

# *Invest in your health*

*Why is it, that we do not take this matter seriously?  
Is it because we do not understand?  
Is it because we are lazy?  
Is it because we do not appreciate our lives?  
Or is it because we just don't care.*



*Life is the most precious gift given to us all  
It cannot be replaced  
There are no spare parts in the shop for it  
And it is not on loan  
So let's make a start now*

*Let's live smart and eat healthy  
Let's exercise daily  
30 minutes is all you need  
Practice these and it might just help you appreciate  
the gift of life more*

*So let us make the change  
Let us invest in our health and let's live life to the fullest.*

A handwritten signature in black ink, appearing to read 'Raitiavatea Herman'.

*Poem by Raitiavatea Herman*

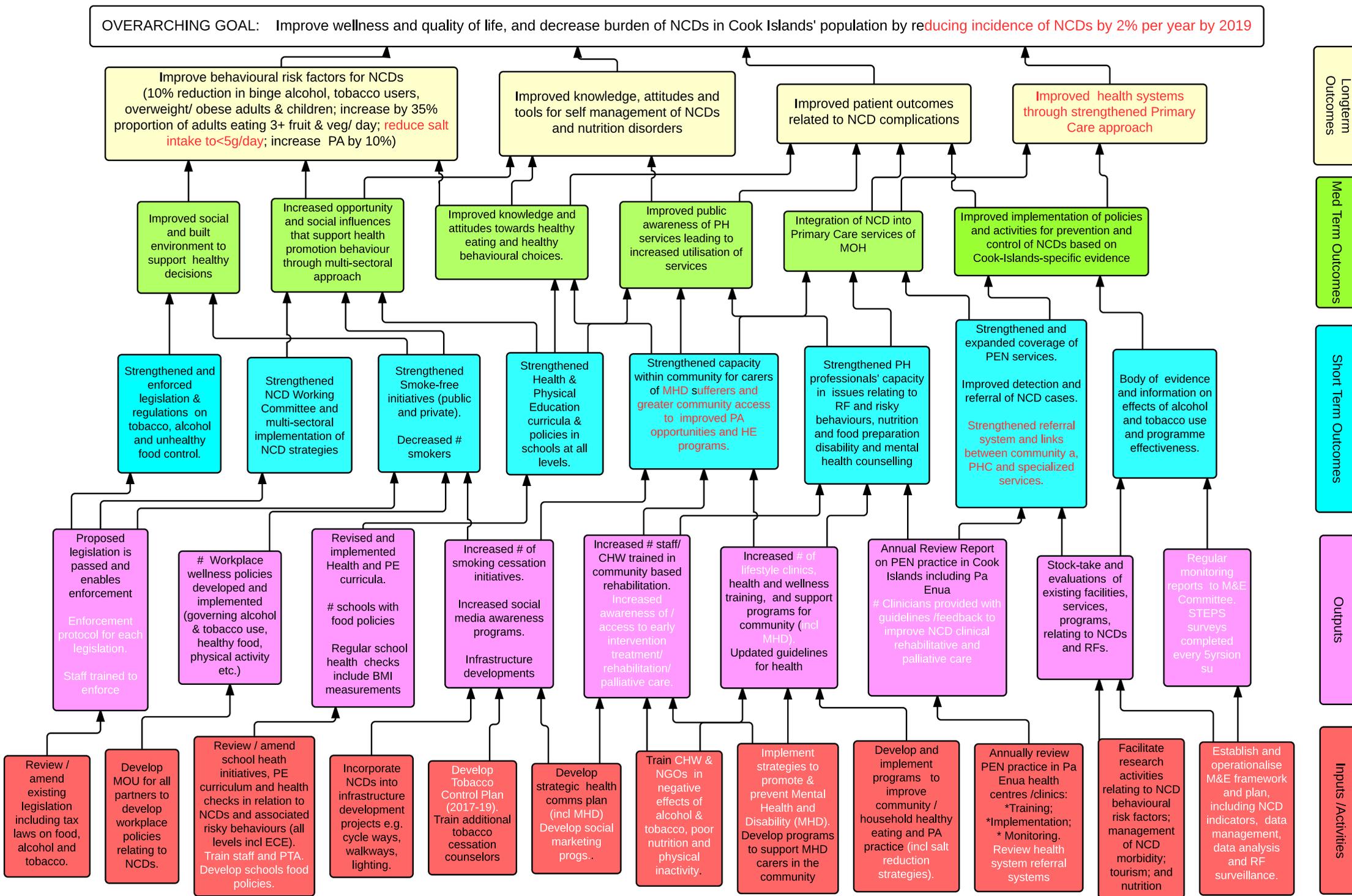


## **Ngaki'anga kapiti, ora'anga meitaki**

Cook Islands national strategy and action plan for non-communicable diseases

2015 ~ 2019

# RESULTS FRAMEWORK Cook Islands National Strategy and Action Plan for NCDs 2015-2019



## TABLE OF CONTENTS

Message from the Minister of Health	2
Message from the Secretary of Health	3
Acknowledgement	4
List of Abbreviations and Acronyms	5
1. Background	6
2. Introduction	6
3. Burden of Non-communicable diseases in the Cook Islands	7
4. Cook Islands National Strategy and Action Plan for Non-communicable diseases	8
5. Goals	9
6. Objectives	9
7. Poem by Jessie Nicholson	10
8. Action Plan	
Component 1: Integrated NCD Activities	11
Component 2: Alcohol Harm Reduction	12
Component 3: Tobacco Control	17
Component 4: Mental Health and Disability	22
Component 5: Food and Nutrition	27
Component 6: Physical Activity	33
Component 7: National Health Systems Approach	38
Component 8: Monitoring, Evaluation and Surveillance	43
9. Poem by Bobbiejo Healy	45

## ANNEX

I	Monitoring and Evaluation Framework for Ngaki'anga Kapiti Ora'anga Meitaki 2015 – 2019	46
II	Ngaki'anga Kapiti Ora'anga Meitaki Development Process	55
III	NCD Working Committees, Ngaki'anga Kapiti Ora'anga Meitaki Working Committee	56
IV	Comments and suggestions	59
b.	Poem by Teokotai Tupou	60

## FOREWORD

### Message from the Minister of Health

In the Pacific Islands, Forum Leaders declared Non Communicable Diseases (NCD) to be a crisis. Hence it is vital that we provide strong and sustained leadership and support for NCD prevention and control. It is recommended that a whole-of-government and whole-of-society response and a coordinating mechanism to mainstream our response to NCD are in place. Importantly, we must remember that NCD is not just a health issue. Its causes are diverse and its impact is felt by all of society. Therefore, the solutions and response must be multi-sectoral. NCD is a “development priority” rather than only a health concern.



In the Cook Islands, we have intensified our efforts to alter the outcome for those living with NCD conditions as well as preventing our people from getting them in the first place.

This has been through health education, health promotion and working with our partners in the communities to reduce the common health risks of unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. Clinical services at primary, secondary and minimum tertiary care have also been strengthened to cope with the increased demand brought on by NCD and its debilitating complications.

We also must improve our information about non-communicable diseases and their main risk factors to facilitate good planning, monitoring and evaluation. Support and strengthening of the health information system is a priority for the Ministry of Health.

It was vital that our stakeholders and partners were involved in the consultations and development of this strategy as the hard work of delivering this strategy can only succeed with the involvement of the widest possible coalition.

It is with pride that we acknowledge the contributions of all our partners and stakeholders in the development of this strategic document. Therefore, this strategic plan is not just the Ministry of Health's, rather it belongs to all. The “health only approach” will not reverse the mortality and burden of non-communicable diseases in the Cook Islands, but a “whole of government” and “whole of society” approach can.

Despite challenges ahead, and there will be many, we remain optimistic that if all role-players stand together, work together and stay committed to the prevention and control of non-communicable diseases, we can successfully implement this strategy, meet our targets and realize our vision of healthier Cook Islanders achieving their aspirations.



### **Message from the Secretary of Health**

As Non-communicable diseases continue to increase at an unprecedented rate, it is necessary to have strong and innovative interventions if we are to prevent the ongoing loss incurred by these conditions on our population, and burden placed on individuals, families, communities and our government.

Lessons have been learnt from the first non-communicable diseases (NCD) prevention and control strategy that has been implemented since 2010. This has assisted in ensuring that this new strategy Ngaki'anga Kapiti Ora'anga Meitaki is stronger and more robust than its predecessor in terms of:

- Strengthening of commitment and collaborations of partners and stakeholders from government agencies, non-government and civil society organizations.
- Special attention to and the inclusion of Mental Health and Disability.
- Improving of monitoring and evaluation with the addition of a framework and a working committee to ensure that this is applied.
- Prioritization of activities to be effected with identified timeline
- Strengthening of surveillance and reporting and information dissemination.

It is with this in mind that I encourage all those involved in the implementation of this plan to fully commit themselves to this important national task.

## **ACKNOWLEDGEMENT**

This document is the output of collaborative efforts of stakeholders across government, non-government and civil societies, who contributed immensely to the development process.

We extend our appreciation to the Minister for Health, the Honourable Nandi Glassie and the Secretary of Health, Mrs Elizabeth Iro for their guidance and support.

We would also like to express our sincere gratitude to all who participated in the consultative process, as well as Ministry of Health staff and the Ngaki'anga Kapiti Ora'anga Meitaki working committee for contributing to the development of this document.

