PACIFIC NCD SUMMIT

Translating global and regional commitments into local action

20–22 June 2016, Tonga

Summit report

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Summit report

Report prepared by the Pacific Community

Pacific Community
Communauté du Pacifique

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Executive Summary

1. The Pacific NCD[1] Summit was convened in Nuku'alofa, Kingdom of Tonga on 20-22 June 2016, with the support of the Government of Tonga, the Pacific Community (SPC) and development partners (Australian Aid Program, New Zealand Aid Programme, United Nations Development Programme, United States Government, World Bank, World Diabetes Foundation, and World Health Organization).
2. The summit was opened by His Majesty King Tupou VI. In his opening address, His Majesty stressed the importance of a whole-of-government and whole-of-society approach to address the social, political and economic factors that have caused the NCD crisis.
3. The keynote address by Ms Helen Clark, Administrator of the United Nations Development Programme, highlighted that the Pacific is on the frontline of the global fight against NCDs, just as it is on the frontline of the fight against climate change. She emphasised the importance of strong leadership to turn the tide on the NCD epidemic by coordinating across sectors, empowering communities and guarding against industry interference in policy-making.
4. The Pacific NCD Summit dedicated a day of discussion to prevention and control of diabetes. In Pacific countries up to 47% of the adult population has diabetes. Up to 69% of those people have diabetes retinopathy and are at risk of going blind, while 11% are amputees. This has significant social and economic impacts and undermines Pacific sustainable development.
5. The President of Kiribati, the Prime Minister of Tonga, Pacific Ministers of Health and representatives of governments from 20 PICTs across the region, experts from development partners, non-government and academic organisations, and representatives of Pacific regional organisations attended the summit.

[1] Non-communicable diseases

Pacific NCD Summit Outcome Statements

6. The following statements were accepted and endorsed as key outcome statements based on discussions of issues presented at the summit.

Heads of Pacific Island Governments, Ministers of Health and Pacific Health Leaders:

7. Are committed to urgent and stronger action at the highest political level to address the Pacific NCD crisis, in the context of the new Sustainable Development Goals and the Pacific Healthy Islands Vision;[2]

8. pledged to establish and commit to timelines at the national level to implement the key recommendations of the NCD Roadmap, including quantified and measurable targets to achieve the Roadmap priorities recognising previously agreed global and regional targets;

9. agreed to strengthen data collection and health information systems and report back at every Pacific Health Ministers' Meeting on progress against the NCD Dashboard developed by the Pacific Monitoring Alliance for NCD Action (MANA) along with other agreed NCD core indicators on Healthy Islands Monitoring Framework;

10. expressed concern that the response to the NCD crisis is grossly underfunded given its magnitude;

11. supported the proposal to create a Pacific funding mechanism (regional, bilateral and/or national) to better align the level of funding to the burden of NCDs, and agreed to explore options to establish greater synergies between funding sources, and aspire to raise US$100m for a regional NCD response by December 2018;

12. called on governments and development partners to invest resources to address NCDs, including childhood obesity priorities;

13. stressed the importance of strong leadership, stable government, multi-sectoral collaboration, partnerships and use of existing traditional governance structures to sustain efforts to reduce NCDs, including through promoting regional food security;

14. insisted that any successful efforts to address NCDs will require empowering individuals, families, communities and villages;

15. welcomed the steps that have already been taken on taxation of tobacco, sugar-sweetened beverages, and other unhealthy products in the Pacific;

16. committed to introducing and strengthening national legislation to ensure that all Pacific countries are compliant with the Framework Convention on Tobacco Control and meet or exceed the Pacific NCD Roadmap taxation target with the aim of dramatically reducing affordability, and to help achieve the Tobacco Free Pacific Goal by 2025;

17. called on partners to assist countries to ensure consistent affordable access to cost-effective pharmaceuticals to manage people at high risk of developing NCDs and treat those with established NCDs;

[2] Healthy Islands Yanuca Declaration, 1995

18. requested that PIFS and other development partners provide analysis of the national and regional impacts of free trade on health and NCDs, and encouraged countries to ensure that national and regional trade policies minimise the negative impact of trade on their populations' health;

19. given the importance of learning from each other's successes, agreed to further develop opportunities for regional collaboration and information sharing, beginning with tobacco control and restrictions on advertising and sponsorship of unhealthy products particularly to children.

Pacific Ministers of Health and Pacific Health Leaders:

20. expressed their significant concern at the diabetes epidemic in the Pacific and its overwhelming impact on health and sustainable development, especially given the additional risks of communicable diseases to people with diabetes;

21. recognised the gap between expectations of care and possibilities for treatment, given the limited availability of resources and the lack of access to essential medicines;

22. committed to undertake urgent, targeted and integrated action to address diabetes within NCD responses at a national level;

23. applauded the achievements of some countries and partners in fighting the epidemic with successful projects in diverse areas, such as training health professionals, mobile community outreach clinics, managing diabetes retinopathy, managing gestational diabetes, improving foot care, education and nutritional training;

24. pledged to focus their resources on cost effective interventions that will prevent or delay the onset of diabetes and its complications, with a particular focus on early diagnosis, healthy lifestyle counselling, self-care education, ensuring the continuity of essential and affordable medicines and improving training of health professionals to strengthen health care systems;

25. acknowledged that successful programmes and interventions will empower people with diabetes, or those at risk, to be at the centre of the diabetes response, and must involve families and communities.

21 & 22 June 2016
Nuku'alofa, Kingdom of Tonga

Background

26. The inaugural Pacific NCD Summit was held in Nuku'alofa, Tonga on 20-22 June 2016. It was jointly organised and hosted by the Government of Tonga and the Pacific Community (SPC) as an important opportunity for leaders in the Pacific to join together to address the need for more urgent and stronger high-level political leadership on NCDs, and identify practical ways to move forward in addressing NCDs.

27. The theme of the summit was Translating Global and Regional Commitments into Local Action. Pacific Island countries and territories (PICTs) have among the highest rates of NCDs and associated risk factors in the world. NCDs – primarily heart disease, cancers, lung disease and diabetes – have reached epidemic proportions in the Pacific and are creating a 'human, social and economic crisis'. NCDs pose a significant social and economic burden on many PICTs, related to prolonged disability, diminished household financial resources, reduced productivity, lower life expectancy, and increased demand on health systems. An urgent and comprehensive response to NCDs is required, and strong political leadership is essential.
28. The objectives of the summit were to:
    - present the case for more urgent and stronger action at high political level to address the Pacific NCD crisis;
    - review how the PICTs are implementing their NCD activities aligned with global and regional commitments;
    - accelerate progress on implementation of the Pacific NCD Roadmap; and
    - create and develop opportunities for South-South collaboration in implementing good practice to address NCDs.

29. To achieve these objectives, each day of the summit has a different focus:
    - Day 1: The focus will be on high-level strategic sessions focused on linking NCD implementation to global and regional commitments.

    - Day 2: The focus will be on regional and country implementation of the Pacific NCD Roadmap, including multi-sectoral collaboration, best buys for the main NCD risk factors, and monitoring and evaluation of NCD action.

    - Day 3: Day 3 will have a more specific focus on prevention and control of diabetes in the Pacific.

30. The detailed summit programme is attached at the end of this report.

Day 1: 20 June 2016

Linking NCD implementation to global and regional commitments

Item 1: Opening ceremony

31. The opening ceremony was emceed by Dr Siale 'Akau'ola, CEO of the Ministry of Health, Tonga and Chairman of the Pacific NCD Taskforce. The opening prayer was conducted by the Rev Dr 'Ahio, President and Royal Chaplain of the Free Wesleyan Church of Tonga.

