

**Tuvalu National Strategic Plan for Non
Communicable Diseases 2011-2015**

MINISTRY OF HEALTH

TUVALU

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Glossary of Abbreviations

BFH	Baby Friendly Hospital
DOA	Department of Agriculture
DOE	Department of Education
EKT	Ekalesia Kelisiano Tuvalu
FHS	Fetuvalu High School
HPO	Health Promotion Officer
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
NCDs	Non Communicable Diseases
NGOs	Non-Governmental Organizations
PMH	Princess Margaret Hospital
SPC	Secretariat of the Pacific Community
TANGO	Tuvalu Association of NGO
TASNOC	Tuvalu Association of Sports & National Olympic Committee
TCS	Tuvalu Cooperative Society
TDA	Tuvalu Diabetes Association
TMD	Tuvalu Media Department
TNCW	Tuvalu National Council of Women
TRC	Tuvalu Red Cross
TTCC	Tuvalu Tobacco Control Coalition
TuFHA	Tuvalu Family Health Association
TPF	Tuvalu Provident Fund
WHO	World Health Organization

Foreword

It gives me great pleasure to present this very first strategic plan to respond to the burden of Non-Communicable Diseases (NCDs) in Tuvalu. NCDs remain the leading causes of morbidity and mortality among the adult population of Tuvalu.

A strategic plan in place will ensure prioritizing and targeting of activities to prevent the onset of risk factors and NCDs. The expected outcome of this plan is to reduce the number of people developing risk factors which will predispose them to NCDs. The long term achievement of behavioral change that will develop over the years will only mean healthy living for Tuvaluans in the future.

This plan shall not be limited to the Ministry of Health alone but rather a document that can be shared to relevant Government Ministries and Non-Governmental Organizations (NGOs) to allow for better coordination. The involvement of key stakeholders is vital to achieving the aspirations of this plan.

My sincere congratulations to the Tuvalu National NCD Committee who worked tirelessly to develop this plan and it is my utmost desire that this plan be implemented successfully over the next four to five years. Let's all work together to reverse the burden of NCDs in Tuvalu.

Fakafetai.

Dr Stephen Mafoa Kaimoko Homasi
Director of Health

Acknowledgements

Many people contributed to the development of this plan. These included the participants to the NCD planning workshop of 2009 (list of participants in Annex 1). The NCD Committee which is made of government and non-government representatives responsible for the difficult task of reviewing the first draft and conducting further consultative work to produce this plan.

The NCD Working Group: Dr Stephen Homasi (Director of Health), Dr Nese Ituaso-Conway (Chief Public Health/Chairperson), Pelesala Kaleia (Physiotherapist/Secretariat), Avanoa Paelate (Health Promotion Officer), Fofoa Gulugulu (Nutritionist), Simalua Enele (Budget & Planning), Annie Homasi (TANGO Coordinator), Niuone Eliuta (Sports Officer).

Our development partners played a pivotal role in this plan. We place on record our gratitude for the financial, technical and other support provided by the World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC).

We wish to single out staff from WHO, Dr Temo K Waqanivalu (Nutrition & Physical Activity Technical Officer) for his technical assistance in the initial preparation of the plan and Mr Greg Keeble, Monitoring & Evaluation (M&E) Specialist from SPC for his expert input in developing the M&E Framework for this plan.

Executive Summary

The Ministry of Health have been given the mandatory responsibility to prevent and control NCD and up to the planning of this national strategy, a lot has been done in the area of primary and primordial prevention and little attention on the secondary prevention. The plan is done in the context of the strategic vision (*That all people of Tuvalu should enjoy the highest attainable standard of health, regardless of race, religion, political belief, economic or social condition*) and mission (*To ensure the highest attainable standard of health for all people of Tuvalu*). It compliments what is already stated in the Ministry of Health Strategic Plan (2009-2019) but also offers the addition of the multiple stakeholders making it a national plan and not just a Ministry of Health plan.