## LIST OF ABBREVIATIONS AND ACRONYMS

BMI	Body Mass Index
BTIB	Business Trade Investment Board
CHS	Community Health Services
CINDC	Cook Islands National Disability Council
CISNOC	Cook Islands Sports National Olympics Committee
CITTI	Cook Islands Tertiary Training Institute
ECE	Early Childhood Education
HHS	Hospital Health Services
HP	Health Promotion
IEC	Information, Education and Communication
ICI	Infrastructure Cook Islands
INTAFF	Ministry of Internal Affairs
MFEM	Ministry of Finance and Economic Management
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOE	Ministry of Education
MOU	Memorandum of understanding
NCD	Non-communicable Diseases
NES	National Environment Services
OPM	Office of the Prime Minister
OSH	Occupational Safety and Health
PA	Physical Activity
PE	Physical Education
PTA	Parents Teacher Association
RAC	Religious Advisory Council
SOP	Standard operation procedure
SPCA	Society for the Prevention of Cruelty to Animals
SPC	Secretariat of the Pacific Community
STEPS	WHO Stepwise approach
TA	Technical Assistance
TOR	Terms of Reference
WC	Working Committee
WHO	World Health Organization

## 1. BACKGROUND

Cook Islands is a nation comprised of 15 islands scattered over 2 million square kilometres of the Pacific Ocean which includes all islands between the 156 – 167<sup>0</sup> West and 8-23<sup>0</sup> South. The vast distances over the sea connecting these small islands with small populations presents on-going challenges to transportations and communication systems.

From the most recent national population census in 2011, the total resident population was reported at 14,974 with 73.6% residing on Rarotonga, the centre of governance and commerce. The Cook Islands has been a democratic, self-governing nation in free association with New Zealand since 1965. Cook Islanders are predominantly Cook Island Maori (Polynesian) in ethnicity making up 81% of the resident population.<sup>1</sup>

Te Marae Ora Cook Islands Ministry of Health is the main provider of health care in the Cook Islands with health services ranging from public health (inclusive of primary care) to secondary and minimum tertiary care and with coverage extending to all of Pa Enea (outer islands). Despite having a reasonable standard of health, the Cook Islands continue to struggle with the increasing burden of non-communicable diseases (NCD) which includes cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.<sup>2</sup>This is further amplified with the rising in the population of their common risk factors of smoking, poor diet, harmful use of alcohol and physical inactivity. Unless this trend is reversed, NCDs will continue to be a major public health challenge which will undermine the social and economic development of the Cook Islands.

## 2. INTRODUCTION

With the declaration of the “NCD Crisis” at the Pacific Island Forum by the Pacific leaders in 2011,<sup>3</sup> efforts to address NCDs have been intensified in the Cook Islands with increasing national attention and commitment.<sup>4</sup>

Of the 57million deaths that occurred globally in 2008, 63% were attributable to NCDs as reported by the World Health Organization (WHO). It is projected that by 2030, annual deaths from NCDs will rise to 55million should “business as usual” continue.<sup>5</sup> Within the Pacific, NCDs has caused 70% of all deaths with many of these NCD related deaths preventable and deemed premature (deaths

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<sup>1</sup> Cook Islands Census of Populations and Dwellings 2011 Main Report. Statistics Office, Ministry of Finance and Economic Management. Dec 2012

<sup>2</sup> Te Marae Ora National Health Strategy 2012 – 2016. Ministry of Health.

<sup>3</sup> Pacific NCD Crisis. SPC Secretariat of the Pacific Community and World Health Organization. Noumea. Sept 2011

<sup>4</sup> The Cook Islands Te Kaveinga Nui National Sustainable Development Plan 2011 – 2015.

<sup>5</sup> Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. World Health Organization.

before the age of 60 years).<sup>6</sup> The cost incurred by these diseases is formidable, and they also inflict heavy burden of disability on individuals, families and workplaces.

However, there are proven affordable and cost-effective interventions known as “best buys” which has been promoted in the region, by the WHO and its partners. These recommended interventions were further highlighted in the NCD Roadmap report recently released in 2014, which is a plan to assist countries in formulating their own strategy and actions to combat the rising trend in NCDs.

### 3. BURDEN OF NCD IN THE COOK ISLANDS

Evidence continues to demonstrate the growing burden of NCDs in the Cook Islands which subsequently challenges its healthcare system and resources (infrastructure, human, laboratory and pharmacy.)

There are 3,725 patients currently registered in the Ministry of Health’s NCD registry. The prevalence and incidence of NCD is generally increasing despite a drop in both in 2011 (Table 1).<sup>7</sup> This may be an underestimation as the first National STEPS 2004 released demonstrated 76.6% of the surveyed population (age 25 to 64 years old) were deemed high risk of developing an NCD. High risk was described as having 5 common and critical NCD risk factors. It was also noted that 61.4% of the population were obese (BMI  $\geq 30\text{kg/m}^2$ ), 43.9% were current smokers and 62.9% were current alcohol drinkers at the time of the survey. An estimated 33.2% of the population had raised blood pressure (systolic blood pressure  $\geq 140\text{mmHg}$  and/or diastolic blood pressure  $\geq 90\text{mmHg}$ , 23.6% had raised fasting blood glucose ( $\geq 6.1\text{mmHg}$ ) and an astounding 75/2% with elevated total blood cholesterol level exceeding 5.0mmol/L.<sup>8</sup>

**Table 1: Incidence and Prevalence of NCDs in the Cook Islands from 2009 to 2012**

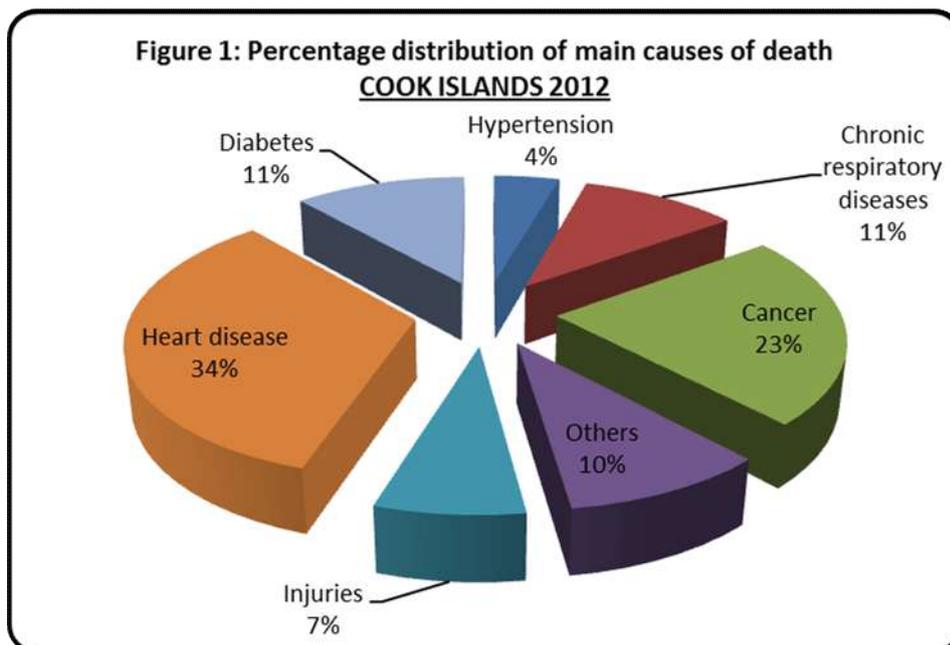
YEAR	Incidence (%)	Prevalence (%)
2009	2	22.6
2010	1.9	27.1
2011	1.4	23.3
2012	2.1	26
2013	1.9	28.1

For the past five years, cardiovascular diseases had continued to be the primary diagnosis for cause of death. In 2012, it comprised 34% of mortality. This was followed by cancers and malignancies, and diabetes related deaths (Figure 1). Overall, 79% of deaths were due to NCDs.<sup>8</sup>

<sup>6</sup> Pacific Framework for the Prevention and Control of Noncommunicable Diseases. World Health Organization. Western Pacific Region. 2007

<sup>7</sup> Ministry of Health Cook Islands Annual Statistical Bulletin 2012. Te Marae Ora. 2014-09-16

<sup>8</sup> Cook Islands NCD Risk Factors STEPS Report. Te Marae Ora Ministry of Health, World Health Organisation. 2011



The School Physical Examination Report for 2012 reported 27% of Cook Islands' school children aged 5 to 18 years old were overweight, a 1.5% increase from a similar survey done in 2010. Therefore, although morbidity and mortality from NCDs mainly occur in adulthood, exposure to risk factors begins in early life.

#### 4. COOK ISLANDS NATIONAL STRATEGY AND ACTION PLAN FOR NCD 2009-2014

The first Cook Islands National Strategy and Action Plan for NCD was developed in 2009. With 2014 being the final implementation year, it was timely to review its progress and to develop a new and improved NCD strategy and action plan for 2015 to 2019.

From the review of the current Cook Islands National Strategy and Action Plan to prevent and control NCD 2009-2014, an obvious area that needed strengthening was in partnerships, whole of government, whole of society and multi-sectoral approach. Since multiple factors within and beyond the health sector are contributing to the escalation of NCDs, relying just on the health sector to reduce NCDs is not enough. It has been estimated by the WHO that two thirds of the effects in responding to NCDs will have to come from reducing exposure to risk factors through multisectoral initiatives (Bettcher, D., 2012). Therefore, the development of *Ngaki'anga Kapiti Ora'anga Meitaki* has resulted from increased and frequent stakeholder consultations. There were 54 representatives from government ministries, non-government organizations and civil society involved in the process. During the consultative process, four working committees were formed and were tasked with developing of specific areas of the *Ngaki'anga Kapiti Ora'anga Meitaki*. The functions of these working committees will continue in the implementation of the strategies and activities where appropriate.

Several additions have been made to this new *Ngaki'anga Kapiti Ora'anga Meitaki* document including the addition of Mental Health and Disability, which is a growing area of concern for the

Cook Islands. As monitoring and evaluation is an essential component of any strategy, it is included and addressed together with a framework to assist in providing evidence for guiding future planning and resource allocation.

It was important to ensure that this new *Ngaki'anga Kapiti Ora'anga Meitaki* is aligned with the existing relevant national documents such as the Cook Islands National Sustainable and Development Plan 2011-2015, the Cook Islands National Health Strategy 2012-2016, the Tobacco Control Action Plan as well as international recommendations from the Global Monitoring Framework for NCDs (with the global targets and indicators), Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 to 2020, Pacific Framework for the Prevention and Control of Noncommunicable Diseases and the NCD Roadmap Report.

