



National Noncommunicable Diseases Strategic Plan

2017-2021

Ministry of Health

Tuvalu

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Glossary of abbreviations

AGO	Attorney General's Office
BFH	Baby Friendly Hospital
DOA	Department of Agriculture
DOE	Department of Education
FCTC	WHO Framework Convention on Tobacco Control
M&E	Monitoring and Evaluation
MANA	Pacific Monitoring Alliance for NCDs to Action
MEYS	Ministry of Education, Youth & Sports
MFED	Ministry of Finance, Economic and Development
MOH	Ministry of Health
NCD	Non Communicable Diseases
NGO	Non-Governmental Organizations
PEN	Package of Essential NCD Interventions
PMH	Princess Margaret Hospital
SPC	Pacific Community
SSB	Sugar-sweetened beverage
TANGO	Tuvalu Association of NGO
TASNOC	Tuvalu Association of Sports & National Olympic Committee
TDA	Tuvalu Diabetes Association
TNCW	Tuvalu National Council of Women
TRC	Tuvalu Red Cross
TuFHA	Tuvalu Family Health Association
TPF	Tuvalu Provident Fund
WHO	World Health Organization

Foreword

Since the first Tuvalu National Noncommunicable Diseases (NCDs) Strategic Plan, the global, regional and national support for addressing the NCD crisis has grown. Although NCDs continue to be the leading cause of death among the adult population of Tuvalu, several cost effective interventions have been identified to reduce the burden of NCDs. Through this new National NCD Strategic Plan Tuvalu will implement several interventions to prevent and manage NCDs. The expected outcome of this plan is to reduce the number of people with behavioral risk factors for NCDs while also identifying those at high risk for developing NCDs.

This NCD Strategic Plan was informed by Tuvalu's 2015 NCD STEPS survey. It was developed and will be implemented through a multi-sectoral approach. As such, not only will the National NCD Committee be revitalized to provide oversight for this strategic plan, but working groups will be formed to implement the planned interventions.

My sincerest appreciation and congratulations to the Tuvalu National NCD Committee who worked tirelessly to develop this plan. If we implement all that we have set out in this NCD Strategic Plan, we will have a positive impact on the health of the people of Tuvalu.

Fakafetai lasi,

Dr. Nese Ituaso-Conway

Director of Health

Acknowledgements

On behalf of the Ministry of Health, I would like to extend a special thank you and Fakafetai Lasi to the Government and non-governmental organization (NGO) representatives and the members of the NCD Core team from the Public Health Unit who contributed and supported the development of our NCD Strategic Plan (2017-2021).

It is our hope that the NCD Strategic Plan (2017-2021), will be a guiding tool of interventions that will help us address the NCD crisis in Tuvalu.

Special thanks and gratitude to our colleagues from the World Health Organization, Dr. Ada Moadsiri, Dr. Francisca (Anchit) Cuevas, and Dr. Wendy Snowdon for providing technical support during the development of the strategic plan. Our sincere appreciation to WHO for providing the funding that enabled us to accomplish our NCD Strategic Plan (2017-2021).

Fakafetai lasi,

Ms. Meiema Lusama
National NCD Coordinator
Ministry of Health

Executive summary

Aligning to the Tuvalu *Te Kakeega III*'s mission which includes “to achieve higher standards of quality health and education for all Tuvaluans,” the Ministry of Health has made a concentrated effort to strengthen its own capacity to deliver services to prevent and manage noncommunicable diseases (NCDs) as well as engage partners across government and non-government sectors to address the NCD crisis.

According to the Tuvalu Health Report (2015), 4 of the 5 leading causes of death in Tuvalu in 2015 were NCDs. Preliminary results from the 2015 Tuvalu NCD STEPS survey indicates high levels of obesity (62.2%), tobacco use (35.0%), binge alcohol drinking among drinkers (18.7%), and hypertension (42.2%), as well as low levels of physical activity (31.6%) among adults aged 18-69 years in Tuvalu. Approximately 64% of Tuvaluans have 3 to 5 risk factors for NCD.

The National NCD Strategic Plan includes interventions identified in the *Te Kakeega III* and Pacific region frameworks such as the Healthy Islands Monitoring Framework (including Tobacco Free Pacific 2025), the Pacific NCD Roadmap and the Pacific MANA Dashboard for NCD Action. These interventions include raising taxes on unhealthy products such as tobacco alcohol and sugar-sweetened beverages, applying settings-based approaches to implement NCD-related policies and education and awareness programs, and adopting national guidelines for NCD care and management.

Tuvalu has conducted many of the key activities from the first NCD Strategic Plan (2011-2015) including recruitment of a National NCD coordinator, included physical education in school curricula, sustained the inter-school sports competition, contributed to the development of updated food-based dietary guidelines, banned most forms of tobacco advertising, promotion and sponsorship, and reviewed existing alcohol legislation. The 2015 NCD STEPS survey results indicate that accelerated efforts are required if Tuvalu is to achieve regional and global NCD targets.