NCDs, like cardiovascular diseases, diabetes, and cancer are among the leading causes of morbidity and mortality in Tuvalu base on the 2009 Annual Health Report. It is noted that the age standardised mortality rate for NCDs in Tuvalu is 1,045 per 100,000 population.¹ The burden placed on the community by these diseases is expected to increase. This increase in trend is supported by several studies conducted in the 1970s-1980s compared with the NCD STEPS Survey in 2006. In the 1976 study of diabetes in the population of Funafuti, the prevalence rates was 8 percent (10-19 years) and 10 percent (20 years and over), with a further 6 percent having borderline diabetes. For both diabetes and borderline diabetes, females had higher prevalence rates than males, related to obesity.² The 1985 Primary Health Care Survey found that hypertension associated with obesity occurred in both males and females, with 2 percent of the population (aged 15 and above) being affected.³

Preliminary results from baseline STEPS Survey in 2006 indicated high levels of obesity (75.2%), smoking (33.4%), binge alcohol drinking (21.8%) and low levels of physical activity (55.3%) among the adult population (25-64 years). Prevalence of diabetes and hypertension among the adult population (25-64 years) were 29.5% and 32.9% respectively, which have increased by three folds as seen over the last thirty years.

A number of risk factors for NCDs have been identified and the relationships between the risk factors and disease outcomes are well-established and recognised by the Government of Tuvalu.⁴ Addressing the key lifestyle-based risk factors for NCDs (poor nutrition, low levels of physical activity, tobacco use, and alcohol misuse) can have a significant effect on reducing the incidence and impact of NCDs on the general population by:

- supporting Tuvaluans to make healthier choices
- reducing the burden of inequalities and poverty
- reducing the economic burden of caring for the sick while stimulating economic growth.⁵

¹ World Health Organisation. 2005. *Country Health Profile*. WHO, Geneva.

² Zimmet, Paul et al (1977) Diabetes Mellitus in an Urbanised, Isolated Polynesian Population: The Funafuti Survey. *Diabetes*, vol.26, no.12, pg.1101-08.

³ Primary Health Care Survey, 1985.

⁴ Government of Tuvalu. 2005. *Te Kakeega II: National Strategy for Sustainable Development*.

⁵ World Health Organisation. 2005. *Preventing chronic disease: a vital investment*. WHO, Geneva.

There is a significant evidence base for activities that result in demonstrable gains in the key risk factor areas. Some of the most effective initiatives are those relating to legislation, tax and pricing measures, community-based interventions, advocacy, and clinical care/individual-focused activities.⁶ Health gains can be achieved by tying all NCD risk factors activities together to achieve a common goal. The use of an integrated strategic plan is an effective way of doing this, and supports a comprehensive and multi-sectoral approach to addressing NCDs that involves all interested parties.

Te Kakeega II, Tuvalu's National Strategy for Sustainable Development, recognises the impact that NCDs can have on the sustainable development of Tuvalu, and makes the promotion of healthy lifestyles a key policy objective for 2005-15 [strategic area 3 refers]. To achieve this objective, Government departments are required to develop sector master plans. To date, in the area of NCD risk factor work, a draft Food and Nutrition Policy for Tuvalu have been developed including this plan. Both documents were based on the STEPWise approach. Work in the alcohol and physical activity settings has been limited, both strategically and operationally.

⁶ Ibid.

Background Information on NCD Prevention Services

Over the past five years, there has been an increased awareness in NCD prevention and wellness promotion towards improving the quality of life for Tuvaluan people. The concept of “Healthy Island” was reinforced by the Ministry of Health. Other government agencies, local governments, non-government organizations, private sectors, outer island communities and designated individuals and groups as role models continue to be important key stakeholders to the Ministry. To ensure that communities actively participate in primary health care activities, the MOH implemented the Healthy Family Programme. One of the components of this project was to bring health care services to the community, with the hope to implement community participation in primary health care programmes.

