

# HALA FONONGA

End-of-term review of Tonga National Strategy to Prevent and  
Control NCDs 2010-2015

August 2015



MINISTRY OF HEALTH  
TONGA



TongaHealth

## Acronyms

AC	Advisory Committee
DFAT	Australian Department of Foreign Affairs and Trade
GoT	Government of Tonga
GESI	Gender equality and social inclusion
HPU	Health Promotion Unit
M&E	Monitoring and Evaluation
MAFF	Ministry of Agriculture, Forests and Fisheries
MoH	Ministry of Health
MIA	Ministry of Internal Affairs
MOET	Ministry of Education and Training
NCD	Non-communicable disease
NNCDC	National NCD Committee
SC	Sub Committee
TH	Tonga Health
THSSP	Tonga Health Systems Support Program
WHO	World Health Organization

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## Executive Summary

The end-of-term review of the *HalaFononga* National Strategy to Prevent and Control Non Communicable Disease (NCD) 2010-2015 (*HalaFononga*) was commissioned to inform the design of the new NCD prevention strategy for 2020 (*HalaFononga* Phase 2).

The methods for the review involved: key informant interviews with individuals and groups, a workshop on NCD prevention with sub committee members and Ministry staff involved in implementation, and document analysis. The review was conducted in country from 27<sup>th</sup> to 31<sup>st</sup> July 2015. A two-step process mapped major activities (policy and programs) delivered under the *HalaFononga*, and identified the strengths and weaknesses of past implementation strategies. The lessons learned are collated to inform the situation analysis in the planning of the next phase of the *HalaFononga*.

## Findings

Following the mid-term review of the strategy in 2012, considerable attention and effort focused on improving administrative and governance arrangements for the *HalaFononga* implementation. The significant governance and administrative changes include revised terms of reference and membership of the NNCD with delegations of authority to TongaHealth to act as the Secretariat, and sub committees re-formed as Advisory Committees within TongaHealth in its capacity as secretariat to NNCD.

Consequently, progress in most of the priority areas was limited by the time taken to fully implement changes in governance arrangements and the availability of funds. However, most areas continued to achieved some gains due to the dedicated efforts of sub committee members, committed government ministries and officers, TongaHealth activities and available funds. There are program strengths in each risk factor area for building on in the next phase.

These persistent efforts in NCD prevention are having some impact. The Kingdom of Tonga STEPS Report 2014 found evidence of a positive trend in NCD risk factors - tobacco use, alcohol consumption, fruit and vegetables consumption, physical activity, overweight and obesity – particularly, in the 25-64 age group from 2004 to 2012.

Highlights of progress for each risk factor strategy since 2012 are detailed in the Table A below with an expanded list attached in Appendix IV. The end of term review reports on progress from the mid

term review in 2012. There were significant governance and administrative changes made after that review, which consequently delayed implementation and or limited funds to various activities.

**Table A: Highlights of progress in risk factors since mid-term review in 2012**

Risk factor	Key changes or steps implemented
<p><b>Tobacco control</b></p> <p><i>Marginal improvement in the smoking of any tobacco product by adults from 2004 to 2012. By 2012, of the 26.7% of smokers, 42% were male and 12.4% female, with 85.2% smoking manufactured cigarettes</i></p>	<ul style="list-style-type: none"> <li>• greater compliance with smoke free policies in public places and public transport</li> <li>• greater compliance with retailing regulations</li> <li>• increased capacity for supporting smoking cessation</li> <li>• 'No Smoking' campaign developed for launch in November 2015</li> </ul> <p>19% excise tax increase in 2013:</p> <ul style="list-style-type: none"> <li>• increased excise taxes for locally manufactured cigarettes to \$240 per kg</li> <li>• increased excise taxes for import cigarettes to \$255 per kg</li> <li>• an additional import duty rate of 15% be imposed on imported cigarettes and tobacco products</li> <li>• Tonga Health grants for no smoking signage</li> </ul>
<p><b>Physical activity</b></p> <p><i>While almost one in four adult Tongans aged 24-64 do not engage in sufficient levels of physical activity that will confer a health benefit there has been a significant improvement in activity levels between 2004 and 2012</i></p>	<ul style="list-style-type: none"> <li>• TongaHealth sports equipment grants in association with MIA</li> <li>• Support to school curriculum (Movement and Fitness)</li> <li>• 'Come &amp; Try It' pilot</li> <li>• Extension of beachfront walkway and improved footpaths</li> <li>• Fiefia workplace sports competition supported by HPU and MIA</li> <li>• Workplace activities supported with health checks by HPU</li> <li>• 'Kau Mai Tonga' program targeting increased physical activity amongst women and girls 15-45</li> <li>• Marking of distance on electrical poles in several Tongatapu villages (to encourage walking)</li> <li>• TongaHealth grants for Pasikala Nuku-alofa cycling</li> </ul>

Risk factor	Key changes or steps implemented
<b>Healthy eating</b> <i>Between STEP surveys in 2004 and 2012, fruit and vegetable consumption significantly improved – in 2004 only 7.8% were consuming up to five serves of fruit and vegetables and by 2012 this had increased to 26.9% of respondents. There was some improvement in overweight trends but only marginal improvement in obesity trends</i>	<ul style="list-style-type: none"> <li>• Food Act 2014</li> <li>• School food policy in development</li> </ul> Changes in import duties on healthy and unhealthy foods <ul style="list-style-type: none"> <li>• Tinned fish reduced to 0%</li> <li>• Frozen/chilled fish 0%</li> <li>• Onions and potatoes down to 15%</li> <li>• Lamb flaps increased to 15%</li> <li>• Partnership between TongaHealth and MAFF and Nishi Trading on fruit and vegetable gardens</li> <li>• Mai e Nima 5 program in schools</li> <li>• Duck and poultry hatcheries</li> </ul>
<b>Alcohol harm reduction</b> <i>While less than 10% of Tongans had drunk in the past 30 days heavy drinking remains a concern in Tonga with 51% of male current drinkers and 24.2% women consuming six or more standard alcoholic drinks on a drinking day</i>	<ul style="list-style-type: none"> <li>• Don't drink and drive campaign</li> <li>• Tonga Health grants for billboards</li> <li>• Changes to opening hours for licensed premises</li> <li>• Change to drinking age</li> </ul> Tax and duty amendments in 2015: <ul style="list-style-type: none"> <li>• Excise taxes for locally manufactured beers be increased to \$15 per liter of alcohol</li> <li>• An additional import duty rate of 15 be imposed on imported beer</li> <li>• Excise taxes for locally manufactured spirits be increased to \$25 per liter of alcohol</li> <li>• Excise taxes for imported spirits be increased to \$50 per liter of alcohol</li> <li>• An additional import duty rate of 15% be imposed on imported spirits</li> </ul>

### Key lessons and underlying issues

The key lessons learned and the underlying issues are drawn from the interviews with key informants and workshop participants. They are generic lessons associated with large-scale interventions and apply to all the risk factor areas. See Figure A below.

**Figure A: Lessons Learned**

Lessons learned and underlying issues from <i>HalaFanonga</i> 2010-2015
1. Coordination is a central component for implementation of large scale programs <ul style="list-style-type: none"> <li>• The lack of resources to support coordination and administration across and within sub committees and within implementing agencies/groups</li> </ul>
2. Engaging stakeholders and partners early in the planning process <ul style="list-style-type: none"> <li>• At times key stakeholders were not involved in decision-making that had a direct affect on their area</li> </ul>
3. Continual and persistent communication between stakeholders and partners <ul style="list-style-type: none"> <li>• Due to coordination issues communication was inconsistent between those involved directly in the <i>HalaFanonga</i> and those who are influential but external to these processes</li> </ul>

