

Niue Moui Olaola: An Integrated NCD Action Plan 2009 - 2013

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BFHI	Baby Friendly Hospital Initiative
CDO	Community Development Officer
DAFF	Department of Agriculture, Forestry and Fisheries
DCA	Department of Community Affairs
ECE	Early Childhood Education
EPDSU	Economics Development Statistics Unit
GDP	Gross Development Product
HODs	Heads of Departments
HPS	Health Promoting Schools
IEC	Information Education Communication
MCH	Maternal Child Health
MDGs	Millenium Development Goals
M&E	Monitoring & Evaluation
NCD	Non-Communicable Diseases
NGOs	Non-government Organizations
NHC	Niue Health Council
NHS	Niue High School
NIOFA	Niue Island Organic Farming Association
NPAN	National Plan of Action on Nutrition
NPS	Niue Primary School
NPS	Niue Public Service
NPSC	Niue Public Service Commission
NYC	Niue Youth Council
NYP	National Youth Policy
PA	Physical Activity
PICTs	Pacific Island Countries
SPC	Secretariat of the Pacific Community
STEPS	
TORs	Terms of reference
VCs	Village Councils
WHO	World Health Organization

Foreword

Non-communicable diseases (NCDs), mainly diabetes, cardiovascular diseases, obesity and cancers have gradually increased in the past couple of years and have become the leading key health burden in Niue.

These Non-communicable diseases could be prevented by eliminating key risk factors such as Poor Nutrition, Physical Inactivity, Tobacco Use and Alcohol Abuse.

The main focus of this action plan; Niue Moui Olaola: An integrated NCD Action Plan 2009-2013 is on practical, cost effective and evidence based interventions that Niue can adopt to achieve a reduction in NCD risk factor prevalence and NCD mortality and morbidity.

The key principles that guided this national plan are “comprehensive, multi-sectoral, multidisciplinary and participatory, evidence based, life course perspective, prioritized and simple”.

The action plan emphasizes on the need for a whole-of-government approach required for addressing NCD risk factors.

On behalf of the Government and the people of Niue, I would like to express my sincerest thanks to everyone who has contributed to the development of this plan and who has assisted in its completion. The success of this plan would not have been possible if it weren't for the commitment and devotion of everyone involved.

I hereby wish to encourage all stakeholders to actively work together in partnership to achieve our health vision to make Niue one of “the healthiest nations in the Pacific”.

“Ole atu ni kehe finagalo he lki ke fakamonuina mai ha tautolu a tau amaamanakiaga oti ke he Halavaka ne haggao atu a tautolu ki ai ke lata moe tau momoui he ha tautolu a tau tagata he motu”

Kia Tu Tutagaloa ha tautolu a tau amaamanakiaga oti.



Hon. O'love Jacobsen
Minister of Health

Introduction: Country Profile

Geography

Niue is a single coral island of 259 square kilometers in the South Pacific Ocean at latitude 19 south and longitude 169 west. Niue has an Exclusive Economic Zone of 293,988 sq km. It is the largest raised coral island in the world and is known for its unspoilt environment and pristine coastal waters. Location: 480 km East of Tonga, 930 km West of Rarotonga and 660km South East of Western Samoa. Land mass: 259 sq km.

People, culture and tradition

Niueans are of Polynesian descent and are said to be amongst the friendliest people in the world. They speak Niuean, which has close links to other Polynesian languages. Culture, tradition, spirituality and social values play an integral part in the unique Niuean culture.

Demography:

Census population in 2006 was 1,625 (compared to 1736 in 2001 census) The declining population has created difficulties in maintaining adequate public services but more importantly threatens the existence of Niue's cultural heritage and sovereignty. Life expectancy for males was 67 years and 76 years for females.

The Government

Since 1974 Niue has been self-governing in free association with New Zealand. Under this constitutional arrangement New Zealand is responsible for defense and external affairs as well as providing necessary economic and administrative assistance. General elections are held once every three years for the 20 members of the Legislative Assembly. Since 2001 Niue has full diplomatic representation in New Zealand.

Economy

In 2003 GDP was NZ\$17.25m, which equates to NZ\$10,048 per capita. The Government is the major employer in Niue. New Zealand provides almost 40% of the GDP through budget support programmes. Most trading is done with New Zealand however there is a large trade imbalance with imports of approximately \$4m in 2002 compared with exports of approximately \$200,000. Export commodities consist mainly of taro, honey and small quantities of coconut, handicrafts and vanilla.