Integrated activities⁷

- The STEPWise survey on NCDs has been completed, and Tuvalu is waiting to get the results of the report from WHO.
- The Tuvalu Provident Fund (TPF) has developed a new benefit focused on health: an individual fund based on a 3 percent income contribution which individuals can then use for health or education (although this is likely to cover clinical interventions rather than public health programmes).
- The school curriculum (class 1-6, form 1-2) contain two main modules on NCD risk factors: physical health and current health issues. Schools are also encouraged and supported to celebrate international days on various health topics (such as World No Tobacco Day). Schools may also undertake a range of extra-curricular activities depending on the interests of the school and of its teachers.
- Tuvalu Ministry of Health and partners always celebrate World No Tobacco Day (31 May) every year. The Tuvalu Tobacco Control Coalition (TTCC) has been active in implementing tobacco control activities in the country. TTCC consists of representatives from the Ministry of Health, Tuvalu National Council of Women (TNCW), Tuvalu Family Health Association (TuFHA), Tuvalu Red Cross (TRC), Community youth and women’s leaders, Boy Scouts & Girl Guides Association, Fetuvalu High School (FHS), Tuvalu Cooperative Society (TCS), Ekalesia Kelisiano Tuvalu (EKT), youth, Tuvalu Association of NGO (TANGO).
- Ongoing prevention activities e.g. radio and outreach programmes to island communities, hospital inpatients and outpatients education, in-school visits & education.

⁷ These are activities that potentially cut across all NCD risk factors areas.

The Process of Developing the Plan

In February 2009, a multi sectoral working group was formed to think through the rationale and process of development of a national strategy for NCD and nutrition after the realization from anecdotal data that there is a real problem in the country on NCD and chronic diseases. The group used the Pacific NCD Framework, WHO STEPS framework of planning and also the Ottawa Charter for Health Promotion to model a suitable framework for Tuvalu.

It was decided that the focus be on the four major risk factors of **Tobacco Use, Alcohol abuse, Physical inactivity and poor nutrition**. The nutrition component is expanded to include both over nutrition and under nutrition which coexist in the Tuvalu community. The nutrition component is also incorporating the nine elements from the World Declaration of the International Conference on Nutrition and the recent WHO Global Strategy on Diet, Physical Activity and Health.

The other three additional components are mainly to do with the organization or reorganization of NCD within Ministry of Health, the new multi sectoral coordinating body which is necessary to oversee the implementation of such multi sectoral plan and secondary prevention which mainly focus on preventing those already affected from developing further complications.

There was consensus that the period of the plan be matched with the political tenure which is usually a four year term and with the election in 2010 it was agreed that the plan be done for the next 5 years 2011 – 2015.

A multi sectoral workshop was then conducted with assistance from WHO to formulate strategies for NCD and come up with a draft which went through wide consultation for legitimacy purposes before finalization (*Participants list in Annex 1*).

A few principles are laid down in formulating the National Strategic Plan that it needs to be (Fig 1):

1. **Comprehensive:** incorporating both policies and action on major NCDs and their risk factors together.
2. **Multi-sectoral:** should involve widest of consultation incorporating all sectors of society to ensure legitimacy and sustainability.
3. **Multidisciplinary and participatory:** consistent with principles contained in the Ottawa Charter for Health Promotion and standard guidelines for clinical management.
4. **Evidence Based:** targeted strategies and actions based on STEPS and other evidence.
5. **Prioritized:** consideration of strata of SES, 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.

