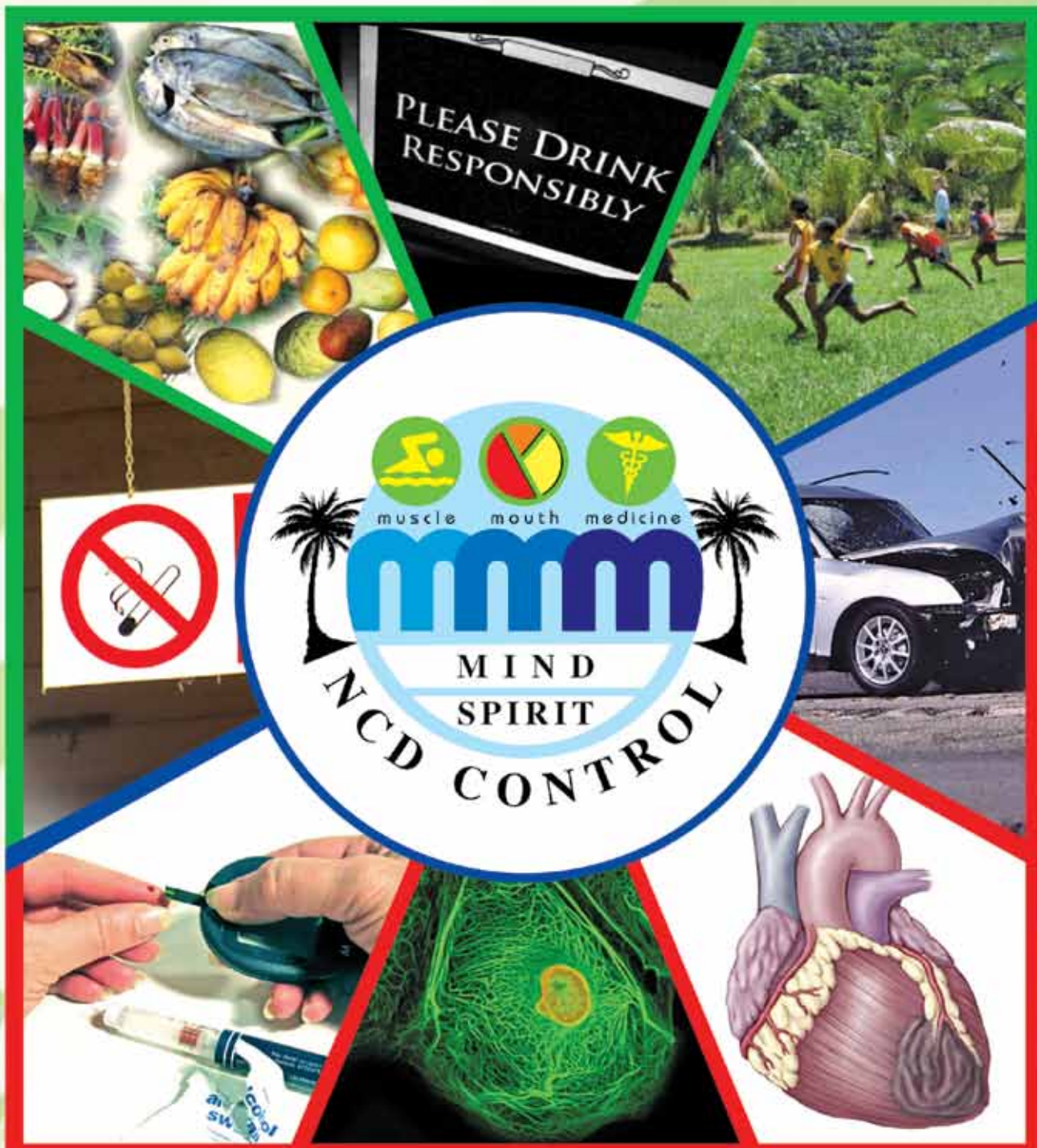


# MINISTRY *of* Health

*Shaping Fiji's Health*

## Non - Communicable Diseases Prevention and Control Strategic Plan 2010 – 2014



**“From Womb to Tomb with a Double Edged Sword”**



## ***The story of a physician trying to explain the dilemmas of the modern practice of medicine...***

*“You know”, he said, “ sometimes it feels like this. There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration and then just as he begins to breathe, another cry for help.*

*So back in the river again, reaching, pulling applying, breathing and then another yell. Again and again without end, goes the sequence.*

***You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in”.***

*Irving Zola 1970*

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## Message by the Minister for Health

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It is my pleasure to share some thoughts on the Ministry of Health (MOH) Noncommunicable Diseases (NCDs) Prevention and Control Strategic Plan 2010-2014.

Fiji has changed over the years as a result of urbanisation and globalisation with accompanying benefits and challenges. Fiji is challenged by the increases in the incidences and prevalence of common risk factors, intermediate risk factors and noncommunicable diseases in the population. Of particular concern is the early onset and premature demise of our people affected by NCDs

The MOH has taken an innovative role in the formulation of a specific MOH Strategic NCD Plan that focuses on the Health Sector response to combat NCDs in Fiji. This technical document aims to reform NCD services in Fiji based on evidences and principles of NCD prevention and control.

The 3M (mouth, muscle, and medicine) approach has been developed to ensure that the MOH provides NCD services in Fiji that is holistic, addressing common risk factors, intermediate risk factors and NCD management as a package. The establishment of Diabetes/Renal HUBS in the country is a testimony to MOH endeavour to manage people at risk or with NCD in a holistic way.

The MOH through reform will pursue strengthening NCD service provision through legislation and policies, procurement of better, affordable technologies, capacity building, improving clinical infrastructure and enhancing public-private partnership.

This document relies on the support of all people working in the MOH, therefore I urge all staffs, at all levels of care to consider, understand and support this strategic plan.

A handwritten signature in black ink, appearing to read 'Neil Sharma'.

**Dr Neil Sharma**  
**Minister for Health**

## Message by Permanent Secretary for Health

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As Permanent Secretary for Health, I am indeed grateful to the Deputy Secretary Public Health (DSPH) and his team that have put together this MOH NCD Strategic Plan

NCD is the leading cause of morbidity, disability and mortality in Fiji with relatively early age of cardiovascular deaths. This group of diseases, with lifelong disabilities and devastating complications is of great burden particularly to the MOH, as well as the community and the nation as a whole.

The MOH has seen enormous development in the area of NCD prevention and control and this continues to grow. NCD control programmes development has included the one stop shop concept, hospital in the home (HITH), NCD toolkit and green prescription, foot care, diabetes care, mini steps and so on. Current developments now include cardiac catheterisation laboratories, support to the regional eye unit, radiology, mammograms, CT scans, diabetes/renal hubs, prosthesis, diabetes software and staffs capacity building. The MOH will continue to develop NCD prevention and control services as it pursues to provide NCD services that are accessible, affordable, efficient and of quality.

This plan calls for the MOH, at all levels of care, to prevent and control NCDs in Fiji. It spells out the need for us to strengthen community development with NCD as our entry point. We as civil servants and technicians need to address common risk factors, intermediate risk factors and NCDs using the innovative 3M approach. The brand reminds us of the WHO definition, that health is not merely the absence of infirmity, but mental and social well being as well. It aims to reorient MOH thinking that we need to, in a holistic way, address people with NCD rather than NCDs in people.