Background

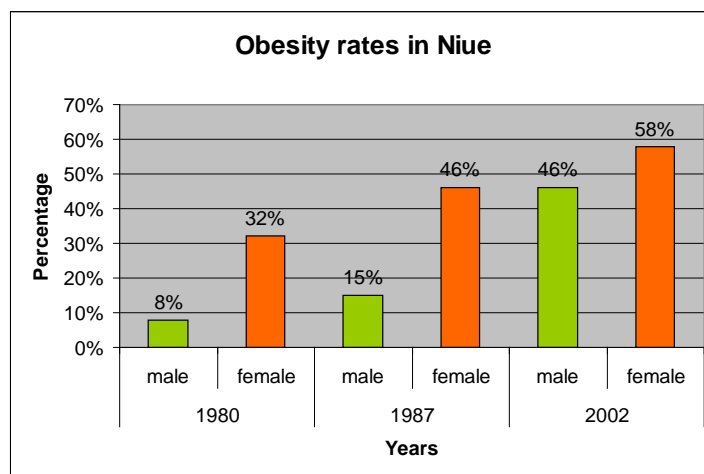
Despite the great efforts made by the Moui Olaola Project (from 1996-2003) as part of the Healthy Islands Initiative, the Niue Government still fell short of achieving its vision of Niue becoming the healthiest nation in the world. An integrated plan (***Moui Olaola A National Health Improvement Plan Towards Healthy Islands***) was developed in 2001 after wide consultation among government departments, community groups and various NGOs. The Moui Olaola action priorities were based on the Yanuca Declaration on the Healthy Islands concept which embodied themes for health education, health promotion and health protection in island nations. A multi-sectoral National Health Council was established to coordinate and manage the implementation of the plan. Council members included representation from key government departments, private sector, Sports, NGOs, Women's groups and National Council of Churches.

However, the plan was not fully implemented due to lack of resources. Compounding this was the occurrence of Cyclone Heta in 2004, which affectively arrested the progress of the implementation plan.

From that time to 2006, the National Health Council was inactive as the Niue Government focuses its efforts on rebuilding the country after the cyclone. Many of the documentation and information were either lost or damaged in the cyclone.

In 2007, Niue was invited to participate in a SPC-WHO training workshop on

National Plan of Action on Nutrition (NPAN). A multi-sectoral team representing Health, Education, Agriculture and Planning attended the workshop, recognizing the important role of the non-health sectors in improving nutritional and health status of people. Although the focus of the workshop was on improving nutrition, it was acknowledged that the key health burden in Niue is due to non-communicable diseases (NCDs) and poor nutrition is one of the key risk factors. Hence it was decided that this plan be developed as an integrated plan to address the NCD situation in Niue. It should also be noted that it's important that this plan take into consideration the work that has gone on before in the development of the ***Moui Olaola A National Health Improvement Plan Towards Healthy Islands*** 2001-2005. The name Moui Olaola will be used for this plan for continuity as it was well accepted by the public and it is a fitting Niuean translation of the holistic concept of health.



NCD Situation in Niue

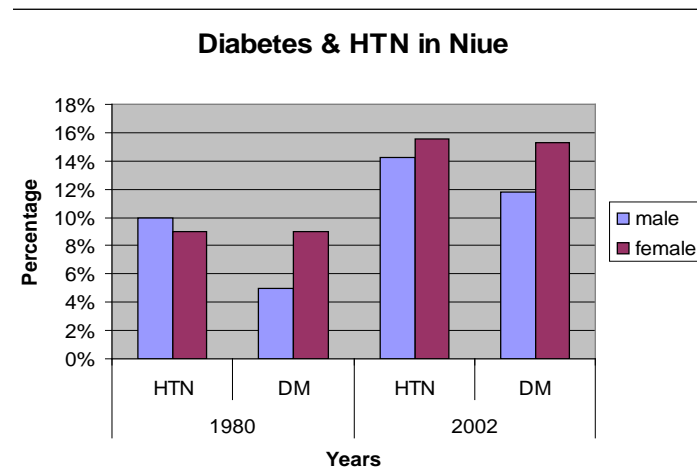
The obesity prevalence appears to be increasing significantly from 32% for women in 1980 to 58% in 2002. It is mostly likely that the trend is still increasing.