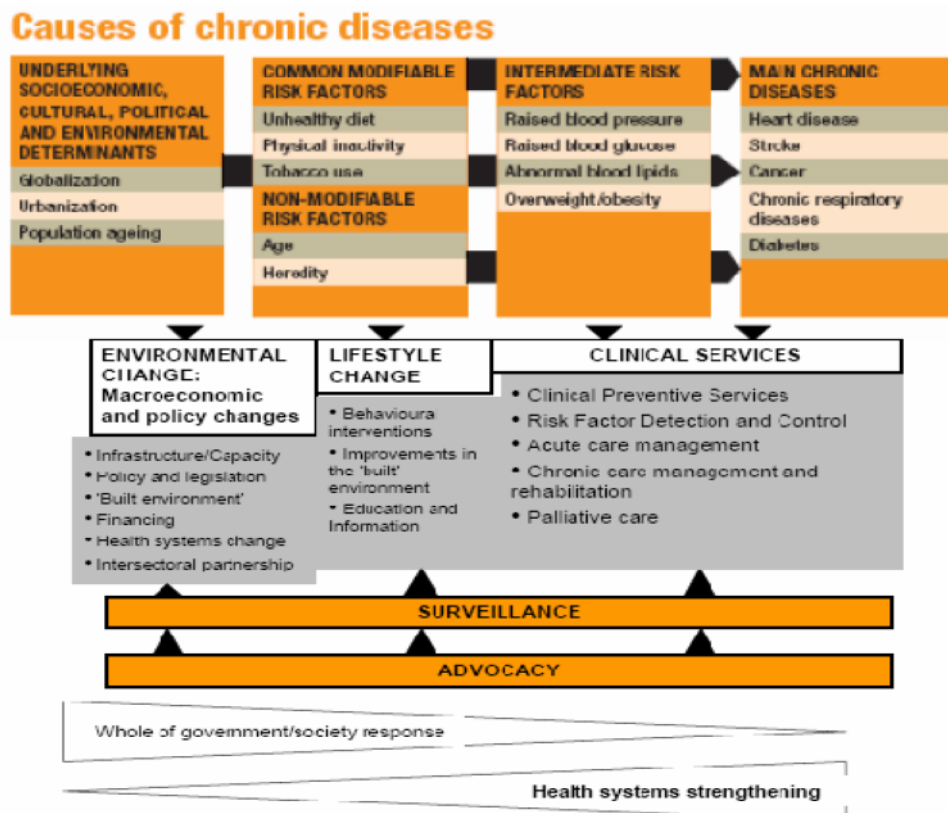


Fig. 1: Causes of Chronic Diseases

The two frameworks used to devise a planning one for NCD in Tuvalu are the WHO Stepwise framework (Fig. 2) for NCD planning and Ottawa Charter of Health Promotion (Fig. 3). The employment of both population wide and individual based interventions was considered with the five action areas used as a guide to put in strategies under the main four risk factor components at the three different levels.



Fig. 2: WHO Stepwise Framework

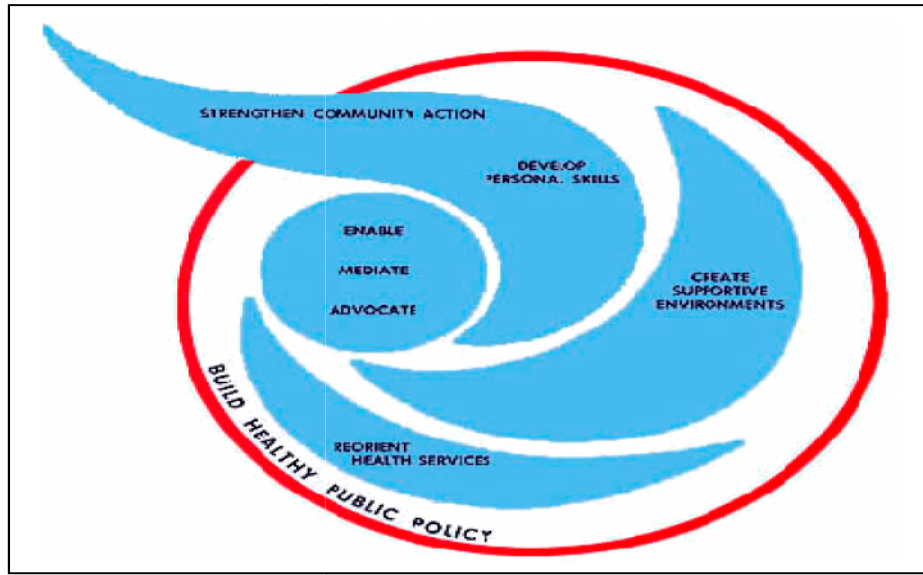


Fig. 3: Ottawa Charter of Health Promotion

The seven components identified are:

- I NCD LEADERSHIP, STEERING & MANAGEMENT**
- II NUTRITION**
- III PHYSICAL ACTIVITY**
- IV TOBACCO CONTROL**
- V ALCOHOL CONTROL**
- VI SECONDARY PREVENTION**
- VII MONITORING & EVALUATION**

The 5 action areas of Ottawa Charter were used to strategize for II and V done at three levels according to the STEPS framework of planning: National, Sub-national, and Individual. The strategies and activities were then documented using the following matrix by the different working groups during the workshop with assistance from WHO.

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding Source (AUD)

Goal and Targets

Goal: To reduce the current and future burden of NCD and nutrition related disorders in Tuvalu.

