MULTI-SECTORAL NATIONAL NON-COMMUNICABLE DISEASE STRATEGIC PLAN 2019–2023.

A long and healthy life for all

Ministry of Health
& Medical Services
Honiara
Solomon Islands

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ABBREVIATIONS

CBR	Community-based rehabilitation
CSO	Civil society organisation
DPP	Office of Director of Public Prosecutions
ERU	Economic Reform Unit
EU	European Union
FAO	Food and Agriculture Organization
FBO	Faith-based organisations
GSHS	Global School-based Student Health Survey
GYTS	Global Youth Tobacco Survey
HCC	Honiara City Council
KOICA	Korea International Cooperation Agency
KRA	Key result area
MAL	Ministry of Agriculture and Livestock
MCIL	Ministry of Commerce, Immigration and Labour
MDPAC	Ministry of Development Planning and Aid Coordination
MEHRD	Ministry of Education and Human Resource Development
MHA	Ministry of Home Affairs
MHMS	Ministry of Health and Medical Services
MID	Ministry of Infrastructure Development
MLHS	Ministry of Lands, Housing and Survey
MMERE	Ministry of Mines, Energy and Rural Electrification
MOFT	Ministry of Finance and Trade
MPJ	Ministry of Police and Justice
MPS	Ministry of Public Service
MRDIA	Ministry of Rural Development and Indigenous Affairs
NCD	Non-communicable disease
NDMO	National Disaster Management Office
NGO	Non-governmental Organisation
NHSP	National Health Strategic Plan
NSO	National Statistics Office
PEN	Package of Essential NCD interventions
RSIPF	Royal Solomon Islands Police Force
SINU	Solomon Islands National University
SPC	Pacific Community
STEPS	Stepwise approach to surveillance
UN	United Nations
UNICEF	United Nations Children's Fund

FOREWARD

Non-communicable diseases (NCDs) are placing an enormous health, social and economic burden on the people of Solomon Islands. We need to take strong and innovative action now to reverse this epidemic. Without urgent action, NCDs will continue to increase at an unprecedented rate over the next decades, overwhelming our health services with patients requiring acute as well as long-term health care, and subverting the Solomon Island Government's goal of a long and healthy life for all.

This *Multi-sectoral National Non-communicable Disease Strategic Plan (2019–2023)* sets out the strategy of the Solomon Island Government to tackle the NCD crisis. The plan aligns with the targets of the *National Health Strategic Plan 2016–2020* and other regional and global commitments the government has made to address NCDs.

This strategic plan is the culmination of the work and ideas of many people working in diverse areas over a substantial period. It sets out a multi-sectoral approach to address NCDs, premised on effective collaboration, equitable funding, service equity, good management and the availability of an appropriately skilled workforce.

The plan was initially developed by the Ministry of Health and Medical Services, and then refined in consultation with a broad range of stakeholders, including government departments, non-governmental organisations, academics, the Pacific Community (SPC), the World Health Organization (WHO), and other experts in non-communicable diseases within the Ministry of Health.

A broad multi-sectoral approach and collaborative leadership are key to turning these ideas into actions that will enable the strategy to be successfully implemented and sustained. The importance for all stakeholders to collaborate to reduce NCDs and improve care, treatment and support should not be underestimated. While the targets that have been set may look somewhat ambitious, if all stakeholders stand together, work together and commit renewed energy to the prevention and control of NCDs, we can meet these targets and thereby make a significant contribution to the nation's well-being and development.

Solomon Islands must recognise the need for NCDs to be regarded as a development priority rather than only a health concern. It is the view of the government that a 'health only approach' will not reverse the local, regional and global mortality and burden of NCDs, but that a 'whole of government' and 'whole of society' approach is needed. This is reflected in the Solomon Islands National Development Plan, in which the need to prevent and manage NCDs is recognised as a priority.

A multi-faceted and strategic approach is essential to address the complex causes of NCDs. To effectively address the primary causes of NCD mortality and morbidity, it is important we work together to address the broad 'social determinants' of NCDs, to prevent the specific behavioural risk factors for NCDs, and to ensure that the health system is geared to undertake early detection and cost-effective and appropriate treatment and control of NCDs.

While the plan emphasises NCD prevention and health promotion, we must not neglect care and treatment of people with NCDs and reform of the health system to improve health outcomes. Too few people with NCDs receive the high quality care they need. We also cannot afford to address NCDs in isolation from other aspects of health; health system, reform is critical in this regard.

Finally, we must improve our data about NCDs and their main risk factors. It is very hard to do good planning and evaluation with our current data. We need to get proper baselines from which to measure our successes. I am confident that we will indeed be successful in combating NCDs, guided by this five-year strategy.

I am confident that the team responsible for putting together this document and leading this drive to promote health and wellness among our people is equal to the task with a creative, innovative and comprehensive approach.

Hon. Dickson Mua
Minister of Health and Medical Services
Solomon Islands

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ACKNOWLEDGEMENT

The *Multi-sectoral National Non-communicable Disease Strategic Plan (2019–2023)* is a collaborative effort of the Ministry of Health and Medical Services (MHMS), the Pacific Community (SPC) and the WHO Solomon Islands country office, with inputs from various government ministries, Solomon Islands National University, Global Leadership Youth Nexus and faith-based organisations. This bears true testimony to the fact that the hard work of delivering this strategy can only succeed with the involvement of the widest possible coalition.

The NCD team wishes to thank all the people who took part in our consultations and offered us their insights, evidence, experience and ideas. Without those contributions we simply would not have been able to develop a plan that represents the interests and concerns of the full diversity of our country.

Special mention goes to the following people and organisations who prepared background work and presentations for the consultation workshop held in Honiara in June 2017. We extend our sincere thanks to Dr Si Thu Win Tin, Dr Erin Passmore and Elisiva Na'ati from SPC's NCD team, who coordinated and facilitated the workshop, and structured and collated the plan, as well as those who assisted with editing, lay-out and design. We also thank Mr Geoffrey Alacky from the Global Youth Leadership Nexus for his input and support in developing the draft plan.

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Due acknowledgement is made to the WHO Office in Solomon Islands. We thank Dr Sevil Huseynova, WHO Solomon Islands country representative, and specifically Dr Albert Francis Domingo and April Batchelor for their support.

Acknowledgement and gratitude also go out to the participants of the consultation workshop (see list in Annex 3) from government ministries, development partners, non-governmental organisations and faith-based organisations.

The development of this plan started with consultations with the Honiara NCD team and NCD provincial coordinators, and we also extend our gratitude to them for their contributions to the development stages of this plan.

AFFIRMATIONS

This plan is guided by the following affirmations:

HEALTH PERSPECTIVE: The burden of NCDs is already a major health challenge in the Pacific region, including Solomon Islands. NCDs account for around 70% of all deaths in the Pacific, and in some countries up to 75% of all deaths.

ECONOMIC PERSPECTIVE: NCDs impose large – but often preventable – costs on already overstretched government health budgets and the broader economy. Countries can expect a further rise in the cost of treating NCDs in the coming years, given the pipeline of risk factors in the Pacific region and the lack of investment in primary and secondary prevention to date. The rising cost of NCD treatment extends beyond the health sector, undermining national budgets and national investments. NCDs also impose large – but again often preventable – costs on individuals, their families and society at large through death and disability of key skilled workers.

POLITICAL PERSPECTIVE: Pacific Islands Forum Leaders themselves have invested political capital by explicitly declaring that the 'Pacific is in an NCD Crisis'.

EXECUTIVE SUMMARY

NCDs are the leading causes of mortality globally, causing more deaths than all other causes combined. They strike hardest at low and middle-income populations, like that of Solomon Islands.

In 2011, the United Nations General Assembly adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. The UN declared that NCDs are not only a health but also a development concern, requiring a whole-of-government and whole-of-society approach.

The global and regional commitments, action plans and strategies to address NCDs recognise the four major NCDs of cardiovascular diseases, diabetes, chronic respiratory diseases and cancers. They also acknowledge that NCDs are largely preventable through attention to the four major risk factors of tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol. In Solomon Islands, betel nut use is also a risk factor.

The prevention and control of NCDs is undisputedly of significant importance for Solomon Islands. The attainment of the Solomon Islands' health sector goal of 'a long and healthy life for all' through prevention and control of NCDs requires implementation across three priority areas, which form the basis of this plan:

- prevent NCDs and promote health and wellness for all;
- improve the control of NCDs through capacity building and health systems strengthening; and
- monitor NCDs and evaluate interventions to track progress to achieve set targets.

Effective prevention necessitates a broad multi-sectoral approach involving different government departments, civil society organisations, the private sector and the media, as well as commitment to health and wellness from individuals themselves.

Identifying individuals at risk and assisting them to change their behaviour; changing lifestyles for people already diagnosed with NCDs and strict adherence to medical interventions; capacity building; and strengthening health systems are essential to prevent and control NCDs in Solomon Islands.

Surveillance and monitoring systems for NCDs need to be strengthened. This includes monitoring the risk factors for NCDs, monitoring health outcomes and health system response. Research to support and evaluate the effective implementation of population-wide interventions is also required.

This *Multi-sectoral National Non-communicable Disease Strategic Plan 2019–2023* sets out the key strategies and activities for Solomon Islands to prevent and control NCDs in the next five years. The plan will also serve as an advocacy tool for decision-makers and the government.

1 INTRODUCTION.

Reducing mortality from NCDs is critical to increasing life expectancy. Reducing NCDs and their associated risk factors will increase population wellbeing, which is important for economic and social development. Pacific Island countries and territories, including Solomon Islands, are facing the NCD crisis. Data indicate that the prevalence of NCDs and their risk factors is increasing in Solomon Islands, and there is a corresponding increase in the burden placed on individuals, families, communities and the government.

Solomon Islands stresses the importance of the prevention and control of NCDs. In 2007, a national multi-sectoral taskforce developed the first Solomon Islands National NCD Strategy 2010–2017, which addressed physical inactivity, unhealthy diets, tobacco use, alcohol abuse and betel nut use.

This new plan for the period 2019–2023 was drafted by the Solomon Islands Ministry of Health and Medical Services and presented at the national multi-stakeholders consultation meeting on NCDs in June 2017. Subsequently, the draft plan was revised with inputs from the key stakeholders and partner agencies. This plan has set out the key strategies and activities for Solomon Islands to combat NCDs in the next five years. The plan will also serve as an advocacy tool for decision-makers and the government.

2 THE BURDEN OF NCDs.

'NCDs account for around 70% of all deaths in the Pacific region, and in some cases up to 75% of all deaths. Importantly, many of these NCD-related deaths are premature (before age 60 years) and are preventable'.[1]

The burden of NCDs is substantial in Solomon Islands. It is a major challenge to both health and development. The second national NCD STEPS survey conducted in 2015 highlighted the burden of NCDs in Solomon Islands. Key results of the survey are as follows:

- 36.6% were current smokers, with men more likely to smoke then women;
- 66.8% chew betel nut (73.2% of men and 62.0% of women);
- 31.9% of men and 6.2% of women currently drink alcohol, with 16.2% of the total population having six or more drinks on a single occasion within the last 30 days;
- 87.9% consumed less than five servings of fruit and/or vegetables per day;
- 60% always or often added salt when cooking or preparing food at home;
- 18.6% did not meet recommended physical activity levels;
- 59.5% were overweight (36.7%) or obese (22.8%);
- 34.4% of the population has raised blood glucose (20.1%) or diabetes (14.3%); and,
- 26.7% of the population has raised blood pressure or hypertension.

[1] NCD Roadmap Report, Joint Forum Economic and Pacific Health Ministers' Meeting (2014) p7. http://documents.worldbank.org/curated/en/534551468332387599/pdf/893050WP0P13040PUBLIC00NCD0Roadmap.pdf

3 INTERNATIONAL AND REGIONAL AGENDA FOR PREVENTION AND CONTROL OF NCDs.

In 2011, the United Nations General Assembly adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.[2] The UN declared that NCDs are not only a health but also a development concern, requiring a whole-of-government and whole-of-society approach.

The global and regional commitments, action plans and strategies to address NCDs recognise the four major NCDs of cardiovascular diseases, diabetes, chronic respiratory diseases and cancers. They also acknowledge that NCDs are largely preventable through attention to the four major risk factors of tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol. In Solomon Islands, betel nut use is also a risk factor.

In September 2011, the Pacific Island Forum Leaders meeting declared that the Pacific is currently experiencing an NCD crisis.[3] In 2013, at the direction of the Forum Economic Ministers, the partner agencies in the Pacific jointly prepared the Pacific NCD Roadmap[4] to guide Pacific Island countries in the most effective use of resources for prevention and control of NCDs. In 2014, at the inaugural Joint Forum Economic and Pacific Health Ministers Meeting, the ministers committed to five key strategies:

- strengthening tobacco control by an incremental increase in excise duties and taxes to 70% of the retail price of cigarettes over the medium term;
- considering an increase in taxation of alcohol products as a way of reducing harmful alcohol consumption;
- considering policies that reduce consumption of local and imported food and drink products that are high in sugar, salt and fat content and directly linked to obesity, diabetes, heart disease and other NCDs in the Pacific region through targeted preventive measures, taxes and better regulation;
- improving the efficiency and impact of the existing health budget by reallocating scarce health resources to targeted primary and secondary prevention of cardiovascular diseases and diabetes, including through the WHO Package of Essential NCD Interventions (PEN) and 'very cost-effective interventions' ('best buys'); and,
- strengthening the evidence base for better investment planning and programme effectiveness to ensure interventions work as intended and provide value for money.

