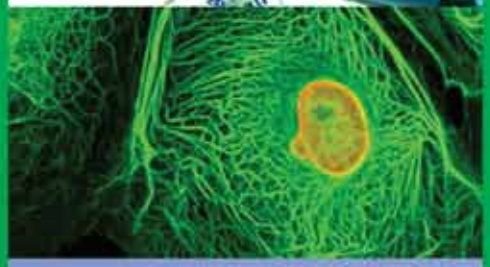
Non - Communicable Diseases Prevention and Control
NATIONAL STRATEGIC PLAN
2010 – 2014



"From Womb to Tomb with a Double Edged Sword"

Everyone's Business

MINISTRY of Health

Shaping Fiji's Health

One Body, Many Parts

The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body.

Now the body is not made up of one part but of many. If the foot should say," because I am not the hand, I do not belong to the body," it would not for that reason cease to be part of the body. And if the ear should say," Because I am not an eye, I do not belong to the body," it would not for that reason cease to be part of the body. If the whole body were an eye, where would the sense of hearing be? If the whole body were an ear, where would the sense of smell be? But in fact God has arranged the parts in the body, every one of them, just as he wanted them to be. If they were all one part, where would the body be? As it is, there are many parts but one body.

The eye cannot say to the hand, "I don't need you!" And the head cannot say to the feet," I don't need you!" On the contrary, those parts of the body that seem to be weaker are indispensable, and the parts that we think that are less honourable we treat with special honour. And the parts that are unpresentable are treated with special modesty, while our presentable parts need no special treatment. But God has combined the members of the body and has given greater honour to the parts that lacked it, so that there should be no division in the body, but that each part should have equal concern for each other. If one part suffers, every part suffers with it, if one part is honoured, every part rejoices with it

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Message by The Prime Minister of Fiji

I am delighted to share a few thoughts on Fiji's National Strategic Plan for Noncommunicable Diseases (NCD) Prevention and Control.

The rapid increase in the number of people suffering from NCDs presents one of the biggest challenges to healthcare systems in Fiji and the region. Although much has been done for NCD prevention and control, there is scope for a more co-coordinated approach for better health return. This will require government, public and private sectors and community to work hand in hand to build up an environment that makes healthier choices easier ones.

The Fiji Government is fully committed, through the Roadmap for democracy and sustainable Social – Economic Development (RDSSED) to safeguarding her people's health. The roadmap ensures community access to adequate primary and preventive health services as well as community access to effective, efficient and quality clinical and rehabilitation services.

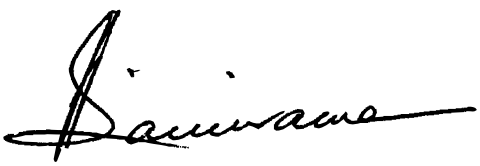
NCD prevention and control requires a shift in people attitudes and preferences. The current attitude, the changed detrimental eating patterns and the high cost lifestyle breeds increasing stresses and incidences of NCD among our people. These definitely need to change.

Attitude and behavior changes take time to make and require long term, sustainable and combined efforts of government, community and individuals. This is because the major NCD risk factors are often affected by issues beyond the health care sector. Intersectoral partnership is thus seen as the way forward as to manage NCDs more effectively and efficiently.

Health is no longer the business of Ministry of Health (MOH) alone but everyones business. This strategic plan serves not only as a Public Health (PH) document but also a development plan to bring our greatest asset, the people of Fiji, into better health and welfare with quality living. The plan calls for concerted effort on risk factors and sets out directions, which will help shape an environment that is conductive to NCD prevention and control.

I congratulate the Ministry of Health for this initiative and great vision through the leadership of the Minister Dr. Neil Sharma and the Permanent Secretary Dr. Salanieta Saketa. I also extend my sincere appreciation to the Deputy Secretary Public Health Dr. Josefa Koroivueta and his team who had spearheaded this plan and rising up to the occasion to address one of Fiji's main health concerns.

Yet the successful implementation of this strategic plan would not be possible without your active participation. By choosing to live in a healthy manner you too can contribute to our fight the rising trend of NCD. It's everyones business!!



Commodore Josaia V. Bainimarama
Honorable Prime Minister

Message by The Minister for Health

It is pleasure to share some thoughts on the National Strategic Plan for Noncommunicable Diseases Prevention and Control 2010 – 2014.

There is no doubt that lifestyle in Fiji has changed over the years as a result of urbanization and globalisation with accompanying benefits and challenges which include increasing incidences of overweight, obesity and NCDs as well as micronutrient deficiencies. The number of people with NCDs such as diabetes mellitus, heart diseases, cancers, accident and injuries keep growing, bringing increasing burden to individuals, their families and fiends and also society at large. There is more and more evidence that many NCD are the result of how we lived our lives such as consumption of unhealthy foods, heavy alcohol drinking, lack of exercise and smoking. All these habits are avoidable and thus most NCDs are preventable.

The MoH has taken the lead role in the formulation of this strategic plan to combat NCDs where risk factors are common and well known. The document provides an account of principles for the prevention and control of NCDs setting for the scope, vision, goals and strategic direction for Fiji. The emphasis on whole of Government and whole of society approach to NCD is important realizing that health is everyone's business and not MoH alone.

Fiji's NCD situation is like that of an epidemic and must be dealt with like any Public Health Emergency. At the same time, this strategic plan should be considered in the context of the greater Fiji economy and the well being of her people.

This document relies on the support of all stakeholders, therefore, I urge every sector in the community to consider, understand and support this strategic plan working in together as partners, we can make Fiji a healthier place to live in.

The MoH through Health Reform will pursue strengthening NCDs service provision through the introduction of new legislation and policies, procurement of better, affordable technologies, capacity building, improving clinical infrastructure and enhancing public – private partnership.

Dr. Neil Sharma
Minister for Health

Message by The Permanent Secretary for Health

As permanent Secretary for the Ministry of Health, I am indeed grateful to the Deputy Secretary for Public Health and his team that have put together this National NCD Strategic Plan.

NCD is the leading cause of mobility, 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 to our community and nation as a whole.

This strategic Plan is built on current prevention themes, while drawing references from innovations of the last National Strategic Plan and experiences in health promotion. Innovations to date include development of the cardiac catheterization laboratory, support to the regional eye unit, radiology, mammograms, CT scans, diabetes/ renal Hubs, to name a few. On the preventative side, the toolkit and green prescription, one stop shop, hospitals in the homes (HITH) are some innovations that will further develop. The Ministry of Health in line with RDSSED continues to pursue the provision of accessible, affordable, efficient and high quality healthcare and to strengthen community development leading to improved quality of life.

The plan calls for whole of government and whole of society efforts in the prevention and control on NCD. It spells out the need to address common risk factors of smoking, nutrition, alcohol and physical inactivity, and improved control via reoriented integrated health services.

The Ministry of Health is committed to reduce the burden of NCD through this plan and the whole of Fiji is encouraged to work in partnership, as a nation, to save our people from this disease burden.

Non – Communicable Diseases Prevention and control is everyone's business.

Dr. Salanieta Saketa
Permanent Secretary for Health

Acknowledgement

The Public Health Division of he Ministry of Health acknowledges God for this milestone achievement of a National NCD Strategic Plan 2010 – 2014.

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

In particular, we extend to the Minster for Health, Dr. Neil Sharma our sincere appreciation for this guidance and support towards this development 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 strategic plan.

Our sincere thanks are extended to the following people and organizations:

- Participants of the Division NCD Strategic Planning Workshop
- Participant of the stakeholders NCD Strategic Planning Workshop
- FSM Review Team of the NCD Strategic Plan 2004 – 2008
- Participants of the National NCD SP Review Workshop
- Participants of the National NCD SP Workshop
- Clinicians and other key persons.