32. The Hon 'Akilisi Pohiva, Prime Minister, Tonga welcomed leaders, donors, partners and participants and wished them a successful summit.

Remarks from Dr Colin Tukuitonga, Director-General, SPC

33. Dr Colin Tukuitonga, Director-General SPC, stated that SPC was proud to host the high-level summit with the Government of Tonga and other partners. The intention of the summit was to strengthen the fight against NCDs. The Pacific is the NCD capital of the world and NCDs are robbing Pacific islanders of their livelihood, and lives, often prematurely. NCDs are about individual poor choices, but the environment also plays a very important role. Governments can take the lead to create enabling environments for people to make healthier choices. The Pacific NCD Roadmap contains recommendations for improving the enabling environment. There is a need to accelerate these actions under the Roadmap to support behaviour change and effective interventions. Monitoring, evaluation, learning and accountability need to be strengthened, and targets set. SPC remains committed to working with countries, development partners, other implementing agencies, academia and civil society organizations (CSOs) to foster a truly multi-sectoral collaboration to address NCDs.

Address from His Majesty King Tupou VI

34. His Majesty noted that the NCD epidemic is a serious threat to life, health and development globally. Pacific Island Countries and Territories (PICTs) have among the highest rates of NCDs and associated risk factors in the world, with most of the trends and risk factors pointing to a substantial worsening of the situation. Strong political leadership is key in turning the tide on the NCDs epidemic. The Tonga Strategic Development Framework continues to prioritise NCDs and the Tongan Government launched its National Strategy for the Prevention and Control of NCDs 2015-2020 earlier this year. The Tonga Health Promotion Foundation provides funding and has taken on the role of secretariat to NCD-related activities. Many sectors of society in the Pacific have a role to play in fighting NCDs, including governments, health professionals, manufacturers, civil society, churches, the media and individuals themselves. Many NCDs are preventable, and their health and financial burdens can at least be postponed. Proven, affordable and cost-effective interventions are available.

35. His Majesty declared the Pacific NCD Summit open.

Keynote address from Ms Helen Clark, Administrator, United Nations Development Program (UNDP), The SDGs, Prioritising NCDs

36. Ms Clark thanked SPC and the Government of Tonga for bringing everyone together to translate regional and global commitments into local action. Eight Pacific Island countries are in the top ten countries and territories with the highest diabetes prevalence in the world. This is a sobering reminder of the immense NCD challenge, but the Pacific has the

determination to meet the challenge head on, and is already showing strong leadership. The epidemic of NCDs is straining health systems and budgets, and diverting scarce resources away from other health and development priorities. Whole-of-government approaches to the epidemic are needed. In the Pacific, the NCD crisis is strongly linked to patterns of trade, consumption, agricultural production, foreign direct investment, and unplanned urbanization. These have combined powerfully to promote the energy-dense and nutrient-poor diets which are a key NCD risk factor.

37. The obesity epidemic in the Pacific is not inevitable and it can be stopped, with the right policies, the right investments, and the right support from all partners. Getting the policies, investments, and partnerships right depends on governments joining up actions and being prepared to link with civil society. Taxes on unhealthy products discourage use, while raising government revenue and reducing future health care costs. To curb the NCD epidemic, Ms Clark called on partners to commit to:

    - effective and transparent coordination across sectors, to improve knowledge sharing and help align different priorities and actions;
    - empowering affected communities and civil society to engage in policymaking, implementation, and monitoring progress; and
    - guarding against industry interference in policymaking.

38. Ms Clarke noted that responses to NCDs are still chronically underfunded. Development partners need to align their support closely with the disease profile and epidemiological burden and incentivise more effective and cross-sectoral approaches to NCDs. The UN Chief Executives Board for Coordination has proposed the development of a Pacific Trust Fund for NCDs. With available resources, that would be a significant boost to the implementation of the Regional NCD Roadmap. Existing funding flows could also be adapted.

39. UNDP's focus, like that of the SPC, is on convening and supporting stakeholders beyond the health sector to play a role in determining a country's health and development outcomes. The NCD crisis is surmountable and reversible. A proactive NCD response will help the Pacific to make lasting progress on a wide range of other health and development priorities in turn, and support the aspirations of the SAMOA Pathway and the Sustainable Development Goals.

Address from His Excellency, Taneti Maamau, President of the Republic of Kiribati

40. His Excellency noted that the summit is timely as it is being held in the first year of the implementation of the Sustainable Development Goals (SDGs). NCDs are a silent killer, with NCD trends in the Pacific being the highest in the world. Kiribati is ranked fourth on the diabetes index, has the highest prevalence rate of tobacco consumption, second highest obesity levels, and second highest levels of hypertension. Seven-to-eight Kiribati people lose their limbs each month; and this is only the tip of the iceberg. Kiribati has just finalised its National Sustainable Development plan 2016-2019, where health is a top priority. Leaders of the region have a duty and obligation to help people achieve a better life, especially those with the least means to make healthy choices. Health indicators emphasise the need for holistic approaches, with factors such as low economic growth, poverty, over-crowding, high unemployment, law and justice, climate change, environmental issues all contributing to poor health. If nothing is done to reduce the risk of NCDs in the Pacific, an estimated US$86bn will be lost in economic production. NCDs are preventable and healthy lifestyle

changes must begin in our homes, with ourselves, our children, families, communities and nations.

41. His Excellency pledged his personal commitment to the fight against NCDs as he himself is managing his own health issue.

Vote of thanks from the Hon Jone Usamate, Minister for Health and Medical Services, Fiji and current Chair of Pacific Health Ministers Meeting

42. The Minister extended his vote of thanks to His Majesty, the speakers in the opening ceremony, the organisers of the meeting and to the Chaplin for his prayer.

Item 12: Leadership and government commitment for addressing NCDs

Speaker: Dr Take Kolisi Naseri (Samoa)

43. Dr Naseri noted that Samoa is implementing a whole-of-government approach in the battle against NCDs. Demands on health services are increasing, so it is important to bring communities together to find new ways to meet those demands with limited resources. Samoa makes health a priority through its various international and regional commitments. At the sector level, it has established the successful and popular Samoa Parliamentary Advocacy Group on Healthy Living (SPAGHL), which consists of prominent parliamentarians whose primary purpose is to advocate healthy living. Samoa launched a national alcohol control policy in 2015, and is looking at taxing food high in sugar. It has already taxed turkey tails at 300% to take a stand against unhealthy trade, and is considering licensing tobacco retailers, in addition to the already imposed 90% taxation on tobacco. This has resulted in a 16% decline in smoking. Strong leadership is vital to implement unpopular policies. Samoa is using traditional women's leadership to help promote healthy lifestyles. Commitment to change is vital, as is encouraging ownership by the communities.

General discussion

44. The summit discussed the challenges of managing trade given the regulations of the WTO. Trade is one of the contributors to NCDs in the Small Island States, and is one of the things that must be controlled. Samoa noted that the US had indicated it would agree to stop exporting turkey tails to Samoa, if it were proved that the fat content was the cause of NCDs. However, Samoa did not have the funds to produce research focused on turkey tails. This meant it was forced to lift its trade restriction, but instead imposed the 300% tax. The result is that there are fewer turkey tails being sold. Samoa is now considering similar approaches for salt, sugar and fat content. Samoa is also looking at similar measures for locally produced alcohol (which has 80% alcohol content). The summit commended Samoa's accomplishment of a 16% decline in the use of tobacco. It noted that the tax policy contributed to this decline. Overall, strong leadership and stable government were key factors in Samoa's success, which enabled the government to sustain its policy and legislation efforts over a period of time.