Targets: Through the implementation of the Plan the following targets have been set to be achieved within the duration of the plan.

Core:

- a. Improve physical activity levels amongst population by 25%
- b. Improve proportion of population consuming at least 3 or more servings of fruits and vegetables per day on most days of the week by 15%
- c. Reduce current tobacco smoking rates by 10%
- d. Reduce binge drinking prevalence by 50%

Optimal

- e. Reduce Diabetes incidence by 10%
- f. Reduce HTN prevalence by 10%
- g. Reduce obesity rate by 5%

These targets are based on current WHO global goal of reducing NCD death rates by 2% per year until 2015 and the current existing estimates of the Ministry of Health. The targets set itself as benchmark for the successful implementation of the plan.

COMPONENT 1: NCD LEADERSHIP, STEERING & MANAGEMENT

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
1.1 Advocate for Political Commitment	<ul style="list-style-type: none"> Submit NCD Plan to Cabinet for endorsement 	NCD Plan endorsed by Government	March 2011	MOH	Recurrent Budget
1.2 Effective multi-sectoral engagement in NCD Plan	<ul style="list-style-type: none"> NCD Committee meetings every three months to monitor progress 	Number of advocacy meetings with stakeholders	Quarterly 2011-2015	Working group, MOH	\$1,000
	<ul style="list-style-type: none"> To revive & strengthen the role of the Tuvalu Diabetes Association (TDA) 	Diabetes Action Plan implemented in country	June 2011	Working group, MOH	\$1,000
1.3 Establish a monitoring system within Public Health for NCD Plan	<ul style="list-style-type: none"> Develop work program for public health staff 	Work program developed	March/April 2011-2015	CPH, DOH	Recurrent Budget
	<ul style="list-style-type: none"> Implement and report NCD Plan activities 	Number of activities submitted using monitoring template	Quarterly 2011-2015	MOH	\$5,000
1.4 Capacity building	<ul style="list-style-type: none"> Annual Training for Health Workers and stakeholders to strengthen NCD Program 	Number of Health workers and other stakeholders completing training	April/May, Aug/Sept 2011-2015	MOH	\$5,000

COMPONENT 2: NUTRITION

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
2.1 Implement Food Safety Act	Develop awareness program on Food Safety Act	Number of meetings with key stakeholders	Biannually	MOH	\$5,000
	Disseminate Act to Government, NGOs and Private Sector	Number of documents disseminated and listing of participating agencies	Nov 2009	MOH	Recurrent budget
2.2 Implement Food and Nutrition Policy	Recruit TA to review the Food and Nutrition Policy	Policy reviewed	June 2011	WHO, SPC	\$10,000
	Implementation	Number of activities implemented	Ongoing	MOH	\$2,500
2.3 Disseminate Food Based and Dietary Guidelines	Finalize and print the FBDG	FBDG guidelines developed and printed	April 2011	MOH, SPC	\$2,000
	Develop and implement communications campaign for the guidelines according to plan	Communication plan implemented	June 2011	MOH	\$1,000
	Develop tools for communications of key messages in English and Tuvaluan	Tools in place	July 2011	MOH	\$500
	Evaluation of reach and utility of the guidelines	Evaluation report	Nov 2011	MOH	\$500
2.4 Increase	Establish Nurseries on Outer Islands	Number of nurseries on outer	Ongoing	MOH, DOA	Work with

availability of Vegetables in Tuvalu and reduce/prevent increased reliance on processed foods		islands			agriculture
	Implement subsistence farming	Number of families participating	Ongoing	MOH, DOA	Work with agriculture
	Conduct Garden competitions	Number of households participated in competition	Ongoing	MOH, DOA	Work with agriculture
	Increase importation of fruits and vegetables not available locally	Importation figures	Annually	TCS	None
2.5 Provide Consumer with Information and Education on appropriate food selection	Develop radio programs on food selection and labelling	Number of Radio Spots and Radio Programs	Quarterly	MOH	\$500
	Conduct training for men, women and youths in cooking a nutritious meal	Number of men, women and youth completing the training	Nov 2011	MOH	\$3,000
2.6 Strengthen education on Healthy Diet at point of service and communities	Develop IEC for easy dissemination at point of service	IEC developed	Ongoing	MOH	\$500
	Develop education program for NCD Clinics	Number of talks conducted per year	Ongoing	MOH	Recurrent Budget
	Conduct one on one education for all in-patients	Number of patients educated and or counselled	Ongoing	MOH (Dietician/HPO)	Recurrent Budget
2.7 Promote Breastfeeding Practices	Awareness campaign on Exclusive Breastfeeding and Breastfeeding Policy	Education and IEC materials produced and disseminated	Aug 2011	MOH	\$1,000
	Introduce Baby Friendly Initiative	PMH declared BFH	Dec 2011	MOH	\$1,000

