

# HALA FONONGA

TONGA MO'UI LELEI

## PATH TO GOOD HEALTH



**TONGA NATIONAL STRATEGY TO PREVENT AND CONTROL NON COMMUNICABLE DISEASES (2010 - 2015)**

# HALA FONONGA

KI HA TONGA MO'UI LELEI

**PATH TO GOOD HEALTH**

**P**hysical Activity

**A**lcohol Harm Reduction

**T**obacco Control

**H**ealthy Eating

## **Tonga National Strategy to Prevent and Control Non Communicable Diseases (2010 - 2015)**

A collaborative program between AusAID, SPC and WHO  
In conjunction with the Ministry of Health

Participants to the multi-stakeholder workshop on NCD Strategic Planning, February 2010



## **TABLE OF CONTENTS**

<b>FOREWORD</b>	<b>v</b>
<b>CHAIRMAN OF NCD COMMITTEE</b>	<b>vi</b>
<b>1. BACKGROUND</b>	<b>1</b>
<b>2. WORKSHOP OUTLINE</b>	<b>1</b>
<b>3. REVIEW SUMMARY</b>	<b>1</b>
<b>4. PLANNING FRAMEWORK</b>	<b>1</b>
<b>5. GOAL</b>	<b>3</b>
<b>6. ACTION PLAN 2010-2015</b>	<b>4</b>
<b>COMPONENT 1: INTEGRATED NCD ACTIVITIES</b>	<b>4</b>
<b>COMPONENT 2: PHYSICAL ACTIVITY</b>	<b>6</b>
<b>COMPONENT 3: ALCOHOL HARM REDUCTION</b>	<b>10</b>
<b>COMPONENT 4: TOBACCO CONTROL</b>	<b>14</b>
<b>COMPONENT 5: HEALTHY EATING</b>	<b>19</b>
<b>COMPONENT 6: MONITORING, EVALUATION &amp; SURVEILLANCE</b>	<b>25</b>
<b>7. ANNEX I</b>	<b>27</b>
<b>8. ANNEX II SUBCOMMITTEE TERMS OF REFERENCE</b>	<b>33</b>
<b>9. ANNEX III WORKSHOP ATTENDEES</b>	<b>37</b>

## ABBREVIATION AND ACRONYM LIST

ASC	Alcohol Sub-committee
AusAID	Australian Agency for International Development
DPIP	Diabetes Prevention in Pacific
FCTC	Framework Convention on Tobacco Control
FWC	Free Wesleyan Church
HESC	Healthy Eating Sub-committee
HO	Health Officer
HPF	Health Promotion Foundation
HPU	Health Promotion Unit
HPCP	Health Promoting Church Partnership
IEC	Information, Education and Communication
MAFF	Ministry of Agriculture, Forestry and Food
MLCI	Ministry of Labour, Commerce and Industries
MOE	Ministry of Education
MOH	Ministry of Health
MOP	Ministry of Police
MOW	Ministry of Works
MVA	motor vehicle accident
NCD	Noncommunicable diseases
NNCD C	National Non-Communicable Disease Committee
NGO	Nongovernmental organization
NRT	Nicotine Replacement Therapy
NZAID	New Zealand Agency for International Development
OPIC	Obesity Prevention in Communities Project
PA	Physical activity
PASC	Physical Activity Sub-Committee
PHN	Public Health nurses
PMO	Prime Minister's Office
PTA	Parent & Teachers Association
SPC	Secretariat of the Pacific Community
STEPS	WHO STEPwise approach
STG	Standard treatment guidelines
TCSC	Tobacco Control Sub-Committee
TOR	Terms of reference
WHO	World Health Organization
WNTD	World No Tobacco Day

**Foreword by Hon. Dr. Viliami T. Tangi, Deputy Prime Minister, Minister for Health and Acting Minister for Police, Fire and Prison Services.**

Worldwide and especially so in Pacific Island countries including Tonga, more people continue to die from Non Communicable Diseases (NCDs) than any other cause. The number of people being affected by NCDs continues to increase and in addition there is a corresponding increase in the burden placed on individuals, families, communities and governments.

Tonga has been very aware of the burden NCD places on the country and has been at the forefront of putting in place steps to counter the increase of NCDs.

In 2004, it was the first country in the Pacific to launch its National Strategy to Prevent and Control NCDs. This covered the period 2004-2009. This was a direct result of the Tonga Commitment which recommended Pacific Island countries to develop such a Strategy. It is now 2010 and Tonga is ready to launch 'Hala Fononga ki ha Tonga Mo'uilelei, 2010-2015 or Tonga's PATH (Physical activity, Alcohol harm reduction, Tobacco control and Healthy eating) to Health, 2010-2015.

Over the past five years many positive developments have occurred and I would like to highlight a few of these:

**1. Prioritisation of NCDs by Government** – The government has always placed NCDs on its priority list. This was formalised in 2009 when as part of its Medium Term Strategic Framework, NCDs was placed as one of the six priority areas for the government. This prioritisation has resulted in a bilateral agreement with AusAID to make available funds to address NCDs starting this year.

**2. Establishment of the Tonga Health Promotion Foundation (TongaHealth)** – This was the final result of work over a some years and included input from AusAID, WHO, VicHealth and the Tonga Government. It was clear during the implementation of the 2004-2009 Strategy that funding sources for NCD activities needed to be better defined. TongaHealth has started disbursing funds for community NCD activities and will continue to play an integral role in combating NCDs.

**3. Establishment of the Health Promoting Church Partnership (HPCP)** – It is a well known fact in the Pacific that the churches have the greatest reach to the general population. The formal establishment of the HPCP received the blessings and commitment of the church leaders. Programmes have started to utilise this partnership and in future is likely to be pivotal to the success of our NCD programmes.

While there have been many positive developments, it would be naive to think that we are there. It is crucial that the partnerships in place continue to be fostered to ensure that all is done to decrease the burden from NCDs.

The government is committed, the development partners are prioritising NCDs, the NGO partners are actively participating and the funding mechanisms are in place.

The time is right for continuing to take on NCDs by using the 'people centred' approach.

I wish to acknowledge the assistance of the many partners in this endeavour. Without your support, we could not do it.

Hon. Dr. Viliami T. Tangi

## **Remarks by Dr. Siale 'Akau'ola, Chairman of NCD National Committee**

The leading cause of death in Tonga, accounting for more than 50% of all deaths every year, is due to diseases of the cardiovascular system. In recent years, deaths due to these conditions have been occurring in relatively younger people, in their 40's and 50's; at the "prime" of their lives.