Speaker: Dr Paison Dukulala (PNG)

45. Dr Dukulala noted that Papua New Guinea is a diverse country with a population of 7 million, more than 800 languages and cultures, 22 provinces, and very challenging terrain. PNG is facing a 'double tsunami', because along with the challenges of nutrition, there is the rising tide of NCDs. PNG has just conducted a midterm review of the National Health Plan 2011-

2020, and implementation has been sluggish. However, there have been some exemplary initiatives. In the Western Islands province, a community, led by a faith-based organisation, took ownership of their own health and livelihoods by planting coffee. In another province, one governor banned 'betel nut.' This took strength, as 'betel nut' was also an income-generating commodity; but the governor stood strong and has since introduced other healthy living activities. PNG has plans for dealing with NCDs, but the challenge is in operationalising the plans. It requires innovative thinking and ideas from different sectors, and focusing services at the community level. PNG has been working on tobacco taxation legislation. There have been four attempts to get it passed, but there is a very strong tobacco industry that has been successful in stopping the legislation so far.

General discussion

46. The summit discussed the challenges of implementing 'betel nut' legislation, given that it is heavily embedded in the culture. It noted that it will take a generation to change behaviours, that it will require strong leadership, but alternatives also need to be offered for people. Discussion also noted the importance of using traditional systems, such as the Wantok system, to influence change. However, some of these systems are breaking down in the towns and cities. This means that behaviour needs to be modelled so there is a whole pool of knowledge and wisdom.

Item 3: Addressing NCDs as a region: Strength in numbers

Speaker: Ms Andie Fong Toy (Pacific Islands Forum Secretariat)

47. Ms Toy discussed the role of the Pacific Islands Forum Secretariat (PIFS) to strengthen regional cooperation and integration to further members' shared goals of economic growth, sustainable development, good governance and security. Regional action encourages dialogue, pooling resources and assisting with harmonisation of laws, and overcoming shared challenges. NCDs are a challenge for the region. The 2014 Joint Forum Economic and Pacific Health Ministers Meeting agreed on key actions to address this challenge. There is a strong link between trade and NCDs. While there are benefits in trade through economic growth, it also brings changes to lifestyle due to increased access to goods. The development of national trade policy should start with creating a trade committee, and drawing ministers from across different sectors. The region can explore more options for reducing health costs, for instance by aggregating purchasing power.. Cervical cancer was recognised by Pacific Island Forum Leaders as a substantial burden on the Pacific and a priority for the region. The Framework for Pacific Regionalism emphasises the need for effective partnerships to achieve desired outcomes.

General discussion

48. The summit had a general discussion on how aggregating purchasing power might work. Some suggestions included bulk purchasing of pharmaceuticals, which would reduce prices. However, bulk procurement of pharmaceuticals is not new and has been discussed in previous meetings of Ministers of Health. Challenges pertaining to storage facilities and distribution chains still need to be addressed.

49. The summit noted the challenge of rolling out the HPV vaccine given its costs. The PIFs working group is looking at appropriate responses due to the risk. Fiji is an example where

the vaccination is very accessible, and the working group is considering whether there are lessons for other countries to learn from Fiji's experience.

50. The summit discussed that there are effective treatments for many NCDs that are not being applied, as there is no consistent access to cost effective medication or treatment. The things that are effective are not being applied. Decline in mortality in the rest of the world is in part due to timely access to proper treatment. There is a need to explore opportunities at a regional level to make this treatment available in the Pacific. It is also important to address these issues cross-sectorally, by including trade ministers, finance and customs.

Item 4: Commission on Ending Childhood Obesity (ECHO)

Speaker: Dr Douglas Bettcher (WHO)

51. Dr Bettcher discussed the 2016 Report of the Commission on Ending Childhood Obesity (ECHO), which found that prevalence of infant, childhood and adolescent obesity is increasing in many countries, with the Pacific Islands being particularly affected. Children who have suffered from undernutrition are at particularly high risk of developing obesity when socioeconomic circumstances change. Childhood obesity is associated with a wide range of health complications and an increased risk of premature onset of NCDs, including diabetes and heart disease. The report includes six recommendations to address childhood obesity:

    - promoting the intake of healthy foods and reducing intake of unhealthy foods through a range of policy approaches such as taxation on sugar sweetened beverages, nutrient profiling and front-of-pack-labelling.
    - promoting physical activity through guidance on healthy body size, physical activity, sleep and appropriate use of screen-based entertainment, provisions of adequate physical activity facilities in schools.
    - preconception and pregnancy care including improved diagnosis of gestational diabetes, monitoring and management of pregnancy weight gain.
    - early childhood diet and physical activity.
    - health, nutrition and physical activity for school children.
    - weight management for those already obese through family-based multicomponent lifestyle approaches.

52. Any implementation needs a multi-sectoral approach with a comprehensive integrated package of interventions for sustained progress. It requires government commitment and leadership, long-term investment and engagement of the whole of society to protect children's rights to good health and well-being.

General discussion

53. The summit discussed the importance of sustained action by all relevant stakeholders and the need to build on existing systems, such as incorporating health into the school curriculum and promoting healthy foods in schools. Culture also has an important role in raising awareness on healthy body size.

54. The summit noted the impact of the tobacco control tools released in 2008 with the Pacific taking the lead in implementing high taxes, restrictions on sponsorships and plain packaging for tobacco. Taxing unhealthy foods and beverages have also been shown to change individual behaviours towards making healthy choices. However, efforts and 'best buys' in relation to healthy diet and physical activity are still work in progress. If sustained over a period of time, we may yet see some improvements in these areas as well.

Item 5(a): Youth and NCDs (Samoa)

Speaker: Pastor Lenny Solomona (Samoa)

55. Pastor Solomona shared his experiences on implementing his vision to 'build a healthy Samoa' through implementing holistic healthy lifestyle programmes aimed at transforming individuals from the inside out — i.e. changing individual mind sets towards healthy behaviours to reduce chronic illness causing premature death. The approach focused on encouraging families to make healthy choices together so that they have a stronger support system to overcome conditions such as diabetes, kidney and liver failure and other leading sicknesses and diseases. Healthy families build healthy communities, healthy communities build healthy cities, and healthy cities build healthy nations. The cost of joining the programme was deliberately kept very low at $10 Tala/week for 10 weeks so that it would be accessible to many people. Nobesity Samoa was also developed to cater to the specific needs of children, with the programme now going into schools in partnership with the Ministries of Health and Education.

Item 5(b): The role of fitness, sports and nutrition in empowering healthier youth

Speaker: Ms Ebony Andrews (US)

56. Ms Andrews discussed the approach of the US President's Council on Fitness, Sports and Nutrition and other federal efforts of the US Department of Health and Human Services to engage, educate and empower people to adopt healthier eating and physical activity habits, as well as a tobacco-free lifestyle. The President's Council plays a key role in the development of governmental programmatic priorities, outreach, and awareness efforts to improve health and quality of life through physical activity, sports participation and good nutrition. Through a collection of youth-focused initiatives, the President's Council also works to reverse the health implications of NCDs on future generations.