[2] United Nation High Level Meeting on NCD, Political Declaration (2011). http://www.un.org/en/ga/ncdmeeting2011/pdf/NCD_draft_political_declaration.pdf
[3] Honiara Communique on the Pacific NCD crisis (2011). http://www.wpro.who.int/noncommunicable_diseases/honiara_communique.pdf
[4] NCD Roadmap Report, Joint Forum Economic and Pacific Health Ministers' Meeting (2014). http://documents.worldbank.org/curated/en/534551468332387599/pdf/893050WP0P13040PUBLIC00NCD0Roadmap.pdf

At the 2013 Pacific Health Ministers' Meeting, the ministers adopted the Tobacco-Free Pacific by 2025[5] target of less than 5% adult tobacco use for each Pacific Island country and territory by the year 2025. Key strategies include:

- raising tobacco taxes, with excise tax as high as at least 70% of retail price;
- protecting people from second-hand smoke;
- preventing tobacco industry interference;
- supporting cessation services;
- monitoring the tobacco use epidemic; and,
- strengthening and enforcing tobacco control legislation.

In 2013, WHO launched the *Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020,*[6] which is supported by a fully aligned *Western Pacific Regional Action Plan for the Prevention and Control of Non-communicable Diseases 2014–2020.*[7] In 2015, the United Nations launched the Sustainable Development Goals,[8] which include a target (3.4) to reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being by 2030 as part of sustainable development.

[5] World Health Organization. Tobacco Free Pacific 2025. http://www.wpro.who.int/southpacific/programmes/healthy_communities/tobacco/TFPfactsheet.pdf?ua=1.
[6] World Health Organization. Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013–2020. http://www.who.int/nmh/publications/ncd-action-plan/en/.
[7] World Health Organization Western Pacific Regional Action Plan for the Prevention and Control of NCDs 2014-2020. http://www.wpro.who.int/noncommunicable_diseases/about/ncd_regional_action_plan_2014-2020/en/.
[8] United Nation Sustainable Development Goals 2015. http://www.un.org/sustainabledevelopment/sustainable-development-goals/

4 NATIONAL AGENDA FOR PREVENTION AND CONTROL OF NCDs.

The 2016 -2020 Solomon Islands National Health Strategic Plan (NHSP) prioritises activities that aim to improve child and maternal health outcomes, address communicable diseases and respond to NCDs. The NHSP focuses on four key result areas or national priorities (Figure 1) within a comprehensive health strategic framework (Figure 2). The 2019-2023 NCD plan weaves in elements of these four key priorities: 1) improve service coverage; 2) build strong partnerships; 3) improve service quality; and, 4) lay the foundation for the future. This plan integrates these concepts in the ways outlined below.

FIGURE 1 / National Health Strategic Plan: Key Result Areas

IMPROVE SERVICE COVERAGE

The NCD plan is data-driven and prioritizes interventions that are proven to reduce diseases that cause the most death and illness. This includes diabetes, stroke, cardiovascular diseases and the lifestyle factors that contribute to them. Policy, systems and environmental change approaches will be used to reach the greatest number of people. Efforts will be made to prioritize programs and services in low-resourced communities and with priority populations, with a goal of achieving Universal Health Coverage.

BUILD STRONG PARTNERSHIPS

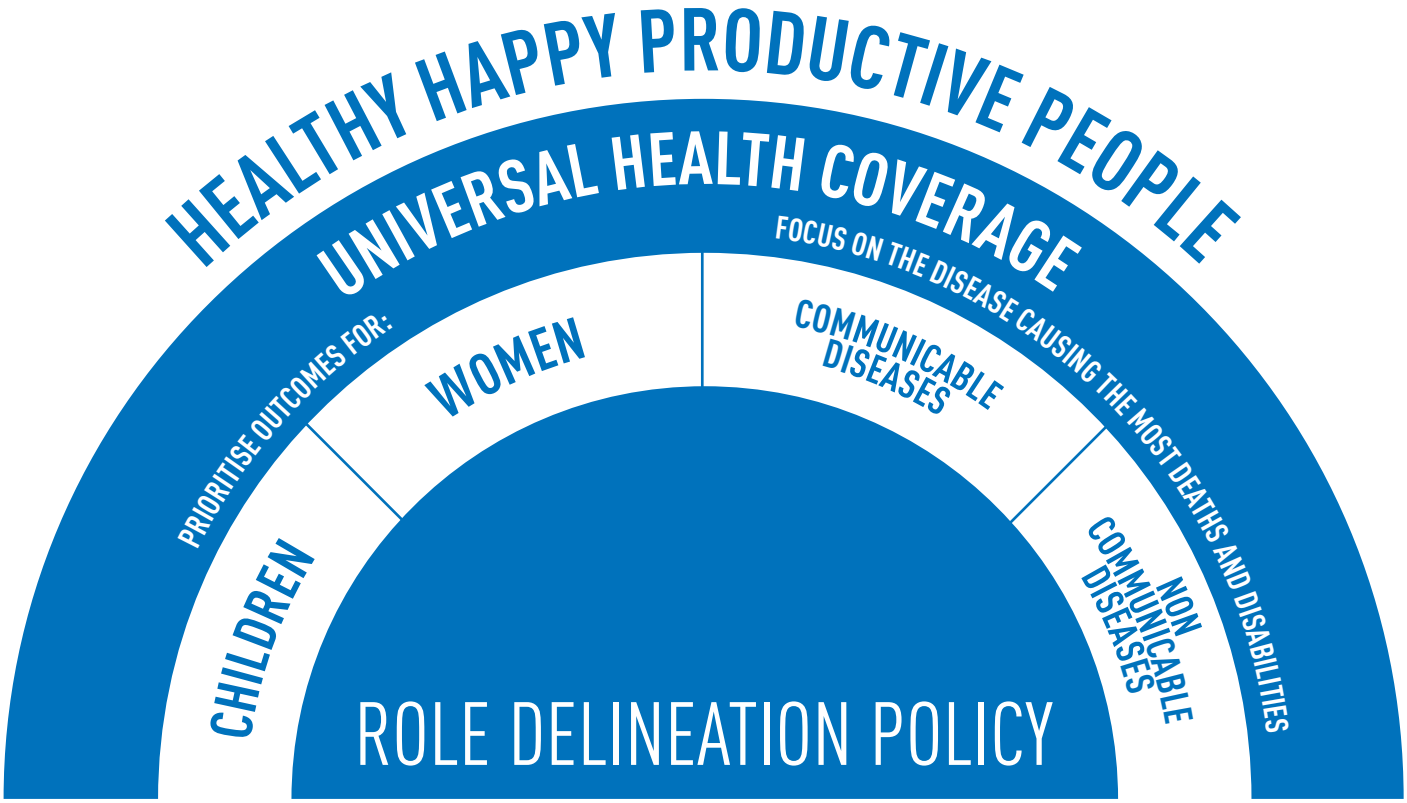
The Ministry of Health cannot achieve population based reductions in NCD's through acting alone. To move the needle on disease rates, partnerships must be built and support provided across government Ministries, community sectors and with global donors. Using the Healthy Islands framework, the NCD plan identifies partners who will be instrumental in helping to successfully implement the outlined interventions.

IMPROVE SERVICE QUALITY

The plan outlines several areas for program improvements. Quality improvement and project management tools will be used to monitor programme effectiveness and performance.

LAY THE FOUNDATION FOR THE FUTURE

The NCD plan addresses infrastructure goals outlined in the NHSP. As steps are taken to become more data-driven, stronger information technology and data systems will be built. Plans for the future will be developed through identification of sustainable funding sources for NCD programs by strengthening the Healthy Promotions and Lifestyle Fund through innovative taxing and revenue generating strategies.



KRA 1: Improve Service Coverage	KRA 2: Build Strong Partnerships	KRA 3: Improve Service Quality	KRA 4: Lay the Foundations for the Future
Give priority to the most effective interventions	With the People through healthy Islands/ Villages/ families/Schools/ workplaces	Safety: First do no harm	Build health infrastructure: Train and recruit the health workforce
Give priority to the most underserved areas and populations	With Provincial Government and MPs	Effective: Make sure what we do is effective	Develop a sustainable financing mechanism
Give priority to the diseases causing the most deaths and illness	With other government departments	Efficient: Make best use of resources - money, people, equipment	Build the information system
	With donors	Make best use of interventions: Prevention, primary care, secondary care, tertiary care	Prepare for disasters and climate change
	With Churches, NGOs and Private sector	People Centred: Place the people at the centre of all activities	Learn from each other
	Within the MHMS	Timely: Deliver the right intervention at the right time.	
		Equity: Ensure health is enjoyed by all	

FIGURE 2 / National Health Strategic Plan: Comprehensive Health Strategic Framework

5 GUIDING PRINCIPLES.

The guiding principles of this strategic plan follow from the NHSP vision of healthy happy and productive people of Solomon Islands. The specific VISION for this plan forms an acronym.

V: Visualise healthy, happy and productive people of Solomon Islands.

I: Integrate all sectors as viable partners, working together to combat NCDs.

S: Sensitise policy-makers and the general public on the challenge of NCDs and the services available.

I: Include the whole population all the way to villages and communities.

O: Operationalise evidence-based, cost-effective and locally adapted solutions.

N: Navigate a new pathway for health that is ready for future challenges.

6 APPROACH TO COMBATING NCDs IN SOLOMON ISLANDS.

The following three priority areas (Figure 3) are the focus of this strategic plan to achieve 'a long and healthy life for all'.

1. Prevent NCDs and promote health and wellness for all.
2. Improve control of NCDs through capacity-building and strengthening health systems.
3. Monitor NCDs and evaluate interventions to track progress to achieve set targets.

The plan also recognises that a holistic approach is required to address the NCD crisis, addressing all aspects of the causal pathway for NCDs (Figure 4).