The Health Sector is committed to reduce the burden of NCD through this plan and the whole of our Ministry is encouraged to work as a team of technical civil servants, to save our people from this deadly scourge.

I conclude with the words of the physician Luke when he quoted the Lord saying, "It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners to repentance."

A handwritten signature in black ink that reads "MS Saketa". The letters are stylized and cursive.

**Dr Salanieta Saketa**  
**Permanent Secretary for Health**

## Acknowledgement

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The Public Health Division of the Ministry of Health acknowledges God for this milestone achievement of the MOH NCD Strategic Plan 2010-2014.

This plan is the output of collaboration of government, nongovernment and faith based stakeholders who contributed immensely to this development activity.

In particular, we extend to the Minister for Health, Dr. Neil Sharma, our sincere appreciation for his guidance and support towards this document at the political level.

We also express our sincere gratitude to the Permanent Secretary for Health, Dr. Salanieta Saketa, for her assistance and support throughout the development of this plan.

Our sincere thanks is extended to the following people and organisations

- Participants of the Division NCD Strategic Planning Workshop
- Participants of the Stakeholders NCD Strategic Planning Workshop
- FSM Review Team of Fiji NCD Strategic Plan 2004-2008
- Participants of National NCD Review Workshop
- Participants of the National NCD Strategic Planning Workshop
- Clinicians and other key personnel of MOH

We thank WHO, in particular Dr. Chen Ken and Dr. Li Dan and the team for their technical assistance and support. We thank Dr. Vilikesa Rabukawaqa and FHSIP (Fiji Health Sector Improvement Programme) team for your assistance and financial support. We also thank Dr. Viliame Puloka and SPC (Secretariat of the Pacific Community) for their valuable input into this plan consultation.

We acknowledge with gratitude the Division of Public Health at headquarters and its past leaders, in particular Dr. Temo Waqanivalu NCD National Adviser for the last NCD SP, on which the formulation of this NCD SP has been founded

We wish everyone in the MOH success in the implementation of this MOH NCD SP 2010-2014.

A handwritten signature in black ink, appearing to read 'Josefa', with a long horizontal line extending to the right.

**Dr Josefa Koroivueta**  
**Deputy Secretary Public Health**

## List of Abbreviations

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A & I	Accident and Injuries
ADM	Adolescent Development Health
CSO	Civil Society Organisations
CT	Computerised Tomography
CVD	Cardiovascular Disease
EIDM	Evidence Informed Decision Makeup
FBDG	Food Based Dietary Guidelines
FBO	Faith Based Organisations
FCTC	Framework Convention Tobacco Control
FHSIP	Fiji Health Sector Improvement Programme
FPAN	Fiji Plan of Action on Nutrition
FPAPA	Fiji Plan of Action on Physical Activity
GYTS	Global Youth Tobacco Survey
HITH	Hospital in the Home
HIV	Health Information Unit
HK	Hong Kong
IARC	International Agency for Research on Cancer
3M	Muscle, Mouth, Medicine
MOH	Ministry of Health
MPOWER	Monitor, Protect, Offer, Warm, Enforce, Raise Tobacco Policy Package
NCDs	Noncommunicable Diseases
NCD SP	Noncommunicable Disease Strategic Plan
NCD STEPS	Noncommunicable Disease Stepwise Survey
NGO	Nongovernment Organisation
NNS	National Nutrition Survey
OPIC	Obesity Prevention in Communities
PH	Public Health
PHC	Primary Health Care
PIC	Pacific Island Countries
RCM	Regional Committee Meeting
RDSSSED	Roadmap for Democracy and Sustainable Socio Economic Development
RMI	Republic of Marshall Islands
SPC	Secretariat of Pacific Community
TFI	Tobacco Free Initiative
WHO	World Health Organisation



## Background Information

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### **The Fiji Islands**

Fiji lies in the heart of the Pacific Ocean midway between the Equator and the South Pole and between longitudes 175 and 178 west and latitudes 15 and 22 south. The Fiji islands are made up of approximately 330 islands of which, one third are inhabited. There are two major islands Viti Levu and Vanua Levu. Fiji's total area is 18333 square kilometres

### **The People**

According to the 2007 national population census, 837,271 people live in Fiji; 80% of them live on Viti Levu, 16% on Vanua Levu and 4% in the maritime islands. The population is relatively young with 48% under the age of 25 years. The number of people over and above 60 years of age is estimated to be 62,940 (7.5% of the total population). Since 1996, an average of 18000 children are born into the country each year. The birth rate is currently at 21.0 per 1000 and the crude death rate is at 7.2 per 1000.

### **Population NCD Risk Status (2002 NCD STEPS Survey)**

Tobacco use has an overall prevalence of 36.6%, 42% of which smoke daily. The mean age for initiation of smoking is approximately 18 years. There is generally low consumption of fruit and vegetables in Fiji, 65% consuming less than one fruit serving a day. Only 1.2% of males and 0.6% of females consume 5 or more servings of fruit a day. In terms of vegetables consumption 2.9% of males and 2.2% of females consume 5 or more servings per day. In fact 26.4% were found to eat less than one serving of vegetables in a day. 77.3% of alcohol drinkers were binge drinkers (i.e 77.3% of 45% prevalence) The prevalence of kava drinkers was 65% with 79.6% continuing to do so. Women, people aged 35 years and over, urban dwellers and Indo Fijians were found to be the least active cohorts in terms of physical activity. Physical activity at leisure is wanting in the Fiji population. 29.9% of people were overweight and 18% were found to be obese. Females were by far more obese than males in terms of BMI and abdominal obesity. There was evidence of rapid increase of obesity with age up to 30-34 year age group implying maximal weight gain is occurring in the younger generation in Fiji