General discussion for agenda items 5(a) and 5(b)

57. The summit discussed the importance of families, social relationships and self-efficacy, and how they influence health outcomes. Individuals must be motivated, encouraged and supported to make changes themselves, as change begins from within. Pricing and taxation measures are important, but so is believing in oneself.

Item 6: The Pacific Possible: Bending the NCD cost curve in the Pacific

Speaker: Ms Xiaohui Hou (World Bank)

58. Ms Hou's presentation examined the current health and health financing challenges facing the region. The global evidence increasingly shows that NCDs result in long-term macroeconomic impacts on labour supply (both in quantity and quality), capital

accumulation, and GDP growth. In the Pacific, economic modelling to project the burden of NCDs in the Pacific shows that:

- the economic burden of NCDs in the Pacific is greater than expected for middle-income countries;
    - cardiovascular disease is the biggest contributor to the mortality burden in the region; however, diabetes plays a far greater role in the Pacific countries compared to the global average;
    - the economic burden is increasing with time, especially as incomes rise; and
    - estimates showed that in the absence of these four NCDs (cardiovascular disease, diabetes, chronic respiratory diseases and cancer), the labour force could be at least nine percent, and up to 30 percent larger across the Pacific countries.

59. The modelling also suggests that the PICTs that successfully pursue measures to prevent and control NCDs will be able to 'bend the cost curve' of NCD treatment and generate broader budgetary and macroeconomic benefits. Intervention needs to be implemented and designed by governments. Prevention of the NCD crisis is possible but urgent action is required. Scarce health resources need to be reallocated towards prevention.

Item 7.6 Funding NCDs – panel discussion

Speaker: Mr Venkatesh Sundararaman (World Bank)

60. Mr Sundararaman noted that at the recent UN CEB meeting there had been a request to establish a Pacific Trust Fund to address the NCDs in the Pacific. While there are over 40 global agreements on NCDs, financing the fight remains an enormous challenge. NCDs represent a major fiscal and productivity risk for the economies of low, middle, and high income countries. They impoverish households and pose a financing challenge for many countries. The crisis is underfunded. While USD 70 dollars per DALY (Disability Adjusted Life Year) is being spent on HIV interventions, USD 17 per DALY for malaria, USD 10.73 per DALY on TB, less than 10c per DALY is being spent on NCDs. While World Bank gives more than USD 3 billion of health financing to middle income countries, most goes to chronic conditions. It is important to look at vertical programming and look at options for cross-sectoral approaches. There is also a need to incentivise behavioural change as prevention is critical.

Speaker: Ferdinand Strobel (UNDP)

61. Mr Strobel noted that the SDGs require synergies in programming as well as in funding. Countries are increasingly requested to fund their own development priorities, and are being asked to identify interventions that have benefits across different sectors that ensure best return on investment. UNDP is developing tools to help countries develop for investment cases. Governance structures will need to change to facilitate this approach to development.

Speaker: HE Andrew Ford (Australian High Commissioner Tonga)

62. His Excellency noted that Australia has been supporting the fight against NCDs by channelling funds primarily through bilateral health programmes. Action to address NCDs is most effective when there is strong national leadership, and when primary and preventative health care are prioritised and supported by robust monitoring, evaluation, learning and accountability systems. Australia has partnered with Tonga on its five year strategy focusing

on NCD control. Tonga has prioritised NCDs in its national plans and budget allocations — a clear indication of government commitment.

Speaker: Ms Seini Filiai (Tonga Health)

63. Ms Filiai presented on the Tonga health promotion foundation which was established in 2007. The small size of the country and the complexity of the funding environment had led to duplication of funding streams. Tonga Health was appointed as the Secretariat to the NCD committee to strengthen coordination of distribution of funds. It makes grants for activities, facilities, projects or research related to the promotion of good health and early detection of diseases. The Secretariat also provides strengthened programme management and support. There is an opportunity to strengthen monitoring and evaluation, and to try to find ways to harmonise divergent funding streams for maximised NCD impact.

General discussion

64. The summit discussed the importance of prevention, and the need to focus resources on children and youth to ensure long-term change. It noted that the burden of NCDs will get worse and that chronic underfunding is a significant issue. Money needs to be found.

Day 2: 21 June 2016

Regional and country implementation of the Pacific NCD Roadmap

Item 8: The Pacific NCD Roadmap: lessons learned from the first two years

Speakers: Dr Liu Yunguo (WHO), Dr Paula Vivili (SPC)

65. Dr Yunguo and Dr Vivili discussed progress in implementing the Pacific NCD Roadmap (2014). The Roadmap includes a number of recommended actions for the region, including increasing taxes on tobacco and alcohol, policies to reduce consumption of food and drinks high in salt, sugar and fat, increasing the efficiency and impact of health expenditure for NCDs, and improving data systems to provide an evidence base for NCD action. Pacific Health and Finance Ministers reaffirmed their commitment to this roadmap in their subsequent meetings in 2015. Progress has been mixed. Some Pacific Island countries have raised taxes on alcohol, tobacco and selected foods and drinks, and also lowered taxes on healthier food alternatives. Adaptation of WHO's Package of Essential NCD interventions for Primary Health Care has also moved forward, with a focus on incorporation into and strengthening of existing health systems. Availability and use of NCD-related data for planning and monitoring have advanced and some costing studies are also underway. This improved monitoring is expected to enhance overall progress.

General discussion

66. The summit discussed the critical importance of countries agreeing to establish national goals and committing to timelines, and reporting on progress to the Health Ministers' meetings every year.

67. The summit acknowledged that all countries are in different stages of implementing the Roadmap. For instance, Marshall Islands is starting to prepare legislation. In Cook Islands,

the success of a 33% tobacco tax (resulting in a reduction of young smokers) means that it will try to do the same with alcohol and sugar-sweetened beverages (SSBs). It is also looking to increase the tax on tobacco, with the goal that by 2025, people will not smoke in public places. French Polynesia is working on a wide range of tax measures — on SSBs and beers — with funding from the taxes going to the health budget. However, it needs to deal with interference from the food industry. It is looking to extend the taxes on SSBs and also tobacco. When taxing tobacco French Polynesia is looking at also offering assistance to help people quit smoking. Wallis & Futuna noted that it does not have the ability to implement a tax regime, and that it is critical that it involve its politicians in these high-level discussions. The Solomon Islands has increased the tobacco tax and has established a healthy lifestyle fund with the money from licenses being paid by manufacturers, distributers and retailers. It is working on alcohol and tobacco taxes. It is also working on implementing the Package of Essential Non-communicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings.

68. In noting the different stages of response in each country, and challenges faced, a request was made to regional agencies and partners present to assist member countries who are struggling to meet national, regional and global commitments to NCDs.

69. The summit noted the challenge posed by healthy choices being more expensive. In many countries, local vegetables are still more expensive than the imported food, and people will buy what they can afford with the money that they have. It is critical that as ministers and Pacific politicians, summit members convince parliaments to raise taxes, not just for revenue, but to ensure the environment is conducive for people to make good choices. Food and tobacco industries are extremely powerful, and it requires strong leadership to stand up to them. The summit discussed the possibility of adopting a code of ethics so that governments act in an exemplary fashion, for instance, by not allowing soft drink companies to sponsor sport activities or schools.

