Non-Communicable Diseases Strategic Plan 2015 - 2019

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Prepared by C-POND

Fiji Health Sector Support Program

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Message by the Permanent Secretary for Health and Medical Services

I am indeed honoured to present the Ministry of Health and Medical Services Non-Communicable Disease Strategic Plan 2015-2019.

Non Communicable Disease like Ischemic Heart Disease, Diabetes Mellitus and Cerebrovascular Disease are the leading causes of mortality in Fiji leading to premature deaths. The three risk factors that account for the most disease burden in Fiji are high body-mass index, dietary risks and high fasting plasma glucose.

This Strategic Plan has set goals and targets to be achieved by 2019. These goals and targets include: reducing the relative premature mortality; reducing tobacco; alcohol and kava use; reducing the population intake of salt; reducing the prevalence of people with raised blood pressure; increasing the prevalence of physical activity; increasing the percentage of people controlled for hypertension and diabetes; and increasing the daily average servings of fruit and vegetables in diet of the people of Fiji.

The Ministry of Health and Medical Services in partnership with the World Health Organisation, has initiated the PEN (Packaged of Essential NCD interventions), the NCD toolkit, training of staff, complication management at SOPD's, community and rehabilitations services to help in the prevention and control of NCDs and ensuring services are accessible and of affordable quality.

We encourage more investment in innovation, scientific research, health systems reforms and legislative interventions. We must acknowledge that the whole nation has to work together to achieve the goals of combating NCD's. Our key message is that a healthy lifestyle is the key to the prevention of premature deaths and that our individual and collective efforts are important to avert the effects of the devastating epidemic on our economy, our families and our society.

I am indeed grateful to the Deputy Secretary Public Health, the National Adviser Non-Communicable Disease and senior staff of the Ministry of Health and Medical Services for their efforts in putting together this NCD Strategic Plan. My special appreciation to the FHSSP, other government ministries and faith- based organisations for their support and contributions to this key Strategic Plan to the nation's road to Wellness.

Dr Eloni Tora
Permanent Secretary for Health and Medical Services

Acronyms and Abbreviations

Term	Meaning
ACP	Annual Corporate Plan
BMI	Body Mass Index
BP	Blood Pressure
CC	Commerce Commission
CDU	Curriculum Development Unit
CHWs	Community Health Workers
CSO	Civil Society Organisation
C-POND	Pacific Research Centre for the Prevention of Obesity and Non-communicable Diseases
DMO	Divisional Medical Officer
FBO	Faith Based Organisation
FHSSP	Fiji Health Sector Support Program
FNCDP	Fiji National Council for Disabled Persons
FNU	Fiji National University
FPAN	Fiji Plan of Action for Nutrition
FRCA	Fiji Revenue & Customs Authority
FSIA	Fiji Sodium Intervention Assessment
FT-TAG	Food Task Force Technical Advisory Group
GBD	Global Burden of Disease
GDM	Gestational diabetes mellitus
GISAH	Global Information System on Alcohol and Health
GSHS	Global School-based Student Health Survey

HIRA	Department of Health Information, Research & Analysis
HPS	Health Promoting Setting
HPV	Human Papilloma Virus
HRH	Human Resources for Health
LTA	Land Transport Authority
MEF	Monitoring and evaluation framework
MFNP	Ministry of Finance and National Planning
MIT	Ministry of Industry and Trade
MoE	Ministry of Education
MoHMS	Ministry of Health and Medical Services
MoU	Memorandum of understanding
MoW	Ministry of Social Welfare, Women and Poverty Alleviation
MPI	Ministry of Primary Industries
MYS	Ministry of Youth and Sports
NA-MH	National Advisor on Mental Health
NCD	Non Communicable Disease
NCD STEPS	Non Communicable Disease Stepwise Survey
NFA	National Fire Authority
NFNC	National Food and Nutrition Centre
NNDSS	National Notifiable Disease Surveillance System
NSAAC	National Substance Abuse Advisory Council
PA	Physical Activity

PATIS	Patient Information System
PEN	Package of essential non communicable (PEN) disease interventions for primary health care in low-resource settings
PHIS	Public Health Information System
PPDU	Planning and Policy Development Unit
RHD	Rheumatic heart disease
SBP	Systolic Blood Pressure
SDMO	Sub-divisional Medical Officer
SHC	Strategic Health Communication
SNAP	Smoking, Nutrition, Alcohol and Physical activity
SPC	Secretariat of the Pacific Community
STEPS	World Health Organization STEPwise approach to Surveillance
TRIPS	Traffic Related Injury in the Pacific Survey
UN	United Nations
UNDP	United Nation Development Program
WHO	World Health Organisation
YLLs	Years of life lost

Clarification of terms

A number of terms are used throughout this document, and for clarity they are defined further here.

Term	Definition
Premature mortality	Unconditional probability of dying between ages 30-60 (this definition is in use in Fiji)
Obesity	Body mass index greater than 30 kg/m² for obesity or 30 kg/m² for obesity for adolescents according to the WHO Growth Reference
Insufficiently physically active	Less than 150 minutes of moderate-intensity activity per week, or equivalent.
Adolescents	Period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19
Heavy episodic drinking	Drinking at least 60 grams or more of pure alcohol on at least one occasion in the past seven days
Diabetes	Fasting plasma glucose ≥7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose

Acknowledgments

This strategic plan was developed by members of the C-POND team (Dr Wendy Snowdon, Gade Waqa and Astika Raj) under a consultancy from the FHSSP project. The strategy was developed in close consultation with the Ministry of Health and Medical Services and the FHSSP team. The support and advice from Dr Margaret Cornelius, Dr Rosalina Sa'aga-Banuve, Dr Isimeli Tukana and Mr Ratish Singh is gratefully acknowledged. This strategic plan builds on work undertaken by consultant Dr Helen Robinson. The support of all those involved in the consultation process was critical, and the willingness of all those involved to actively contribute is acknowledged.

Executive Summary

The non-communicable disease problem in Fiji and the region has been termed a crisis. The most recent NCD STEPS survey in Fiji has revealed alarming trends of increasing levels of risk factors, unhealthy behaviours and NCDs. There is an urgent need for a whole of system response, with strong leadership from all stakeholders. In response to this, and in line with international and regional commitments, this NCD strategy for Fiji was developed. The strategy was developed during 3 months of consultation meetings, and included individuals from across government and civil society.

The strategy focuses on the prevention and treatment of NCDs, including mental health and violence and injuries. The strategy is structured into parts tackling each of the key areas: tobacco, alcohol, diet, physical activity, clinical and public health services, mental health, injuries and violence and a more general overarching section. It sets ambitious targets for starting to improve the NCD burden in Fiji, and will require strong commitment and action to achieve these targets.

Background information

Ministry of Health and Medical Services

The vision for the Ministry of Health and Medical Services is a healthy population in Fiji that is driven by a caring health care delivery system. In line with the 2009-2014 Roadmap for Democracy and Sustainable Socio-Economic Development the health related policy objectives are:

- Communities are served with adequate primary and preventive health services thereby protecting, promoting and supporting their well-being.
- Communities have access to effective and quality clinical health care and rehabilitation services.
- Health system strengthening is undertaken at all levels of the Ministry.

The Ministry of Health and Medical Services translated these objectives through 7 Health Outcomes and 3 Strategic Goals of its 2011-2015 Strategic Plan. Health outcome 1 refers to the intended outcome for NCDs: "Reduced burden of Non-Communicable Diseases" and Health outcome 6 is "Improved mental health care". The Ministry has also documented a number of principles: Customer Focus, Respect for Human Dignity, Quality, Equity, Integrity, Responsiveness and Faithfulness.

Non-communicable disease crisis in Fiji

Fiji is in the grip of a non-communicable disease crisis. Non-communicable diseases for the purposes of this strategic plan are defined as those diseases which are associated with lifestyle factors and are inter-related. These are: all categories of illness and injury that are not communicable or infectious in nature including preventable blindness, asthma, mental health disorders, environmental and inherited cancers, injuries, drowning, and other related accidents. More detailed definitions for some of these conditions are included in the definitions section of this strategy.

Cardiovascular disease, diabetes and stroke are the main causes of death in Fiji. Life expectancy appears to have been stagnant since the early 1990s due to chronic diseases [1]. The Global Burden of Disease study [2] found that in terms of the number of years of life lost (YLLs) due to premature death in Fiji, ischemic heart disease, diabetes mellitus, and cerebrovascular disease were the highest ranking causes in 2010. "The three risk factors that account for the most disease burden in Fiji are high body-mass index, dietary risks, and high fasting plasma glucose" (GBD factsheet).

Fiji has now completed its second NCD STEPS survey (in adults), that revealed that underlying causes and risk factors of these diseases have greatly increased (from 2002 to 2011). For example:

- Increase in percentage of those who have drunk alcohol in the last twelve months (from 21.6% to 30.6%)
- Increase in mean BMI by 1.1kg/m^2
- Proportion that are overweight increased from 23.6% to 32.1% (the global burden of disease also found that this was the leading risk factor in Fiji)
- Percentage with raised blood pressure (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP) increased from 24.2% to 31%
- Percentage with raised fasting blood glucose (capillary whole blood value ≥ 6.1 mmol/L or currently on medication for raised blood glucose) rose from 19.6% to 29.6%

Some improvement was seen was in tobacco use, where percentage of the adults who smoked tobacco daily decreased from 17.5% to 16.6%. In the school health survey (GSHS 2013) of 13-15 years in Fiji problems with poor diets, alcohol and tobacco use, along with mental health and depression concerns were identified. This included 15% who had been in trouble as a result of excess alcohol intake.