The *Ngaki'anga Kapiti Ora'anga Meitaki* document (2015 to 2019) focuses on achievable actions, a multi-sectoral approach, and capacity development of not just health staff but of stakeholders as well. While the Ministry of Health will lead many of the activities mentioned, it will be reliant on its partners to ensure that efforts will reach workplaces, schools, churches and communities. Alternatively, Ministry of Health will lend a supportive role in actions that will be led by appropriate stakeholders. Overall, the success in implementing the actions in this document will be dependent largely on the effectiveness and strengths of partnerships for whole of government and whole of society approaches.

## **5. GOALS**

The Global Goal for NCD is to reduce NCD related premature deaths by 25% by 2025 (25 by 25). To align with this, the Cook Islands goal is to reduce the incidence of NCD by 2% per year by 2019.

## **6. OBJECTIVES**

1. To promote and strengthen partnerships for a multi-sectoral implementation of NCD Strategies and activities;
2. To reduce binge alcohol drinking amongst the people living in the Cook Islands by 10% by 2019;
3. To reduce the prevalence of current tobacco users in the Cook Islands by 10% by 2019.
4. To ensure that people with mental health and disabilities have equal access to NCD services and are aware of the supportive services available to them;
5. To reduce the proportion of overweight and obese children and adults living in the Cook Islands by 10% by 2019;
6. To increase fruit and vegetable consumption to three or more servings per day by 35% by 2019;
7. To reduce salt intake in peoples diet to the recommended daily standard of less than 5 grams per day (200mgs of sodium);
8. To reduce physical inactivity for all people living in the Cook Islands by 10%;
9. To prevent and control NCD through health systems strengthening using a primary health care approach;
10. To establish and strengthen monitoring, evaluation and surveillance of NCD in the Cook Islands.

## **LIFE IS ABOUT CHOICES YOU MAKE**

Whether you decide  
To eat 5+ a day, or Not  
Life is about the choices you make!

Whether you want  
To eat takeaways,  
Or healthy meals  
Life is about the choices you make!

It is only when you get an illness,  
Whether it be diabetes,  
Heart problems or obesity  
That you realise you've made  
The wrong decisions.  
Then you begin to make  
New and better choices.

Choices!  
It seems like such a small thing,  
But in the long run,  
Your choices define your future.

Poem by Jessie Nicholson

## 7. ACTION PLAN 2015 – 2019

### COMPONENT 1: INTEGRATED NCD ACTIVITIES

#### Objective:

To promote and strengthen partnerships for a multi-sectoral implementation of NCD Strategies and activities

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (NZD)
Enhance functions of the NCD Working Committees (WC)	1. Develop Terms of Reference.	Number of TORs developed	Chairman	January 2015	
	2. Conduct of regular meetings.	Number of regular meeting with actions completed	Chairman	Quarterly and as required	\$2,000/yr
	3. Conduct capacity and team building workshops for the members.	Number of capacity and team building workshops conducted	Chairman/MOH	6 monthly	\$2,500/yr
Mobilise appropriate resources to sustain NCD programs	1. Sustain and increase as appropriate the POBOC Funds.	Funds available for use for NCD programs	MOH	On-going	
	2. Work closely with development partners to secure other funding sources to ensure sustainability of NCD programs.				

## COMPONENT 2: ALCOHOL HARM REDUCTION

**Objective:**

To reduce binge alcohol drinking amongst people living in the Cook Islands by 10%

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (NZD)
<b>Establish information and evidence on alcohol</b>	1. Establish core data needed and collated available alcohol related information to establish baseline and monitoring.	Established database and alcohol registry	MOH (HP)	2015	\$5,000
	2. Stocktake of current sectors involved in alcohol and all alcohol related legislations.		Transport Ministry/Police/Ministry of Justice/ MFEM		
	3. Analysis, reporting and dissemination of data and information for informed action at public and policy level.		MOH/WC		
<b>Build capacity and capability to prevent</b>	1. Standardize national information available on alcohol and its related issues for the public (to be based on evidence/research).	Number of standardized information released to the public	Chairperson/WC	2015	\$10,000

<b>and control alcohol-related harm</b>					
	2. Develop tool for training of the community and stakeholders on alcohol related issues.	Number of tools developed for training of the community and stakeholders	MOH	2015	
	3. Conduct training on NCD-alcohol related issues for stakeholders.	Number of training meetings conducted	Chairperson/MOH/Police	2015 to 2016	
	4. Strengthen partnerships with existing alcohol related bodies/agencies.	Number of stakeholders attending meetings/workshops	Chairperson/MOH	2015 onwards	
<b>Ensuring Public Health consideration in current alcohol related policies</b>	<ol style="list-style-type: none"> <li>1. Reviewing of Liquor Licensing Act for protection of public health.</li> <li>2. Regulate marketing of alcohol sponsoring of cultural and sports events.</li> <li>3. Regulate to reduce the number of hours to sell alcohol at retail shops.</li> <li>4. Regulate to reduce the alcohol duty free allowance.</li> <li>5. Restrict the number of alcohol retail shops.</li> </ol>	<p>Liquor licensing Act reviewed</p> <p>Regulation inclusive of alcohol advertisements banned</p> <p>Number of retails shops adhering to the operating hours for sale of alcohol</p> <p>Alcohol allowance at the duty free shops is reduced</p> <p>Number of licences issued for 1 retail shop</p>	WC/MOH/Crown Law/Ministry of Justice/Police	2017	

	6. Establish an alcohol taxation and pricing system as a means of reducing harmful use of alcohol.	Increased taxation on alcohol			
<b>Social Marketing</b>	1. Development and Implementation of social marketing plan using multiple media channels and communication tools.	Social marketing plan developed and implemented Number of media tools/modes used Achievement of objectives outlined in each social marketing programs	MOH/HP/WC	2016 onwards	\$20,000
	2. Strengthening partnerships with relevant stakeholders to advocate policies around alcohol limits and relevant issues.	Number of stakeholders involved in implementation of social marketing programs	Chairperson/MOH/all relevant stakeholders	2015 onwards	
	3. Enable easy access to early intervention treatment, rehabilitation programs for people with alcohol related problems and support their families.	Lifestyle clinic to include alcohol counselling for both patients and families. Number of counselling sessions carried out for patients and families.			
	1. Provide training for PTAs, teachers and students on	Number of training conducted on alcohol (and Tobacco)	Chairperson/MOE/MOH	2016	

<b>Strengthening of the Health and PE curriculum and ensuring that it includes harmful effect of alcohol use and abuse (to tie in with Tobacco school intervention program)</b>	general awareness of the harmful effects of alcohol.				\$2,000
	2. Review and improve Health and PE Curriculum (ECE, Primary and Secondary Schools)	Reviewed and improved Health and PE curriculum in ECE, Primary and Secondary Schools	MOE/MOH	2017	
	3. Review school policies on alcohol consumption and abuse by students(ECE, Primary and Secondary Schools).	Number of new and reviewed school policies to ban alcohol in schools	MOE/MOH	2017	\$2,000
<b>Promote “Alcohol harm reduction” concept in workplaces</b>	1. Advocate and promote safe and sensible alcohol consumption in formal government functions.	Number of workplaces with alcohol policies.	Chairperson/WC	2015 to 2016	
<b>Strengthen and up skill healthcare and professionals in reduction of alcohol related harm to the health of the community</b>	1. Develop (if needed) and update existing guidelines on management of alcohol-related morbidities.	Number of guidelines developed Number of guidelines updated	WHO/MOH	2015 to 2016	\$4,000
	2. Disseminate and train health staff and other NGOs on updated and	Number of healthcare staff trained and informed on the existing guidelines.	MOH/Rotaianga/Alanon Group		

	<p>any new guidelines and counselling.</p> <p>3. Development of alcohol screening templates at the OPD.</p> <p>4. Refer to lifestyle clinics.</p>				
<p><b>Encourage research on harmful effects of alcohol (focussing on home brew) in the Cook Islands.</b></p>	<p>1. Undertake research on harmful effects on alcohol (home brew) (health of consumer, loss of productivity, social harms, anti-social behaviour and drink driving).</p>	<p>Number of researches completed</p>	<p>MOH (Research Committee)</p>	<p>2018</p>	<p>\$5,000</p>

### COMPONENT 3: TOBACCO CONTROL

**Objective:**

To reduce the prevalence of current tobacco users in the Cook Islands by 10%

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (NZD)
Establish and strengthen coordinated implementation amongst stakeholders	1. Implement and support the existing 2012-2016 Tobacco Control Action Plan, specifically, <b>Objective 2:</b> Increase awareness and empower the community to discourage tobacco use and encourage protection from exposure to second-hand smoke. <b>Objective 6:</b> To reduce exposure to second-hand smoke. <b>Objective 7:</b> To strengthen tobacco monitoring, evaluation and surveillance programmes	Indicators identified in the Tobacco Control Action Plan for the specific objectives  Review Action Plan (2012-2016)	MOH/WC/Relevant Stakeholders	2015 to 2016	\$5,000
	2. Develop a tobacco control action plan 2017-2019	Tobacco control developed	MOH/WHO	2016	\$5,000