Item 9: NCD: Money matters; taxation options

Speaker: Dr Patrick Osewe (World Bank)

70. Dr Osewe noted that non-communicable diseases now account for 60% (35 million) of global deaths worldwide. It is a big issue that countries are struggling with, as they try and figure out the best interventions. Any multi-sectoral approach is challenging, and health professionals need to learn how to speak the language of the different sectors. One of the key public policy strategies being advanced to reduce NCD risk factors is the taxing of tobacco, sugar-sweetened foods and beverages, and other unhealthy products. In addition to addressing this major new health threat, taxation is also one of the most cost-effective strategies for governments to increase revenues. Taxation:

- reduces consumption (creating an entry barrier, and encouraging people to quit)
- enhances government revenue
- reduces health care costs
- sends a powerful signal to consumers
- reduces the risk of impoverishment due to out-of-pocket expenditures
- boosts labour productivity and earnings
- generates substantial fiscal space for funding development priorities

71. Case studies in Mexico on sugar-sweetened beverages, on tobacco, in South Africa and the Philippines , and alcohol in Botswana, show that taxation for the purpose of health prevention and promotion can be done, and that taxing harmful products is a 'best buy'.

General discussion

72. The summit noted that any increase in taxation needs to be accompanied by information campaigns and that this can be costly. There are options to access World Bank funding cycles. Any improvements will need to be a joint effort in the region between all the partners, given that each has their own comparative advantage.

Item 10: NCDs and food security: An integrated approach

Speaker: Dr Paula Vivili (SPC)

73. Dr Vivili discussed the nexus between food security and NCDs. These issues are interrelated and complex and require multi-sectoral approaches to make sustainable differences and improve development outcomes for Pacific people. Food security underpins nutrition security. A lack of food security will result in unhealthy diets, a key risk factor for NCDs. Although achieving food security is a necessary prerequisite to mitigating the impact of unhealthy diets, it does not guarantee an automatic improvement in nutritional and health status, unless the environment – physical, socio-cultural, economic and political - in which people live is stable, healthy and conducive to adopting healthy behaviours. Therefore, inadequate and ineffective food systems can often be an underlying cause in poor food security and NCDs. Enabling supportive environments recognises the crucial role an effective food system plays in ensuring all processes – from production to consumption, including all inputs required to feed a population — are stable and sustained. This includes the management and protection of natural resources, bio-cultural diversity and ecosystems for optimal use both now and for future generations. Achieving this requires strong leadership, coordination, partnerships and collaborations across multiple sectors and actors.

Item 11(a): Public health 3.0: A new term for healthy settings

Speaker: Dr Thomas Novotny (US)

74. Dr Novotny discussed the capabilities needed for a 'healthy settings' approach to NCDs. The US Department of Health and Human Services now refers to this as Public Health 3.0—the next generational approach to public health practice in support of the UN Sustainable Development Goals. It requires partnerships to be built across sectors that share the health sector's vision for human security, including education, housing, and transportation. These partnerships must extend from international to national and local levels as well. Coordinating investments in health security will give a greater return in terms of human development and will result in an overall improvement in health and well-being at both the individual and community level. In addition, focusing these efforts on island communities that are doing the least well, will address the overall health inequities within the Pacific region. This is a moral, practical, and professional necessity, as our entire global community is now a highly interconnected community, where people, goods, and services must transcend national boundaries, as do infectious diseases, NCD risk factors, and human security issues that impact the Pacific's global burden of disease.

Item 11 (b): Healthy setting approach to NCD prevention

Speaker: Ms Ada Moadsiri (WHO)

75. Ms Moadsiri discussed that a settings-based approach to health promotion recognises the complex interplay of environmental, community, organisational, and personal factors in determining health. Settings are dynamic, socially- and culturally-defined systems, and include islands, villages, community meeting houses, social groupings, faith-based organisations, workplaces and schools. Her presentation highlighted initiatives in the Pacific based on healthy settings that targeted alcohol, tobacco, betel nut chewing, diets and physical activity, with programmes being developed and led by communities.

Item 12: Pen and NCDs: The media's role in a regional battle

Speaker: Mr Netani Rika

76. Mr Rika discussed the importance of the role of the Pacific media in the battle against NCDs. It has a responsibility to cover the issue as it develops, share startling statistics and cover the proclamations of prime ministers. They must now also become embedded in the daily lives of our health workers who are on the front line, and to report the battle from the war zone. The media and health sectors must work together to translate scientific data and information into human stories to guide and influence policy decisions. The media must also make a choice to join the battle against NCDs, starting by holding politicians and participants in these kinds of forums accountable for implementing outcomes.

General discussion for agenda items 10-12

77. The summit noted the costs involved in fighting NCDs, and that there have been previous discussions on taxation, effective use of available resources and the need to secure additional funds. However, given the limited tax base of Small Island States (SIS), funds raised from taxation alone may not be enough. As Ms Clark highlighted in her keynote address, the current level of investment is insufficient for the burden of NCDs, and we need to explore dedicated funds. This needs to be reported back at the next Ministers of Health meeting in 2017.

78. The summit welcomed the announcement of a new scholarship exchange program by the US Department of Health and Human Services that will focus on obesity and nutrition among young people. The exchange program is available to all PICTs.

79. The summit also discussed the impact of natural disasters on already fragile food systems in SIS, and noted the importance of ensuring availability of healthy foods for humanitarian needs during times of disaster. This can be addressed by integrating NCD dimensions into the humanitarian food basket as well as in post-disaster humanitarian support.

80. The summit welcomed the involvement of media and the important role it plays in communicating health information to the general public. However, it also expressed dissatisfaction with the media's advertising practices.

Item 13: Working together: UN Thematic Group on NCDs

Speaker: Dr Wendy Snowdon (WHO)

81. Dr Snowdon discussed the work of the Pacific Regional UN Thematic Group on NCDs. The group meets quarterly to discuss the activities of UN organisations supporting governments with actions to combat NCDs, identify opportunities for collaboration, and discuss current relevant activities. Since its inception the group has focussed on issues such as gestational diabetes, food security, cervical cancer, workplace health promotion and costing studies for NCDs. The group:

- allows for greater sharing and collaboration for NCDs
- ensures greater consideration of NCDs across issues and sectors
- reduces overlap, and better use of scarce resources
- builds on the work of all agencies involved
- is expected to enhance ongoing activities

Item 14: Multi-sectoral collaboration at the national level: What works – case study

Speaker: Dr Take Naseri (Samoa)

82. Dr Naseri presented Samoa's approach to multi-sectoral collaboration. Its 'whole-of -country approach' started in the 1990s in response to donor-driven and silo planning by government ministries. The benefits of its integrated approach include continuous improvement of sector management, improved coordination across government, harmonisation and alignment of development assistance, reduced reporting and improved planning. The strong advocacy of the Samoa Parliament Advocacy Group on Healthy Living (SPAGHL) has also helped bring together different sectors to foster a national approach to healthy living and lifestyles. Close collaboration with local districts and villages has yielded significant successes.

General discussion agenda items 13 and 14

83. The summit recognised and endorsed the need for multi-sectoral approaches driven 'by the country for the country' with support from external partners and agencies. For multi-sectoral approaches to work, there needs to be strong leadership, clear national targets, sustained commitment over a period of time, and regular reviews of progress against targets.