Cardiovascular diseases are not inevitable, with advancing age. In fact, they are preventable in most cases. It is clear from every major study within the last decade, risk factors such as; a diet high in saturated fat, inactivity, smoking, obesity, diabetes and excessive alcohol intake, all contribute to atherosclerosis, the pathological hallmark to the development of cardiovascular disease. It has also been established, that people who do regular exercises, eat more vegetables and less animal fat, reduce weight, quit smoking, control their hypertension and diabetes; all reduce the risks and incidence of cardiovascular diseases, in general. On the other extreme, people who live a lifestyle that is free of these "risk factors" can live well into their 90's; free from any cardiovascular disease; such as hypertension, ischemic heart disease and stroke.

In spite of these well established, pool of knowledge, cardiovascular diseases are still prevalent in a lot of countries including Tonga. A lot of people have blamed huge multinational business corporations for promoting the "bad choices" seen in fast foods and "fizzy" drinks, use of new technologies that require less healthy physical activities (like the internet), promotion of alcohol and tobacco and so forth. With these bad choices becoming "easy choices" for people, it has become more challenging for promoters of good health, to make "healthy choices become easier choices". At the same time, when it comes down to an individual being able to make the right healthy choice; the earlier NCD prevention strategies that were supposed to enable the individual to make those choices have been relatively fragmented, unfunded and consequently, unsustainable and ineffective.

This revised Strategic Plan to Prevent and Control NCD in Tonga should be applauded for its comprehensive approach. It focuses on strategies to give the individual the best informed choices to avoid risk factors. It also provides ways for the decision makers, to modify policies which can create the right enabling environment that allows the individual, to make those right choices. At the same time, it encourages working with stakeholders at the community level, to ensure that healthy behaviors are endorsed and supported by community leaders. It is only when these behaviors are accepted as a new culture of doing things, that they can truly, become sustainable. After all, if we want to improve the situation of NCD in Tonga, everyone must agree to be committed to change, and to consistently behave in a significantly healthier way. Achieving that ultimate outcome is the challenge!

As the chairman of the National NCD committee, I am extremely honored to be part of a motivated team, who are ready to tackle one of the most challenging, yet exciting areas in health care in Tonga. Together with community leaders, church leaders, non-government and government stakeholders and our donor partners in health; I am confident that we can overcome a lot of the challenges posed by NCD in this country, soon.

Dr Siale 'Akau'ola

## **1. BACKGROUND**

Non Communicable Diseases (NCDs) continue to be the priority area of concern and accounts for the majority of burden of disease in Tonga. Over the years data has indicated that the trend of prevalence of NCDs such as diabetes, obesity and heart diseases have continued to increase. This is also true for many of the risk factors for NCDs.

The World Health Organisation (WHO) estimates that NCDs will cause 73% of global deaths and 60% of burden of disease by 2020. 80% of these deaths will occur in developing countries. Unfortunately estimates for many Pacific islands indicate that deaths from NCDs have already exceeded the 2020 estimates by WHO.

The prevention and control of NCDs is therefore of paramount importance for Tonga and other Pacific Island countries in order to avoid the associated burden of disease. Regional meetings of the Pacific Ministers of Health held around the region have reflected on the need to address this issue working towards Healthy Islands.

Tonga has been at the forefront of efforts in the Pacific to address the prevention and control of NCDs. The 2003 Tonga Commitment of the Pacific Ministers of Health meeting recommended that countries develop a National Strategy to address NCDs. Tonga was the first Pacific island country to develop its comprehensive NCD Strategy based on the WHO STEPwise framework. This NCD Strategy covered the period 2004-2009. The consultations for the development of the Strategy involved participants from a wide cross-section of the community with senior representation from government departments, NGOs and churches. Participants worked on the development of a strategy with frameworks for alcohol misuse, healthy eating, physical activity and tobacco control. The Honourable Minister for Health, Dr Viliami Taú Tangi, officially launched the strategy on 16 March 2004.

The strategy was implemented and in 2006 a mid-term review was carried out and a revised version was done for the next 2 years which was ultimately reviewed as the period of the plan (National Strategy to Prevent and Control NCDs (2004-2009) ended).

In early 2010, a stakeholder consultation was carried out on an individual basis by SPC and then the workshop with assistance from WHO was conducted to review progress on implementation of the NCD Strategy and develop a new strategy for 2010-2015.

## **2. WORKSHOP OUTLINE**

The workshop was officially opened by the Deputy Prime Minister, Minister of Health and Acting Minister for Police, Hon. Dr Viliami Tau Tangi. Participants in the workshop were drawn from the respective sub-committees for each of the four risk factor areas, with additional representation from other government departments, non-government organizations (NGOs), church groups and communities. Approximately 40 participants were involved in the workshop.

Presentations by WHO Technical Officer Dr Temo Waqanivalu and Kalesita Fotu from OPIC established the platform for the review and planning by assessing current NCD status in the Pacific and Tonga, and highlighting approaches for effective interventions. A large group discussion was conducted to review progress on the core integrated activities. Subsequently,



small groups based on the sub-committees, worked to analyse both the positive achievements and those areas where progress has not met the desired standard. A thorough analysis of the reasons underpinning the success or lack thereof, of the intended core actions, was completed. The results of the assessments were presented to the large group for further clarification and inputs.

### **3. REVIEW SUMMARY**

Feedback from participants on implementation of the NCD Strategy 2004-2009 suggested significant progress on many fronts; however challenges to effective implementation were also noted. In general, it was perceived that strengthening organisational management, including the roles of the national NCD Committee and four sub-committees, would provide significant assistance in enhancing the effectiveness of implementation.

Significant discussion was generated relating to monitoring, evaluation and surveillance beginning with the establishment of a proper baseline through STEPS survey which is proposed for 2010. Inclusion of a Monitoring and Evaluation Framework in the Strategy was also seen a way forward in this regard.

Funding was also seen as an obstacle to the implementation of the Strategy. Over the past few years measures have been taken to address this. The Tonga Health Promotion Foundation (TongaHealth) was set up with the goal of addressing funding for NCD programmes. TongaHealth is a statutory body and receives its funding from government, development partners (particularly through the AusAID and NZAID funded 2-1-22 Programme managed by SPC and WHO) and private donors. TongaHealth was established after the passing of the Tonga Health Promotion Foundation Act and has been functional since mid 2009.

In addition the Government of Tonga and AusAID have a bilateral agreement that will have make available funds to the Ministry of Health for implementation of activities and NCDs is a priority area. To reflect the availability of funds for this strategy, approximated costs have been included for the activities.

### **4. PLANNING FRAMEWORK**

Following the review process, the groups during the workshop then identified strategies and priority actions that could be undertaken in the next five years guided by the evidence that was presented and the limits of existing human and financial resources. The strategies and activities consisted of both new and also continuing ones from the previous plan that the group deemed appropriate to be continued. These formed the initial draft of the plan and a drafting group (Dr Paula, Ms Elisiva & Mr Eva Mafi) with assistance from Dr Temo (WHO) then progressed the draft with initial consultation with the leaders of the respective risk factor based groups and then with the wider group in a meeting on March 2010. SPC and WHO were consulted further in the review of the draft plan.