<b>Capacity building and strengthening partnerships</b>	1. Generic NCD MOU to be developed and encompassing all aspects of risk factors of NCDs with all Ministries, agencies, civil society organizations and Pa Enuā	Number of MOUs signed	MOH	2016	\$2,000
	2. Information and resource sharing network for all stakeholders including existing legislations and policies, resourcing and service provision	Number of workshops conducted for WC and stakeholders annually  Number of NCD bulletins issues	MOH	2015	\$5,000
<b>Strengthen the enforcement of the Tobacco Act</b>	1. Developing a manual/SOP for the enforcement officers	Manual/SOP for enforcement officers developed	MOH/Police/Crown Law	2016	\$5,000
	2. Upskill enforcement officers	Number of trained and upskilled enforcement officers on legal provisions;  Number of warnings issued / prosecutions completed  Fines collected			
	3. Appropriate amendments of the Tobacco Control Act and its Regulations	Regulations amended	MOH	2015	\$1,000
	4. Disseminate copies of Tobacco Act to stakeholders and the	Public awareness on Tobacco Act Survey			

	public	conducted			
<b>Strategic Health Communication</b>	1. Development and Implementation of the strategic health communication plan.	According to the behavioural objectives and Strategic Communication Plan		2015 to 2016	\$15,000
	2. Robust awareness programs about the negative effects of tobacco use in the home, at the community level, dispelling any myths on tobacco cessation. Public health messages to promote the positive effects and benefits of not smoking or ceasing smoking.	Number of awareness programs implemented	MOH/HP/WC	2016	\$20,000
	3. Bans on tobacco advertising, promotion and sponsorship.	No tobacco advertisements, promotion and sponsorship			
4. Promotion of programs to reduce the effects of second-hand smoking such as the Rarotonga Smoke-Free home Program.	Number of smoke free homes				
<b>Strengthen Health &amp; Physical Education (PE) curriculum to include</b>	1. Provide training for teachers, students and PTA on negative effects of alcohol and tobacco	Number of trainings conducted	MOH/WC/MOE	2018	\$5,000

<b>tobacco control</b>	2. Review and improve Health and PE curriculum (ECE, Primary and Secondary schools) along with all the other major Risk Factors for NCD.	Number of reviewed and improved Health & PE curriculum in schools	MOH/MOE	2018	
<b>Strengthen “Smoke-Free” initiative</b>	1. Non-smoking workplaces established.	Number smokefree workplaces	MOH	2015 to 2016	\$5,000
	1. Disseminate (NO SMOKING) signage in all indoor workplaces.	Number workplaces with the NO SMOKING signages	MOH	2015	\$5,000
	3. Increasing the no smoking zones in public and community meeting areas.	Number of designated no smoking public zones	MOH/WC	2015	\$5,000
	4. Advocate and promote smoke-free homes, villages and islands.	Number of homes, villages or islands registered or declared smoke-free	MOH/WC/MOE	2016 to 2017	\$20,000
	5. Establish agreements with community groups/partners or workplaces on maintaining their premises smoke-free.	Number of agreements established with community groups	MOH	2015 onwards	
	6. Developing a training manual for the community of alcohol and tobacco’s negative effects	Training manual produced	MOH/WC	2015	\$5,000

	and measures to minimise these effects in their communities.				
	7. Training of trainers in the community groups on the content of the training manual (developed above).	Number of people trained	MOH/WC	2015	\$5,000
<b>Strengthening and extension of “smoking cessation initiatives”</b>	1. Extend training for Pa Enea health staff to conduct their smoke cessation program.	Number of Pa Enea health staff trained  Number of smoke cessation clinics established at Pa Enea	MOH	2015	\$10,000

## COMPONENT 4: MENTAL HEALTH AND DISABILITY

**Objective:**

To ensure that people with mental health and disabilities have equal access to NCD services and are aware of the supporting services available to them in the community

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (NZD)
<b>Implement strategies for promotion and prevention in mental health and Disability</b>	1. Develop and strengthening of the National Registry for all patients with disability and Mental Health issues and ensure that their rights are protected and that information given shall remain confidential.	National Registry Established, updated and managed by a project manager	INTAFF/Cook Islands National Disability Council	2015	\$10,000
	2. Strengthening of data collection including classification and reporting with a dictionary of definitions of common classifications.				
	3. Establish a Directory of supportive services available and how to access them. This will also include a standard referral system and will be made public and promoted.	National Directory of services for Mental Health and Disability established	Cook Islands National Disability Council	2015	\$5,000
	4. Reduce stigmatisation and discrimination of mental health	Number of campaigns launched	MOH/Te Kainga	2016	\$10,000

	issues/illnesses campaigns				
<b>Capacity building and training of people involved in caring for those living with mental illness and/or disability</b>	1. Provide basic training for caretakers, family members, community members on how to care for those with disabilities at home.	Number of training sessions and participants completing trainings	Cook Islands National Disability Council/Te Vaerua/MOH assists	2016 onwards	\$5,000
	1. Providing a training calendar for all stakeholders to be aware and make use of the training opportunities.	Training calendar developed			
	2. Awareness training for the community on Mental Wellness, coping mechanisms, and addressing suicide (especially in the Youth).	Number of training sessions and participants received certificate at completion of training	Cook Islands National Disability Council/Te Kainga/INTAFF and MOE	2016 onwards	\$50,000
	3. Explore short-term training options that can be certified and accredited with MOE/Tertiary training institute.	Number of identified suitable trainings which are/can be accredited	MOE/MOH	2016 onwards	
	4. Establish and maintain a community service registry of those who have undertaken trainings and are actively practising their skills in the community.	Community Service Registry produced and maintained by CINDC	CINDC	2016 onwards	
	1. Map out and develop linked	Number of patients who have	MOH/CINDC/INTAFF	2015	\$5,000

<p><b>Provide comprehensive, integrated and responsive mental health and social care services in community-based settings;</b></p>	<p>network of community resources and services led by Ministry of Health to include the key stakeholders from other government agencies, NGOs, faith-based groups and other stakeholders that provide community based mental health and disability services.</p> <ol style="list-style-type: none"> <li>2. Develop a communication plan to inform the public of the existence of a linked network of community resources for mental health and disabilities.</li> <li>3. Provide mental health and psychosocial support for disaster affected populations.</li> <li>4. Strengthen the referral system and links between the community, primary health care and specialised services to ensure continuity of care.</li> </ol>	<p>had annual medical check-ups and in all relevant NCD/health screenings</p> <p>Communication Plan developed and rolled out</p> <p>Disaster affected population received mental support within appropriate timeframe.</p> <p>Annual Health Specialist Visits for Mental Health Program</p>		<p>onwards</p>	
<p><b>Strengthen effective leadership and governance for mental health and disabilities;</b></p>	<ol style="list-style-type: none"> <li>1. Organise a core group of advocates or “champions” for mental health and disability to advocate for human rights and raise awareness on the impact of stigmatization and discrimination.</li> <li>2. Develop, strengthen or enhance</li> </ol>	<p>Number of champions</p> <p>National law addressing the</p>	<p>MOH/Te Kainga/CINDC/INTAFF</p>	<p>2016 onwards</p>	<p>\$50,000</p>

	<p>a national law to protect the rights of patients with mental health disorders.</p> <p>3. Develop a social and awareness campaign against cruelty, torture, degrading treatment and abuse of mental health and disability patients.</p> <p>4. Ensure that people with disorders and psychosocial disability and their carers are given a formal role in the process of developing policies and programmes.</p> <p>5. Advocate for a budget for mental health and disability policy development.</p> <p>6. Develop or review and revise national mental health policy and plan.</p> <p>7. Review Transport Act to provide enabling environments for people with disabilities.</p>	<p>rights of patients with mental health disorders</p> <p>Number of social and awareness campaigns developed</p> <p>Number of patients represented in policy making roles</p> <p>Budget secured for policy development specifically for mental health and disability</p> <p>Mental health policy and plan developed and endorsed Transport Act reviewed and endorsed</p> <p>Number of disable friendly buildings, sports arenas, public transports</p>			
<b>Strengthen information systems, evidence and research</b>	<p>1. Develop a task force that will develop a phased approach to including mental health within</p>	<p>Task force established with TOR completed;</p>	<p>MOH/CINDC/INTAFF</p>	<p>2015</p>	<p>\$5,000</p>

<p><b>for mental health</b></p>	<p>the current health information systems;</p> <ol style="list-style-type: none"> <li>2. Select one or two indicators to monitor over a five year period and slowly increase the number of mental health indicators that will be reported on a national basis;</li> <li>3. Fund and provide training for the mental health and disability data collection, by strengthening the current available information systems;</li> </ol>	<p>National Indicators inclusive of mental health indicators;</p>			
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## COMPONENT 5: FOOD AND NUTRITION

### Objectives:

1. Reduce dependency of imported food and increase availability, consumption and access to local nutritious food.
2. Increase the proportion of adults ( $\geq 18$  years old) eating 5 or more servings of vegetables per day to 30%.
3. Reduce the proportion of overweight and obese children in the population by 10%.
4. Reduce the proportion of overweight and obese adults in the population by 10%.
5. To reduce salt intake in peoples diet to the recommended daily standard of less than 5grams per day (200mgs of sodium).

