Noncommunicable diseases including childhood obesity

Noncommunicable diseases (NCDs) are a significant burden on Pacific island populations and health systems. There has been robust political recognition of the NCD crisis in the Pacific.

While the last decade has seen progress in tobacco use and physical activity levels in some Pacific island countries and areas (PICs), other NCDs, are static or worsening including childhood obesity. Tobacco industry interference is a growing problem. Enforcement of existing legislation for tobacco control is limited in some PICs. There is a lack of information in some PICs on the extent of the child obesity burden and causes in PICs which would facilitate strengthened prevention measures.

Ministers are invited to note the progress made and the challenges that remain, and endorse: 1) the report of the Pacific NCD Summit; 2) the concept note of a Pacific legislative framework on NCDs; and 3) the revised Pacific Monitoring Alliance for NCD Action (Pacific MANA) dashboard. Ministers are also invited to consider strengthening NCD multisectoral coordination nationally, to implement actions recommended by the Ending Childhood Obesity Commission and strengthening actions aligned with the WHO’s Framework Convention on Tobacco Control.
1. BACKGROUND

The burden of noncommunicable diseases (NCDs) in Pacific populations is a major barrier to achieving the Healthy Islands vision, affecting life expectancies, health-care costs and economic development.

As of 2015, average premature mortality from NCDs was nearly 394 deaths per 100,000 in PICs,\(^1\) while in Australia and New Zealand the same figure is less than 75 per 100,000.\(^2\)

All 21 PICs have made commitments at various levels to address NCDs. Most notably, most PICs are working towards the Sustainable Development Goals (SDGs), which include NCDs. Other Pacific-region commitments made to address NCDs include the Joint Forum Economic and Pacific Health Ministers Meeting (Honiara, 2014), the 46\(^{th}\) Pacific Islands Forum (Port Moresby, 2015) and the Pacific NCD Summit (Nuku’alofa, 2016).

This year, the 70\(^{th}\) World Health Assembly agreed to adopt an implementation plan for the Commission on Ending Childhood Obesity\(^3\) (ECHO) report.

2. PROGRESS AND ACHIEVEMENTS

**Pacific NCD Summit:** The inaugural Pacific NCD Summit was held in June 2016 in Tonga. At the Summit, Pacific leaders reaffirmed their commitment to take urgent and stronger action to address the Pacific NCD crisis. The Summit outcome statements were accepted (Annex 1).

**Heads of Health (HoH) Meeting:** During the HoH Meeting in April 2017, delegates committed to timely, national level implementation of the key recommendations from the Pacific NCD Roadmap, and requested that the Secretariat explore and scope the concept of a regional legislative framework on NCDs to be presented to PHMM. A concept note has been developed by the Secretariat for consideration and endorsement (Annex 2).

**Childhood obesity:** In recognition of the importance of a life-course approach, and of the growing burden of childhood obesity in most PICs, increased efforts are being seen to improve lifestyles in children. PICs participated in a consultation to inform the development of the ECHO report. Activities in the PICs include expanding health-promoting schools, proactive involvement of NGOs and communities, and incorporating integrated NCD behavioural risk factor reduction in school curricula.

**NCD risk factors:** Several PICs have strengthened tobacco control legislation, including requiring graphic health warnings on tobacco products, expansion of smoke-free public places, requiring licensing to trade in tobacco products, and are providing brief tobacco cessation interventions. Taxes have been increased on alcohol, tobacco and selected foods, such as sugar-sweetened beverages.

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\(^1\) Fiji, Kiribati, Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu.
alongside lowered taxes on some healthier food items. Updated food safety legislation has strengthened controls on food labelling and food content.

**NCD management**: Implementation of the package of essential NCD interventions in primary health care (PEN) continues to expand and strengthen NCD management. Nine PICs have included PEN in non-NCD clinics such as TB or maternal and child health.

**Multisectoral approach**: Several PICs have convened high-level multi-stakeholder consultation meetings, and developed multisectoral national NCD plans to address NCDs through a whole-of-government and whole-of-society approach.