Tobacco smoking and alcohol consumption are also high. According to the 2006 census:

- 23% of the population smoke of which 16% were women and 31% were men.
- nearly 50% of adults aged 15 years and over drink alcohol

Diabetes and hypertension in both men and women is also increasing, contributing to the high costs not only to the government but also to the families.

The trends of key risk factors and lifestyle diseases are expected to continue to increase given the negligible amount of resources allocated for health promotion activities.



Planning Process.

The WHO STEPS framework for planning and the 5 Action areas of Health Promotion Ottawa Charter were used to guide the development of the planning process. This framework also reflects well the Healthy islands concept which was the basis for the Moui Olaola action priorities.

There was consensus that the period of the plan be in accordance with the period of the National Integrated Strategic Plan which is 2009 - 2013

A multisectoral workshop was then convened with assistance from WHO and SPC to formulate strategies for NCD and Nutrition and come up with a draft plan which went through wide consultation for legitimacy purposes before finalization (Participants list in Annex 1).

Several principles guided the formulation of this national plan.

1. **Comprehensive:** incorporating both policies and action on major diseases and their risk factors together
2. **Multi-sectoral:** should involve widest of consultation incorporating all sectors of society in a 'whole of society' and not just 'whole of government' approach and to also ensure legitimacy and sustainability
3. **Multidisciplinary and participatory:** consistent with principles contained in the WHO Ottawa Charter for Health Promotion and standard guidelines for clinical management

4. **Evidence Based:** targeted strategies and actions based on STEPS (if available) and other evidence
5. **Prioritized:** consideration of strata of socioeconomic status, ethnicity and gender
6. **Life Course Perspective:** beginning with maternal health and all through life in a 'womb to tomb' kind of approach
7. **Simple:** there was consensus drawn that the document was to both set some strategic direction but also simple enough for any stakeholder to be able to quickly identify activities that it could help drive its implementation.



The main risk factors addressed in this plan are:

- Poor Diet
- Physical Inactivity
- Tobacco Use
- Alcohol Abuse

The main diseases reflected are:

- Obesity
- Diabetes
- Heart Diseases
- Cancer

Multi-level strategies were divided into the following levels:

1. **National**
2. **Sub-national or Community settings** (key settings for programme activities)
 - a. Villages
 - b. Workplaces
 - c. Schools
 - d. Churches
3. **Individual** (Clinical setting, recognizing that many people are already obese, have diabetes, heart diseases, and some cancers)

These were then considered under these five main components using the matrix below which was used during the workshop for groups to fill up.

Five components:

- Organization & Coordination
- Diet & Physical Activity
- Tobacco & Alcohol
- Clinical Management of diseases
- Monitoring, evaluation & surveillance

Planning matrix

Strategies	Actions	Indicators	Responsibility	Timeline	Budget
National					
Community – (a) Village					
Individual					

The estimated budget for the plan is an indicative budget of resources required to fully implement the plan. It was acknowledged during the planning process that the portion of the national health budget apportioned for health promotion activities was negligible.

I. Organization and Coordination

Strategy	Activities	Indicators	Responsibility	Timeline	Budget (NZD over 5 years)
To strengthen coordination and implementation of Moui Olaola Plan I	1. Prepare submission to Cabinet for e-activation of the National Health Council	Submission to Cabinet accepted	Public Health	2009	
	2. Review TORs for the council	.TORs reviewed and updated	Public Health	2009	
	3. Conduct regular meetings	Quarterly meetings	National Health Council	On going	7,000
To strengthen the Health System for the prevention and control of NCDs	1. Create and establish the post of NCD Coordinator	Post created	Dept. of Health and Niue Public Service Commission	Jan 2009	According to NPSC recommendations. SPC
	2. Improve health information system for Non Communicable Disease	Data readily available in a timely manner	NCD Coordinator	On going	Dept. of Health recurrent budget.
	3. Maintain and improve screening /	Information readily available for further	NCD Coordinator	On going	Dept. of Health

	surveillance processes	actions			recurrent budget
	4. Maintain close dialogue with stakeholders	Stakeholders be informed of activities involved	NCD Coordinator	Ongoing	5,000
	5. Ensure adequate and regular supplies of drugs and equipment for Non Communicable Disease control	No shortages	Dept. of Health	On going	Dept. of Health build in recurrent budget.
To develop and secure resource generation opportunities	1. Seek and secure funding from external agencies	More funding for activities	NCD Coordinator	On going	
	2. Explore feasibility of developing sustainable funding mechanism such as a Health Promotion Foundation	Funding mechanism in place	Council chair and Public Health	2009-2010	5,000
	3. Establish Health Promotion Foundation based on feasibility study.	Established Foundation	Task Force	2009-2010	\$10,000
To develop closer networking with	1. Strengthening and facilitating of information sharing in Non Communicable Disease	Availability of regular networking information	Dept. of Health	Annually	