The Pacific Framework for prevention and control of NCD that was developed by SPC and WHO, which aligns itself with the WPRO Regional Action Plan for the global NCD strategy was used for planning together with the STEPwise framework as used in previous Strategy to prioritise activities into core and expanded undertaken at national, communities and individual (clinical) level. Based on the experience from the last strategy, it was decided that

prioritisation would happen on a yearly basis. In alignment with the desire by the minister to have a people centred plan, activities were categorised as National, Community and Individual with the community one stratified further in the particular settings where they exist e.g. schools, churches.

## **5. GOAL**

The Global Goal for NCD is to reduce death rate from NCDs by 2% per year over and above existing trends by 2015 and to contribute to that for Tonga, the plan has the following targets:

By 2015 to have:

- Reduced the prevalence of Diabetes by 10%
- Reduced the prevalence of adult/children obesity by 2%
- Improved the rate of moderate intensity (600 METS) Physical Activity per day on most days of the week by 10%
- Improved the rate of consumption of 5 servings of fruits and vegetables per day on most days of the week by 10%
- Reduced the prevalence of current tobacco smokers by 2% ;
- Reduced the prevalence of binge alcohol drinking amongst the youth by 10%

## 6. ACTION PLAN 2010-2015

### COMPONENT 1: INTEGRATED NCD ACTIVITIES

**OBJECTIVE:** To strengthen the organisational structure and system for NCD to ensure coordinated and integrated NCD activities.

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
1. Enhance functions of the National Non-Communicable Disease Committee (NCDC)	Review of TOR	# of regular meetings with actions completed	Chairman	April 2010	
	Conduct of regular meetings		Chairman	2 monthly & as required	3500/yr
	Conduct capacity & team building workshops for the members		Chairman	6 monthly	5000/yr
2. Mobilise appropriate resources to sustain NCD programs	Continue & strengthen the Tonga Health Promotion Foundation (TongaHealth) support for NCD	Funds available for use by NCD	TongaHealth	Ongoing	
	Work closely with development partners to secure other funding sources to ensure sustainability of NCD programs		NNCD C	Ongoing	
3. Integration of NCD into Primary Health Care services of the Ministry of Health	Conduct integrated NCD Risk factor training for health personnel	Knowledge of NCD among primary health care professionals including community based	NCD/HPU	Oct 2010	
	Define and deliver package of services at primary health care that incorporates NCD	Primary Care service delivery	MOH	Ongoing	

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
4. Alignment of HPCP with National NCD Strategy	Consultation with HPCP members	# people trained	HPCP / HPU	On going	
	Conduct training on NCD for partnership and church members		HPCP / HPU	Once per quarter	10000

**COMPONENT 2: PHYSICAL ACTIVITY**

**Objective:** Improve proportion of population undertaking moderate intensity Physical Activity (600 METS or more) in Tonga

**NATIONAL**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
1. Enhance the functioning of the Physical Activity Sub-Committee (PASC)	Regular review of TOR	# of Regular meeting and team building workshops conducted	Chairperson	Annual/as needed	
	Conduct of regular meetings		Chairperson	2 monthly	3500/yr
	Conduct capacity & team building workshops for the members		Chairperson	6 monthly	5000/yr
2. Social Marketing Campaign	Develop a multi-year Social Marketing Plan to advocate PA initiatives	Achievement of behavioural objectives	Special Taskforce	September 2010	10,000
	Implement the Social Marketing Plan		HPU/PASC	Ongoing	25,000 per yr
3. Create 'PA - Friendly' Environments	Assessment and completion of footpath projects in Nuku'alofa (Hala Taufu'ahau- 2012, Fanga to Vaiola 2012 Hala Vaha'akolo – QSC; 2012, Mala'ekula -2012)	Increase number of individuals adopting walking behaviour	MOW	2015	50000/yr
	No vehicle zone day (Basilica – EM Jones) – integrate into relevant Health Days (eg World Health Day, World Food Day, World Diabetes Day)		MOH/MOP	April, October and November 2010 and yearly thereafter	5000/yr

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
4. Recruit High Profile Champions to promote physical activity	Develop and strengthen links with high profile personality (e.g. Minister of Health) as role models	Increase participation of high profile people	PASC/NCD Committee	First champ by April 2010	
	Regular engagement in social marketing and participation in physical activity events		Chairperson	Ongoing	
5. Provide advisory roles to existing Sports Federations	Integrate 'PA for Health' into Sports Federations education including disable sports	Good relationship & increase participation of students and disabled students in sports	MOTEYS /TASANOC	Ongoing	10000

## COMMUNITY

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
<b>Schools</b>					
6. Compulsory PA policy for schools	Appraise and ensure existing policy and curriculum support promotion of 'physical activity for health' vs physical activity for sports	time allocation for PE in schools	MEWAC	June 2010	
	Develop Physical Activity policy to complement curriculum: consult MEWAC & submit outcome to NCDC		PASC	2010	2000
7. Enhance physical	Conduct education sessions on physical activity for teachers and train the trainers.	# of HPS incorporating physical activity	MEWAC/HPU/T ASA/MOTEYS	As needed starting 2010	30000/yr

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
activity program in Health Promoting School Settings	Provide technical support for 'physical activity & health' in HPS		HPU/TH	Ongoing as needed	25000/yr
	Conduct PA festivals e.g Reviving the 'faiva faka Tonga' among and between schools		MEWAC/HPU	2011	30000/yr
<b>Workplace</b>					
8. Workplace PA programs	Support and promote Fiefia Tonga Sports (inter-departmental sports)	% of organisational participation	Fiefia Tonga Committee	2010-2015	5000
9. Enhance physical activity program in Health Promoting Workplace (HPW) Settings	Conduct education sessions on physical activity for workplace staff	# of HPW incorporating PA programs - mini-STEPS result improvement	HPU	Ongoing	10000/yr
	Initiate program in workplaces beginning with MOH and expanding to others. Further encourage participation in Workplace program		HPU & respective workplace	Beginning Feb 2010	40000/yr
	On-going technical support HP workplaces		HPU	Ongoing	20000/yr
<b>Church</b>					
10. Enhance physical activity program in Health	Strengthen partnership with Health Promoting Church to carry out PA activities and to target women's, youth and childhood groups.	Participation in HPC activities and PA	PASC/HPU/ Churches	2010-2015	2000
	Conduct education sessions on physical activity and train the trainers workshops (eg in aerobics instructions)		HPU	On going	10000 / yr

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
Promoting Churches (HPC) Settings	Provide awards for churches that actively promote physical activities		HPCP / HPU	2011	10000 / yr
<b>Villages</b>					
11. Enhance physical activity for women	PA programs to be targeted at and to be managed by women groups in church and community sections	# of women participated in activities	HPU/HPCP/ Women's groups	June 2010	10,000