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (NZD)
<b>Increase availability and access to healthy food</b>	1. Explore options on making healthier food more affordable 2. Introducing higher levies on salty and sugary foods/drinks.	Report on options submitted;  Increased levies on salty and sugary foods/drinks	MOH/WC	2016	\$1,000
	3. Increasing range of healthier food options available and its production for sale (prepacked and freshly prepared meals) by working with wholesalers to increase range of healthier products	Number of retailers/vendors including pre-packed and freshly prepared meals in their products	MOH/Chamber of commerce/ BTIB	2015	\$5,000
	4. Promotion of home / school gardens	Number of subsistence growers for consumption; Number of home/school gardens	MOA/MOH	2016	\$5,000
	5. Advocating and lobbying to	Number of levies reduced	FNWC/MOH/Stakeholders	2015 onwards	

	reduce or remove levies on fruits and vegetables to encourage purchase and consumption;	or removed on fruits and vegetables			
<b>Increase awareness and knowledge of healthy food</b>	1. Develop and introduce a Nutrition Training course for nurses, teachers, community health workers, agriculture staff and allied health workers;	Number of Nutrition Training Course developed	MOH/ CITI	2015 onward	\$5,000
	2. Conduct workshops/sessions with members of the community and other stakeholders using the Nutrition Training course outline developed	Number of sessions conducted	MOH/WC	2015 onwards	\$5,000
	3. Encourage Doctors to refer complicated patients for lifestyle counselling to Dietician or Nutritionist;	Number of compliant patients referred from the doctors Number of patients receiving counselling	MOH	Ongoing	
	4. Increase of human resource in Lifestyle Clinic to allow for NCD patients education	Number of additional staff in the Lifestyle Clinics  Number of patients receiving NCD education	MOH	2016	\$30,000
	1. Promotion of healthy eating	Number of promotions	MOH/WC	2015	\$15,000

<b>Social Marketing</b>	via different media channels; 2. Public awareness through mass media on diet and 3. physical activity	done  Number of media channels used for promotion			\$20,000
	4. Promote collaboration with BTIB “Go Local” campaign encouraging production and consumption of nutritious local food	Number of collaborative initiative with BTIB	MOH/BTIB	2015 onwards	
	5. Promote in collaboration with National Environment Services the use of biodegradable containers	Number of promotions done	MOH/NES	2015 onwards	
	6. Strengthen 5+ a day campaign including food preparation, cooking, community workshops on healthy food preparation, short TV programs on healthy cooking with some demonstrations in community settings	Number of promotions done  5+a day rebranded	MOH/ MOA/BTIB/ CITI	2015	
	7. Production/reprinting of food/healthy eating leaflets and other IEC materials	Number of IEC produced and present in workplaces, churches, meeting houses.  Number of reviews on the effectiveness of awareness programs	MOH	2015 onwards	
	8. Encourage use of produce from school gardens in health	Number of schools with garden	MOE/MOA/MOH	2016 onwards	

	lessons				
<b>Improving Household food security</b>	1. Expansion of World Food Day to include participation from more outer islands and other stakeholders	Number of stakeholders participated  Number of islands participating	MOA/MOH	2015 onwards	\$5,000
<b>Strengthening healthy food initiatives in schools</b>	1. Strengthening and encouraging school healthy food policies in school (mandated by Cabinet)	Number of schools adhering to the school healthy food policy  SHF Policies mandated by cabinet	MOH/MOE	2015 onwards	\$2,000
	2. Developing and implementing and award system where schools who abide by the school health food policy are recognised for their efforts	Number of schools participating and rewarded;  Number of schools who banned the sale of “junk foods” in tuck shops	MOH/MOE	2015 onwards	\$5,000
	3. Strengthening education and awareness of healthy eating by including nutrition in other curriculum subjects (eg. Maori, Maths, English)	Number of school subjects where nutrition is incorporated into curriculum		2015 onwards	
	4. Encourage schools to have a vegetable garden and promoting of school gardens as a means of fundraising	Number of schools with vegetable gardens	MOA/MOE/MOH	2015 onwards	\$5,000

	5. Developing and implementing an award system to recognise schools who are applying the local food day and fruit breaks in their schools	Number of schools that are recognised and received award for their local food day and fruit breaks	MOH/MOE	2015 onwards	\$5,000
<b>Capacity building and training of the community on healthy food preparation and consumption</b>	1. Encouraging and assisting development of food policies for faith-based and community organizations/events	Number of church/community organizations with NCD prevention incorporated into policies	MOH/Working Committee (WC)	2016 onwards	\$5,000
	2. Training of community members to assist in delivering healthy eating programs	Number of members trained	MOH/WC	2016 onwards	\$5,000
	3. Development of Food Standards	Food Standards developed	MOH	2015	
<b>Encouraging healthy eating in the workplace</b>	1. Advocating for healthy food policies in all workplaces starting with government ministries 2. Policies to include local food days and fruit breaks	Number of government ministries/workplaces with healthy food policies			
	3. Encourage and support workplaces to establish their own healthy lifestyle programs.	Number of workplaces receiving support from MOH	MOH	2015 onwards	\$10,000
	4. Implementing healthy food	Number of workplaces with	MOH/WC	2015 onwards	

	policies to encourage local food days and Fruit breaks in the workplace	local food days/fruit breaks			
	5. Developing and implementing an award system to recognise workplaces who are applying the local food day and fruit breaks in their workplace	Number of workplaces recognised and receiving awards	MOH	2015 onwards	\$5,000
<b>Develop and implement salt reduction strategies</b>	<ol style="list-style-type: none"> <li>1. Advocate for people to limit their intake of products high in salt and reduce the amount of salt used for cooking;</li> <li>2. Integrate salt reduction into the training curriculum of food handlers;</li> <li>3. Consumer empowerment and awareness through social marketing</li> <li>4. Completion of Salt Survey;</li> <li>5. Private sector engagement to improve the availability and accessibility of low salt products</li> </ol>	<p>Number of training conducted in the community around the risks associated with excessive salt intake.</p> <p>Removal of salt shakers and soy sauce from the tables in restaurants.</p> <p>Number of awareness and social marketing campaigns developed.</p> <p>Survey completed and reported to stakeholders</p> <p>Increased participation of the public in salt intake awareness programs</p>	MOH	2015 on wards	\$5,000

## COMPONENT 6: PHYSICAL ACTIVITY

**Objective:**

To reduce physical inactivity for all people living in the Cook Islands by 10%.

STRATEGY	ACTIVITY	Impact Indicators	Responsible	Time line	COST (NZD)
<b>Enhance the functioning of the Physical Activity (PA) and Food and Nutrition working committee (WC)</b>	1. Conduct capacity and team building workshops for WC and the community	Number of workshops	MOH/WC	2015 onwards	\$5,000
<b>Social Marketing</b>	1. Implement the social marketing plan (to be developed according to the MOH Business Plan) to advocate PA in the Cook Islands	Desired behavioural objectives of the plan achieved	MOH/WC/Stakeholders	2016 onwards	\$20,000
	2. Recruitment of high profile champions to promote PA	Number of champions involved in the campaign	MOH/WC/Stakeholders	2015 onwards	
<b>Incorporate PA as requirements into all major projects</b>	1. Develop town-planning policy incorporating PA requirements into infrastructures (such as inclusion of walkways when designing, changing or restructuring roads/buildings/towns).	Number of PA enabling structures incorporated into any major designing/changing or restructuring of roads/buildings/towns	WC/MOH/ICI	2015 onwards	

		Number of fitness trails and outdoor fitness stations available in the community			
	2. Advocate for the development of safe cycling tracks (alongside foot paths or on side of road to ensure safety of cyclists).	Number of cycling tracks developed	ICI/WC/MOH/CINDC	2018	
<b>Enhance and strengthen PA Programs in school settings</b>	1. Conduct professional developments for teachers on PA	Number of teachers trained	MOE/MOH	2015 onwards	\$15,000
	2. Ensuring schools comply with PE Curriculum requirements <ul style="list-style-type: none"> <li>• Re-establish PE advisor in MOE (shared funding or position)</li> <li>• Strengthen monitoring of MOE PA policy mandating at least 3 PE sessions a week in schools</li> </ul>	PE advisor post re-established and filled  Number schools complying with the MOE PA policy	MOE/MOH	2015 onwards	\$30,000
	3. Expanding PA in schools to not only be at PE but also included as normal part of school programs (such as stretching before classes, or a zumba number before assemblies)	Number of school programs other than PE that includes PA	MOE/MOH	2016 onwards	
	4. Regular health checks for	Number of health	MOE/MOH	2017	\$5,000

	students and teachers	checks  Number of teachers checked and referred to the lifestyle clinics;			
<b>Strengthen support for community based PA programs with particular focus on noncompetitive activities</b>	1. Develop a Community PA directory – a listing of all community based PA programs (ensuring the trainers are properly registered or checked).	Number of instructors trained for PA	MOH/CITTI/RAC	2016	\$5,000
	2. Advocate for various sport codes to support and incorporate NCD strategy in development plans.	Number of sport codes that incorporate NCD into their strategy plans			\$3,000
	3. Develop standards and registration of community trainers	Number of standards for community trainers established  Number of community trainers registered			
	4. Promotion of household gardening and household chores as effective physical activity	Number of homes with vegetable gardens	MOA/MOH	2015 onwards	\$5,000
	5. Establish community walking programs	Number of villages with walking programs  Number of walking	MOH/Communities/WC	2015	\$5,000

		programs carried out on a monthly basis			
	6. Maintain and mark walking areas/tracks with step numbers or kms to encourage PA within the community	Number of marked walking areas/tracks	MOH/CISNOC	2016 onwards	\$5,000
	7. Promote cycling and walking as a mode of transport	Number of promotions	MOH/CISNOC	2016 onwards	\$10,000
	8. Delivery of organized PA events such as Walk for Life, Move 4 Health, in collaboration with other partners/stakeholders	Number of organized PA events	MOH/CISNOC	2016 onwards	\$10,000
	9. Advocate for better dog control to ensure walkers and cyclists feel safe on the road	Number advocacy program	MOH/Police/SPCA	2015	\$5,000
	10. Advocate/encourage PA as part of youth and faith-based organizations activities – starter kits	Number starter kits given out to youth organizations	MOH/CISNOC	2015	\$5,000
<b>Promote and encourage PA in workplaces</b>	1. Encouraging and offering support for workplaces in developing their PA policies	Number of workplaces with PA policy	MOH/Stakeholders/WC	2015	
	2. Started kits for offices (such as scales, volleyball net and so forth)	Number of kits given out to workplaces	MOH/CISNOC/Workplaces	2015	\$5,000

	3. Promote workplace, village, church challenges (such as Pedometer Challenge, Vaevae challenge)	Number of organizations involved in challenges	MOH/CISNOC/WC	2015	\$10,000
	4. Increase awareness on OSH, promoting less sitting and exploring standing work stations in government departments.	Number of workplaces with OSH	MOH/WC/INTAFF	2015	\$3,000
	5. Promoting the incorporation of OSH into existing working places policies.	Number of workplaces with policies on OSH	MOH/WC/Stakeholders	2016	
	6. Newsletter to share successes of workplace programs and as a way of disseminating information	Number and frequency of newsletters issued	MOH/WC	2015	\$5,000
<b>Strengthening PA and lifestyle programs to support the individual</b>	1. Establishing Lifestyle Clinics for those at risk of NCDs;	Number established lifestyle clinic	MOH	2015 onwards	\$10,000
<b>Encourage Research</b>	1. Stocktake data available from different agencies and assess relevance towards PA	Number of stocktake report	MOH	2015	
	2. Encourage research especially on OSH and on tourism and nutrition	Number of researches completed	MOH/WC	2018	\$5,000