### **Population NCD Status (2002 NCD STEPS Survey)**

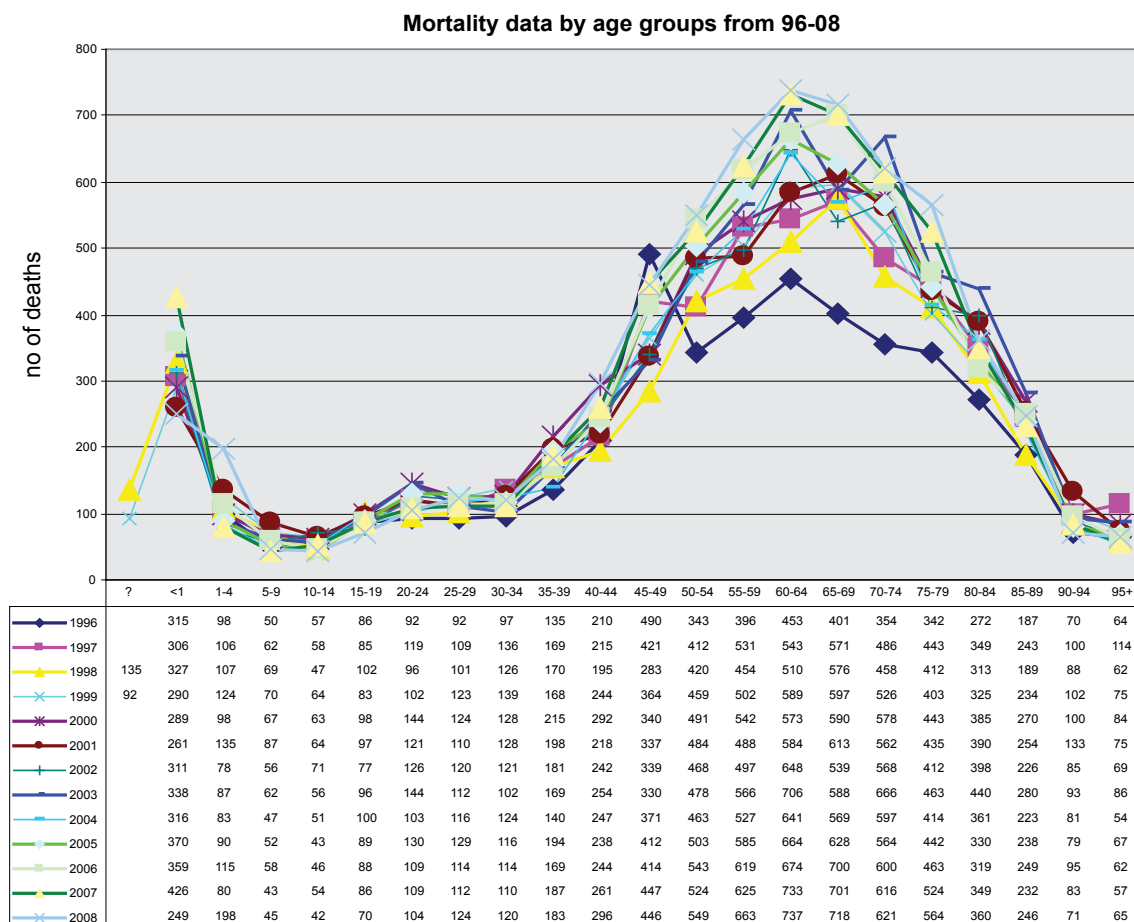
The prevalence of diabetes in the 25-64 year age group is 16% of which 53.2% were previously unknown. Of the known cases, 2.1% were not on medication, 32.2% were on medication but had uncontrolled fasting blood glucose, and only 12.5% were on medication with good glucose control. Diabetes is the most common cause of non-traumatic amputation and second most common cause of adult blindness in Fiji.

The prevalence of hypertension is 19.1% of which 63.3% were previously unrecognised. Of the known cases, 10% were not on medication, 15.4% were on medication but had abnormal blood pressure, and only 10.9% were on medication as well as controlled blood pressure. 20% were found to also resort to herbal or traditional medicines. There is an average of 300 to 350 cases registered annually with carcinoma of the cervix and the breast being the top 2 cancers in Fiji. Health reports showed Injury and poisoning ranked within the top 5 causes of disease and death and accounted for 7-8% of total morbidity and mortality for the

country. A lot of injuries happen on roads and within private compounds. A lot of injuries happen during leisure or at play especially children or while travelling. 33% of drowning are found to occur in the under 10 years of age. In the last 5 years 63% of those who drowned were under 29 years of age. Most drowning occurred in the West compared to the cent/east and Northern Fiji.

### NCD Mortality Status

82% of all deaths are attributed to NCDs, with coronary heart disease and stroke responsible for all deaths in the 40-59 age group



*The challenge for the MOH is the premature deaths occurring in the population*

### The Fiji Health Sector Infrastructure and Population distribution

Division	Population	Nursing stations	Health Centres	Subdivision Hospitals	Division Hospitals	Specialist Hospitals
Central	344898	24	21	4	1	4
Eastern	41026	33	13	6	0	0
Western	353234	27	26	6	1	2
Northern	139873	20	19	4	1	0
Total	879031	104	79	20	3	6

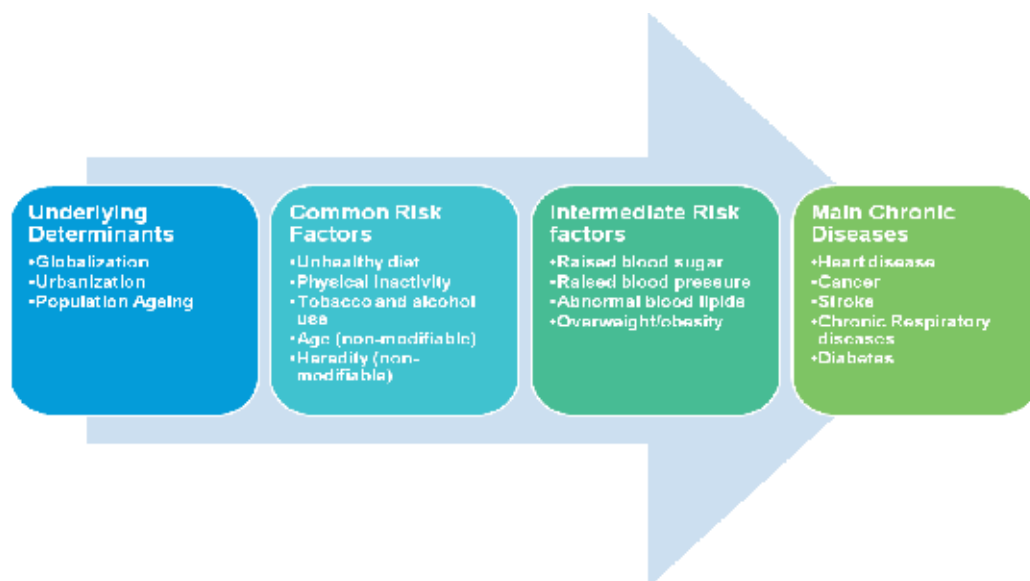
NCD trends continue to increase over the years and unless arrested by a technically sound MOH workforce, the trend will have devastating effects on our people and our beloved nation.

## Introduction

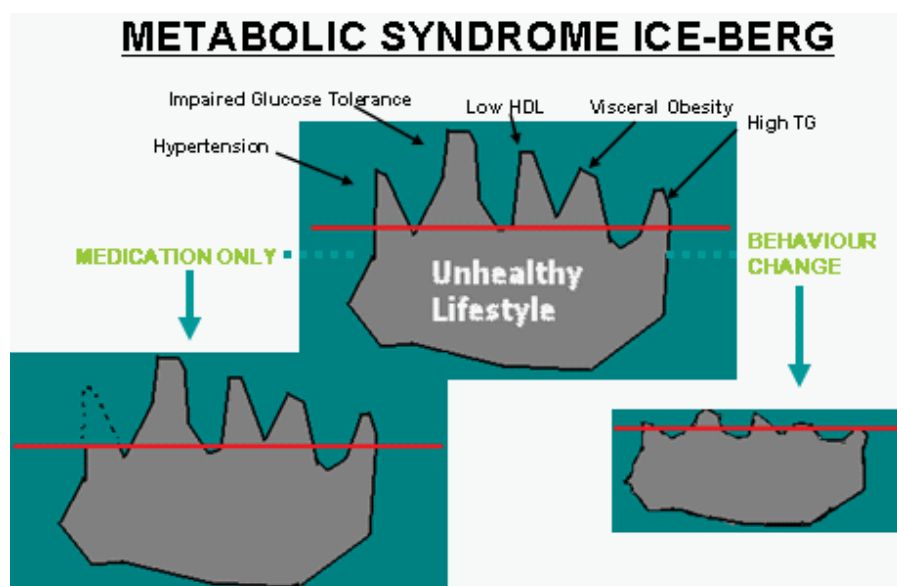
In formulating this MOH NCD SP, the following strategic considerations were taken into account