**INDIVIDUAL/CLINICAL**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
12. Use of Green Prescription for promotion of PA	Develop and utilise green prescription for PATH	# of clinics using green prescription	CMO PH	2012	5000
	Implement through integration into existing health services		CMO Clinical & CMO PH	2012 & ongoing	
13. Initiate and sustain obesity control services	Conduct NCD STEPS survey	Dissemination of STEPS report	MOH/Statistics	2010 and five yearly thereafter	35,000
	Partnership with Healthy Eating Sub Committee to carry out obesity control services	# of services provided	Chairperson/sub committee	2010-2015 ongoing	5000/year



**COMPONENT 3: ALCOHOL HARM REDUCTION**

**Objective:** To reduce binge<sup>1</sup> alcohol drinking amongst Tongan population by 10%

**NATIONAL:**

STRATEGY	ACTIVITIES	Impact Indicators	RESPONSIBLE	TIME LINE	COST (TOP)
1. Establish information and evidence on alcohol	Establish core data needed and collate available alcohol related information including GBV to establish baseline & monitoring	Establish data base and alcohol directory	Police	June 2010	5000
	Stock take of current sectors involved in alcohol		Police	June 2010	1000
	Analysis, dissemination and reporting of data and information for action at public and policy level		Police/MOH	Annual basis starting 2011	5000
2. Using Social Marketing to create awareness, advocate and effect behaviour adaptations	Develop multi-year social marketing plan for alcohol harm reduction and related issues develop alcohol awareness messages,	Achievement of behavioral objectives in the social marketing plan	TH/HPU/Salvation Army	Sept 2010	10000
	Implementation of social marketing plan using multiple media channels and communication tools including monitoring & evaluation (also GBV)		TH/HPU	Jan 2011	35000/yr
	Establish partnerships with relevant stakeholders to advocate on alcohol policies and issues		Chairperson	June 2010	
3. Ensuring Public Health (people	Stock take of all alcohol related legislations	Offences related to alcohol issues	Chairperson	June 2010	500

<sup>1</sup> Females : >4 standard drinks Males : > 5 standard drinks per drinking day

centred) consideration in current alcohol related policies	Review liquor act for protection of public health e.g. opening and closing hours of liquor act	Alcohol related morbidity rates	MOH / Crown Law/Police	Dec 2010	10000
	Strengthen enforcement of liquor act through enhancement of public awareness on liquor act, educate retailers on current liquor act		MOP	Ongoing from 2011	10000/yr
	Evaluate the effectiveness of the regulations, acts and policies	Traffic act reviewed	HPU/MOH	2013	20000
	Strengthen and support policies and legislation related to alcohol and GBV	GBV policies related to harmful effects of alcohol established	Crown Law/ WCCC	On-going	10000
4. Strengthen Competence and Capacity	Establish clear Term of Reference for the subcommittee and conduct regular meetings	# of meetings per year # of trainers conducting at least one training in a year	National NCD	March 2010	3500/yr
	Review TOR of alcohol harm reduction subcommittee on an annual basis		Chairperson	Annually	
	Conduct training on NCD, alcohol and related issues for the sub-committee including team building		Chairperson	6 monthly	5000
	Monitor committee members performance through performance appraisal		Chairperson/ National NCD	Annual	2000
	Standardize national information available on alcohol and its related issues for public consumption		Chairperson/ HPU	June 2011	7000
	Training of trainers for stakeholders using standard information kit		Salvation Army	July 2011	10000
5. Maintain international cooperation & coordination on alcohol related matters	Maintain and strengthen collaboration with regional and international bodies and organization through regular reciprocal sharing of information	# of international workshops attended # of contacts/partners established	Chairperson/ HPU	Ongoing	5000
	Explore, establish and maintain networking opportunities within the region for information between countries and within the region		TH/Chairperson	2012	5000

**COMMUNITY**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
<b>School</b>					
6. Strengthen HPS initiative with incorporation of alcohol harm reduction strategies	Advocate incorporation of harmful effects of alcohol in secondary and tertiary curriculum	Prevalence of alcohol consumption and related incidents in schools	Chairperson/HPU	2012	5000
	Review school policies on alcohol consumption and abuse by students		Chairperson	2011	2000
	Support implementation of alcohol policies within schools and MEWAC		Chairperson	Ongoing from 2012	50000
<b>Church</b>					
7. Strengthen HPCP initiative with incorporation of alcohol harm reduction strategies	Advocate incorporating of harmful effects of alcohol in church	#of HPCP incorporating Alcohol Harm Reduction programs	Taskforce Committee	2012	10000
	Support implementation of alcohol policies within church		Working Committee	On going from 2012	10000 / yr
	Conduct education session on alcohol harm reduction		Working Committee / HPU	On going from 2010	10000 / yr

**INDIVIDUAL**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
8. Strengthen services on management	Review current service provision for alcohol related disorders	# of cases referred to service provider (Salvation Army)	Chairperson/HPU	Oct 2010	500
	Establish referral system for counseling and management		HPU /Salvo	Jan 2011	3000

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
and rehabilitation on alcohol use disorders and abuse	Scale up current service providers for counseling and rehabilitation services according to their plan e.g. Salvation Army through financial & technical support		Chairperson	Sept 2011	20000/yr

**COMPONENT 4: TOBACCO CONTROL**

**Objective:** To reduce the prevalence of current tobacco smokers in Tonga

**NATIONAL**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
1. Enhance the functioning of the Tobacco Control Sub-Committee (TCSC)	Regular review of TOR	# of regular meetings with actions completed	Chairman	Annual/as needed	
	Conduct of regular meetings		Chairman	2 monthly & as required	3500/yr
	Conduct capacity & team building workshops for the members		Chairman	6 monthly	5000/yr
2. Raise tobacco taxation	Assess and develop proposal for increase taxation	Quantity of imported tobacco	Chairman	June 2010	
	Submit recommendation report to cabinet through NCD Committee		Chairman	Dec 2010	
3. Appropriate reporting for international and national purposes	Regular FCTC, TFI, FCA reporting through focal point	# of reports submitted	HPU	Annual/biannual	2000 (TFI)

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
4. Appropriate regular review of Tobacco Control Act and improved awareness	Appropriate amendments of regulation	# of educational program # of copies disseminated	Crown Law/HPU	yearly	10000
	Educate people on Tobacco Control Act and the amendments		MOP/HPU	On-going	5000
	Disseminate copies of tobacco act		HPU	On-going as needed	5000
5. Strengthen enforcement of tobacco act	Establishment of tobacco enforcement unit (Health)	# of cases convicted	MOH	2011	40000/yr
6. Extension of non-smoking public places	Designate more non smoking areas in public places	# of new extended non-smoking areas	Chair/secretary	2011	2500
7. Social Marketing Campaign	Develop a multi-year Social Marketing Plan	Achievement of behavioural objectives per plan	Special Taskforce	September 2010	10,000
	Implement the Social Marketing Plan		HPU	Ongoing	25,000 per yr