National NCD Strategic Plan development process

In March 2017, a multisectoral group of stakeholders gathered to draft the National Noncommunicable Diseases Strategic Plan (2017-2021), a participants list is included as Annex I. The participants reviewed the results of the 2015 NCD STEPS survey and progress against the previous NCD Strategic Plan. The group considered previous NCD targets as well as the Global Voluntary NCD Targets when developing the goal and targets for the new NCD strategic plan.

The current strategic plan includes the four major behavioural risk factors: tobacco use, harmful use of alcohol, physical inactivity, and poor nutrition. The nutrition component also includes consideration of the double-burden of malnutrition and food security issues.

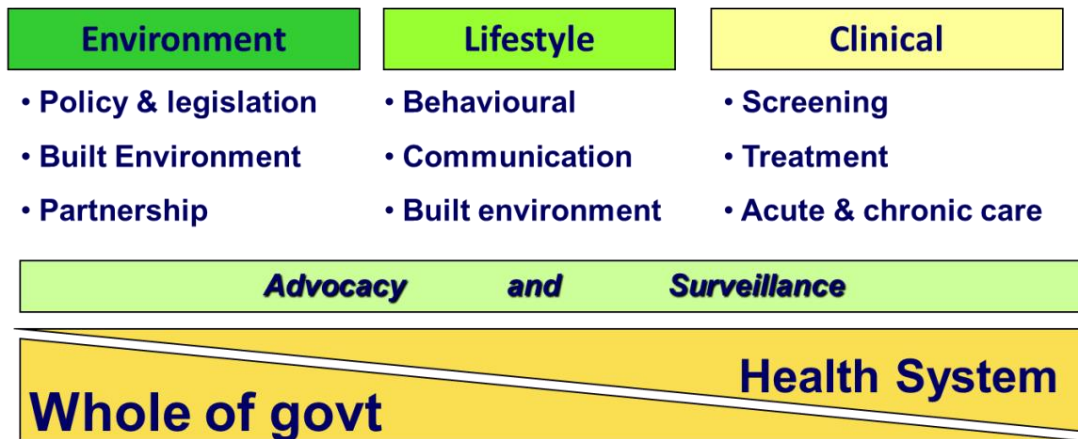
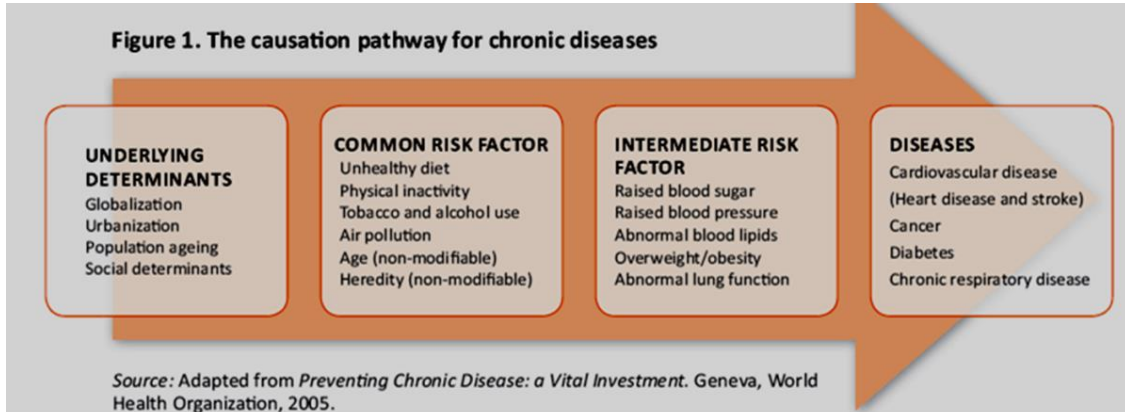
The other components of the strategy include NCD leadership and management which focus on implementation and oversight of the strategic plan as well as capacity building to enable delivery of the plan. The secondary and tertiary prevention component of the plan focuses on identifying those with NCDs who are asymptomatic through screening as well as providing support and services for those who have been diagnosed with NCDs in order to prevent complications.

This strategic plan is a medium term plan covering four years. The second STEPS survey is anticipated in 2020 or 2021. As such, the results of the STEPS survey may be used to assess achievement against targets in this strategic plan as well as the Global Voluntary Targets.

In addition to the strategic plan, terms of reference for the National NCD Coordinating Committee and subcommittee working groups were developed and submitted to necessary authorities for endorsement.

Introduction

The National NCD Strategic Plan takes into consideration the underlying causes as well as the modifiable and intermediate risk factors of NCDs as depicted in Figure 1.