In the area of mental health, data is more limited however indicators such as suicide rates and attempted suicide paint a worrying picture. Teenage suicides increased from 7 in 2011 to 13 in 2012 (MoHMS annual report 2012). The suicide rate for Fijians of Indian descent (24 per 100 000) well exceeds that of Fijians of iTaukei descent (4 per 100 000)[3].

Injuries and violence are also a substantial cause of death and ill-health. The TRIPS study [4] found an annual incidence rate of 333 per 100,000, with more men than women affected. Most injuries occurred in those under 45 years of age and alcohol use was reported to be a contributing factor in 12-13% of admissions and deaths.

Existing strategies and commitments

In 2010 the Ministry of Health and Medical Services launched its Non-communicable Diseases Prevention and Control National Strategic Plan 2010-2014 [3]. This strategy focused on the SNAP risk factors (smoking, nutrition, alcohol and physical activity), along with accidents and injuries (now termed as violence and injuries). For mental health, a draft strategy has been in development and is expected to be finalised soon. No national strategy for violence and injuries currently exists, however a number of organisations have their own strategies/plans.

Globally and regionally, some commitments for NCDs have been made. The World Health Organization released its 'Global action plan for the prevention and control of NCDs for the period 2013–2020' in 2013. This was endorsed at the 66th World Health Assembly, and includes a menu of policy options for countries (member states), UN and other organizations. It also sets a global target of a relative reduction in premature mortality from NCDs by 25% by 2025, along with nine other targets. These were also discussed at a regional NCD forum, and informal agreement made that these targets were of relevance to the region and should be utilised to guide and monitor actions.

A strategic plan for mental health is nearing finalisation, extensive activities have been underway to improve support and care for mental health. WHO also introduced a mental health action plan in 2013 (2013-2020) and this was adopted also at the 66th World Health Assembly.

No national strategy for violence and injuries is in place in Fiji. However, organisations such as the Police, Fire Authority, Land Transport Authority, and Civil Society Organisations such as Fiji Women's Crisis Centre have all been active in their efforts to tackle the problem of violence and injuries.

Strategic plan 2015-2019

This strategic plan therefore builds on the work already undertaken in Fiji to tackle the NCD crisis, learnings from previous plans and approaches and seeks to provide a comprehensive prevention, treatment and management strategy for NCDs. For the first time this NCD strategic plan includes mental health and stress management which are important health problems in their own rights, but also closely linked with the other NCDs. This plan therefore takes a more Wellness centred approach to NCDs, in line with the focus of the Ministry of Health and Medical Services and its Wellness Unit.

In line with previous strategies, this document is based on a multi-sectoral approach, based on recognition that NCDs cannot be effectively tackled and controlled by the Ministry of Health and Medical Services alone. The drivers of poor lifestyle behaviours are mainly outside of the Ministry of Health and Medical Services remit. Additionally multiple stakeholders are already playing a critical role in dealing with the NCD crisis and their current and future roles are reflected in this strategy. This strategy is also based on the recognition of the need to target NCDs through multiple strategies and approaches. Single interventions have not been shown to be effective, in part because many of the drivers of NCD-related unhealthy behaviours are influenced heavily by socioeconomic factors.

NCDs affect all parts of the Fiji population, and overall all sub-groups are involved. For example while women are generally more likely to be overweight, men are more likely to be smokers. This strategy is therefore based on improving the health of all Fijians, and allows for individual activities to be tailored to suit the community most at risk.

This strategic plan covers 5 years, and the timings indicated in the plan reflect the prioritisation of the activities. Those strategies which are indicated to commence sooner, have a higher priority than those which are not expected to start for some years.

A strong health system is critical to improving prevention and treatment of NCDs, and this strategy includes a strong focus on this. This includes increased emphasis on streamlining services, targeting those at high-risk and improving early diagnosis. Part of the efforts to improve the management of NCD treatment is through the PEN initiative (Package of essential NCD interventions). This is an approach that uses "the primary health care facility as a setting for healthy living and facilitating a people oriented and integrated NCD services focussed on reducing or delaying major NCD outcomes". It seeks to close the gap between what is needed and what is currently available, based on evidence of cost-effectiveness. It includes a list of key medicines and technologies which should be available for NCDs, along with a protocol of

management which includes standardized approaches to identifying high-risk individuals who require input and management. There are overall 5 areas of action, with particular focus on I-III:

I. Wellness Fiji at Community Health Worker Level

II. Wellness Fiji plus NCD toolkit at Nursing Stations and Health Centre Levels

III. Wellness Fiji plus NCD Toolkit and PEN at the SOPD Levels

IV. Complication management at specialist SOPD

V. Rehabilitation services

The indicators and monitoring and evaluation incorporated into this plan (i the MEF) will allow Fiji to report its progress against global and regional targets for NCDs. The baseline for many of the indicators is the 2011/2012 STEPS report. This strategy includes research-related activities throughout, and is based on recognition that targeted and relevant research is critical for guiding planning and intervention delivery, and also in assessing impacts.

Some indications of costs involved are included in this plan to assist with planning. These are estimates, and it is expected that more comprehensive costings will be undertaken in annual plans.

Implementation of this strategic plan

This strategic plan will be reflected in annual corporate plans and similar action plans (by other sectors). The Ministry of Health and Medical Services will provide support as needed to assist with the operationalization of this strategy in other organisations. Key strategies documented here will guide the development of annual corporate plans and business and operational plans, in line with documented needs.

Within the Ministry of Health and Medical Services, the Wellness Unit and the Planning and Policy Development Unit (PPDU) will work with Divisions and Departments in the incorporation of actions in their respective plans.

For each strategy, it is expected that the organisation listed first will take the lead in co-ordinating, as needed, actions by other organisations detailed. (Note that organisations shown in brackets are those outside the Ministry of Health and Medical Services). Overall governance of this strategic plan will rest with the Ministry of Health and Medical Services.

In order to ensure timely, accurate, meaningful, and practical monitoring & evaluation (M&E) of this strategic plan, the performance indicators will be further clarified and elaborated on an annual basis, including documentation of all relevant metadata (data sources, calculation, frequency of reporting, critical assumptions and risks, interpretation and application, etc.) and updating of performance targets based on implementation progress, health outcomes, or other contextual factors. A Results Framework outlining the key intervention areas and the expected

logical linkages toward desired outcomes is provided in Annex Two, along with an illustrative set of performance indicators.

Mid-term review of this strategy is expected, informed by the ongoing monitoring of actions which will be led by the Wellness Unit and supported by the monitoring and evaluation team within the Ministry. All stakeholders are expected to provide relevant information to allow for the monitoring of this strategy quarterly. This review will consider progress against indicators and outcomes, new priorities and changing disease burden, as applicable.

Values

In line with the MoHMS values and the Global Action Plan for NCDs, this strategy is based on the values shown below.

Goal and Objectives of this Strategy

Goal: To contribute to the overall goal of a healthier Fiji, and specifically to achieve a 25% reduction in premature mortality from the four key NCDs by 2025.

Commitment to this goal will require:

- Multisectoral approach.
- Improved service delivery with integration of prevention, early diagnosis and treatment at all levels of primary health care.
- Improved monitoring and evaluation.
- Building capacity to deliver these services.

Overall objectives:

- Reduced intake of salt per person aged 18+ years by 20% by 2019
- Increased daily average serves of fruit and vegetables among adolescents and adults by 10% by 2019
- No increase in obesity prevalence in adults or adolescents
- No increase in diabetes prevalence in adults
- Prevalence of insufficiently physically active adolescents reduced by 5% by 2019
- Prevalence of insufficiently physically active persons aged 18+ years reduced by 10% by 2019
- Reduced prevalence of current tobacco use among adolescents by 10% by 2019
- Prevalence of current tobacco use among persons aged 18 years+ reduced by 10% by 2019
- Increase in number of settings-based tobacco-free policies by 20% by 2019.
- Prevalence of heavy episodic drinking among adolescents and adults reduced by 5% by 2019
- Reduced annual per capita intake of alcohol per person aged 15years+ by 5% by 2019
- To reduce number of suicides by 20% by 2019
- To reduce cases of attempted suicide by 20% by 2019
- To reduce the prevalence of violence and injuries by 5% by 2019
- To reduce reported cases of violence and injuries related to alcohol by 10% by 2019
- Increased resources allocation for NCDs that is in line with the scale of the crisis