Lessons learned and underlying issues from <i>HalaFanonga</i> 2010-2015	
4. Maintaining momentum	<ul style="list-style-type: none"> <li>Due to funding barriers and stop-start of some activities, opportunities to meet objectives were lost</li> </ul>
5. Respectful partnering	<ul style="list-style-type: none"> <li>Initiatives were often developed as separate to or as 'add on' to partners' core business</li> <li>Initial resourcing is required if a change to a program or a new program is sought as budgets are limited and set in advance</li> </ul>
6. Focusing on fewer issues and think strategically	<ul style="list-style-type: none"> <li>The comprehensiveness of the first HalaFanonga (multiple strategies in four settings and across government) did not prioritise actions within areas or between risk factors</li> </ul>
7. Linking actions	<ul style="list-style-type: none"> <li>Opportunities for linking activities with policy changes or actions between risk factors missed (communication and coordination gaps)</li> </ul>
8. Simplifying monitoring and evaluation systems	<ul style="list-style-type: none"> <li>Either a lack of M&amp;E or overly complex and not joined up systems for reporting on activities and undertaking evaluations</li> </ul>
9. Adequate funding allocated to activities	<ul style="list-style-type: none"> <li>Most activities were curtailed by a lack of funds to invest in resources and or materials required to undertake programs</li> </ul>
10. Opportunities for further engagement with the private sector	

### Strengths and opportunities

Key informants and workshop participants identified key strengths of the current program of activities and opportunities for building on these in the next phase of the Strategy. Tables 2a-2d in the report show the strengths, challenges and opportunities for each risk factor. Overall opportunities identified for the next phase included a more strategic focus on key change target groups and organizations including:

- Targeting youth (> 14 year olds) in interventions;
- Building on the existing partnerships between sectors;
- Reengaging with churches for supporting key health messages, policies and activities at the community level; and
- Identifying skill development and community participation strategies that link with the Pacific Games in 2019 (and across all risk factors).

Apart from the lack of funds and coordination in the past, a key weakness across all aspects was the lack of project and program level evaluation (process and impact) and reporting. Process and impact evaluations are critical to program improvement and understanding what works and what does not. Forward planning is reliant upon these data to ensure efficacy and efficiency.



## Implications and options for *Hala Fanonga* 2010-2020

Table B below sets out the implications for planning phase 2 of the *Hala Fanonga* strategy. Table 3 in the report provides additional detail and on actions that are already being undertaken by the secretariat to address issues noted in this review.

**Table B: Issues and implications and action to date**

Issue	Implications and Action to Date -
Effective coordination and planned implementation	<p>The changes to governance for the <i>Hala Fanonga</i> are yet to be fully operationalized at July 2015. The bedding in of these changes may cause some confusion, as roles are different. TongaHealth as the new secretariat and the NNCDL could undertake<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>• Immediate appointment of Advisory Committees and their Chairs (letters in draft at time of review).</li> <li>• Convening of Advisory Committees to discuss outcomes of situation analysis and engagement process for drafting new Strategy Plan and Annual Work Plan (6-month plan in first instance with further 12 month vision)</li> <li>• Convening of new NNCDL to brief on planning and administrative progress (or other mechanism for communication/engagement) <ul style="list-style-type: none"> <li>○ The new NNCDL has many new members from the initial committee. New members should have an induction program that covers the rationale and significance for involving sectors outside health to undertake the work set out in the Strategy Plan. A training program on health promotion developed in conjunction with VicHealth could be adapted to this purpose.</li> </ul> </li> </ul> <p><i>Action to date:</i></p> <ul style="list-style-type: none"> <li>• Briefings on new roles and responsibilities in accordance with NNCDL Terms of Reference and MOU with TongaHealth, CEOs and Aid agencies 3-4 June 2015</li> <li>• Advisory committees terms of reference drafted and membership proposed.</li> <li>• Healthy Eating and Physical Activity Advisory Committees convening on 24-25 August to review situation analysis</li> <li>• Tobacco and alcohol Advisory Committees convening on 2<sup>nd</sup> and 3<sup>rd</sup> September to assess progress and prioritise action for new NCD period. Dr Ada Moadrisi from WPRO is assisting.</li> <li>• Outcomes of above workshops will inform the Strategy drafting committee</li> <li>• The DFAT technical assistance – NCD Coordinator – is <i>in situ</i> and actively supporting TongaHealth and MOH to undertake the planning process (situation analysis largely complete) and new administrative arrangements for coordination.</li> <li>• Recruitment for TongaHealth Finance Manager and Monitoring and Evaluation Manager in progress.</li> <li>• The situation analysis phase has engaged health experts and clinical staff to review the evidence base for obesity prevention. The next stage of planning and drafting of the 5-year strategy will involve Advisory Committees and also needs to consider potential stakeholders not represented on the Committee (for example, consultation with Customs and Revenue to assess the impact of changes in import duties).</li> <li>• November 2015 - Planning workshops are scheduled for partners to develop detailed workplans and budgets, which will be recommended by TongaHealth to</li> </ul>

<sup>1</sup> Please note that actions are already being undertaken by the secretariat



Issue	Implications and Action to Date -
	<p>NNCDC for approval. Monitoring and evaluation framework will support these plans.</p>
Effective communication	<p>A communication plan for the development and implementation of <i>Hala Fanonga</i> 2015-2020 should be developed to build engagement among all stakeholders and partners.</p> <p>A communication plan is both for internal and external audiences. The plan would also set out guidelines on branding of the Strategy.</p> <p><i>Action to date:</i> A Corporate Communications Officer is being recruited to develop a communication strategy and to support its implementation.</p>
Strategic and phased implementation	<p>Priority setting criteria will need to be agreed on by Advisory Committees. The secretariat could develop a draft and consult with Advisory Committees. Some examples for priority setting principles may include: a) potential for advancing work and having a medium term impact; b) greatest public health need (such as a population group within a risk factor); c) benefit, feasibility and cost; d) availability of existing infrastructure and resources to implement program; e) does the evidence support effective interventions; f) how long before an outcome is achieved (short wins versus long termism); g) can it reach all Tongans (outer islands and villages); and so on).</p> <p>The planning phase will build expectations, which will require an efficient response in the contracting phase with implementers. Consider ways of contracting components (phasing) that will support further implementation. For example, with larger programs that require baseline research incorporate this into the strategy rather than consider it necessary before drafting the next 5-year HalaFanonga.</p>
Working with partners	<p>Partnering requires an investment in time for understanding the opportunities and treats for stakeholders/partners before decisions and contracting takes place.</p> <p>The secretariat is the key catalyst and facilitator for garnering commitment from all partners and maintaining this commitment through action and reporting.</p> <p><i>Action to date</i> The findings from the TongaHealth consultation on 'Health in All' policy review will assist in this process</p>
Monitoring for reporting and evaluating for understanding	<p>A short-term taskforce for developing an M&amp;E system is advisable to ensure that the system is joined up with other M&amp;E systems in MOH, DFAT-THSSP2, and other national and global targets (and as appropriate). <i>Action to date:</i> Expert Health Panel for Obesity Prevention has aligned indicators against the above systems and recommended data collection methods consistent with what exists currently</p> <p>The incorporation of user-friendly data collection methods for recording program/project outputs and recording intermediate outcomes is essential first step for monitoring (see above 'Action to date').</p> <p>Evaluation both process and impact needs to be built into all larger program designs. Consideration could be given to investing in action (or intervention) research in areas where the evidence base is limited.</p> <p>Ongoing reflective processes (within annual workplans and budgets, monitoring and evaluation system and contract management with partners) between secretariat staff, stakeholders and partners, form the dynamic component of the</p>

Issue	Implications and Action to Date -
	<p>implementation phase. In this dynamic process, options for building on activities across and within settings will emerge and some planned actions may have to change due to unforeseen barriers or false planning assumptions.</p> <p><i>Action to date</i>  The imminent M&amp;E Manager appointment at TongaHealth will enhance the capacity in the secretariat to develop a simplified yet effective system to support the implementation of <i>Hala Fanonga</i> 2015-2020.</p> <p>A relationship has been established with the University of Sydney's Preventative Research Collaboration to support the development of the M&amp;E framework for the strategy.</p> <p>A Terms of Reference with C-POND Fiji is being developed for undertaking the formative and baseline research as required.</p>

## Conclusion

The commitment and enthusiasm for tackling NCDs in Tonga is as evident now as it was at the mid-term review in 2012. This energy has been sustained even with the many administrative and funding hurdles that planners and implementers have faced.

There are key strengths and opportunities for the next phase of the strategy to build on and amplify the impact of interventions. With prioritization across and within risk factors and careful selection of strategies that will have a sustained impact, Tonga will progress its agenda for preventing NCDs in the coming years.