**COMMUNITY**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
<b>Schools</b>					
8. Strengthen enforcement of tobacco act in schools	Tobacco Enforcement Unit including MEWAC staff	# of schools actively involved	Tobacco Enforcement Unit	2011	20000
	Enhance implementation for both teachers, students, visitors, managers etc		MEWAC	2010	10000
9. Enhance Tobacco control program in Health Promoting School Settings	Conduct education sessions on tobacco smoking	# of HPS incorporating tobacco control activities	MEWAC/HPU	As needed starting 2010	30000/yr
	Provide technical support for 'tobacco control activities & health' in HPS		HPU/TH	Ongoing as needed	2000/yr
	Provide awards for schools that actively promote tobacco free activities		MEWAC/HPU	2011	10000/yr
<b>Village</b>					
10. Encourage Tobacco free	Village meetings on tobacco free	# of tobacco free villages # of villages with tobacco	Chairman	2010 (4 village/yr)	15000/yr

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
premises in villages	Provision of tobacco free awards linked with WHO awards	free premises	HPU	2011	10000/yr
<b>Workplace</b>					
11. Encourage Tobacco Free Workplace	Develop policies and provide signages for tobacco free workplaces (beginning with MOH & MOP then expand to others)	# of workplaces adopting tobacco free premises	HPU	Start 2010 as needed	20000/yr
	Provide awards for workplaces promoting tobacco free		Chairperson	Start 2010 as needed	10000/yr
<b>Church</b>					
12. Encourage Tobacco Free Initiatives at Church Halls	1.Strengthen of ban smoking at church hall 2. Put up No Smoking signs	Number of church hall that are tobacco free	Chairperson/HPCC	Commence 2010 as needed	10,000/year
13. Enhance tobacco control program in HPCP	Conduct of education sessions on Tobacco smoking and Cessation program	# of HPCP incorporating tobacco control activities	HPCP / HPU	Start 2010 a needed	30000 / yr
	Provide awards for Churches that actively promote tobacco free activities		HPCP / HPU	2012	10000 / yr



**INDIVIDUAL (CLINICAL)**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
14. Enhance smoking cessation services	Establishment of tobacco cessation unit	Cessation unit with necessary resources	chair	2014	20000
	Minimal Clinical intervention trainings conducted		HPU	2010	20000

**COMPONENT 5: HEALTHY EATING**

**Objective:** Improve the rate of consumption of 5 servings of fruits and vegetables per day on 5 or more days of the week, reduce consumption of saturated fats in diet and increase awareness of appropriate portion control

**NATIONAL**

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
1. Enhance the functioning of the Healthy Eating Sub-Committee (HESC)	Formulate TOR for endorsement	# of meeting per year	Secretariat and chair person	March 2010	MOH
	Conduct and maintain regular meetings		Secretariat and chair person	Bimonthly	3500/year
	Conduct capacity and team building workshops		Secretariat and chair person	6 monthly	1500
2. Ensure wider dissemination of Healthy Eating Guidelines	Develop and print training manual that incorporates all resources & all current nutrition materials	Availability of and accessibility to the nutrition material by community	Dietitian (Elisiva)/HPU	June 2010	50,000 : 2010 20,000/year thereafter
	Develop and implement Dissemination Plan for Healthy Eating	Number of trained trainers	Dietitian (Elisiva)/HPU	Developed – June 2010	1000

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
	Conduct national training of trainers workshops on 1.1 – 1.2 above	Knowledge and awareness of a healthy diet	Dietitian (Elisiva)/HPU	4 workshop / yr: 10 – 11 3 workshop / yr : 12 - 15	3000/ workshop
3. Policy interventions to address healthy eating (Possible incorporation into Food Act)	Formulate policy based on policy study recommendations	Incorporation of Policy issues into Food Act	Healthy Eating SC Task Force	Dec 2010	20,000
	Advocate for endorsement by NCD Committee		Healthy Eating SC Task Force	Dec 2010	
	Policy implemented		National NCD Committee / Minister of Health	Dec 2012	
4. Social Marketing Campaign	Develop a multi-year Social Marketing Plan to achieve HESC goals.	Achievement of behavioural objectives	Special Taskforce	September 2010	10,000
	Implement the Social Marketing Plan		HPU	Ongoing	25,000 per yr

**COMMUNITY**

School					
5. Strengthen implementation	Review School Food Policy in accordance with HESC goals and progress for endorsement by National NCD committee and Cabinet	# of schools enforcing food policy	MEWAC	June 2011	5000

of school Food Policy to encourage healthy eating	Food policy enforcement per school		MEWAC	On-going	5000
	Conduct training workshops on the policy Healthy school awards		MEWAC	June 2012	10000
<b>STRATEGY</b>	<b>ACTIVITIES</b>	<b>Impact Indicators</b>	<b>Responsible</b>	<b>Time line</b>	<b>Cost (TOP)</b>
6. Enhance healthy eating activities in Health Promoting School Settings	Conduct education sessions on healthy eating	# of HPS incorporating local Healthy Eating activities	HPU/MAFF	As needed starting 2010	30000/yr
	Provide technical support for Food Garden projects in HPS		MAFFF /HPU	As needed starting 2010	
<b>Village</b>					
7. Expand home domestic food production	Increase coverage of organic home gardening and farming, fruit tree and poultry + duck shed projects	# of household with sheds, and home garden	MAFFF/ HPU	On-going	\$30,000
8. Strengthen Community Healthy cooking initiative	Develop training materials on healthy recipe development, innovative preparation of local foods	# of healthy creative menus developed # of cooking demonstrations in the community	MAFFF/ HPU	2011	5000
	Maintain community training on healthy cooking using materials above		MAFFF/ HPU	On-going	25,000 first year 10,000 thereafter

	Establish community based centers for cooking demonstration		MAFFF/ HPU	2013	50, 000
9. Enhance healthy eating activities in Health Promoting Village (HPV) Settings	Conduct education sessions on healthy eating	# of HPS incorporating local Healthy Eating activities	HPU/MAFF	As needed starting 2010	
	Provide technical support for Food Garden projects in HPV		MAFFF /HPU	As needed starting 2010	
<b>Church</b>					
10. Develop Church Food Policies	Formulate policy based on policy study recommendations	Incorporation of Policy issues into Food Act	Working Committee HPCP	Dec 2010	20000
	Advocate for endorsement by Church Leader Committee		Working Committee HPCP	Dec 2010	
	Policy implemented		Working Committee HPCP	Dec 2010	
11. Strengthen implementation of Church Food Policy to encourage healthy eating	Food policy enforcement per church	# of churches enforcing food policy	Church Leaders Working Committee	On going	5000
	Conduct training workshop of food policy Health Promoting Church awards		Church Leader Working Committee	Dec 2012	10000
12. Enhance healthy eating activities in HPCP settings	Conduct training sessions on healthy cooking	# of HPCP incorporating local Healthy eating activities	MAFFF / HPU	As needed starting 2010	20000 / yr
	Provide technical support for food Garden project in HPCP		MAFFF / HPU	As needed starting 2010	10000 / yr