COMPONENT 3: PHYSICAL ACTIVITY

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
3.1 Create policies that promotes physical activity	Recruit TA to develop policies that will promote physical activities in Tuvalu	TA recruited and policies developed	June 2011	MOH	\$5,000
3.2 Integrate Physical activity into community programs	Organize PA Program for communities	Number of communities participating	Biannually	MOH	None
	Organize Physical activities for women	Number of women's groups participating	Three times a year	Department of Women	None
3.3 Strengthen School curriculum on Physical Education in Schools	Review Physical Education programs in schools at all levels (Pre-school, Primary school and Secondary School)	Curriculum reviewed	2011	MOH/MOE	\$2,000
	Organize regular inter-school sports competition	Sports events organized per year	April 2011	MOE, TASNOC	\$3,000
3.4 Improve sporting facilities in Tuvalu	Develop a plan for sporting facilities in Tuvalu (TA required)	Plan developed and implemented	Nov 2011	MOH, TASNOC	\$1,000
3.5 Develop workplace physical activities	Introduce mini-steps and PA Programs into the workplace	Number of workplaces participating in mini-steps and PA program	May 2011	All Government Departments	SPC Small Grant

COMPONENT 4: TOBACCO CONTROL

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
4.1 Enforce Tobacco Control Act	Awareness program (Education and Advocacy)	Number of community meetings and workshops	Ongoing	TTCC	\$5,000
	Law enforcement	Number of law enforcement notices issued	Ongoing	Police Dept	Recurrent Budget
4.2 Protect people from tobacco smoke in public places/workplaces	Develop policy and implementation tools	Template policy developed for schools , communities and public places	Sept 2011	MOH	\$1,000
	Implementation in schools, all public places including workplaces	Number of schools, communities and public places declared Tobacco Free	Ongoing	MOH	Recurrent Budget
4.3 Warn people about the dangers of Tobacco use	Develop awareness programs including activities on World No Tobacco Day	Number of Radio Programs and print media developed	Quarterly 2011-2015	MOH	\$1,000
	Use of Sports celebrities as champions	Sports champion identified and promoting No Tobacco	Annually	MOH, TASNOC	\$2,000
	Include No Tobacco education in school curriculums	Curriculum in Health Science subjects taught at schools	Sept 2011	MOH/MOE	\$2,000
4.4 Enforce bans on tobacco advertising, sponsorship	Develop policies to ban tobacco advertising and sponsorships in Tuvalu (TA required)	Policy developed and implemented	Nov 2011	MOH	\$10,000

4.5 Raise Tobacco prices and taxes	Consultations	Number of consultations	Ongoing	MOH/TTCC	\$1,500
	Present Report to Cabinet for endorsement	Percentage of Price and Tax increase	June 2010	MOH	Recurrent budget
	Implementation	Revenue collected	Annually	MOH, MOF	Recurrent budget

