,000	-	460,000
Dedicated NCD Funding	2,907,200	(41,529)	2,865,671
Total	4,581,600	(79,354)	4,502,246

The new financial year for the program (2011/2012) has just commenced. The approved budget for the current financial year is T$4,581,600.

As of writing, funds for the current financial year are yet to be deposited into the GoT General Development Account. The transfer of funds is pending the submission of the 30 June 2011 quarter Acquittal and Activity Reports.

4.2 Reporting

Key Findings

Under the Subsidiary Arrangement the following financial reports are required from the Program:

- Quarterly acquittal reports & activity reports
- Annual cash flow projection (updated quarterly) specifying expenditure estimates in advance
- Annual procurement plan (by 31 July and to include all activities to be financed under the program and valued at more than T$30,000)
- Monitoring reports that cover how each of the procurements on the plan is tracking.

Quarterly Acquittal & Activity Reports: The acquittal reports covering the first nine months of the program were submitted to AusAID in April 2011. The delay in the submission of the acquittal reports was due to a lack of resources within the program to prepare the reports.

It is understood that the acquittal report for the quarter ended 30 June 2011 is ready for submission and is awaiting the completion of the quarterly activity report before being forwarded to AusAID.

Annual Cash flow Projection: The cash flow projection (budget) for 2011/12 is approved. The budget for 2012/13 will be prepared closer to the end of the current financial year.

Annual Procurement Plan: The Program Administrator is currently finalizing the procurement plan for the 2011/12 financial year.

Monitoring Reports for the Procurement Plan: This report will commence once the annual procurement plan is endorsed by ET+.

Key Issues and Recommendations

(a) Timeliness of Financial Reporting

Staffing issues have been identified as the major contributor to the program failing to meet its reporting deadlines. This has been addressed with the recruitment of the Program Administrator and the upcoming recruitment of a further three new contracted staff, one of whom is a Finance and Procurement Officer.

The acquittal reports could be prepared in a more efficient, accurate and timely manner by the adoption of an electronic accounting system. Currently the program maintains a manual accounting system. The MoH Accounts Section has re-introduced an electronic accounting system which it is keeping in parallel with its manual system. This accounting system, Sun System, is the same system as that being used by MoFNP. The advantages of keeping an electronic system is that the reporting function can be made more timely given that the transactions are entered (accurately) into the system. Further, by using Sun the transactions are directly linked from MoH to MoFNP. This will enable the program payments to be processed a lot quicker as transaction will be entered only once, at the MoH end. MoFNP have advised that the THSSP may need to acquire an extra user license to access the system. The MoH accounts section currently share one user license and a second will enable greater access into the System.

Recommendation

- That the program should consider the adoption the Sun accounting system currently being used by MoH and MoFNP.
- That the program consider acquiring one extra user license for the program (and MoH).
- That finance staff of the program get training in the use of Sun from MoH accounts section staff.

(b) Working Relationship with MoH

In the design of the program it was intended that the program would be integrated into the MOH structure. A criticism of the program so far is that the MOH do not have financial visibility into the program.

The program manager has delegated authority to certify for payment all program expenditure. Approval for payment is given by the DoH. The Principal Health Administrator, who is responsible for the MoH administration and the line manager in charge of the MoH accounts section, has minimal involvement in this process or other facets of the program.

The THSSP program manager and the MoH Principal Health Administrator could work more closely in regards to the financial management of the program. This would encourage and facilitate a more integrated approach towards achieving the common desired outcomes. The development of this relationship between the THSSP management and MoH management would not only strengthen management skills but is also an avenue for cost savings through shared resources and capacity.

Recommendation

- That the program management work more closely with MoH counterparts, in particular the PHA and procurement officers, to strengthen skills and to build capacity.

c) Monthly Acquital Reporting

The acquittal reports for the program are only reported on a quarterly basis. Further, the current reporting regime does not allow for reporting by the approved donor budget activities although the Program Administrator is working with MoFNP on mapping the Sun System Chart of Accounts, to enable the program to report against the donor approved work plan categories and sub categories.

For more transparency, accountability and better management control, financial reporting for the program should be prepared on a monthly basis. These financial reports should be provided to the program co-ordinators and to the MOH Executive for closer monitoring of the program. This is in line with normal MoH

practice where the Accounts Section provides monthly expenditure reports to the MOH Executive meetings which allow the line managers to manage their budget more effectively.

The monthly financial reports should contain detailed (by the donor approved categories and sub-categories) expenditure reported against budget. Any significant variances should be properly explained and supported. This level of regular reporting is a basic tool for ensuring transparency, accountability and good program governance.

By adopting the Sun accounting system, the program will have the capability to prepare such monthly financial reports relatively easily. By migrating from a manual based book keeping system to an electronic based system, this will enable a more robust financial reporting function

Recommendations

- That financial reporting for the program, actual versus budgeted expenditure, be on a monthly basis.
- That the monthly financial reports to be tabled in the monthly meeting between Program Management and MoH Executive (ET) and distributed to the Program Coordinators.
- That discussions with MoFNP continue to enable the program to have a Sun System chart of accounts which will allow for more detailed donor reporting.

4.3 Procurement

Key Findings

Procurement for the project is currently the responsibility of the program coordinators and the program administrator. This is proving to be a time consuming and an inefficient use of the program's resources.

Separation of duties within the program is a key principle to developing and maintaining an efficient and effective control environment. Separation of duties is an effective internal control within any financial operating system.

This has been recognised and the program is looking to recruit 3 extra administration (contracted) staff:

- Finance & Procurement Officer (reports to Program Administrator)
- IT Officer (reports to MOH Senior Health Information Officer)
- Assistant Administration Officer (reports to Program Administrator)

It is hoped that the recruitment of the Finance & Procurement Officer will take the finance & procurement responsibilities of the project off the Program Administrator and Program Coordinators.

It is pleasing to note that the procurement process for the program takes into account the comments of respective users of the equipment to be procured. A consultation process is held with users of the equipment and the technical support unit of the MoH to ensure that the most suitable goods are procured.

Key issues and Recommendations

(a) Training in Procurement Guidelines

The GoT procurement guidelines delegates the authority to the Head of Department of line Ministries to approve the procurement of goods up to the value of $100,000 and the supply of services and works to the value of T$75,000. On the other hand, Attachment 2 of the Subsidiary Arrangement requires that all THSSP program procurements over the value of T$30,000 (goods or services) must have approval of the Government Procurement Unit (GPU), Ministry of Finance and National Planning.

The GPU have estimated that their turnaround time for giving approval for procurement should be within five working days. However, delays are inevitable if the proper guidelines have not been followed. They note that Ministries need to plan their procurement requirements and give sufficient time for the GPU to review and approve their procurement needs.

With the new recruitment of administration staff it is encouraged that all new staff be trained to understand the GoT and AusAID's procurement guidelines and procedures. Personalized training, which the GPU are

happy to provide, on procurement best practice should be encouraged for the program. This will ensure that all the program procurement follows the correct procedure and avoids any delays in the implementation of the program activities.

Recommendation

- That training be provided to new program staff on the GoT Procurement Guidelines. Training can be provided by the GPU and could be for all THSSP Program staff.

(b) Procurement of Boat

The program has budgeted for the procurement of a boat(s) for the outreach strategy. The budget for the purchase and running of the boat is T$607,200 and represents a substantial component of the 2011/2012 budget.

A term of reference for the scope for the procurement of the boat has been prepared. The TOR covers whether there is a requirement for the boat, and if required, the most suitable specifications for the boat and the most effective management structure its operation.

This scoping study is a key exercise for the procurement and will be a major component of the program and MOH outreach activities in the future.

Recommendation

- That the scoping study for the Ha'apai boat be expedited.

4.4 Fixed Asset Register (FAR)

Clause 6.5 of the Subsidiary Arrangement documents that all assets purchased by the program will belong to the MoH. Under the Public Finance Management Act (Treasury Instructions) 2010 all Ministries are required to maintain a Fixed Asset Register. The treasury instructions require that all property, plant or equipment with a value in excess of T$500 be recorded in the fixed asset register.