We thank WHO, in particular, Dr. Chen Ken, Dr. Li Dan and the team for their technical assistance and support. We also thank Dr. Vilikesa Rabukawaqa and Fiji Health Sector Improvement Programme (FHSIP) for the 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 thank Dr. Temo Waqanivalu, immediate past National Advisor NCD for the last NCD Strategic Plan, the foundation of which this plan is built.

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

Dr. Josefa Koroivueta
Deputy Secretary Public Health

List of Abbreviations

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 Organisartions
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 YouthTobacco 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
RDSSED	Roadmap for Democracy and Sustainable Socio Economic Development
RMI	Republic of Marshall Islands
SPC	Secretariat of Pacific Community
TFI	Tobacco Free Initiative
2-1-22	2 Organisation, 1 Team, 22 Pacific Island Countries and Territories
WHO	World Health Organisation

Background Information

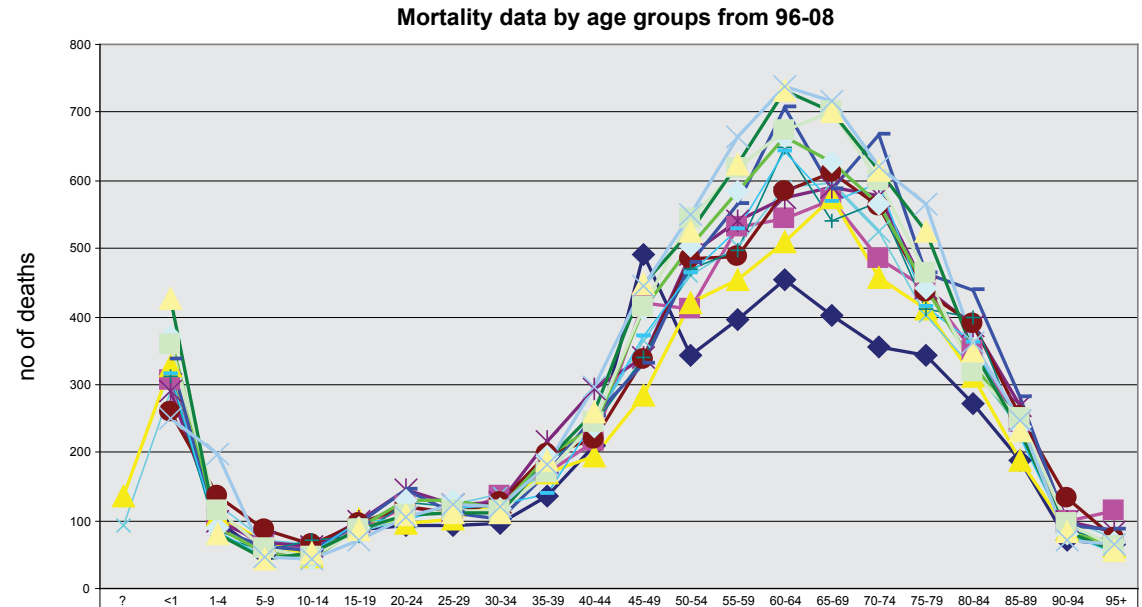
Fiji lies in the heart of Pacific Ocean midway between the equator and the South Pole and between the equator and between longitudes 175 and 178 west and latitudes 15 and 22 south. The Fiji Islands are made up of approximately 330 islands of which, one third are inhabited. There are two major islands Vitilevu and Vanualevu. Fiji's total area is 18,333 square kilometers.

In the National Census of 2007, the population of Fiji stood at 837,271. About eighty percent of the populations live on Vitilevu, sixteen percent in Vanualevu and four percent in the Maritime Islands. Fiji has a relatively young population with about 48 percent (402,991) persons below the age of 25 years. The number of people aged 60 years and over is estimated at 62,940 persons or 7.5% of the total population of 2007. About 18,000 births occur in Fiji each year with a crude birth rate and crude death rate of 21.0 and 7.2 per 1000 respectively.

The government's focus on health lies in preventative health care, whilst at the same time recognizing curative health care needs as an important entity that is all-inclusive in a national health system.

In the year 2000, it was noted that 82% of all deaths recorded in Fiji were attributed to NCDs, with coronary heart disease and stroke responsible for all deaths in the 40 - 59 age group.

Mortality Graph



	?	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
1996		315	98	50	57	86	92	92	97	135	210	490	343	396	453	401	354	342	272	187	70	64
1997		306	106	62	58	85	119	109	136	169	215	421	412	531	543	571	486	443	349	243	100	114
1998	135	327	107	69	47	102	96	101	126	170	195	283	420	454	510	576	458	412	313	189	88	62
1999	92	290	124	70	64	83	102	123	139	168	244	364	459	502	589	597	526	403	325	234	102	75
2000		289	98	67	63	98	144	124	128	215	292	340	491	542	573	590	578	443	385	270	100	84
2001		261	135	87	64	97	121	110	128	198	218	337	484	488	584	613	562	435	390	254	133	75
2002		311	78	56	71	77	126	120	121	181	242	339	468	497	648	539	568	412	398	226	85	69
2003		338	87	62	56	96	144	112	102	169	254	330	478	566	706	588	666	463	440	280	93	86
2004		316	83	47	51	100	103	116	124	140	247	371	463	527	641	569	597	414	361	223	81	54
2005		370	90	52	43	89	130	129	116	194	238	412	503	585	664	628	564	442	330	238	79	67
2006		359	115	58	46	88	109	114	114	169	244	414	543	619	674	700	600	463	319	249	95	62
2007		426	80	43	54	86	109	112	110	187	261	447	524	625	733	701	616	524	349	232	83	57
2008		249	198	45	42	70	104	124	120	183	296	446	549	663	737	718	621	564	360	246	71	65

Tobacco use (i.e. current smokers) has an overall prevalence of 36.6% (± 5.9) with 42.7% (± 6.3) of the current smokers on a daily basis for the 15-64 year olds in Fiji. The mean age of initiation of Tobacco use for both genders is approximately 18 years. There is generally low consumption of fruit and vegetables in the Fiji population aged 15-64 years with 65% (± 3.8) consuming less than one fruit servicing per day. The most common type of oil used in preparation of food in Fiji is vegetable oil. Only 1.2% of males and 0.6% of females consume 5 or more servings of fruit per day. For vegetable consumption, only 2.9% of males and 2.2% of females consume 5 or more serving per day; 26.4% of the population eats less than one serving of vegetables in a day.

45% of Fiji's population between the ages of 15-.64 had ever used alcohol and 23.8% have consumed alcohol within the past 12 months. 77.3% of drinkers were binge drinkers 65% had ever consumed kava, 79.6% of whom currently do so.

Women, people aged 35 years and over, urban dwellers and Indo Fijians are found to be the least active segments of the Fijian population. Research findings suggest that the adult Fiji population (15 – 64 years) is more likely to accrue their regular physical activity participation through functional rather than leisure time activities.

The overall proportion of the Fiji population aged 15 – 64 years who are overweight was 29.9% and obese was 18%. Females in Fiji were by far more obese than males by body muss index (26.4% versus 9.8%) and waist Hip Ratio (44.6% versus 4%) for abdominal obesity. There is evidence of monotonic rapid increase of obesity with age up to the 30 – 34 year age group implying that maximal weight gain is occurring in the younger generation in Fiji.

The prevalence of hypertension in 2002 is 19.1%, 63.3 % of whom were previously unrecognized. Ten percent of previous diagnosed cases were not on medication, 15.4% were on medication but not under control, and only 10.9% were on medication and having a controlled blood pressure. 20% use traditional or herbal medicine.

The prevalence of diabetes in 2002 in the 25 – 64 years age group in Fiji is 16.0%, 53.2% were previously unknown, 2.1% of known cases were not on medication, 32.2% were on medication but uncontrolled and only 12.5% were on medication and had normal fasting blood glucose. Diabetes is the most common cause of non traumatic amputations and the second most common cause of adult blindness in Fiji.