COMPONENT 5: ALCOHOL CONTROL

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
5.1 Review and develop policies and legislations related to alcohol abuse	Recruit a TA to review existing policies and legislation	TA recruited and completed documents in place	2012	WHO/SPC	\$10,000
	Enforce Traffic Act on driving while under the influence of alcohol including all traffic-related injuries involving alcohol	Reduction in traffic-related injuries involving alcohol	2012	MOH/Police	None
5.2 Enforce bans on sale of alcohol to minors	Conduct a meeting with Liquor Board to enforce the use of certified identification at all outlets	Liquor Board approval and its implementation	Ongoing	MOH/Liquor Board	\$500
	Promote the use of certified identification when purchasing alcohol at all liquor outlets	Reduction in sales of alcoholic beverages to minors	Ongoing	MOH/Liquor Board	None
5.3 Educate people on the correct use of alcohol	Create an awareness campaign through radio media and print media	Number of Radio media (Live shows and radio spots) created	Quarterly	MOH/TMD	\$1,000
	Include alcohol issues in school curriculum	Curriculum on the proper use of alcohol in schools	Annually	MOH/MOE	\$1,000
5.4 Establish services for alcoholics (e.g. counseling services, alcohol free initiatives)	Establish counseling services for alcoholics	Services established with focal point designated for referrals	2011-2012	MOH	Recurrent budget
	Establish alcoholics anonymous groups	Number of alcoholics seeking help and utilizing this service	2011-2012	MOH	Recurrent budget

COMPONENT 6: SECONDARY PREVENTION

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
6.1 Promote/enforce use of National Treatment Guideline	Printing or publishing of STG Reinforcement trainings on the STG Monitoring on the use of STG	STG available and used by health workers Better management/secondary measures for NCD problems visits to outer islands to monitor NCD clinical records	June 2011 August 2011	MOH	\$1,000
6.2 Establish services for Diabetic patients on Insulin therapy	Provide monitoring equipments (glucometer, INSULIN, needles and syringes, disposal/sharp containers)	More patients opting for Insulin therapy, better sugar control among diabetic patients	Ongoing	MOH(PMH)	\$1,000
6.3 Improve compliance rates among diabetics / hypertensive	Funds available for home visitation Develop and improve means of communication to defaulters	More compliance rates among NCD cases	June 2011	MOH (PMH-GOPD)	\$2,000
6.4 Improve NCD IEC materials	Produce IEC materials (handouts, booklets) in Tuvaluan for hypertension, diabetes	IEC materials available in NCD clinics	August 2011	MOH	\$1,000

COMPONENT 7: MONITORING & EVALUATION

Strategy	Activities	Indicators	Timeline	Leading Agency	Funding/Source (AUD)
7.1 Develop monitoring and evaluation framework	<ul style="list-style-type: none"> Expedite data analysis of STEPS survey as baseline data 	STEPS survey report	March/April 2011	MOH, WHO	\$5,000
	<ul style="list-style-type: none"> Develop M&E Framework for NCD Plan [workshop] 	M&E framework completed and implemented	Feb 2011	WHO/SPC	\$5,000
7.2 Strengthen NCD Surveillance to accurately inform decision makers	<ul style="list-style-type: none"> Monitor importation of tobacco, alcohol, food products in Tuvalu 	Reports on tobacco, alcohol, food products imported	Nov 2011	Customs MOH	Recurrent Budget
	<ul style="list-style-type: none"> Maintain and regularly communicate Health indicators (morbidity & mortality) 	Annual Health Statistics on NCD	Annually	MOH	Recurrent Budget
	<ul style="list-style-type: none"> Repeat NCD STEPS 	Steps survey second round completed	May 2011	MOH, WHO	\$5,000

Annex 1: List of Participants (NCD Committee)

NAME	ORGANIZATION
1. Mr Salesi Safega	Customs Department
2. Mr Tematiu Iapesa	Ministry of Home Affairs
3. Mr Niuone Eliuta	Sports Officer, Ministry of Education, Youth & Sports
4. Ms Valisi Tovia	Education Department
5. Ms Simalua Enele	Budget & Planning
6. Ms Sania A Teisini	Tax Department
7. Ms Evolini Mami	Department of Agriculture
8. Mrs Saini Simona	Department of Women
9. Mrs Annie Homasi	TANGO
10. Mr Mainaga Taape	Tuvalu Cooperative Society
11. Mr Tataua Pese	Tuvalu Red Cross
12. Mrs Fofoa Gulugulu	Nutritionist/Health Department
13. Mrs Avanoa M Paelate	Health Promotion Officer/Health Department
14. Mr Pelesala Kaleia	Physiotherapist/Health Department
15. Dr Nese Ituaso-Conway	Chief Public Health/Health Department
16. Dr Puakena Boreham	Medical Superintendent/Health Department
17. Dr Stephen Homasi	Director of Health/Health Department