## Introduction

This end-of-term review of the *HalaFononga* National Strategy to Prevent and Control Non Communicable Disease (NCD) 2010-2015 (*HalaFononga*) was commissioned to inform the design of the new NCD prevention strategy.

## Background

The Government of Tonga (GoT) developed the *HalaFononga* in 2009. The *HalaFononga* was based on previous political commitment and plans to prevent and control NCDs in Tonga initiated as early as 2003. The *HalaFononga* focuses on the four major modifiable risk behaviours for NCDs; namely:

- Reducing tobacco use
- Increasing healthy eating
- Increasing levels of physical activity; and
- Reducing harm from alcohol use.

The National Non-communicable Disease Committee for Tonga (NNCDC) was established in 2004 under section 6 (2) of the *Public Health Act* 1992. It was tasked to oversee the implementation of the National NCD Strategic Plan and reports to the Minister of Health and through him/her to Cabinet. Four sub-committees were appointed to implement the strategies in each risk factor area.

A mid-term review of the strategy in November 2012 assessed in detail progress and governance and administrative issues relating to the delivery of NCD prevention and control in Tonga. This review precipitated a national workshop in May 2013 with a follow-up consultation in July-August 2013 to identify options for strengthening governance and administrative arrangements. In February and March 2014, further consultation was undertaken with key stakeholders, which resulted in new governance arrangements for the *HalaFononga*.

In January 2015, TongaHealth was appointed to the role of secretariat to the NNCCDC, and is now responsible for the co-ordination of the design of the National NCD Strategy to Control and Prevent NCDs 2015-2020. The revised terms of reference for the NNCCDC included delegations to TongaHealth, which are set out in a Memorandum of Understanding (MOU) between the two entities. Four advisory committees replace the four sub committees and will be appointed in August 2015.

## Objectives of the end of term review

The end-of-term review was asked to comment briefly on progress against the strategy and recommendations of the mid-term review and to focus more on identifying the strengths and

weaknesses of the major activities (policy and program) that have been delivered under the *HalaFononga* and the implications of these for the next phase of the Strategy. The following processes were commissioned:

1. A map of major activities (policy and programs) delivered under the *HalaFononga*.
2. An assessment of the strengths and weaknesses of these activities.

This report details and assesses the findings of the two steps above and draws implications from the lessons learned and highlights the strengths and opportunities for informing the situation analysis in the planning of the 2010-2015 strategy.

In addition the review was requested to advise on proposed changes to the *Health Promotion Act 2007* to accommodate new delegations to TongaHealth in the new governance structure of NCD work. This is reported in a separate document to TongaHealth.

See Annex A for Review Terms of Reference.

## **Review Process**

The rapid review was carried out between 27- 31 July 2015 in Nuku' alofa, Tonga.

The methods for the review involved: key informant interviews with individuals and groups (see Appendix 1: Key Informants); a workshop on NCD prevention with sub committee members and Ministry staff involved in implementation (See Appendix 2: Workshop Participants) and document analysis (see Appendix 3: Documents Consulted for Review).

## Findings: Progress against the key strategies

### Stronger governance and administration of *HalaFanonga*

From 2012 considerable attention and effort focused on improving administrative and governance arrangements for the *HalaFanonga* implementation. The significant governance and administrative changes include:

1. Revised terms of reference and membership of the NNCCDC (See Annex I)
2. Delegations of authority to TongaHealth see Annex B: Memorandum of Understanding (MOU) between NNCCDC and TongaHealth.
3. Sub committees reformed as Advisory Committees within TongaHealth as secretariat to NNCCDC. See Annex C: Terms of Reference and Membership of Advisory Committees.
4. Support from the Australian Department of Foreign Affairs and Trade (DFAT) THSSP2 program with technical assistance and senior staff to support the transition and secretariat establishment and funded activities.

The new terms of reference and governance arrangements were adopted in a Cabinet Decision No 637 29 in August 2014. The new NNCCDC membership reflects changes to government ministries such as the Ministry of Internal Affairs and an extension of membership to include the Police Commissioner. The Chair of the Committee remains the CEO of the Ministry of Health with a rotating appointment to the Deputy Chair.

TongaHealth, which is delegated with coordinating policy development, now supports the National Committee and implementation processes, including decision-making according to the MOU, and fund-raising. In addition Tonga Health administer and support the NNCCDC, relevant Advisory Committees and time-limited task groups. The new Advisory committees have some continuity of membership from the past sub-committees and new appointments as appropriate to changes in senior personnel or program staff.

The DFAT-THSSP2 program has four relevant components for the next phase of the *HalaFanonga*, including:

- Management of NCDs in primary and secondary prevention
- Health promotion related to NCDs
- Health systems strengthening; and
- Support for mental health and disability.

The first two components are most complementary and provide the framework for DFAT's support the *HalaFanonga* implementation.

Activities that DFAT are funding include the strengthening of TongaHealth to act as the funder and coordinating mechanism for the National Strategy's implementation and the NNCD. Up to AUD400, 000 annually has been budget for TongaHealth and is subject to annual review. In a first tranche of AUD200,000 DFAT is supporting the appointment of two senior positions – a senior finance officer and monitoring and evaluation officer. In addition technical assistance is supported through a NCD coordinator, a position shared with the MOH Health Promotion Unit (HPU). The main focus of THSSP2 for NCD prevention is 'best buys' – the most cost-effective health interventions for preventing and managing NCDs, which are detailed in WHO's Package of Essential NCD Interventions (PEN).

A key objective of the THSSP2 relevant to the *HalaFanonga* implementation is the development of GESI [gender equality and social inclusion (disability/mental health)] as a crosscutting issue. The target is for at least 80 per cent of annual plans from the MOH and TongaHealth reflect GESI considerations, such as gender, geographic equity, and inclusion of disabled and mentally ill people<sup>2</sup>.

### **Progress on the objectives of the four priority risk factors**

Since the mid-term review, progress in most of the priority areas has been limited by the time taken to fully implement changes in governance arrangements and the availability of funds. However, some areas have continued to achieved gains due to the dedicated efforts of sub committee members, committed government officers and available funds.

The progress against each objective in the *HalaFanonga* strategy plan at the mid-term and end-of-term is documented in Table 1: Progress and Midterm 2012 and End-of-term 2015 and attached in Appendix IV.

### **Overall trends in risk factors**

One of the more encouraging signs is evidence of a positive trend in NCD risk factors - tobacco use, alcohol consumption, fruit and vegetables consumption, physical activity, overweight and obesity –

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<sup>2</sup> DFAT, *Design Document: Tonga Health Systems Support Program 2* p5,p25

particularly, in the 25-64 age group from 2004 to 2012<sup>3</sup>. However, the STEPS Report 2012 found 99% of the adult population in Tonga is at moderate to high risk of developing NCDs (57% at high-risk and 42% moderate-risk).

### Tobacco Control

The STEPS Report 2014 noted a marginal improvement in the smoking of any tobacco product by adults from 2004 to 2012. By 2012, of the 26.7% of smokers, 42% were male and 12.4% female, with 85.2% smoking manufactured cigarettes.

The Tobacco Control sub committee has been active and supporting the implementation of new regulations and tax increases (19% excise tax increase in 2013). In 2015 tax and duty amendments have increased excise taxes for locally manufactured cigarettes to \$240 per kg; increased excise taxes for import cigarettes to \$255 per kg; and applied an additional import duty rate of 15% be imposed on imported cigarettes and tobacco products. In July 2015 a public consultation was held in accordance with the Amendments Bill to the *Tobacco Act*.

The public's compliance with smoke free public places and public transport has been improved with awareness activities and the appointment of a tobacco compliance and enforcement officer in 2013. A smoker was fined TOP200 in 2015 for non-compliance.

A pilot radio program has been continued due to its public interest and continues to raise awareness of smoke free regulations, the need for public health warnings and retail trading restrictions. Anecdotally, the incidence of selling single sticks has almost been eliminated through education and compliance activities.

Smoking cessation services have been strengthened with cessation *Quitline* training undertaken by two officers in March 2015. See Box 1: Newspaper article in Melbourne newspaper, *The Age*, March 30, 2015. In addition, brief intervention training was provided for 120 hospital staff and first year student nurses in early July 2015, with training planned for Year 2 & 3 nurses and outer island workers. The Quitline and M-Health will be launched in October 2015 in conjunction with a 'No Smoking' media campaign to run in November 2015.