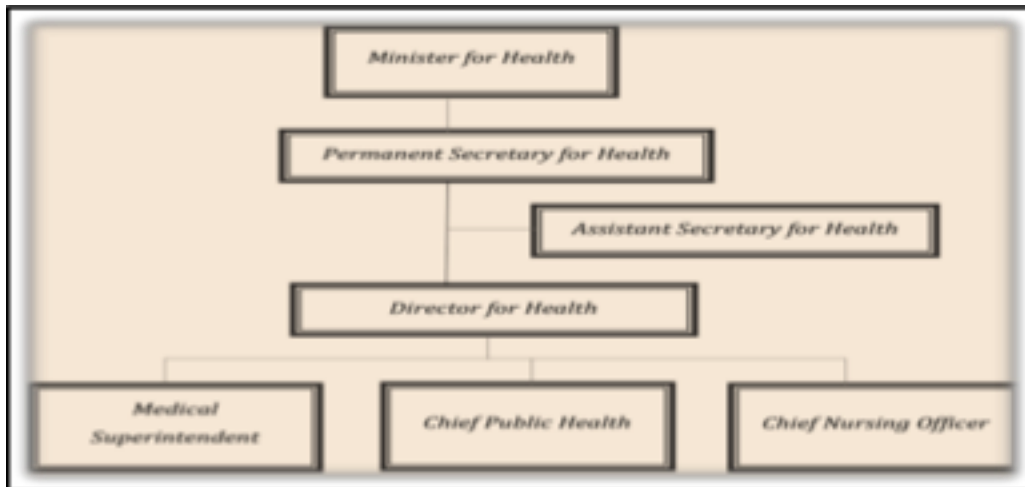
In recognition of the cross-cutting nature of NCD prevention, a multisectoral approach was taken to develop the NCD Strategic Plan. This strategic plan includes interventions aimed at establishing an environment to support healthy behaviours as well as education and awareness to support behaviour change.

Additionally, the NCD Global Voluntary Targets of the Global Monitoring Framework for NCDs were considered when developing the targets for this strategic plan. The Global Monitoring Framework for NCDs is intended to “track implementation of the *NCD Global Action Plan* through monitoring and

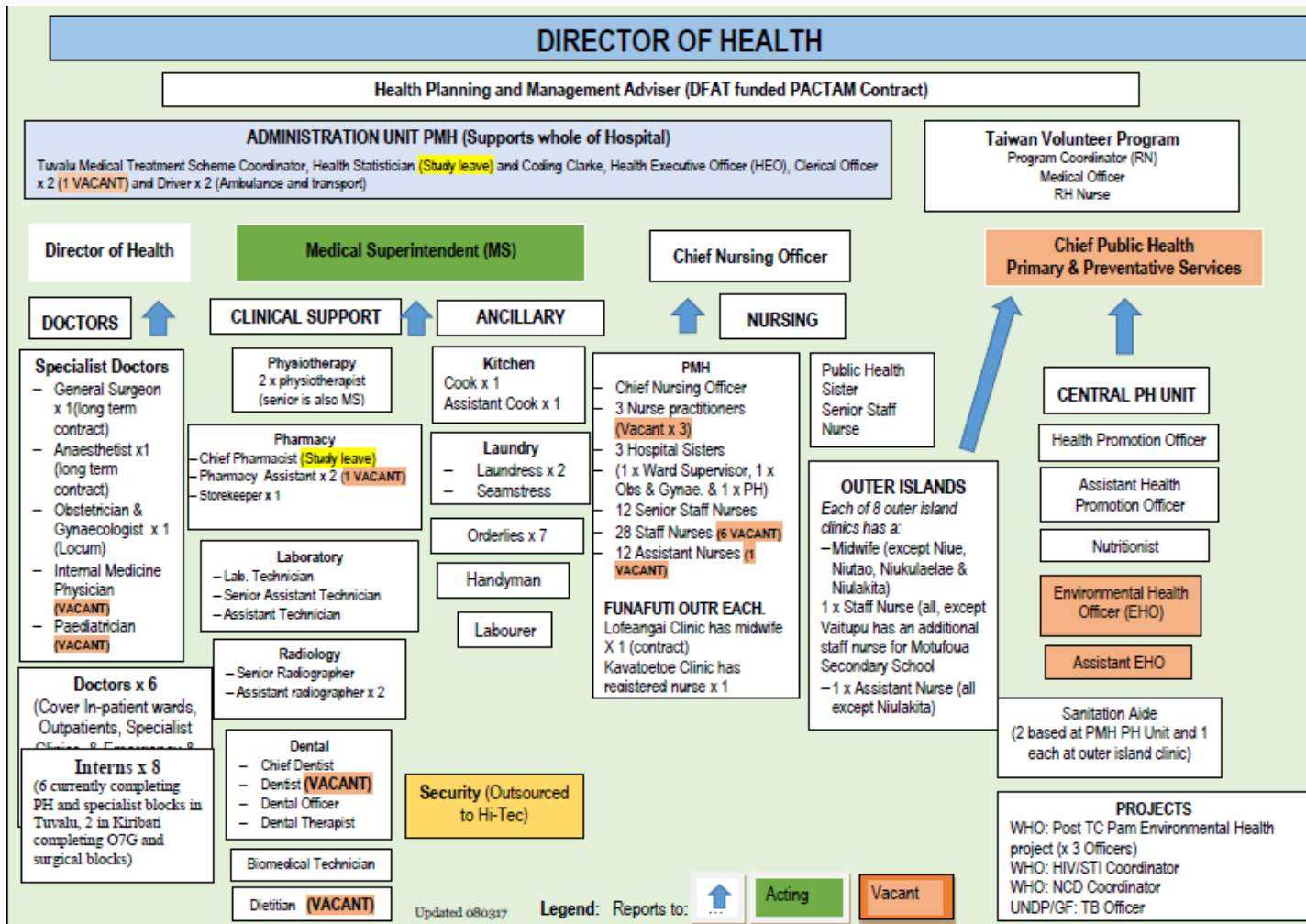
reporting on the attainment of the 9 global targets for NCDs by 2025” (against an estimated 2010 baseline).¹