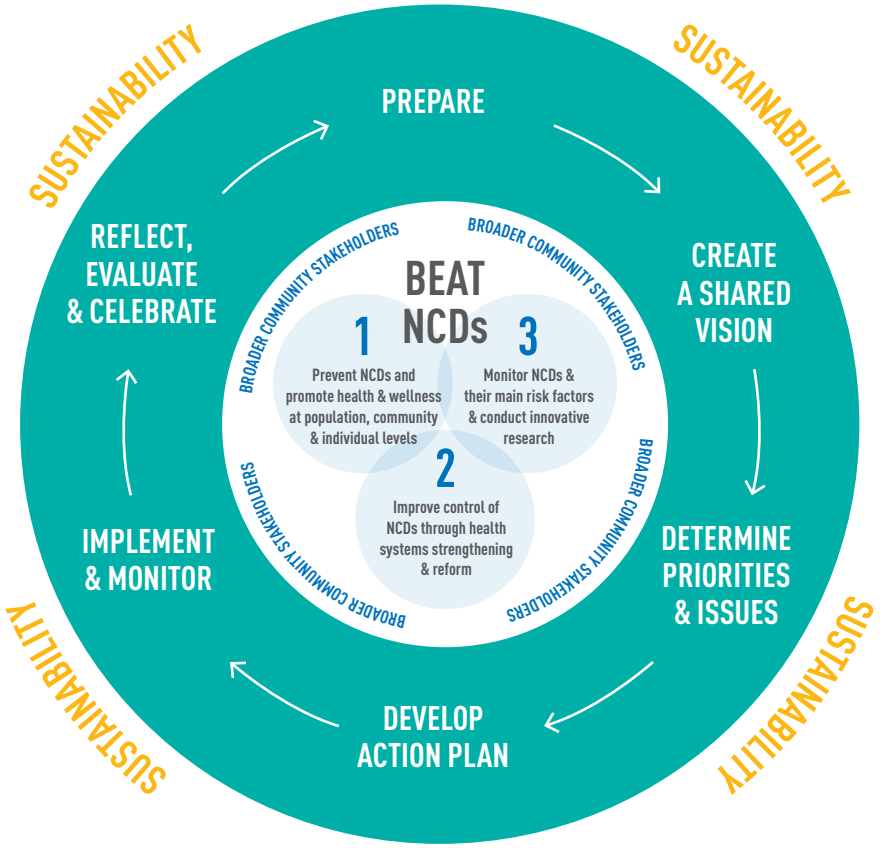


FIGURE 3 / Approach to Combating NCDs

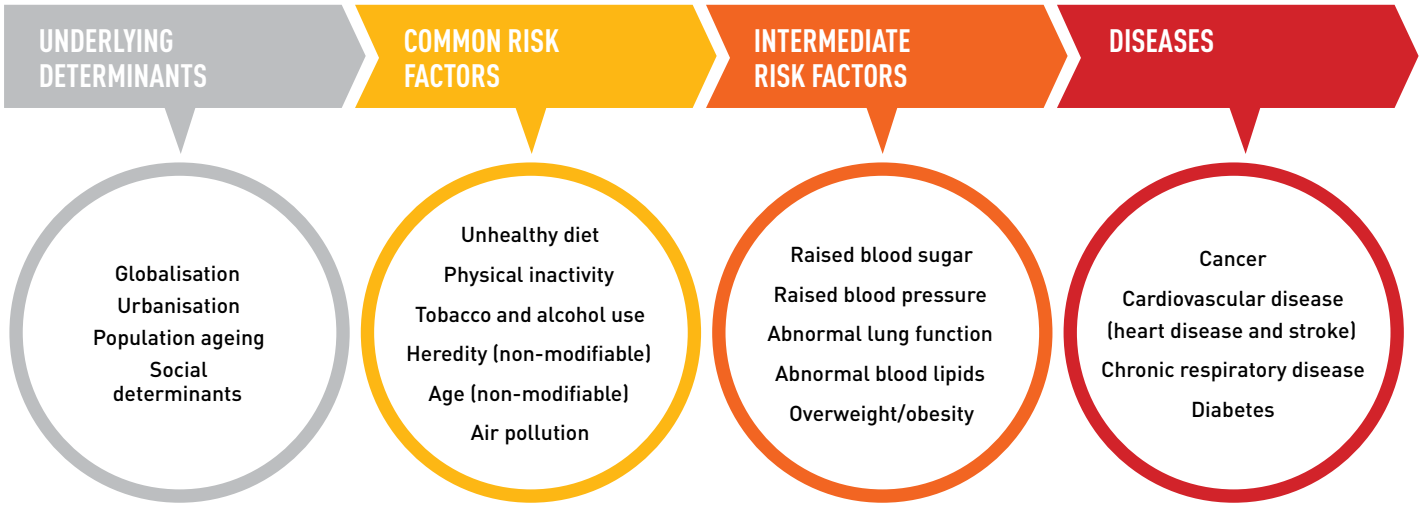


FIGURE 4 / The Causal Pathway for NCDs
Source: Adapted from *Preventing Chronic Disease: a Vital Investment.* Geneva, WHO, 2005.

PRIORITY AREA 1: PREVENT NCDs AND PROMOTE HEALTH AND WELLNESS FOR ALL

Priority area 1 recognises the importance of strong governance and multisectoral collaboration to address the NCD crisis, and of healthy public policy and legislation to address the four main risk factors for NCDs: poor nutrition, physical inactivity, use of alcohol and other substances, and tobacco use.

GOVERNANCE AND COORDINATION OF NCDs

Achieving a long and healthy life for all requires interventions that promote the health of the population and prevents diseases. Effective prevention necessitates a broad multi-sectoral approach, involving different government sectors, civil society organisations, the private sector and the media. It will also need commitment to health and wellness from individuals themselves.

The improved health and quality of life of a population requires a shift away from sectors working in isolation. All key sectors must recognise their role in working toward a healthy population. The complex interaction of the social, environmental and economic determinants of health requires that all government sectors consider health in their activities. This will result in a more efficient government in terms of both improved health and achieving development goals in Solomon Islands.

NUTRITION

The Solomon Islands population suffers from a double burden of nutrition-related diseases; a high number of children suffer from some form of under-nutrition, while more than half the adult population are either overweight or obese. The actions listed below are required.

- Educate the general public on healthy diets. The Ministry of Health will coordinate with other sectors, such as the Ministry of Education and other partners, to improve the public's awareness of healthy diets.
- Sensitise all stakeholders on what each should do to create a healthier food environment. This includes government sectors, CSOs, food producers and the public.
- Legislate for a better food environment. The Ministry of Health will; (i) recommend legislation and draft regulations, where applicable, to reduce consumption of unhealthy foods that are high in fat, salt and sugar; (ii) tax undesirable processed foods while exempting healthier choices from taxation; and (iii) enforce better control of food and nutrient supplements.

PHYSICAL ACTIVITY

To increase levels of physical activity amongst all people in Solomon Islands across the life-course, the government aims to:

- create knowledge and awareness concerning the importance of regular physical activity for health and wellbeing, including the prevention of disease;
- increase and promote inter-sectoral collaboration in order to increase opportunities to be physically active;
- implement physical activity programmes and related interventions to promote physical activity;
- disseminate examples of cost-effective and evidence-based interventions, programmes and policies to promote physical activity; and,
- create enabling environments to promote physical activity.

USE OF ALCOHOL AND OTHER SUBSTANCES

The harmful use of alcohol is a contributor to NCDs. It has received insufficient attention in the Pacific region. In Solomon Islands, a multi-sectoral approach is needed to address this risk factor. Examples of specific plans are:

- to strengthen current alcohol/liquor legislation and regulations;
- to provide information on the dangers of drinking; and,
- to strengthen enforcement of drink-and-drive legislation.

TOBACCO

Solomon Islands has made substantial progress on tobacco control, including the enactment of the Tobacco Act 2010 and gazetting of the 2013 and 2015 Tobacco Control Regulation. Despite these achievements, tobacco use in Solomon Islands remains high and of concern.

Parallel to this plan, a tobacco control and enforcement strategy has now been developed to progress tobacco enforcement actions based on the Tobacco Control Act 2010 and related regulations. Supporting the three priority areas of this strategic plan, tobacco control actions aim to prevent NCDs and protect health by; (i) reducing NCD risk factors; (ii) strengthening the health system; (iii) increase enforcement efforts; and, (iv) improve monitoring and surveillance.

In line with this plan, both the Tobacco Control Act 2010 and the WHO Framework Convention on Tobacco Control (FCTC) provide the foundation for Solomon Islands to implement and manage tobacco control. The FCTC is a regulatory strategy developed by WHO and its member states strengthen tobacco control. Moreover, to assist in reducing the demand for tobacco products at country level, WHO has introduced the MPOWER measures, which correspond to one or more articles of the FCTC. The MPOWER package of six policy and strategic interventions are included and operationalised in the tobacco control and enforcement strategy of the Solomon Island Ministry of Health.

EMPOWER Measures

Monitor tobacco use and prevention policies.
Protect people from tobacco smoke.
Offer help to quit tobacco use.
Warn people about the dangers of tobacco.
Enforce bans on tobacco advertising, promotion and sponsorship.
Raise taxes on tobacco.

PRIORITY AREA 2: IMPROVE THE CONTROL OF NCDs THROUGH CAPACITY BUILDING AND HEALTH SYSTEM STRENGTHENING

A **health system** refers to all activities whose primary purpose is to promote, restore and/or maintain health. It includes the people, institutions and resources, arranged together in accordance with established policies to improve the health of the population they serve. At the same time, they respond to people's legitimate expectations and protect them against the cost of ill-health through a variety of activities, whose primary intent is to improve health.

Promoting longer and healthier lives needs effective and efficient health systems. NCDs need to be identified early and managed cost-effectively. There is the need to improve the quality of NCD services at all levels, particularly at the level of primary health care, for all segments of the population, especially the marginalised.

Effective NCD prevention and control therefore needs careful coordination of the various actors at all levels of health care (i.e. primary, secondary and tertiary levels) in Solomon Islands, with a focus on health goods and services that are preventive, curative and palliative.

Actions to prevent, identify, treat and manage NCDs, including the provision of rehabilitation, are needed. Supporting actions will include the development/strengthening of policies, guidelines and legislation; capacity building of human resources; efforts to improve the availability of essential medications and technologies; coordination of service delivery; and assurance of sustainable financing.

PRIORITY AREA 3: MONITOR NCDs AND EVALUATE INTERVENTIONS TO TRACK PROGRESS TO ACHIEVE SET TARGETS

Priority area 3 encompasses surveillance of NCDs and their determinants, monitoring and evaluation of health systems, and research. It will be essential to monitor progress and evaluate where and how improved outcomes can be achieved, and to encourage innovative research that will allow effective interventions to reduce NCDs.

SURVEILLANCE

The main purpose of disease surveillance is to monitor disease and risk factor prevalence in Solomon Islands in order to ensure the provision of appropriate services and monitor the impact of interventions.

HEALTH SYSTEMS MONITORING AND EVALUATION

The extent to which positive health outcomes are achieved for NCDs will depend on the effectiveness and efficiency of the health system. It is critical that monitoring systems are established to assess the quality and extent to which the health services are implementing policies and the norms and standards that have been set.

RESEARCH

NCD policies and programmes need to be based on sound scientific evidence generated by research. Effective interventions to reduce the burden of NCDs are available, but the evidence base needs to be synthesised and evaluated in the Solomon Island context. Research is needed to identify the barriers to their effective implementation and effective strategies to scale up such interventions. Research to support and evaluate the effective implementation of population-wide interventions is also required. Research priorities for NCDs in the Solomon Islands are listed below.

- Models of primary health care, including one for integrated care with identification of factors that will enable its implementation.
- Influence the macro-economic and social determinants of NCDs.
- School related interventions to promote healthy lifestyles.
- Best-buys for prevention, health promotion, treatment and palliation.
- Effective health policy and systems approaches to reduce and manage chronic disease, including the Solomon Islands Package of Essential NCD Interventions (SolPEN).

7 MONITORING AND EVALUATION.

NATIONAL TARGETS & INDICATORS

National NCD outcome indicators and related targets for 2023 are below. All are aligned with WHO Sustainable Development Goal (SDG) global indicators except Tobacco, which is consistent with regional Tobacco-Free Pacific goals. Percentage increases or decreases are expressed as relative, rather than total. Outcome baseline data is derived from the 2015 national STEPS survey and will be measured again in 2020. Performance and process indicators are listed in activity tables in the following section and will be measured according to the frequency identified.

AREA	INDICATOR	TARGETS			
		RELATIVE CHANGE		BASELINE	TARGET
		UP	DOWN		
Outcome Indicators					
Premature Mortality	% of adults who die prematurely from NCD's (CVD, diabetes, cancer, chronic respiratory disease).	-	25%	Unknown	-
Tobacco	% people who smoke cigarettes.	-	100%	36.6%	0%
Betel Nut	% people who use betel nut.	-	10%	66.8%	60.1%
Alcohol	% adults who binge drink.	-	10%	16.2%	14.6%
Nutrition	Daily adult mean intake (g) of salt.	-	30%	9.7 g	6.8 g
Physical Activity	% adults who are physically inactive.	-	10%	81.4%	73.3%
Obesity	% of adults who are obese.	0%	-	22.8%	22.8%
Blood Pressure	% of adults with high blood pressure.	0%	-	19.6%	19.6%
Diabetes	% of adults with diabetes.	0%	-	14.3%	14.3%
Performance and Process Indicators					
NCD Screening	% of eligible adults screened for high blood sugar and blood pressure.	25%	-	0%	25%
Treatment & Counselling	% of eligible adults who receive medication to prevent heart attacks and strokes.	50%	-	0%	50%
Medicines & Supplies	% availability of essential medicines and supplies to treat NCDs in primary health facilities.	-	-	0%	80%

8 STRATEGIES AND ACTIVITIES FOR MEETING SOLOMON ISLANDS NCD TARGETS.

PRIORITY AREA 1: PREVENT NCDS AND PROMOTE HEALTH AND WELLNESS FOR ALL

GOVERNANCE AND COORDINATION OF NCD ACTIVITIES *(links to NHSP KRA 2 – Building strong partnerships)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.1 **Establish a multi-sectoral national NCD committee to oversee and coordinate the implementation of this strategic plan.**	a. Develop terms of reference for a multi-sectoral national NCD committee and advocate for high-level chairmanship (e.g. prime minister, ministers, parliamentarians). *Indicator: Establishment of an NCD multi-sectoral committee (measured annually).*	2019–2020	MHMS (NCD Division)	$ 30,000
	b. Gazette a regulation to authorise the multi-sectoral national NCD committee as a key decision-making body for NCD policy and programmes. *Indicator: NCD multi-sectoral committee gazetted (measured annually).*			
	c. Establish committee structure and formalise membership, including representation of all key sectors, and topic-specific technical working groups as required. *Indicator: Committee structure, membership and by-laws established (measured annually).*			
	d. Establish a separate budget line for provision of technical and secretariat support for the committee. *Indicator: Budget line established for committee support (measured annually).*			
	e. Convene committee meetings at least twice a year. *Indicator: Number of committee meetings held (measured bi-annually).*			
1.2 **Promote collaboration among NCD stakeholders.**	a. Establish a directory of stakeholders involved in delivery of healthy lifestyle activities (including national, provincial, community and non-state/private sector). *Indicator: Directory of stakeholders established (measured annually).*	2019	MHMS (NCD Division, Health Information Systems)	$ 10,000
	b. Establish mechanisms to promote communication among NCD stakeholders, e.g. networking meetings, appointment of provincial coordinators, newsletters. *Indicator: Number and type of mechanisms developed (measured quarterly).*			
	c. Establish mechanisms to promote data-sharing among NCD stakeholders (e.g. formal data sharing agreements. *Indicator: Number and type of mechanisms established to promote data sharing (measured quarterly).*			