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<sup>3</sup> Kingdom of Tonga, *NCD Risk Factors – STEPS Report (2014)* Tonga Ministry of Health, TongaHealth and WHO-Western Pacific Region



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**Box 1: Smoking Cessation Training****Quit Victoria to help Tongans stop smoking**

Two health workers from Tonga, where the male smoking rate is double Australia's, have been trained in Victoria for their country's first anti-smoking hotline.

The launch of the Tongan quitline service in July will be followed by television advertising modelled on Quit's own advertisements, but with Tongan actors.

Countries in the Asia-Pacific region have among the world's highest smoking rates, World Bank data shows, and in Tonga more than 40 per cent of men smoke. A higher proportion of women smoke in Australia than in Tonga – 19 per cent compared with 12 per cent.

Tupou Tuilautala, one of the two men trained in Victoria, said male rates were higher in Tonga because smoking was seen as a sign of maturity.

"It is one of the main focuses as boys grow up ... you grow up and smoke and you are mature. Part of our focus is to de-normalise that idea."

There had not been any concerted anti-smoking ad campaigns in Tonga. The hotline was started so people would have somewhere to go for advice if the material made them rethink their habit, he said.

Quit Victoria's Luke Quinn said it was the first time Quit had trained people to work overseas and that the training had been tailored to help Tongan callers.

Tobacco use was also widespread in Tonga among young people, with about 38 per cent of teenage boys smoking, he said.

In Australia, 21 per cent of adult men smoke compared with 43 per cent in Tonga. The Tongan Quitline has been funded by the Department of Foreign Affairs and is a collaboration with the Nossal Institute for Global Health.

Craig Butt

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## Physical activity

While almost one in four adult Tongans aged 24-64 do not engage in sufficient levels of physical activity that will confer a health benefit there has been a significant improvement in activity levels between 2004 and 2012<sup>4</sup>. The STEPS Report 2014 noted that ‘work-related physical activities contributed to the largest portion of total physical activity, followed by transport and recreation’ (p13). The KAP survey in 2011-12 found that males (69.7%) were more active than females (36.3%). As the above two surveys only included adults (aged 25-64 years) the trends in youth and school children were not reported; however the Ma’alahi Youth Project found that 55% of girls and 36% of boys are overweight or obese by their early teens<sup>5</sup>. In another study, only one in four students met recommended guidelines for physical activity<sup>6</sup> Women participating in recreational physical activity for three or more days per week increased from 40 percent in 2012 to 44 percent in 2014<sup>7</sup>.

Progress in this area has been supported with sport programs, a core portfolio in the Ministry of Internal Affairs and the Ministry of Education’s Movement and Fitness component in the curriculum. Both of these are complemented with activities from the MOH-HPU (in community and schools) and sports equipment grants from TongaHealth.

The extension of the walkway along the waterfront is reported to have drawn many more walkers, highlighting the importance of enabling physical environments to support greater participation in physical activity. The Wave 3 evaluation of “Kau Mai Tonga” found that participants in the survey ranked walking as the most attractive form of physical activity<sup>8</sup>. Further strategies are in development to motivate exercise intensity along this walkway, such as distance markers, and stretching and sit-up stations (subject to funds).

A ‘Come and Try’ program was piloted in the central district of Tongatapu and involved MIA, Sport Federations, HPU and TongaHealth. Volunteers within villages are a key component for this type of program and it was reported that further planning is required to strengthen their involvement in future initiatives.

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<sup>4</sup> 43.9% of respondents had low physical activity (<600 MET minutes per week) in 2004 compared with 23.7% in 2012 (STEPS Report 2014)

<sup>5</sup> Anderson, I 2013 cited in Fakakovikaetau et al (2015) ‘Health expert panel review: Obesity related health trends in Tonga, and the implications for the prevention and control of NCDs’, (unpublished at July 2015) p12

<sup>6</sup> Ministry of Health Tonga 2013 cited in *ibid*

<sup>7</sup> ASOP Tonga Quantitative Research Report January 2015

<sup>8</sup> *Ibid*

TongaHealth assisted physical activity initiatives through grants and sponsorships from 2011-15 (See Table below). Sports equipment grants have been the main strategy enabling church groups, villages, government ministries and schools to undertake a range of sports and recreational activities such as aerobics.

MOH-HPU undertook 20 workplace health check ups and combined these with a training program to coincide with the Tonga Feifa Sports held September to November each year. Some ministries are now supporting their own activity sessions (eg. Police) which shows a level of sustainability for workplace exercise programs.

**Table 1 – Tonga Health Physical Activity Grants 2011-2015**

Year	No Grants	Sponsorship
2011-12	2	19
2012-13	7	23
2013-14 (Round 1 + Round 2)	49	_*
2014-15 (Round 1 +Round 2)	62	_*

\*Discontinued by Board Policy

## Healthy Eating

In the period between STEP surveys in 2004 and 2012, fruit and vegetable consumption significantly improved – in 2004 only 7.8% were consuming up to five serves of fruit and vegetables and by 2012 this had increased to 26.9% of respondents. There was some improvement in overweight trends but only marginal improvement in obesity trends<sup>9</sup>.

The passing of the *Food Act* 2014 was a major step for developing a system for food standards and regulations over the food chain – from supply to consumption. In July 2015 duties on imports of ‘healthy foods’ were reduced and increased on ‘unhealthy foods’ such as lamb flaps in an attempt to send price signals to consumers (see box 2). The impact will be measurable in the next financial year. The import duty on carbonated drinks is also to increase.

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<sup>9</sup> STEPS Report 2014 *op cit* p14

**Box 2: Tax and duty amendments on imported foods for implementation in 2015 include:**

Tinned fish to be reduced to 0%  
 Fish (frozen or chilled) be reduced to 0%  
 Onions and potatoes be reduced to 15%  
 Lamb flaps be increased to 15%

While coordination of activities has been limited due to governance changes a key component of the healthy eating strategy has been a partnership between MAFF and TongaHealth on home and village and school fruit and vegetable gardens. In 2012-13, 60% of primary schools of Tongatapu and five government primary schools in Vava'u established vegetable gardens. TongaHealth small grants program provides seedlings for these gardening projects, which are supported by MAFF with training in soil preparation and pest control, and crop rotations.

**Table 3: TongaHealth – Healthy Eating Grants**

Year	No Grants	Sponsorship
2011-12	15	3
2012-13	32	6
2013-14 (Round 1 + Round 2)	66	_*
2014-15 (Round 1 +Round 2)	99	_*

\*Discontinued by Board Policy

China Aid has also provided support for establishing a duck hatchery and chickens to reduce reliance on imports. MAFF is implementing these initiatives along with running cooking demonstrations and developing a recipe book. MAFF extension officers have focused on supporting women's groups to undertake these activities.

Policy development with schools – School Food Policy (and canteens) – requires further development and specialist advice from nutritionists. However, the schools curriculum has been the entry point for activities including:

- “Mai e Nlma” [Give me Five] in progress: training materials produced and implemented collaboratively between TongaHealth, HPU and Nishi Trading
- A pilot program named ‘Pacific Health and Science Literacy’ with the Liggins Institute NZ, is being trailed by MOE and MOH-HPU aim to integrate health promotion messages and skills within this program.

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**Box 3: Press Release on *Mai e Nima***

**On the 18th April 2013, the National Healthy Eating Sub-Committee launched a Primary School Teacher's Resource, which will provide tools for teachers in all primary schools across Tonga to educate children about the benefits of healthy eating.**

The launch of this resource is part of the "Mai e 5 a-day for life!" campaign, by the Healthy Eating Sub-committee of the Tonga National NCD Strategy. Members of the Subcommittee consist of government Ministries such as Health, Agriculture and Education. In addition, other key supporters of this initiative are Private primary schools, Tonga Health Promotion Foundation (TongaHealth) and the Nishi Trading Company.

The objective of the Mai e 5 campaign is to improve the health and well-being of school children in Tonga by teaching them about the benefits of eating a variety of fruit and vegetables in order to establish life-long healthy eating habits.

Its key messages are:

To eat 5 or more colourful servings of fruit and vegetables daily a serving is a handful, and colourful fruit and vegetables contain the vitamins and minerals that the body needs to maintain good health and energy.