1. Strong Leadership and commitment of MOH staffs at all levels of care are essential to coordinate the essential health sector response to Fiji's NCD burden
2. The causation pathway for chronic diseases and the need to intervene at the common risk factor, intermediate risk factor as well as the NCD end of the spectrum

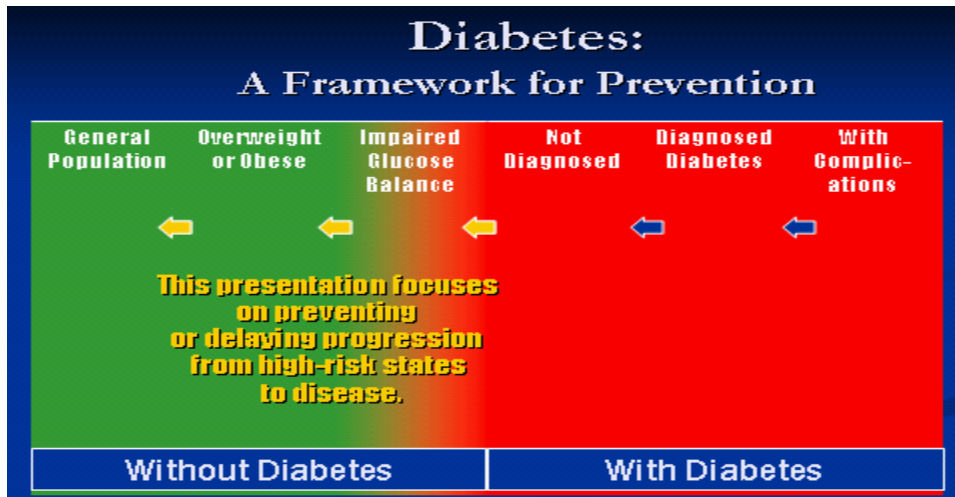
### Causation pathway for NCDs



3. The metabolic syndrome approach and the need with intervene with both medication and behaviour change simultaneously to effect change at intermediate risk factor and disease status



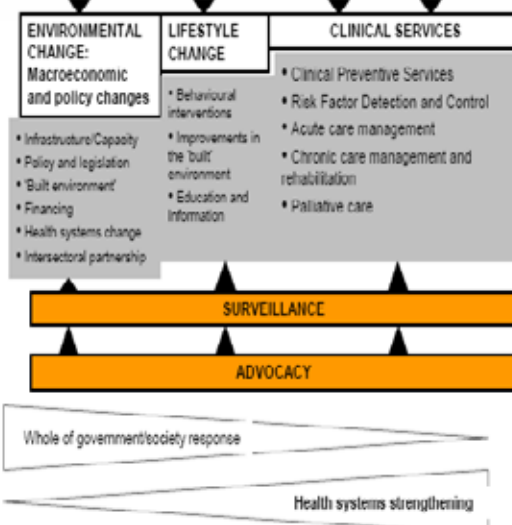
4. A framework for prevention that is relevant to NCDs and the need to identify the best available investment options for reversal and delay of NCDs and their complications



5. The 5 strategic action areas along an intervention pathway that corresponds to the NCD causation pathway - environment, lifestyle, clinical, advocacy and surveillance, monitoring evaluation

## Pacific Framework for Prevention and Control of NCD

### Causes of chronic diseases



World Health Organization

6. The life course approach beginning from conception and all through life, and the existing PHC, Clinical Service Networks and Role delineation programmes and structures

(2007 Census =837271)

	Conception-birth	<1year	<5years	<12	<20	<30	30-60	60+
% Population	18000/year	9.9%		28.6%		18.4%	35.4%	7.5%
PH prog	ANC	MCH		School & ADH		GOPD	GOPD	GOPD
CSN	O & G	Paediatrics			Medicine/Surgery/Eye/Mental/Oral			
Role delineation	Nursing stations→Health centres→Subdivision Hospitals→Division Hospitals/Specialist							

7. Health is not merely an absence of disease but a state of complete physical, mental and social well being. This branding shifts management of NCD from a disease-oriented approach to a holistic one – from managing NCDs in people to managing people with NCDs



NCD also include blindness, deafness, oral diseases, accidents and injuries and mental disorders. This plan must be read in tandem with available National Eye, Mental health, Oral health and Health Promotion strategic plans.

The MOH NCD SP has been specifically aligned to the Pacific Framework for the prevention and control of NCD and the 2-1-22 Pacific NCD Programme Implementation Plan 2008-2011. However EIDM (evidence informed decision making) has been in response to the Fiji NCD STEPS 2002, National Nutrition Survey 2004, Obesity Prevention in Communities Project, Health Information Unit and the National Youth Tobacco survey.

This plan is formulated for the health of Fiji community. The key elements for implementation fit an acronym COMMUNITY that is illustrated below:-

**Comprehensive:** incorporating both policies and action on common risk factors, intermediate risk factors and major NCDs

**Outcome focussed:** ensuring optimal investment of resources with greatest health gains through monitoring of health outcomes

**Multisectoral collaboration;** involving the widest of consultation incorporating all sectors of society to ensure ownership and sustainability, drawing together the strengths of people from various sectors with different knowledge and skills.

**Multidisciplinary:** consistent with principles of health promotion and standard treatment guidelines for optional clinical management.

**Universal access:** striving for equity at all levels of health care irrespective of ethnicity, colour or creed

**Natural (life course) approach:** systematic address of the cumulative adverse effects by fostering NCD care from womb to the tomb

**Innovative:** linking health promotion and NCD prevention and control to inbuilt environment innovations

**Technical and evidence based:** ensuring optimal investment in health, muscle and medicine through technical and evidence based initiatives

**Yahweh:** acknowledging God as the shepherd of NCD care in Fiji

## PRIORITY AREAS

There are two priority areas in this plan

1. NCD Risk factor Intervention
2. NCD Medical Intervention

There are 4 components under each of the priority areas

### NCD Risk Factors intervention components include

1. Smoking
2. Nutrition
3. Alcohol
4. Physical Activity

### The NCD Medical Intervention include

1. Diabetes Mellitus
2. Cardiovascular Diseases
3. Cancers
4. Accidents and Injuries

### Each component in both priority areas has 5 intervention strategies namely

1. Environmental Intervention
2. Lifestyle Intervention
3. Clinical Intervention
4. Advocacy
5. Surveillance, Monitoring and Evaluation

These priority areas, components and strategies are applied to a life course matrix.