Strategic plan intervention areas

	Key Strategies	Responsibility	Timeframe	Outputs	Budget
DIET **Overall targets (Long-term outcomes):** Age standardized mean population intake of salt, per day in grams per person aged 18+ yrs reduced by 20% by 2019 (and by 30% by 2025) Increased daily average serves of fruit and vegetables among adolescence and adults by 10% by 2019 No increase in obesity prevalence in adults or adolescents Tools (Data Sources): STEPS survey in 2019. GSHS survey every 3 years. FSIA survey 2015.					
1.1	Adopt and implement draft regulations to control the marketing of foods and non-alcoholic beverages to children	Wellness Unit (MIT, Ministry of Info & Communications),NFNC, FT-TAG, MoHMS	Adoption by 2015. Implementation ongoing	Monitoring of advertisements. Enforcement reports.	-
1.2	Support FPAN implementation	NFNC, Wellness Unit, (MIT, Private sector, C-POND), FT-TAG, FPAN steering committee	Ongoing	FPAN reports	
1.3	Implement the Salt, Sugar, Fat action plan (2014-2017),	NFNC, Wellness Unit, (all	Ongoing	Monitoring of actions and progress by	

	including adoption of the salt targets.	sectors), FT-TAG, MIT		industry: store survey, reports from industry. FSIA baseline and follow-up data.	
1.4	Incorporation of gardening into primary school curriculum	(MoE, MPI)	2015	Gardening taught in all primary schools	
1.5	Increased nutrition capacity within Ministry of Education including nutritionist at CDU and each division	(MoE), FT-TAG	2015	Officers in place	
1.6	Introduce restrictions on hawker's licences in areas around schools (and develop approach for other informal sources of foods and drinks)	Wellness Unit, (MoE, City councils)	2015-2016	Introduction of regulation to restrict licences around schools.	
1.7	Introduce catering policy for all Government workshops and meetings (beginning with MoHMS), and support adoption by private sector	Wellness Unit, NFNC, NA-Dietetics, (all sectors), FT-TAG	2015 (MoHMS)	Policies adopted	-

1.8	Development of early childhood education healthy food guidelines	(MoE), Wellness Unit, NFNC, FT-TAG	2015-2016	New guidelines adopted	-
1.9	Enforce School canteen and boarding school guidelines (and provide training for operators)	(MoE), MoHMS	Ongoing	Monitoring of canteen guideline compliance and boarding school guidelines	
1.10	Continue efforts to support healthier eating through targeted taxation, price control changes or subsidies	Wellness Unit (MIT, MFNP, FRCA, CC, MoW), FT-TAG	Ongoing	Healthier food is more affordable (costing study)	-
1.11	Enforce existing regulations regarding misleading food and drink advertising	Food Unit, (Consumers Council, Commerce Commission)	Ongoing	Number of cases	-
1.12	Media and other educational campaigns to support healthier eating, including provision of recipes using local foods and promotion of gardening	NFNC, Wellness Unit, (MoW, MYS, Ministry of iTaukei Affairs)	Ongoing	Evaluation reports from all campaigns and educational programmes (including baseline measurements)	

1.13	Educational programmes on reading nutrition labels on processed foods to assist consumers with making healthier choices	NFNC, Wellness Unit, FT-TAG	Ongoing	Evaluation report on campaigns	
1.14	Support for 'backyard' gardens in settings (including information on cost-saving, nutrition and health) and homes	(MPI, MoE in schools), NFNC, FT-TAG , (MPI), MoHMS, (FBO, City Councils, MoW, MYS, Ministry of iTaukei Affairs)	Ongoing	Establishment of new gardens	
1.15	Support for developing methods of processing local foods which allow value-adding, but are also health, convenient and affordable	(MPI, SPC), MoHMS, (USP, FNU)	Ongoing	New products available	
1.16	Encourage religious leaders to support low salt, low sugar diet for all religious members during holy week celebrations	(FBO), Wellness Unit, NFNC,	Ongoing	Evaluation report on campaigns	

PHYSICAL ACTIVITY

Overall targets (Long-term outcomes):

Prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate to vigorous intensity activity daily) reduced by 5% by 2018 (and by 10% by 2025).

Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than150 minutes of moderate-intensity activity per week, or equivalent) reduced by 5% by 2018 (and by 10% by 2025).

Tools (Data Sources): STEPS survey in 2019. GSHS survey every 3 years.

2.1	Ensure all existing and new developments include infrastructure, walkways and communal parks (which are accessible for persons living with disability).	Wellness unit, (Local govt, Ministry of Lands, LTA, Roads authority, Housing authority, MFNP, MYS), MoHMS	Ongoing	Assessment of new developments and accessibility of new physical activity infrastructure	
2.2	Assess existing Council spaces and parks and ensure that they are being used as public parks	Wellness Unit, (Private sector, MYS, Ministry of iTaukei Affairs)	Ongoing	Evidence of appropriate use of parks on PA	
2.3	Guide all schools and educational establishments in the provision of safe places and opportunities for active play	(MoE including HPS, MYS), Wellness Unit	Ongoing	Reports from HPS	

	for children and youth.				
2.4	Review and strict implementation of Physical Education curriculum.	(MoE)	2015	Report on Physical Education curriculum review	
2.5	Ongoing, targeted mass-media campaigns to promote physical activity, particularly among the less active (including use of sports icons)	Wellness Unit, (MYS, private sector, CSOs), Physios, MoHMS	Ongoing	Include evaluation in all campaigns.	
2.6	Targeted interventions with population sub-groups to encourage physical activity, including support for leaders to become champions	(Private sector, CSOs, FBOs), MoHMS	Ongoing	Evidence of private and civil society actions on PA	
2.7	Decrease all forms of taxes on all sports, physical activity and gym equipment including mobility devices and sports shoes	Wellness Unit, (MIT, MFNP, MYS, FRCA)	2015	Taxes reduced	
2.8	Support workplaces policies for physical activity (e.g. time breaks for exercise, provision of fitness facilities,	Wellness Unit, (Private sector, MYS, Public Service Commission), Physios	Ongoing	Policies adopted in private sector	

	shower/change facilities)				

TOBACCO

Overall targets (Long-term outcomes):

Reduced prevalence of current tobacco use among adolescents by 10% by 2019 (and by 30% by 2025).

Reduced age standardized prevalence of current tobacco use among persons aged 18 yrs+ by 10% by 2019.

Increase in number of settings-based tobacco-free policies by 20% by 2019.

Tools (Data Sources): STEPS survey in 2019. GSHS survey every 3 years

3.1	Pursue annual increase of at least 10% in tobacco taxation	(MFNP)/Wellness Unit, (FRCA)	Annually	Budget statements demonstrating tax increases	
3.2	Strengthen efforts to enforce existing tobacco control policies (smoke-free places, restrictions on sales to minors, advertising)	Tobacco control enforcement unit, Wellness Unit, (Police, Customs office, Ministry of iTaukei Affairs, Ministry of Labor, Ministry of Education)	Ongoing	Reports on enforcement activities	
3.3	Increase staffing in Tobacco Enforcement Unit, in line with needs	Tobacco enforcement unit, MoHMS	End 2015	New positions created	

3.4	Continue enforcement of regulations for promotion, advertising and sponsorship bans	Tobacco enforcement Unit, (NSAAC).	Ongoing	Reports to FCTC annually. Reports on enforcement activities	
3.5	Review and revision as needed of existing tobacco legislation, including smoke-free requirements	Tobacco Enforcement Unit	2015	Amendment of tobacco control decree	
3.6	Establish tobacco cessation support programmes in all sub-divisions. Including training for relevant staff/individuals	Wellness Unit, NA-MH, National Advisory Council on Mental Health and all Sub-divisional health staff, (CSOs, FBO).	2015 and ongoing	Establishment of support programmes. Participation figures	
3.7	Continue developing effective media activities on the dangers of smoking	Wellness Unit, (local media, NSAAC)	Ongoing	Evaluation reports of media activities	
3.8	Encourage settings-based tobacco-free policies (eg church, community) as part of tobacco-free Pacific	Wellness Unit and all sub-divisional health staff, (CSOs, FBO)	Ongoing	Number of settings with tobacco-free policies	

3.9	Support compliance with no smoking, no alcohol, no kava consumption in holy weeks in the religious calendars	(FBO), Wellness Unit	Ongoing	Reports on campaign implementation	
3.10	Restrict sales of small packs of cigarettes (10s)	Tobacco enforcement unit	2015	Amendment of tobacco control decree	
3.11	Conduct awareness raising programmes on dangers of tobacco, in schools and communities	(NSAAC)	Ongoing	Report on awareness conducted	

ALCOHOL & KAVA

Overall targets (Long-term outcomes):

Age-standardized prevalence of heavy episodic drinking among adolescents and adults reduced by 5% by 2018 (and by 10% by 2025).

Reduced annual per capita intake of alcohol per person aged 15years+ by 5% by 2019

Tools (Data Sources): STEPS survey in 2019. GSHS survey every 3 years. FRCA figures on units alcohol consumed annually.