## COMPONENT 7: NATIONAL HEALTH SYSTEMS RESPONSE

**Objective:**

Ensure availability and affordability of essential medicines, diagnostics and technology in primary health care for a package of interventions

STRATEGY	ACTIVITY	Impact Indicators	Responsible	Time line	COST (NZD)
To prevent and control NCD through health systems strengthening using a primary health care approach;	1. Continued Implementation and monitoring of PEN in the Pa Eua health clinic/centres	<p>Improved efficiency in procurement and supply management;</p> <p>Quality assurance and use of generic medicines;</p> <p>Education for prescribers and patients for the use of medicines;</p> <p>Number of Pa Eua health clinic/centres where PEN is implemented</p> <p>Number of trainings or workshops conducted on PEN</p>	MOH/WC	2015 onwards	\$15,000

	2. Annual review report on PEN practise in the Cook Islands	Annual review completed  Number of recommendations implemented from the review	MOH	2017 onwards	\$15,000
Enhanced access to essential NCD interventions through PEN programme	<ol style="list-style-type: none"> <li>1. Provide counselling to both patient and family to manage and treat risk factors approaches for lifestyle modification;</li> <li>2. Triage and referral for people at high risk of disease and complication;</li> <li>3. Detect cervical cancer through early screening and treatment of pre-cancerous lesions for women aged 21-65years;</li> <li>4. Screening/follow up of Hepatitis B infection (HBV).</li> </ol>	<p>Number of patients and family members that are counselled.</p> <p>Number of people referred to the lifestyle clinic.</p> <p>Number of women screened on an annual basis.</p> <p>Number of people screened and positive cases referred and followed up annually.</p>	WC/MOH/ICI	2015 onwards	\$10,000

	<p>5. Strengthen Preconception counseling in the NCD and NCD lifestyle clinic and primary health care</p> <p>6. Aspirin therapy for acute myocardial infarction</p>	<p>Number of mothers that present to the clinics and receiving preconception counselling.</p> <p>Number of patients receiving aspirin therapy for acute myocardial infarction.</p> <p>Aspirin protocol developed.</p>			
Expand access to rehabilitation and community based palliative care for people with NCD related disability or with end stage NCD	<p>1. Available services disseminated to the community.</p> <p>2. Ensure continuum of care by conducting a workshop to evaluate and improve the processes around community referrals.</p>	<p>Improved availability of rehabilitation services and palliative care for NCD originated health conditions and disabilities;</p> <p>Number of complaints from the community around the community referral process.</p>	ICI/WC/MOH/CINDC	2018	\$10,000

Strengthened community participation and empowerment of civil society in NCD prevention and control through involvement in service planning and monitoring;	3. Ensure NGO representation in NCD related programs and ensuring active participation.	Number of NGO representatives in NCD programs and events.			
Strengthen the role of hospitals/clinics/centres and referrals systems in overall efforts to prevent and control NCD	<ol style="list-style-type: none"> <li>1. Reporting of selected adverse events.</li> <li>2. Patient complaints management and resolution, and performance reporting to the public</li> <li>3. Develop and review NCD guidelines to ensure cost management of NCD in collaboration with professional and academic organisations.</li> <li>4. Health centres/hospitals and clinics ban tobacco, e- cigarettes, fizzy drinks and alcohol on premises.</li> </ol>	<p>Number of selected adverse events reported</p> <p>Number of complaints received and resolved.</p> <p>Annual Quality assurance report published</p> <p>NCD cost management guidelines developed and implemented</p> <p>Health centres/clinics and hospitals ban declared and enforced.</p>	MOE/MOH	<p>2015 onwards</p> <p>2016 onwards</p>	\$15,000
Ensure at least 50% of	1. Strengthen the efficiency of procuring and supply of	Number medicine stock outs at	MOH	2015 onwards	

eligible patients receive drug therapy and counselling.	medicines and the counselling associated.	hospitals, health centres, health clinics.  Number of patients receiving counselling with drug therapy.			
Ensure 80% availability of the affordable basic health equipment and essential medicines (including generics) required to treat major NCD in both private and public health clinics.	1. Establish link with local and overseas GPs to ensure use of Cook Islands EML when prescribing to patients coming back to the Cook Islands.	Link established.	MOH/ NZ District health boards	2015	\$2,000
	2. Revise and implement minimum medicines list for all islands based on population and morbidity.	Minimum medicine list revised and confirmed for each island.		2016	\$5,000
	3. Training for health staff around best dispensing practises.	Training completed.		2017	\$10,000 annually

## COMPONENT 8: MONITORING, EVALUATION AND SURVEILLANCE

**Objective:**

To establish and strengthen monitoring, evaluation and surveillance of NCD in the Cook Islands.

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Timeline	Cost (NZD)
<b>M&amp;E indicator framework established</b>	1. Establish indicator framework against each objective and outcome	Framework indicator table	M&E COMMITTEE	2014	
	2. Endorsement of the framework and communication with each subcommittee			2014	
<b>Operationalise the M&amp;E framework and plan</b>	1. Development of tools appropriate for M&E	No of indicators being reported on		2015	
	2. Annual reporting by sub-committee on risk factor intervention progress	Report submitted		annually	
	3. Annual stock-take report	Report submitted		annually	
<b>Strengthen capacity for data analysis in appropriate</b>	1. Identify M&E /surveillance officer/s and trained	Collaboration and sharing of information- more resources (two people)		2015	\$15,000
			2015		

<b>sectors</b>	2. Establish tools and instruments for surveillance.				
<b>Strengthen NCD risk factors surveillance</b>	1. Proper planning and implementation of the National STEPS survey every 5years	STEPS survey completed 5 years from the last one	MOH/WC	2019	\$150,000
	2. Compiling, analysing, reporting and dissemination of yearly results for Mini STEPS	Annual reports on Mini STEPS disseminated	MOH/WC	2015 onwards	\$10,000

**HOW CAN I START OVER AGAIN? Poem by Bobbiejo Healey**

What's for tea?  
Chocolate and sweets!  
Everyday again and again  
How about lunch? It's the same.  
Not healthy for me,  
Not healthy for you,  
Not healthy for the animals in the zoo.

Oh no! I can't fit my shirt!  
And my teeth hurts!  
But junk food tastes so yummy  
Yet my tummy feels funny.

Mother, Father, brother and me  
Order 10 big macs for our family  
10 bottles of coke please, No! Make it a double  
20's a lot, might lead to trouble!

I need an eye  
I need a leg  
I need a kidney  
A new lung perhaps  
My heart's playing up  
My arm hurts  
I'm having problems  
Doctor, Doctor please help!

We've been told "we're obese"

What? I'd say, "a bunch of geese"  
In the mirror what do I see?  
Mountains of fat covering me

I can't see my legs  
I can't see my feet  
I can hardly move  
Nor can I walk or run  
Oh! What has become of me?  
And my family?

Ride a bike,  
Or take a hike, they'd say  
How can I?  
I can hardly support my weight.

Swollen hands  
Swollen feet  
Aching joints  
All over me

Oh please, Oh Please!  
Get rid of this disease  
I want to get healthy  
I want to get fit

I don't want any more problems  
Please help me!  
How can I start over again?  
INVEST IN YOUR HEALTH

## ANNEX I

### Monitoring & Evaluation Framework – *Ngaki'anga Kapiti Ora'anga Meitaki 2015 – 2019*

Outcome	Narrative Summary	Baseline 2015	Verifiable indicators	Means of verification (may be more than one)	Assumptions	Responsibility	Timeline	Cost NZD
Reduce binge alcohol drinking by 10%	Proportion of population who consume more than limits (gender specific) – 4 standard drinks for women and 5 for men	Establishing baseline through STEPS survey	Prevalence of alcohol binge drinking	STEPS survey	MOH will conduct national periodic surveys	MOH	2019	\$100,000
Reduce the prevalence of current tobacco smokers by 10%	Proportion of population who are tobacco smokers	Establishing baseline through STEPS survey	Prevalence of tobacco smokers	STEPS survey	MOH will conduct national periodic surveys	MOH	2019	
Improve prevalence of consumption of 3 or more servings of fruits and vegetables by	Proportion of population surveyed who consume 3 or more servings of fruits and	Establishing baseline through STEPS survey	Rate of consumption	STEPS survey	MOH will conduct national periodic surveys	MOH	2019	

35%	vegetables per day							
Reduce adult overweight and obesity by 10%	Proportion of surveyed pop with BMI $\geq 30\text{kg/m}^2$ (age and sex adjusted)	61.4% (2004)	BMI (international classification)	STEPS survey	MOH will conduct national periodic surveys	MOH	2019	
Reduce childhood overweight and obesity by 10%	Proportion of surveyed children who are overweight and obese (age and sex adjusted according to WHO standards)	27% (2012)	BMI (international classification)	School health physical examination	MOH will conduct physical examinations every 2 to 3 years at schools	MOH/MOE	2016	\$2,000
Improve prevalence of adequate physical activity (600 METS/wk) in the population by 10%	Proportion of surveyed pop with $\geq 600$ METS PA using GPAQ questionnaire (WHO STEPS Survey, age and sex adjusted)	Establishing baseline through STEPS survey	METS min/week	STEPS Survey	MOH will conduct national periodic surveys	MOH	2019	
Improve the access of people	Proportion of the specified	Establishing a baseline	Numbers of services	MedTech and other	CINDC/MOH will compile a report using	CINDC/MOH	2017	\$3,000

with mental health and disabilities to supporting services available to them in the community	population who had accessed services	through accessing of services and clientele	accessed  Numbers of patients accessing services	services' databases	the available data every other year			
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### INTEGRATED NCD STRATEGIES

**Objective:** To promote and strengthen partnerships for a multi-sectoral implementation of NCD Strategies and activities.