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.3 **Raise awareness about NCDs at high political level.**	a. Develop briefing papers and hold advocacy meetings with ministers and parliamentarians to raise awareness about NCDs and risk factors. *Indicator: Number and type of briefing papers and advocacy meetings with ministers, parliamentarians and other officials (measured quarterly).*	Ongoing	MHMS (NCD Division, Health Promotion)	$ 5,000
1.4 **Resource generation initiatives to increase funding for NCD interventions.**	a. Identify and establish mechanisms to increase funding for NCD interventions, e.g. use of Healthy Lifestyles Promotion Fund, and develop Wellness Foundation Legislation. *Indicator: Number and type of mechanisms to increase funding for NCD interventions established (measured quarterly).*	2019	Lead: MOFT (ERU) Other agencies: MHMS (NCD Division), MAL, MCIL, HCC	$ 0

HEALTHY PUBLIC POLICY AND LEGISLATION: NUTRITION *(links to NHSP KRA 4 – Lay the foundation for the future)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.5 **Use tax mechanisms to promote healthy eating.**	a. Increase taxes on sugar-sweetened beverages (taxation mechanism and level to align with international evidence). *Indicator: Type and amount of sugar-sweetened beverage tax adopted (measured annually).*	2019	Lead: MOFT (ERU) Others: MHMS (NCD Division), MAL, MCIL	$ 40,000
	b. Identify and implement options for increasing taxation on unhealthy foods (high in fat, salt or sugar) while increasing access to healthy foods. *Indicator: Type and amount of taxes on unhealthy foods (measured bi-annually).* *Indicator: Number and type of interventions to increase access to healthy foods (measured bi-annually).*	2019-2020		
	c. Advocate to introduce fiscal incentives to promote consumption of fresh fruit and vegetables. *Indicator: Number and type of advocacy interventions completed to promote consumption of fresh fruit and vegetables (measured bi-annually).*	2019-2023		

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.6 **Strengthen legislation and guidelines to promote healthy diets.**	a. Conduct desk review of existing national policies developed to encourage healthy eating. *Indicator: Completion of a document which outlines existing national policies to encourage healthy eating (measured annually).*	2019-2020	Lead: MHMS (NCD Division) Other agencies: MHMS (Environmental Health Unit, Nutrition Unit)	$ 100,000
	b. Finalise the National Food Security, Food Safety and Nutrition Policy and its action plan and submit for endorsement. *Indicator: National Food Security, Food Safety, Nutrition Policy and related action plan submitted for endorsement (measured bi-annually).*	2019-2020	MHMS (Environmental Health Unit, Nutrition Unit, NCD Division)	
	c. Review and update the Pure Food Act, food import regulations and food standards. (Further details in National Food Security Food Safety and Nutrition Policy Action Plan) *Indicator: Pure Food Act, food import regulations and food standards amended (measured bi-annually).*	2019-2020	Lead: MHMS (Environmental Health Unit, Nutrition Unit, NCD Division) Other agencies: MAL, MOFT	
	d. Update and disseminate food-based dietary guidelines, including: · existing national food-based dietary guidelines; and, · specific dietary guidelines for children, adolescents, elderly people, people with NCDs, people in hospital. (Further details in National Food Security, Food Safety and Nutrition Policy Action Plan) *Indicator: Food-based dietary guidelines updated (measured bi-annually).*	2019-2020	Lead: MHMS (Nutrition Unit, NCD Division),	
	e. Endorse the Food Basket Guidelines for Crisis and Disaster response. (Further details in National Food Security, Food Safety and Nutrition Policy Action Plan and National Disaster Risk Management Plan) *Indicator: Food Basket Guidelines updated (measured bi-annually).*	2020-2021	MHMS (Nutrition Unit, NDMO)	
	f. Develop nutrition and dietary guidelines for food manufacturers, caterers (including for school and church events) and retailers. *Indicator: Nutrition and dietary guidelines for food manufacturers, caterers and retailers developed (measured bi-annually).*	2020-2021	Lead: MHMS (Nutrition Unit, NCD Division) Other agencies: MAL, MCIL	

HEALTHY PUBLIC POLICY AND LEGISLATION: PHYSICAL ACTIVITY *(links to NHSP KRA 4 – Laying the foundation for the future)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.7 **Advocate for healthy public spaces.**	a. Advocate to planning bodies to increase footpaths and recreation areas, first targeting Honiara City Council area, and later expanding nationwide. *Indictor: Number and type of advocacy meetings held (measured quarterly).* *Indicator: Number and type of plans to increase footpaths and recreation areas (measured bi-annually).*	2019-2020 (Honiara City Council area); 2020-2021 (nation-wide)	Lead: MID Other agencies: MLHS, MDPAC, MRDIA, MHMS (Health Promotion, NCD Division), HCC, Provincial Town Planning Boards	$ 40,000
	b. Advocate to introduce legislation to restrict importation of vehicles that are unsafe and have high pollution emissions. *Indicator: Number and type of advocacy meetings held (measured quarterly).* *Indicator: Number and type of plans to restrict importation of vehicles that are unsafe or have high pollution emissions (measured quarterly).*	2020	Lead: MID Other agencies: MOFT, MMERE	
1.8 **Strengthen policies to promote physical activity.**	a. Review and improve policies and guidelines promoting physical activity and healthy lifestyles: · in leisure time (for adults); · in the workplace (for adults); · for elderly people; and, · for people with disabilities (including policies for wheelchair access, visually impaired people, etc.). *Indicator: Number and type of policies or guidelines to promote physical activity or healthy lifestyles developed or improved (measured bi-annually).*	2020	Lead: MHMS (NCD Division) Other agencies: MPS, MCIL, MDPAC, MID	$ 25,000

HEALTHY PUBLIC POLICY AND LEGISLATION: ALCOHOL AND OTHER SUBSTANCES *(links to NHSP KRA 2– Build strong partnerships, 4 – Lay the foundation for the future)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.9 **Increase taxes on alcohol.**	a. Increase taxes on alcohol (taxation mechanism and level to align with international evidence). *Indicator: Type and level of alcohol tax increases adopted (measured bi-annually).*	2019	Lead: MOFT Others: MHMS (NCD Division), Attorney General	50,000

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.10 **Strengthen legislation and guidelines for alcohol and other substances.**	a. Develop legislation for kwaso, betel nut, kava and other substances, modelled on existing tobacco and alcohol legislation, covering minimum age for consumption, restrictions on use in public places, licensing of retailers, and other restrictions as appropriate. *Indicator: Legislation developed for kwaso, betel nut, kava and other harmful substances, which covers, at a minimum, minimum age, restrictions on use in public places, retailer licensing (measured bi-annually).*	2019-2020	Lead: MHMS (NCD Division) Others: Attorney General, RSIPF	$ 200,000
	b. Develop a comprehensive and evidence-based alcohol harm reduction policy. *Indicator: A comprehensive evidence-based alcohol harm reduction policy developed (measured bi-annually).*	2019-2020	Lead: MHMS (NCD Division) Others: MHA, MPJ	
	c. Revise the Liquor Act following best practices identified in implementation of the Alcohol Harm Reduction Policy. *Indicator: Liquor Act amended to incorporate elements of the Alcohol Harm Reduction Policy (measured bi-annually).*	2019	Lead: MHMS (NCD Division) Others: MHA, MPJ	
	d. Develop national policies regulating the use of alcohol, kwaso, betel nut, kava and other substances. *Indicator: National policies on betel nut, kava and other substances developed (measured bi-annually).*	2020-2021	MHMS	
1.11 **Strengthen enforcement of drink-driving legislation.**	a. Purchase additional breathalysers for use for random breath testing. *Indicator: Number of breathalysers purchased (measured bi-annually).*	2020-2021	Lead: RSIPF Others: MHMS (NCD Division)	$ 150,000
	b. Develop random breath testing enforcement manual and guidelines. *Indicator: Random breath testing enforcement manual and guidelines developed (measured bi-annually).*	2020-2021	Lead: RSIPF Others: MHMS (NCD Division)	

HEALTHY PUBLIC POLICY AND LEGISLATION: TOBACCO CONTROL *(links to NHSP KRA 1 – Improve service coverage, 2 – Build strong partnerships, 4 – Lay the foundation for the future; links to 'Tobacco Control and Enforcement Strategy 2019-2023' KRA 1-3)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.12 **Governance on compliance and enforcement.**	a. Strengthen tobacco control administration and management structure, and establish a tobacco control enforcement unit. *Indicator: Number and type of cross-Ministry tobacco control enforcement mechanisms developed (measured bi-annually).*	2019	MHMS (NCD Division)	$ 1,200,000
	b. Improve tobacco control compliance and enforcement financing including: · advocacy for improved operational budget funding allocation for enforcement; · establishment of a multi-sectoral commission to evaluate applications for licensing of tobacco companies and other applicants for licenses under the Tobacco Control Act 2010 in Solomon Islands; · streamlining of processes for issuing infringement penalties, e.g. by amending legislation to enable enforcement officers to issue on-the spot fines; and, · advocacy for tobacco industry licensing funds to be directed to Ministry of Health and Medical Services for tobacco control interventions. *Indicator: Adoption of desired amendments to the Tobacco Control Act.*	2019	Lead: MHMS (NCD Division) Others: MOFT, MPJ, RSIPF	
	c. Improve staff numbers and train enforcement officers at the national and provincial levels. *Indicator: Number and type of enforcement officers trained, by jurisdiction (measured bi-annually).*	2019	Lead: MHMS (NCD Division) Others: MPS	
	d. Develop/amend and strengthen policies and legislation. · Amend the Tobacco Control Act 2010 to incorporate all articles of the WHO Framework Convention on Tobacco Control. · Review the existing Tobacco Control Strategic Plan. · Introduce mechanisms to prevent tobacco industry interference, including: - amend the Tobacco Control Act 2010 to prohibit tobacco industry interference in line with WHO FCTC; - develop guidelines and regulations for government interactions with tobacco industries; and, - develop a training package for all government staff. · Establish a mechanism (e.g. dedicated phone number) for citizens to report infringements of the Tobacco Control Act 2010. *Indicator: Mechanism established for citizens to report infringements of the Tobacco Control Act of 2010 (measured bi-annually).*	2019-2020	MHMS (NCD Division) Others: Attorney General, MPJ, RSIPF, Prime Minister's Office	
	e. Strengthen surveillance and research in line with tobacco compliance and enforcement agenda. *Indicator: Number and types of surveillance and research conducted (measured bi-annually).*	2019-2021	MHMS (NCD Division) Others: MEHRD	

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.13 **Decrease tobacco demand.**	a. Increase tobacco price and taxation by amending tax regulations to increase tobacco excise tax (taxation level to align with international evidence). *Indicator: Level of tobacco tax increase (measured bi-annually).*	2019–2023	Lead: MOFT (ERU, Customs); MHMS (NCD Division) Others: Prime Minister's Office	$ 2,000,000
	b. Enforce second-hand smoke legislation, including advocacy meetings with public transport associations to enforce smoke-free public transport, showcasing positive examples of tobacco control activities, e.g. smoke-free taxi companies. *Indicator: Types of enforcement actions or advocacy taken to enforce secondhand smoke laws (measured quarterly).*	2019–2023	Lead: MHMS (NCD Division) Others: RSIPF, DPP	
	c. Enforce, fine and/or prosecute for tobacco advertisement, promotion and sponsorship in accordance with the legislation. *Indicator: Number and types of actions taken to enforce tobacco companies in the areas of advertisement, promotion and sponsorship (measured bi-annually).*	2019–2023	Lead: MHMS (NCD Division)	
	d. Enforce cigarette packing and labelling requirements and fine and/or prosecute any infringement. *Indicator: Number and types of actions taken to enforce tobacco packaging and labelling requirements (measured bi-annually).*	2019–2023	MHMS (NCD Division)	
	e. Introduce and support treatment for tobacco dependence including: · develop a tobacco cessation service model and guidelines suitable for Solomon Islands; and, · set up tobacco cessation counselling sites, with trained staff to deliver tobacco cessation counselling. *Indicator: Cessation model and guidelines developed (measured bi-annually).* *Indicator: Number of health centres offering cessation services, by province (measured bi-annually).*	2019–2022	MHMS (NCD Division, Tobacco Control Unit)	
	f. Strengthen education, communication and public awareness. *Indicator: Number and type of education, communication or public awareness interventions implemented (measured bi-annually).*	2019–2022	MHMS (NCD Division, Tobacco Control Unit)	