4.1	Pursue annual increase in alcohol taxation of at least 10%	Wellness Unit, (MFNP, FRCA)	Annually	Reports to GISAH annually (Global Information System	

4.2	Pursue restrictions on alcohol advertising and sponsorship (including restricting licenses for outlets to sell alcohol and increasing license fees)	Wellness Unit, (NSAAC), (SPC, WHO, Police)	2015	on Alcohol and Health) Reports on enforcement activities	
4.3	Continue efforts to enforce existing alcohol control policies (age limits, sales limits, licensing limitations)	(Liquor Control Board, Police, LTA)	Ongoing		
4.4	Encourage communities to adopt own alcohol restrictions and kava restrictions	Wellness Unit and all public health staff, (FBO)	Ongoing	Number of communities with alcohol/kava policies	
4.5	Strengthen programmes in all sub-divisions and religious communities for alcoholics (refer Mental Health and stress management section)	(Alcoholics Anonymous, FBOs and CSOs),Wellness Unit and all public health staff, NA-MH, (National Advisory Council on Mental Health, NSAAC)	By end 2016	Establishment of support programmes. Participation figures	
4.6	Engage with breweries to reduce alcohol content of locally produced beverages and/or to produce lower alcohol alternatives	(NSAAC, private sector, MIT)	2016	Paper prepared documenting comparison of alcohol content of locally produced and international	

				beverages Alcohol content reduced	
4.7	Increase effective media activities on the dangers of alcohol abuse (including home brew)	Wellness Unit (MoE, NSAAC, Government Communication Officers, Ministry of Information, media organisations, Media Council)	Ongoing	Evaluation of media and promotional campaigns re alcohol dangers	
4.8	Assess extent of problems with use of home brew	(NSAAC)	2015-2016	Report on extent of home brew consumption	
4.9	Assess extent of kava abuse problem, and association with alcohol and tobacco use and risk for NCDs	(NSAAC)	2015-2016	Report on kava abuse	
4.10	Selected health officers to be designated as alcohol enforcement officers	Wellness Unit, MoHMS	2016	New designations	
4.11	To investigate scope for other government officers to be designated as alcohol	Wellness Unit, (all Ministries)	2016	Report on potential new enforcement designations	

	enforcement officers				

CLINICAL& PUBLIC HEALTH SERVICES

Overall targets (Long-term outcomes):

By 2019, 50% availability of affordable basic technologies and essential medicines required to treat NCDs in public and private facilities(and 80% by 2025)

Identify high risk population for stroke and heart attack and treat 30% of them by 2019 (and 50% of them by 2025)

5.1	Evaluation of PEN implementation	Wellness Unit, DMOs, SDMOs, (WHO)	2018	PEN evaluation report	
5.2	Ensure incorporation of risk-reduction strategies into medical and nursing training	(FNU, UniFiji, WHO)	By 2018	Changes made in training curricula to meet accreditation standards	
5.3	All relevant front-line MoHMS staff to receive PEN/NCD risk reduction training	(FHSSP), MoHMS	By 2018	All MoHMS staff providing NCD service trained	
5.4	Ensure essential medicine and technologies (as detailed in PEN) are accessible (including availability of NCD tool kits)	Pharmaceutical team, procurement unit (Commerce Commission, Consumers Council, MFNP)	Ongoing	Evaluation report on level of availability	PEN roll-out to cost FJD28million over 5 years

5.5	Continue scale-up of early detection services including the utilization of trained community health workers	(FHSSP), MoHMS, communities	Ongoing	Numbers of new people screened and identified at risk and followed up by a medical officer	
5.6	Provision of adequate rehabilitation services for NCD-related disability and injuries (based on needs assessment currently underway and other data)	Rehab service (CSOs, FBOs, private sector, Fiji council disabled persons, Social Services, MoW)	By 2019	Assessment of rehabilitation services in all divisions	
5.7	Strengthen co-ordination between allied health service providers through active consultation and MoUs eg rehabilitation, cancer care, counseling, palliative care	MoHMS, (CSOs)	2015	MoUs in place	
5.8	Diabetes hubs to be sufficiently resourced to provide a suite of services for diabetes related complications	Wellness Unit, (Diabetes Fiji)	Ongoing	Number of diabetes-related complications	
5.9	Work with mobile operators to develop SMS-based services	Clinical Services, Health Information, (Private sector)	2015 onwards	Increase in compliance	

	for clinic appointment reminders			(reduction of defaulting rates)	
5.10	Work with CSOs to establish respite care for individuals living with disability	(FNCDP)	Onwards	MoUs in places	
5.11	Develop a screening unit to oversee all screening activities for NCDs (eg cancer, diabetes, rheumatic heart disease). This unit will ensure continuum of care from screening to treatment, data system, manage and follow-up cases and will co-ordinate role of CSOs.	Wellness Unit, CSOs, CWMH, Clinical Services Network, Health Information Unit	2015	Evaluation report of the unit	
5.12	Undertake a study of gestational diabetes (GDM) burden, including analysis according to different definitions of GDM, and coverage of screening services currently.	CWMH Maternity Unit, HIRA, Clinical Services Network, (academic institutions)	2015	Study report available	
5.13	Establish targets for screening	FHSSP, Maternity Units, HIRA	2016	Targets established	

	coverage for GDM, in new deliveries.				
5.14	Strengthen oncology unit at all the divisional hospitals. This should include cancer screening and management and palliative care services.	Wellness Unit, Clinical Services Network, HIRA	2018	Functioning oncology units at the divisional hospitals Coverage of HepB and HPV vaccinations	
5.15	Development of a comprehensive clinical services plan for renal disease.	Clinical Services Network, PPDU	2015	Plan established	

					Budget
MENTAL HEALTH AND STRESS MANAGEMENT **Overall targets (Long-term outcomes):** To reduce number of suicide cases and attempted suicide cases by 20% by 2019 Tools (Data Source): PATIS, mental health information system					
6.1	Implementation, monitoring and review of the mental health decree	National Advisory Council on Mental Health, NA-MH	Ongoing	Annually	
6.2	Implementation of a National Mental Health and Suicide Prevention Strategic Plan	National Advisory Council on Mental Health, NA-MH, (CSOs)	By early 2015	Strategic plan finalised	
6.3	Review and revision of friendly mental health information system within existing structures	MoHMS Epidemiologist, NA-MH, (Police, MoW)	2015	Modifications developed	
6.4	Identify mental health champions	National Advisory Council on Mental Health	2016	Champions recruited	
6.5	Support relevant stakeholders to raise mental health awareness in communities	National Advisory Council on Mental Health	2016	Training delivered to relevant stakeholders	

6.6	Strengthening and monitoring of decentralisation of services through the establishment of stress management wards at all hospitals and increased specialized staff at sub-divisional levels	NA-MH	Ongoing	Wards operational in all hospitals. Admission records	
6.7	Establishment of lifeline-style service for mental health issues, counseling and alcohol support programmes. (Include specialized training for those involved, referral systems and accreditation scheme)	NA-MH, (CSOs), (mobile operators)	2016	Service established and operational	
6.8	Development and roll out of capacity building programme for relevant sub-divisional staff in MoHMS	NA-MH	Ongoing	Reports on training activities annually thereafter	
6.9	Development and roll out of capacity building programme for relevant community leaders and CSOs	NA-MH	Ongoing	Reports on training activities annually thereafter	
6.10	Incorporation of stress management and awareness into school curriculum	(MoE)	2016	Stress management taught in schools	

VIOLENCE AND INJURIES

Overall targets (Long-term outcomes):

To reduce the prevalence of violence and injuries by 5% by 2019

To reduce cases of violence and injuries related to alcohol by 10% by 2019

Tools (Data Sources): PHIS, PATIS, Accident and emergency data & extended surveillance system

7.1	Development of a detailed strategic plan based on evidence of risk factors, to target key causes of injuries and violence	Wellness Unit, (Police, NFA, LTA, CSOs, WHO, MoW, Women's Crisis Centre) Physios	By 2016	Action plan developed (multi-sectoral, national and sub-divisional)	$$$$$
7.2	Establish National Violence and Injuries Committee	Wellness Unit, (Police, NFA, LTA, CSOs, WHO, MoW, Women's Crisis Centre.), Physios, FBO, Elimination of Violence against Women Taskforce	2015	Committee established. Minutes of meetings	
7.3	Develop extended surveillance system based on PHIS to incorporate police, LTA and Fire authority data	MoHMS Epidemiologist	2019	Surveillance system established	
7.4	Introduce mass media campaign on preventing injury in sports	Physios, Wellness Unit, (MYS)	2016	Mass media campaign evaluation report	

7.5	Strengthen rehabilitative services for those affected by injuries or violence	Physios, MoHMS, (CSOs, FBO)	2017	Increased availability of rehabilitation services	

	CROSS-CUTTING ISSUES **Overall targets (Long-term outcomes):** Increased resource allocation for NCDs that is in line with the scale of the crisis				
8.1	Establish a National taskforce for NCDs that is focused on innovative avenues to address the crisis	Wellness Unit, (All Ministries, CSOs)	2015	Taskforce minutes	
8.2	Continue efforts to inform key stakeholders and leaders of the scale of the NCD/mental health/injuries and violence crisis: including regular briefings for key stakeholders	Wellness Unit, all staff of Ministry of Health and Medical Services	Ongoing	High-level support for NCDs across government, evidenced by statements by leaders	
8.3	Identify champions for NCDs	Wellness Unit, (Prime Minister's Office, President's office)	2015	Champions confirmed	
8.4	Pursue ongoing increases in the fees charged for tobacco licenses (and ensure revenue	Wellness Unit, Ministry of Health	Ongoing	Increase in fees for tobacco	

	retained by MoHMS)	and Medical Services		licenses	
8.5	Pursue share of taxes from revenue on tobacco/alcohol/'unhealthy' food for health promotion	Wellness Unit (MFNP, FRCA, MIT, WHO, SPC)	2015	Cabinet paper lodged and discussed	
8.6	Ensure NCD budget within Ministry of Health and Medical Services is planned in conjunction with Divisions, Sub-Divisions and Departments annually. (To include allocations for sufficient educational materials)	Wellness Unit, MoHMS, (all Ministries)	Annually	Annual budget plan for NCDs	
8.7	Assess need for a cost of NCDs study (including possible scope)	Wellness Unit (MFNP, WHO, SPC, UNDP, academic institutions)	2015	Need assessment report	
8.7	Improving human resource capacity for NCDs in MoHMS in response to training needs assessment	HRH, HR	2016	Capacity building activities.	
8.9	All government and relevant CSOs should incorporate relevant areas of this strategic plan	All MoHMS areas, (MFNP, other	Ongoing	NCDs documented within	

	in their annual corporate plans (Wellness Unit to meet annually with all key government sectors to discuss their next ACP)	relevant government sectors, FBO)		ACP	
8.10	Strategic health communication plans to be developed and followed prior to any media or community educational activities, and to include monitoring and evaluation component	Wellness Unit	Ongoing	SHC plans produced and adhered to. Evaluation reports for all health communication activities.	
8.11	Healthy settings including workplaces, communities, schools, churches, islands, cities to be utilized. (Award programmes to be developed to recognize achievements)	Wellness Unit, (all sectors)	Ongoing. Award programme commences in 2015	Adoption of healthy settings	
8.12	Implementation of monitoring and evaluation framework	PPDU, HIRA& all sub-divisions	2015	Monitoring and evaluation report. Mid-term review.	
8.13	Planned and proactive engagement with appropriate private sector and civil society organisations including faith-based organisations	Wellness Unit, PPDU, Forum of Healthy Policy Technical Support Group	Ongoing	Inclusion of engagement plans within ACP	
8.14	Capacity-building available for key community members, faith-based organization leaders and community health workers to support and empower a greater role in NCD activities.	Wellness Unit, (communities, FBOs, CHWs, Turanganikoro)	Ongoing	Capacity building activities held annually	