Item 15: A Pacific monitoring alliance for NCD action

Speaker: Dr Ilisapeci Kubuabola (C-POND)

84. Dr Kubuabola presented on the Pacific Monitoring Alliance for NCD Action (MANA) and provided an overview of its activities since its inception. MANA was established in response to the commitment by the Health Ministers to provide a mechanism for coordinating and strengthening NCD monitoring in the region. Members of the alliance were concerned with the collection, analysis, translation and dissemination of monitoring data related to NCD mortality, morbidity, risk factors, environments, policies and health service provision, to

build collaboration, communication and coordination. One tool MANA developed is the MANA Dashboard for NCD Action, designed to be simple and flexible, yet robust enough to serve as a national and regional accountability mechanism

Item 16: Healthy Islands Vision Monitoring Framework

Speaker: Mr Sunia Soakai (SPC)

85. Mr Soakai started his presentation by sharing his personal journey with NCDs then proceeded with an overview of the Healthy Islands Vision Monitoring Framework, its key indicators and how it links to other global indicators, including the SDGs. The detailed definition and sources of data for each core and complementary indicator will be finalised by August, with the guidelines and the template to collect the indicators to be developed by September. Collection of 2015 data will start in November 2016, with a first report to be ready for Heads of Health in April 2017.

General discussion agenda items 15 and 16

86. The summit discussed the importance of using relevant up-to-date NCD surveillance data for informed decision-making, and for accountability when reporting back on progress against set targets. National Statistics Offices collect health performance indicators outside of the health sector, so they are key partners in addressing capacity issues around collection, analysis and monitoring.

87. The summit noted that currently, even where data is being collected, it is not being fully analysed due to limited analytical capacity or poor data quality. Training staff on quality assurance of data collection protocols and analysis can help minimise the challenges faced.

Day 3: 22 June 2016
Prevention and control of diabetes in the Pacific

Item 17: Putting the spotlight on diabetes in the Pacific: A regional perspective

Speaker: Dr Si Thu Win Tin (SPC)

88. Dr Si presented the global situation on diabetes and its impact on human and economic development. Seven out of the top ten countries with the highest diabetes rates in the world are PICTs, with diabetes prevalence in some countries reaching up to approximately 40%. The high prevalence of diabetes complications and associated risk factors are substantial in PICTs, leading to premature mortality and disability. For example, in some countries approximately 70% of people with diabetes have retinopathy and 11% have diabetes-related amputations. Poor clinical outcomes are also reported in PICTs, with a high percentage of people with diabetes not meeting recommended glycaemic control, blood pressure and cholesterol targets. Accessibility to quality health care services is a challenge. Absenteeism and retirement from work due to diabetes are common, causing social and economic burden to families and lost productivity. In some PICTs, annual expenditure for diabetes is approximately 20% of annual government health care expenditure, which is higher than the average health spending (approximately 12%) on diabetes worldwide.

89. Much of the impact of diabetes could be averted. Cost-effective interventions and good clinical practice can prevent or delay the onset of diabetes and its complications. Key actions should include:

improving health outcomes with people with diabetes by:

- providing essential care to all people with diabetes (early diagnosis, ensure continuity of essential medicines, management of blood glucose, lipids and blood pressure);
- improving health care systems so that essential care can be reliably delivered; and
- providing care and support for people with complications.

- preventing the development of type 2 diabetes; and empowering people with diabetes 'to be at the centre' of the diabetes response.

Item 18: World Diabetes Foundation: lessons from ten years of support to the Pacific

Speaker: Dr Anders Dejgaard (WDF)

90. Dr Dejgaard gave an overview of the WDF. Its core mission is to strengthen the prevention and treatment of diabetes, and its complications and comorbidities in low- and middle-income countries through provision of financial and technical support. WDF creates partnerships to assist people with diabetes and those at risk, acting as a catalyst to help others do more. WDF has had partnerships in the Pacific for more than a decade, starting with smaller pilot projects and more recently moving into larger-scale programmes. The rule of halves suggest that in the Pacific, half of the people with diabetes are diagnosed, half of those diagnosed receive care, a half of those who received care achieve treatment targets, and half of those again achieve desired outcomes and quality of life. WDF strongly supports the Pacific NCD Roadmap framework and the Pacific NCD Network, and has been supporting the Small Island States over the years. During this time, WDF has learned that:

- diabetes burden in the Pacific is extreme, and severe complications are widespread;
- there is a continued need for capacity building, improved access to care, prevention and health promotion;
- commitment is needed from all levels; and
- a skilled and qualified workforce is required to provide quality patient-centred care.

General discussion items 17 and 18

91. The summit acknowledged that the full scale of the diabetes situation is unknown due to limited data on prevalence. Screening can help define the scale of the problem and determine an adequate response. However, the summit also discussed the challenges and ethics of screening people for diabetes, knowing that treatment may be limited or not available. It noted that this is a global challenge, and one of the reasons why the focus needs to be on primary care and early intervention — otherwise, people will only be diagnosed when they present late with diabetes complications and are in need of urgent and expensive

medical treatment. Prevention and early diagnosis would be less expensive in the long run if basic care was available in the community.

92. The summit also noted the challenges in providing a consistent and continuous supply of drugs and other consumables to people who have been diagnosed. It noted that it is the role of governments to ensure consistency of medical supplies for treatment of diabetes. To support governments with their efforts, WDF was asked to revisit its funding eligibility criteria for US Pacific territories.

Item 19: Diabetes Fiji initiatives including diabetes foot care (Diabetes Fiji)

Speaker: Dr Wahid Khan (Diabetes Fiji)

93. Dr Khan gave an overview of the work of Diabetes Fiji, — a registered charitable trust based in Fiji — which is currently working in collaboration with the Fiji Ministry of Health and Medical Services on primary level diabetes care capacity-building. This project is co-funded by the WDF, and the major emphasis is on empowering health personnel and patients towards 'early recognition of diabetes foot infections.' Its successes have been, in part, due to high-level political support, adopting a collaborative approach, developing a structured foot care training program, and establishing peer support community programs.

Item 20: Tackling diabetes retinopathy in the Pacific (Fred Hollows Foundation New Zealand)

Speakers: Mr Andrew Bell, Dr John Szetu, Dr Biu Sikivou, (Fred Hollows)

94. Mr Bell gave an overview of the work of the Fred Hollows Foundation New Zealand (FHFNZ) and its aim to deliver high quality, high volume, low cost interventions. There are less than 20 Pacific eye doctors and less than 24 eye nurses in the Pacific, and about 800,000 visually impaired people. FHSNZ aims to improve these statistics through its training program.

95. Dr Szetu and Dr Sikivou shared their experiences with the Pacific Eye Institute (PEI) in Suva, a centre of excellence for Pacific eye care. It is an initiative of FHFNZ, and in partnership with the Fiji Ministry of Health and Medical Services, focuses on the delivery of longer term, accredited training for eye health workers throughout the region. The program collaborates with Ministries of Health in PICTs and various other stakeholders. In 2010, guidelines for the screening and grading of diabetic retina were endorsed for the whole region. Gaps in referral and service delivery were identified and addressed. From 2006 to 2015, the PEI trained a total of 212 graduates: 19 medical doctors and 193 nurses. This has resulted in the doubling of cases referred for diabetic retinopathy screening.

Item 21: Reversing an epidemic of diabetes

Speaker: Ms Jacque Spence (Marshall Islands Diabetes Wellness Center)

96. Ms Spence presented on the work of the Canvasback Missions' Diabetes Wellness Center in Majuro. Since its establishment in 1993, the Wellness Center has demonstrated that lifestyle change is highly effective in controlling and reversing diabetes and other NCDs among the adult Marshallese population. Recognising the need to develop healthy lifestyle changes early, the Wellness Centre in partnership with the Ministry of Education and WDF, developed a nutrition curriculum for middle school children and teachers, which incorporated daily exercise programs. Children, teachers and parents were taught practical

skills on how to prepare healthy and culturally appropriate meals. The Center continues its lifestyle intervention programs but the multiple programs that reach out to the community are most important to reverse the deadly epidemic of diabetes.