The development and maintenance a proper fixed assets register will enable the program (and MoH) to keep track of details of each asset, ensuring control and preventing the misappropriation of program assets.

(a) Preparation of FAR

The MoH currently maintains a Fixed Asset Register (FAR). This register however does not contain any assets procured through the program. No separate THSSP Fixed Asset register has been developed due to the resourcing constraint. The Finance & Procurement Officer will be responsible for developing and maintaining the register.

Recommendation

- That the Finance & Procurement Officer develop the THSSP FAR. The FAR should include the following information:
  (a) Brief description of asset
  (b) Serial number (if electrical item)
  (c) Unique Asset number (given to each asset)
  (d) Location of asset (could be Hospital or health centre)
- That the THSSP FAR be incorporated into the MOH FAR.

(b) Annual Stocktake

The Treasury Instructions also task each Ministry to carry out an annual stock take of its physical assets. This is a management tool to ensure all physical assets are accounted for by the program.

Recommendation

- That an annual stock take be undertaken to confirm assets registered on the FAR.

4.6 Budgeting

The budget and the budgeting process is a key planning tool/function for Program Management. A good budget brings together the forecasted work-plan and quantifies the costs required to achieve the desired outcomes. A good budget is prepared when it is developed through a consultative budgeting process. This involves coordination between the program (Coordinators and program management) and the MoH. This process should be properly documented so that it is used as a guideline in the compilation of the budget.

The THSSP program manager should co-ordinate the budgeting process and should carry out a review of budget figures for reasonableness. By documenting the budget process this will also ensure that budget assumptions and parameters are standardized, communicated to, and understood by, program staff. This will ensure consistent application of the budget process in future years.

(a) Budget Preparation by MoH and THSSP Staff

The 2010/11 and the 2011/12 budgets were prepared by the AusAID Strategic Health Advisor. In future years, the budgeting process should be driven and formulated by Program Management.

Given that the Program Management have no administrative or financial background personalised training to strengthen the management team's budgeting skills is required. The AusAID Strategic Health Adviser may provide training in the development of the next budget 2012/2013 but program management will need to take ownership of the budgeting process moving forward.

The MOH recurrent budget is prepared by the MOH Principal Health Administrator with the MOH accounts section. Closer working relationship between program management and MOH administration can build capacity and skill strengthening for the program.

Recommendations

- Program management work closely with AusAID Strategic Health Advisor in developing 2012/2013 budget;
- Program budgeting and planning be undertaken by program staff thereafter;
- Program management work closely with the MoH counterparts to improve skills within the Ministry;

4.7 Audit

The Public Finance Management Act (Treasury Instructions) 2010 prescribes the particular accounting, financial management policies and financial statement representations that Ministries should apply in their financial reporting. All program staff will need to be aware of the prescribed policies and the program will need to ensure that it is following the prescribed policies.

(a) Finance and Procurement Policies and Procedures

By having a Finance and Procurement Policy this will provide a guide on how the program controls its finances and give guidance to the staff on the financial procedures of the program. The policy will also document internal control procedures for the program and provide documented procedures for new staff.

Recommendation

- That the Program Administrator develops a Finance and Procurement Policy & Procedures manual for the program and that this document is distributed to all program staff.

(b) Audit

The Ministry of Health is considering the role of an internal auditor. The role would be to ensure that the GoT financial policies are being adhered to and to assist the Ministry with risk mitigation measures.

In terms of project evaluation, the six monthly review process currently is the only form of financial review of the program. An annual audit of the program will benefit the program by ensuring that the proper accounting policies are being followed. Further it will ensure that expenditure on the program has been carried out in accordance with the approved work plans and budget and with the program outcomes in mind.

Recommendation

- That AusAID consider an annual external financial audit of the Program to provide assurance of program expenditure.
- Fund additional local support, if needed.

5. GENDER EQUITY AND DISABILITY INCLUSION

5.1 Background

This part of the review focussed on assessing how well gender equity and disability inclusiveness have been integrated into the program and its monitoring and information systems, and on identifying ways to strengthen their realisation in the program.

Program stakeholders were familiar with the terms gender equity and disability inclusiveness, although it was frequently noted that both concepts were "very new to Tonga". The review therefore defined and explored gender equity and disability inclusion at three levels: 1) the gender and disability dimensions of NCD prevention, detection, access to care, complications and outcomes; 2) the disaggregation of program data to understand gender and disability-based differences, as the basis for program effectiveness, targeted interventions and fairness in coverage; and 3) project management practices, including recruitment and access to professional development opportunities, and the quality of engagement with community organisations that represent people with disabilities and women and men's groups. The issue of equity for outer island populations was added to the review, and attention was also given to factors such as age and socio-economic status.

Explicit Commitment to Gender Equality and Disability Inclusion

There are definitive statements committing to the promotion of gender equity in the governing documents for the program. The Corporate Plan explicitly anticipates the expansion of clinical services to meet the needs for people with physical and mental disabilities (Key Result Area 2, Strategy 17[17]). The Partnership for Development establishes sex-disaggregated performance targets for the NCD program (2% reduction in smoking and obesity prevalence). The Partnership is described as a vehicle for realising Australia's commitment to gender equity and disability inclusion in the areas of "policy development, program implementation and consultation."

It also notes that "an important focus" of the partnership is to support the GoT in the collection of sex-disaggregated data, to better understand the gender impact of the program. The THSSP design highlighted that health services need to be responsive to the different health needs and access levels of sub-populations within Tonga, and these needs have to be taken into account in policies, infrastructure and services in order for a service to be equitable and fair. Factors identified as relevant for Tonga specifically included age, disability, remoteness, gender, income and social status. While statements on paper are not sufficient, they legitimate and endorse the strengthening of these themes within the THSSP.

Examination of gender dimensions and the inclusion of people with disabilities within NCD programs is very recent[18]. A brief overview of data relating to gender and disability issues for Tonga's NCD response is provided below, as a background to the program assessment that follows.

5.2 Gender Equity

Gender and NCDs in Tonga

Tonga has a long history of access to free health care for all and there is little evidence of explicit gender biases with respect to the provision of health care services. However, within NCD programs, attention to gender must be given to examining the social influences that determine behavioural risk factors, health care seeking, and health outcomes for men and women. Either sex can be protected or disadvantaged by gender influences, and this is evident in the different patterns of NCDs among men and women in Tonga.

---

[17] Tonga has not signed the United Convention on the Elimination of Discrimination Against Women (1979). It signed the United Convention on the Rights of Persons with Disabilities (2008) on 15 November 2007 but has not yet ratified it.

[18] The WHO issued its first guidance on these areas through the *World Report on Disability* (2010) and *Integrating Poverty and Gender into Health Programmes: Module on Noncommunicable Diseases* (2007).

For men, a clear example of the influence of gender norms is in the much higher rates of smoking. The 2006 census in Tonga found that 46% of men aged 15 – 64 years smoked, as compared with 12% of women. A similar picture exists for alcohol use with 22.2% of men being current drinkers, and only 4.8% of women (STEPS Survey, 2004). NCD screening and diagnosis, as well as secondary prevention efforts, will need to actively reach out to younger men since they do not present to health facilities as often as women, children or the elderly.

NCD related patterns for women in Tonga are different again. Women have higher rates of obesity compared with men, with a striking 75% of Tongan women being obese, and 56% of men. Overall, women also have lower levels of physical activity than men (measured in minutes per week): 54.8% of women had below average levels, compared with 32.4% of men. (STEPS Survey, 2004) When these rates were explored with stakeholders, common explanations given were that once women have their first child, women retain their pregnancy weight and remain within the home as primary carers. Interestingly, a recent study by the Fiji School of Medicine in Tonga (led by the Behaviour Change Coordinator of the THSSP), observed that the onset of obesity in the study group occurred during adolescence, due to physical inactivity and unhealthy eating patterns. This suggests that there may be gender factors prior to pregnancy that explain the higher rates of obesity among females. These gender differences mean that strategies for social marketing, community-level health promotion and NCD detection will need to vary according to the behaviours being targeted.