8.15	Encourage targeted research (including by students) and data analysis to allow for targeting of interventions and programmes, including strong dissemination across sectors	HIRA, Wellness Unit, (research organisations and academic institutions, FBO)	Ongoing	Relevant data available to guide planning and service delivery	
8.16	GSHS survey in schools to be conducted every 3 years and effectively disseminated	MoE, (WHO)	Every 3 years	Reports produced	
8.17	STEPS survey to be repeated in 2019 and effectively disseminated	MoHMS, (WHO)	2019	Reports produced	
8.18	Cabinet paper/decree/act for Wellness to be developed and approved (to include the establishment of a cross-sectoral committee and mandate to include NCDs and Wellness in all ACPs).	Wellness Unit, Minister of Health and Medical Services	2015	Cabinet paper/decree adopted	
8.22	Establishment of a dedicated NCD strategy post to facilitate monitoring and reporting related to NCD strategy (and report to cross-sectoral committee)	MoHMS	2015	Post established and filled	
8.23	Development of communication plan including regular newsletter, to update stakeholders regarding NCD strategy and activities	Wellness Unit	2015	Communication plan in place	

8.24	Relevant curricula for health professionals, teachers and FBO leaders should be reviewed and revised if needed to ensure relevance to NCD strategy (including behavior change/motivational interviewing)	(MoE, academic institutions) Pacific Theological College	2015-2016	Curricula reviewed and revised	

References:

1 Carter, K. *et al.* Mortality trends in Fiji. *Aust. N. Z. J. Public Health***35**, 412-420, doi:10.1111/j.1753-6405.2011.00740.x (2011).

2 Lozano, R. *et al.* Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet***380**, 2095-2128, doi:http://dx.doi.org/10.1016/S0140-6736(12)61728-0 (2012).

3 Roberts, G. *et al.* The Fiji Islands Health System Review. *Health Systems in Transition***1** (2011).

4 Wainiqolo, I. *et al.* A profile of Injury in Fiji: findings from a population-based injury surveillance system (TRIP-10). *BMC Public Health***12**, 1074 (2012).

Annex One: Consultations for NCD Strategic Plan 2015-2019

Date	Consultations	Number of Participants
22nd November 2013	MoHMS – Suva Diabetic Hub	4
27th November 2013	Ministry of Education, CDU Conference Room, Waisomo House, Suva	7
28th November 2013	MoHMS - St. Giles Hospital	5
28th November 2013	Fiji Police Force, Police HQ Conference room, Vinod Patel Building, Centre point	10
2nd December 2013	MoHMS – Lautoka Western Health Services	12
3rd December 2013	MoHMS - Lautoka Diabetic Hub	3
3rd December 2013	MoHMS - ViseiseiSai Health Centre	9
4th December 2013	MoHMS – Sigatoka Subdivisional Hospital	2
5th December 2013	MoHMS- Bureta Health Centre	4
5th December 2013	MoHMS- Levuka Subdivisional Hospital	4
6th December 2013	Public Service Commission and Ministry of Industry and Trade	4
6th December 2013	Nuffield Medical Clinic	4
9th December 2013	MoHMS - Labasa Diabetic Hub	3
9th December 2013	MoHMS – Wainikoro Health Centre	5
10th December 2013	MoHMS – SeaqaqaHealth Centre	8
11th December 2013	Academic – Fiji National University, College of Medicine Nursing and Health Sciences	7
11th December 2013	Ministry of Women	2
12th December 2013	Ministry of iTaukei , Ministry of Youths and the SoqosoqoVakamarama	5
13th December 2013	Ministry of Rural and Maritime Development and National Disaster Management and the Fiji Alliance for Mental Health	4
16thJanuary 2014	Faith Based Organisation - SDA	1
28th January 2014	NFNC	2

29th January 2014	CSNs	3
6th February 2014	Methodist Church	2
10th February 2014	Ministry of Primary Industries	6
13th February 2014	National Consultation Workshop	64

NCD STRATEGIC ACTION PLAN ONE-DAY CONSULTATION WORKSHOP
THURSDAY 13TH FEBRUARY AT STUDIO 6, SUVA

INVITEES LIST			ATTENDEES
NO	**NAMES**	**DESIGNATION/ORGANIZATION**	
1	Dr Eloni Tora	PSH	YES
2	Dr M Tuicakau	DSHS	↔
3	Dr E Rafai	DSPH	YES
4	Dr S Nakalevu	DMO Western	YES
5	Dr T Qoriniasi	DMO Northern	YES
6	Dr Bale Kurabui	Fiji Police Force	YES
7	Mr. T. Lewesi	HPS Coordinator, MOE	YES
8	Mr. A. Sailo	MOE	YES
9	Mr K. Pratap	Ministry of Industry & Trade	YES
10	Ms. V. Tamanu	Ministry of Industry & Trade	YES
11	Mr Vijay Kumar	Ministry of Social Welfare	YES
12	Mr Paula Tuione	Ministry of Agriculture	YES
13	Mr Atama Masioliva	Ministry of Foreign Affairs	YES
14	Ms Vasitia Duikoro	Ministry of Foreign Affairs	YES
15	Ms Aliti Radevo	Ministry of Foreign Affairs	YES
16	Mr Josua Naisele	MoE (NSAAC) – Snr Advisor Health	YES
17	Ms Artika Nand	Ministry of Justice	

18	Ms Sanjana Lal	Ministry of Fisheries & Forests -	↔
		Deputy Conservator of Forests	
19	Mr Joela Cama	Ministry of Fisheries & Forests	YES
20	Ms Teari Kaure	Ministry of Fisheries & Forests - Fisheries Department	YES
21	Ms Roshni Gounder	Ministry of Works, Transport & Public Utilities	YES
22	Ms Elenoa Neimila	Ministry of Lands	↔
23	Mr Josateki T	Ministry of Lands	YES
24	Mr Sainitiki Ravuso	Ministry of Defense - SAO	YES
25	Dr G. Rao	Consultant Physician, CWMH	YES
26	Dr S. Dasi	SDMO Nadroga/Navosa	YES
27	Dr P. Biukoto	MS St Giles Hosp	↔
28	Mrs J. Tikoitoga	Acting NA N&D, MOH	YES
29	Mrs. A. Kama	Manager, NFNC	↔
30	Dr T. Tamani	Acting DMOE	YES
31	Mr A. Vosanibola	Chief Pharmacist	↔
32	Ms M. Gounder	Principal Pharmacist, FPBS, MOH	YES
33	Ms S. Waqa	DNS, MOH	↔
34	Dr J. Fong	Consultant O&G, CWMH	↔
35	Dr J. Kado	Consultant Paediatrician, CWMH	↔
36	Mr. M. Luveniyali	DSAF, MOH	YES
37	Dr P. Singh	MS Rehab. Hosp	YES
38	Mrs A. Deo	Senior Nutritionist, NFNC	YES
39	Mr R Singh	DPPD, MOH	YES
40	Mr S. Naidu	DHIRA, MOH	YES
41	Dr L. Cikamatana	MS Ltka Hosp	YES

42	Mr A. Momoka	Food Unit, MOH	YES
43	Mrs Una Bera	CHI, MOH	YES
44	Mr A. Tavui	TCU, MOH	YES
45	Dr Joan Lal	NA OH, MOH	YES
46	Dr I. Tukana	NA NCD/Wellness, MOH	YES
47	Dr J. Andrews	MA MH, MOH	YES
48	Ms. E. Younger	PO PA, Wellness Unit	YES
49	Mr. A. Matanitobua	PO PEN Model, Wellness Unit	YES
50	Ms J. Pullar	Dietitian, Wellness Unit	YES
51	Ms P. Druavesi	DHS CHS MOH	YES
52	Mr K. Kumar	PO NCD, Wellness Unit	YES
53	Ms E. M. Naiceru	PO RHD, Wellness Unit	YES
54	Dr Ilisapeci K- Samisoni	FNU - C-POND	YES
55	Dr Wendy Snowdon	FNU – C-POND	YES
56	Ms Gade Waqa	FNU – C-POND	YES
57	Ms Jillian Wate	FNU – C-POND	YES
58	Ms A. Prasad	FNU-C-POND	YES
59	Dr Odille Chang	FNU – Mental Health	↔
60	Mrs Railala Tavui	FNU – Dept. of Public Health	YES
61	Dr R. Gyaneshwar	Viseisei Sai H/C	YES
62	Mr Mosese Baseisei	Viseisei Sai H/C	YES
63	Mrs Salanieta Matiavi	Fiji Nursing Association	YES
64	Mr Peter Hoejskovp	WHO – Technical Officer Food Safety	YES
65	Ms Sashi Kiran	FRIENDS Fiji	YES
66	Mr Kishan Kumar	Diabetes Fiji	YES
67	Mr Rosan Lal	ACATA	YES