New Zealand, Australia and other regional network for the prevention and control of NCDs	2. Placement of Non Communicable Disease-Nutrition-Education etc. personnel in New Zealand, Australia, PICTs and/or relevant regional organisations	Number of attachments	Task Force	Annually	Development Partners
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II. Diet and Physical Activity

Targets:

- Increase fruit and vegetable intake by 5%
- Increase proportion of population who are physically active by 5%
- Decrease obesity by 2%

NATIONAL ACTIONS					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Review and amend relevant legislation to improve access of healthy food	1. Advocate for removal of import/duty tax on fruit and vegetables	Import tax removed	Public Health Treasury	2009	Treasury
	2. Review existing Public Health Ordinances to ensure food safety and food standards are updated and in line with International requirements and practices	Ordinances reviewed and updated	Crown Law Dept. of Health Dept. Agriculture	2008-09	5,000
	3. Review trade agreements/trade legislations to include restrictions on importation of high fat, high sugar, poor nutrient	Legislation reviewed and amended	Premiers Office Public Health	2009/10	5,000

	foods			
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Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Advocate for the development of a national food and nutrition and PA policies and guidelines	1. Formulate policies, and develop guidelines and submit them for endorsement	Policies endorsed Guidelines developed	Public Health Department of Agriculture Sports Association	2009	5,000
	2. Communicate policies and guidelines to public	Policies and guidelines communicated to public	Public Health Media	2010	7,000
Develop a communication plan to promote healthy eating and physical activity	1. Develop and implement national campaign to promote healthy eating and physical activity	Key health messages and campaign developed	Media Public Health Agriculture Sports Associations	2009/10	20,000
	2. Develop/purchase Information, Education and Communication (IEC) materials to promote nutrition value of local foods	Information, IEC materials developed and distributed	Public Health Department of Agriculture	2009/10	10,000
Create Supportive environments that encourages and support healthy lifestyles	1. Advocate for government to determine resource allocations for community development programmes for the	Sufficient resources allocated for healthy lifestyles programmes in communities	Village councils	2008	

	promotion of healthy lifestyles				
	2. Keep roadsides clear for walking	Roadsides cleaned	Village Councils	Ongoing	
	3. Control stray dogs	Stray dogs controlled	Police Village Councils	Ongoing	
	4. Maintain village greens clean and safe for physical activity	Greens maintained	Village Council	Ongoing	
Support Agricultural developments to improve food security and protect environment	1. Provide fruit trees and vegetable seeds and seedlings for households to plant	Increased number of fruit trees and vegetables planted	DAFF NIOFA	2008-09	2,500
	2. Provide training for community and farmers on organic garden/farming Practices	At least one training per year	DAFF NIOFA	Ongoing	1,000
	3. Implement sustainable agricultural practices	Sustainable practices implemented	DAFF/SPC	Ongoing	5,000
Monitor and evaluate health status of the Niuean population.	1. Conduct National Health Survey	Survey completed.	Public Health WHO & SPC	2008	20,000
	2. Conduct Global Health School Survey	Survey completed	Public Health WHO&SPC Department of Education	2008	10,000

	3. Collection of routine data from community and workplace health checks	Regular data updates and reports generated	Ongoing	Public Health	Public Health core activity
	4. Compulsory health checks of school age children	Regular health checks in place	Ongoing	Public health	Public Health Core activity
Promote exclusive breastfeeding	1. Promote Baby Friendly initiative at the Falegagao Niue Foou.	Achieve BHI award	2009/10	Public Health	\$1,000 (For internal assessment and award ceremony)
	2. Integrate breast feeding education into ante-natal clinic	Breast feeding education integrated	2009/10	Principle Nursing Officer	Core Nursing activities