## GOAL

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Fiji with a healthy lifestyle population

## AIM

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Improve Fiji National NCD status by 5% in 2014

## OBJECTIVES

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Reduce the prevalence of common risk factors by 5% in 2014

Reduce the prevalence of intermediate risk factors by 5% in 2014

Reduce the prevalence of major NCDs in Fiji by 5% in 2014

Improve early detection and 3M management of NCDs in 80% of primary health care facilities in Fiji by 2014

Improve 3M management of NCD admissions in 80% of Subdivisional and divisional hospitals in Fiji by 2014

*For the word of God is quick, and powerful, and sharper than any two-edged sword, piercing even to the dividing asunder of soul and spirit, and of the joints and marrow, and is a discerner of the thoughts and intents of the heart*

## EVIDENCE BASED STRATEGIC OBJECTIVES AND TARGETS

Objectives	Evidences	National Targets
Reduce Smoking Prevalence	36.6%	30%
Reduce daily smoking	42%	35%
Increase mean age of initiation	18 years	21 years
Increase Exclusive breastfeeding	39.8%	80%
Reduce consumption of less than 1 serving of fruits/vegetables daily	65%	50%
Increase consumption of 1-5 servings of fruits/vegetables daily	34%	40%
Increase consumption of more than 5 servings of fruits/vegetables daily	1.2%	5%
Reduce prevalence of binge drinking	77.3%	70%
Increase prevalence of moderate Physical activities in at risk cohorts	<ul style="list-style-type: none"> <li>• Women</li> <li>• &gt;=35 years</li> <li>• Urban dwellers</li> <li>• Indo-Fijians</li> </ul>	5% improvement 5% improvement 5% improvement 5% improvement
Reduce prevalence of overweight	29.9%	25%
Reduce prevalence of obesity	18%	12%
Reduce prevalence of diabetes	16%	10%
Reduce prevalence of proportion of previously unknown cases of diabetes	53.2%	40%
Increase prevalence of proportion of known cases of diabetes on medication but have uncontrolled blood glucose	32.2%	25%
Increase prevalence of proportion of known cases of diabetes on medication with controlled blood glucose	12.5%	15%
Reduce prevalence of hypertension	19.1%	15%
Reduced prevalence of proportion of previously unknown cases of hypertension	63.3%	50%
Reduce prevalence of proportion of known cases of hypertension on medication but have uncontrolled blood pressure	15.4%	10%
Increase prevalence of proportion of known cases of hypertension on medication with controlled blood pressure	10%	15%



# NCD RISK FACTOR INTERVENTION

## TOBACCO

	Conception – Birth	< 1year	< 5 years	< 12 years	< 20 years	< 30 years	< 60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<→ Health Centres-<→Subdivisional Hospitals-<→Division Hospitals-<→Specialist Hospitals							
Strategic Objective	Reduce the prevalence of Tobacco Use by 5% from the most recent prevalence baseline in adults and youths by 2014 Establish post of National NCD Project Officer and Divisions NCD Project Officers (3) by 2010							
Strategic Activity	To increase the number of NO SMOKING PUBLIC PLACES in Fiji Mainstream Tobacco Control into nursing stations and health centres activities							
Strategic Indicator	Prevalence of tobacco use by adults and youths in Fiji is reduced by 5% in 2014							
Guiding Document	Tobacco Control Act, Framework Convention to Tobacco Control (FCTC), MPOWER Policy Package							
Responsibility	Tobacco Control Unit (TCU), National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$40,000 annually							
Environment Intervention	Amendment to Tobacco Control Act 1998 to be in line with 80% of FCTC by 2012 Formulate Fiji Plan of Action for Tobacco Free Initiative (FPTFI) by 2012 Adopt and implement MPOWER policy package for Fiji by 2014							
Lifestyle intervention	By 2014, 10% of national settings (communities, schools, workplaces and faith based organisations) will be assigned smoke free public places. By 2014, 60% of nursing stations and health centres at risk population will be advised to stop smoking through the NCD toolkit programme							
Clinical Intervention	Increase in proportion of 15-64 years old have quit smoking through the NCD Toolkit programme in nursing stations and health centres Capacity building of nursing stations and health centre staffs on NCD Toolkit programme Capacity Building of staffs at health centre and subdivisional levels on QUIT SMOKING Establishment of QUIT SMOKING clinics in 30% of health centres and 30% of subdivision hospitals in Fiji by 2014							
Advocacy	Communicate the plan to divisions by 2010 Improve the advocacy roles and services of Tobacco Control Unit (TCU) Improve the advocacy role of NCHP in Tobacco Control Establish Tobacco Control Committee for Advocacy							
Surveillance Monitoring Evaluation	Mini STEPS in NCD toolkit programmes in communities, schools, workplaces and faith based organisations National Youth Tobacco survey by 2009 National NCD STEPS Survey 2010							
<i>The Lord formed the man from the dust of the ground and breathed into his nostrils the breath of life, and the man became a living being</i>								



## NUTRITION

	Conception –Birth	< 1year	< 5 years	< 12 years	< 20 years	< 30 years	< 60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<→ Health Centres-<→Subdivisional Hospitals--<→Division Hospitals-<→Specialist Hospitals							
Strategic Objective	Improve the nutritional status of the people of Fiji by 2014 Establish National NCD Project Officer and divisions NCD project officers (3) by 2010							
Strategic Activity	To increase the proportion of population consumption of 3-5 servings of vegetables and/or fruits by 5% in 2014 Mainstream nutrition into nursing stations and health centre activities To reduce salt, oil and sugar consumption in the population							
Strategic Indicator	Prevalence of consumption of 3-5 servings of vegetables and /or fruits in Fiji is increased by 5% in 2014							
Guiding Document	Fiji Food and Nutrition Policy Fiji Plan of Action on Nutrition (FPAN) Fiji Food Based Dietary Guideline Pure Food Act							
Responsibility	Advisor Nutrition, National Food and Nutrition Centre (NFNC), National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$80,000 annually							
Environment Intervention	Implement the Fiji Food and Nutrition Policy Implement Promulgation of Food Safety Standards 2009 Implementation of School Canteen Guidelines Support formulation of legislation on Breast milk substitutes Support formulation of legislation on marketing of foods and non alcoholic beverages to children Develop salt reduction strategy for Fiji							
Lifestyle intervention	By 2014, at least 80% of children will be exclusively breastfed at 6 months in Fiji By 2014, 60% of nursing stations and health centres at risk population will be advised on nutrition through the NCD toolkit programme By 2014, 10% of national settings (communities, schools, workplaces and faith based organisations) will show improved prevalence of consumption of 3-5 servings of vegetables and/or fruits							
Clinical Intervention	Increase in proportion of babies who are exclusively breastfed at 6 months in MCH clinics Capacity building of nursing stations and health centre staffs on NCD Toolkit programme Capacity Building of staffs at nursing stations and health centre on Infant and Young Child Feeding (IYCF) and adult nutrition Capacity building of PH dieticians on Public Health Nutrition Establishment of weight watch clinics in 30% of health centres and 30% of subdivision hospitals in Fiji by 2014							
Advocacy	Communicate the plan to divisions by 2010 Improve the advocacy roles and services of National Food and Nutrition Centre Improve the advocacy role of NCHP in Nutrition							
Surveillance Monitoring Evaluation	Mini STEPS in NCD toolkit programmes in communities, schools, workplaces and faith based organisations Fiji Food Balance Sheet National Nutritional Survey (NNS) National iron Fortification Survey 2010 National NCD STEPS Survey 2010							



*Man does not live on bread alone but on every word that comes from the mouth of God*