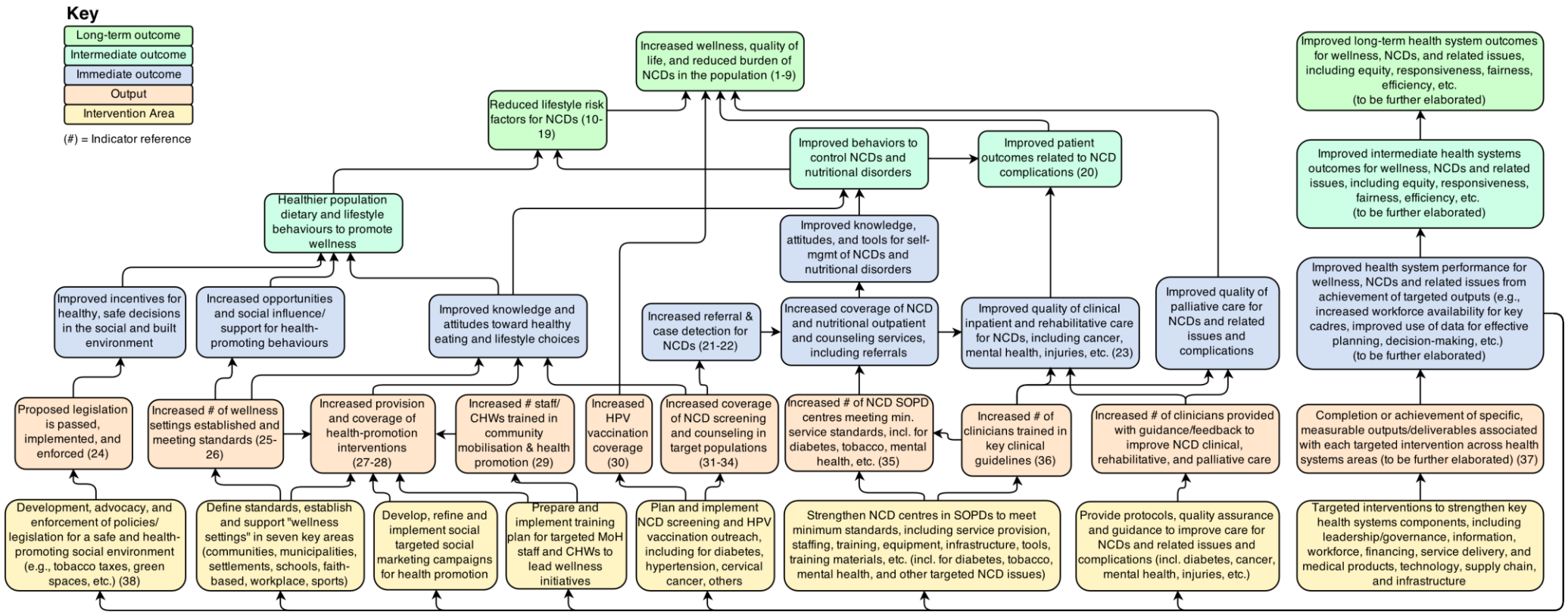
68	Ms Sarah Burgess	ACATA	YES
69	Ms Archana Mani	In-Country Manager for AVID	↔
70	Adi Finau	Soqosoqo Vakamarama	YES
71	Tabakaucoro		
72	Mr. R. Yee	DFAT, AHC	YES
73	Mr. T. Waqaiyavana	Suva City Council	YES
74	Dr Rosa S. Banuve	PD FHSSP	YES
75	Dr M. Cornelius	TF Diabetes, FHSSP	YES
Total Invites : 75			**Total Attended: 64**

Annex Two: Non-Communicable Disease Results Framework with Indicators

Fiji Ministry of Health and Medical Services

Wellness & Non-Communicable Disease Results Framework

May 2014



#	Illustrative Indicators*	Frequency	Data Source
1	Premature mortality due to non-communicable diseases	Quarterly	Medical Cause of Death Certificates
2	Population prevalence rate of diabetes	Every 3-5 years	NCD STEPS Survey, GSHS Survey, FSIA Survey
3	Population prevalence rate of raised blood pressure/hypertension	Every 3-5 years	NCD STEPS Survey, GSHS Survey, FSIA Survey
4	Incidence of cancer, total and disaggregated by type and sex	Quarterly	Cancer registry
5	Suicide rate (per 100,000 population)	Quarterly	Medical Cause of Death Certificates
6	Teenage suicide rate (per 100,000 teenagers)	Quarterly	Medical Cause of Death Certificates
7	Rate of intentional self-harm, not including suicide (per 100,000 population)	Quarterly	PATIS; Hospital discharge records
8	Incidence of rheumatic fever (RF)	Quarterly	NNDSS
9	Incidence of nonfatal injuries	Quarterly	PHIS; PATIS
10	Population prevalence of overweight and obesity among adults	Every 3-5 years	NCD STEPS Survey, GSHS Survey, FSIA Survey
11	Prevalence of overweight and obesity among primary school children	Quarterly	Consolidated Monthly Return, PHIS
12	% of people who engaged in leisurely physical activity ≥12x/month	Every 3-5 years	NCD STEPS Survey
13	% of people consuming ≥5 servings of fruit and vegetables a day	Every 3-5 years	National Nutrition Survey
14	Prevalence of tobacco consumption, disaggregated by adolescents/adults	Every 3-5 years	NCD STEPS Survey
15	% of people with moderate to no alcohol consumption	Every 3-5 years	NCD STEPS Survey
16	Annual per capita consumption of alcohol per person aged 15 years+	Annually	NCD STEPS Survey
17	Prevalence of heavy episodic drinking among adolescents and adults	Every 3-5 years	NCD STEPS Survey
18	Average population daily intake of salt (18+)	Every 3-5 years	National Nutrition Survey
19	Average % of total energy intake from saturated fatty acids (18+)	Every 3-5 years	National Nutrition Survey
20	Amputation rate for diabetic foot sepsis	Quarterly	PATIS; hospital discharge records
21	# of new cases of diabetes detected (medical area and below)	Quarterly	PHIS online (monthly reports)
22	# of new cases of hypertension detected (medical area and below)	Quarterly	PHIS online (monthly reports)
23	Percentage (%) of Diabetes Hubs/Centres adhering to Diabetes Management Guidelines	Quarterly	DMG six-monthly clinical audit
24	Number of settings-based tobacco-free policies endorsed	Annual	Wellness Unit records
25	# and % of primary schools implementing canteen guidelines	Quarterly	Dieticians report
26	# and % of secondary schools implementing canteen guidelines	Quarterly	Dieticians report
27	% of communities with adequate number of trained Community Health Workers	Quarterly	*Data source to be developed*
28	% of communities with functioning Community Health Committee	Quarterly	*Data source to be developed*
29	# of Community Health Workers trained (disaggregated by training topic/competency)	Quarterly	CHW training database
30	% coverage of vaccination against the human papilloma virus (HPV) among Class 8 girls	Quarterly	PHIS online
31	% of population 30+ screened for diabetes and hypertension (medical area level)	Quarterly	PHIS online (monthly reports)
32	% of population screened for diabetes and hypertension who receive SNAP	Quarterly	PHIS online (monthly reports)

#	Illustrative Indicators*	Frequency	Data Source
33	% coverage of screening of rheumatic heart disease (RHD) among primary school children	Quarterly	PHIS online
34	% coverage of cervical cancer screening (e.g., pap smear, visual inspection w/acetic acid)	Quarterly	PHIS, PATIS, obstetric monthly returns
35	% of targeted facilities with established, functioning diabetes clinic	Quarterly	Diabetes SOPD six-monthly audit
36	# of clinicians trained in Diabetes Management Guidelines, disaggregated by facility	Six-monthly	Training database
37	% of PHIS reports in past quarter that were timely, complete and accurate	Quarterly	PHIS Data Verification Audit
38	Number of settings-based tobacco-free policies developed	Annual	Wellness Unit records

**Indicators listed in the table above are illustrative and will be further developed and defined, including all relevant metadata (data sources, calculation, frequency of reporting, critical assumptions and risks, interpretation and application, etc.) and performance targets through annual work plans to operationalize the NCD Strategic Plan. Wherever applicable, indicators will be calculated and disseminated by the Health Information Unit of the Fiji Ministry of Health* and Medical Services *and metadata will be compiled and stored in the National Health Data Dictionary.*

Annex Three: Non Communicable Disease Strategic Plan 2015-2019 Implementation Plan