The components of this NCD Strategic Plan are:

1. NCD Leadership and management
2. Physical activity
3. Nutrition
4. Tobacco Control
5. Alcohol Harm Reduction
6. Secondary and tertiary prevention
7. Monitoring, Evaluation and Surveillance



¹ WHO. (2017). About 9 Voluntary global targets. Available from: <http://www.who.int/nmh/ncd-tools/definition-targets/en/>



Goal and targets

Goal: To reduce the burden of NCDs, thereby reducing premature death from NCDs in Tuvalu.

Targets²:

a. Improve physical activity levels amongst population by 25%

2015 baseline (Insufficient physical activity): Men: 14.4% Women: 35.3% Both: 25.3%

b. Improve proportion of population consuming at least 3 or more servings of fruits and vegetables per day on most days of the week by 15%

2015 baseline: Men: ? Women: ? Both: 9.0%

c. Reduce current tobacco smoking rates by 10%

2015 baseline: Men: 48.6% Women: 22.4% Both: 35.0%

d. Reduce binge drinking (i.e., heavy episodic drinking) prevalence by 10%

2015 baseline: Men: 36.1% Women: 2.7% Both: 18.7%

e. Reduce Diabetes incidence by 10%

2015 Baseline³: Men: 8.4% Women: 11.7% Both sexes: 9.9%

f. Reduce Hypertension prevalence by 10%

2015 Baseline⁴: Men: 41.9% Women: 42.6% Both sexes: 42.2%

g. A halt in the rise of obesity

2015 Baseline: Men: 55.2% Women: 70.7% Both sexes: 62.2%

² Baseline measures are based on the 2015 NCD STEPS survey

³ Using fasting plasma glucose ≥ 7.0 mmol/L or on meds

⁴ Using systolic ≥ 140 mmHg and/or diastolic ≥ 90 mmHg incl. those currently on meds

Component 1: NCD leadership and management

Strategy	Activities	Indicators (Target)	Timeline	Lead agency	Budget	Progress
1.1 Advocate for political commitment	A. Submit National NCD Committee TORs and National NCD strategy (2017-2021) for cabinet endorsement	TORs and strategy endorsed by Government	April	MOH	N/A	
1.2 Effective multisectoral engagement in NCD Strategy	B. National NCD Committee meetings biannually to monitor progress	Number of meetings held (2/year)	January, April, July, October	MOH	6,500/year	Plan for week 4 Feb 2018
	C. Establish NCD subcommittee working groups for physical activity, nutrition/healthy eating, tobacco control, alcohol harm reduction, NCD management	<ul style="list-style-type: none"> Working group members obtain endorsement form their department/org. (at least 5 different dept/org. represented) Membership lists presented to National NCD Committee 	First meeting called before July 2017; subsequently as needed	Physical Activity: TRC Nutrition: Agriculture Tobacco: Customs Alcohol: Faifeau of Youth	5,000/year	
	D. Strengthen the role of the Tuvalu Diabetes Association and other NGOs in implementing the National NCD Strategy	<ul style="list-style-type: none"> Campaign drives to increase membership TDA's Diabetes Action Plan developed Participation in informational presentations to other sectors 	<ul style="list-style-type: none"> On-going September 2017 On-going 	TDA	5,000/year	
1.3 Capacity building	E. Public health staff annual work plans include actions to progress the National NCD Strategy	<ul style="list-style-type: none"> Work plans developed and aligned to National NCD Strategy as appropriate Include NCDs in any CME opportunities 	Annually	MOH	In-kind	March 2018 CCB/Profiling

	F. Induction trainings for National NCD Subcommittees in preparation for implementation of activities	<ul style="list-style-type: none"> • Induction trainings developed (at least 1 per topic) • Induction trainings held (at least one per working group) 	<ul style="list-style-type: none"> • By October 2017 • Annually 	Each working group	5,000/year	Feb week 4 2018
	G. Establish awareness and education opportunities related to NCD prevention and management for government sector, NGOs, communities	Informational presentations developed and delivered (at least 1 per topic to at least 1 dept./org)	On-going	Each working group with technical support from MOH	4,000/year	