There is an average of 300 – 350 cancer cases registered annually with cancer of the cervix and cancer of the Breast being the top two cancers in Fiji.

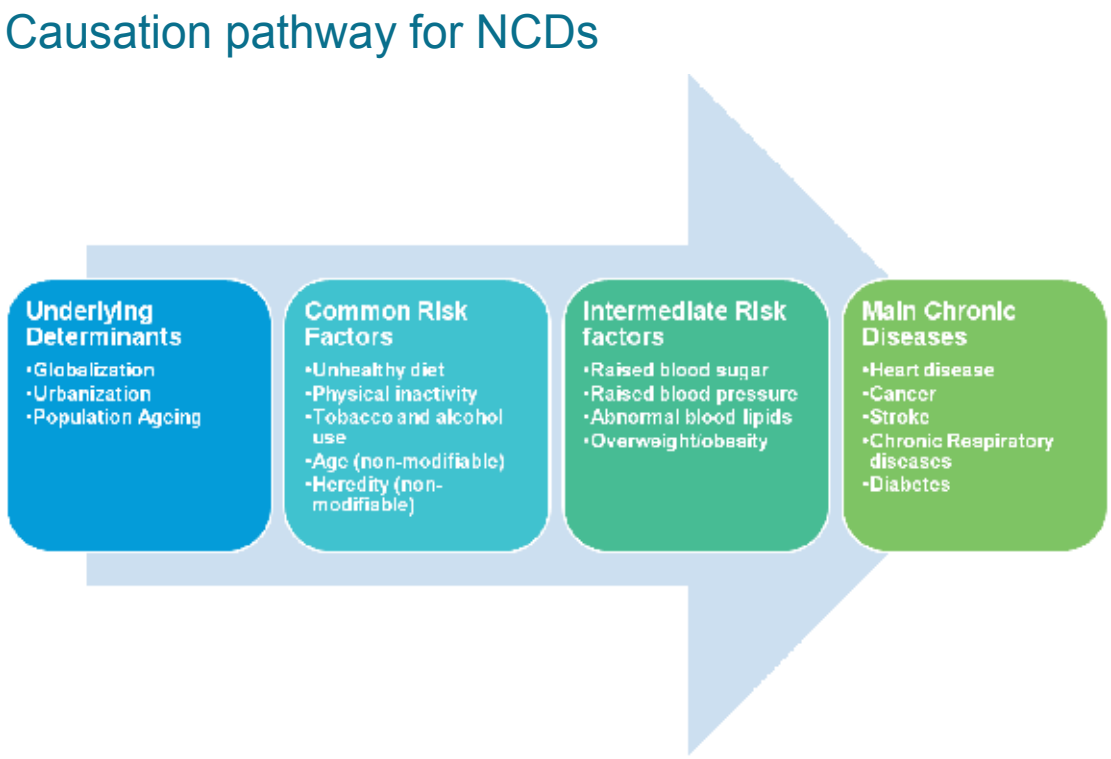
Noncommunicable disease trends continue to increase over the years and unless arrested through whole of government and whole of society collaboration, the trend will have devastating effects on our beloved Fiji.

Introduction

In formulating this National NCD Strategic Plan, the following strategic considerations were taken into accounts: -

A Government leadership and political commitment are essential to coordinate the necessary " whole of government" and "whole of society" response to Fiji's NCD burden

B The causation pathway for chronic diseases



An estimated 80% of diabetes and cardiovascular diseases and 40% of cancer could be avoided through healthy diet, regular physical activity and avoidance of Tobacco use. These common risk factors give rise to immediate risk factors such as raised blood pressure, raised blood glucose, unhealthy lipid profiles and obesity. In turn, the intermediate risk factors predispose individuals to diseases – cardiovascular, diabetes and cancer.

C The five (5) strategic action areas along an intervention pathway that corresponds to the NCD causation pathway

1] Environmental Level - through policy and regulatory intervention

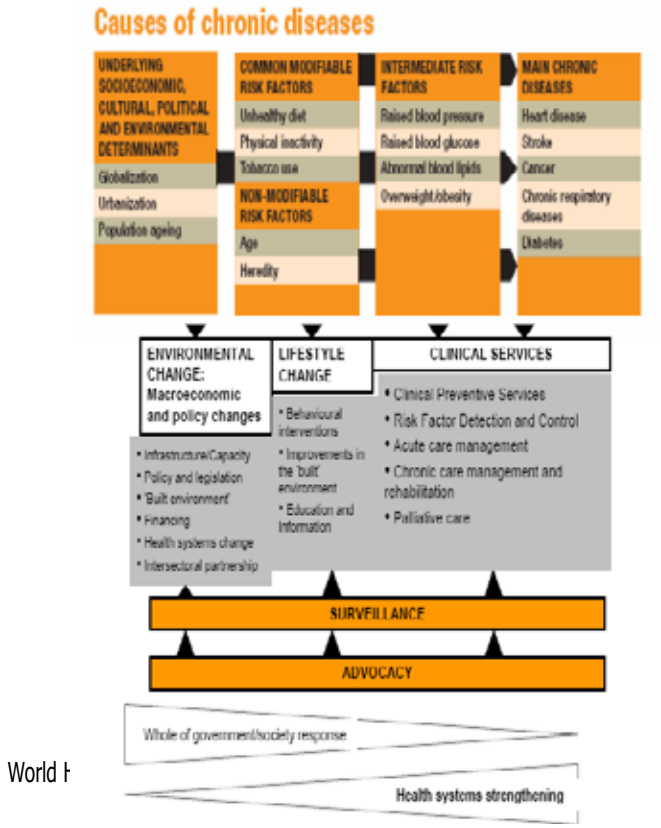
2] Lifestyle Intervention - population based at the level of common and intermediate risk factors

3] Clinical Intervention - at the level of early and established diseases

4] Advocacy - providing strategic actions in social mobilization, public education/ outreach, risk communication and advocacy for policy change that are relevant to NCDs.

5] Surveillance, Research and Evaluation - through STEPS SURVEY, MINI – STEPS, GYTS, NNS, TROPIC

Pacific Framework for Prevention and Control of NCD



Life course perspective beginning from conception and all through life approach – "Womb to Tomb".

Table on 2007 Census

(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							

Health is not merely an absence of disease but a state of complete physical, mental and social well being. Holistic approach involves the mind and the spirit as well as the physical.

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Noncommunicable Diseases also include blindness, deafness, oral diseases, accidents, injuries and mental diseases. These diseases have their own strategic plans and many of the interventions specified in this strategy have broad application.

This strategic plan has been specially aligned to the Pacific Framework for the Prevention and Control of Noncommunicable diseases and the 2-1-22 Pacific NCD Programme Implementation Plan 2008 – 2011. However, the plan is tailor made in response to the Fiji NCD STEPS Survey 2002, National Nutrition Survey (NNS), Obesity Prevention in Communities Project (OPIC), Health Information Unit (HIU), and National Tobacco Survey. It takes into consideration other national plans for Health Promotion, Nutrition, Diabetes and Divisional NCD Plans. The western pacific regional action plan for NCDs as well as other regions and national plans have been consulted in formulating our national strategy.

The NCD strategic plan is built 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 major NCDs and their risk factors.
Outcome focused	- ensuring optimal investment of resources with greatest health gains through monitoring of health outcomes
Multisectoral Collaboration/ Partnership	- 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 Intervention	- consistent with principles of health promotion and standard treatment guidelines for optimal clinical management.
Universal Access	- striving for equity in NCD care at all levels at all times irrespective of ethnicity, colour or creed
Natural (life course) approach	- systematic address of the cumulative adverse effects by fostering NCD care from womb to tomb.
Innovative	- linking health promotion and NCD prevention and control to inbuilt environment innovations.
Technical and evidence based	- ensuring optimal investment in mouth, muscle and medicine through technical and evidence based initiatives.
Yahweh	- acknowledging God as shepherd for NCD care in Fiji.