Strategy Code	Strategy	Targeted Timeframe					Responsibility	Budget
		2015	2016	2017	2018	2019		
DIET								
Overall Target: Age Standardized mean population intake of salt, per day in grams per person aged 18+ yrs reduced by 20% by 2019 (and by 30% by 2025). Increased daily average serves of fruit and vegetables among adolescence and adults by 10% by 2019. No increase in obesity prevalence in adults or adolescents. Data Sources: STEPS Survey in 2019. GSHS survey every 3 years. FSIA Survey 2015.								
1.1	Adopt and implement draft regulations to control the marketing of foods and non-alcoholic beverages to children	√					Wellness Unit (MIT, Ministry of Info & Communications),NFNC, FT-TAG, MoHMS	
1.2	Support FPAN implementation	√	√	√	√	√	NFNC, Wellness Unit, (MIT, Private sector, C-POND), FT-TAG, FPAN steering committee	
1.3	Implement the Salt, Sugar, Fat action plan (2014-2017), including adoption of the salt targets.	√	√	√	√	√	NFNC, Wellness Unit, (all sectors), FT-TAG, MIT	

1.4	Incorporation of gardening into primary school curriculum	√					(MoE, MPI)	
1.5	Increased nutrition capacity within Ministry of Education including nutritionist at CDU and each division	√					(MoE), FT-TAG	
1.6	Introduce restrictions on hawker's licences in areas around schools (and develop approach for other informal sources of foods and drinks)	√	√				Wellness Unit, (MoE, City councils)	
1.7	Introduce catering policy for all Government workshops and meetings (beginning with MoH), and support adoption by private sector	√					Wellness Unit, NFNC, NA-Dietetics, (all sectors), FT-TAG	
1.8	Development of early childhood education healthy food guidelines	√	√				(MoE), Wellness Unit, NFNC, FT-TAG	
1.9	Enforce School canteen and boarding school guidelines (and provide training for operators)	√	√	√	√	√	(MoE), MoHMS	

1.10	Continue efforts to support healthier eating through targeted taxation, price control changes or subsidies	√	√	√	√	√	Wellness Unit (MIT, MFNP, FRCA, CC, MoW), FT-TAG	
1.11	Enforce existing regulations regarding misleading food and drink advertising	√	√	√	√	√	Food Unit, (Consumers Council, Commerce Commission)	
1.12	Media and other educational campaigns to support healthier eating, including provision of recipes using local foods and promotion of gardening	√	√	√	√	√	NFNC, Wellness Unit, (MoW, MYS, Ministry of iTaukei Affairs)	
1.13	Educational programmes on reading nutrition labels on processed foods to assist consumers with making healthier choices	√	√	√	√	√	NFNC, Wellness Unit, FT-TAG	
1.14	Support for 'backyard' gardens in settings (including information on cost-saving, nutrition and health) and homes	√	√	√	√	√	(MPI,MoE in schools), NFNC,FT-TAG, (MPI), MOHMS , (FBO, City Councils, MoW , MYS, Ministry of iTaukei Affairs)	
1.15	Support for developing methods of processing local foods which	√	√	√	√	√	(MPI, SPC), MOHMS, (USP,FNU)	

	allow value-adding, but are also health, convenient and affordable							
1.16	Encourage religious leaders to support low salt, low sugar diet for all religious members during holy week celebrations	√	√	√	√	√	(FBO), Wellness Unit, NFNC	
PHYSICAL ACTIVITY								
Overall targets (Long-term outcomes): Prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate to vigorous intensity activity daily) reduced by 5% by 2018 (and by 10% by 2025). Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than150 minutes of moderate-intensity activity per week, or equivalent) reduced by 5% by 2018 (and by 10% by 2025).								
Tools (Data Sources): **STEPS survey in 2019. GSHS survey every 3 years.**								

2.1	Ensure all existing and new developments include infrastructure, walkways and communal parks (which are accessible for persons living with disability).	√	√	√	√	√	Wellness unit, (Local govt, Ministry of Lands, LTA, Roads authority, Housing authority, MFNP, MYS), MoH	
2.2	Assess existing Council spaces and parks and ensure that they are being used as public parks	√	√	√	√	√	Wellness Unit, (Private sector, MYS, Ministry of iTaukei Affairs)	
2.3	Guide all schools and educational establishments in the provision of safe places and opportunities for active play for children and youth.	√	√	√	√	√	(MoE including HPS, MYS), Wellness Unit	
2.4	Review and strict implementation of Physical Education curriculum.	√					(MoE)	
2.5	Ongoing, targeted mass-media campaigns to promote physical activity, particularly among the less active (including use of sports icons)	√	√	√	√	√	Wellness Unit, (MYS, private sector, CSOs), Physios, MoHMS	

2.6	Targeted interventions with population sub-groups to encourage physical activity, including support for leaders to become champions	√	√	√	√	√	(Private sector, CSOs, FBOs), MoHMS	
2.7	Decrease all forms of taxes on all sports, physical activity and gym equipment including mobility devices and sports shoes	√					Wellness Unit, (MIT, MFNP, MYS, FRCA)	
2.8	Support workplaces policies for physical activity (e.g. time breaks for exercise, provision of fitness facilities, shower/change facilities)	√	√	√	√	√	Wellness Unit, (Private Sector ,MYS,Public Service Commission), Physios	
TOBACCO								
Overall targets (Long-term outcomes): Reduced prevalence of current tobacco use among adolescents by 10% by 2019 (and by 30% by 2025). Reduced age standardized prevalence of current tobacco use among persons aged 18 yrs+ by 10% by 2019.								

Increase in number of settings-based tobacco-free policies by 20% by 2019. ***Tools (Data Sources)*: STEPS survey in 2019. GSHS survey every 3 years**								
3.1	Pursue annual increase of at least 10% in tobacco taxation	√	√	√	√	√	(MFNP)/Wellness Unit, (FRCA)	
3.2	Strengthen efforts to enforce existing tobacco control policies (smoke-free places, restrictions on sales to minors, advertising)	√	√	√	√	√	Tobacco control enforcement unit, Wellness Unit, (Police, Customs office, Ministry of iTaukei Affairs, Ministry of Labor, Ministry of Education)	
3.3	Increase staffing in Tobacco Enforcement Unit, in line with needs	√					Tobacco enforcement unit, MoHMS	
3.4	Continue enforcement of regulations for promotion, advertising and sponsorship bans	√	√	√	√	√	Tobacco enforcement Unit, (NSAAC).	
3.5	Review and revision as needed of existing tobacco legislation, including smoke-free requirements	√					Tobacco Enforcement Unit	

3.6	Establish tobacco cessation support programmes in all sub-divisions. Including training for relevant staff/individuals	√	√	√	√	√	Wellness Unit, NA-MH, National Advisory Council on Mental Health and all Sub-divisional health staff, (CSOs, FBO).	
3.7	Continue developing effective media activities on the dangers of smoking	√	√	√	√	√	Wellness Unit, (local media, NSAAC)	
3.8	Encourage settings-based tobacco-free policies (eg church, community) as part of tobacco-free Pacific	√	√	√	√	√	Wellness Unit and all sub-divisional health staff, (CSOs, FBO)	
3.9	Support compliance with no smoking, no alcohol, no kava consumption in holy weeks in the religious calendars	√	√	√	√	√	(FBO), Wellness Unit	
3.10	Restrict sales of small packs of cigarettes (10s)	√	√	√	√	√	Tobacco enforcement unit	
3.11	Conduct awareness raising programmes on dangers of tobacco, in schools and communities	√	√	√	√	√	(NSAAC)	

ALCOHOL & KAVA								
Overall targets (Long-term outcomes): Age-standardized prevalence of heavy episodic drinking among adolescents and adults reduced by 5% by 2018 (and by 10% by 2025). Reduced annual per capita intake of alcohol per person aged 15years+ by 5% by 2019 ***Tools (Data Sources)*: STEPS survey in 2019. GSHS survey every 3 years. FRCA figures on units alcohol consumed annually.**								
4.1	Pursue annual increase in alcohol taxation of at least 10%	√	√	√	√	√	Wellness Unit, (MFNP ,FRCA)	
4.2	Pursue restrictions on alcohol advertising and sponsorship (including restricting licenses for outlets to sell alcohol and increasing license fees)	√					Wellness Unit, (NSAAC), (SPC, WHO, Police)	
4.3	Continue efforts to enforce existing alcohol control policies (age limits, sales limits, licensing limitations)	√	√	√	√	√	(Liquor Control Board, Police, LTA)	
4.4	Encourage communities to adopt own alcohol restrictions and kava restrictions	√	√	√	√	√	Wellness Unit and all public health staff, (FBO)	

4.5	Strengthen programmes in all sub-divisions and religious communities for alcoholics (refer Mental Health and stress management section)		√				(Alcoholics Anonymous, FBOs and CSOs),Wellness Unit and all public health staff, NA-MH, (National Advisory Council on Mental Health, NSAAC)	
4.6	Engage with breweries to reduce alcohol content of locally produced beverages and/or to produce lower alcohol alternatives		√				(NSAAC, private sector, MIT)	
4.7	Increase effective media activities on the dangers of alcohol abuse (including home brew)	√	√	√	√	√	Wellness Unit (MoE, NSAAC, Government Communication Officers, Ministry of Information, media organisations, Media Council)	
4.8	Assess extent of problems with use of home brew	√	√				(NSAAC)	
4.9	Assess extent of kava abuse problem, and association with alcohol and tobacco use and risk for NCDs	√	√				(NSAAC)	
4.1	Selected health officers to be designated as alcohol		√				Wellness Unit, MoHMS	

	enforcement officers							
4.11	To investigate scope for other government officers to be designated as alcohol enforcement officers		√				Wellness Unit, (all Ministries)	
CLINICAL& PUBLIC HEALTH SERVICES								
Overall targets (Long-term outcomes): By 2019, 50% availability of affordable basic technologies and essential medicines required to treat NCDs in public and private facilities(and 80% by 2025) **Identify high risk population for stroke and heart attack and treat 30% of them by 2019 (and 50% of them by 2025)**								
5.1	Evaluation of PEN implementation				√		Wellness Unit, DMOs, SDMOs, (WHO)	
5.2	Ensure incorporation of risk-reduction strategies into medical and nursing training				√		(FNU, UniFiji, WHO)	
5.3	All relevant front-line MoH staff to receive PEN/NCD risk reduction training				√		(FHSSP), MoHMS	
5.4	Ensure essential medicine and technologies (as detailed in	√	√	√	√	√	Pharmaceutical team, procurement unit (Commerce Commission,	