Component 2: Physical activity

Strategy	Activities	Indicators (target)	Timeline	Lead agency	Budget	Progress
2.1 Develop and strengthen policies that promote physical activity (PA)	A. Encourage adherence to government policy to participate in weekly government PA program	Participation in the PA program sustained (no decrease from baseline)	On-going	MOH (each department)	In-kind	
	B. Encourage non-government sector participation in weekly government PA program	NGO/non-government sector participants in the PA program (Target: at least 3 new organizations in the first year)	Start in March 2017; on-going	PA working group	In-kind	
2.2 Increase opportunities and accessibility for PA in the community	C. Organize PA programs for community groups (considering accessibility)	Plan with Kaupule and community group representatives (e.g., women, youth, church, etc.) developed Number of groups participating (Target: At least 2 per topic area per year)	Annual On-going	PA working group	8,000/year	
	D. PA campaign increase awareness about how to increase physical activity among different target audiences	PA campaign plan developed (possibly including PA song competition, daily radio PA time, community-based events, etc.)	September 2017	PA working group with MOH	10,000 (initial) 25,000/year for radio air time and community programmes	

2.3 Support PA in schools	E. PA integrated into breaks at schools	Program package (including equipment) discussed and agreed with all schools in Tuvalu	March 2018	PA working group and MEYS	32,000 (initial)	MOE Visit
2.4 Develop workplace PA programs	F. Introduce PA program in workplaces	<ul style="list-style-type: none"> Number of workplaces with a PA program (at least 5 with regular participation) 	Begin in 2018 (on-going)	PA working group	5,000/year	In progress
2.5 Increase accessibility for youths to be involve in PA system	G.Improve facilities by having recreational and fitness centres and a play centre for the children	<ul style="list-style-type: none"> Number of youths will involve and lessen the number of youths drinking alcohol 	Begin in 2008	PA working group		
		<ul style="list-style-type: none"> 				

Component 3: Nutrition and healthy eating

Strategy	Activities	Indicators (target)	Timeline	Lead agency	Budget	Progress
3.1 Increase public awareness on nutrition and healthy eating	A. Review and update the National Food Policy	Draft of proposed amendments	July 2017	Nutrition Working group	800	
	B. Tailor new Pacific food-based dietary guidelines for Tuvalu as needed and produce IEC materials	Food-based dietary guidelines in Tuvaluan published	February 2018	MOH (Nutrition)	5,000	
	C. Educational program on making healthy choices (e.g., reading food labels, cooking tips, etc.)	<ul style="list-style-type: none"> Number of materials developed (e.g., tools for health care workers to use and/or for display at PMH such as flip charts, videos, etc.) Number of face-to-face group education sessions held 	June 2018	MOH (Nutrition)	25,000	
	D. Develop and implement School Food Policy	Endorsed School Food Policy developed	September 2018	Nutrition Working group with MEYS	2,500	
	E. Develop Salt Reduction Strategy and Campaign	<ul style="list-style-type: none"> Salt reduction strategy developed Salt reduction campaign developed 	September 2017	MOH (public health)	5,000	
	F. Implement healthy eating counselling at primary health care	Primary health care nurses trained on PEN protocol 2 (integrating tools developed in 3.1.c)	February 2018	MOH	Recurrent budget	

3.2 Strengthen food security (availability, accessibility, and affordable)	G. Establish nurseries and gardens and increase trade between outer islands and Funafuti	Support program for establishing community or home gardens developed Identify recommendations for how to increase trade of fruits, vegetables, and staple crops trade between Funafuti and the outer islands and submit to the National NCD Coordinating Committee	Jan 2018 September 2018	DOA	10,000 (is related to MOA work plan)	
	H. Public education campaigns and training on planting fruits and vegetables	Campaign materials developed and launched (targeted at primary and secondary school students, community groups (incl. youth, women, and persons with disabilities))	March 2018	Nutrition Working group with DOA	6,000	
	I. Youth-led agricultural projects	Youth-led agricultural projects developed (at least 1 per island per year)	March 2018 On-going	DOA	5,000 (is an existing part of MOA work plan)	
3.3 Strengthen enforcement of the food safety	J. Continue to conduct shop and restaurant inspections	Shop and restaurant inspection schedule developed 100% of shops and restaurants inspected at least one time per year	June 2017 On-going	MOH	Recurrent budget	

	K. Develop public awareness campaign on the Food Safety Act and Regulations	Campaign materials developed and launched	February 2018	MOH	8,000	
	L. Conduct awareness sessions with shops and restaurants about the Food Safety Act	Awareness sessions carried out with all shops and restaurants	September 2018	MOH	7,500	
3.4 Promote breastfeeding	M. Undertake BFHI internal review and strengthen areas which need improvement to prepare for an external assessment and accreditation process.	PMH endorsed as a BFH	Begin in November 2018	MOH	15,000	
3.5 Decrease affordability of sugar-sweetened beverages (SSBs)	N. Increase excise tax on sugar-sweetened beverages	Increased excise tax (excise tax is at least 30% of retail price by 2021)	July annually	Customs and MOH	In-kind	

