

A tropical beach scene with a line of palm trees on a white sand shore. The water is exceptionally clear, showing the sandy bottom and coral reefs in shades of turquoise and blue. The sky is a clear, deep blue.

NCDs in the big blue

NCDs in the big blue

Strengthening governance for non-communicable diseases in Pacific Island Countries and Territories (PICTs)

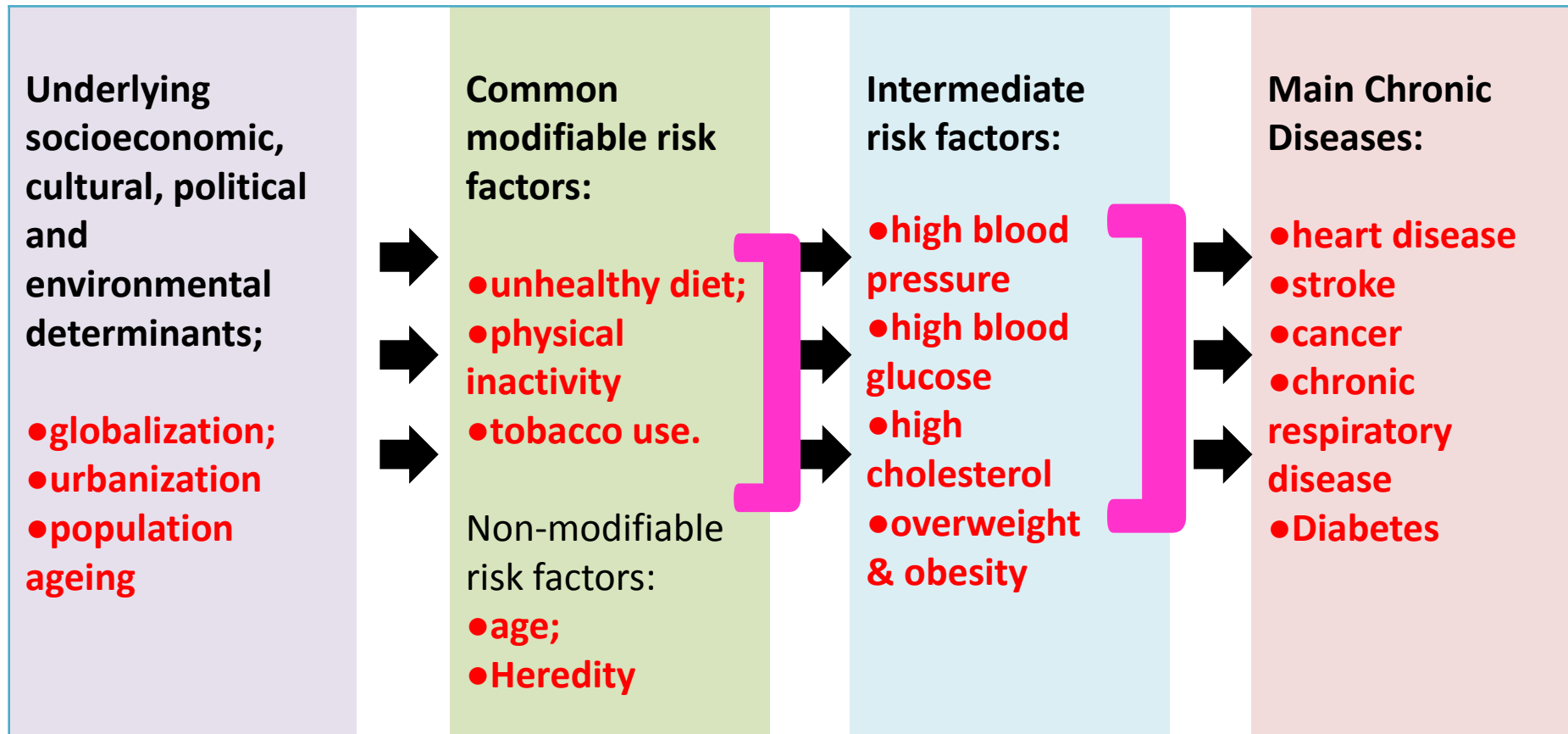
Asia and the Pacific Policy Society Conference 2014: *Confronting the Pacific's health challenge*, Crawford School of Government, ANU