	Increase coverage of organic home gardening and poultry projects		MAFFF / HPU	As needed starting 2010	30000
<b>Workplace</b>					
13. Enhance healthy eating activities in Health Promoting Workplace (HPW) Settings	Conduct education sessions on healthy eating	# of HPW incorporating local Healthy Eating activities	HPU/MAFF	as per workplace plan	
	Technical Support for vegetable garden		MAFFF	On-going	10000
	Develop Healthy Catering guidelines for use in workplaces		HPU	Dec 2010	2000

### INDIVIDUAL (Clinical)

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
14. Strengthen implementation of the Dietary Guidelines for Obesity	Review the guideline and endorse by NCD Committee	# of clinics using obesity management guideline	Dietitian	June 2011	5000
	Incorporate into standard management guidelines and conduct regular training		CMO Clinical	Ongoing from 2011	10000
	Implement with every appropriate personnel involved in clinical and public health		CMO Clinical	Ongoing	-
15. Use of Green Prescription for	Develop green prescription for PATH	# of clinics using green prescription	CMO PH	2012	5000

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
promotion of healthy eating	Implement through integration into existing health services		CMO Clinical & CMO PH	2012 & ongoing	
16. Implement DPIIP in Tonga	Drafting and endorsement of research proposal		NCD Research Team	2011	10000
	Implement field work	Reduction in incidence of Diabetes	NCD Research Team	2012	50000/yr
	Analysis & Reporting		NCD Research Team	2015	10000
17. Set up Obesity clinic	Recruit Obesity team & identify setting	Multidisciplinary team identified and established	CMO clinical and NCD team	2013	
	Develop treatment guideline and education materials	# of health services implementing guideline	CMO clinical and NCD team	2012	30000
	Clinic consultation	# of patients seen	Obesity team	2013	20000

**COMPONENT 6: MONITORING, EVALUATION & SURVEILLANCE**

Objective: To establish an strengthen monitoring, evaluation and surveillance of NCD in Tonga

STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
M & E Framework established	Establish indicator framework against each objective and outcome	Framework indicator table	HPU	April 2010	
	Endorsement of the framework and communication with each subcommittee		NCD C	April 2010	
Operationalise the M & E framework and plan	Development of tools appropriate for M & E	No. of indicators being reported on	NCD C/ HPU	June 2010	
	Regular reporting by subcommittee on risk factor intervention progress		NCD C	On-going	
Conduct WHO STEPwise Surveillance in regards to risk factors conducted	STEPS survey proposal prepared and endorsed by research committee	STEPS survey completion & publication	HPU	May 2010	
	STEPS training conducted		HPU, WHO	June 2010	10000
	Conduct field work, data entry, analysis, report writing, presentation, dissemination		HPU	Dec 2010	\$30,000
Strengthen capacity for data	Identify M & E / Surveillance officer and trained	M & E Trained personnel	NCD C	Oct 2010	20000



STRATEGY	ACTIVITIES	Impact Indicators	Responsible	Time line	Cost (TOP)
analysis in appropriate sectors	Establish tools and instruments for surveillance		HPU	June 2010	5000

1. ANNEX I

Monitoring and Evaluation Framework – National NCD Plan 2010 – 2015					
Goals/Outcome	Narrative summary	Baseline	Verifiable indicators	Means of verification	Assumptions
To reduce adult obesity by 2% by 2015	Proportion of surveyed pop with BMI $\geq 30\text{kg/m}^2$ (age and sex adjusted)	67% (1999)	BMI (International Classification)	STEPS Survey	MOH will conduct national periodic surveys
Improve prevalence of moderate intensity (600 METS/wk) Physical Activity by 10%	Proportion of surveyed pop with $\geq 600$ METS PA using GPAQ questionnaire (WHO STEPS Survey) (age and sex adjusted)	Establishing baseline through STEPS survey	METS min/week	STEPS Survey	MOH will conduct national periodic surveys
Improve prevalence of consumption of 5 servings of fruits and vegetables by 10%	Proportion of population surveyed who consume 5 or more servings of fruits and vegetables per day	Establishing baseline through STEPS survey	Rate of consumption	STEPS Survey	MOH will conduct national periodic surveys
Reduced the prevalence of current tobacco smokers by 2%	Proportion of tobacco smokers in the last month	Establishing baseline through STEPS survey	Tobacco smoking rates	STEPS Survey	MOH will conduct national periodic surveys
Reduced the prevalence of binge drinking by 10%	Proportion of population who consume more than limits (gender specific) – 4 standard drinks for women and 5 for men	Establishing baseline through STEPS survey	Prevalence of alcohol binge drinking	STEPS Survey	MOH will conduct national periodic surveys

<b>1. Integrated NCD strategies</b>					
<b>Objective:</b> To strengthen the organisational structure and system for NCD to ensure coordinated and integrated NCD activities.					
<b>Expected outcome</b>	<b>Target 2015</b>	<b>Baseline 2010</b>	<b>Verifiable indicators</b>	<b>Means of verification</b>	<b>Assumptions</b>
Regular meetings of the NCD C with actions completed	Bimonthly	Irregular	# of meetings carried out and actions completed	Meeting minutes	NCD C TOR revised and endorsed
Improved resources for use by NCD	TH & bilateral aid maintained x 5 years	TH & bilateral aid in place	Availability of funds	Agreements between TH & AID with Govt	
Improved knowledge of NCD amongst primary health care workers including community based	80% knowledgeable with NCD issues	20%	Knowledge, Attitude and Practise of NCD determined by survey	KABP survey report	KABP survey is carried out by MOH on the PHC staff
<b>2. Physical Activity</b>					
<b>Objective :</b> Improve proportion of population undertaking moderate intensity Physical Activity (600 METS or more) in Tonga					
<b>Expected outcome</b>	<b>Target 2015</b>	<b>Baseline 2010</b>	<b>Verifiable indicators</b>	<b>Means of verification</b>	<b>Assumptions</b>
# of Regular meeting of the sub-committee	6 per year	2 – 3 per year	Meetings conducted	Meeting minutes or notes	Sub-committee is formalised and endorsed by NCD C
Achievement of behavioural objectives	80% achievement	0	Indicator per behavioural objective	Campaign report	Campaign is well planned and implemented