Item 22: WHO PEN Package: Lessons learned

Speakers: Dr Francisca Cuevas (WHO), Dr Take Naseri (Samoa), Karen Taeia (Cook Islands)

97. Dr Cuevas provided an overview of the WHO PEN package of essential technologies, medicines and risk prediction tools, including the protocols required for management of cardiovascular diseases, diabetes, chronic respiratory diseases and cancer. In almost all countries, the PEN protocols have been adapted to country-context. Health system reforms have been introduced to support the delivery of these essential interventions at the primary health care facilities. Benefits of implementing PEN include, improved health systems and efficiency of care for major NCDs, improved access to preventative care, and reduction of acute cardiovascular events.

98. Samoa and the Cook Islands shared their experiences at the national level with using PEN. Lessons learned from implementing PEN across the Pacific, include:

- the importance of strong governance and collaboration mechanisms
- the need to revise essential lists of medicines and procure essential NCD drugs and equipment
- the need to designate clinic days with an NCD focus
- the continued importance of capacity building
- the need for improvements to health information systems
- the need for specific health financing for NCDs
- the importance of community participation

General discussion agenda items 19-22

99. The summit acknowledged the development partners that enabled the use of PEN package in the Pacific, including the Australian and New Zealand Governments, as well as support from agencies for drug procurement (WHO), diabetes resources (IDF) and additional funding (WDF). The summit noted that there were resources available to add to PEN and that there is a need for a regional clearinghouse to enable distribution of these resources. Despite the improvements provided by PEN, there are still challenges. Discussions noted the need to explore affordable and consistent access to essential pharmaceuticals and a possible North Pacific hub as an alternative bulk-buying modality. The need for strengthening laboratory services was also noted.

Item 23: The association between tuberculosis and diabetes in the Pacific Islands

Speaker: Dr Kerri Viney (ANU)

100. Dr Viney explained that epidemiological analyses demonstrate the strength and public health importance of the association between tuberculosis (TB) and diabetes, and the extent to which diabetes influences the global epidemiology of TB. Diabetes is associated with a three-fold risk of developing active TB, and can lead to negative TB treatment outcomes, including death. Globally, 15% of TB is attributable to diabetes. The association between TB

and diabetes is particularly important in the Pacific Islands. Of the 10 countries with the highest prevalence of diabetes in adults globally, seven are in the Pacific, with rates exceeding 25% in five Pacific Island countries. In some of these countries, rates of TB are also high. As a result, diabetes is thought to be a key driver of TB in the Pacific, with up to 40% of TB being attributable to diabetes. In response to the TB-diabetes syndemic in the Pacific, regional standards on the management of TB and diabetes have been developed. The Pacific Standards for Management of Tuberculosis and Diabetes include six standards for the care and management of people with TB and/or diabetes under the headings of: bi-directional screening for TB and diabetes; the treatment of TB in people with diabetes; and the management of diabetes in persons with TB. In addition, bi-directional screening has been implemented and local operational research studies have been conducted. However, much more remains to be done including improved prevention, care and control of diabetes, which will be a key intervention to further reduce rates of TB in the Pacific.

Item 24: Hyperglycaemia in pregnancy/ gestational diabetes

Speaker: Dr Ma'ake Tupou (Tonga)

101. Dr Tupou provided an overview of the successful intervention initiative in Tonga focused on gestational diabetes, which included nurse training and support. A taskforce was established in 2015 to address the high prevalence of NCD risk factors among pregnant women. The taskforce developed guidelines for management of hyperglycaemia in pregnancy and focus on caring for the mom. Tonga Health became the link between the clinicians and public health, and implemented the first 1000-day programme. It also trialled the use of e-health technology, which allowed remote care and monitoring of mothers in the comfort of their own homes. The oral glucose tolerance test (OGTT) for screening hyperglycaemia in pregnancy was also improved as part of the initiative. Unofficial results have shown that the programme has been successful for both maternal and infant health.

Item 25: Dealing with diabetes: Building capacity to reduce diabetes complications

Speaker: Dr Geoffrey Kenilorea (Solomon Islands)

102. Dr Kenilorea described how the Solomon Islands is facing a diabetes epidemic, and care is inadequate. To address these challenges, a diabetes capacity building project was conducted, with the aim to design, implement and report on a locally relevant and sustainable model to increase the capacity of the Solomon Islands to manage, monitor and improve diabetes care and reduce complications resulting from diabetes. Three years following the project intervention, several positive changes were observed. The project improved quality and organisation of diabetes care through the following measures:

- dedicated multidisciplinary diabetes services available through strengthened diabetes centres.
- increased clinical capability with appropriate equipment and consumables.
- establishment of general and specialised diabetes training for health care professionals.
- An agreed upon national system of care, clinical targets, priorities and programs.
- the provision of outreach education, awareness and screening for early detection of diabetes.
- improvement in quality of care.
- established diabetes database and registries.

103. Although there were no significant changes in overall prevalence of diabetes complications, at follow-up there were significant improvements in diabetes control and control of risk factors, which could ultimately reduce diabetes complications in the long term.

Item 26: Dialysis: Experience from PICTs

Speaker: Dr Take Naseri (Samoa)

104. Dr Naseri discussed the experiences of Samoa in introducing dialysis. The National Kidney Foundation of Samoa was established in 2005 because the cost of referring patients to New Zealand and American Samoa was draining national health budgets. The dialysis started with 22 patients in 2005; they are now treating over 100 per year and it is fully funded by the Government of Samoa at 5M Tala/year. The majority of those receiving dialysis are diabetic, and there is an increasing number of young patients.

105. The cost of maintaining the foundation is high. Patients are charged a nominal fee of 10 Tala for locals (more for visitors) to access the services. Donations from Samoans overseas and government funds help maintain the foundation. High operating costs, limited HR capacity, and demanding workload are key challenges for the foundation, and are not sustainable. Long-term solutions being explored include increased focus on NCD prevention and early diagnosis, and increased taxes to support the work of the foundation.

General discussion items 23-26

106. The summit again discussed the question of whether 'to screen or not to screen' in the context of TB and diabetes, especially for PICTS who are struggling to cope with the double burden of communicable and non-communicable diseases. In an environment of weakened primary and secondary care and limited resources, the provision of tertiary care to prolong life for a few more years is a sensitive and controversial issue. Is it fair to spend millions of dollars on those with limited life expectancy, or is it better to triage, prioritise and spend available resources on saving those who will live, allowing those who are dying to do so with dignity. Prevention is better than a cure.