Issues and Recommendations

(a) Gender equity commitments and resources within the program:

The THSSP design calls for the appointment of a Gender Advisor, funded through the Program, who will develop a Gender Strategy that focuses on: identification of, and support for, gender positive projects within the program; sex-disaggregated monitoring; and reporting templates with a field for gender outcomes of the program.

The fact that this has not yet occurred may be partly explained by overall program delays, but it is also an important signal about perceptions of the relevance of gender to the program. Since women are the primary users of the health system in Tonga and indicators, such as maternal mortality, are good, gender was not regarded as a critical issue.

International evidence indicates that gender mainstreaming is most effective when there is both a gender advisor and a gender action plan attached to a program. On the other hand, there was strong advice from some MoH stakeholders that it would be more meaningful and useful (and beneficial for health outcomes) to focus in the first instance on sex-disaggregating data, rather than on establishing gender "infrastructure and tools" within the program - ahead of sensitisation to the importance of this area. As a "new" theme, a supportive way to highlight gender differences in NCD risk factors and outcomes is to focus on analysis of the sex-disaggregated results from the surveys.

It is therefore advisable for THSSP to take a phased approach to initiating equity and inclusion work. At this stage, it would be valuable to identify an external Gender Advisor to support the program. A good first engagement would be for the Advisor to support the team on: 1) the analysis of the sex-disaggregated data generated by the STEPS and KAP survey; and 2) the development of an action plan to progressively enhance the gender responsiveness of the THSSP over the next 12 months.

Awareness of the important statements and resources for promoting gender equity within the program should also be enhanced among program stakeholders. The GoT has a recently revised its Gender and Development Policy that applies to all ministries and this includes a broad section on gender and health.

Recommendations

- That a Gender Advisor be appointed to support the program and that their first engagement be to support the team on the analysis of the sex-disaggregated data generated by the STEPS and KAP surveys
- That THSSP team follow up and engage with GoT gender and policy department to ensure that the program has a gender equity focus

(b) Integration of gender equity into program implementation

The NCD Implementation Schedule (workplan) is a succinct document, providing a clear implementation plan for THSSP staff but not explicitly addressing gender equity. The schedule could be the vehicle for equity strategies to be converted into actions. Importantly, gender outcomes have recently been added as a field to the new reporting templates for the THSSP.

According to the original position description in the design, the Program Manager has a key oversight role to ensure that the men and women have access to participating in, and being reached by, program activities. With the revised program structure, the Technical Coordinators may be better placed to undertake this task. The Program Manager should still ensure that women and men have equal access to professional development opportunities through the Program.

Recommendations

- That activity reporting for the program follow the new reporting templates with respect to gender outcomes;
- That the technical coordinators take responsibility for ensuring that opportunities for participating in, and being reached by, the program are equitably distributed;
- That the Program Manager continue to ensure equitable access to professional development opportunities for all MoH staff through the Program.

(c) Gender equity in data analysis

While there was a strong appreciation of the sex-related differences in patterns of smoking, alcohol use and obesity, there was limited consideration of the reasons for these differences, or how they might affect program strategies. It is likely that the Behaviour Change component will need to engage with (and perhaps refashion) customs relating to women and men's social roles and practices, such as women not exercising once they become mothers, or the acceptability of binge drinking among men and youth. Gender analysis may also reveal whether different patterns exist for variables such as the prevalence of cardiovascular disease and diabetes, NCD-related complications, or stage of condition when a person seeks health services. There is currently no clear evidence of gender differences with respect to NCDs in Tonga (e.g. data from the Diabetes Centre for 2010 showed that 22 men and 20 women had amputations), however the more comprehensive STEPS survey should investigate this in more detail.

Both the STEPS survey and the associated Knowledge, Attitudes and Practices (KAP) study are sex-disaggregated and so they will yield information on differences between men and women in NCD risk factors, health care seeking, as well as knowledge, attitudes, and practices. Technical support would then be valuable to support analysis of the data, to discern sex-differences in the core performance targets (e.g. obesity, smoking), and to consider how to use the information for the targeting of program strategies and health promotion messages.

The survey data may also need to be complemented by small scale qualitative consultations to better understand prominent findings or patterns in the results (e.g. why one group eats more unhealthy food than another; why physical activity is limited among one age group).

Sex-disaggregated targets have been proposed for the M&E Framework and Implementation Schedule.

Recommendations

- That all survey instruments and M&E schedules are reviewed to ensure appropriate disaggregation of data for gender analysis;
- That the results from the Gender disaggregated STEPS and KAP survey be the entry point for gender analysis support whereby an advisor can support the MoH in identifying high risk groups to target for tailored social marketing strategies.

5.3 Disability Inclusion

In terms of disability inclusion and NCDs, the overriding objective is that all people with disabilities are included in the benefits and reach of the program. There is then a need for the health service to be responsive to the growing disability prevalence related to NCDs. However, this is secondary to the principle of inclusion for all.

In 2006, the first National Disability Identification Survey was undertaken in Tonga. The survey identified 2,782 people with disabilities in Tonga (51.5% were females, 48.1% males and 0.3% transgender), or 2.8% of the total population. The survey report cautions that this figure is an under-estimate since challenges with defining disability, then translating it into Tongan, and social stigma meant that it is likely that some people were not reached. The World Health Organization also estimates that disability prevalence typically accounts for at least 15% of a population[19]. On current figures alone, there is a large community of people with disabilities within Tonga to be actively included within national NCD prevention and control programs.

The *World Report on Disability* states that evidence increasingly indicates that, "people with disabilities experience poorer levels of health than the general population". The Report noted that behavioural risk factors such as low levels of physical activity may be more prevalent among people with disabilities, placing them at higher risk of chronic conditions. Findings suggest that people with disabilities may have a greater susceptibility to NCDs, and so underlines the particular importance of reaching this population group in NCD prevention, control and management efforts.

In preparing to scale up primary and secondary prevention of NCDs, the accessibility and acceptability of health care for people with disabilities was important to explore. A striking finding is different levels of access for people with different impairments. Vaiola Hospital has a "mental disability" department, with outpatient and semi-permanent patients and the Head Psychiatrist has just been appointed by the Prime Minister to be the "National Focal Point for Disability" in Tonga. There are an estimated 1000 mental health care seekers on Tongatapu, and up to 300 on Vava'u and Ha'apai. The situation is different for people with other impairments. According to the clinician at the Diabetes Centre, the centre had not received any patients with disabilities unrelated to diabetes. Anecdotally, people with disabilities felt that they were often left till last in waiting queues in the outpatient department and that attitudes of health workers varied in levels of respect towards them.

Two MoH staff raised the fact that the people with disabilities who experience the greatest barriers are those who live alone, especially the aged. Staff described "eye opening" and "heart breaking" cases of people with vision impairments and amputations who were unable to leave their house, and whose family was overseas or not caring for them. Without home visits or access to transport, these people do not receive health care. A disabled person's organisation noted that once people are discharged from hospital, "the care stops".

Issues and Recommendations

(a) Integration of disability inclusion in program implementation

The Program design does not include any reference to people with disabilities, and the current workplan does not have targets that aim to specifically recognize people with disabilities and address their needs with respect to NCDs. There are, however, several ways in which the program can enhance disability inclusion.

Reaching out to the community is a strength of the THSSP. With international data indicating the higher NCD-related health needs of people with disabilities, THSSP must include people with disabilities in all activities (i.e. screening and detection, prevention campaigns, surveying, health service outreach and access efforts). One of the first roles for NCD nurses is to compile an NCD health profile of the villages connected to their health centre. This will be the opportunity to identify the people with disabilities in their area and their living and health circumstances and needs.

Of the four Health Centres visited for this review, only one had a ramp and double access doors, but the

[19] World Health Organization. 2010. World Report on Disability – Factsheet www.who.int/disabilities/world_report
[19]WHO Guidelines are available at: www.who.int/disabilities/publications/technology/wheelchairguidelines/en/index.html

doorways to the consultation rooms and sex segregated bathrooms were not wide enough for a wheelchair. Information is not yet provided in accessible formats, although adjustable beds had been ordered.