Expected Outcome	Baseline 2014	Target 2019	Verifiable Indicators	Means of verification	Assumptions
Regular meetings of NCD WC with actions completed	None	Quarterly	Number of meetings carried out and actions completed	Meeting minutes	WC TOR reviewed and endorsed
Improved resources for use by NCD	POBOC & Bilateral aid in place	POBOC & bilateral aid maintained for the next 5 years	Availability of funds	Agreements between Government with Aid Agencies	

### ALCOHOL HARM REDUCTION

**Objective:** To reduce binge alcohol drinking amongst the Cook Islands by 10%

Expected Outcome	Baseline 2014	Target 2019	Verifiable Indicators	Means of verification	Assumptions
Established database and alcohol registry	None	Done	Database in place	Observation	MOH establishes inventory
Standardised information and tools used for training and raising of awareness	None	Release information on standard alcohol drink	Standardised information in place  Tool for community	Pre-test before community training and post-test to demonstrate increase in	MOH with Stakeholders will conduct community trainings and release standardised

on alcohol related harm in the community		Done training in at least 80% of Rarotonga's communities	training developed	knowledge	information on alcohol to the public
Achievement of behavioural objectives in the social marketing plan	None	80% achieved	As per plan – behavioural indicator	Campaign report	Marketing campaign is established and resourced
Offences related to alcohol issues	To be attained	Reduced by 10%	Alcohol specific/related offences	Police records Annual reports	Police have records
Alcohol related morbidity rates reduced	To be attained	Reduced by 10%	Alcohol specific/related morbidity rates	Medical records – annual report	MOH maintains regular annual report

#### TOBACCO CONTROL

**Objective:** To reduce the prevalence of current tobacco users in the Cook Islands by 10%

Expected Outcome	Baseline 2014	Target 2019	Verifiable indicators	Means of verification	Assumptions
Functional and active WC	None	>75% of planned activities completed	Number or regular meetings and actions completed	Periodic reports and reviews	
Increased number of smokers who have quit	To be attained	5 to 10 people quit smoking since commencement of Smoke cessation clinic in 2014	Number of people who have quitted smoking per year since 2014	Data extracted from MedTech	Patients records are maintained on MedTech at MOH
Reporting obligations to FCTC and WHO	GTCR IV report and COP Reporting complete	100% fulfilled	Completed reports submitted to MOH, and	Published reports for Cook Islands in FCTC	Data available to enable completing

fulfilled	2014		WC	and WHO reports	reports
Population more informed about Tobacco Control Act	Not known but likely to be low	25% of population aware of Tobacco Control Act	KABP about Tobacco Act	KABP Survey Report	Tobacco Legislation enacted and disseminated
Improved enforcement of the Tobacco Control Act	None	One prosecution per year	Number of Tobacco related prosecution	Enforcement unit and Police records	Dedication by partners (Police, Health and Customs) to set up Enforcement Unit & effective cooperation between them

#### MENTAL HEALTH AND DISABILITY

**Objective:** To ensure that people with mental health and disabilities have equal access to NCD services and are aware of the supporting services available to them.

Expected Outcome	Baseline 2014	Target 2019	Verifiable indicators	Means of verification	Assumptions
National Registry established	To be attained	Done	Database in place	Observation	MOH can capture patients through proper coding and input to MedTech system
Improve access of mental health and disabled patients to health services	To be attained	80%	Number of patients accessing health services	MedTech data	

## FOOD AND NUTRITION

### Objectives:

- a. Reduce dependency of imported food and increase availability and access to local nutritious food by promoting subsistence farming
- b. Increase the proportion of adults ( $\geq 18$  years old) eating three or more servings of vegetables per day to 35% or more
- c. Reduce the proportion of overweight and obese children in the population by 10%
- d. Reduce the proportion of overweight and obese adults in the population by 10%
- e. To reduce salt intake in peoples diet to the recommended daily standard of less than 5 grams per day (200mgs of sodium)

Expected Outcome	Baseline 2014	Target 2019	Verifiable indicators	Means of verification	Assumptions
Active WC	To be attained	$\geq 80\%$ of activities per plan achieved	Rate of activities as defined in the plan completed	Annual reporting Annual stocktaking	All stakeholders performing and Ngaki'anga Kapiti Ora'anga Meitaki documentreview carried out annually
Achievement of behavioural objectives per social marketing plan	Baseline to be determined by 2015	$\geq 80\%$ of behavioural indicator achieved	Behavioural indicators (as per behavioural objective)	Marketing Report STEPS survey report	Periodic STEPS survey by MOH
Policies in place to address healthy eating	National School Healthy Food Policy only in place	National Healthy Food Policy for Public Sector	All policies endorsed by Cabinet	Policies formulated	Policies formulated be endorsed by Cabinet
Lifestyle Clinics established	None	2 Lifestyle Clinics established in Rarotonga and 1 in Aitutaki	Number of patients using service as scheduled	STEPS Survey Number of patients achieving their weight loss goal	Periodic surveys Availability and commitment of MOH staff

## PHYSICAL ACTIVITY

**Objective:** To reduce physical inactivity for all people in the Cook Islands by 10%.

Expected Outcome	Baseline 2014	Target 2019	Verifiable indicators	Means of verification	Assumptions
Achievements of behavioural objectives	To be attained	80% achievement	Indicator per behavioural objective	Campaign report	Campaign is well planned and implemented
Increase in workplaces and communities implementing healthy living programs (including physical activity)	To be attained	Increase in the number of workplaces and communities implementing their own healthy living programs by 100% from the baseline	Number of workplaces or communities with health living programs	Workplaces or communities requesting assistance from MOH with their programs  Wellness Check	MOH will offer assistance to workplaces or communities upon request
Increase in physical activity promoting structures in public areas	To be attained	50% increase from baseline	Number of public structures that contribute to promotion of physical activity	Observation	PA promotion is incorporated into all major public projects

## National Health Systems Response

**Objective:** To prevent and control NCD's through health systems strengthening using a primary health care approach

Expected Outcome	Baseline 2014	Target 2019	Verifiable indicators	Means of verification	Assumptions
early diagnosis and appropriate referral	Incidence rate of 1.9% (2013)	Reduce incidence rate by 2% per annum of the 2013 incidence rate.	Annual NCD bulletin on incidence.	Annual report	That the Bulletin will be completed every year and disseminated.

Improved access to rehabilitation and palliative care services for a productive life.	To be attained	80% of affected patients have improved access to rehabilitation and palliative care services.	No of patients accessing services.	Medtech data	Data will be available on Medtech
Peoples voices are identified and addressed in service planning and monitoring.	None	At least 1 representative on Health NCD programs	Persons that participated	Minutes from meetings	They will be involved in a meeting.
Proper access and availability of drug therapy and counselling for better health.	No. stock outs  Number of patients accessing counselling needs to be attained	Continue with no stock outs  80% of patients counselled  80% availability of affordable basic health equipment and essential medicines required to treat major NCD in both private and public health clinics.	no stock outs or complaints are reported	Newspaper and pharmacy report.	
Improved practice of PEN by primary health care workers	PEN operating Rarotonga, Aitutaki	PEN to be operative in all of the Cook Islands	number of patients having CVRA done with appropriate management	MedTech files	MOH will ensure that PEN is practiced in all of Cook Islands

			Number of health facilities practicing and implementing recommendations from the evaluation of PEN	Evaluation report	
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**REPORTING BY THE SUB-COMMITTEES**

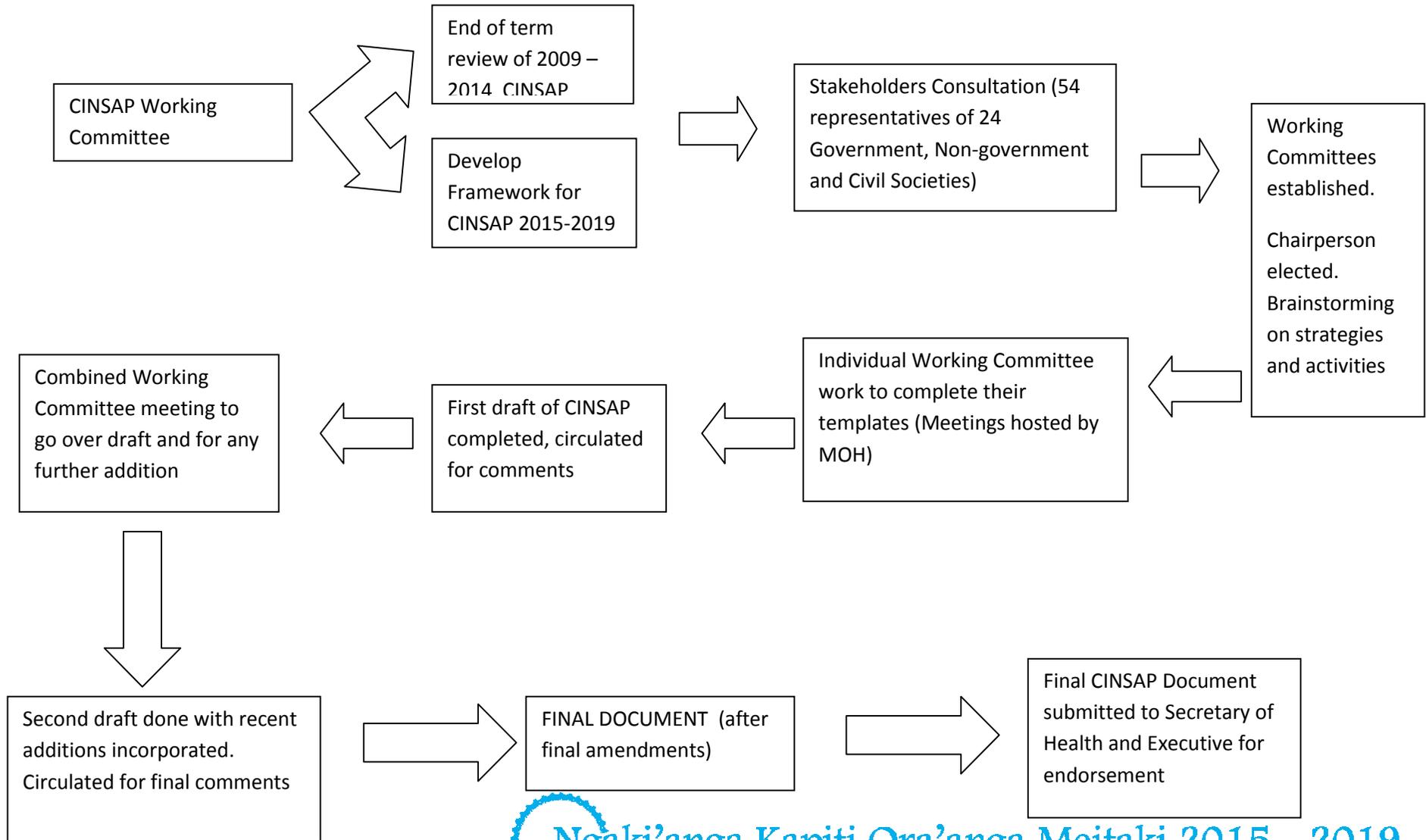
As part of a collaborative effort to fight NCD's in the Cook Islands, every year the M&E committee will monitor the Ngaki'anga Kapiti Ora'anga Meitaki document by requiring the sub-committees to report on the progress of the various activities in the Monitoring framework.