COMMUNITY ACTIONS - A. HEALTHY COMMUNITY

Strategy	Activities	Indicator	Responsible	Timeframe	Budget
Improve household food and nutrition	1. Encourage home food gardens through the provision of seeds/seedlings/cuttings and fruit trees	# Home gardens established	DAFF	Ongoing	Department of Agriculture recurrent budget
	2. Provide cooking demonstrations using local foods	# Cooking demonstrations provided	DAFF Public Health	2009+	2,000
	3. Provide community education on basic nutrition and food safety	# of community education sessions	Public Health	2009	10,000
Strengthen and support community-based programmes aimed at improving healthy lifestyles	1. Develop and implement train the trainer programme to train community leaders in the area of nutrition and physical activity	Training programme developed and implemented	Public Health Sports Association	2008-09	10,000
	2. Provide social marketing workshop for VC for the promotion of healthy and safe villages	Workshop conducted and health enhancing activities promoted	NCD Coordinator	2009/10	10,000

COMMUNITY ACTIONS
B. HEALTHY WORKPLACE

Strategy	Activities	Indicator	Responsible	Timeframe	Budget
Develop and implement healthy workplace policy	1. Draft healthy workplace policies to encourage and support healthy lifestyle. - e.g. healthy meeting policy to ensure healthy food only is provided for refreshments	Healthy workplace policies in place	HOD	2008	5,000

COMMUNITY ACTIONS

C. HEALTHY SCHOOLS

Strategy	Activities	Indicator	Responsible	Timeframe	Budget
Support implementation of the Health promoting Schools programmes	1. Consult with community and obtain support for HPS policies and programmes	Community support obtained	Principals Public Health	2008	n/a
Support school-based programmes that promote healthy lifestyle behaviours	1. Support school-based physical activities	# children participating in organised physical activity	Tama mana NCD Coordinator	2009/10	
	2. Provide regular health checks for all school children	Every child to be checked at least once a year	Public Healthy Nurse principles	Ongoing	Core public health services
Create healthy supportive school environments	3. Support teachers as role models through provision of nutrition and physical activity workshops	# workshops provided	Nutritionist	2009	1,000

**COMMUNITY ACTIONS
D. HEALTHY CHURCHES**

Strategy	Activities	Indicator	Responsible	Timeframe	Budget
Strengthen churches to be health promoting settings	1. Work with church leaders to develop and implement healthy church policies e.g. healthy lifestyles policy	Policies developed and implemented	Public health and church leaders	2008/09	5,000
	2. Train church leaders in health and NCD issues	# Church leaders trained	Public Health	2008	5,000
Develop and implement programmes aimed at supporting healthy lifestyle behaviours	Pilot a 12week health programme to include an education session, a practical demonstration session and a physical activity session in 2 villages		Churches Public Health	2008/09	10,000 (5,000 per village)
	Develop awards for Health Promoting Churches – (i.e for churches who are promoting healthy lifestyle behaviours)	Awards in place	Churches	Ongoing	2,000

INDIVIDUAL-BASED ACTIONS

Strategy	Activities	Indicator	Responsible	Timeframe	Budget
Enhance and improve knowledge on healthy lifestyles	Provide lifestyle counselling using nationally developed and endorsed guidelines for: <ul style="list-style-type: none"> • Diet • Physical activity • Smoking cessation • Alcohol misuse 	# lifestyle counselling	Nutrition Officer	2009+	n/a
	Developing culturally appropriate IEC materials in Niuean language	Learning materials available in Niuean language	Public Health	Ongoing	10,000
Enhance and support healthy behavioural change in individuals	Established new or strengthen existing support groups such as Matua Manaia, Women's weaving groups (National Women's Council), Ex-smokers club, AA,	Community support groups strengthened and support groups	Matua Manaia	Ongoing	2,000

III. Alcohol and Tobacco Control

Targets:

- Reduce tobacco smoking by 5%
- Reduce alcohol related harm by 5%

NATIONAL ACTIONS					
Strategy	Activities	Indicator	Responsible	Timeframe	Budget
Review current alcohol legislation (liquor act 1975) to incorporate additional elements such as increasing alcohol sales tax, duty free sales, alcohol free zones etc	1. Conduct consultation review meetings with community and relevant stakeholders	# of meetings held	Taskforce Crown Law office	2008/09	5,000
	2. Adopt recommendations of review and incorporate as amendments to existing legislation	Recommendations adopted	Taskforce Crown Law Office	2008/09	1,000
Strengthen enforcement section of Liquor Act	1. Establish a Alcohol Committee within the National Health Council to monitor and lead implementation activities for enforcement of the act	Committee established	National health Council	2008/09	2,000
	2. Inform and educate retailers of the penalties and their responsibilities under the act	# retailers educated	NCD Coordinator	2009/10	1,000

Advocate to increase alcohol and tobacco tax and to dedicate funds from this towards establishing sustainable funding mechanism for health promotion activities	1. Conduct consultation meetings with community to gain support for the idea	# of meetings held	Public Health Police	2008	10,000
	2. Submit recommendations from consultation meetings for cabinet approval	Recommendations accepted and endorsed	Police Public Health Public Service Commission	2008/09	
Advocate for enactment and enforcement of Tobacco legislation in accordance with FCTC	1. Lobby for enactment of the Draft Tobacco Control Bill in Parliament	Tobacco Bill enacted	Politicians Public Health	2007/08	\$200
	2. Establish of Tobacco and Alcohol enforcement unit	Tobacco & Alcohol Enforcement Unit established	Police	2008/09	Police recurrent Budget
Develop communication strategies to raise awareness on tobacco and alcohol	1. Develop and implement a “harm reduction” campaign in relation to alcohol and tobacco smoking	Campaign developed	Public Health Police Media	2008-2009	10,000
	Develop culturally IEC materials in Niuean language	Promotion materials developed	Public Health Police Consultant	2008/09	10,000

COMMUNITY ACTION– HEALTHY VILLAGE					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Create supportive healthy environments to encourage healthy behaviours	Assist VCs to formulate healthy public policies e.g. Tuapa Tobacco-free zone policy	# healthy public Policies formulated and implemented	Public Health	2009/10	2,000

COMMUNITY ACTION – HEALTHY WORKPLACE					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Develop and implement healthy workplace policies	1. Assist employers to develop smoke-free policies	# policies in place	Employers Public Health	2009/10	1,000

COMMUNITY ACTION – HEALTHY SCHOOLS					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Support implementation of Healthy Promoting School policies	1. Consult parents and community about the alcohol, tobacco and drug free statements in the Health Promoting Policy.	Parents and community support obtained	Education Public Health	2008	5,000
	2. Assist schools to develop tobacco, alcohol and drug free signage	Signage developed and displayed	Education Public health	2008	5000

	for display around the schools				
Strengthen school health component of curriculum	1. Provide upskilling training workshops for teachers on the health impact of Tobacco, alcohol and drug abuse, Puberty, preventative pregnancy.	# workshops provided	Public Health	Ongoing	2000

INDIVIDUAL ACTIONS					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Strengthen personal skills	1. Provide smoking cessation counselling including NRT	Counselling provided	Public Health	Ongoing	8000

IV. Clinical Management of Diabetes, Heart Diseases, Hypertension/Stroke and Obesity

Targets:

- Reduce obesity related illnesses by 2%
- Reduce incidence of diabetes complications by 5%
- Improve referral systems

SECONDARY PREVENTION					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Strengthen Screening and surveillance services	1. Develop standards and guidelines for screening and confirmation of diagnosis and educate staff on how to use these	Standards and guidelines developed and staff upskilled	Clinical staff	2008	5,000
	2. Develop an annual screening programme for diabetes, hypertension, obesity, Cervical smears of adult women	Annual screening programme in place	Depart of Health	Ongoing	Core services
	3. Adapt and use the Mini STEPs tools for NCD surveillance	NCD surveillance tools in place and operational	Public Health	Ongoing	2000
Reorienting health	1. Incorporate lifestyle	Lifestyle	Clinical staff	Ongoing	6,000

services	interventions such as the “Green Prescription” and risk factor awareness into outpatient clinics	interventions incorporated	Public Health		
Capacity building for Health Staff	1. Provide training workshop staff on lifestyle interventions for the prevention of diabetic/NCD complications	# of education sessions provided	Public Health WHO/SPC	Ongoing	1000
	2. Develop guidelines for healthy eating, smoking cessation, and physical activity for the prevention of NCD complications for clinical staff. (Maybe best to adapt existing NZ Guidelines as most patients are referred to NZ).	Guidelines and resources developed	Public Health WHO/SPC	2008	2000
	3. Educate clinical staff on how to use the guidelines	Clinical staff upskilled	Public Health		200
Support personal skills of patients	1. Provide practical intensive lifestyle education sessions for patients	#education sessions provided	Public Health Clinical staff	2008	2000
	2. Develop culturally acceptable and appropriate IEC	Resources developed	Public Health	2008	2000

	materials or adapt existing one for patients				
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TREATMENT AND MANAGEMENT