17 September 2014

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The main causes of non-communicable diseases (NCDs)



Source: World Health Organisation, *Preventing Chronic Diseases: A Vital Investment* (2005) p 48



Trouble in paradise



Obesity rates in selected PICTs (2013)*

	Men ≥20 years	Women ≥20 years	Men & women ≥20 years
Kiribati	39	56	47.5
Samoa	46	69	59.5
Tonga	52	67	59.5
(Australia)	28	30	29

*Marie Ng et al, 'Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013' *Lancet* 2014; 384:766-781

Diabetes rates among PICTs

International Diabetes Atlas (2013)*

	Diabetes prevalence % (2013)
Tokelau	38
Federates State of Micronesia	35
Marshall Islands	35
Kiribati	29
Cook Islands	26
Vanuatu	24
Nauru	23
French Polynesia	22

*Chan J, Cho N, Tajima N, Shaw J. 'Diabetes in the Western Pacific Region – Past, Present and Future' *Diabetes Research and Clinical Practice* 2014; 103:244-255.

Smoking prevalence in selected PICTs (2011)*

	Men ≥15 years	Women ≥15 years	Men & women ≥20 years
Kiribati	67	37	52%
PNG	55	27	41%
Solomon Islands	45	18	32%
Tonga	43	12	28%

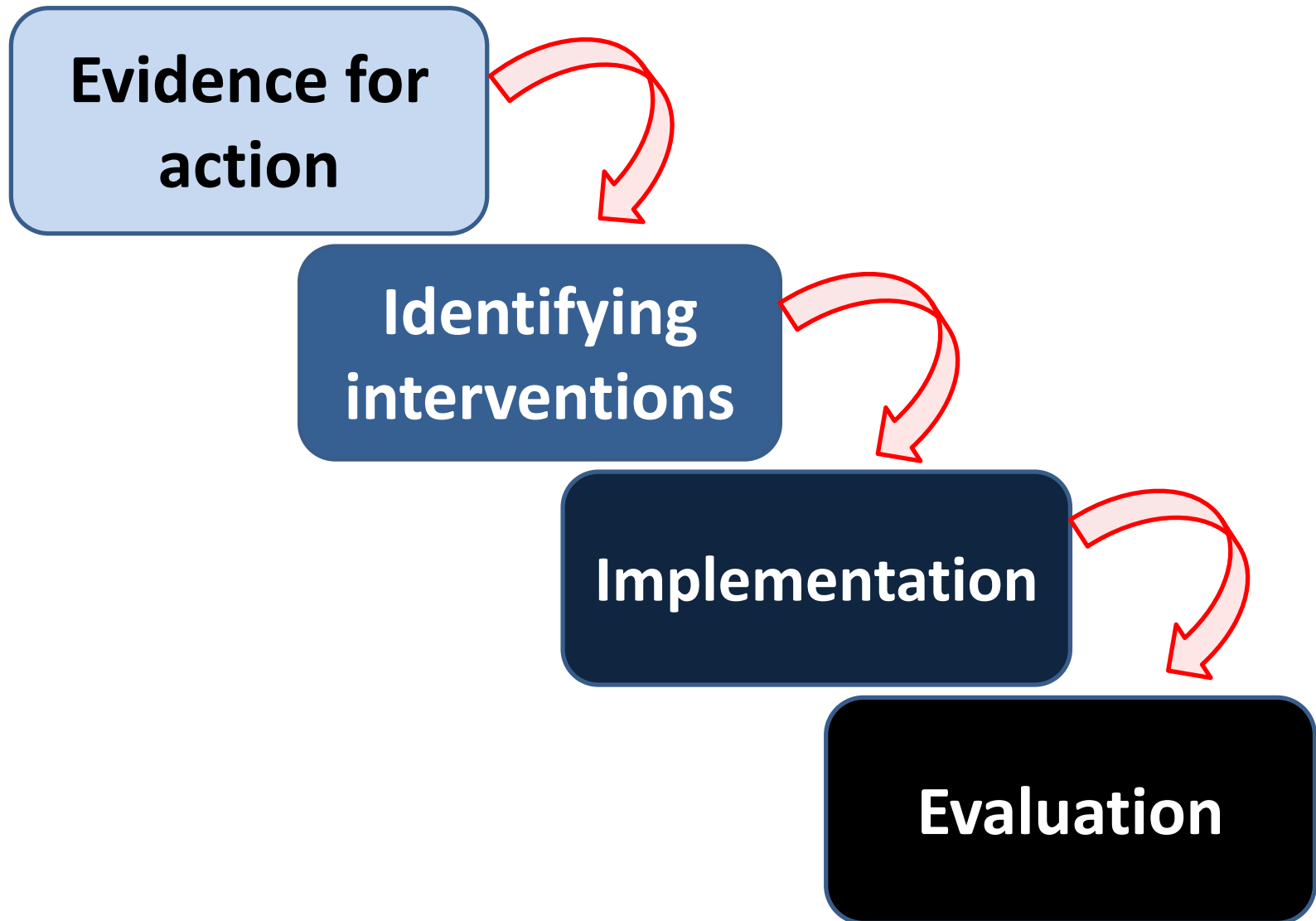
*World Bank. World Development Indicators: health risk factors:

<http://datatopics.worldbank.org/hnp/HNPDash.aspx>

A tropical beach scene with a line of palm trees on a white sand shore. The water is crystal clear, showing the sandy bottom and some coral reefs. The sky is a deep blue. The text "NCDs in the big blue" is overlaid in white.

NCDs in the big blue

Stages of public health action



GLOBAL ACTION PLAN

FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

2013-2020



Very cost-effective interventions for the prevention and control of NCDs

Risk factor/disease	Policy options/interventions
Tobacco use	<ul style="list-style-type: none"> • Reduce affordability of tobacco products by increasing tobacco excise taxes. • Create by law completely smoke-free environments in all indoor workplaces, public places and public transport. • Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns. • Ban all forms of tobacco advertising, promotion and sponsorship.
Harmful use of alcohol	<ul style="list-style-type: none"> • Regulate commercial and public availability of alcohol. • Restrict or ban alcohol advertising and promotions. • Use pricing policies, such as excise taxes, on alcoholic beverages.
Unhealthy diet	<ul style="list-style-type: none"> • Reduce salt intake, and adjust the iodine content of iodized salt, as appropriate. • Replace trans fats with unsaturated fats. • Implement public awareness programmes on diet.
Physical inactivity	<ul style="list-style-type: none"> • Implement public awareness activities to promote the benefits of a physically active lifestyle.
CVD and diabetes	<ul style="list-style-type: none"> • Drug therapy, including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach, for individuals who have had a heart attack or stroke and for people with high risk (30% or higher) of a fatal and nonfatal cardiovascular event in the next 10 years. • Acetylsalicylic acid for acute myocardial infarction.
Cancer	<ul style="list-style-type: none"> • Prevention of liver cancer through hepatitis B immunization. • Prevention of cervical cancer through screening, visual inspection with acetic acid (VIA) or Pap smear (cervical cytology) if cost-effective, linked with timely treatment of pre-cancerous lesions.

The NCD Roadmap Report: a multi-sectoral approach

Prime Minister's Office	Attorney General	Ministry of Agriculture	Ministry of Communications
Ministry of Customs & Excise	Ministry of Education	Ministries of Finance & Economic Planning	Ministry of Health
Ministries of Labour and Industry	Ministry of Sport	Ministry of Trade	Police
National Statistics Office	Ministry of Transport	Development Partners	Private Sector
Civil Society	Regional Organisations		

Attachment A: Draft template for Country Roadmap

Priority Area and Specific Action	2014	2015	2016	2017	Implementation / institutional responsibility
<i>1. Strengthen Tobacco Control</i>					
Raise excise duty to 70% of retail price of tobacco products.	Public awareness campaign launched and tested	Raise excise to 45% of retail price and monitor.	Raise excise to 55% of retail price and monitor.	Duty free allowance for tobacco products reduced by 30%.	Ministry of Finance to raise excise duty and ensure compliance.
		Duty free allowance for tobacco products reduced by 30%	Duty free allowance for tobacco products reduced by 30%	Duty free allowance for tobacco products reduced by 30%	Ministry of Customs to reduce amount of duty free sales
Adequately fund the implementation and enforcement of tobacco control measures contained in existing commitments such as WHO Framework Convention on Tobacco Control (FCTC) and Tobacco Free Pacific 2025.	Reduce sales of single sticks of cigarettes and sales to children. Public awareness campaign launched and tested. Baseline study conducted by NGOs	Reduction of 25% such sales	Reduction of 70% such sales	Reduction of 95% such sales	Ministry of Finance and Police to ensure adequate finance. Police (and perhaps NGOs) to provide enforcement
<i>2. Reduce consumption of unhealthy food and drink known to cause NCDs</i>					
Reduction in salt intake	Baseline study and discussion with industry	Trial of options	Evaluation of trials	Implement 'best buys'	Ministry of Health