ALCOHOL

	Conception –Birth	< 1year	<5 years	<12 years	<20 years	<30 years	<60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<=> Health Centres-<=>Subdivisional Hospitals-<=>Division Hospitals-<=>Specialist Hospitals							
Strategic Objective	To reduce alcohol related harm in Fiji by 2014 To establish National NCD Project Officer and divisions NCD project officers (3) by 2010							
Strategic Activity	To reduce the prevalence of binge drinking in Fiji adult population by 5% in 2014 To increase proportion of responsible drinking in Fiji adult population by 5% in 2014 Mainstream alcohol into nursing stations and health centre activities							
Strategic Indicator	Reduction in prevalence of binge drinking in Fiji population Improvement in prevalence of responsible drinking in Fiji population							
Guiding Document	Regional Strategy to reduce alcohol related harm							
Responsibility	National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$20,000 annually							
Environment Intervention	Review of Existing Alcohol Control Regulations Formulate National Policy on Alcohol related Harm							
Lifestyle intervention	By 2014, 10% of settings (communities, workplaces, faith based organisations) will incorporate alcohol related harm issues into their plans By 2014, 60% of nursing stations and health centres at risk population will be advised on alcohol related harm through the NCD toolkit Programme							
Clinical Intervention	Increase in proportion of adults who drink responsibly Capacity building of nursing stations and health centre staffs on NCD Toolkit programme Capacity Building of staffs at nursing stations and health centre on Alcohol related harm Establishment of alcohol counselling clinics in 30% of health centres and 30% of subdivision hospitals in Fiji by 2014							
Advocacy	Communicate the plan to divisions by 2010 Improve the advocacy role of NCHP in Alcohol related harm Establish Alcohol Related Harm Subcommittee for Advocacy							
Surveillance Monitoring Evaluation	Mini steps in PMC settings National NCD Steps							
<i>Do not get drunk on wine, which leads to debauchery. Instead be filled with the Spirit</i>								



**PHYSICAL ACTIVITY**

	Conception –Birth	< 1year	<5 years	<12 years	<20 years	<30 years	<60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<=> Health Centres-<=>Subdivisional Hospitals--<=>Division Hospitals-<=>Specialist Hospitals							
Strategic Objective	Develop and implement Fiji Plan of Action on Physical Activity (FPAPA) by 2014 Establish National NCD PO and divisions NCD PO (3) by 2010							
Strategic Activity	Adopt and implement the Pacific Physical Activity Guidelines for Adults aged 18-65 by 2011 Formulate Health related Physical Activity Guidelines for people under 18 by 2012 Mainstream physical activity into nursing station and health centre activities							
Strategic Indicator	Increased prevalence of Fiji children engaged in 30 minutes of health related physical activity in schools Increased prevalence of Fiji adults engaged in 600METmins of physical activity most days of the week							
Guiding Document	Regional Guideline on Physical Activity Pacific Physical Activity Guidelines for Adults							
Responsibility	National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$200,000 annually							
Environment Intervention	Formulate Fiji Plan of Action for Physical Activity (FPAPA) Incorporate health related physical activity into School Health Policy Develop/Update/Support policies that promote creation of enabling environment for increased physical activity in settings							
Lifestyle intervention	By 2014, 10% of settings (communities, schools, workplaces, faith based organisations) will incorporate physical activities into their action plans By 2014, 60% of nursing stations and health centres at risk population will be advised on physical activity through the NCD toolkit Programme							
Clinical Intervention	Increase in proportion of adults who do 600METmins physical activity per week Capacity building of nursing stations and health centre staffs on NCD Toolkit programme Capacity Building of staffs at nursing stations and health centre and on Physical Activities Capacity building of physiotherapists/CRA on health related physical activities Establishment of weight watch clinics in 30% of health centres and 30% of subdivision hospitals in Fiji by 2014							
Advocacy	Communicate the plan to divisions by 2010 Improve the advocacy role of NCHP in Physical Activity Establish and support Physical Activity Subcommittee for Advocacy							
Surveillance Monitoring Evaluation	Mini steps in PMC settings National NCD Steps							
<i>For Physical training is of some value, but Godliness has value for all things, holding promise for both the present life, and the life to come</i>								



DIABETES MELLITUS

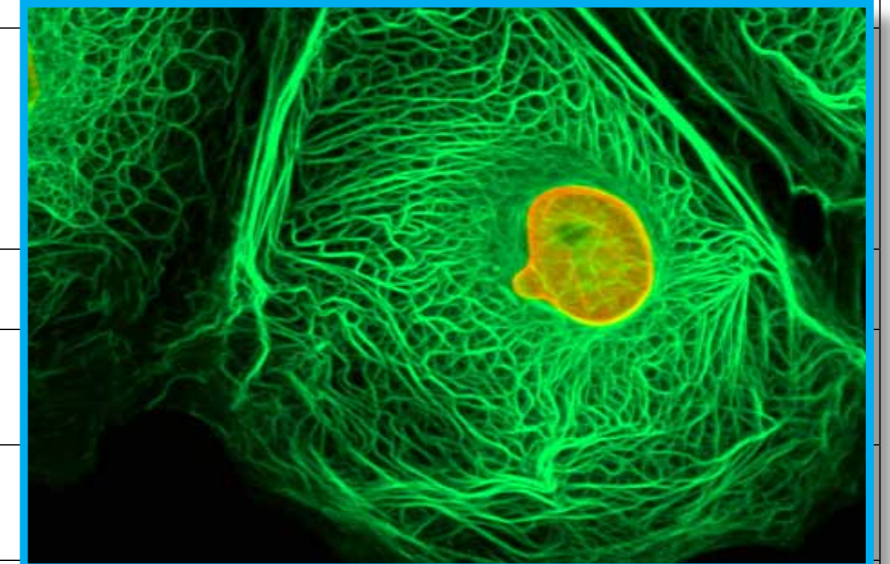
	Conception –Birth	< 1year	<5 years	<12 years	<20 years	<30 years	<60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<→ Health Centres-<→Subdivisional Hospitals--<→Division Hospitals-<→Specialist Hospitals							
Strategic Objective	Reduce the prevalence of diabetes in Fiji by 5% in 2014 Improve the profile of the National Diabetes Centre by 2014							
Strategic Activity	Reduced early detection and management of common and intermediate risk factors at nursing stations and health centres Improve early detection and management of orange cases at nursing stations and health centres through the NCD toolkit programme by 2014 Improve early referral of orange and red case from nursing stations and health centres in the NCD toolkit programme by 2014 Establish “one stop concept” in the 3 Diabetes/Renal HUBS in Fiji by 2014 Improve Health in the Home (HITH) services and House Based Care Improve capacity building in diabetes management in all clinical service networks (CSN)							
Strategic Indicator	Improved prevalence of NCD risk factors in the population Reduction in diabetes prevalence Reduction in Diabetes complication prevalence							
Guiding Document	National Toolkit Programme National Clinical Service Network Guidelines Standard Treatment Guideline for Management of Diabetes							
Responsibility	DSHS National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$50,000 annually							
Environment Intervention	Improve diabetes services and technology to improve accessibility of population to diabetes services in Fiji Re-establish NDC as a National centre for Diabetes Research and Education with appropriate human resource and support Establish Lautoka and Labasa Diabetes/Renal HUBS as “one stop shops” for diabetes management and care							
Lifestyle intervention	By 2014, 10% of diabetes cases will have, and be compliant to their green and white prescriptions By 2014, 60% of nursing stations and health centres at risk population will be able to ascertain their diabetes status annually By 2014, 15% of diabetes population on 3M management will also have controlled blood sugars							
Clinical Intervention	Increase in proportion of diabetes on 3M management. Capacity building on 3M Diabetes management at health centre, subdivision, division, national, and specialist clinics Capacity Building of National Diabetes Centre for research and education in diabetes management Capacity building of CSN on diabetes care and management Advancement of renal, eye, neurology, prosthesis, laboratory, pharmaceuticals, biomedical, technologies and foot care services by 2014							
Advocacy	Communicate the plan to CSN by 2010 Improve the advocacy role of NCHP in Diabetes Support National Diabetes Foundation for Diabetes Advocacy							
Surveillance Monitoring Evaluation	Improve national diabetes surveillance system Mini STEPS in NCD toolkit programmes in communities, workplaces and faith based organisations National NCD STEPS Survey 2010							