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.14 **Decrease tobacco supply.**	a. Limit accessibility of tobacco by youths including: · signage to restrict sales to minors (under 18 years); and, · enforce, fine and/or prosecute violations of the sale restriction to minors. *Indicator: Number and type of interventions to protect youths from tobacco products (measured quarterly).*	2019-2023	MHMS (NCD Division, Tobacco Control Unit)	$ 2,000,000
	b. Sales ban on single roll cigarettes, and enforce, fine and/or prosecute violation. *Indicator: Number and type of enforcement actions taken on single roll cigarettes (measured quarterly).*	2019-2023	MHMS (NCD Division, Tobacco Control Unit) Other: RSIPF, provincial administrators, NGOs	
	c. Support tobacco crop substitution by advising farmers and supporting Ministry of Agriculture in substitution plant material procurement and distribution. *Indicator: Number and types of interventions implemented to support tobacco crop substitution (measured bi-annually).*	2019-2023	MHMS (NCD Division, Tobacco Control Unit) Others: MOFT, MAL	
	d. Monitor contents of tobacco products, and enforce, fine and/or prosecute violation. *Indicator: Number of tobacco tests conducted, and respective enforcement action taken (measured bi-annually).*	2019-2023	Lead: MHMS (NCD Division, Tobacco Control Unit) Others: Overseas Laboratory	
	e. Monitor and enforce illicit trade in tobacco products; and enforce, fine and/or prosecute counterfeit and contraband cigarettes and tobacco products. *Indicator: Protocol to Eliminate Illicit Trade of Tobacco Products ratified by Cabinet (measured bi-annually).* *Indicator: Number and type of actions taken to prevent Illicit Trade of Tobacco Products (measured quarterly).*	2019-2023	Lead: MHMS (NCD Division, Tobacco Control Unit) Others: MOFT (Customs), RSIPF	

SUPPORTIVE NATIONAL PROGRAMMES *(links to NHSP KRA 2 – Build strong partnerships, 4 – Lay the foundation for the future)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.15 **Conduct national campaigns to raise awareness of NCDs.**	a. Develop a communication plan for NCDs which: · covers smoking, nutrition, alcohol, physical activity, road safety, mental health and major NCDs (CVD, diabetes, cancer, chronic respiratory disease); and, · includes dissemination of health messages via s social/digital media, radio, newspaper, TV, interpersonal, press conference, mass SMS, billboards. *Indicator: Communication plan developed (measured annually).*	2019-2020	MHMS (NCD Division, Health Promotion)	$ 1,000,000
	b. Review existing awareness campaigns (e.g. social marketing, information, education and communication materials) to ensure messages and methods (e.g. campaigns) are cohesive and consistent with national guidelines. *Indicator: Number and type of awareness campaigns developed and disseminated (measured annually).*	2019-2020	MHMS (Health Promotion, NCD Division) Others: MHA (Sports)	
	c. Develop key NCD messages for communities and those with special needs covering both risk factors and major NCDs, using the 'No Smoke' campaign as a model. *Indicator: Key messages established as a part of the Communication Plan (measured bi-annually).*	2019-2020	MHMS (Health Promotion, NCD Division)	
1.16 **Build capacity to disseminate NCD messages.**	a. Establish and strengthen partnerships with telecommunication companies for dissemination of messages (e.g. mass SMS). *Indicator: Number and types of relationships with telecommunication companies established (measured bi-annually).*	2019-2020	MHMS (Health Promotion, NCD Division)	$ 400,000
	b. Designate health promotion officers responsible for dissemination of NCD messages. *Indicator: Number and names of health promotion officers designated (measured bi-annually).*	2019-2020	MHMS (Health Promotion Division, NCD Division)	
	c. Establish or designate an information technology and media unit within MHMS, with qualified staff. *Indicator: Information technology and media unit with qualified staff developed (measured bi-annually).*	2021-2022	MHMS	

ACTIVITIES IN SCHOOLS *(links to NHSP KRA 2 – Build strong partnerships, 3 – Improve service quality)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.17 **Develop policies and guidelines to promote healthy lifestyles in schools.**	a. Develop and implement healthy food policies for schools, including boarding schools. *Indicator: Number and type of healthy food policies for schools established (measured bi-annually).*	2019-2022	Lead: MHMS (NCD Division) Others: MEHRD	$ 700,000
	b. Review the National Health Promoting School policy to include prohibitions on tobacco, alcohol and betel nut, and incorporate compulsory age-appropriate physical activity in the curriculum. *Indicator: National Health Promoting School policy adopted to include prohibitions on tobacco, alcohol, betel nut and compulsory age-appropriate physical activity in the curriculum (measured bi-annually).*	2019-2020	Lead: MEHRD Others: MHMS (NCD Division), MHA (Sports)	
	c. Develop healthy food guidelines for school canteens and food vendors, covering food safety and nutrition; and train food vendors and canteen operators. *Indicator: Healthy food guidelines for school canteens and food vendors developed (measured bi-annually).*	2019-2020	Lead: MHMS (Nutrition unit, NCD Division, Environmental Health) Others: MEHRD	
	d. Develop and enforce school-level policies banning tobacco, betel nut and alcohol in schools, including a teacher code of conduct. *Indicator: School policies developed that ban tobacco, betel nut and alcohol in school settings (measured bi-annually).*	2020-2021	Lead: MEHRD Others: MHMS (Health Promotion, NCD Division)	
1.18 **Embed healthy lifestyle education in school curriculum.**	a. Review and expand the coverage (levels and teachers) of nutrition, NCD and physical activity components of primary and secondary school curricula and materials (teacher manuals, posters, flip charts, etc.). *Indicator: Number and type of nutrition and NCD related curriculum components strengthened (measured bi-annually).*	2020-2021	Lead: MEHRD Other: MHMS (Health Promotion, NCD Division), SINU	$ 400,000
	b. Incorporate training on nutrition, physical activity, tobacco, alcohol and betel nut into: · teacher pre-service training; and, · in-service workshops. *Indicators: Number and types of school trainings that incorporated nutrition, physical activity, alcohol or betel nut (measured quarterly).*	2020	Lead: MEHRD Other: MHMS (Health Promotion, NCD Division), SINU	

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.19 **Create school environments that encourage physical activity.**	a. Promote health-focussed school events including: · monthly 'Walk to School' days with parents and teachers as lead walkers; · encouraging schools to participate in National Walking Day; · 'Fruit and vegetable only' days; and, · school clean-up days to encourage healthy, safe school environments. *Indicator: Number and type of health focused school events supported (measured quarterly).*	2019-2020	Lead: MEHRD Others: MHMS (NCD Division)	$ 200,000
	b. Formulate safety standards for school playgrounds and equipment. *Indicator: Guidelines for safety standards for school playgrounds and equipment developed and adopted (measured bi-annually).*	2021	MID	
	c. Conduct environmental audits of schools to identify barriers to and opportunities for physical activity. *Indicator: Number and type of environmental audits conducted (measured quarterly).*	2021	MID	
	d. Organise regular inter-school sports events that avoid corporate sponsorships with conflicts of interest. *Indicator: Number and type of inter-school sports events in which corporate sponsorships were intentionally avoided (measured bi-annually).*	2021	MEHRD,MHA (Sports)	
	e. Assist schools to develop school gardening programmes. *Indicator: Number and type of new school gardens (measured bi-annually).*	2020	MHMS, MEHRD, MAL	
1.20 **Deliver school health programmes.**	a. Provide health checks and nutrition assessments for children and teachers. *Indicator: Number of health checks and nutrition assessments completed, by school and jurisdiction (measured bi-annually).*	On-going	MHMS (NCD Division), MEHRD	$ 2,500,000
	b. Provide evidence-based smoking cessation services for teachers and students. *Indicator: Number and type of cessation services available to teachers and students (measured bi-annually).*	2021-2023	MHMS (NCD Division), MEHRD	
1.21 **Establish school-community partnerships.**	a. Establish school health promotion committees comprised of parents and teachers. *Indicator: Number of health committees established, by province (measured bi-annually).*	2019-2023	Lead: MEHRD Other: MHMS (NCD Division)	$ 50,000
	b. Promote school 'Open Days' when parents visit and participate in school activities. *Indicator: Number of schools who offer "Open Days" (measured quarterly).*	On-going	MEHRD, MHMS	

ACTIVITIES IN WORKPLACES *(links to NHSP KRA 2 – Build strong partnerships)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.22 **Strengthen policies and guidelines promoting healthy lifestyles in workplaces.**	a. Develop a multi-sectoral healthy workplace framework for promoting healthy lifestyles. *Indicator: Development of a healthy workplace framework (measured bi-annually).*	2020-2021	MHMS (NCD Division) Others: MCIL, MPS	$ 150,000
	b. Encourage workplace physical activities, such as walking to work, aerobics, volleyball, competitions, etc. *Indicator: Number and type of workplace physical activities supported (measured quarterly).*	2020-2021	MHMS (Health Promotion), Individual organisations	

ACTIVITIES IN CHURCHES *(links to NHSP KRA 2 – Build strong partnerships)*

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
1.23 **Strengthen policies and guidelines promoting healthy lifestyles in church settings.**	a. Develop healthy lifestyle guidelines, materials and training packages for churches, which combine health and spiritual approaches, and are tailored to specific religious groups. *Indicator: Number and type of healthy lifestyle guidelines, materials and training packages developed (measured quarterly).*	2020-2021	Lead: FBOs Others: MHMS (NCD Division)	$ 300,000
	b. Strengthen partnerships with faith-based organisations to raise awareness of NCDs through advocacy activities and health checks. *Indicators: Number and type of faith-based partnerships strengthened (measured quarterly).*			

PRIORITY AREA 2: IMPROVE CONTROL OF NCDS THROUGH CAPACITY BUILDING AND HEALTH SYSTEMS STRENGTHENING

(links to NHSP KRA 1 – Improve service coverage, 2 – Build strong partnerships, 3 – Improve service quality)

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
2.1 **Develop and update NCD-related clinical guidelines.**	a. Review and update existing NCD-related clinical guidelines including: · screening for NCDs in primary care and by nursing staff; · clinical treatment/management guidelines for cardiovascular disease, diabetes, chronic respiratory disease and cancer (including palliative care); and, · prescription of NCD drugs by NCD nursing staff. *Indicator: Number and type of NCD guidelines developed or updated (measured quarterly).*	2019-2020	Lead: MHMS (NCD Division) Others: MEHRD, SINU	$ 2,250,000
	b. Train health and community workers (including civil society and faith-based organisations) on the updated policies and guidelines. *Indicator: Number and type of trainings provided to health workers (measured quarterly).*	2019-2023	MHMS (NCD Division) Others: CSOs, FBOs	
	c. Review existing legislation for consistency with current clinical NCD management guidelines, including but not limited to: · the Health Services (Amendment) Act 1988; · Act No. 5 of 1979; and, · the Pharmacy and Poisons Act. *Indicator: Number and type of policies amended to incorporate new clinical guidelines (measured bi-annually).*	2019-2020	MHMS (NCD Division) Others: MPJ	

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
2.2 **Improve availability of essential NCD medications and equipment.**	a. Work with the Drug Therapeutics Committee to: · ensure essential NCD drugs are included in Essential Drug Lists with distribution at appropriate levels; and, · approve a list of essential NCD technologies and devices. *Indicator: Endorsement of the National Drugs and Therapeutics Committee to distribute medications at all levels of the health system (measured bi-annually).* *Indicator: Development of a separate budget line for NCD meds (measured bi-annually).*	2019-2020	MHMS (NCD Division, NMS)	$ 2,000,000
	b. Establish mechanisms, including eHealth where appropriate, to monitor availability and prevent stock outs of essential NCD drugs, devices and materials in health centres and other settings as appropriate. *Indicator: Number and type of mechanisms established to improve drug availability (measured bi-annually).*	2019-2020	MHMS (Medical Stores NCD Division)	
	c. Work with National Referral Hospital medical team to organise NCD provincial tours/outreach visits. *Indicator: Number and type of provincial outreach tours conducted (measured quarterly).*	On-going	MHMS (NCD Division)	
	d. Provide a diabetes toolkit (glucometers, strips, drugs, HBA1c meters, cholesterol meters as appropriate) to all health services, and establish processes to maintain supply. *Indicator: Percent of health centres implementing SolPEN who have all of the needed supplies and equipment for diabetes screening and monitoring (measured quarterly).*	On-going	MHMS (NCD Division)	
2.3 **Build capacity of health workers.**	a. Build capacity of health care workers in NCD prevention and control, including: · basic NCD management training (nurses, nurse aides); · advanced oncology training (nurses, NCD coordinators); · specialist training and overseas hospital attachments in oncology, respiratory, cardiac and renal medicine (medical doctors); and, · diabetic foot care training. *Indicator: Number and types of training provided (measured quarterly).* *Indicator: Number and types of staff trained, by location (measured quarterly).*	2019-2023	MHMS (NCD Division)	$ 1,500,00