Joint Forum Economic and Pacific Health Ministers Meeting: Outcomes Statement

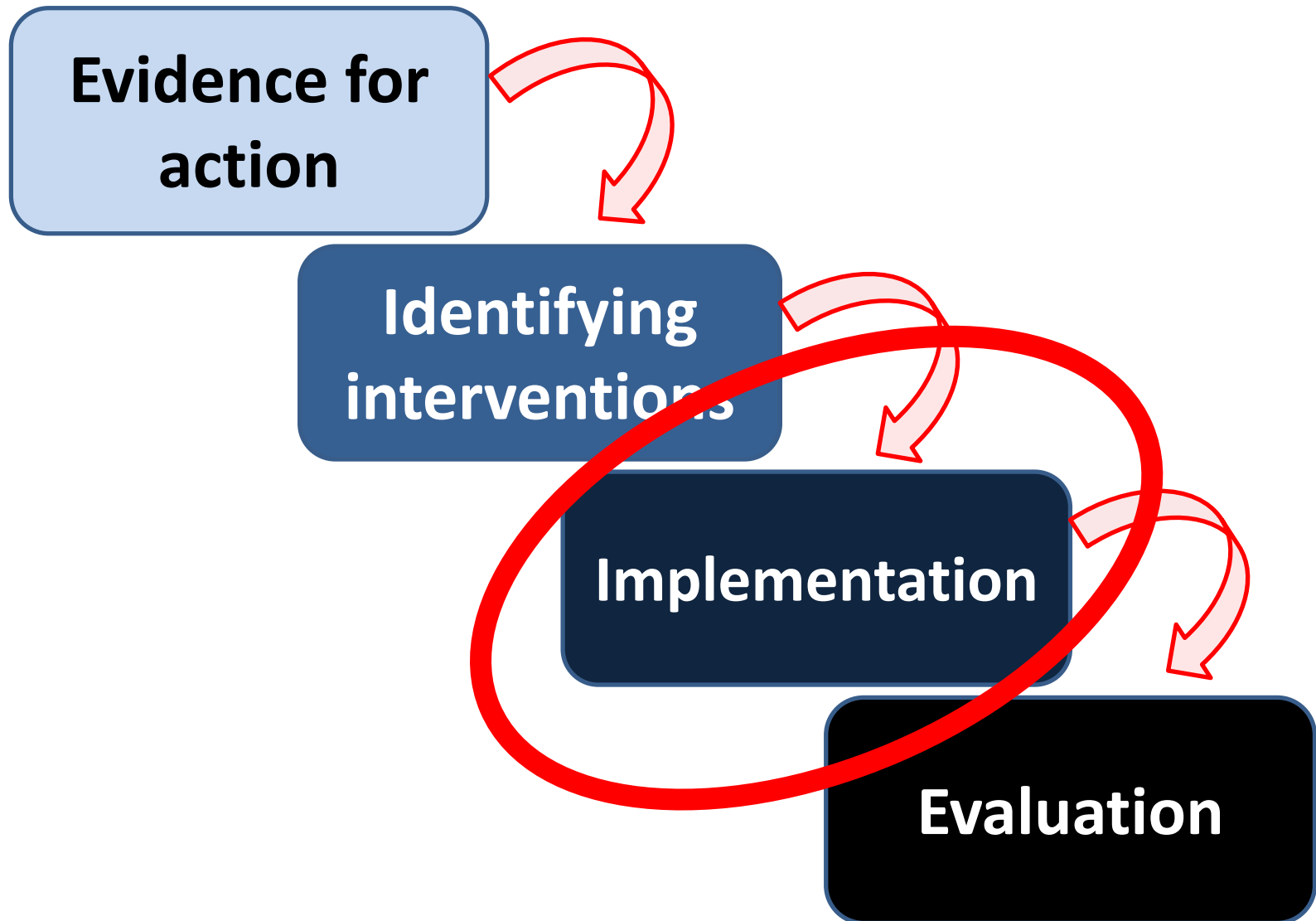
AGREED ACTIONS

- Strengthening tobacco control...
- Considering an increase in alcohol taxation;
- Considering policies to reduce consumption unhealthy foods
- Reallocating scarce health resources towards primary and secondary prevention of CVD and diabetes
- Strengthening the evidence base

ADDITIONAL COMMITMENTS

- Facilitate other appropriate strategies from the NCD Roadmap
- Joint strategy to counter ‘dumping’ of unhealthy products on PICTs
- High-level, multi-sectoral mechanism to drive NCDs work in PICTs
- Report back in 2015 on progress in implementing country-specific roadmaps

Stages of public health action



LEADERSHIP

But what's the plan?

Lancet 2013; 381:575-584

Non-Communicable Diseases 2



Country actions to meet UN commitments on non-communicable diseases: a stepwise approach

Ruth Bonita, Roger Magnusson, Pascal Bovet, Dong Zhao, Deborah C Malta, Robert Geneau, Il Suh, Kavumpurathu Raman Thankappan, Martin McKee, James Hospedales, Maximilian de Courten, Simon Capewell, Robert Beaglehole, on behalf of The Lancet NCD Action Group

Strong leadership from heads of state is needed to meet national commitments to the UN political declaration on non-communicable diseases (NCDs) and to achieve the goal of a 25% reduction in premature NCD mortality by 2025 (the 25 by 25 goal). A simple, phased, national response to the political declaration is suggested, with three key steps: planning, implementation, and accountability. Planning entails mobilisation of a multisectoral response to develop and support the national action plan, and to build human, financial, and regulatory capacity for change. Implementation of a few priority and feasible cost-effective interventions for the prevention and treatment of NCDs will achieve the 25 by 25 goal and will need only few additional financial resources. Accountability incorporates three dimensions: monitoring of progress, reviewing of progress, and appropriate responses to accelerate progress. A national NCD commission or equivalent, which is independent of government, is needed to ensure that all relevant stakeholders are held accountable for the UN commitments to NCDs.

Introduction