A manual for health centres which includes standards for services, equipment, stocks and facilities, is currently being developed by THSSP staff. The program has added adjustable beds to the equipment list for each health centre, which is a positive measure for people with restricted mobility. Before the manual is endorsed, the program could consider engaging NATA (the local disabled persons' organisation) to review the standards to ensure that disability-specific needs are incorporated. Even if these items are achieved over time, inclusion of them in the manual means that they are officially recognised and have a greater likelihood of being provided.

Recommendation

- That the guidelines for Health Centres specifically include the identification and targeting of people with disabilities within their work programs including the relative roles of the HOs and NCD nurses with respect to this;
- That the guidelines for facilities and equipment in Health Centres specifically address access for disabled persons including:
    (a) Health Centre renovations include at least one room with wheelchair access so that persons with disabilities can be examined with privacy;
    (b) Inclusion of a working vehicle and funding to run the vehicle so that home visits can be carried out.

b) Availability of assistive devices and therapeutic services:

At present, there is 1 physiotherapist working at Vaiola Hospital, who specialises in sports physiotherapy. This lack of physiotherapy resources for other conditions, for example cerebral palsy, may result in people who could have been helped to sit or stand through physiotherapy, not receiving appropriate care and spending their days lying flat. The only rehabilitation service on Tonga is provided by Mango Tree, a local NGO supported by a Korean charity. They currently provide care for 80 children and adults with severe impairments, including spinal cord injuries, and engage volunteer physiotherapists from NZ and Australia to support this work. The local disabled person's association said that community-based rehabilitation was "not at all" available in Tonga. The Diabetes Centre, which has a growing patient list, including many people with amputations or mobility impairments, has only one wheelchair and no walking frames or assistive devices to provide to patients.

It is important to note that services related to wheelchair service provision need to align with the WHO Guidelines on Wheelchair Service Provision[20] to ensure that people have access to appropriately fitted wheelchairs and not donated ones that could cause secondary deformities and even premature death.

Recently, an international NGO from the US had set up a prosthetics & orthotics clinic within the hospital. Staff had very little information on the group, but the NGO had apparently taken people's limb measurements and were planning to return again to Tonga to fit the limbs. It was believed patients would be charged for this service, and it was not known whether this was a short or long term program.

Of note, Motivation Australia is planning to do a feasibility study elating to wheelchair service provision in Tonga in the coming months, and this would be a good linkage for the Diabetes Centre[21].

---

[20] WHO Guidelines are available at: www.who.int/disabilities/publications/technology/wheelchairguidelines/en/index.html

[21] AusAID is embarking on a mapping of disability-related policies, programs and services in the Pacific region, to be completed by October 2011. This report will be a valuable resource for the MoH, especially for the Diabetes Centre and the health centres, especially in terms of low–cost assistive devices, strategies for the provision of hospital and community-based rehabilitation services, and disability-sensitisation training modules for health workers. Australia also supported WHO to develop a video training package on wheelchair service provision. This resource increases the efficiency and effectiveness of wheelchair service provision and is expected to reduce the cost of such training by 50 percent. The Solomon Islands was selected as one of the filming locations, making

Recommendations

- That a Disability Sub-strategy within Strategy 4 be added to the Workplan and it include budget for wheelchairs, adjustable beds, walking frames etc.
- That the MoH consider funding additional rehabilitation physiotherapists to support centre-based outreach work for the Diabetes Centre. Funding from the "Critical Staffing Deficiencies" could be used for this.
- That funds also be allocated from the NCD component of the THSSP for the contracting and training of physiotherapy assistants to work under this person's supervision.

(c) Sensitisation of health workers to working with people with disabilities

Health workers do not currently receive training on how to consult and care for people with disabilities, including how to communicate and how to provide health information in accessible formats, such as large format or Braille. With little prompting, the Chief Nursing Officer within the MoH said that this kind of sensitisation training was "very much needed".

The NCD curriculum will need to sensitise nurses to the rights of people with disabilities, and to equip them to respectfully and competently identify, communicate, and provide health care and service referrals for people with disabilities.

Recommendation

- That components on the gender, disability, island and age equity be included in the NCD nursing curriculum as well as training in the identification of people with disabilities.

(d) Inclusion of disabled person's organisations in decision making and research

Civil society groups have been invited to be members of the NCD subcommittees but these have not included representatives of disabled persons. Their inclusion would enable people with disabilities to contribute to the planning of activities and messages, and to ensure that people with disabilities are portrayed positively as part of Tongan society and are reached.

The World Report on Disability calls for improvements in data collection to improve understanding of the health of people with disability. The experience of the national disability identification survey indicates that stigma discourages people from acknowledging a person with a disability within their household. The collection of disability-disaggregated data in the forthcoming census and demographic health survey is best approached in consultation with a disabled persons' organisation such as NATA, to ensure that the process is sensitive, accessible and feasible. The involvement of people with disabilities as enumerators would greatly assist this process.

Recommendation

- That an invitation is extended to disabled person's organization to be members of the NCD Subcommittees.
- That the MOH advocate for the inclusion of disability in the forthcoming census and demographic survey
- That the MoH advocate for disabled persons' organizations such as NATA to be consulted with respect to the forthcoming census and demographic health survey to ensure that the process is sensitive, accessible and feasible.

5.4 Equity for the Outer islands

As an island nation spread over 800 km, distance equitable health service coverage is difficult. Plane and boat connections to some of the smaller islands are not frequent and can take up to 1 day in travel time from the

---

it the first of such a resource to be filmed in and specifically relevant to Pacific Island countries. (Conversation with AusAID Regional Specialist, Disability Inclusive Development, 4 August 2011)

district town. Due to their remoteness, the outer islands are a less attractive post for health workers and for outreach visits. Importantly, in the most scattered group of islands (Ha'apai) the MoH and THSSP do not have access to a boat for outreach visits or patient retrieval.

The outer islands are not explicitly mentioned in the program design, however Strategy 3 of the workplan includes a component on the roll-out of a facilities upgrade to all health centres, and the procurement of a boat to facilitate access to the outer islands for this work. Substantial budget is allocated to the procurement of the boat as a demonstration of commitment to outer island outreach.

Issues and Recommendations

(a) Prioritisation of Services to Outer island

KRA 3 of the corporate plan specifically aims to address the issue of isolation for services in the outer islands. While the program design does not specifically refer to the Outer islands, it is generally understood that they should be included early or preferentially in all program activities.

Recommendation

- That the Outer Islands be included early or preferentially in all program activities .

(b) Analysis of Patterns on Outer Islands

A recent study on rheumatic heart disease (RHD) in Tonga found that pockets of the RHD were largely concentrated on two islands, one being in the Niuas which is the furthest island group from the main island. Data for the STEPS Survey and for the forthcoming DHS survey will distinguish the results according to island, and this will be important for analysing the burden of disease and outcomes to assess the level of outreach and facility-based care needed for the outer islands. As an example, one MoH stakeholder believed that amputations from foot sepsis affected more people from outer islands than from Tongatapu.

Recommendation

- That the STEPs and DHS surveys be analysed specifically to identify any geographical variations with respect to disease burdens and level of outreach and, if found, strategies be developed to address these.

(c) Outreach Services

The provision of outreach services to the outer islands is a dedicated strategy within KRA 3 of the Corporate Plan that the THSSP can support. The MoH envisages visiting each outer island for 2 weeks every quarter; however this plan has not yet been implemented.

Recommendation

- That the reasons for the failure to implement a satisfactory schedule of outreach specialist visits be explored and funding be provided through the THSSP if this is found to be an inhibiting factor and AusAID and the MoH agree this is appropriate for the program.

(d) Boat procurement

As one THSSP coordinator stated, 'procuring a boat' is the crux of the outer island equity strategy'. Procurement of a fit-for-purpose and safe vessel will enable the program to implement the workplan with respect to the Ha'apai group of islands within a timely period.

Recommendation

- That the scoping study for purchase of the boat for Ha'apai be expedited.

6. MONITORING AND EVALUATION

6.1 Key Findings

A monitoring and evaluation schedule was developed with the development of the workplan in Oct/Nov 2010 and funding was included in the budget for the program to contract an officer to assist the Information Section with the collection of appropriate information for the monitoring and evaluation schedule. This schedule was reviewed and expanded in July 2011.