The teacher's resource provides a range of informative and simple activities that teachers can conduct with all classes of primary school children as part of their regular classes to help them understand these messages

It is hoped that, as a result of this initiative, school children will be able to identify healthy and nutritious foods, make informed choices about what food they bring to school and share these healthy and nutritious meal ideas with their families.

In the long term, this will protect our children against the risks of non-communicable diseases that result from overweight and obesity, and ensure that their physical health and well-being is well looked after.

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**Issued by the: Tonga Family Health Association, Nuku'alofa, 2013**

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## **Alcohol Harm Reduction**

While less than 10% of Tongans had drunk alcohol in the past 30 days heavy drinking remains a concern in Tonga with 51% of male current drinkers and 24.2% women consuming six or more standard alcoholic drinks on a drinking day<sup>10</sup>. Males aged 25-44 years are the highest proportion of current drinkers (19.7%) compared to 3.9% females. Abstainers make up 72.8% and 86.5% of Tongan women and just over half of Tongan men (58.1%) have never consumed alcohol.

Tax and duty amendments introduced in 2015 include:

- Excise taxes for locally manufactured beers be increased to \$15 per liter of alcohol
- An additional import duty rate of 15 be imposed on imported beer
- Excise taxes for locally manufactured spirits be increased to \$25 per liter of alcohol
- Excise taxes for imported spirits be increased to \$50 per liter of alcohol
- An additional import duty rate of 15% be imposed on imported spirits.

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<sup>10</sup> Steps Report 2014, p57

Other activities to reduce alcohol harms have been limited by lack of funding to undertake baseline data collection and research for underpinning campaigns and activities.

Two billboards, funded by TongaHealth, have been erected to raise awareness of the dangers of drink driving and the messages are being reinforced by breathalyzer testing.

### Lessons Learned from Implementation of *HalaFanonga*

It is evident in discussions with key informants and workshop participants that leaders and implementers have considerable insight about the lessons from *HalaFanonga*. Many of the lessons are common to most large-scale program implementations and as *HalaFanonga* is an ambitious cross cutting, multi-level, and multi-strategy initiative there is a heightened complexity to the task.

The lessons identified from the consultation are listed in dot points below and further elaborated in Table 1: Lessons Learned and Underlying Issues and Implications and Action to Date.

#### Overall lessons from past implementation

1. Coordination is crucial for ensuring effective administration and implementation of annual plans
2. Engagement of stakeholders and partners early in planning processes is required for 'buy-in'.
3. Clear role delineation and responsibilities of all governing and administrative bodies:
  - TongaHealth is now responsible for co-ordination of policy, planning and fund distribution
  - Partners and other grantees are responsible for implementation
  - NNCD provide oversight, support and advocacy within Ministries and to Ministers and report to Parliament
4. Continual and persistent communication between stakeholders and partners
  - Multiple audiences
    - i. Between those involved directly in the HalaFanonga and those who are influential but external to these processes; and
    - ii. Wider community.
5. Maintain momentum of activities:
  - Within government
  - Within the community.
6. Respectful partnering:

- Start where the partner program is at – corporate plans; current policies and plans; and
  - Complement (or amplify) your partners core business.
7. Focus on fewer issues and think strategically.
  8. Link actions:
    - Complement and reinforce policy changes/regulations to assist with implementation program; and
    - Identify and build on activities across and within settings.
  9. Simplify monitoring and evaluation system.
  10. Adequately fund programs.
  11. Seek creative and ethical engagement of the private sector.

**Table 1: Lessons Learned and their Implications and Action to Date**

Lessons and underlying issues from <i>HalaFanonga</i> 2010-2015	Implications and Action to Date - <i>HalaFanonga</i> 2015-2020
1. Coordination is crucial <ul style="list-style-type: none"> <li>• The lack of resources to support coordination and administration across and within sub committees and within implementing agencies/groups</li> </ul>	<p>The changes to governance for the <i>Hala Fanonga</i> are yet to be fully operationalized at July 2015. The bedding in of these changes may cause some confusion, as roles are different. TongaHealth as the new secretariat and the NNCDL could undertake:</p> <ul style="list-style-type: none"> <li>• Immediate appointment of Advisory Committees and their Chairs</li> <li>• Briefings on new roles and responsibilities in accordance with NNCDL Terms of Reference and MOU with TongaHealth</li> <li>• Convening of Advisory Committees to discuss outcomes of situation analysis and engagement process for drafting new Strategy Plan and Annual Work Plan (18 month plan in first instance)</li> <li>• Convening of new NNCDL to brief on planning and administrative progress (or other mechanism for communication/engagement)</li> </ul> <p><i>Action to date:</i></p> <ul style="list-style-type: none"> <li>• Advisory committees terms of reference drafted and membership approved by Minister of Health. Meetings scheduled third week of August 2015</li> <li>• Healthy Eating and Physical Activity Advisory Committees convening on 24-25 August to review situation analysis</li> <li>• Tobacco and alcohol Advisory Committees convening on 2<sup>nd</sup> and 3<sup>rd</sup> September to assess progress and prioritise action for new NCD period. Dr Ada Moadrisi from WPRO is assisting.</li> <li>• Outcomes of above workshops will inform the Strategy drafting committee</li> <li>• The DFAT technical assistance – NCD Coordinator – is <i>in situ</i> and actively supporting TongaHealth and MOH to undertake the planning process (situation analysis largely complete) and new administrative arrangements for coordination.</li> </ul>



Lessons and underlying issues from <i>HalaFanonga</i> 2010-2015	Implications and Action to Date - <i>HalaFanonga</i> 2015-2020
	<ul style="list-style-type: none"> <li>Recruitment for TongaHealth Finance and Monitoring and Evaluation Managers in progress.</li> <li>The situation analysis phase has engaged health experts and clinical staff to review the evidence base for obesity prevention. The next stage of planning and drafting of the 5-year strategy will involve Advisory Committees and also needs to consider potential stakeholders not represented on the Committee (for example, consultation with Customs and Revenue to assess the impact of changes in import duties).</li> <li>November 2015 - Planning workshops are scheduled for partners to develop detailed workplans and budgets, which will be recommended by TongaHealth to NNCD for approval. Monitoring and evaluation framework will support these plans.</li> </ul>
<p>2. Early and sustained engagement of stakeholders and partners</p> <ul style="list-style-type: none"> <li>At times key stakeholders were not involved in decision-making that had a direct affect on their area</li> <li>Low level commitment to Strategy from senior members of Ministries</li> </ul>	<p>See #1 and 3 below</p> <p><i>Action to date:</i> The situation analysis phase has been engaging health experts and clinical staff to review the evidence base for obesity prevention. The next stage of planning and drafting of the 5-year strategy will involve Advisory committees and also need to consider potential stakeholders not represented on the Committee (for example, consultation with Customs and Revenue if import duties and or their implementation is a part of any future action).</p>
<p>3. Continual and persistent communication between stakeholders and partners</p> <ul style="list-style-type: none"> <li>Due to coordination issues communication was inconsistent between those involved directly in the <i>HalaFanonga</i> and those who are influential but external to these processes</li> </ul>	<p>A communication plan for the development and implementation of <i>Hala Fanonga</i> 2015-2020 should be developed by TongaHealth, as secretariat with support from their Advisory Committees.</p> <p>A communication plan is both for internal and external audiences.</p> <p>The communication plan would also determine a policy on branding of the Strategy.</p> <p><i>Action to date:</i> A Corporate Communications Officer is being recruited to develop a communication strategy and to support its implementation.</p>
<p>4. Maintain momentum</p> <ul style="list-style-type: none"> <li>Due to funding barriers and stop-start of some activities, opportunities to meet objectives were lost</li> </ul>	<p>Both the improved coordination of activities and a communication plan will assist in supporting actions in all targeted areas.</p> <p>The planning phase will build expectations, which will require an efficient response in the contracting phase with implementers. Consider ways of contracting components (phasing) that will support further implementation. For example, with larger programs that require baseline research incorporate this into the strategy rather than consider it necessary for the next 5-year <i>HalaFanonga</i>.</p>