	PEN) are accessible (including availability of NCD tool kits)						Consumers Council, MFNP)	
5.5	Continue scale-up of early detection services including the utilization of trained community health workers	√	√	√	√	√	(FHSSP), MoHMS, communities	
5.6	Provision of adequate rehabilitation services for NCD-related disability and injuries (based on needs assessment currently underway and other data)					√	Rehab service (CSOs, FBOs, private sector, Fiji council disabled persons, Social Services, MoW)	
5.7	Strengthen co-ordination between allied health service providers through active consultation and MoUs eg rehabilitation, cancer care, counseling, palliative care	√					MoHMS, (CSOs)	
5.8	Diabetes hubs to be sufficiently resourced to provide a suite of services for diabetes related complications	√	√	√	√	√	Wellness Unit, (Diabetes Fiji)	

5.9	Work with mobile operators to develop SMS-based services for clinic appointment reminders	√	√	√	√	√	Clinical Services, Health Information, (Private sector)	
5.1	Work with CSOs to establish respite care for individuals living with disability	√	√	√	√	√	(FNCDP)	
5.11	Develop a screening unit to oversee all screening activities for NCDs (eg cancer, diabetes, rheumatic heart disease). This unit will ensure continuum of care from screening to treatment, data system, manage and follow-up cases and will co-ordinate role of CSOs.	√					Wellness Unit, CSOs, CWMH, Clinical Services Network, Health Information Unit	
5.12	Undertake a study of gestational diabetes (GDM) burden, including analysis according to different definitions of GDM, and coverage of screening services currently.	√					CWMH Maternity Unit, HIRA, Clinical Services Network, (academic institutions)	
5.13	Establish targets for screening coverage for GDM, in new		√				FHSSP, Maternity Units, HIRA	

	deliveries.							
5.14	Strengthen oncology unit at all the divisional hospitals. This should include cancer screening and management and palliative care services.				√		Wellness Unit,Clinical Services Network,HIRA	
5.15	Development of a comprehensive clinical services plan for renal disease.	√					Clinical Services Network,PPDU	
MENTAL HEALTH AND STRESS MANAGEMENT								
Overall targets (Long-term outcomes): To reduce number of suicide cases and attempted suicide cases by 20% by 2019 ***Tools (Data Source)*: PATIS, mental health information system**								
6.1	Implementation, monitoring and review of the mental health decree	√	√	√	√	√	National Advisory Council on Mental Health, NA-MH	
6.2	Implementation of a National Mental Health and Suicide Prevention Strategic Plan	√					National Advisory Council on Mental Health, NA-MH, (CSOs)	

6.3	Review and revision of friendly mental health information system within existing structures	√					MoHMS Epidemiologist, NA-MH, (Police, MoW)	
6.4	Identify mental health champions		√				National Advisory Council on Mental Health	
6.5	Support relevant stakeholders to raise mental health awareness in communities		√				National Advisory Council on Mental Health	
6.6	Strengthening and monitoring of decentralisation of services through the establishment of stress management wards at all hospitals and increased specialized staff at sub-divisional levels	√	√	√	√	√	NA-MH	
6.7	Establishment of lifeline-style service for mental health issues, counseling and alcohol support programmes. (Include specialized training for those involved, referral systems and accreditation scheme)		√				NA-MH, (CSOs), (mobile operators)	

6.8	Development and roll out of capacity building programme for relevant sub-divisional staff in MoHMS	√	√	√	√	√	NA-MH	
6.9	Development and roll out of capacity building programme for relevant community leaders and CSOs	√	√	√	√	√	NA-MH	
6.10	Incorporation of stress management and awareness into school curriculum		√				(MoE)	
VIOLENCE AND INJURIES								
Overall targets (Long-term outcomes): To reduce the prevalence of violence and injuries by 5% by 2019 To reduce cases of violence and injuries related to alcohol by 10% by 2019 ***Tools (Data Sources):*** **PHIS, PATIS, Accident and emergency data & extended surveillance system**								
7.1	Development of a detailed strategic plan based on evidence of risk factors, to target key causes of injuries and violence		√				Wellness Unit, (Police, NFA, LTA, CSOs, WHO, MoW, Women's Crisis Centre) Physios	

7.2	Establish National Violence and Injuries Committee	√					Wellness Unit, (Police, NFA, LTA, CSOs, WHO, MoW, Women's Crisis Centre.), Physios, FBO, Elimination of Violence against Women Taskforce	
7.3	Develop extended surveillance system based on PHIS to incorporate police, LTA and Fire authority data					√	MoHMS Epidemiologist	
7.4	Introduce mass media campaign on preventing injury in sports		√				Physios, Wellness Unit, (MYS)	
7.5	Strengthen rehabilitative services for those affected by injuries or violence			√			Physios, MoHMS, (CSOs, FBO)	
CROSS-CUTTING ISSUES								
Overall targets (Long-term outcomes): Increased resource allocation for NCDs that is in line with the scale of the crisis								
8.1	Establish a National taskforce for NCDs that is focused on innovative avenues to address the crisis	√					Wellness Unit, (All Ministries, CSOs)	

8.2	Continue efforts to inform key stakeholders and leaders of the scale of the NCD/mental health/injuries and violence crisis: including regular briefings for key stakeholders	√	√	√	√	√	Wellness Unit, all staff of Ministry of Health and Medical Services	
8.3	Identify champions for NCDs	√					Wellness Unit, (Prime Minister's Office, President's office)	
8.4	Pursue ongoing increases in the fees charged for tobacco licenses (and ensure revenue retained by MoHMS)	√	√	√	√	√	Wellness Unit, Ministry of Health and Medical Services	
8.5	Pursue share of taxes from revenue on tobacco/alcohol/'unhealthy' food for health promotion	√					Wellness Unit (MFNP, FRCA, MIT, WHO, SPC)	
8.6	Ensure NCD budget within Ministry of Health AND Medical Services is planned in conjunction with Divisions, Sub-Divisions and Departments annually. (To include allocations for sufficient educational	√	√	√	√	√	Wellness Unit, MoHMS, (all Ministries)	

	materials)							
8.7	Assess need for a cost of NCDs study (including possible scope)	√					Wellness Unit (MFNP, WHO, SPC, UNDP, academic institutions)	
8.8	Improving human resource capacity for NCDs in MoHMS in response to training needs assessment		√				HRH, HR	
8.9	All government and relevant CSOs should incorporate relevant areas of this strategic plan in their annual corporate plans (Wellness Unit to meet annually with all key govt sectors to discuss their next ACP)	√	√	√	√	√	All MoHMS areas, (MFNP, other relevant government sectors, FBO)	
8.1	Strategic health communication plans to be developed and followed prior to any media or community educational activities, and to include monitoring and evaluation component	√	√	√	√	√	Wellness Unit	

8.11	Healthy settings including workplaces, communities, schools, churches, islands, cities to be utilized. (Award programmes to be developed to recognize achievements)	√	√	√	√	√	Wellness Unit, (all sectors)	
8.12	Implementation of monitoring and evaluation framework	√					PPDU, HIRA& all sub-divisions	
8.13	Planned and proactive engagement with appropriate private sector and civil society organisations including faith-based organisations	√	√	√	√	√	Wellness Unit, PPDU, Forum of Healthy Policy Technical Support Group	
8.14	Capacity-building available for key community members, faith-based organization leaders and community health workers to support and empower a greater role in NCD activities.	√	√	√	√	√	Wellness Unit, (communities, FBOs, CHWs, Turanganikoro)	
8.15	Encourage targeted research (including by students) and data analysis to allow for targeting of interventions and programmes,	√	√	√	√	√	HIRA, Wellness Unit, (research organisations and academic institutions, FBO)	

	including strong dissemination across sectors							
8.16	GSHS survey in schools to be conducted every 3 years and effectively disseminated	√	√	√			MoE, (WHO)	
8.17	STEPS survey to be repeated in 2019 and effectively disseminated					√	MoHMS, (WHO)	
8.18	Cabinet paper/decree/act for Wellness to be developed and approved (to include the establishment of a cross-sectoral committee and mandate to include NCDs and Wellness in all ACPs).	√					Wellness Unit, Minister of Health and Medical Services	
8.22	Establishment of a dedicated NCD strategy post to facilitate monitoring and reporting related to NCD strategy (and report to cross-sectoral committee)	√					MoHMS	
8.23	Development of communication plan including regular	√					Wellness Unit	

	newsletter, to update stakeholders regarding NCD strategy and activities							
8.24	Relevant curricula for health professionals, teachers and FBO leaders should be reviewed and revised if needed to ensure relevance to NCD strategy (including behavior change/motivational interviewing)	√	√				(MoE, academic institutions) Pacific Theological College	