The plan is divided into a selection of true outcome indicators (national indicators) the majority of which are taken from the Partnership for Development and the MoH Corporate Plan. Because of the nature of this program where true outcome indicators will not show improvement for many years, a number of progress milestones or deliverables were also included.

There is general agreement the broad outcome measures are appropriate. It is felt, however, that intermediate indicators need to be included so that interim outcomes can be demonstrated by the team. In addition, the ET+ has asked for a list of progress milestones by quarter so that they can easily verify at the ET+ whether progress is adequate or not.

Examples of intermediate indicators may be the % of villages screened for HT and Diabetes. Similarly a schools mini KAP survey could be developed and given to each school on enrollment in the program and yearly thereafter. Questionnaires could also be developed to assess the impact of education sessions on the knowledge and attitudes of students after participating in education sessions as part of the schools program.

6.2 Key Recommendations

- That the M&E framework be revised to include intermediate indicators to improve outcome monitoring and progress milestones by quarter so that the ET+ can monitor progress more effectively.
- That intermediate indicators with respect to Behaviour Change Communication focus on a coordinated schools program through tools such as a mini schools KAP survey;
- That all indicators in the M&E are reviewed to ensure that appropriate disaggregation for gender is made and that measures relating to disability are included;
- Other recommendations related to M&E have already been discussed and include:
    - Ensuring that youth are surveyed either separately or as part of other surveys such as the STEPS or KAP surveys
    - Assisting in the development and documentation of the information required to be collected from each health centres (minimum data set) and ensuring that this is integrated with data from the diabetes centre and hospital on a regular basis to ensure that there is ongoing meaningful information about primary and secondary risk factors, disease status and complications in the country (including the community).
    - Assisting in developing systems to collect and collate this information and report consistently on it.

7. PARTNERSHIP AGREEMENT; SUBSIDIARY ARRANGEMENT & FUTURE REVIEWS

7.1 Partnership Agreement

Priority Outcome Two of the Australia – Tonga Partnership for Development clearly places health as a priority for Tonga and delineates key outcomes that are desired from the partnership with Australia as follows:

"The Partnership will provide technical and financial support to the Government of Tonga (GoT) to implement the Ministry of Health's Corporate Plan 2008/9 – 2011/2012 to achieve the targets of:

- Reduced prevalence of non communicable disease risk factors including:
    - Tobacco Use: 2% decrease in the prevalence of smoking by 2015;
    - Obesity: 2% decrease in the prevalence of overall obesity by 2015.
- Budget for preventive care reaches 10% of total public health operational budget by 2015;
- Primary health care to all communities in Tonga to follow a common national standard including utilization of this standard."

Discussion Points

Note that most of these points have already been discussed under the appropriate strategy but are repeated here for completeness.

Discussion of the high level of risk factors for NCDs in Tonga.

As shown in the background section of this document risk factors for cardiovascular NCDs are by far the biggest threat to the continued health of the Tongan people. It is therefore appropriate that the Partnership for Development between the two countries focus on this threat with respect to additional donor support. The first target which relates to the prevalence of non-communicable disease risk factors in Tonga (decrease in both smoking and obesity by 2% by 2015) are aspirational but are very unlikely to be achieved.

Recommendation

- That consideration be given to changing the targets with respect to cardio-vascular risk factors for NCDs and that intermediate outcome targets be developed for inclusion in the PfD.

Discussion of the Preventive Health Care Budget

The Partnership for Development notes that proportion of the total MoH budget dedicated to NCD prevention needs to be increased but notes that both primary and secondary prevention should be included in determining this budget. It is clearly recommending that funds be directed towards primary prevention and secondary prevention in the community. This can be achieved either by increasing the budget for primary and secondary prevention or by reducing the budget to curative care or a mixture of both.

The THSSP is strongly supporting this strategy both by providing direct funding for primary NCD prevention and by recommending the establishment of a cadre of NCD Community nurses who will work with the Health Officers in the Health Centres but have a specific responsibility for coordinating NCD primary and secondary prevention activities for the population within their catchment area.

In determining the preventive health budget, it is important to ensure that secondary preventive activities such as the screening and management of hypertension and diabetes are included as part of the preventive health budget. In western countries, these interventions have been very successful in reducing the burden of NCDs (CVD) to the health system. It should be noted that the PfD specifically notes that the preventive health budget should include primary and secondary prevention activities.

Recommendation

- That secondary preventive activities such as those that will be undertaken by the NCD Community nurses be included when considering the percentage of the budget that is devoted to NCD prevention activities.
- That priority be given to continued advocacy by the MoH and AusAID to increase the MoH budget so that increased emphasis can be given to NCD primary and secondary risk factor reduction.

Common standards for National Primary Care

This is a key platform of the THSSP and particularly in Strategy 3 which involves the establishment of a cadre of NCD community nurses who will work as a team with the Health Officers in the Health Centres.

The Coordinator of this strategy will work closely with the Section Head for Community Health and with the Nursing Division to ensure that the roles and responsibilities of the Health Officers, NCD nurses and MCH nurses are clearly delineated so that they work as an effective team. Practice guidelines for the Health Centres which cover both the Health Officers and the NCD nurses will ensure that there are common standards and protocols for the delivery of preventive and primary care for NCD in communities in Tonga. The Operations manual should be developed in stages and should include the following over time. Note that stage two and three could be completed simultaneously.

1. (Dec 2011) Service Delineation guidelines including: the delineation of:
    a. The services to be conducted in HCs
    b. The staff required to conduct these services;
    c. The facilities and equipment needed at each HC.
2. (June 2012) Inclusion of technical procedures and guidelines such as:
    a. Ordering drugs and medical supplies
    b. Organising repairs;
    c. Cleaning and domestic services;
    d. Transferring a patient to hospital;
    e. Key contacts in the Ministry/hospital.
3. (Dec 2012) Guidelines and checklists for the HOs and NCD nurses in undertaking their duties with respect to the NCD program including (N.B. this is coordination and Management of care more than clinical treatment of condition):
    a. Procedures for screening the village;
    b. Procedures for following up patients diagnosed with HT or diabetes eg frequency of testing; when to refer to hospital; education to be given.
    c. What to include in house visits;
    d. How to follow up pts with complications such as neuropathy or diabetic sepsis or eye problems;
    e. How to manage pts with amputations.
4. (Dec 2013) Clinical Guidelines which realte to the actual clinical management and treatment of the diseases for the clinical staff.

While the Operations Manual is included as part of the program and will commence with items relating to the NCD program it should expand over time to include all activities within the HC. Certainly the guidelines which already exist for RH nurses should be included as soon as possible.

Recommendation

- That the Operations Manual for HCs be used as a means to institute common national health standards for all communities in Tonga.

Measurement

Both the Partnership and the THSSP place a strong emphasis on the importance of close monitoring and evaluation of the program as it progresses. Nevertheless, while a monitoring and evaluation framework has been developed for the THSSP and will be revised, baseline data for many of the indicators rely on surveys such as the STEPS survey and/or the introduction of robust reporting from the HCs. Significant assistance (possibly external) may still be required to ensure that key data particularly from HCs are available and can be integrated with hospital and Diabetes Centre data. The review will recommend that priority be given to this aspect of the THSSP and that additional resources be devoted to it.

Recommendations

- That the collection of baseline data for the M&E framework be given priority in the THSSP workplan;
- That the collection, collation and reporting of information from HCs and integration of this with HIS and Diabetes Centre data be given a high priority within the THSSP.

Implementation through MoH systems

While the aim of the THSSP was that all activities would be undertaken through MoH normal processes, as mentioned previously, one of the key findings of the review is that there is a risk of a parallel system being introduced. There are understandable reasons for this, but it is imperative that this trend be reversed as soon as possible. This is discussed in more detail under Program Management (Section 3.1)

Commitments to Gender Equality and Disability

While there is explicit mention of gender and disability in the Partnership Agreement and to the need to collect disaggregated data at all levels, no details are included. Recommendations have been made to providing more emphasis on this in the THSSP. This is discussed in more detail under Section 5: Gender and Inclusion in this document.