# of individuals adopting walking behaviour	10% increase in community settings of schools, workplaces etc	To be established per setting	# or rate of individuals adopting walking	Settings report Surveys (e.g mini-STEPS)	Each setting maintains good record
Increase participation of high profile people	50% increase per area	To be established	# of individuals	Champion's report	HPU report
<b>3. Alcohol Harm Reduction</b>					
<b>Objective :</b> To reduce binge <sup>2</sup> alcohol drinking amongst Tongan population by 10%					
<b>Expected outcome</b>	<b>Target 2015</b>	<b>Baseline 2010</b>	<b>Verifiable indicators</b>	<b>Means of verification</b>	<b>Assumptions</b>
Established data base and alcohol directory	done	0	Data base in place	Observation	MOH establishes inventory
Achievement of behavioral objectives in the social marketing plan	80% achieved	0	As per plan – behavioural indicator	Campaign report	Marketing campaign is established and resourced
Offences related to alcohol issues	Reduced by 10%	To be attained	Alcohol specific/related offences	Police records Annual report	Police have records
Alcohol related morbidity rates reduced	Reduced by 10%	To be attained	Alcohol specific/related morbidity rates	Medical records – annual report	MOH maintains regular annual report

<sup>2</sup> Females : >4 standard drinks Males : > 5 standard drinks per drinking day

Effective alcohol partnership with C/C	6 meetings per year	0	# of meeting for the subcommittee	Minutes of the meeting	Subcommittee endorsed at NCD C
<b>4. Tobacco Control</b>					
Objective: To reduce the prevalence of current tobacco smokers in Tonga					
<b>Expected outcome</b>	<b>Target 2015</b>	<b>Baseline 2010</b>	<b>Verifiable indicators</b>	<b>Means of verification</b>	<b>Assumptions</b>
Functional and active TCSC	>75% of planned activities completed	0	# of regular meetings with actions completed	Periodic reports and reviews	
Decreased quantity of imported tobacco	25% decrease in imported tobacco compared to 2009	To be attained	Tobacco importation rate	Import Data from Customs/Statistics Revenue Data from Revenue Services	Tax on tobacco products increased
Reporting obligations to FCTC and WHO fulfilled	100% fulfilled	GTCR II report and COP Reporting completed 2009	Completed reports submitted to NCD National NCD Committee	Published reports for Tonga in FCTC and WHO reports	Data available to enable completing reports
Population more informed about Tobacco Control Act	25% of population aware of Tobacco Control Act	Not known but likely to be low	KABP about Tobacco Act	KABP Survey report	Tobacco Legislation enacted and disseminated
Improved enforcement of the Tobacco Control Act	One prosecution per year	0	No. of Tobacco related prosecution	Enforcement unit and Police records	Dedication by partners (TCSC, Police, Health and Customs) to set up Enforcement Unit & effective cooperation between them

Increase in the number of new non smoking places	Five new public places prescribed as smoke free	Nine places currently named in the Act	No. of Government Gazetted new smoke free places	Government Gazette and reports	Recommendation for prescription of new non smoking places put through
Achievement of behavioural objectives as result of Social Marketing Plan	At least 80% of behavioural indicator in marketing plan achieved	0	As per marketing plan	Rapid appraisal/surveys according to plan	Social marketing plan well resourced and implemented
Increased active participation per settings (schools, workplaces, churches) in Tobacco Control programmes	At least 10 Tobacco Free School	0	Awards	Observation data	Schools participating in activities
	At least 10 Tobacco free villages	0	# of villages with tobacco free premises	Observation data	Participation by villages
	75% workplaces becoming Tobacco Free	0	# of workplaces adopting tobacco free premises	Observation data	Workplaces are in agreement
	At least 20 additional church halls to become tobacco free	To be attained	# of tobacco free church halls	Observation data	Effective HPCP Taskforce and Working Group
Available cessation services with necessary resources	75% of health care facilities have Minimal Intervention Guideline available	0	# of health care facilities with Minimal Intervention Guideline & cessation services	Observation data	Development of Minimal Intervention Guideline facilitated by MOH

### 5. Healthy eating

Improve the rate of consumption of 5 servings of fruits and vegetables per day on 5 or more days of the week, reduce consumption of saturated fats in diet and increase awareness of appropriate portion control

Expected outcome	Target 2015	Baseline 2010	Verifiable indicators	Means of verification	Assumptions
Active HESC	>80% of activities per plan achieved	0	Rate of activities as defined in the plan completed	6 monthly reporting Overall review	All stakeholders performing and National NCD review carried out 6 monthly
Achievement of behavioural objectives per social marketing plan	>80% of behavioural indicator achieved	Baseline to be determined by 2010	Behavioural indicators (as per behavioural objective)	Marketing Report STEPS survey report	Periodic STEPS surveys by MOH
Policies in place to address healthy eating	Healthy eating incorporated into Food Act	School Food Policy only in place	All policies endorsed by National NCD	Healthy eating included in Food Act  Policies formulated	Policies formulated be endorsed by Cabinet  Formulation of 50% of policies identified by the policy study
Obesity clinic established	Obesity management guideline developed  Multidisciplinary team conducting clinic consultations	0	# of clinics using green prescription  # of patients using service as scheduled	STEPS survey  # of patients losing weight	Periodic surveys  Availability and commitment of Multidisciplinary team
Reduction in incidence of Diabetes	50% DPIP conducted and assessed	To be determined		Reassessment of sample population	DPIP conducted

## 8. ANNEX II Subcommittee Terms of Reference

### Physical Activity Subcommittee

#### Terms of Reference

#### Membership

- |                             |                                             |
|-----------------------------|---------------------------------------------|
| 1. MOTEYS (Chairperson)     | Viliami Liava'a (Deputy Director)           |
| 2. TongaHealth Board (VC)   | Ana Kavaefiafi                              |
| 3. Palace Office(Secretary) | Suka 'Otukolo                               |
| 4. Ministry Health          | Dr. 'Amanaki Fakakovikaetau                 |
| 5.                          | Nauna Paongo (Health Information, MOH)      |
| 6. HPU                      | 'Eva Mafi (Senior Health Promotion Officer) |
| 7.                          | Naomi Fakauka (Health Promotion Officer)    |
| 8. TASANOC                  | 'Ahosivi Kaitapu (Administrator)            |
| 9. MEWAC                    | Senior Officer (CDU)                        |
| 10. MAFFF                   | Viliami Kami                                |
| 11. Business rep            | Peseti Ma'afu                               |
| 12. Fiefia Sports           | Hon. Kalaniuvalu (Chairman)                 |
| 13. Community Reps          | Fakahau Valu                                |
| 14.                         | Nana Taumoepau                              |
| 15. HP Churches Partnership | 'Iteni Helu                                 |
| 16. TongaHealth             | Siesi Papani                                |

Co-opt members as needed

**Quorum:** 2/3

**Tenure:** 3 years with annual review of performance

#### Roles

1. Coordinate and implement the Physical Activity component activities of NCD Strategic Plan in collaboration with responsible organisation
2. Advise National NCD committee and relevant stakeholders issues relating to Physical Activity
3. Develop policies for Physical Activity