Lessons and underlying issues from <i>HalaFanonga 2010-2015</i>	Implications and Action to Date - <i>HalaFanonga 2015-2020</i>
<p>5. Respectful partnering</p> <ul style="list-style-type: none"> <li>Initiatives were often developed as separate to or as 'add on' to partners' core business</li> <li>Initial resourcing is required if a change to a program or a new program is sought as budgets are limited and set in advance</li> </ul>	<p>Partnering requires an investment in time for understanding the opportunities and treats for stakeholders/partners before contracting takes place. For example, the curriculum is central to schools and their outcomes; hence by complementing and supporting its implementation is the critical starting point.</p> <p>The work between MOET and HPU on 'Mai e 5' is illustrative here. The greater the understanding by health planners on the options within the schools' curriculum for providing resources and other materials, the great likelihood of longer-term partnership.</p> <p>The planning and contracting phase will allow for consultation and negotiation on the most appropriate starting point for incorporating HF strategies into Ministries and settings (eg. schools/churches) core programs and desired outcomes.</p> <p>The secretariat is the key catalyst and facilitator for garnering commitment from all partners and maintaining this commitment through action and reporting.</p> <p><i>Action to date</i> The findings from the TongaHealth consultation on 'Health in All' policy review will assist in this process</p>
<p>6. Focus on fewer issues and think strategically</p> <ul style="list-style-type: none"> <li>The comprehensiveness of the first HalaFanonga (multiple strategies in four settings and across government) did not prioritise actions within areas or between risk factors</li> </ul>	<p>Sometimes easier to say and harder to do. Priority setting is difficult but necessary with limited resources.</p> <p>The planning process will have to develop a set of criteria for establishing priorities between the risk factors and the level of investment in each. There is no real consensus for values to guide priority setting – no best practice example.</p> <p>The secretariat could develop a draft and consult with Advisory Committees. Some examples for priority setting principles may include: a) potential for advancing work and having a medium term impact; b) greatest public health need (such as a population group within a risk factor); c) benefit, feasibility and cost; d) availability of existing infrastructure and resources to implement program; e) does the evidence support effective interventions; f) how long before an outcome is achieved (short wins versus long termism); g) can it reach all Tongans (outer islands and villages); and so on).</p>
<p>7. Link actions</p> <ul style="list-style-type: none"> <li>Opportunities for linking activities with policy changes or actions between risk factors missed (communication and coordination gaps)</li> </ul>	<p>The new coordinating and communication mechanism supported by the secretariat in TongaHealth should go a long way to achieving the desired and unplanned linkages within and between risk factor initiatives. By always attending to opportunities that will complement and reinforce policy changes/regulations the secretariat will act as catalysts.</p> <p>In addition ongoing reflective processes (within monitoring and evaluation system and contract management with partners) between secretariat staff, stakeholders and partners forms the</p>

Lessons and underlying issues from <i>HalaFanonga</i> 2010-2015	Implications and Action to Date - <i>HalaFanonga</i> 2015-2020
	dynamic component of the implementation phase. In this dynamic process options for building on activities across and within settings will emerge and some planned actions may have to change due to unforeseen barriers or false planning assumptions.
<p>8. Simplify monitoring and evaluation system</p> <ul style="list-style-type: none"> <li>• Either a lack of M&amp;E or overly complex and not joined up systems for reporting on activities and undertaking evaluations</li> </ul>	<p>A short-term taskforce for developing this system is advisable to ensure that the system is joined up with other M&amp;E systems in MOH, DFAT-THSSP2, and other national and global targets (and as appropriate).</p> <p>The incorporation of user-friendly data collection methods for recording program/project outputs and recording intermediate outcomes is essential first step for monitoring. Participatory data collection methods as done by 'Kau Mai Tonga' program are instructive.</p> <p>Evaluation of both process and impact needs to be built into all larger program designs. Consideration should be given to investing in action (or intervention) research in areas where the evidence base is limited. The ASOP Case studies and monitoring approaches provides a good template for adaption by TongaHealth in the M&amp;E.</p> <p><i>Action to date</i></p> <p>The imminent appointment of the M&amp;E Manager at TongaHealth will enhance the capacity in the secretariat to develop a simplified yet effective system to support the implementation of <i>Hala Fanonga</i> 2015-2020.</p> <p>A relationship has been established with the University of Sydney's Preventative Research Collaboration to support the development of the M&amp;E framework for the strategy.</p> <p>A Terms of Reference with C-POND Fiji is being developed for undertaking the formative and baseline research as required.</p> <p>WHO may provide TA and support for action/intervention research in programs.</p>
<p>9. Adequate funding</p> <ul style="list-style-type: none"> <li>• Most activities were curtailed by a lack of funds to invest in resources and or materials required to undertake programs</li> </ul>	<p>Essential and linked to priority setting for determining budgets for each risk factor area. M&amp;E must be a core budget item for all programs.</p> <p><i>Action to date</i></p> <p>DFAT have provided AUD200,000 from July 2015 to support two new appointments in the secretariat and TA – NCD Coordinator. Up to AUD400,000 per annum is available and subject to annual review on progress against work plans and budget expenditure.</p>
<p>11. Seek creative and ethical engagement of the private sector</p>	<p>Opportunities for working with private sector groups should be explored to identify common desired outcomes. Many companies run Corporate Social Responsibility programs, which may align with health promoting objectives (eg. ANZ fun runs).</p>

### Specific strengths and opportunities in risk factor programs

Key informants and workshop participants identified key strengths of the current program of activities and opportunities for building on these in the next phase of the Strategy. The tables below detail the strengths, challenges and opportunities for each risk factor.

Commonly expressed views about overall opportunities included a more strategic focus on key change target groups and organizations including:

- Targeting youth (> 14-year olds) in interventions;
- Reengaging with churches for supporting key health messages, policies and activities at the community level; and
- Identifying skill development and community participation strategies that link with the Pacific Games in 2019 (and across all risk factors).

Apart from the lack of funds and coordination in the past, a key weakness across all aspects has been the lack of project and program level evaluation (process and impact) and reporting. The current situation analysis process is ensuring evidence informs the planning process and priority setting for 'best buy' interventions. The context-specific nature of interventions in Tonga also requires that local evidence be developed and not just baselines, but data/information for identifying what works in Tonga and then, when an intervention is working according to design, determining its cost effectiveness. The new relationships with University of Sydney and C-POND in Fiji will assist in setting evaluation plans for interventions that are manageable and provide useful data for analysis.

The strengthening of the evidence base requires appropriate budget setting (for resources) for evaluation (or intervention research). This process needs to be a part of the design phase for programs. Discretion should be exercised about which programs have pre- and post- and post - (further follow up) evaluations versus those that may only have process evaluation as a means for working with a limited budget. Methods of data collection should be simple and participatory and linked to building capacity in Tonga for undertaking this kind of research and analysis. The 'Kau Mai Tonga' evaluation program provides plenty of adaptable methods that can inform the designs of new programs and monitoring reports with 'traffic light' system for assessing progress.

Table 2a: Strengths, challenges and opportunities for promoting physical activity

<b>STRENGTHS TO BUILD ON</b>
<ul style="list-style-type: none"> <li>• Creating more 'enabling' environments such as extending safe footpaths</li> <li>• Continue educating sport masters through TIOE and MOET</li> <li>• Community outreach activities through MIA</li> <li>• Oceania Sport Education Program</li> <li>• Existing partnerships between major implementers</li> </ul>
<b>OPPORTUNITIES</b>
<ul style="list-style-type: none"> <li>• Well designed action research for large programs (such as the example of ASOP)</li> <li>• Supporting the trend toward more active Tongans</li> <li>• Building competent and productive sport practitioners leading up to the Pacific Games in 2019</li> <li>• A partnership with Ministry of Infrastructure to promote active transport and ensure safe and enabling infrastructure for walking and roads</li> <li>• High level of awareness of link between lack of exercise and obesity and diabetes</li> </ul>
<b>CHALLENGE</b>
<ul style="list-style-type: none"> <li>• Lack of skills amongst volunteers to sustain physical activity programs (particularly at the local level)</li> </ul>