Item 27: Resource and system approach to NCDs: NCD Nurses

Speaker: Dr Toakase Fakakovikaetau (Tonga)

107. Dr Fakakovikaetau discussed how Tonga drove primary NCD care through dedicated outreach personnel. To counter the NCD epidemic in Tonga, the Ministry of Health piloted a new initiative in 2011 based on the hypothesis that NCD outcomes could be improved if credible health services dedicated to early detection and management of cardiovascular NCDs and their risk factors could be shifted to the community level using a model based on the successful reproductive health program. The aims of the program were to:

- strengthen community management of NCDs and their risk factors
- detect NCDs early
- optimise patient management
- delay and avoid complications

108. The key components of the pilot programme included training of a cadre of specialised NCD primary care nurses, appointing fully qualified outreach physicians, upgrading community health centres with equipment, and putting in place a robust reporting system. Once the centres were opened, activities conducted included screening, health promotion, treatment and management of new and ongoing cases. The pilot was successful with increased attendance at the community health centres, new diabetes cases identified and managed, and a decrease in defaulters. The success of the pilot led to the adoption of the new model of care for the Prevention, Early Detection and Management of NCDs in Tonga, which can be replicated across the region. The Ministry of Health acknowledged the support from partners.

General discussion

109. The summit commended the Tonga Ministry of Health for demonstrating that community-based, patient-centred approaches work. Adapting what works to the context and culture is important. The role of qualified and committed nurses and physicians was also noted.

Item 28: Moving Diabetes Forward: Where to from here?

The summit discussed and agreed on a draft outcomes statement to be circulated for further approval.

Summit Programme

Day 1 - Monday 20th June, 2016

Time		Item	Description	Speaker	Session Chair
07.30am	08.30		Registration		
08.30	10.15	**1**	Opening Ceremony		
		1.1	Prayer: Rev Dr 'Ahio, President of the Free Wesleyan Church of Tonga and Royal Chaplain		
		1.2	Welcome and remarks from Tonga Government: Hon 'Akilisi Pohiva, Prime Minister		
		1.3	Remarks from SPC: Dr Colin Tukuitonga, Director General		
		1.4	Address from Guest of Honour: His Majesty King Tupou VI		
		1.5	Address from UNDP: The SDGs, Prioritising NCDs, Helen Clark, Administrator		
		1.6	Vote of Thanks: Hon Jone Usamate, Minister for Health and Medical Services, Fiji and current Chair of Pacific Health Ministers Meeting		
		1.7	Closing Prayer: Rev Dr 'Ahio, President of the Free Wesleyan Church of Tonga and Royal Chaplain		
10.15	11.00		**Group Photo and Morning Tea**		
11.00	11.30	**2**	National Sustainable Development Priorities: Health and NCDs (Kiribati)	HE Taneti Maamau President of the Republic of Kiribati	Hon Jone Usamate, Fiji
11.30	12.00	**3**	Leadership and government commitment in addressing NCDs (Samoa and Papua New Guinea)	Hon Dr Talalelei Tuitama and Hon Michael Malabag	
12.00pm	12.30	**4**	Addressing NCDs as a region: strength in numbers (Pacific Islands Forum Secretariat)	Ms Fong Toy	
12.30	2.00		**Lunch**		
2.00	2.35	**5**	The Pacific Possible: bending the NCD cost curve in the Pacific (World Bank)	Dr Xiaohui Hou	Hon Nandi Glassie, Cook Islands
2.35	3.10	**6**	Funding NCDs: panel discussion (World Bank, UNDP, DFAT, Tonga Health)	Mr Venkatesh Sundararaman Ms Osnat Lubrani HE Andrew Ford Ms Seini Filiai	
3.10	3.30		**Afternoon Tea**		
3.30	4.05	**7**	Commission on Ending Childhood Obesity ECHO (WHO)	Dr Douglas Bettcher	Professor Robert Beaglehole, University of Auckland
4.05	4.40	**8**	Building a strong and healthy Samoa (Samoa) The Role of fitness, sports and nutrition in empowering healthier youth (US)	Pastor Lenny Solomona Ms Ebony Andrews	
4.40			End of Day 1		

Day 2 - Tuesday 21st June, 2016

Time		Item	Description	Speaker	Session Chair
09.00am	09.45	**9**	The Pacific NCD Roadmap: lessons learned from the first two years (WHO and SPC)	Dr Liu Yunguo and Dr Paula Vivili	Hon. Kalani Kaneko, Republic of the Marshall Islands
09.45	10.15	**10**	NCDs: money matters; taxation options (World Bank)	Mr Patrick Osewe	
10.15	10.45		**Morning Tea**		
10.45	11.20	**11**	NCDs and food security: an integrated approach (SPC)	Dr Paula Vivili	Hon. Faipule Perez, Tokelau
11.20	11.55	**12**	Public Health 3.0: a new term for healthy settings (US) Healthy setting approach to NCD prevention (WHO)	Dr Thomas Novotny	
			The Pen and NCDs: The media's role in a regional battle	Ms Ada Moadsiri	
11.55	12.30pm	**13**		Mr Netani Rika	
12.30	2.00		**Lunch and Side Event: Illicit Drug Use (refer page 43)**		
2.00	2.35	**14**	Working together: UN Thematic Group on NCDs (WHO)	Dr Wendy Snowdon	Hon. Satini Tulaga Manuella, Tuvalu
2.35	3.10	**15**	Multi-sectoral collaboration at the national level: what works – case study (Samoa)	Dr Take Naseri	
3.10	3.30		**Afternoon Tea**		
3.30	4.05	**16**	A Pacific monitoring alliance for NCD action (C-POND)	Dr Ilisapeci Kubuabola	Hon. Dr Saia Piukala, Tonga
4.05	4.40	**17**	Healthy Islands Vision Monitoring Framework (SPC and WHO)	Mr Sunia Soakai	
4.40			Outcomes Statement		
5.00			End of Day 2		

Day 3 - Wednesday 22nd June, 2016

Time		Item	Description	Speaker	Session Chair
9.00am	9.30	**18**	Putting the spotlight on diabetes in the Pacific: a regional perspective (SPC)	Dr Si Thu Win Tin	Prof Ruth Colagiuri, The University of Sydney
9.30	10.00	**19**	World Diabetes Foundation: lessons from ten years of support to the Pacific (WDF)	Dr Anders Dejgaard	
10.00	10.30		**Morning Tea**		
10.30	11.00	**20**	Diabetes Fiji initiatives including diabetes foot care (Diabetes Fiji)	Dr Wahid Khan	Dr Viliami Puloka, Health Promotion Forum of New Zealand
11.00	11.30	**21**	Tackling diabetes retinopathy in the Pacific (Fred Hollows Foundation)	Dr Biu Sikivou, Dr John Szetu, Mr Andrew Bell	
11.30	12.00	**22**	Reversing an epidemic of diabetes (Marshall Islands Diabetes Wellness Centre)	Ms Jacque Spence	
12.00	12.30pm	**23**	WHO PEN Package: lessons learnt (WHO)	Dr Francisca Cuevas	
12.30	1.30		**Lunch**		
1.30	2.00	**24**	The association between tuberculosis and diabetes in the Pacific Islands (ANU)	Dr Kerri Viney	Dr Teatao Tira, Kiribati
2.00	2.30	**25**	Hyperglycaemia in pregnancy/gestational diabetes - an integrated approach (Tonga)	Dr Ma'ake Tupou	
2.30	3.00	**26**	Dealing with diabetes: building capacity to reduce diabetes complications (Solomon Islands)	Ms Nevalyn Laesango	
3.00	3.30	**27**	Dialysis: experience from PICTs (Samoa)	Dr Take Naseri	
3.30	4.00		**Afternoon Tea**		
4.00	4.30	**28**	Driving Primary NCD Care through Dedicated Outreach Workforce (Tonga)	Dr Toakase Fakakovikaetau	Dr Isimeli Tukana, Fiji
4.30	5.00	**29**	Moving Diabetes Forward: where to from here?		
5.00			End of Day 3		

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