**Reporting:** Every two months

**Frequency of Meeting:** Two monthly and as required

**Minutes:** Physical Activity Sub-committee's secretary



## **Alcohol Subcommittee**

### Terms of Reference

#### **Membership**

Acting Chairperson:	Dr. Siale 'Akau'ola (Director of Health)
1. MOH :	Dr. Veisia Matoto
2. HPU:	Pita Fatai
3. TNYC:	Drew Havea
4. TFHA:	Dr. Selina Fusimalohi
5. TongaHealth:	Iemaima Havea
6. Salvation Army:	Savelio Lavelua
7. WCCC:	'Ofa Likiliki
8. Churches:	Fr. Chris Latu
9. MOP:	
10. MEWAC:	
11. Crown Law:	
12. Finance:	

Co-opt members as needed

**Quorum:** 2/3

**Tenure:** 3 years with annual review of performance

#### **Roles**

1. Advise NNCD on evidence and statistics on alcohol and related issues
2. Advocate through relevant ministries for implementation of alcohol harm reduction strategies
3. Coordinate and implement the Alcohol component activities of NCD Strategic Plan
4. Advise National NCD committee and relevant stakeholders issues relating to Alcohol
5. Develop policies for Alcohol

**Reporting:** Two monthly to be submitted to National NCD Committee meeting

**Frequency of Meeting:** Two monthly and as required

**Minutes:** Secretary

## **Tobacco Subcommittee**

### Terms of Reference

#### **Membership**

Proposed subcommittee members to be approved by the national committee:

1. Health – Dr. Malakai `Ake (CMO, Public Health), Dr. Reynold `Ofanoa (MOSG, Environmental Health, `Eva Mafi (Senior Health Promotion Officer), Niutupuivaha Fakakovikaetau (Public Health Inspector Graduate), Sione Vanisi (Tobacco Control Officer), Patinia Patelisio (Administrator), Suliana Tu`itupou (Health Promotion Officer)
2. TongaHealth - Iemaima Havea (CEO)
3. HPC Partnership - Toa Ulamoleka, ADAC Assistant Officer
4. Police - Manatu Vi
5. Ministry of Finance and National Planning
6. Statistics – Viliami Fifita (Assistant Government Statistician)
7. Customs – Fine Ngalu (Senior Customs Officer)
8. Red Cross – Sione Taumoefolau (General Secretary)
9. Health Promoting Churches – Rev. Fili Lilo (Chairman, HPCP working committee)
10. TN Youth Council – Polikalepo Kefu (Project Officer)
11. Ministry of Education – Laki Pifeleti (Chief Education Officer)
12. Tonga Family Health – Faleata Leha (Programme Officer)

Co-opt members as needed

**Tenure:** 3 years annual review of performance

**Quorum:** 2/3

#### **Roles**

1. Coordinate and implement the Tobacco component activities of NCD Strategic Plan
2. Advise National NCD committee on matters related to Tobacco Control
3. Monitor and Evaluate the Tobacco Control component of the Strategy
4. Review and reporting at least once a month

**Reporting:** Every two months

**Frequency of Meeting:** Two monthly and as necessary

**Minutes:** Secretary

## **Healthy Eating Subcommittee**

### Terms of Reference

#### **Membership**

Proposed subcommittee members to be approved by the national committee:

1. Health - Dr Taniela Palu (CMO Clinical Services); 'Elisiva Na'ati (Senior Nutritionist); Sr Seilini Soakai (Sr In-charge Diabetes Centre); Sr Sela Paasi (CNO); Dr. Toakase Fakakovikaetau (Medical Superintendent); Esiteli (Nutritionist); Lesieli Vanisi (Health Promotion Unit).
2. MAFF - Head of Food Division; Food Technologist; Community Development Officer.
3. MEWAC - Senior officer of Education
4. MLCI – Senior officer from Trade section
5. Langafanua 'a Fafine Tonga- 1 representative
6. Churches – 1 member from Health Promoting Church Partnership
7. Youth – 1 representative from TNYC
8. Planning & Finance – Senior officer
9. Fisheries – Senior officer
10. District Officer - 1 representative
11. TongaHealth

Co-opt members as needed

**Quorum:** 2/3

**Tenure:** 3 years with annual review of performance

#### **Roles**

1. Coordinate and implement the Healthy Eating component activities of NCD Strategic Plan
2. Advise National NCD committee including related research
3. Develop policies for Healthy Eating
4. Representation in International meetings and workshops
5. Conduct 6 monthly workshops for members
6. Review and reporting 6 monthly

**Reporting:** Every two months

**Frequency of Meeting:** Two monthly and as necessary

**Minutes:** Secretary

**1. ANNEX III Workshop attendees**

	<b>NAMES</b>	<b>ORGANIZATION</b>
1	Rev. Fili Lilo	Health Promoting Churches Partnership (HPCP)
2	Losaline Ma'asi	MAFFF
3	Lakataha Mauo	MAFFF
4	Viniola Finau	MAFFF
5	Bronwyn Hall	AYAD/Permaculture
6	Ma'u Kakala	Organic Growers Group
7	Dr.Siale 'Akau'ola	Ministry of Health (MOH)
8	Dr.Malakai 'Ake	MOH
9	Dr.Taniela Palu	MOH
10	Dr.Toakase Fakakovikaetau	MOH
11	Sr. Sela Paasi	MOH
12	Dr. 'Amanaki Fakakovikaetau	MOH
13	Dr. Reynold 'Ofanoa	MOH
14	Dr. Veisia Matoto	MOH
15	Dr. Paula Vivili	MOH
16	'Elisiva Na'ati	MOH
17	Seilini Soakai	MOH
18	Patinia Patelisio	MOH
19	'Esiteli Saldanha	MOH
20	'Eva Mafi	MOH
21	Mafi Hufanga	MOH
22	Nauna Paongo	MOH
23	Naomi Fakauka	MOH
24	Sione Vanisi	MOH
25	Pita Fatai	MOH
26	Lesieli Vanisi	MOH
27	Meleane Fifita	MOH
28	Suliana Tu'itupou	MOH
29	Lute Malungahu	MOH
30	Adelle Purbrick	AYAD/Dietetics
31	Nana Nomura	JICA/Physical Activity Instructor
32	Laki Pifeleti	Ministry of Education Women Affairs and Culture
33	Manatu Vi	Ministry of Police
34	Viliami Liava'a	Ministry of Training, Employment, Youth and Sports (MOTEYS)
35	Toa Ulamoleka	Salvation Army
36	'Ana Kavaefiafi	Seventh Day Adventist Church
37	Viliami.K.Fifita	Statistics Department
38	Dr.Selina Fusimalohi	Tonga Family Health Association
39	Faleata Leha	Tonga Family Health Association
40	Iemaima Havea	Tonga Health Promotion Foundation (TongaHealth)
41	Siesi H. Papani	TongaHealth
42	Sione Taumoefolau	Tonga Red Cross