**NCD monitoring**: To strengthen mutual accountability for monitoring NCDs across the Pacific, the Pacific Monitoring Alliance for NCD Action (Pacific MANA) has developed a MANA Dashboard monitoring tool based on agreed and recommended actions to prevent and manage NCDs. At the 2017 HoH meeting, proposed revisions to the Dashboard were accepted, and the PHMM was asked to review the revised MANA Dashboard data dictionary, with a view to its endorsement (Annex 3).

**NCD related data**: Since the 11th PHMM, the STEPwise approach to Surveillance or NCD hybrid surveys have been implemented in nine PICs with two hybrid surveys underway.

### 3. CHALLENGES

**Childhood obesity**: While data on obesity prevalence in some age groups is available in some PICs, there are significant gaps, particularly in children under 13 years of age. The ECHO report and action plan recommended interventions to prevent and reduce childhood obesity. These are consistent with existing NCD prevention recommendations, however the ECHO report reinforces the need for multiple, sustained and cross-sectoral actions to effectively reduce and prevent childhood obesity. Significant gaps still exist across the PICs in the areas highlighted by the ECHO report, and efforts to reduce the availability of and access to unhealthy foods have not been adopted beyond the school setting in most PICs.

**NCD risk factors**: Nearly all PICs have some tobacco control legislation in place, but many of these have loopholes that can undermine the potential strength of existing tobacco control measures. Tobacco industry interference further exacerbates the challenges for tobacco control by thwarting efforts to strengthen legislation. Furthermore, enforcement of existing tobacco control legislation and coverage of cessation services are insufficient in many PICs, largely due to limited human and fiscal

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resources. Strengthening taxation-based measures to improve diets and reduce alcohol consumption remains a significant challenge in most PICs.

**NCD management:** While the adaptation and adoption of PEN protocols at the national level in PICs is well advanced, challenges remain in ensuring consistency of service delivery within each PIC. Underlying factors include medicine and technology availability in some PICs and turnover of staff, and are further hindered by limited monitoring of impacts.

**NCD surveillance and monitoring:** Surveillance and monitoring of NCDs is generally improving, however there is a heavy reliance on surveys to provide key data. Given the incompleteness of data from health information systems in some PICs, incorporating greater monitoring within schools and health facilities would be beneficial. Strengthening capacity to interpret and use data is also critical.

### 4. FUTURE DIRECTIONS

#### 4.1 Recommendations for governments:

The 12th Pacific Health Ministers Meeting may consider:

- Reviewing the following documents with a view to endorsement:
  - The final report from the Pacific NCD Summit (Annex 1).
  - The concept note on a proposed Pacific legislative framework on NCDs (Annex 2).
  - Revised MANA dashboard, then monitoring the progress of NCD-related actions in PICs through the MANA dashboard data dictionary (Annex 3).

Governments may consider:

- Revitalizing or strengthening multisectoral NCD coordination, and including enhanced actions to address childhood obesity through existing programmes (e.g. health-promoting schools).
- Introducing the WHO framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children.\(^6\)
- Ensuring that, by expanding routine childhood monitoring, data is collected on childhood obesity and evidence-based national targets to end childhood obesity are set.\(^7\)
- Implementing measures to advance the implementation of WHO Framework Convention on Tobacco Control towards a Tobacco Free Pacific, such as prevention of tobacco industry interference through tobacco control laws, public service codes of conduct and other related policies.

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Directing fiscal resources from health-related law enforcement (e.g. tobacco fines) back into health (e.g. tobacco control) and strengthening taxation-based measures to improve diets and reduce alcohol consumption.

Improving the management of NCDs through the use of PEN (or other similar protocols), with an emphasis on equitable and consistent service delivery to all population sub-groups.

4.2 Recommendations for development partners

Development partners may consider:

- Supporting PICs with development, implementation and monitoring of national NCD strategies and plans.
- Continued efforts to improve collaboration and coordination, such as through the UN Pacific Thematic Group on NCDs.
- Supporting international collaboration and networking opportunities for PICs, while promoting the status and needs of PICs in the global arena.
- Supporting PICs by strengthening surveillance of NCD risk factors among primary-school-aged children.