Component 4: Tobacco control

Strategy	Activities	Indicators (target)	Timeline	Lead agency	Budget
4.1 Amend and Enforce Tobacco Control Act	A. Amend the Tobacco Control Act to align with WHO FCTC	Amendments drafted Consultations on amendments conducted	April 2017 May 2017	MOH	2,000
	B. Develop/amend Tobacco Control Regulations	Tobacco Control Regulations drafted	January 2018	MOH	Recurrent budget
	C. Train and deputize public health staff as tobacco control enforcement officers	Trainings conducted (all public health staff)	September 2017 (and as needed)	MOH	5,000
	D. Develop and implement awareness campaign on all islands (incl. ships) about the tobacco control laws Enforcement mechanism	Campaign messaging and materials developed Spot fine mechanism developed and proposed	February 2018 September 2017	MOH AGO with MOH	10,000
4.2 Protect people from second-hand smoking (SHS)	E. Develop and distribute no smoking signage to public places under the Act	No smoking signage developed and distributed	October 2017	MOH	8,000
	F. Develop a smoke-free homes campaign and commemorate World No Tobacco Day	Campaign messages and materials developed	May annually	Tobacco Control working group with MOH	7,500/year

4.3 Warn people about the dangers of tobacco	G. Develop awareness programs on the dangers of tobacco and SHS for implementation in schools, workplaces, and communities	Campaign materials developed Programs implemented in various settings (at least 3 different settings per year)	March 2018 May 2018	Tobacco Control working group with MOH	9,000/year
4.4 Raise tobacco taxes	H. Hold meetings to develop proposal to increase tobacco taxes (on cigarettes and other tobacco) (also preferably implement as an excise tax)	A tobacco tax proposal developed and proposed (annually) Excise being at least 70% of retail price by 2021	Every July	Tobacco Control working group with customs and MOH	Recurrent budget
	I. Propose including tobacco under the liquor board if requirement of businesses to have license to sell tobacco is passed	A formal proposal for tobacco licensing to be included as responsibility of the liquor board developed	February 2018	Home Affairs	3,000
4.5 Provide cessation services	J. Develop IEC materials to increase motivation to quit	Cessation materials developed	May 2018	MOH	10,000
	K. Train public health and primary health care staff on brief tobacco cessation intervention	Training carried out (all primary health care nurses and physicians trained) 100% of primary health care facilities with at least one health care provider trained on BTI 20% annual increase in coverage of cessation services provided to eligible patients	February 2018	MOH	6,000

	L. Provide nicotine replacement therapies (NRTs) as appropriate	Staff trained to prescribe and counsel patients using NRTs (at least 1 MOH staff) NRTs procured and provided to patients as appropriate	October 2019	MOH	5,000/year
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Component 5: Alcohol harm reduction

Strategy	Activities	Indicators (target)	Timeline	Lead agency	Budget
5.1 Review, amend and enforce alcohol legislation	Identify amendments to the Liquor Act (e.g., sales not allowed within specific # of metres of schools, churches, etc.)	Amendments to the Liquor Act drafted , consultations held and submitted to Cabinet (within 3 months of drafting)	April 2018 (for draft) July 2018 (for submission)	MOH	2,500
	Develop spot fine mechanism for violators of the Liquor Act	Spot fine mechanism drafted	April 2018	MOH with AGO	3,000
	Increase tax on alcohol (preferably also establish an excise tax on alcohol)	Tax proposal drafted and submitted	July 2018		
5.2 Warn people of the potential dangers of alcohol consumption	Develop point-of-sale health warnings	Health warnings developed and posted at points-of-sale	October 2018	MOH	8,000
	Provide training to on-site licensees to prevent service to severely intoxicated persons	Develop training materials Carry out training (all on-site license holders trained)	March 2020 (on-going)	Alcohol harm reduction working group	4,000
5.3 Develop support services to prevent negative effects of harmful use of alcohol	Training for women’s groups, community group to support those affected by other people’s alcohol use	Training developed Training delivered (at least once per year)	November 2018 March 2019	TNCW with MOH	6,000

Component 6: Secondary and tertiary prevention

Strategy	Activities	Indicators (target)	Timeline	Lead agency	Budget	Progress
6.1 Strengthen implementation of standard treatment guidelines for NCD services	<p>Integrate PEN protocols into Tuvalu standard treatment guidelines as appropriate (including referral mechanisms) and into the health information system</p> <p>Train primary health care staff on implementing the standard treatment guidelines</p> <p>Monitor the implementation of the standard treatment guidelines</p> <p>Coordinate NCD care across levels of care (community to primary to secondary) and across divisions/sections of the health system</p>	<ul style="list-style-type: none"> • Training on standard treatment guidelines carried out (all primary health care staff) • Monitoring plan for implementation of the standard treatment guidelines developed • 100% of primary health care facilities with at least one health provider trained on PEN • 95% of registered patients managed according to the standard treatment guidelines • PEN steering (or NCD care coordinating) committee organized and functional according to TOR 	<p>June 2018</p> <p>On-going</p>	MOH	10,000	PEN Evaluation in progress
6.2 Improve compliance rates among NCD patients	Develop a protocol for follow-up with NCD patients	<p>NCD patients defaulting on appointments are followed-up by MOH staff (at least 80% follow-up)</p> <p>One adherence study conducted by end of 2017; recommendations disseminated and complied with by the end of the first year</p>	Starting June 2018 (quarterly)	MOH	5,000/year	<p>In progress</p> <p>Activate N/S Clinics</p> <p>Reminder notice – word by mouth /Pt Appointment Card</p>