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
2.4 **Improve access to NCD screening and management.**	a. Scale up the Diabetes Centre and provincial NCD services to provide a 'one-stop shop' for NCD management. *Indicator: Number and types of improvements made to the Diabetes Centre (measured bi-annually).*	2019-2022	MHMS (NCD Division)	$ 3,500,000
	b. Implement public awareness programmes to encourage community members to access screening. *Indicator: Number and types of awareness tactics used or developed to increase screening (measured bi-annually).*	2019-2022	MHMS (Health Promotion, NCD Division)	
	c. Integrate SolPEN into a primary health care package and expand implementation of SolPEN in phases. *Indicator: Number and type of facilities offering SolPEN (measured quarterly).*	2019-2023	MHMS	
	d. Improve implementation of the cancer registry, including the provision of counselling services. *Indicator: Number and types of changes made to improve the cancer registry (measured bi-annually).*	2019-2021	MHMS (Cancer Registry)	
	e. Provide counselling services for cancer patients. *Indicator: Number of cancer patients who have received counselling services (measured quarterly).*	On-going	MHMS (Cancer Registry)	
2.5 **Prevent and manage diabetic retinopathy.**	a. Establish referral pathways to ensure that all patients newly-diagnosed with diabetes or hypertension are referred for retinal photography. *Indicator: Referral pathways for diabetic retinopathy established in SolPEN protocols (measured bi-annually).*	2019-2020	MHMS (NRH Eye Center, Diabetes Center)	$ 2,000,000
	a. Establish a mobile outreach programme to provide retinopathy screening to provinces. *Indicator: Establishment of a mobile outreach programme for retinopathy screening in provinces (measured bi-annually).*	2020-2021	MHMS (NRH Eye Centre, Diabetes Centre, NCD Division)	
2.6 **Improve the quality of rehabilitation and palliative care.**	a. Support community-based rehabilitation programmes in rehabilitation of stroke/amputee patients. *Indicator: Number and type of rehabilitation support measures implemented (measured quarterly).*	2019-2020	MHMS (CBR, NCD Division)	$ 300,000
	b. Ensure availability of medications for palliative care for cancer patients. *Indicator: Percent stock-out of cancer meds for palliative care (measured biannually).*	On-going	MHMS (Medical Store, NCD Division)	

PRIORITY AREA 3: MONITOR NCDS AND EVALUATE INTERVENTIONS TO TRACK PROGRESS TO ACHIEVE SET TARGETS

(links to NHSP KRA 2 – Build strong partnerships, 4 – Lay the foundation for the future)

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
3.1 **Monitor implementation of the NCD strategy.**	a. Conduct a multi-sectoral mapping exercise to identify existing NCD monitoring activities and data sources, both within and outside the health sector. *Indicator: Mapping exercise conducted (measured bi-annually).*	2019-2020	MHMS (NCD Division), SPC	$ 150,000
	b. Develop a monitoring and evaluation framework for the NCD strategy as part of NHSP monitoring framework. *Indicator: Development of an M&E framework (measured bi-annually).*	2019-2020	MHMS (NCD Division, Planning)	
	c. Monitor implementation of the NCD strategy, including: · twice yearly progress meetings; · reports to each National NCD Committee meeting; · publication of progress report at mid-point of strategy (2021); and, · publication of final report at end of strategy (2023). *Indicator: Monitoring schedule met (measured quarterly).*	On-going	MHMS (NCD Division)	
3.2 **Strengthen monitoring and evaluation processes.**	a. Build staff capacity in monitoring and evaluation (e.g. through supervisory visits, meetings, training, attachments). *Number and type of staff trained on monitoring and evaluation (measured bi-annually).*	On-going	MHMS (NCD Division)	$ 200,000
	b. Build staff capacity on basic epidemiology and data analysis. *Indicator: Number and type staff trained on epidemiology and data analysis (measured bi-annually).*	On-going	MHMS	
	c. Review existing NCD data systems and align them with national health information systems. *Indicator: Number and type of changes made to NCD data systems to align with national health information systems (measured bi-annually).*	On-going	MHMS	

Strategic Area	Activities and Indicators	Time Frame	Responsibility	Activity Budget
3.3 **Strengthen surveillance of NCD risk factors and disease prevalence.**	a. Develop and implement a schedule for conducting regular population-based health surveys and other relevant surveys, including at a minimum: · an adult risk factor survey (e.g. STEPS) every 5 years; · an adolescent risk factor survey (e.g. Global School-based Student Health Survey) every 3 years; · a Global Youth Tobacco Survey; and, · food production data from the National Agricultural Survey every 5 years. *Indicator: Survey schedule developed (measured bi-annually).*	2019-2020	MHMS (NCD Division) Others: MAL	$ 800,000
	b. Monitor implementation of SolPEN and community access to NCD services. *Indicator: Annual report/indicators developed and shared with Ministry of Health leaders (measured annually).*	Ongoing	MHMS (NCD Division)	
	c. Strengthen systems for recording and reporting mortality due to NCDs. *Indicator: Number and type of systems strengthened to improve recording and reporting of NCD related mortalities (measured bi-annually).*	2019-2021	Lead: NSO MHMS (Health Information Systems, NCD Division)	
	d. Communicate surveillance data to relevant stakeholders, including communities. *Indicator: Documentation of communication to stakeholders on surveillance matters (measured quarterly).*	On-going	MHMS (Health Promotion, NCD)	
3.4 **Conduct strategic research and evaluation projects.**	a. Conduct a multi-sectoral consultation to establish research priorities for NCDs (including operational research) and mobilise resources. *Indicator: Multi-sectoral consultation held (measured bi-annually).*	2019	MHMS (NCD Division)	$ 200,000
	b. Strengthen food analysis research at the National Agriculture Lab, National Public Health Lab and Solomon Islands National University Fisheries Lab. *Indicator: Number and types of research strengthened (measured bi-annually).*	On-going	Lead: MAL Others: MHMS (Nutrition Unit, Environmental Health Unit, NCD Division), SINU, development partners (EU, FAO, KOICA)	

ANNEXES

ANNEX 1: SUMMARY OF COST-EFFECTIVE AND AFFORDABLE INTERVENTIONS TO TACKLE NCD RISK FACTORS

Sources: World Health Organization (2017). 'Best buys' and other recommended interventions for the prevention and control of non-communicable diseases.

Appendix 3 of the Global action plan for the prevention and control of non-communicable diseases 2012-2020. http://who.int/ncds/management/WHO_Appendix_BestBuys.pdf

Risk Factor / Disease	Overarching/enabling actions	Cost-effective and affordable interventions
Tobacco use	· Strengthen the effective implementation of the WHO FCTC and its protocols · Establish and operationalise national mechanisms for coordination of the WHO FCTC implementation as part of national strategy with a specific mandate, responsibilities and resources	· Increase excise taxes and prices on tobacco products · Implement plain/standardised packaging and/or large graphic health warnings on all tobacco packages · Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship · Eliminate exposure to second-hand smoke in all indoor workplaces, public places, public transport · Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke
Harmful use of alcohol	· Implement the WHO global strategy to reduce harmful use of alcohol through multisectoral actions in the recommended target areas · Strengthen leadership and increase commitment and capacity to address the harmful use of alcohol · Increase awareness and strengthen the knowledge base on the magnitude and nature of problems caused by harmful use of alcohol by awareness programmes, operational research, improved monitoring and surveillance systems	· Increase excise taxes on alcoholic beverages · Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) · Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

Risk Factor / Disease	Overarching/enabling actions	Cost-effective and affordable interventions
Unhealthy diet	· Implement the global strategy on diet, physical activity and health · Implement the WHO recommendations on the marketing of foods and non-alcoholic beverages to children	· Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals · Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided · Reduce salt intake through a behaviour change communication and mass media campaign · Reduce salt intake through the implementation of front-of-pack labelling
Physical inactivity	· Implement the global strategy on diet, physical activity and health	· Implement community-wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels
Cardiovascular disease and diabetes		· Drug therapy (including glycaemic control for diabetis mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (>= 30%) of a fatal and non-fatal cardiovascular event in the next 10 years
Cancer		· Vaccination against human papillomavirus (2 doses) of 9–13 year old girls · Prevention of cervical cancer by screening women aged 30–49 years, either through (1) visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions; (2) pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions; or (3) human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions.
Health system strengthening	· Integrate very cost-effective NCD interventions into the basic primary health care package with referral systems to all levels of care to advance the UHC agenda · Explore viable health financing mechanisms and innovative economic tools supported by evidence · Scale up early detection and coverage, prioritising very cost-effective high-impact interventions, including cost-effective interventions to address behavioural risk factors · Train the health workforce and strengthen the capacity of health systems, particularly at the primary care level, to address the prevention and control of NCDs · Improve the availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs, in both public and private facilities · Implement other cost-effective interventions and policy options in objective 4 to strengthen and orient health systems to address NCDs and risk factors through people-centred health care and UHC · Develop and implement a palliative care policy, including access to opioid analgesics for pain relief, together with training for health workers · Expand the use of digital technologies to increase health service access and efficacy for NCD prevention, and to reduce the costs in health care delivery	

ANNEX 2: SUMMARY OF RECOMMENDATIONS FOR THE PROPOSED ACTIONS OF MINISTRIES AND STAKEHOLDERS

Source: World Bank (2014). NCD Roadmap Report
http://www.forumsec.org/resources/uploads/attachments/documents/2014JEHM.BackgroundA.NCD_Roadmap_FullReport.pdf

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Prime Minister's Office					
Prime Minister to establish, and then actively chair, a regular meeting of a multi-sectoral task force to supervise progress in addressing NCDs.	Use the authority and convening power of the PM to create a sense of urgency and develop a genuinely multi-sectoral approach to responding to NCDs.	Frequency of meetings of multi-sectoral task force, and the level and breadth of representation.	Low direct financial cost. Some involvement of time by all stakeholders. Potential for cost savings if duplication of government and other stakeholder effort is reduced and revenue increased if new taxes agreed to.	Easily feasible. Few obstacles to implementation initially, although maintaining commitment and momentum over the longer term may be a challenge.	Difficulties can be expected if tobacco, alcohol, or food processing industries use surrogates to weaken task force recommendations.
Hold government departments and other stakeholders accountable for progress through active monitoring and evaluation.	Weak implementation is the Achilles heel of many good policies. Lack of accountability and weak implementation wastes scarce financial and human resources.	Evidence that the multi-sectoral task force is taking decisions and that they are being implemented and actively monitored.	There are large – but hidden – costs when accountability is weak and implementation stalls.	Difficult, but essential.	Some short-term political pain when agencies realise they are being actively held accountable for implementation. Medium to long-term gain in the authority, credibility and prestige of the Prime Minister's office when agencies become – and are seen to become – more accountable for results.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Attorney General					
The Attorney-General will need to be involved in any multi-sectoral task force to ensure that taxation and other measures are legally sound.	Reduces the chance that taxes and other policies can be overturned by self-interested legal challenges, including from industry.	Extent and quality of active participation by Attorney General or representative in multi-sectoral task forces.	Avoidance of large court fees and compensation payments if legislation is sound and valid at the outset.	Easily feasible to involve Attorney General or representative.	Credibility of government efforts is increased (decreased) if laws are found to be valid (invalid).
Ministries of Agriculture					
Promote the production and marketing of fresh fruit, vegetables and fish.	Increases the availability of healthy foods.	Increases in the quantity, quality and availability of fruit, vegetables and fish in local markets.	Increased cost for identifying and promoting healthy food products, especially if refrigerated warehouses for fish have to be constructed. Some potential for reduced import bill on foodstuffs if local markets are attractive and competitive. Some potential for increased tax revenue to the extent that horticulture farmers, fishers, and retailers become more involved in the formal sector of the economy, rather than the informal sector.	Need for consistent quality and reliable supply by producers. Assumes consumers will actually switch back to local fresh products rather than processed products.	Potential for increased income from smallholder farmers and fishers.
Restrict the use of land for smallholder production of tobacco leaf.	Decreases production of domestic tobacco.	Decreased production of tobacco leaf from smallholders and others.			Resistance from small holder tobacco farmers.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Communication					
Ban or severely restrict advertising of unhealthy products, especially when children are involved.	Counters aggressive marketing of unhealthy products.	Cessation of advertising of unhealthy products at critical times, especially when children are involved.	Some net cost to monitor compliance.	Will need to monitor other alternatives, e.g. advertising of unhealthy products via social media.	Reduced revenue for TV and radio stations and print media over the short to medium term. Opposition from those whose products are banned from advertising.
Promote informed views and images about healthy lifestyles, including through social media.	Promotes knowledge and improved image of healthy living.	Role models on popular TV shows exhibiting healthy lifestyles and eating habits.	Some possible gain to revenue if fines are imposed for repeated breaches.		
Ministries of Customs and Excise					
Strengthen the collection of excise duties on tobacco, alcohol and unhealthy food products (e.g. strengthen compliance of existing laws to reduce the sale of single stick cigarettes at markets).	Reduces disregard of government regulations.	Rise in the total value of revenue collected from unhealthy products.	Will increase government revenue collection.	Administratively feasible. However, needs to be well supervised to ensure compliance officers are not subject to threats or bribes.	Resistance from small trade storeowners and others currently not paying the correct amount of excise revenue. Criticism from general public unless the reasons for the tighter compliance are explained well in advance.
Collect – and publish – statistics on excise revenue collection of unhealthy products in collaboration with National Statistics Office, MOH and Ministry of Finance.	Improves the statistical and evidence base for policy making and future revenue collection.	Map showing 'hot spots' where unhealthy products are widely known to be sold, but where excise duties are inexplicably low.			Support from National Statistics Office, PM's office, etc. for generating a better statistical evidence base for policy.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Education					
Screen school canteen menus to replace unhealthy food and drinks with healthy alternatives. Work with town councils to minimise fast food outlets and street vendors near schools. Promote exercise programmes. Provide education about NCD risks and responses. Prohibit use of educational or sports scholarships from tobacco companies or companies selling 'junk food' or SSBs.	Reduces exposure to risk factors amongst a large population entering adulthood.	In short term, change in the availability of healthy versus unhealthy food and drinks in the school environment, and changes in the level of physical activity. In the medium term, increase in knowledge of students about the risk factors for NCDs. In the medium to longer term, some evidence that overweight and obesity rates, and smoking rates, are declining in the school age cohort.	Medium to high set up and transition costs to ensure there is sufficient, reliable, quality, local food supply chains in place to meet school canteen needs. Low overall running and operational costs and possibly some savings to school budgets if local food prices are cheaper than alternative manufactured foods and drinks. Switching school canteen purchases from imported products to locally produced products would shift expenditure away from imports to local producers.	Technically feasible. However, changes will require good communication and sensitising students to the reasons for changes if they are to be accepted in practice. Need to trial different menus to test acceptability. Need to ensure local supply chain can produce sufficient quantities of local healthy foods at consistent quality. Family and household practices may still overwhelm positive benefits of an improved school environment.	Local farmers and fishers would benefit from expanded sales to school canteens. Fast food outlets and nearby trade stores, selling sugar, sweetened drinks and tobacco will lose business. Nearby horticultural producers and fishers will have an expanded market.
Monitor and evaluate, given international research that school-based programmes are not particularly cost-effective compared to other alternatives.	Helps to ensure scarce resources are achieving intended outcomes.	Number of rigorous evaluations, and evidence that those evaluations are then used to influence future budget decisions (e.g. scale up or scale down programmes).	Evaluations can be expensive, but can also be cost-saving in the long run if they lead to ineffective programmes being cancelled or scaled down.	Requires good technical design to achieve robust and useful findings.	