There are 2 major priority areas in the plan, each priority area have 4 components each. Each component has 5 strategic intervention areas applied to life course considering body, mind and spirit. The "whole of government" and " whole of society" response remains the focus of the 2010 – 2014 National Strategic Plan for Noncommunicable Diseases Prevention and Control in Fiji.

GOAL

Fiji with a healthy lifestyle population

AIM

Improve Fiji National NCD status by 5% in 2014

OBJECTIVES

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

Component 1: SMOKING

<table>
<tr><td>Global evidence</td><td>Tobacco is the only consumer product that harms every person exposed to it and kills half of its regular users. Approximately 650 million smokers alive today – 10 percent of the current world population – will eventually succumb to tobacco related disease. An increasing proportion of those deaths will occur in low and middle income countries, which will be faced with the severe consequences of the epidemic's financial, social and political effects Non-smokers exposed to second-hand smoke at home or at work increase their heart disease risk by 25 to 30% and lung cancer risk by at least 20 to 30 percent
Tobacco kills more than 5 million people annually and accounts for about 8.8% of all global deaths and 4.2% of disabilities
(The Tobacco Atlas 3rd Edition, 2009)</td></tr>
<tr><td>Regional Evidence</td><td>41% of the global tobacco leaf production occurs in the Western Pacific Region (WPR). 22% of countries in WPR permit smoking in their health care facilities. In 2007, smokers in China consumed 37 percent of the world's cigarettes. The Asia and Australia region consumed 57% of the world's cigarettes in 2007
(The Tobacco Atlas 3rd Edition, 2009)
WPR trends in high tobacco use (smoke and smokeless) include increase in the uptake of smoke among women and girls, and the high levels of exposure of children and young people to second hand smoke at home and in public places
The WHO Framework Convention on Tobacco control has been ratified by all eligible parties in WPR. WPR has also endorsed the Regional Action Plan for the Tobacco Free Initiative (TFI) in WPR (2010-2014)
(WHO/WPR RCM 60th Session HK, China 2009)</td></tr>
<tr><td>Pacific Evidence</td><td>Adult Prevalence of Smoking in PIC
<table>
<tr><td colspan="2">American Samoa (2004)</td><td colspan="2">Cook Islands (2003)</td><td colspan="2">Samoa (2002)</td><td colspan="2">Marshals (2002)</td><td colspan="2">Nauru (2004)</td><td colspan="2">Tokelau (2005)</td></tr>
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<tr><td>38.1</td><td>21.6</td><td>37.5</td><td>28.8</td><td>49.4</td><td>18.0</td><td>34.7</td><td>4.2</td><td>45.5</td><td>50.8</td><td>47.3</td><td>45.6</td></tr>
</table>
(WHO National STEPS survey results)</td></tr>
<tr><td>National Evidence</td><td>The overall proportion of current smokers was 36.6% among whom 42.7% reported daily smoking. The proportion of male smokers in the 25-34 year age group is significantly greater. Generally, males smoke a higher number of cigarettes per day, has a higher proportion of current and daily smokers, and also are less likely and later to quit than females. There was also a significantly higher proportion of current smokers in the rural area than the urban. The age of initiation of tobacco use for both genders is approximately 18years
(National NCD STEPS Survey 2002)</td></tr>
<tr><td>Strategic Direction</td><td>To develop or update national action plan in line with Regional Action Plan for the Tobacco Free Initiatives in the Western Pacific Region (2010-2014)
To develop country specific strategies, that will result in the reduction of tobacco use by 10% from the most recent prevalence baseline in adults and youth by 2014</td></tr>
<tr><td>Key Intervention References</td><td>2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD
WHO FCTC 2005 & WHO MPOWER strategy 2008
Regional Action Plan for the Tobacco Free Initiative in Western Pacific Region (2010-2014)</td></tr>
</table>

	Conception - Birth	Birth – 1yr	1-5yr	6-12	13-19	20-39	30-59	60+
Objective	To reduce tobacco use by 10% from the most recent prevalence baseline in adults and youths by 2014							
Activity	To increase the number of NO SMOKING PUBLIC PLACES in Fiji							
Indicator	Prevalence of tobacco use by adults and youths in Fiji is reduced by 10% in 2014							
Responsibility	Government, NGOs, CSOs, FBOs							
Time Frame	2010 - 2014							
Budget	$40,000 Annual							
	Strategic Intervention							
Environment	Protect Public Policy from interference by tobacco industry							
Lifestyle	Reduce high levels of exposure of children and young people to second – hand smoke at home and public places. Reduce uptake of tobacco							
Clinical	Establish QUIT TOBACCO clinics in Fiji							
Advocacy	Develop or update National action plan in line with Regional Action plan for Tobacco Free Initiative (TFI) in Western Pacific region. Complete implementation of WHO FCTC in Fiji To promote WHO MPOWER strategy in Fiji							
Surveillance monitoring evaluation	Mini STEPS National Youth Tobacco survey National NCD STEPS survey							
Key Reference	2 – 1 – 22 Pacific NCD Programme Implementation Plan 2008 – 2011 Pacific Framework for the prevention and control of NCD WHO FCTC 2005 & WHO MPOWER strategy 2008 Regional Action Plan for the Tobacco Free Initiative in the Western Region (2010 – 2014)							
The Lord God 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.								

Component 2: NUTRITION

<table>
<tr><td>Global evidence</td><td>Of the 35 years gain in life expectancy, 28 years (80%) is due to nutrition and 7 years (20%) is due to modern medicine (Prof Davis Wootton, York University, 2008)
Unhealthy diets is among the leading causes of major NCDs including cardiovascular diseases, type 2 diabetes and certain types of cancers and contribute significantly to the global burden of disease, death and disabilities. Other diseases related to diet such as dental caries are widespread causes of morbidity
Factors that increase the risk of NCDs include elevated consumption of energy dense, nutrient poor foods that are high in fat, sugar and salt. Of particular concern are unhealthy diets and energy imbalances in children and adolescents.</td></tr>
<tr><td>Regional Evidence</td><td>With the opening up of the region to global trade, the importation of unhealthy commodities (tobacco, alcohol and unhealthy foods) is an increasing concern. The trade in food, tobacco and alcohol has a direct impact on the health of people</td></tr>
<tr><td>Pacific Evidence</td><td>Adult Prevalence of Smoking in PIC
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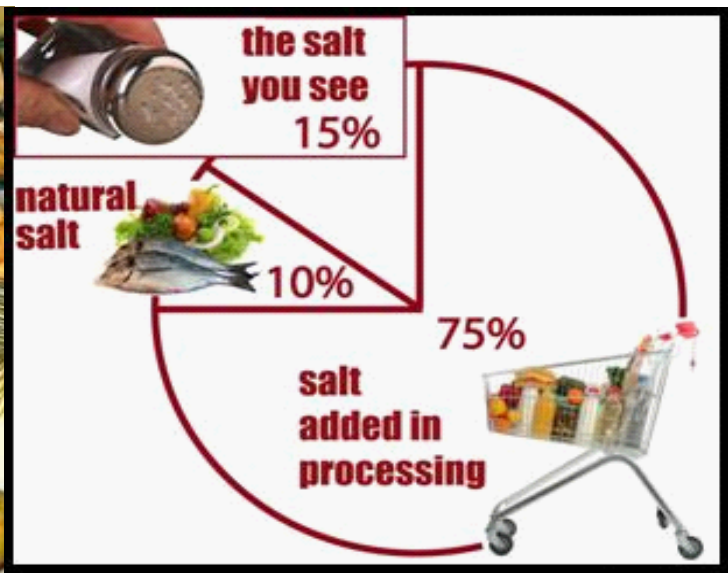
<tr><td>87.9</td><td>85.6</td><td>86.0</td><td>83.3</td><td>44.4</td><td>42.1</td><td>92.8</td><td>91.2</td><td>97.3</td><td>96.4</td><td>93.7</td><td>91.6</td></tr>
</table>
(WHO National STEPS survey results)</td></tr>
<tr><td>National Evidence</td><td>39.8% of children aged less than 6 months were exclusively breastfed.
The 2005 food balance sheet shows that Fiji is import dependent. Cereals have become the most important carbohydrate food but Fiji is 88% import dependent on rice. Availability of energy from vegetables and fruits show that we are 55% import dependent on vegetables and 36% dependent with fruits. The availability of vegetables oil and fat as a source of energy has increased 3 fold since 1985. Apart from the nutrition related disease implications, these figures also have a bearing on Fiji's import bill and foreign reserve.
There is low consumption of fruits and vegetables in Fiji. Only 1.2% of males and 0.6% of females consume 5 or more servings of fruit per day. 65.9% of people surveyed eat less than one serving of fruit per day
For vegetable consumption, only 2.9% of males and 2.2% of females consume 5 or more servings per day. 26.4% eat less than one serving of vegetables per day. The most common type of oil used in preparation of food in Fiji is vegetable oil.
(National NCD STEPS Survey 2002)</td></tr>
<tr><td>Strategic Direction</td><td>To promote healthy diets in line with Fiji Food and Nutrition Policy and Food Based Dietary Guidelines</td></tr>
<tr><td>Key Intervention References</td><td>Fiji Plan of Action on Nutrition (FPAN)
Fiji Food and Nutrition Policy
Fiji Food Based Dietary Guideline
2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD</td></tr>
</table>