	Develop an awareness program for community members to encourage and support regular follow-up for NCD management services	<p>Awareness program is developed and disseminated</p> <p>One community-based NCD care group per catchment community established and functional according to TOR</p>	April 2018	MOH	15,000	
6.3 Strengthen secondary prevention of NCDs	<p>Implement NCD screening in workplaces</p> <p>Establish a team comprise of a Doctor, Nurse doing prevention approach</p> <p>Implement NCD screening programs for vulnerable populations</p> <p>Implement outreach and house visit program as well as individual visit in order to detect early</p>	<ul style="list-style-type: none"> • Workplace NCD screening and follow-up plan developed • Number of workplaces hosted NCD screening (at least 1 per quarter) • Baseline and annual CV risk profile of 80% of eligible population • 100% of population screened provided with healthy lifestyle counselling 	<p>July 2017</p> <p>On-going</p> <p>On-going</p>	MOH	6,000/year	
6.4 Strengthen access to ancillary services	Continue to implement referral system for NCD patients to eye clinic as appropriate	<p>Proportion of patients with diabetes with at least 1 referral for eye check per year (80%)</p> <p>100% of registered patients with diabetes with at least one HbA1c follow up test per year</p>	On-going	MOH	Recurrent budget	

		90% of registered patients with diabetes and/or hypertension with annual eye examination				
	Integrate brief education on foot care for patients with diabetes and care givers at wound care clinic sessions and outreach (part of 6.1)	<p>Brief education materials developed</p> <p>Decline in the proportion of patients with diabetes with foot wounds requiring surgery</p> <p>90% of registered diabetes clients with comprehensive annual foot examination and foot care counselling</p>	June 2018	MOH	5,000	

Component 7: Monitoring, evaluation, and surveillance

Strategy	Activities	Indicators (target)	Timeline	Lead agency	Budget	Progress
7.1 Monitor implementation and evaluate impact of NCD interventions	Monitor participation in the National Friday PA Policy (began on 24 February 2017)	Participation summaries consolidated (quarterly)	Last Friday in May, August, November, February annually	Chairpersons of the NCD working groups	8,000/year	
	Monitor the import of select unhealthy products such as tobacco, alcohol, and sugar-sweetened beverages	Summary report of import quantities, revenue collected, and pricing data for tobacco, alcohol, and sugar-sweetened beverages	Annually in June	Customs with MOH	Recurrent budget	
	Evaluation of the NCD Strategic Plan interventions	Each NCD programmatic intervention has an evaluation component	Varies	Varies	Included as part of interventions	
7.2 Strengthen NCD Surveillance and reporting	Submit annual updates to MANA Dashboard	MANA dashboard updated	Annually	MOH	Recurrent budget	
	Maintain and regularly share data on key health indicators	Annual health statistics on NCDs reported	Annually	MOH	Recurrent budget	
	Repeat NCD STEPS Survey	Second NCD STEPS Survey implemented	2020	MOH with WHO	70,000	

	Repeat youth NCD-related surveys	Repeat Global Youth Tobacco Survey	2017	MOH with WHO	10,000	
		Repeat Global School-based Health Survey	2019	MOH with WHO	10,000	
7.3 Monitoring of NCD Services	Monitor NCD patient medical adherence	Develop and pilot a mechanism to monitor patient medical adherence	February 2019	MOH	10,000	In progress
	Monitor NCD service provision	Develop a protocol for monitoring NCD service provision at points of care 100% of primary health care facilities receiving at least two monitoring visits annually	December 2017	MOH	Recurrent budget	In progress
	Monitor NCD medicine and technology stock supply	Develop a protocol for monitoring NCD medicine and technology stocks 100% of primary health care facilities submitting a monthly inventory report of NCD drugs and supplies Less than 10% of primary health care facilities reporting more than one month stock out of any	March 2018	MOH	Recurrent budget	

		of the following NCD drugs (anti-hypertensives, statins, aspirin, metformin and sulfonylureas)				
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Terms of reference for National NCD Committee

- Advocate for the implementation of the NCD Strategy nation-wide
- Assist the Ministry of Health (MOH) in promoting healthy lifestyles
- Promote non-communicable disease (NCD) prevention measures in their respective organization/department
- Consult with and assist MOH in the mobilization of government and non-government resources – from the national budget and aid donors –to prevent and control NCDs.
- Provide direction and advice to any NCD working group to address national responses to the wide range of NCD issues that affect each island community.