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Health					
Review and reallocate scarce financial and personnel resources to effective primary and secondary prevention strategies.	Strategic action to substantially increase the effectiveness and efficiency of existing resources.	Increases in the level of funding going to primary and secondary preventions over the short to medium term. Indicators of improved detection and secondary prevention of high risk groups over the longer term.	Increased management effort to reallocate financial and human resources to primary and secondary prevention over the short to medium term. Reduced treatment costs for complicated NCDs over the longer term.	Requires good data and understanding of relative costs and benefits of existing allocations. Resistance from vested institutional interests and stakeholders. Development partners more willing to provide financing if they are convinced existing resources are well managed and allocated strategically.	Government revenues and society health outcomes improved over the longer term.
Scale up PEN to national coverage by January 2015, and monitor costs and equity of access.	PEN is an evidence - based, cost-effective, approach to reducing NCDs including at the primary health care level.	Initially, the coverage levels (and cost) or scaling up PEN nationwide. Over medium to longer term, indicators of reduced NCD incidence and complications.	Additional scaling-up cost will vary according to country and overall package involved (e.g. Cook Islands costs ranged from $NZ 900,000 to $NZ 4 million over five years). Over the medium to longer term, there should be a net reduction in hospitalisation costs.	Feasible but requires long term commitment to improve training, supply chains, supervision, maintenance of equipment, improvement in the referral system, etc.	Positive for the government as communities see the PEN goods and services scaled up nationally. Perhaps some reduction in access to traditional healers.
Analyse reasons for different prices charged for imported essential NCD drugs such as simvastatin.	Improves the cost-effectiveness of essential drugs, and reduces costs.	Per unit price of key NCD drugs are competitive when compared to others in the Pacific and globally.	Potential for major cost savings.	Initial analysis for price differences is easily feasible. Feasibility of reducing costs would depend upon circumstances.	Potentially major savings to MOH drug budget. Possible resistance from drug suppliers.
Avoid high cost / low impact interventions (including possibly dialysis) and 'futile care'.	Reallocates scarce resources to areas of greater impact and financial sustainability.	Correctly measure the full economic cost per patient of dialysis, and health outcomes, as well as the cost and outcomes of 'end of life futile care'.	Potential for major savings with little change in overall health results. Variable according to needs of the population group.	Technically feasible but difficult politically.	Opposition from those who believe government must 'do everything' for a patient (even if it is unaffordable or the resources could be used to save many more people in alternative uses).

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Invest in maternal and pre-maternal health, including nutrition of adolescent girls.	Direct benefits to the mother and long-term NCD benefits for her children.	Coverage of maternal health screening and health of young women.	Scaled up interventions could be included in existing MNCH programmes. Investing in maternal health is potentially cost-effective in reducing NCDs.	Technically and financially feasible, especially if integrated into existing but scaled up MNCH programmes, and / or school health programmes.	Support from women's groups.
Collect and then monitor accurate up-to-date records of hospital and clinic admissions directly due to alcohol. Charge 'cost recovery' for those admissions caused by the user abusing alcohol.	Provides an evidence base for policy makers. Sends strong signal about alcohol abuse. Generates additional revenue for government.	Statistics collected, then analysed and used to inform policy. Introduction, and then collection, of additional fees from those abusing alcohol.	Minor administrative cost. Potential for increased revenue (Cook Islands can provide estimates of additional revenue generated).	Collecting data is easily feasible. Interpreting and using it for policy may be more challenging. Technically feasible. Requires cooperation from police, and clear definitions / testing of alcohol being involved.	Likely strong support, especially from church, women's groups, and victims of alcohol-related domestic violence.
Invest heavily in monitoring and evaluation as the foundation for making best use of scarce resources.	Provides the evidence base to ensure scarce resources devoted to NCDs are not wasted.	Will vary according to the key drivers of NCD risk and prevalence in the country.	Additional direct costs in monitoring and evaluating. Net savings where good monitoring and evaluation identifies scope for improvements.	Requires technical expertise, and willingness of management to make use of the findings.	Varies. Can identify both winners and losers. Likely to attract strong support, at least in principle, from development partners.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Labour and Industry (and the Public Service Commission)					
Work constructively – but firmly – with food and drink manufacturers, and retailers, and Ministries of Health, to reduce the production and sale of unhealthy products.	Unhealthy food products are important drivers of NCDs, especially in high-risk groups.	Improved labelling; reduced salt and sugar, etc.	Small additional costs for government; additional costs for manufacturers as they transition across to improved labelling, reduced salt, etc.	Technically feasible. Requires skilled negotiating and alliance building by government.	Initial resistance by food manufacturers. Need to ensure negotiations with industry are transparent: avoiding behind the scenes lobbying and 'deals'.
Work in an even-handed way to promote the production and marketing of alternative healthy local foods: e.g. regulations on food safety, quality, and labelling of locally produced and marketed vegetables, meat, fish, fruit. Where price controls are already in place, use these to encourage consumption of healthy products / discourage consumption of unhealthy products.	Expand public access to healthy foods.	Increased production – and consumption – of healthy food products in public markets etc., including especially in poorer neighbourhoods.	Some capital investment costs required (e.g. refrigerated warehousing at local public markets) May require subsidising by government (companies may be reluctant to invest if they think workers then move to another job).	Feasibility is difficult and complex. Will require a combination of several factors: ability of local producers to scale up – and then sustain – production; reach improved food safety standards, etc. Also assumes that consumers will respond by purchasing local products.	Initial support from local food producers. However, enthusiasm and momentum may erode as it becomes clear that food quality standards and product consistency need to improve.
Actively make workplaces 'heart healthy', e.g. organising health checks amongst all workers for NCD risk factors; improvement of canteen food choices; banning smoking.	Workplaces are major catchment pools for large numbers of adults.	Initially, the number of 'heart healthy' work environments. Over the medium to longer term, evidence that health of worker cohorts is improving and risk factors for NCDs decreasing.		Potentially difficult. On the demand side, it requires management to see the benefits in workers undertaking NCD screening and training in work hours. On the supply side, it requires informed trainers and implementers. Requires management commitment.	Some resistance from industry if it thinks Government is shifting the responsibility for public health to industry.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Sport					
Allocate funding to a wide range of community groups, not just elite sports or sports stadiums, to encourage physical activity (not just as spectators).	Physical inactivity is a risk factor for NCDs amongst all age groups, and males and females.	Increased numbers of people of all ages, and both genders, actively participating (rather than just watching) sport.	Potentially significant overall, but less than the cost of building large sports stadiums for spectators.	Potentially difficult. Requires good community organising skills to ensure a broad range of community groups engage.	Strong initial support from community groups. Likely resistance from established sports clubs focused on spectators for revenue.
Ban advertising / sponsorship by tobacco, alcohol, and sugar-sweetened drink manufacturers of sporting teams and venues.	Delinks unhealthy products from sport.	Compliance with the bans.	Little direct cost to government.	Technically feasible in the short term.	Strong opposition from some sporting clubs and venues who lose sponsorship in the short term (although other more healthy industries may offer sponsorships). Opposition from unhealthy industries.
Ministries of Trade					
Pacific Islands take a 'whole of government' approach, preferably led by the Prime Minister's Office, and specifically involve Ministries of Health, in the development of a country's position on trade and taxation issues.	Promote policy coherence in the response to a nationwide and regional NCD crisis. Avoid key health issues (e.g. import of unhealthy products) being overlooked in policy discussions.	Initially, evidence that Ministry of Health is involved in the formulation of trade policy positions. Over the medium to longer term, evidence that a country's trade policy position reflects a balancing of health priorities with trade objectives.	Mixed. Excise duties on some unhealthy imports will increase (e.g. tobacco, alcohol, sugar-sweetened drinks and unhealthy foods) while excise duties on some other products (fresh fruit and vegetables) decrease.	Administratively simple to involve MOH officials in policy formulation of trade. However, some initial resistance likely from Ministry of Trade personnel. (Having Prime Minister's Office focusing the NCD crisis rationale for MOH involvement would help reduce institutional resistance).	Coherent 'whole of government' approach to trade and economic policy. May be some resistance from Ministry of Trade officials, and opposition from manufacturers and importers of unhealthy products.
Police					
Introduce random alcohol breath testing of drivers. (Some countries may wish to consider random tests on marijuana and other drug use and / or kava.	Reduces excessive alcohol consumption.	Number of alcohol-related driving convictions increases in the short term but then decrease over the longer term.	Revenue generating (fines exceed cost of testing).	Requires good implementation by police officers and resistance to bribes.	Likely strong support from churches, media, and women's groups.
Collect, monitor and publish statistics on-alcohol related incidents.	Evidence base for policymaking.	Data collected and then analysed and used to inform policy.	Helps identify strategic areas for addressing risk factors for NCDs.		