	Conception – birth	Birth – 1yr	1-5yr	6-12	13-19	20-29	30-59	60+
Objective	Improved nutritional status of the people of Fiji by 2014							
Activity	Increase Production and consumption of local foods by the people of Fiji 2014							
Indicator	Increase proportion of population consuming fruits and or/ vegetables in Fiji by 2014							
Responsibility	Government, NGOs, CSO, FBOs							
Time Frame	2010 – 2014							
Budget	$80,000							
	Strategic Intervention							
Environment	Implement the Fiji Food and Nutrition Policy Implement promulgation of Food Safety Standards 2009							
Lifestyle	Improve production and consumption of local foods in Fiji							
Clinical	Improve clinical nutrition and dietetics services in Fiji							
Advocacy	Communication and implementation of the Fiji Plan of Action on Nutrition (FPAN) Communication and implementation of Fiji Food Based Dietary Guideline (FBDG)							
Surveillance monitoring evaluation	Mini STEPS National Nutrition Survey Fiji Food Balance Sheet National NCD STEPS survey							
Key Reference	Fiji Plan of Action on Nutrition (FPAN) Fiji Food Based Dietary Guideline 2-1-22 Pacific NCD Programme Implementation Plan 2008 – 2011 Pacific Framework for the prevention and control of NCD							
Man does not live on bread alone but on every word that comes from the mouth of God								



Component 3: ALCOHOL

<table>
<tr><td>Global evidence</td><td>Alcohol is one of the most significant risks to health. The harmful use of alcohol is responsible for 4% of the disease burden and 3.2% of all premature deaths globally.</td></tr>
<tr><td>Regional Evidence</td><td>In the Western pacific Region, alcohol related harm accounts for 5.5% of the burden of disease. In addition to the impact on public health, there are substantial social and economic costs associated with harmful use of alcohol
Specific challenges identified by the Western pacific region include advertising, trade agreements, informal alcohol, women as new consumers of alcoholic beverages, income generation from alcohol to governments, the need for education and increased awareness at all levels and the importance of community involvement and capacity building. Linking alcohol to broader NCD work, defining risk population and highlighting the importance of drinking patterns could be useful strategies</td></tr>
<tr><td>Pacific Evidence</td><td>Adult Prevalence of Smoking in PIC
<table>
<tr><th colspan="2">American Samoa (2004)</th><th colspan="2">Cook Islands (2003)</th><th colspan="2">Samoa (2002)</th><th colspan="2">Marshals (2002)</th><th colspan="2">Nauru (2004)</th><th colspan="2">Tokelau (2005)</th></tr>
<tr><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td></tr>
<tr><td>49.6</td><td>33.9</td><td>74.0</td><td>51.4</td><td>44.7</td><td>15.6</td><td>67.1</td><td>55.0</td><td>29.8</td><td>25.6</td><td>37.7</td><td>20.0</td></tr>
</table>
(WHO National STEPS survey results)</td></tr>
<tr><td>National Evidence</td><td>45% of Fiji's population between the ages of 15-64 had ever used alcohol and 23.8% have consumed alcohol in the last 12 months. 77.3% of current alcohol consumers were binge drinkers (defined as having a mean of 5 or more standard dinks per day for males and 4 or more standard drinks for females). There was a higher proportion for males (79.5%) compared to females (58.6%). There was also a trend for a higher proportion of binge drinking in younger age groups
Study also reveals that 65% of the study population had ever consumed kava and 79.6% have consumed kava in the last 30 days. Kava is an important associated risk factor to NCDs due to its close linkage to tobacco and alcohol usage.
(National NCD STEPS Survey 2002)</td></tr>
<tr><td>Strategic Direction</td><td>To develop or update national action plan in line with the Regional Strategy to reduce alcohol related harm</td></tr>
<tr><td>Key Intervention References</td><td>Global Strategy to reduce the harmful Use of Alcohol
Regional Strategy to reduce Alcohol related harm
2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD</td></tr>
</table>

	Conception - birth	Birth – 1yr	1-5yr	6-12	13-19	20-29	30-59	60+
Objective	To reduce alcohol related harm in Fiji by 2014							
Activity	To reduce the proportion of binge drinking in the Fiji population							
Indicator	Reduction in the prevalence of binge drinking in Fiji adult population							
Responsibility	Government, NGOs, CSOs, FBOs							
Time frame	2010-2014							
Budget	$20,000							
Strategic Intervention								
Environment	Development of an Alcohol Control regulation							
Lifestyle	Increase prevalence of responsible drinking							
Clinical	Develop alcohol counselling and quit drinking services							
Advocacy	Promote EIDM (evidence based decision making) on alcohol related harm							
Surveillance monitoring evaluation	Mini STEPS National NCD STEPS survey							
Key Reference	Regional Strategy to reduce alcohol related harm 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD							
Do not get drunk on wine, which leads to debauchery. Instead be filled with the Spirit								