Table 2b: Strengths, challenges and opportunities for promoting healthy eating

<b>STRENGTHS TO BUILD ON</b>
<ul style="list-style-type: none"> <li>• Full implementation of the <i>Food Act</i> 2014 and ensuing regulations utilizing strong partnerships between MAFF and MOH/ TH and extending to others</li> <li>• Continuing to scale up the community fruit and vegetable gardens (such as development of district nurseries for seed propagation)</li> </ul>
<b>OPPORTUNITIES</b>
<ul style="list-style-type: none"> <li>• Reengaging the process to review and establish healthy church and school food policies</li> <li>• Utilising existing training materials</li> <li>• Further research on food production (local and traditional) and options for import substitution</li> <li>• Using education sessions for skill development and message dissemination</li> </ul>
<b>CHALLENGES</b>
<ul style="list-style-type: none"> <li>• Coordination between ministries (Customs &amp; Revenue, MAFF, MCTL, Health and MAFF)</li> <li>• Policy enforcement</li> <li>• Funding levels</li> <li>• Ensuring effective management of community gardens at the local level and controlling roaming pigs</li> </ul>

Table 2c: Strengths, challenges and opportunities for tobacco control

<b>STRENGTHS TO BUILD ON</b>
<ul style="list-style-type: none"> <li>• Full implementation of the Framework Convention for Tobacco Control</li> <li>• Sophisticated and organized global tobacco control movement</li> </ul>
<b>OPPORTUNITIES</b>
<ul style="list-style-type: none"> <li>• Maximizing the use of different media – radio, TV and social media</li> <li>• Coordinating community awareness programs and awareness programs in schools</li> <li>• Introducing 'on the spot' fines for non compliance with smoke free areas and retail regulations</li> <li>• Building the capacity of Advisory Committee members with links to the global tobacco control movement</li> </ul>
<b>CHALLENGE</b>
<ul style="list-style-type: none"> <li>• Funding levels too low (limiting resources) to maximize compliance and full implementation of the FCTC</li> <li>• Tobacco industry interference with legislative change program implementation</li> </ul>

**Table 2d: Strengths, challenges and opportunities for alcohol harm reduction**

<b>STRENGTHS TO BUILD ON</b>
<ul style="list-style-type: none"> <li>• MOP and MOH ‘Don’t drink and drive’ campaign</li> <li>• MOP – Transport section have established policy on drink driving</li> <li>• A platform for sustaining services and aligned to some stakeholders plans</li> </ul>
<b>OPPORTUNITIES</b>
<ul style="list-style-type: none"> <li>• Baseline research as there is limited local evidence base on harms attributable to alcohol (road traffic accidents, injury) and the impact of new club and liquor licenses</li> <li>• Working collaboratively with Youth Forums</li> <li>• Wider community education to support increases in price (excise and import restrictions); restricted trading laws and enforcement actions</li> </ul>
<b>CHALLENGE</b>
<ul style="list-style-type: none"> <li>• Data collection, analysis and sharing between MOP and MOH – such as hospital admissions and alcohol related injuries</li> <li>• Perception that alcohol consumption is not a problem due to high proportion of total abstainers</li> <li>• The growing association between sport success (and loss) with alcohol consumption</li> <li>• Building greater collaboration between key stakeholders</li> </ul>

## Moving forward

The planning for the next phase of the *HalaFanonga* is in progress with a situation analysis nearly complete. The secretariat, with the assistance of the DFAT NCD Coordinator, has commissioned a number of background documents (including evidence reviews) that will inform Advisory Committees on the ‘best buys’ and strategic opportunities (such as priority population groups). This report is also another input for finalizing the situational analysis.

The convening and engagement of Advisory Committees and communiqués to the NNCD is in train and a drafting schedule for the Strategy will be confirmed with a deadline by December 2015. The drafting for the new Strategy should commence as soon as possible to enable the full engagement of all stakeholders and partners. The budget program for implementing the next phase of the Strategy requires direct and indexed funding for the secretariat function now being undertaken by TongaHealth for the National NCD Committee. The implications of this new coordinating and administrative function had not been previously costed; hence the interim support from DFAT to establish the new functions. The Ministry of Health with the Ministry of Finance and National Planning should make provision for this in the annual funding to TongaHealth.

## Concluding remarks

The commitment and enthusiasm for tackling NCDs in Tonga is as evident now as it was at the mid-term review in 2012. This energy has been sustained even with the many administrative and funding hurdles that planners and implementers have faced.

There are key strengths and opportunities for the next phase of the strategy to build on and amplify the impact of interventions. With prioritization across and within risk factors and careful selection of strategies that will have a sustained impact, Tonga will progress its agenda for preventing NCDs in the coming years.

The new secretariat role is in its infancy and will require some 'easing in' by all stakeholders; however, there is appropriate technical assistance and funding to achieve the desired first year outputs. Attention to a simplified monitoring and reporting system along with well-designed project evaluation plans (that may require some TA) will provide the necessary feedback on progress and help develop an evolving evidence base, particularly for obesity prevention.

The challenges are not insurmountable – simply challenging. Most are the same issues faced by other large-scale, complex, cross-sector programmes. If Tonga continues to deploy its attributes and local knowledge creatively with donor technical assistance and funds, the necessary changes will be achieved over the long term.



## Appendices

### Appendix 1: Key Informants and Interview Schedule Outline

Date	Time	Name	Designation
Monday 27-Jul-15	9.00am	Seini Filiai	CEO, TongaHealth
	10.30am	Mr. 'Eva Mafi	PA NCD sub-Committee
	12.00pm	Mr 'Anisi Bloomfield	CEO, Revenue & Customs
	2:00pm	Dr Siale 'Akau'ola	CEO, Health
	2.30pm	Mrs Pulupaki Ika	A/CEO, MIA
	3.00pm	Mr Drew Havea	Chair, Alcohol Harm reduction Advisory Committee
	3:30am	Mr. Sione Taumoeofolau	Secretary General, Tonga Red Cross/Chair, Tobacco Control Advisory Committee
	9:00am	Mr. Claude Tupou	A/CEO, Education
	10:00am	Dr. 'Ofa Tukia	HPU/MO
	12:00noon	Ms. Leta Kami	Board Member/CEO TDB
Tuesday			
28-Jul-15	2.00pm	Dr Veisia Matoto	Diabetic Clinic
	2:30pm	Mrs Losaline Ma'asi	CEO, MAFF
	3:30pm	Hon. Fe'ao Vakata	Minister of Internal Affairs and also a member of TH Board
Wed	10:00am	Loilo Fekau	Grants Recipient (PA)
29-Jul-15	10:30am	Agabe Tu'inukuafu	Grants Recipient (PA)
	12:00pm	Vatu Mavae	Grants Recipient (HE/PA)
	1:00pm	Timote Ta'ufo'ou	Grants Recipient (HE/PA)
	10.30 - 1.00 pm	Monica Tu'ipulotu	TongaHealth Officer
	2.00pm	Dr. Reynold 'Ofanoa (emailed)	Chief Medical Officer HPU/MOH
	3:00pm	Mr. Tupou Tu'ilautala	HPU/Tobacco
	4:00pm	Elizabeth Palu	Australian High Commission
	5.30 p	Sara Gloede	NCD Coordinator
Thursday 30-Jul-15	10 - 12pm	Workshop	(see participants list below)
	1:00pm	Dr. Li Dan	WHO
	2:00PM	Mr. Sione Hufanga	MOH
	3:00pm	Dr. Siale 'Akau'ola	CEO, MOH

#### Guide for Questions to Key Informants

1. How long and in what capacity have you been involved in Hala Falononga?
2. What are the areas of progress since the mid-term review in 2012?
3. What has progressed since the Governance Review and changes?
4. What are the three most important lessons you draw from the implementation process?
5. What are the strengths and how should they be used for ongoing implementation?
6. What are the limitations, key challenges likely to be faced in the next phase?
7. How should these be addressed?
8. How would you like to be describing the successes in the 'program' in another 2 years?