These reports will be due on the 1st of December of every year.

If there is a need to follow up on any activities this information will be sent out on the 1<sup>st</sup> of February of each year. The report for this follow up will be due on the 1<sup>st</sup> June of every year.

The templates for reporting will be made available well before the reporting dates.

**ANNEX II: Ngaki'anga Kapiti Ora'anga Meitaki : DEVELOPMENT PROCESS**



**Ngaki'anga Kapiti Ora'anga Meitaki 2015 - 2019**

### **ANNEX III: NCD WORKING COMMITTEES**

Ngaki'anga Kapiti Ora'anga Meitaki MOH working committee

Mrs Edwina Tangaroa (HP Manager)

Mr Valentino Wichman (Policy, M&E Manager)

Dr Veisia Matoto (NCD Specialist)

#### **Tobacco and Alcohol Working Committee**

Tuaine Maunga (Chairperson, Cook Islands Workers Association)

Nukutau Pokura (Secretary, MOH, Cook Islands National Youth Council)

Maina Tairi (MOH)

Inspector John Strickland (Police Department)

Dr Henry Tikaka (Director of Hospital Health Services, MOH)

Dr Zaw Aung (MOH)

Moeroa Boaza (MOH)

Douglas Tatuava Tou (MOH)

Mata Taramai (MOH)

Tata Vaeau (MOH)

Dr Lagaau Vaevaepare (MOH)

Linda Mataiti (MOH)

Rangi Aitu (MOH)

Rongo File (Cook Islands Family Welfare Association)

Taputu Mariti (Cook Islands National Council of Women)

Anne Taruia (Punanga Tauturu)

Angela Page (MOE)



### **Healthy Eating, Nutrition and Physical Activity Working Committee**

Keu Mataroa (Chairperson, Infrastructure Cook Islands)

Elizabeth Ponga (Secretary, Ministry of Culture)

Karen Tairea (MOH)

Tania Avare (MOH)

Charleen Hoff (INAFF)

Angela Page (MOE)

Vakaroto Ngaro (Cook Islands Christian Church)

William Wigmore (MOA)

Anau Manarangi (MOA)

Inangaro Kamana (Environment Services)

Taputu Mariri (Cook Islands National Council of Women)

Carina Langford (Te Ipukarea Society)

Tae Nootutai (MOH)

Nana Cuthers (MOH)

### **Mental Health and Disability Working Committee**

Pare Tangata (Chairperson, MOH)

Dr Rangi Fariu (Director of Community Health Services, MOH)

Patricia Farr (Cook Islands Disability Council)

Heather Webber (Te Vaerua Rehabilitation Center)

Parau Nio (MOH)

Tangi Nganu (CIFWA)

Vania Kenning (INTAFF)

Roger Harkness (Director, Creative Centre)



**Ngaki'anga Kapiti Ora'anga Meitaki 2015 ~ 2019**

Mereana Taikoko (Te Kainga)

Jaewynn Mackay (Cook Islands Business Professional Women's Association)

Rebecca Buchanan (Punanga Tauturu)

Teremoana Manavaroa (MOH)

**Monitoring and Evaluation Working Committee**

Jim Nimerota (Statistic Office, MFEM)

Temarama Anguna (MOH)

Maria Tuoro (Office of the Prime Minister)

Tearoa Iorangi (MOH)

Valentino Wichman (MOH)

Edwina Tangaroa (MOH)

Roana Mataitini (MOH)



**ANNEX IV: COMMENTS AND SUGGESTIONS (DURING Ngaki'anga Kapiti Ora'anga Meitaki development)**

STRATEGY	SUGGESTED ACTIVITES AND IDEAS FROM STAKEHOLDERS
<b>PHYSICAL ACTIVITY</b>	
Incorporate PA as requirements into all major projects	1. Exploring the possibility of setting up outdoor gyms (CINDC have some information on this)
<b>HEALTHY EATING AND NUTRITION</b>	
Increase availability and access to healthy food	<ol style="list-style-type: none"> <li>1. Important to demonstrate to the public the economic benefits of subsistence farming as a way of encouraging more people to take it up.</li> <li>2. Exploring with landowners arrangements for the idle land to be used for subsistence farming.</li> <li>3. Accessing products from MOA need to be made easier and cheaper.</li> <li>4. Mothers can form groups and grown their gardens at existing MCH grounds.</li> </ol>
Improve coordination of partners	1. Establish national coordination under OPM's department to ensure the multi-sectoral commitments are carried out. Implementation will still be led by the MOH and driving of the CINSAP.
<b>MENTAL HEALTH AND DISABILITY</b>	
To increase public awareness and access to supporting services for Mental Health and Disability	<ol style="list-style-type: none"> <li>1. Suggest giving a generic code for NCD, specifying the type of NCD on the "notes" field. Hence, it will be easier to pull out NCD data from the MOH MedTech System.</li> <li>2. Suggest coding for disability, as currently it is non-existent.</li> <li>3. To ensure confidentiality of those with mental problems are protected, the idea is not to code people with mental illnesses, but just to tick confidential (box in MedTech) and classify as mental disability.</li> </ol>
<b>FOR ALL RISK FACTORS</b>	
Social Marketing	<ol style="list-style-type: none"> <li>1. Shona Pitt Journey (Concept Paper submitted to SOH )</li> <li>2. Check in-Check up-Tune in-Tune up (can be linked to the lifestyle clinic) Concept by Maria Tuoro.</li> </ol>

DRAFT



Ngaki'anga Kapiti Ora'anga Meitaki 2015 - 2019

## **Ora'anga Meitaki: tata'ia na Teokotai Tupou**

Ko toou kopapa, e nao ia no te Atua,  
akono'ia kia vai ruperupe e rau te tuatau.  
Akatinamou i toou tango ki roto i te ora'anga kopapa matutu e te tupuranga ruperupe.

Teia oki te manako ma'ata i roto i teia "campaign".  
Te akarongo nei matou te au tamariki,  
I te au maki tukuetuke e takinokino nei i te kopapa tangata.  
Na'ai ra te ara? Na tatou tangata tatakita'i rai,  
No te mea ko te ikianga i taau ka rave no toou tupuanga, mei toou ou anga,  
E rako a aronga maata mai koe,  
Naau rai te reira.  
Kare au e inangaro kia tu ia au e teia au maki.  
Ka akape'ea ra matou te au tamariki,  
Me kore tatou i teia ra?

Te tuatua nei tatou,  
Oki ki te kai enua, eaa ra te kai enua?  
I roto it a matou apii, kare to matou toa e nga'a akaou i te au Ruitoru katoatoa.  
Ko te Vaerua maata, ropa mai koe metua i te kai tano, taau i manako  
Ka Meitaki te tupu'anga o taau tama,  
Ka Meitaki te pia manako o taau tama, i te rave i te apii,  
E ka roa te ora'anga

Patianga kia kotou e te pae rapakau maki,  
Aere mai ki roto i te apii i te mua Mataiti,  
Akarakara akaouia te turanga o te tamariki,  
Mei ta kotou i rave ana, paunu, vaito i te roa o te tamariki,  
Akara i te ni'o, akara i te pakari, te taringa, te ua mata, apii i te au tamarikiki te au taka'inga tau,  
No te ora'anga matutu ruperupe.  
Kia kite au tamariki i toku ou anga i te au peu tau,  
E tau ei aiku i te akatinamou i toku tango,  
Ki roto i te ora'anga kopapa matutu e te tupuanga ruperupe.  
E mea Meitaki te apii i te ouanga.

Kia Rangatira



# *Invest in your health*

*Why is it, that we do not take this matter seriously?*

*Is it because we do not understand?*

*Is it because we are lazy?*

*Is it because we do not appreciate our lives?*

*Or is it because we just don't care.*



*Life is the most precious gift given to us all  
It cannot be replaced*

*There are no spare parts in the shop for it*

*And it is not on loan*

*So let's make a start now*

*Let's live smart and eat healthy*

*Let's exercise daily*

*30 minutes is all you need*

*Practice these and it might just help you appreciate  
the gift of life more*

*So let us make the change*

*Let us invest in our health and let's live life to the  
fullest.*

A handwritten signature in black ink, appearing to read 'Raitiavatea Herman'. The signature is stylized and fluid.

*Poem by Raitiavatea Herman*