Component 4: PHYSICAL ACTIVITY

<table>
<tr><td>Global evidence</td><td>Evidence shows that people can remain healthy into their seventh, eighth and ninth decades, through a range of health promoting behaviours, including adequate physical activity. Reports of international and national experts and reviews of current scientific evidence recommend goals for nutrient intake and physical activity in order to prevent major NCDs. Physical activity is a key determinant of energy expenditure, and thus is fundamental to energy balance and weight control. Physical activity reduces risk of cardiovascular diseases and diabetes. Beneficial effects of physical activity on the metabolic syndrome reduces blood pressure, improves level of high density lipoprotein cholesterol, improves control of blood glucose in overweight people, even without significant weight loss, and reduces risk for colon cancer and breast cancer among women. At least 30 minutes of regular, moderate intensity physical activity on most days reduces the risk of cardiovascular disease and diabetes, colon cancer and breast cancer. Muscle strengthening and balance training can reduce falls and increase functional status among older adults.</td></tr>
<tr><td>Regional Evidence</td><td>It is of serious concern that the pacific region has the highest rates of obesity in the world and Pacific populations living in New Zealand are at the extreme end of the global spectrum with over 80% of adults and over 60% of children aged 5-14 years being overweight and obese. Pacific children living in the Pacific, after leaving school have a rapid weight increase of about 25kg over 10 years. The current and future burdens of diabetes, cardiovascular diseases, and other obesity related diseases for Pacific populations are enormous and warrant a serious investment in intervention.</td></tr>
<tr><td>Pacific Evidence</td><td>Adult Prevalence of Physical inactivity in PIC
<table>
<tr><td colspan="2">American Samoa (2004)</td><td colspan="2">Cook Islands (2003)</td><td colspan="2">Samoa (2002)</td><td colspan="2">Marshals (2002)</td><td colspan="2">Nauru (2004)</td><td colspan="2">Tokelau (2005)</td></tr>
<tr><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td></tr>
<tr><td>58.6</td><td>66.0</td><td>71.5</td><td>76.3</td><td>37.6</td><td>64.4</td><td>43.9</td><td>54.1</td><td>-</td><td>-</td><td>24.5</td><td>55.4</td></tr>
</table>
(WHO National STEPS survey results)</td></tr>
<tr><td>National Evidence</td><td>41% of Fiji's adults are inactive at work, 14.8% are inactive while travelling and 76.1% are inactive at leisure. There is not a big proportion taking up physical activity at leisure for additional health gain. The least active segments for strategic intervention include women, people over 35 years, people living in urban areas and Indo Fijians
(National NCD STEPS Survey 2002)</td></tr>
<tr><td>Strategic Direction</td><td>To develop and implement the Fiji Plan of Action on Physical Activity (FPAPA) in line with global and regional guidelines.</td></tr>
<tr><td>Key Intervention References</td><td>Global Strategy on Diet, Physical Activity and Diet (WHO)
Regional guideline on Physical Activity (WHO & SPC)
2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD</td></tr>
</table>

	Conception – birth	Birth – 1yr	1- 5yr	6-12	13-19	20-29	30-59	60+
Objective	To develop and implement a Fiji Plan of Action on Physical Activity (FPAPA) by 2014							
Activity	Adopt and implement the Pacific Physical Activity Guideline							
Indicator	Improved prevalence of Fiji adult population engaged in 30 minutes of regular, moderate physical activity most days of the week							
Responsibility	Government, NGOs, CSOs, FBOs							
Time frame	2010-2014							
Budget	$100,000							
Strategic Intervention								
Environment	Develop or update policies that promote creation of enabling environment for increased physical activity in Fiji							
Lifestyle	To increase population based physical activity interventions at PHC settings in Fiji							
Clinical	To increase proportion of Fiji adult population prescribed for Physical Activity							
Advocacy	Communication and Implementation of FPAPA Communication and Implementation of Fiji Physical Activity Guideline							
Surveillance monitoring evaluation	Mini STEPS National NCD STEPS survey							
Key Reference	Regional Guideline on Physical Activity Pacific Physical Activity Guideline for Adults 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD							
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								

Component 1: DIABETES

<table>
<tr><td>Global evidence</td><td>In 1989, the World Health Assembly called on all countries to develop national plans to combat the increasing personal and public health and cost burden of diabetes. Globally, the burden of NCDs has increased rapidly. In 2001 NCDs accounted for almost 60% of the 56 million deaths annually and 47% of the global burden of disease. The overall burden and number of patients remain high, and the numbers of overweight and obese adults and children, of type 2 diabetes are growing.</td></tr>
<tr><td>Regional Evidence</td><td>Over 30 million people in the WPR have diabetes and by 2025 it is predicted that this may increase to 56 million. Already 12 countries and areas in the region estimate that the prevalence of diabetes equals or exceeds 8% and in some areas, notably in Pacific Islands, is as high as 20%. Type 1 (insulin dependent) diabetes – occurring most commonly in children and young adults and often having an autoimmune basis. In most countries of WPR this accounts for less than 5% of cases (excepting Australia and new Zealand where the figure is 10-15%). Type 2 (non insulin dependent) diabetes occurs in mature adults but is increasingly affecting all ages, including children. In WPR type 2 diabetes accounts for 85-90% of all cases</td></tr>
<tr><td>Pacific Evidence</td><td>Adult Prevalence of Elevated blood glucose in PIC
<table>
<tr><td colspan="2">American Samoa (2004)</td><td colspan="2">Cook Islands (2003)</td><td colspan="2">Samoa (2002)</td><td colspan="2">Marshals (2002)</td><td colspan="2">Nauru (2004)</td><td colspan="2">Tokelau (2005)</td></tr>
<tr><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td></tr>
<tr><td colspan="2">47.3</td><td colspan="2">23.7</td><td colspan="2">21.5</td><td colspan="2">41.0</td><td colspan="2">22.7</td><td colspan="2">43.6</td></tr>
</table>
(WHO National STEPS survey results)</td></tr>
<tr><td>National Evidence</td><td>28% of people who are 25 – 64 years old had their blood glucose measured annually.
The prevalence of diabetes mellitus in the 25-64 years age group in Fiji is 16%. A significantly higher proportion of diabetes lives in the urban area (24.7%). Among those with diabetes, 53.2% were previously unrecognised cases.
Of those that were previously diagnosed, 2.1% were not being on medication, 32.2% were on medication but uncontrolled and only 12.5% were being on medication and having normal fasting blood glucose.
(National NCD STEPS Survey 2002)</td></tr>
<tr><td>Strategic Direction</td><td>To improve community access to adequate primary and preventative diabetes services, and to improve community access to effective, efficient and quality clinical and rehabilitative diabetes services</td></tr>
<tr><td>Key Intervention References</td><td>Guidelines for the prevention, management and care of Diabetes Mellitus
Prevention of diabetes and its complications (WHO)
Health Care decision making in the Western Pacific Region: Diabetes and the Care continuum in Pacific island countries (WHO, Manila)
2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD</td></tr>
</table>

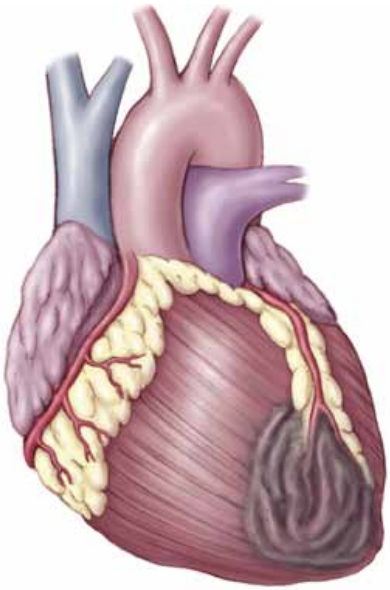
	Conception-birth	Birth-1yr	1-5yr	6-12	13-19	20-29	30-59	60+
Objective	To reduce the prevalence of diabetes in Fiji by 5% by 2014							
Activity	To improve early detection and management of diabetes in the Fiji population							
Indicator	Increased proportion of population who are aware of their diabetes status							
Responsibility	Government, NGOs, CSOs, FBOs							
Time frame	2010-2014							
Budget	$50,000							
Strategic Intervention								
Environment	Improve settings for population diabetes screening and management							
Lifestyle	Increase proportion of population screened annually for diabetes							
Clinical	Improve Diabetes management at all levels of health care							
Advocacy	Improve public education on diabetes							
Surveillance monitoring evaluation	Improve Diabetes surveillance Mini STEPS National NCD STEPS survey							
Key Reference	Guidelines for the prevention, management and care of Diabetes Mellitus Prevention of diabetes and its complications (WHO) Health Care decision making in the Western Pacific Region: Diabetes and the Care continuum in Pacific island countries (WHO, Manila) 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD							
How sweet are thy words unto my taste! yea, sweeter than honey to my mouth								