Health Public Expenditure Review and Hypothecated Taxes

The Public Expenditure Review has been completed and the key recommendation of undertaking a costed workplan for the THSSP has also been completed. Another explicit recommendation of both the Partnership Agreement and the HPER is that the GoT introduce an hypothecated tax (for example on alcohol and/or tobacco) which is earmarked for the MoH budget to address NCDs.

This has been investigated both through the HSPER and the THSSP but there does not seem to be the belief that it can be successful. This needs to be further investigated.

Recommendation

- *That the Governments of Australia and Tonga revisit hypothecating funds from taxes on alcohol and tobacco, and other revenue in support of increasing the MOH preventative health care budget, at the next Partnership talks. Pending these discussions, the PfD may be amended accordingly.*

7.2 Subsidiary Arrangement

The current subsidiary arrangement for the THSSP is for 4 years and A$7.5 million. Because of the delays in implementation of the program it is unlikely that the full funding will be disbursed during the 4 years and it may be appropriate to consider a no cost extension of one or two years to the Subsidiary Arrangement at this point.

Recommendation

- That a 1 or 2 year extension to the Subsidiary Arrangement be considered by the independent midterm review;
- That if funds are unable to be expended in a suitable timeframe, consideration be given to increasing the Flexible Fund and/or providing further funding for drugs and medical supplies.

7.3 Future Reviews

This review has been very timely in identifying some potential issues before they become major concerns and allowing some adaptations to emphasise some of the important areas for both AusAID and the MoH such as integrating the THSSP into the Ministry better and placing greater emphasis on gender and inclusion.

Recommendation

- That a program of regular reviews of the program be implemented. It is recommended that another smaller review be undertaken in six months to evaluate progress with respect to the recommendations from this review and that formal program reviews be undertaken yearly after this. The Strategic Health Advisor should continue to provide progress updates to AusAID each three months.
- It is also recommended that the scope of each review cover a) General Progress and b) Finance and Procurement and that each review also include mini reviews of specified areas. These could include one or two of the following:
    - Health information collection and reporting (6 month – Feb 2012)
    - Outer Islands (6 month – August 2012);
    - Health Promotion (6 month – August 2013);
    - Mid Term Review – August 2013)

  The following presumes continuation of the Program.
    - NCD nursing training (6 month – Feb 2014);
    - Equipment and facilities (6 month – August 2014);
    - Gender and Disability (follow up) (6 month – Feb 2015).
- The timing of the independent Mid-term review is at the discretion of AusAID and the MoH.

8. SUMMARY OF KEY RECOMMENTATIONS

8.1 Major Recommendations

1. That program activities be better integrated into the MoH normal processes and procedures. To facilitate this, the role of the two technical coordinators as facilitators and coordinators of activities implemented through the Ministry should be reinforced and all officers (with the possible exception of the finance and procurement officer) recruited through the THSSP should report to MoH line managers and not to program staff.
2. That formal discussions with Treasury and the Public Service Commission with respect to the integration of up to 20 nursing positions into current MoH recruitment and management structures be continued. As part of this, a proposal outlining the role of the NCD Community Nurses and the importance of them being considered part of the Nursing Division and not a separate stream and asking for assistance in finding a way to achieve this within current GoT Finance and Recruitment policies and procedures should be developed.
    - That the recruitment of the NCD nurses for the NCD community nursing program be delayed until a mechanism for integrating them into routine MoH nursing structures is found.
    - In the short term, while negotiations are proceeding, two nurses could be contracted on short term (<2 years) contracts to work in two demonstration health centres on Tongatapu and assist with the development of guidelines, checklists, information gathering and curriculum devt. as the NCD community nursing program evolves.
3. That, given the enormous future burden of disease associated with obesity in the young, development of a coordinated NCD schools program be considered as a priority for the National NCD Committee. This would include each of the four key components (tobacco, Health eating, Physical Activity and Alcohol) and the 7 activity areas.
4. That transparency and accountability of reporting to MoH be strengthened through monthly reporting to ET and adopting the SUN accounting system for the program to facilitate reporting and reconciliation procedures.
5. That more attention be given to gender and disability within the THSSP and with respect to this:
    - The M&E framework be revised to ensure appropriate sex disaggregation of data;
    - That consideration be given to including a disability activity within the Diabetes Centre and Outreach strategy with particular attention being given to purchasing aids and prostheses for people affected with the complications of diabetes
    - That consistent standards of facilities and equipment in HCs include disabled access and equipment modifications needed to assist disabled persons.
9. That support be given to Ensuring that the Collection, collation and reporting of Health Information on NCDs from HCs is given priority;
10. That the Twinning Partnerships for the BCC and Nursing curriculum be expedited (if preferred a single consultant could be recruited to assist with the nursing curriculum devt.)
11. That a program of regular reviews of the program be implemented. It is recommended that another smaller review be undertaken in six months to evaluate progress with respect to the recommendations from this review and that program reviews be undertaken yearly after this. It is also recommended that the scope of each review cover a) General Progress and b) Finance and Procurement and that each review also include specific mini reviews of specified areas.

8.2 Table of All Recommendations

Full Table of Recommendations

#	Recommendation	Person(s) Responsible
Program Management		
1	Reinforce role of Coordinators as facilitators of activities and not line managers	**SHPO**/DOH
2	Find accommodation for THSSP team close to Counterparts ASAP	**DOH**/ PHA
3	Ensure contractors recruited through THSSP report to line managers	**SHPO**
4	Consider recruiting person to assist with Program Management (or External Advisor)	**DOH**/ SHPO
Strategy 1: Legislative and Fiscal Measures		
5	Include compliance unit in Strategy 1 and proceed to implement	**BCCC**/ PHA/LO
6	Re-explore hypothecated taxes or revise PfD	DOH/ **AusAID**
Strategy 2: Behaviour Change Communication		
7	Closer collaboration between BCCC and Health Promotion unit and provide office space close to counterpart	BCCC/ CMO/ **DOH**
8	Support Coordinated schools program as focus for BCC activities in liaison with Doctor 'Ofa in HPU and National NCD sub-committees	**BCCC**
9	Undertake review of effectiveness of Health Promotion activities in Tonga	**BCCC**/ CMO/ CEO
10	Expedite Twinning Partnership with "VIC Health" and use to assist with recommendations 8 & 9 above.	BCCC
11	Ensure Youth (age 15-19) surveyed to get baseline and follow-up data (perhaps integrate into Schools program).	**BCCC**/ Dr Ofa
Strategy 3: NCD Community Nursing		
12	Ensure R&Rs for HOs, NCD Community nurses and RH nurses are clearly delineated and documented	**NCDCNC**/SH PHC/CNO
13	Ensure common guidelines and checklists (HC Operations Manual) developed and endorsed by all stakeholders (these will ensure common national standards)	**NCDCNC/** PHC/CNO
14	Develop proposal for PSC & Treasury for allowing nurses to be funded by AusAID but remain in Ministry and undertake follow-up negotiations	**SHA**, SHPO/ AusAID, DOH
15	Delay recruitment of majority of nurses until PSC issues resolved	**NCDCNC** /CNO
16	If negotiations with PSC unsuccessful, go ahead with contracting but ensure knowledge of any disadvanteages known and still iwthin Nursing division	**NCDCNC** /CNO
17	Take time in developing nursing curriculum and undertaking necessary public service procedures to ensure sustainability	**CNO/** SH QSSN/ NCDCNC
18	Ensure training remains under Nursing Education Section and that all stakeholders work closely together to support, monitor and supervise students as per curriculum.	CNO/ **SH QSSN/** NCDCNC
19	Expedite appointment of external nursing advisor to support currculum development	CNO/ **SH QSSN/** NCDCNC
20	Contract nurses for up to 4 demonstration HCs to pilot activities and verify procedures, processes and links	**NCDCNC/** CNO
21	Ensure contract nurses have equal pay with MoH Counterparts including superannuation contributions	**NCDCNC/** CNO
22	Develop plan for gradual re-absorption of nurses into Ministry over time.	SHA/ DOH/ **CNO/ CNCCNC**
23	Expedite hospital efficiency review	**NCDCNC**
24	Ensure adequate funding for upgrading of Health Centres	**NCDCNC**
25	Prioritise infrastructure audit of HCs in outer islands early (with contracted local assistance where needed)	**NCDCNC**
	Expedite scoping study for boat	**NCDCNC**
26	Prioritise development of a robust and timely NCD information reporting from HCs and collate with HIS and DC NCD information.	**SIO**; NCDCNC; PHC; CNO
27	Contract external assistance, where needed.	**SIO**