*How sweet are thy words unto my taste! yea, sweeter than honey to my mouth*

## CANCERS

	Conception –Birth	< 1year	<5 years	<12 years	<20 years	<30 years	<60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<→ Health Centres-<→Subdivisional Hospitals--<→Division Hospitals-<→Specialist Hospitals							
Strategic Objective	Reduce the prevalence of cancers in Fiji by 5% in 2014							
Strategic Activity	<p>Improve early detection and management of common and intermediate risk factors at nursing stations and health centres</p> <p>Improve early detection and management of abnormal smears/VIA at nursing stations and health centres by 2014</p> <p>Improve early referral of orange and red case from nursing stations and health centres</p> <p>Establish "one stop concept" for Cancer management in SOPDs</p> <p>Improve Hospital in the Home (HITH) services for terminal cancer cases</p> <p>Improve capacity building in cancer management in all clinical service networks (CSN)</p>							
Strategic Indicator	<p>Improved prevalence of NCD risk factors in the population</p> <p>Reduction in cancer prevalence</p>							
Guiding Document	<p>National Pap and VIA programme</p> <p>National Clinical Service Network Guidelines</p> <p>Standard Treatment Guideline for Management of Cardiovascular diseases</p>							
Guiding Document	<p>National Pap and VIA programme</p> <p>National Clinical Service Network Guidelines</p> <p>Standard Treatment Guideline for Management of Cardiovascular diseases</p>							
Responsibility	<p>DSHS</p> <p>National Centre for Health Promotion (NCHP)</p> <p>DSPH, NA-NCD, NA- Environmental Health</p>							
Time Frame	2010-2014							
Budget	\$40,000 annually							
Environment Intervention	<p>Improve cancer services and technology to improve accessibility of population to cancer services in Fiji</p> <p>Further develop Oncology Unit in Fiji</p>							
Lifestyle intervention	<p>By 2014, 10% of cancer cases will have, and be compliant to their green and white prescriptions</p> <p>By 2014, 60% of nursing stations and health centres at risk population will be able to ascertain their cancer status annually</p> <p>By 2014, 15% of cancer population on 3M management will also have controlled disease.</p>							
Clinical Intervention	<p>Increase in proportion of Cancer on 3M management.</p> <p>Capacity building on 3M Cancer management at health centre, subdivision, division, national, and specialist clinics</p> <p>Capacity building of CSN on Cancer management</p> <p>Advancement of oncology, rehabilitation, laboratory, pharmaceuticals, biomedical, by 2014</p>							
Advocacy	<p>Communicate the plan to CSN by 2010</p> <p>Improve the advocacy role of NCHP in cancer</p> <p>Establish National Cancer Foundation for Cancer Advocacy</p>							
Surveillance Monitoring Evaluation	<p>Improve national Cancer surveillance system</p> <p>Mini STEPS in NCD toolkit programmes in communities, workplaces and faith based organisations</p> <p>National NCD STEPS Survey 2010</p>							
<i>A heart at peace gives life to the body but envy rots the bones</i>								



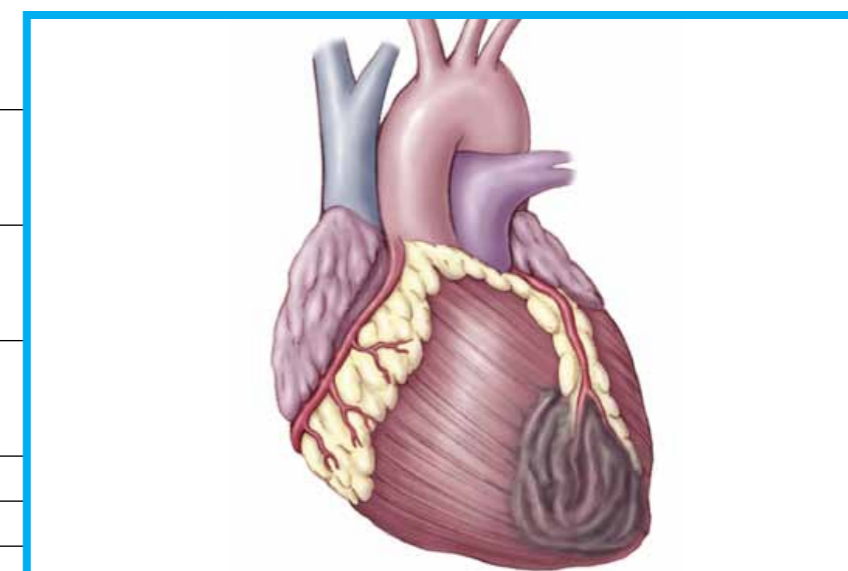
## ACCIDENTS AND INJURIES

	Conception –Birth	< 1year	<5 years	<12 years	<20 years	<30 years	<60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<→ Health Centres-<→Subdivisional Hospitals--<→Division Hospitals-<→Specialist Hospitals							
Strategic Objective	Reduce the prevalence of accidents and injuries (A & I in Fiji by 5% in 2014)							
Strategic Activity	<p>Improve early detection and management of common and intermediate risk factors at nursing stations and health centres</p> <p>Improve early detection and management of accident and injuries cases at nursing stations and health centres</p> <p>Improve early referral of accidents and injuries cases from nursing stations and health centres</p> <p>Establish "one stop concept" for A &amp; I management in Accident and Emergencies at subdivision and divisions</p> <p>Improve Hospital in the Home (HITH) services for accident and injury rehabilitative cases</p> <p>Improve capacity building in A &amp; I management in all clinical service networks (CSN)</p>							
Strategic Indicator	<p>Improved prevalence of NCD risk factors in the population</p> <p>Reduction in A &amp; I prevalence</p> <p>Reduction in A &amp; I complication prevalence</p>							
Guiding Document	National Clinical Service Network Guidelines Standard Treatment Guideline for Management of Accidents and Injuries							
Guiding Document	National Clinical Service Network Guidelines Standard Treatment Guideline for Management of Accidents and Injuries							
Responsibility	DSHS National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$30,000 annually							
Environment Intervention	<p>Improve A &amp; I services and technology to improve accessibility of population to A &amp; I services in Fiji</p> <p>Improve compliance of structural development to accommodate people with disabilities from A &amp; I</p>							
Lifestyle intervention	<p>By 2014, 10% of A &amp; I cases will have, and be compliant to their green and white prescriptions</p> <p>By 2014, 60% of nursing stations and health centres will be able to respond timely and effectively to A &amp; I in their areas</p> <p>By 2014, 15% of A &amp; I population on 3M management will also be independent</p>							
Clinical Intervention	<p>Increase in proportion of A &amp; I on 3M management.</p> <p>Capacity building on 3M A &amp; I management at health centre, subdivision, division, national, and specialist clinics</p> <p>Capacity building of CSN on A &amp; I care and management</p> <p>Advancement of A &amp; E, rehabilitation, laboratory, radiology, physiotherapy, pharmaceuticals, biomedical, by 2014</p>							
Advocacy	<p>Communicate the plan to CSN by 2010</p> <p>Improve the advocacy role of NCHP in A &amp; I</p> <p>Establish National Accidents and Injuries Committee for Advocacy</p>							
Surveillance Monitoring Evaluation	Improve National A & I surveillance system							
<i>But he was wounded for our transgressions, he was bruised for our iniquities: the chastisement of our peace was upon him; and with his stripes we are healed</i>								