Membership

(A representative from senior management of the following departments/organizations)

- Ministry of Health – Primary & Preventive and Curative Services
- Ministry of Education, Youth and Sports – Youth, Education and Sports
- Ministry of Natural Resources – Agriculture Department
- Ministry of Finance and Economic Development – Budget and Planning, Tax and Inland Revenue, Customs, Price Control
- Ministry of Foreign Affairs, Trade, Tourism, Environment and Labour – Trade Department, Small Island States Desk Officer (Forum Secretariat)
- Office of the Prime Minister – Attorney General’s Office, Department of Gender Affairs, Tuvalu Media, Tuvalu Police Force
- Ministry of Home Affairs and Rural Development – Rural Development Department
- Tuvalu Association of NGOs (TANGO)
- Tuvalu National Council of Women (TNCW)
- Tuvalu National Private Sector Organization (TNPSO)
- Tuvalu Red Cross Society (TRCS)
- Tuvalu Family Health Association (TuFHA)
- Tuvalu Diabetes Association (TDA)
- Fusialofa
- TASNOC
- Church representatives

Terms of Reference for National Physical Activity Working Group

1. Advise the National NCD Committee on policy, planning, and implementation of activities relating to physical activity.
2. Lead communication and advocacy within their organization/department about the importance of physical activity.
3. Support the coordination of input from their organization/department on physical activity activities as appropriate.
4. Liaise within their organization/department as appropriate to strengthen the effective implementation of the physical activity aspects of the National NCD Strategy.
5. Support advocacy strategies to promote the physical activity activities in the National NCD Strategy.

Terms of Reference for National Nutrition Working Group

1. Advise the National NCD Committee on policy, planning, and implementation of activities relating to nutrition, healthy eating, and food security.
2. Lead communication and advocacy within their organization/department about the importance of nutrition, healthy eating, and food security and any related legislative proposals.
3. Support the coordination of input from their organization/department on nutrition, healthy eating, and food security activities as appropriate.
4. Liaise within their organization/department as appropriate to strengthen the effective implementation of the nutrition, healthy eating, and food security aspects of the National NCD Strategy.
5. Support advocacy strategies to promote the nutrition, healthy eating, and food security activities in the National NCD Strategy.

Terms of Reference for National Tobacco Control Working Group

1. Advise the National NCD Committee on policy, planning, and implementation of activities relating to tobacco control.
2. Lead communication and advocacy within their organization/department about the importance of tobacco control and any related legislative proposals
3. Support the coordination of input from their organization/department on tobacco control activities as appropriate.

4. Liaise within their organization/department as appropriate to strengthen the effective implementation of the tobacco control aspects of the National NCD Strategy.
5. Support advocacy strategies to promote the tobacco control activities in the National NCD Strategy.

Terms of Reference for National Alcohol Harm Reduction Working Group

1. Advise the National NCD Committee on policy, planning, and implementation of activities relating to alcohol harm reduction.
2. Lead communication and advocacy within their organization/department about the importance of alcohol harm reduction and any related legislative proposals
3. Support the coordination of input from their organization/department on alcohol harm reduction activities as appropriate.
4. Liaise within their organization/department as appropriate to strengthen the effective implementation of the alcohol harm reduction aspects of the National NCD Strategy.
5. Support advocacy strategies to promote the alcohol harm reduction activities in the National NCD Strategy.

Annex 1. Participants List

NAMES OF PARTICIPANTS	SURNAME	DEPARTMENTS
1.VALISI	TOVIA	TANGO
2.SKEETER	LUSAMA	IRD-ISLAND REVENUE DEPARTMENT.
3.TOFIGA	FALANI	TUVALU DIABETIC ASSOCIATION
4.TOAIGA	SEMISI	TRADE DEPARTMENT
5.KITIONA	TAUSI	TNSPO
6.LOPATI	OKELANI	AGRICULTURE
7.LUSIESI	TAUTAI	FUSIALOFA
8.TAUPAKA	UATEA	FUSIALOFA
9.LANUOLA	KELETA	GENDER DEPARTMENT
10.SALAI	SUALO	PLANNING & BUDGETING
11.MILIKINI	FAILAUTUSI	RED CROSS SOCIETY
12.MELEANE	UHILA	TC PAM COORDINATOR(PUBLIC HEALTH)
13.MILIESI	LIFUKA	AG.ENVIRONMENT OFFI CER-(PUBLIC HEALTH)
14.PAUKE	MAANI	NUTRITIONIST-PUBLIC HEALTH
15.AVANOA	PAELATE	HEALTH PROMOTER (PUBLIC HEALTH)
16.MONICA	WU	ICDF TAIWAN HEALTH WORKER(PUBLIC HEALTH)
17.FAAILO	PASEFIKA	HIV/STI/UNIT
18.FENUATAPU	MESAKO	RHD (PUBLIC HEALTH)
19.TEMILO	SEONO	TB COORDINATOR (PUBLIC HEALTH)
20.VINE	SOSENE	HEALTH PROMOTER (PUBLIC HEALTH)
21.TAUPESA	LATASI	LABORATORY TECHNICIAN(PUBLIC HEALTH)
22.PELESALA	KALEIA	PHYSIOTHERAPIST (PUBLIC HEALTH)
23.ALAITA	TAULIMA	RHC (PUBLIC HEALTH)
24.MEIEMA	LUSAMA	NCD COORDINATOR (FACILITATOR)