Stategy 4: Diabetes Centre, Outreach and Clinical Services		
28	Include a Disability Sub-strategy within Strategy 4. and include budget for wheelchairs; adjustable beds; walking frames etc.; and consider including physiotherapy assistants	**NCDCNC**; Diabetes Centre
29	Provide funding for screening of pregnant women for Gestational Diabetes	NCDCNC/ **Act MS**/ CNO
30	Measure outcomes so that results monitored and reported on	NCDCNC/ **Act MS**/ CNO
31	If a limiting factor, provide funding for other outreach services to the islands	**DoH**/ NCDCNC/Act MS
32	Change name to "Diabetes Centre, Outreach and Clinical Services"	DOH/ ET+
Financial Management and Procurement		
33	Make all staff aware of availability of funds to address critical staffing deficiencies	**PHA**
33	Adopt SUN accounting system to make reporting and reconciliation easier	PA/**FPO**/PHA/SAO
34	Purchase extra license for SUN system	**PHA**
35	Train finance staff in SUN system	PA/**FPO**/PHA/SAO
36	Encourage THSSP staff to work more closely with MoH counterparts to strengthen skills and build capacity	PA/**FPO**/PHA/SAO
37	Increase frequency of financial reporting for program to monthly	PA/**FPO**/PHA/SAO
38	Table financial reports to ET monthly	PA/**FPO**/PHA/SAO
39	Continue discussions with MoFNPto have Sun System chart of accounts to allow more detailed reporting	PA/FPO
40	Organise GPU to train staff in GoT procurement guidelines	SHPO/PA
41	FPO to develop the THSSP Fixed Asset Register (FAR)	**FPO**
42	Integrate THSSP FAR into MoH FAR	**FPO**/SAO
43	Undertake annual stocktake to confirm assets in FAR	SHPO/**FPO**
44	Program Management work closely with SHA to develop 2012/13 budget and do budgeting themselves thereafter	**SHPO**/PA/BCCC/NCDCNC /FPO
45	Program Management identify financial areas in which they need training	**PHA** (Tua'koi)/SAO/FPO
46	PA to develop a Finance and Procurement Policy and distribute to all staff	**PA**
47	Consider an annual external audit to provide assurance of program expenditure	**SHPO/ PA**
48	Fund additional local accounting support, if required	**SHPO**

Gender and Disability Inclusion		
50	Promote awareness of Corporate Plan and PfD support for gender & disability	**SHPO**/ DOH
51	Start using new reporting templates which include gender outcomes	**SHPO**/BCCC/NCDCNC
52	Ensure technical coordinators take responsibility for ensuring equal opportunities for participating in, and being reached, by program	**BCCC**/ NCDCNC
53	Continue to ensure equitable access to prof.devt ffor all staff through program	**BCCC**/ NCDCNC
54	Review all survey instruments to ensure disaggregation of data for gender analysis	**BCCC**
55	Make the entry point for gender analysis support after collection of sex disaggregated data from STEPs and KAP surveys and use to tailor social media strategy to identified high risk target groups	**BCCC**/ SHPO
56	Ensure guidelines for NCD nurses & Hos specifically include targeting people with disabilities.	**NCDCNC**/ CNO
57	Ensure infrastructure and equipment guidelines for HCs specifically target needs for disabled people.	**NCDCNC**/PHC/ CNO
58	Include a Disability Sub-strategy within Strategy 4. and include budget for wheelchairs; adjustable beds; walking frames etc.; and consider including physiotherapy assistants	**NCDCNC**
59	Consider funding a rehabilitation physiotherapist for centre based and outreach work for diabetes centre through critical staffing deficiencies funding	**NCDCNC**/ Diabetes Centre/ PHA/ DOH
60	Allocate funds for contracting and training physiotherapy assistants to be supervised by this person	NCDCNC/ Diabetes Centre
61	Include gender, disability and other equity factors in nursing curriculum	CNO/ **SH QSSN**
62	Invite disabled person's organisation to join NCD committees	**DOH**/ CMO
63	Ensure that disabiity is addressed in forthcoming census and demographic survey	**SIO**/ BCCC
64	Consult with disabled person's association (NATA)to ensure census and demographic surveys are sensitive accessible and feasible for disabled people	**SIO**/ BCCC
65	Ensure NCD Nurses' activities reach all people with disabilities - men and women	**CNCBCC**/ CNO
66	Ensure Outer Islands benefit from all activities early or preferentially	**DOH**/ SHPO/ NCDCNC
67	Analyse STEPS and DHS specifically to identify geographic variations for disease burden and level of outreach.	**SIO**/ NCDCNC
M&E; Partnership for Development; Subsidairy Agreement and Reviews		
68	Review and revise the M&E schedule to include intermediate indicators	**SHA**; AusAID, SIO
69	Develop intermediate indicators for a schools KAP survey for the schools program	**BCCC**/ SHA
70	Review all indicators to ensure that appropriate disaggregation for gender is made and that measures relating to disability are included;	**SIO**/ Equity advisors
71	Review PfD for appropriateness especially with respect to cv risk factors for NCDs	**AusAID/ PSHA**
72	Continue advocacy for increasing GoT budget to MoH for NCD prevention activities	DOH/**AusAID**
73	Ensure that Secondary Preventive health activities are included when measuring preventive health budget for PfD.	**PHA**/ AusAID
74	Develop criteria for measuring Primary and Secondary preventive budget to ensure consistency over time.	AusAID/ **PHA**
75	Collect baseline data for M&E as a priority in THSSP	**SIO**/BCCC/NCDCNC
76	Consider a 1 -2 year no cost extension for Subsidiary Arrangement	**AusAID/ MoH**
77	Undertake Review of progress with recommendations in 6 months and yearly reviews thereafter	**AusAID/ MoH**

ANNEXES

Annex 1: Terms of Reference for the Review

1. Background

The Government of Tonga (GoT) has developed national objectives and priorities for health that are reflected in Tonga's Strategic Development Framework 2011 – 2014, the Ministry of Health's Corporate Plan (2008/09 – 2011/12) and National Strategy to Prevent and Control Non-Communicable Diseases (2010 – 2015). These are reflected in the Australia-Tonga Partnership for Development which was signed in August 2009. Priority Outcome Two of the Partnership articulates Australia's support to the national health priorities as follows:

- Reducing prevalence of non-communicable diseases risk factors;
- Improving community health services; and
- Increasing the budget utilised for preventative health.

AusAID is supporting the GoT achieve these objectives through the Tonga Health Systems Support Program (THSSP). While Australian support to the health sector in Tonga is based on a 10 year timeframe, the Subsidiary Agreement for THSSP covers the first four years (2009 – 2013) and provides AUD$7.5 million.

The Program is designed to support the GoT's own strategy and planning for the health sector with a focus on assistance to the MoH to improve health service delivery. The program utilises Government of Tonga (GoT) and MoH systems for planning, implementation, procurement, accounting and reporting.

Under the Program, assistance is available to:

- implement strategies to improve systems which are constraining health service delivery in Tonga (focusing on components 1 & 3 of the corporate plan, and implementation of the national strategy to prevent and control NCDs);
- finance, on a temporary basis, critical service delivery deficiencies while longer term solutions to deficiencies are developed and implemented;
- build the MoH's capacity to manage, utilise and report on the Program; and
- finance joint monitoring and evaluation.

The allocation of AusAID funds is determined in the MoH Annual Management Plan with three year forward commitments specified and approved by a strategic oversight committee known as the THSSP Executive Team Plus (ET+) comprising the MoH Executive, AusAID and two Tonga Health NGO representatives, Ministry of Finance representative and WHO country officer. THSSP also includes a flexible fund to enable MoH immediate access to funding for unplanned small scale and/or urgent work.