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Urban Planning and Town Councils					
Ministries of Urban Planning and town councils could 'map' the relative ease of access to 'heart-healthy' facilities – parks, bicycle paths, sidewalks and fresh food markets – compared to unhealthy facilities, including fast food outlets, and plan future developments in better ways.	Reduce the 'obesogenic' built environment. Increase access to 'heart-healthy' physical facilities.	In the short term (6 months) the establishment of a mapping that identifies the actual availability of favourable and unfavourable conditions for active lifestyles. In the medium term, evidence that the mapping exercise has led to more 'heart healthy' built environments.	Low cost to undertake the mapping exercise, which establishes the evidence base for future planning and policy. Reduced revenue if parks, bicycle paths and sidewalks are created (but this can be covered by increased rates). Potential for increased revenue by charging higher rates to fast food outlets.	Overlapping jurisdictions about town planning could slow decision making.	Support from those who now buy and sell at fresh food markets. Fast food outlets likely to object.
Consider including in planning codes that new developments have recreational areas; sidewalks; dog control (to prevent attacks on those walking); and parks etc. are maintained.	As above.	As above.	May be hidden costs unless planned well: e.g. a fall in land tax from commercial users of increased recreational space.	As above.	Possible objections from property developers. Likely strong support from broader community.
National Statistics Office					
Collect new relevant data in household expenditure, e.g. household expenditure data on tobacco, alcohol, sugar sweetened drinks, and / or out of pocket expenditure on health.	Provides the evidence base for policy makers to make decisions that are more informed: e.g. scale and trends of tobacco consumption, and prevalence amongst lowest two wealth quintiles.	The addition, within one year, of key questions in household income surveys that are relevant to policy makers addressing NCDs (the actual questions will be very country-specific). Within two years, evidence that the expanded survey questionnaire has then been analysed and used by policy makers to formulate NCD and broader health policy.	Minimal cost to add questions to the survey instrument. Should help policy makers target revenue policies more accurately, and estimate the welfare implications for the poorest two quintiles of any policy measures.	Technically and administratively easy to include additional questions. Some capacity constraints in some countries to actively interpret and use the data.	Government policy makers win because they have a stronger and more objective evidence base to defend policies.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Where possible, make the questions consistent between countries so that comparisons can be made.	Pacific Islands share some common challenges when addressing NCDs.	Consistency, where possible, in the survey questionnaire between countries.	Minor cost.	Technically feasible.	Allows comparisons.
Remove unhealthy products (tobacco, sugar sweetened drinks, turkey tails, mutton flaps, etc.) from the basket of goods used for tracking inflation.	Sends a signal that unhealthy products are not a normal or desired part of consumption.	Removal of the items from the statistical basket of goods.	Minor cost to remove the items from the collection survey. Medium to longer-term implication may be that wage increases are moderated if they were based on consumer price index movements.	Technically feasible. Requires some adjustments to allow comparisons with previous periods.	Likely to result in a reduction in the inflation rate of the consumer price index.
Ministry of Transport					
Identify key bottlenecks that prevent fresh farm produce and fresh fish reaching consumers, and include that when prioritising future investments.	Can reduce a key bottleneck in some countries of the Pacific where fresh food spoils due to transport delays.	Initially, those bottlenecks in fresh food transport are identified. Over time, such information is included in priority setting criteria of investments.	Requires good surveys and assessments to be useful. Over time, could help plug the gaps due to food spoilage in the value-added chain of rural production and fishing.	Feasible but requires good survey techniques and expertise in traffic flows and transport planning.	Rural food producers and those engaged in fishing likely to support.
Development partners					
Provide financial and technical support to MOH and other department efforts to reduce NCDs.	Additional financial resources and expertise are needed to address NCDs.	Sustained additional financial and technical assistance support aligned to MOH priorities, and well monitored.	Revenue enhancing for Pacific Island governments provided there is no substitution of aid money for government's own expenditure efforts.	Feasible over the medium term, but should not be assumed. Development partners need confidence that public financial management of existing resources is improving, and that Pacific Island governments are taking all available steps to increase their own revenues (e.g. through taxing tobacco) and reducing waste.	Governments and development partners have mutual interests in seeing a reduction in NCDs.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ensure that design and implementation of aid projects in sectors outside the health sector (e.g. roads, education etc.) help to reduce NCDs.	Confirms that all NCD responses need to be multi-sectoral.	Evidence that development partners are including NCD risk mitigation factors into the designs and implementation of projects in all sectors, not just the health sector.	Increased cost (e.g. to design sidewalks, etc. into road projects) but costs are less than trying to retrofit such features for NCD health reasons after a project is completed.	Feasible over the medium to longer term. Government needs to provide leadership and set consistent design standards at the outset.	Community support for more 'heart healthy' environments.
Adopt a more coherent 'whole of government' approach to NCDs and other health issues when engaging with the Pacific (e.g. trade policy aligns with aid and other policies).	Reduce disconnect and conflict between aid, development, and trade objectives when engaging with Pacific Island countries.	Improved coherence and whole of government approach to trade negotiations.	Will vary according to the situation.	Requires strong political leadership to overcome institutional 'silo' perspectives.	
Private sector					
Work with government to establish a formal, transparent, regular, high level, task force for communication about NCD policies, including taxation and regulation of harmful products / promotion of healthy products.	Opens a dialogue with the private sector, sensitising them to the NCD crisis and their role in responding. Encourages dialogue to be formal and transparent, rather than behind the scenes lobbying and private deals.	Initially, the establishment of a task force for liaison and communication. Over the medium term, evidence that the task force is identifying areas for collaboration with the private sector, and avoiding communication breakdowns.	Minor. Requires 'in kind' contribution from private sector.	Requires sustained commitment from leaders in government and the private sector.	Provides a safety valve to air concerns and avoid misunderstanding.
Work with Ministry of Health, and employees, to conduct workplace health surveys in the private and public sectors.	Alerts the private sector to the scale of NCD-related disability and risk factors in the workforce.	Initially, the number of workplace health surveys; number of workers screened and the results. In the medium term, the indicator should shift to measuring the reduction in risk factors for NCDs and other health problems.	Minor cost to conduct (voluntary) health surveys of workers. Potential to avert premature death and disability.	Needs to be voluntary screening, conducted by technically competent health professionals, with regard to privacy and with pathways to follow up remedial action available: e.g. referrals to private clinics, etc.	Likely to generate good will amongst workers if managed well.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Work with Ministry of Health, Trade and Industry, Statistics Office and academic institutions to accurately measure the level and trends of lost productivity in individual firms and industries as a result of NCDs.	Provides an evidence base for industry and government to make future targeted interventions and the costs, and benefits, of additional actions.	Initially, the number of well-conducted and published assessments of the direct financial costs and indirect productivity losses to industry of NCDs in the Pacific. In the medium term, evidence that firms are using that data to support workplace interventions to reduce NCDs.	Well-conducted surveys could be expensive. However good evidence could then generate cost-saving interventions over the longer term.	Feasible. May need technical assistance from universities in development partner countries.	Workforce is likely to appreciate the exercise provided it is framed as an investment in their own worker productivity and not a cost-cutting exercise by the firm.
Civil society					
Alliances formed between government and churches, media and universities to leverage responses to NCDs. E.g. churches to work with Ministry of Health to conduct health surveys and assessment of risk factors.	Provides a national response, not just a government response, to the NCD crisis.	Will vary according to country circumstances. Examples might include church organised 'biggest loser' competitions, and reduced incidence of actors smoking or being overweight in local soap opera films.	Minor direct cost.	Requires good community organising and public liaison skills.	Likely to be positive to government and other stakeholders.
Regional					
Support regional initiatives addressing NCDs.	Evidence-based regional initiatives (e.g. tobacco free Pacific) will reduce risk factors for NCDs.	Level of engagement over time in WHO and SPC brokered regional initiatives.	Low. Some travel, liaison and implementation costs.	Feasible. Requires sustained leadership to maintain enthusiasm and momentum.	Pacific Leaders can demonstrate they have translated commitments made in various communiques into tangible responses and actions.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Ministries of Finance and Economic Planning					
Support establishment of overarching principles for allocating scarce health resources and achieving value for money in the Ministry of Health (and if necessary other ministries). Would include clearer and more explicit requirements for determining value for money purchases, and minimum thresholds for undertaking cost-effectiveness analysis in larger procurement packages.	Improves strategic allocation of existing scarce resources. Helps ministries make best use of what resources they have. Reallocates scarce resources from high cost / low impact programmes to low – medium cost / high impact programmes.	Existence, and implementation, of clearer guidelines for allocating scarce resources, especially within the health sector. If implemented, reduction in use of tobacco.	Some financial and management costs in setting up and then regularly implementing more rigorous resource allocation criteria. If done properly, and implemented, there is potential for very large savings and freeing up of existing resources that can be reallocated to higher priorities / higher impact goods and services. Increased revenue.	Requires increased training on value for money considerations in procurement. Requires capacity for cost-effectiveness analysis (perhaps available in the country's universities) when larger procurement packages are being considered. Some resistance from vested interests.	Possible resistance and inertia from Ministry of Health officials initially. But if improved resource allocation criteria convinces Ministry of Finance, and development partners, that MOH has better management of scarce resources, the business case for seeking additional funding is stronger.
Increase excise duty on tobacco to reach 70% of the retail price of domestic and imported tobacco. Apply the excise duty on all tobacco products, and not just imported products, to increase revenue, reduce consumption, and be compatible with WTO rules and obligations.	Reduces existing consumption new uptake of a major source of NCDs.	Government excise duties increased progressively over coming 3 years to reach 70% of retail price.	Increased revenue.	Administratively easy to increase the excise duty. Strong resistance can be expected from the tobacco industry. Need to ensure local smallholders do not increase growing of local tobacco leaf. Need to ensure compliance of new excise rates at customs borders and in small local trade stores.	Reduction in wasted expenditure on cigarettes by the poor and the young as price increases take effect. Increased revenue for Ministry of Finance (depending upon price elasticities and compliance). Tobacco companies lose production and sales over the medium term. Government revenue a winner. Local traders breaking the law a loser. Significant and measurable reduction in NCDs over the medium to longer term. Government revenue a winner. Local traders breaking the law a loser.

Proposed action	Expected benefit in reducing NCD	Specific indicator to verify progress	Likely cost and revenue implications	Feasibility and obstacles to implementation	Political implications (including winners and losers)
Employ additional inspectors to ensure excise duties are being paid and cigarettes not sold individually at markets or to children.	Compliance ensures the intended health and revenue benefits are achieved.	Initially, the number of additional compliance inspectors hired. In short to medium term, the number of violations recorded, and in medium to longer term evidence that excise revenue increasing / illegal sales decreasing.	Employment of additional inspectors should be revenue generating over the short to medium term as they improve compliance with the increased excise duties.	Administratively easy to employ additional inspectors and improve compliance. Some risk of bribery.	Credibility and authority of government increased. Some unhappiness from consumers and traders currently breaking the law.
Consider, with other ministries such as health, and industry and commerce, plain packaging of cigarettes after current disputes between Australia and tobacco companies are resolved.	Reduces the attractiveness and affordability of cigarettes to the young and the poor.		Potentially high cost if litigation is involved.	Feasibility should be assessed after current dispute between Australia and tobacco companies resolved.	Risk of litigation from tobacco companies who see branding as a key device to promote their products.
Avoid preferential rates for 'e-cigarettes' until their safety and effectiveness as tobacco cessation tool has been assessed.	Await further research and advice from WHO.				Reduction in tobacco users and therefore NCDs.
Increase taxes on other products linked to NCD risk factors including alcohol.	Reduced consumption of alcohol, especially at harmful levels. Reduction in domestic violence and traffic accidents.	Increases in additional revenue and reduction over time in alcohol-related NCDs (especially liver cancer) and alcohol related violence.	Will depend upon price elasticities of individual products and income elasticities of individual consumers.	Increasing excise duties on alcohol is relatively straightforward from an administrative point of view.	Resistance from industry, support from women's groups and churches.

ANNEX 3: NATIONAL MULTI-STAKEHOLDERS CONSULTATION WORKSHOP FOR DEVELOPING NATIONAL NCD STRATEGIC PLAN 2019–2023

LIST OF PARTICIPANTS

No.	Name	Organisation
	Workshop Steering Committee	
1	Dr Nemia Bainivalu	Ministry of Health and Medical Services (MHMS)
2	Dr Geoffrey Kenilorea	Ministry of Health and Medical Services (MHMS)
3	Ms Nevalyn Laesango	Ministry of Health and Medical Services (MHMS)
4	Pastor Geoff Alacky	Solomon Islands Full Gospel Association (SIFGA)
5	Dr Albert Francis Domingo	World Health Organization (WHO)
6	Dr Erin Passmore	Pacific Community (SPC)
7	Ms Elisiva Na'ati	Pacific Community (SPC)
	Participants	
8	Ms Julia Daefoni	Ministry of Health and Medical Services (MHMS)
9	Mr Collin Bentley	Prime Minister's Office (PMO)
10	Ms Rose Martin	Pacific Community (SPC)
11	Rev. Eric Takila	South Seas Evangelical Church (SSEC)
12	Michael Ho'ota	Ministry of Agriculture and Livestock (MAL)
13	Mr Rictor Ruaboe	Ministry of Finance and Trade (MFT)
14	Mr Hugo Maelasi	Ministry of Police (MoP)
15	Mr Brian Sumailefo	Ministry of Police (MoP)
16	M Emamanuel Maepurina	Ministry of Health and Medical Services (MHMS) / World Health Organization (WHO)
17	Ms Fiona Laeta	Ministry of Education and Human Resource Development (MEHRD)
18	Ms Agnes Menanopo	Sunday Isles Media
19	Mr Cedric Alependara	Ministry of Health and Medical Services (MHMS)
20	Ms Tracey R Choko	Ministry of Foreign Affairs and External Trade (MFAET)
21	Ms Maho Miura	Japan International Cooperation Agency (JICA)
22	Ms Dian Row	Ministry of Health and Medical Services (MHMS)
23	M. Gabriel Spencer	Ministry of Health and Medical Services (MHMS)
24	Mr Ben Rickie	Ministry of Health and Medical Services (MHMS)
25	Ms Sarah Wickham	Customs
26	Ms Sarah Fekau	Ministry of Health and Medical Services (MHMS)
27	Ms Rosemary Kafa	Food and Agriculture Organization (FAO)
28	Ms Verzilyn Isom	Solomon Islands National University (SINU)
29	Mr Edward Ronia	Faith Based Organisation (FBO)
30	Mr Isac Reoban	Ministry of Health and Medical Services (MHMS)
31	Mr Allan Atu	Consumer Affairs and Price Control (CAPC)
32	Mr Nichol Nonga	Food and Agriculture Organization (FAO)
33	Ms Becky Tsang	Food Fortification Initiative (FFI)
34	Ms Salome Diatalau	Ministry of Health and Medical Services (MHMS)