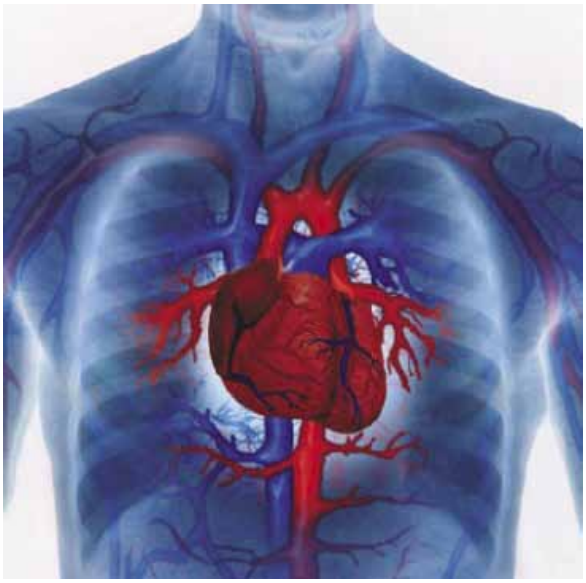
Component 2: CARDIOVASCULAR

<table>
<tr><td>Global evidence</td><td>Cardiovascular Disease (CVD) is the number one cause of death globally where approximately 80% of these deaths occur in low and middle-income countries. Little is known about the global distribution of stroke and its relations to the prevalence of CVD risk factors and sociodemographic and economic characteristics. Between 1990 and 2020, coronary heart disease alone is anticipated to increase 120% for women and 137% for men in developing countries.</td></tr>
<tr><td>Regional Evidence</td><td>In recent years, developing countries that include the Pacific Islands have seen decreases in infectious diseases and significant rises in the prevalence of NCD like CVD. This can be attributed to transition following rapid economic and social change where traditional societies have undergone urbanisation and modernisation with subsequent increase life expectancy and increase prevalence in CVD. Improved living standards have resulted in increase in consumption of high fat diets and increased use of tobacco and alcohol. Poor education in relation to healthy lifestyle choices and sedentary behaviours have not aided in addressing the CVD health issue.</td></tr>
<tr><td>Pacific Evidence</td><td>Adult Prevalence of hypertension in PIC
<table>
<tr><td colspan="2">American Samoa (2004)</td><td colspan="2">Cook Islands (2003)</td><td colspan="2">Samoa (2002)</td><td colspan="2">Marshals (2002)</td><td colspan="2">Nauru (2004)</td><td colspan="2">Tokelau (2005)</td></tr>
<tr><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td></tr>
<tr><td>40.9</td><td>27.5</td><td>37.8</td><td>20.8</td><td>23.1</td><td>18.8</td><td>11.6</td><td>9.3</td><td>23.1</td><td>11.5</td><td>13.2</td><td>14.1</td></tr>
</table>
(WHO National STEPS survey results)</td></tr>
<tr><td>National Evidence</td><td>Circulatory or cardiovascular diseases are the leading cause of death being responsible for 76% of all NCD deaths which makes 80% of total deaths. Whilst in developed countries most of the deaths occur in old age of 60 and 70 years and above, in Fiji, about 55% of deaths from coronary heart diseases were occurring in the 40-59 years age group. The stagnation in life expectancy, with relatively low infant mortality, in concert with cardiovascular disease mortality, morbidity and risk factors is having a profound limiting effect on mortality decline in Fiji. The prematurity of NCD deaths in Fiji is becoming an economic and development issue.
The prevalence of hypertension in Fiji is 19.1%. 63.3% of these were previously unrecognised. Of the known cases, 10.4% were not on medication, 15.4% were on medication but uncontrolled, and only 10.9% were being on medication and having a controlled blood pressure. 20% were using traditional or herbal medicines (National NCD STEPS Survey 2002)</td></tr>
<tr><td>Strategic Direction</td><td>To improve community access to adequate primary and preventative cardiovascular diseases services, and to improve community access to effective, efficient and quality clinical and rehabilitative cardiovascular diseases services</td></tr>
<tr><td>Key Intervention References</td><td>Prevention of cardiovascular disease guidelines for assessment and management of cardiovascular risk (WHO)
Prevention of cardiovascular disease pocket guidelines for assessment and management of cardiovascular risk (WHO)
2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD</td></tr>
</table>

	Conception-birth	Birth-1yr	1-5yr	6-12	13-19	20-29	30-59	60+
Objective	To reduce the prevalence of cardiovascular diseases (CVD) in Fiji by 5% by 2014							
Activity	To improve early detection and management of cardiovascular diseases in the Fiji population							
Indicator	Increased proportion of the population who are aware of their cardiovascular status							
Responsibility	Government, NGOs, CSOs, FBOs							
Time frame	$40,000							
Budget	Public-private sector partnership							
Strategic Intervention								
Environment	Improve PHC settings for cardiovascular screening and management							
Lifestyle	Increase proportion of population screened annually for CVD							
Clinical	Improve CVD management at all levels of health care							
Advocacy	Improve public education on CVD							
Surveillance monitoring evaluation	Improve cardiovascular disease surveillance Mini STEPS National NCD STEPS survey							
Key Reference	Prevention of cardiovascular disease guidelines for assessment and management of cardiovascular risk (WHO) Prevention of cardiovascular disease pocket guidelines for assessment and management of cardiovascular risk (WHO) 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD							

"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 is light"