To assist both AusAID and the GoT to monitor the operation and achievements of the Program and to make adjustments to its operation when needed, it was envisaged in the design framework that Six-Monthly Reviews would take place throughout the duration of the Program. These reviews would occur in a context of the Ministry's own monitoring framework for the sector – the Balanced Scorecard – and would reinforce that system.

To assist AusAID in overall strategic planning of the program and with technical advice, a Strategic Health Adviser was engaged by AusAID. Because of the significant delay in recruiting key program staff, the Strategic Health Adviser has also provided advice and guidance to MoH, where possible, to assist the MoH keep the program moving.

Implementation of activities was delayed in the first year due to delays in recruiting a dedicated management team. The design framework envisaged that an Establishment Adviser would be the key position to provide leadership and maintain the focus of the THSSP. Recruitment of this position was unsuccessful, and as such, it was agreed that two technical coordinators (Behaviour Change/Health Promotion and Community Health) and a program administrator be recruited to manage key aspects of the program. The new team started in late January 2011 and report to the THSSP Program Manager (the MoH A/Principal Planning Officer).

While implementation of THSSP has been slow, in May 2010 the program conducted a Public Expenditure Review (PER) of the health sector. The PER reiterated the need for dedicated funding for primary heath care based activities and reducing NCD risk factors. A key recommendation of the Health PER was to undertake a Costed Workplan to facilitate the implementation of activities. This work was undertaken by the Strategic Health Adviser in Oct/Nov 2010.

Through AusAID's Pacific Regional Program, Australia provides additional substantial assistance to the Tonga health sector, including funding for:

- The prevention and control of NCDs, through the SPC & WHO. The Tonga Health Promotion Foundation receives funding through this mechanism via the SPC.
- The Tonga Family Health Association through the international Planned Parenthood Federation.
- HIV and other STI prevention, treatment and care programs through the SPC.
- Visiting Surgery Teams from AusAID's Pacific Regional Program.
- The Pacific Senior Health Officers Network and activities flowing from this, initially focussed on health workforce planning, through the Australian Department of Health and Ageing.
- Medical Equipment Management.
- The Fiji School of Medicine.

Under the bilateral program AusAID also funds scholarships to study at regional tertiary institutions some of which are used to train health workers as prioritized by MoH.

The design framework of the THSSP recommends six monthly reviews to examine and report on the program. While this program has been in operation for 18 months, in consideration of implementation delays, this is the first six month review of the program.

2. Purpose

The purpose of this Six-Monthly Review is to provide the GoT and AusAID with information about the implementation of AusAID funded support to the health sector in order to improve Australia's support to the Ministry of Health, and subsequently the operation and management of the health sector.

3. Objectives

The overall objectives of the Six-Monthly Review are:

- To assess the operation of the Program and make recommendations for improvements in the design and operation of the Program, as appropriate.
- To assess the influence of the Program on the capacity of the MoH and the health sector and document these findings.
- To assess the linkages between the Program and the health implementation schedule of the Partnership for Development and make recommendations to improve linkages.

4. Scope

The review assessment will have four components.

Activities carried out under the THSSP program to date

In relation to this, it will assess:

- any delays and provide insight into their causes and whether they have been resolved;
- the current management structure and whether it is effective in overseeing the implementation and delivery of the program;
- the extent to which the current activities will help achieve the outcomes of the MoH Corporate Plan, NCD Strategy and the Australia-Tonga Partnership for Development;
- current issues which may be inhibiting the ability of the implementation team to achieve its objectives;
- Projected timeframes for completion of activities and the risk of the project needing a no cost extension;
- The effectiveness of the Ministry's financial management of the program and procurement implementation;
- the interaction of the program with other entities working with NCDs in Tonga (eg the Tonga Health Promotion Foundation and the NCD committees; and

Management information (and the M&E Framework) for implementation and decision making

In relation to this, it will assess:

- the appropriateness and completeness of the Framework (including the collection of gender disaggregated data, and ability to monitor targets in the Partnership);
- progress achieved towards targets outlined in the Framework,
- the competency of the MoH to monitor and evaluate the indicators and milestones in the framework;
- whether additional assistance would help the Ministry with monitoring and evaluation of the program.

The role of the THSSP in achieving the objectives of the Australia-Tonga Partnership for Development
In relation to this, it will assess:

- the appropriateness of the objectives of the Partnership;
- the likelihood that the targets outlined in the partnership will be achieved,
- the extent to which the THSSP is assisting in achieving these targets;
- Recommended changes to the Partnership that could be put forward for endorsement at the Annual Partnership for Development talks (including for example, the inclusion of interim targets).

Assessment of equity and inclusion issues in planning, decision making, project implementation and reporting.
In relation to this, it will assess:

- how well gender equity and disability inclusiveness have been integrated into the program design;
- any improvements that could be made within the design to strengthen gender and disability;
- the effectiveness of current monitoring and information collection within the MoH in disaggregating information in a gender specific way;
- What other assistance is required (if any), to help improve implementation of these cross cutting issues into the program, and how this assistance should take place.

The review will also assess if six monthly reviews are still relevant, and devise a three-year review plan proposing the dates for future reviews and the focus over time of the reviews (with the intention that this will be updated at each review).

5. Reporting

- An aid memoire and a presentation will be presented to the Ministry of Health and AusAID just prior to completion of the time in country covering the key findings of the team.
- A draft report taking into account the comments from the aide memoire will be forwarded to the MoH and AusAID.
- AusAID and the MoH will prepare formal written comments and these will be forwarded to the Team Leader.
- The team will then incorporate any comments from the MOH and AusAID before a final report is forwarded to AusAID.

Annex 2: People Seen

AusAID Team:

Greta Cranston – 1st Secretary
Louise Scott – 2nd Secretary
Barbara Tu'ipulotu, Program Manager
Telusa Fotu – Senior Program Manager

Ministry of Health

Hon. 'Uliti Uata –	Minister of Health
Dr Siale 'Akau'ola	Director of Health
Dr Malakai 'Ake	Chief Medical Officer, Public Health
Dr Semisi Latu	Acting Medical Superintendent
Dr Sililo Tomiki	Chief Dental Officer
Mr Viliami Ika	Acting Principal Health Planning Officer
Mr Tu'akoi Ahio	Principal Health Administrator
Sr Sela Paasi	Chief Nursing Officer
Dr Paula Vivili	Senior Medical Officer, Public Health
Dr Veisinia Vaha'i	Medical Officer, Diabetes Centre
Dr Cathy Tekiteki	Medical Officer Public Health
Mr Sione Hufanga	Health Information Officer
Ms Louhangale Sauaki	Accounting Officer Diplomate
Ms Palu Laumape	Welfare Officer
Ms Patinia Patelesio	Public Health/ Secretary for National NCD Committee
Sr Fusi Kaho	Nurse Practitioner

THSSP staff

Dr Toakase Fakakovitaetau	NCD Community Health Technical Coordinator
Ms Kalesita Fotu	Behaviour Change Technical Coordinator
Mr Saula Maasi	Program Administrator

Ministry of Finance

Mr Tiofilusi Tiueti	Secretary of Finance and National Planning
Ms Natalia Latu	Deputy Secretary, Aid management Division
Ms Fakaola Lemani	Chief Accountant, MoFNP
Ms 'Ilaisaane Lolo	Aid management Division, MOFNP
Ms Talanaivini Vea	Principal Economist, Chief Procurement Officer, MoFNP
Mr Robert Yardley	Procurement Advisor

Public Service Commission

Ms Mishka Tu'ifua	Commissioner for Public Service

Statistics Department

Mr Viliami Fifita	Senior Government Statistician

Ministry of Education, Women's Affairs and Culture

Ms Luisa Toetu'u	Education Officer

WHO Office

Mr Wayne Antikowiak	Country Liaison Officer

Tonga Health Promotion Foundation

Ms ‘Iemaima Havea	CEO Tonga Health

Civil Society Forum of Tonga

Mr Siale Ilolahia	CEO
Mr Sione Taumoefolau	Red Cross
Ms Betty Blake	Women and Family
Ms Lola Koloamatangi	National Women and Children’s Centre
Mr Rima Misa	NATA Disability
Ms Lesila To’ia	Women and Children’s Crisis Centre