The political declaration of the UN high-level meeting on non-communicable diseases (NCDs), held in 2011, committed member states to a comprehensive set of actions to prevent and treat NCDs, with a specific goal to strengthen national multisectoral plans by the end of 2013.¹ The declaration emphasised the need for a whole-of-government policy response, and recognised that to be effective, national actions need to go beyond the health system to address the social determinants of health and prevent exposure to NCD risk factors that are common to the four major NCDs: cardiovascular disease (heart disease and stroke), cancer, chronic obstructive pulmonary disease, and diabetes. National governments should also collaborate with other sectors in society, such as civil society, academia, and, when relevant and appropriate, the private sector.² Cost-effective inter-

plans. These plans are often presented as action lists, with little clarity about the relative importance of their components.^{12,13} Responses to NCDs should be set in the context of overall health systems and national development planning,¹⁴ since NCDs are only one of many issues that need to be addressed.

In this paper, we focus on a small set of interventions, using a stepwise approach to NCD planning and action that is appropriate for all countries, but especially for low-income and middle-income countries. High-income countries can also benefit from optimum planning to achieve the best outcome from available resources. Case studies show how progress can be made.

Key messages

- Strong leadership by heads of state and government is

Lancet 2013; 381: 575-84

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See [Comment](#) page 509

This is the second in a [Series](#) of five papers about non-communicable diseases

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FRAMING THE CHALLENGE

The right to health

NEW WAYS OF GOVERNING

Inter-sectoral action

Partnerships and participation

**How can civil society
accelerate progress?**

As with other entitlements that are now taken for granted in almost all high-income countries, universal health coverage has generally been ***struggled for and won by social movements, not spontaneously bestowed by political leaders***”

World Health Organization, *The World Health Report 2008 – Primary Care (Now More Than Ever)*, Geneva: WHO; 2008, p 25.



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