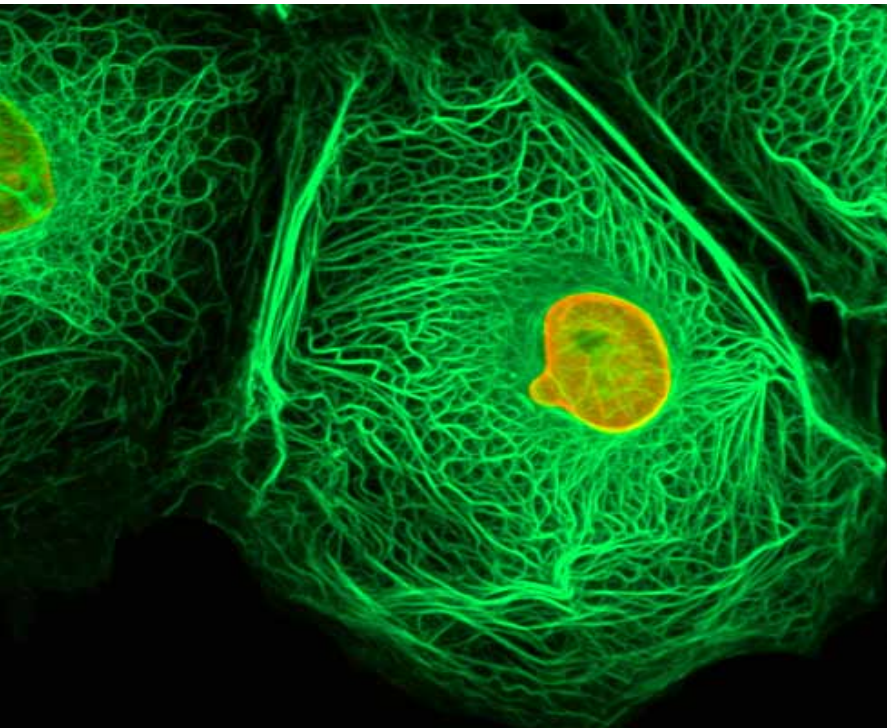


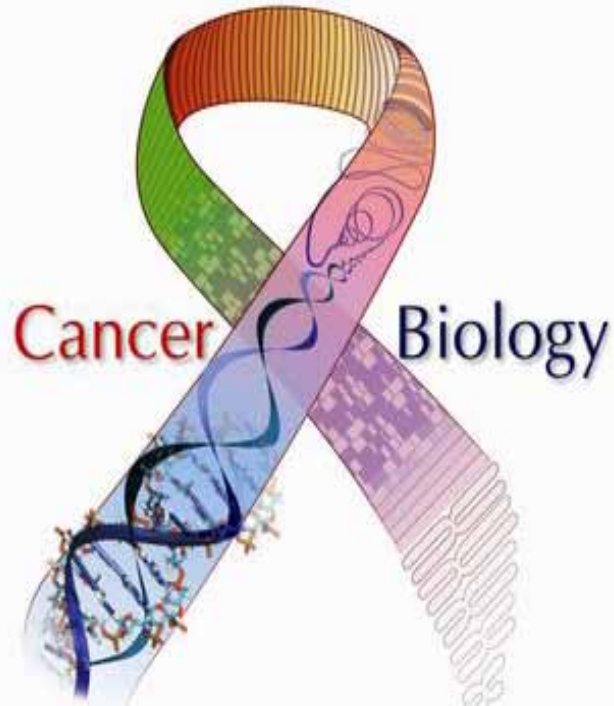
Component 3: CANCER

<table>
<tr><td>Global evidence</td><td>The International Agency for Research on Cancer (IARC) has estimated that in 2002, there were in total 10.9 million new cases, 6.7 million deaths and 24.6 million persons alive with cancer (within 5 years of diagnosis) The most common cancers in terms of incidence were lung (1.35 million), breast (1.15 million) and colorectal (1 million). Because of its poor prognosis, lung cancer was also the most common cancer among causes of deaths followed by stomach cancer and liver cancer. In terms of prevalence, the most common cancers are breast cancer, colorectal cancer and prostate cancer. Overall some 53% of the total number of new cancer cases and 60% of all cancer deaths occur in developing countries. In men, prostate cancer is now the most common form of cancer diagnosed in the developed regions whereas lung cancer ranks first in the developing countries. In women breast cancer is by far the most frequent cancer worldwide. In men lung cancer is the most common cause of death. In women, lung and colorectal cancers are the most common cause of death in developed countries, whereas uterine cervix ranks first in developing countries followed by breast and stomach cancers. With no change in the current rates, cancer could kill 12 million people by 2030. Tobacco control and breast/cervical screening in developing countries remain the major challenges and could have a great impact in reducing the global burden of cancer</td></tr>
<tr><td>Regional Evidence</td><td>The prevalence of cancer in WPRO region contributes to 22.7% of the global burden. The incidence of cancers in our region contributes to 29.1% of the global burden and 32.5% of global cancer mortality.
There are about 3.2 million cases in the region and 2.2 million deaths due to cancer in 2002. If the current trend continues, it is projected that there would be 5.9 million cases of cancer in our region and 4.3 million deaths by 2030.</td></tr>
<tr><td>Pacific Evidence</td><td>Cancer Ranking in all cause mortality in the USAPIN
American Samoa
<table>
<tr><th>American Samoa</th><th>CNMI</th><th>Guam</th><th>FSM</th><th>Palau</th><th>RMI</th></tr>
<tr><td>2nd</td><td>2nd</td><td>2nd</td><td>5th</td><td>4th</td><td>3rd</td></tr>
</table>
(Pacific Regional Comprehensive Cancer Control Plan 2007-2012)</td></tr>
<tr><td>National Evidence</td><td>From 1995 to year 2000, the top cancers reported in Fiji include cancers of the cervix, breast, uterus, liver, ovary, prostate gland, colon/rectum, stomach, bronchus/lungs and other ill-defined sites. From 1990 to 2000 there has been an average of 673 cases reported annually.</td></tr>
<tr><td>Strategic Direction</td><td>To improve community access to adequate primary and preventative cancer services, and to improve community access to effective, efficient and quality clinical and rehabilitative cancer services</td></tr>
<tr><td>Key Intervention References</td><td>Cancer Control: Knowledge and Action (WHO)
National Cancer Control Programme policies and Managerial Guidelines (WHO)
2-1-22 Pacific NCD programme Implementation Plan 2008-2011
Pacific Framework for the prevention and control of NCD</td></tr>
</table>

	Conception-birth	Birth-1yr	1-5yr	6-12	13-19	20-29	30-59	60+
Objective	To reduce the prevalence of cancer in Fiji by 5% by 2014							
Activity	To improve early detection and management of cancer diseases in Fiji							
Indicator	Increased proportion of the population who are aware of their cancer status							
Responsibility	Government, NGOs, CSOs, FBOs							
Time frame	$40,000							
Budget	Public-private sector partnership							
Strategic Intervention								
Environment	Improve settings for cancer screening and management							
Lifestyle	Increase proportion of population screened annually for Cancers							
Clinical	Improve Cancer management at all levels of health care							
Advocacy	Improve public education on Cancer							
Surveillance monitoring evaluation	Improve cancer surveillance Mini STEPS National NCD STEPS survey							
Key Reference	Cancer Control: Knowledge and Action (WHO) National Cancer Control Programme policies and Managerial Guidelines (WHO) 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD							

…fear the LORD and shun evil. This will bring health to your body and marrow to your bones.





Component 4: ACCIDENTS & INJURIES (A & I)

Global evidence	Eight of the 15 leading causes of death for people aged 15-29 years are violence or injury related. Many of those who survive violence and injuries incur temporary or permanent disabilities. Disabilities resulting from these and other causes affect the lives of an estimated 650 million people worldwide, most of whom live in low income and middle-income countries. In many developing countries the speed of modernisation has outpaced the ability of governments to provide the necessary supporting infrastructures. Road Traffic injuries, self inflicted injuries and violence are reported to be the 9th, 16th and 22nd leading cause of death in 2004 respectively. They are forecasted to be the 5th, 12th and 16th causes respectively come 2030. Approximately 830000 children under 18 years die annually as a result of unintentional injury. Road Traffic Injuries and drowning account for nearly half of all unintentional child injuries. Road traffic Injuries and falls are the main causes of injury related child disabilities. 95% of child injuries occur in low income and middle-income countries. Drowning is the second leading cause of unintentional injury related mortality globally. Over 90% of all drowning deaths worldwide occur in middle-income countries of the world.
National Evidence	The increasing number of killed and injured persons as a consequence of road accidents in Fiji was first recognised as a growing problem in the late 1980s. Despite a 31% increase of licensed vehicles there has been a 25% reduction in total casualties. However the total road safety situation in Fiji continues to be of concern, with the risk of getting involved in a fatal accident 8-10 times higher than in Western Europe or USA. Pedestrian casualties experienced a 12% increase in 2006 compared to 2005. 0-5 years range recorded the highest in pedestrian fatalities (19%); 6-10 years range recorded the highest hospitalised (19%) and non-hospitalised cases (18%). 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. More than 70% of injuries occur in the 0-39 age groups with the highest in the 10-29 age groups. 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. Injuries from falls, being hit by a person or object and road traffic injuries stand out as the highest causes of injury. More than 80% are unintentional. In Fiji 33% of drowning occurred 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.
Strategic Direction	To improve community access to adequate primary and preventative accidents and injuries services, and to improve community access to effective, efficient and quality clinical and rehabilitative accidents and injuries services
Key Intervention References	World Report on violence and health World report on road traffic injury prevention 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD

	Conception-birth	Birth-1yr	1-5yr	6-12	13-19	20-29	30-59	60+
Objective	To reduce the prevalence of Accidents and Injuries in Fiji by 5% by 2014							
Activity	To improve early detection and management of accidents and injuries in the Fiji population							
Indicator	Improved response to accident and injuries.							
Responsibility	Government, NGOs, CSOs, FBOs							
Time frame	2010-2014							
Budget	$30,000							
Strategic Intervention								
Environment	Improve settings to A & I management							
Lifestyle	Increase proportion of population who live, learn, work, travel and swim safely							
Clinical	Improve A & I management at all levels of health care							
Advocacy	Improve public education on A & I							
Surveillance monitoring evaluation	Improve A & I surveillance Mini STEPS National NCD STEPS survey							
Key Reference	World Report on violence and health World report on road traffic injury prevention 2-1-22 Pacific NCD programme Implementation Plan 2008-2011 Pacific Framework for the prevention and control of NCD							

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

Annex

Consultations for NCD Strategic Plan 2010-2014

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