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Develop new or adapt NZ clinical guidelines for the treatment and management of NCDs (diabetes, heart diseases, and hypertension).	1. Develop protocols and guidelines for clinical treatment & management of NCDs	Guideline developed and implemented	Director of Health and Clinical team	2008	\$5,000
	2. Adapt NZ guidelines for the treatment and management of diabetes and chronic diseases and adopting them for Niue	NZ guidelines adapted and adopted	DOH + clinical team	2008	2,000
	3. Educate staff on how to use these guidelines	Staff using guidelines	Clinical team		

TERTIARY PREVENTION

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Rehabilitation	1. Develop guidelines for follow-up process and procedures and communicate these to staff and patients	Guidelines developed and communicated	Clinical staff	2008	500
	2. Provide quality palliative care for patients and support for families	Quality palliative care and support provided	DOH Families	Ongoing	

STRENGTHENING HEALTH SYSTEMS

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Improve data collection and processing/analysis	1. Review data collection process to ensure accurate data analysis to guide decision making and diagnosis.	Data collection process reviewed and recommendations adopted	DOH	Ongoing	1,000
	2. Establish Multi-disciplinary teams to provide comprehensive patient centred care (Dr, Nurse + Allied Health Professionals as required)	Multi-disciplinary teams established	DOH	Ongoing	Core budget
Strengthen linkages with Community Affairs Office to ensure patient needs are met	3. Review processes for Elderly Person's pension to ensure health needs of client is met	Processes reviewed	Chief Public Health Nurse Community Affairs	2008	
Improve Referral services	4. Review policy for medical referrals to ensure processes are fair	Policy reviewed and recommendations adopted	DOH	2008	
	5. Educate staff on updated referral policy	Staff upskilled	DOH	Ongoing	

V. Surveillance, Monitoring & Evaluation

SURVEILLANCE					
Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Develop Surveillance Framework for NCD surveillance	1. Consultation workshop on Non Communicable Disease surveillance	Workshop	Dept. of Health and Statistics WHO/SPC	2008	\$5,000
	2. Draft and finalise Non Communicable Disease surveillance framework	Surveillance framework paper	Dept. of Health WHO/SPC	2008	
	3. Communicate framework to Non Communicable Disease to stakeholders	Number of meetings framework presented	NHC and Dept. of Health	2008	\$2,000
Strengthen the Framework System for NCD surveillance	1. Draft and finalise policy on Non Communicable Disease reporting (ensure reciprocal reporting)	Policy finalised and implemented	NHC and Dept. of Health	2008	
	2. Non Communicable Disease surveillance attachments of Public Health staff	Number of attachments	NCD Coordinator	Annually	\$5,000 per year (WHO/SPC)

	to appropriate institutions				
	3. Information-user awareness workshop	Number of workshops	Health Promotion officer and NHC	When needed	\$1,000
	4. Use Mini STEPS as routine surveillance tools	Data collected, analysed and reported	Public health	Ongoing	5,000

Monitoring and Evaluation

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Develop Framework for monitoring and evaluating the Moui Olaola 2009-2013 Action Plan	1. Creating an inventory of impact and outcome indicators drawing from existing strategic documents. Eg. MDG (Millennium Development Goals)	Inventory completed	NHC Dept. of Health and Statistics	2008	\$5,000
	2. Take stock of stakeholders' monitoring and evaluating frameworks	Stock-take completed Existing M&E frameworks and indicators used as basis for Moui Olaola M&E programme	National Health Council	2008/09	5,000
	3. Develop and Implement a M&E programme for the Moui Olaola Plan	M&E programme for Moui Olaola action plan in place Regular reports submitted	NHC Public Health	On going	

Annex 1: Participants List

Health Promoting Workshop Monday 9 July 2007

Name	Position/title	Contact details
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**Nutrition and NCD planning Workshop
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