## CARDIOVASCULAR DISEASES

	Conception –Birth	< 1year	<5 years	<12 years	<20 years	<30 years	<60 years	60+ years
Primary Health Care (PHC)	Ante Natal Clinics (ANC)	Maternal and Child Health (MCH)	Maternal and Child Health (MCH)	School Health (SH)	Adolescent Development Health (ADH)	General Outpatients (GOPD)	General Outpatients (GOPD)	Care of the Elderly
Clinical Service Network (CSN)	Obstetrics and Gynaecology Mental health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral Health Ophthalmology Radiology Allied Health	Paediatrics Mental Health Oral health Ophthalmology Radiology Allied Health	Paediatrics Medicine Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied health	Medicine Surgery Mental health Ophthalmology Radiology Allied Health	Medicine Surgery Mental health Ophthalmology Radiology Allied health	Medicine Surgery Mental Health Ophthalmology Radiology Allied Health
Role Delineation	Nursing Stations -<→ Health Centres-<→Subdivisional Hospitals--<→Division Hospitals-<→Specialist Hospitals							
Strategic Objective	Reduce the prevalence of cardiovascular diseases in Fiji by 5% in 2014 Improve the profile of cardiovascular services in Fiji							
Strategic Activity	Improve early detection and management of common and intermediate risk factors at nursing stations and health centres Improve early detection and management of orange cases at nursing stations and health centres through the NCD toolkit programme by 2014 Improve early referral of orange and red case from nursing stations and health centres through the NCD toolkit programme Establish "one stop concept" for CVD management in SOPDs Improve Hospital in the Home (HITH) services for stroke cases Improve capacity building in cardiovascular diseases management in all clinical service networks (CSN)							
Strategic Indicator	Improved prevalence of NCD risk factors in the population Reduction in cardiovascular disease prevalence Reduction in CVD complication prevalence							
Guiding Document	National Toolkit Programme National Clinical Service Network Guidelines Standard Treatment Guideline for Management of Cardiovascular diseases							
Responsibility	DSHS National Centre for Health Promotion (NCHP) DSPH, NA-NCD, NA- Environmental Health							
Time Frame	2010-2014							
Budget	\$40,000 annually							
Environment Intervention	Improve cardiovascular services and technology to improve accessibility of population to cardiovascular services in Fiji Improve compliance of structural development to accommodate people with disabilities							
Lifestyle intervention	By 2014, 10% of CVD cases will have, and be compliant to their green and white prescriptions By 2014, 60% of nursing stations and health centres at risk population will be able to ascertain their CVD status annually By 2014, 15% of CVD population on 3M management will also have controlled blood pressure							
Clinical Intervention	Increase in proportion of CVD on 3M management. Capacity building on 3M CVD management at health centre, subdivision, division, national, and specialist clinics Capacity building of CSN on CVD care and management Advancement of cardiovascular, rehabilitation, laboratory, pharmaceuticals, biomedical, by 2014							
Advocacy	Communicate the plan to CSN by 2010 Improve the advocacy role of NCHP in CVD Support National Heart Foundation for CVD Advocacy							
Surveillance Monitoring Evaluation	Improve national CVD surveillance system Mini STEPS in NCD toolkit programmes in communities, workplaces and faith based organisations National NCD STEPS Survey 2010							
<b><i>"Come to me all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden light."</i></b>								





### Consultations for NCD Strategic Plan 2010-2014

Date	Consultations	Number of participants
17 <sup>th</sup> February, 2009	NCD core team	15
24 <sup>th</sup> February	Workshop for taxi, mini van and mini bus drivers at the Salvation Army conference room	32
13 <sup>th</sup> March, 2009	Meeting with the FSM core team, brief on their work plan	4
March, 25 <sup>th</sup>	MOH mini conference room – FSM team and MOH team to brief DSPH and get his approval to go ahead	6
April 1 <sup>st</sup> and 2 <sup>nd</sup>	National review of the NCD strategic plan at the FMA hall (List below)	30
April 6 <sup>th</sup> , 2009	Meeting with the cancer core team – Dr James Fong, Raymond St Julian Dr Isimeli Tukana	3
April 14 <sup>th</sup> , 2009 @2pm	Meeting with the healthy food choice core team – Shobna Shalini, Jimaima Shultz, Ateca Kama, Jiutatia Jikoitoga, Joji, Salome Tukana, Jessie Tuivaga, Penina Vatucawaqa, Nisha Khan, Litia Tuinakelo	10
April 21 <sup>st</sup> , 2009	Training for the Cent / East on toolkit	25
April 22 <sup>nd</sup> – 23 <sup>rd</sup>	Meeting with the stakeholders to review the NCD strategic plan at the CWM training room	25
April 28 <sup>th</sup> – 29 <sup>th</sup>	National Review for the Eye Care strategic plan	30
April 30 <sup>th</sup> – May 1 <sup>st</sup>	Training of Public health doctors on Suicide prevention at the FMA hall	25
May 20 <sup>th</sup> – 21 <sup>st</sup>	Northern division consultations, Labasa	35
May 25 <sup>th</sup> – 26 <sup>th</sup>	Central /Eastern consultations, Namosi house	35
May 27 <sup>th</sup> – 28 <sup>th</sup>	Western division consultations, Lautoka	40
June 5 <sup>th</sup>	Meeting for the Physical activity core group, mini conference room	10
11 <sup>th</sup> June, 2009	Meeting for the tobacco core group, conference room	8
11 <sup>th</sup> June, 09 ( 2-4pm)	Meeting for the A& I core team, conference room	5
June 29 <sup>th</sup> – July 3 <sup>rd</sup> , 2009	Physical activity training for PE teachers by MOH, FSM, MOE at the Studio 6 conference room	20
July	National Dieticians meeting	20
August 3 <sup>rd</sup> – 7 <sup>th</sup>	NCD WPR meeting Saitama Japan	
August 25 <sup>th</sup> – 28 <sup>th</sup>	Pacific NCD meeting Nadi	40
September 21 <sup>st</sup> – 25 <sup>th</sup>	WPR RCM meeting Hong Kong	
October 14 <sup>th</sup> – 16 <sup>th</sup>	Fiji Food Summit Nadi	
October 29 <sup>th</sup> – 30 <sup>th</sup>	National CSN Holiday Inn	40
November 3 <sup>rd</sup> – 5 <sup>th</sup>	National NCD SP	10
November 11 <sup>th</sup> – 13 <sup>th</sup>	National NCD STEPS Training, Studio 6	40
December 1 <sup>st</sup> – 3 <sup>rd</sup>	NCD Consultation, SPC Noumea	6