## Appendix 2: Workshop Participants and agenda for Workshop on NCD prevention with sub committee members and Ministry staff involved in implementation

End of Term Review of HalaFanonga 2010-2015 - Workshop - 30 July 2015, HPU Conference Room

Name	Ministry/Section	Sub-Committee/Risk Factor
‘Onetoto ‘Anisi	Internal Affairs/Sports	Physical Activity
Netina Latu	Internal Affairs/Sports	
Folauhola Mafi	MOH/HPU	
‘Eva Mafi	MOH/HPU	
Monica Tu’ipulotu	TongaHealth	
Savia ‘Atuekaho	MAFFF/Food	Healthy Eating
‘Ela Vaipulu	MAFFF/Food	
Tilisa Mo’unga	MAFFF/Food	
Salote Tonga	Police	Alcohol
Lose Peleki	Police	
Savelio Lavelua	National Youth Congress	
Sione Taumoha’apai	MOH/Mental Health	
Le’o mo Lotu Havea	MOH/HPU	Tobacco
Laki Pifeleti	Free Church of Tonga	
Viliami Tongamana	TongaHealth	
Seini Filiiai	Tonga Health	Opening and Introduction
Sara Gloede	NCD Coordinator	

### Agenda

1	Welcome and opening prayer	TH	10 min
2	Outline of workshop and purpose	SF/SG/BM	
3	Introductions and type of and length of engagement in <i>HalaFononga</i>	Whole group	
4	Progress and outputs from AC on action plans (2012-15)	Small groups	15
5	Looking back Lessons learnt from implementation <ul style="list-style-type: none"> <li>What worked, what didn't?</li> <li>Process; planning; assumption?</li> </ul>	Sml groups and report back	30 (20 min discussion 10 reporting)
BREAK			15
6	Looking Forward Identifying the best building blocks: <ul style="list-style-type: none"> <li>What are the past strengths that should be built on?</li> <li>What has changed if anything since we began the Strategy?</li> <li>Are there opportunities?</li> <li>Are there threats/weaknesses to address?</li> </ul>	Small groups	30
7	Plenary and questions	Whole group	10
8	Other issues	Whole group	5
9	Conclusion and next steps	TH/BM	5

### Appendix 3: Documents Provided for Review

1. Kingdom of Tonga, *NCD Risk Factors – STEPS Report* (2014) Tonga Ministry of Health, TongaHealth and WHO-Western Pacific Region Millennium Acceleration Framework
2. THSSP2 Design Document
3. Health Promotion Stocktake (not provided for consultation)
4. Food Act 2014
5. Tonga Health Promotion Foundation Act 2007
6. Technical documents written to guide the development of the new NCD Strategy
  - Pauli, et al (2015) *Healthy Eating Discussion Paper* (May, 2015)
  - Kermode, et al (2015) *Public health evidence to obesity in Tonga : A literature review*, April 2015 (Nossal Institute for Global Health, Kingdom of Tonga (MOH) and Tonga Health
  - Fakakovikaetau et al (2015) 'Health expert panel review: Obesity related health trends in Tonga, and the implications for the prevention and control of NCDs', (unpublished at July 2015)
  - KOT (MOH) *Non-communicable diseases, what do we know in Tonga: Knowledge, Attitudes and Practices on NCDs in Tonga*
7. Completion reports relating to other major NCD prevention and control programs as identified through TongaHealth health in all policy mapping

## APPENDIX 4: PROGRESS AT JULY 2015

### COMPONENT 1: INTEGRATED NCD ACTIVITIES

**OBJECTIVE:** To strengthen the organisational framework for NCD ensures coordinated and integrated actions.

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS Final review 2015
		See Full Report and Interim Strategic Plan for detailed comments and suggestions for achieving greater integration	
Enhance functions of the National Non-Communicable Disease Committee (NCDC)	Review of TOR	TOR not found	<p>National Governance Workshop held in 2013 and follow up TA in August 2013 to draft revised set of governance arrangements.</p> <p>New TOR and Governance Arrangements adopted by Cabinet Decision No 637 29 August 2014 and further detailed in MOU between MOH and Tonga Health.</p> <p>First NNCDL convened in January 2015</p> <p>New advisory committees to be convened in August 2015</p>
	Conduct of regular meetings	Held on needs basis	
	Conduct capacity & team building workshops for the members	No CB training	
Mobilise appropriate resources to sustain NCD programs	Continue & strengthen the Tonga Health Promotion Foundation (TongaHealth) support for NCD	TH role in NCD prevention not fully utilised for implementing strategy activities Funding actions in settings	
	Work closely with development partners to secure other funding sources to ensure sustainability of NCD programs	AusAID - THSSP engaged	
Integration of NCD into Primary Health Care services of the Ministry of Health	Conduct integrated NCD Risk factor training for health personnel		
	Define and deliver package of	THSSP Community Program operational	

## COMPONENT 2: PHYSICAL ACTIVITY

**GOAL:** A physically active Tongan population through community-based lifestyle promotion and creation of supportive environment

### NATIONAL LEVEL

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ final review 2015
Enhance the functions of the Physical Activity Sub-Committee (PASC)	Review of TOR	No annual review	National Governance Workshop held in 2013 and follow up TA in August 2013 to draft revised set of governance arrangements. New TOR and Governance Arrangements adopted by Cabinet Decision No 637 29 August 2014 and further detailed in MOU between MOH and Tonga Health. New advisory committees to be convened in August 2015
	Conduct of regular meetings	Meetings held monthly and sometimes fortnightly	Meeting scheduled to be negotiated with AC and TongaHealth as secretariat
	Conduct capacity & team building workshops for the members	Workshops not held to date	To be reviewed by secretariat in development of new 5-year plan.
Social Marketing Campaign	Develop a multi-year Social Marketing Plan to advocate PA initiatives	New THSSP consultant contracted to assist MOH develop Plan	Will be implemented in next phase of the Strategy
	Implement the Social Marketing Plan	Planned for 2013	THSSP 12-month Social Marketing Advisor appointed in 2014 New strategy to be implemented in next phase of strategy
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)	Footpaths in development but further financial support required to complete	Phase 1 completed Walkway extended along waterfront and from observation is well used A stretching bar to be erected along waterfront with sit up station planned – subject to funding Planning to locate distance markers on walking routes
	No vehicle zone day (Basilica –	Implemented once only	Exercise sessions organized by the Millennium

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ final review 2015
	EM Jones) – integrated into relevant Health Days (eg World Health Day, World Food Day, World Diabetes Day)		Acceleration Framework team together with TongaHealth, HPU and stakeholders during the NCD week, 10-16 November 2014, mobilizing people in four centres in Tongatapu The next phase will involve Urban Planning and engage further with the Advisory Committee
Recruit High Profile Champions to promote PA	Develop and strengthen links with high profile personality (e.g.MOH) as role models	Two role models selected from MOH More to be selected from different departments in 2013	Role model assessment process undertaken – report written. Action plan pending The strategy has been connected to workplace interventions in 20 workplaces
	Regular engagement in social marketing and participation in physical activity events	Engaged with Kau Mai Tonga (KMT) (ASOP). The role models work well with the KMT	
Provide advisory roles to existing Sports Federations	Integrate 'PA for Health' into Sports Federations education including disabled sports	No action	'Kau Mai Tonga' a three year intervention that delivered netball based health interventions. Australian Government funding to local federations for soccer, badminton and netball sport based health programs. 'Come and Try' program invited all SF to join MIA ran a pilot in the central district Volunteers recruited in villages to initiate activities Volunteer recruitment strategy under further development

## COMMUNITY

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ final review 2015
<b>Schools</b>			
Compulsory PA policy for schools	Appraise and ensure existing policy & curriculum support for promoting 'physical activity for health' vs physical activity for sports	Policy in place and implemented	Movement and fitness – in the curriculum (up to Form 2) HPU considering reviving a school committee to explore options for supporting the Movement and Fitness program in schools. Primary schools are the current focus.
	Develop Physical Activity policy to complement curriculum: consult MEWAC & submit outcome to NCDC	There is a dedicated time allocation for PE in all targeted schools - aerobics 3-4 times a week	Official negotiation with MOET required to establish Physical Educator in pilot schools
Enhance physical activity program in Health Promoting School Settings (HPSS)	Conduct education sessions on physical activity for teachers & train the trainers.	Training held. Number and type of sessions not recorded	Applications for aerobics Train the Trainer pending  TH assisted MOET through Grants and sponsorships during life of THSSP 2011-15. MIA takes lead in the subcommittee for physical activity in the settings and community (Loto Tonga)
	Provide technical support for 'physical activity & health' in HPS	TH provided technical assistance on an as needs basis	HPU will provide training with pilot schools on physical activity and sport and in conjunction with Sport (MIA)
	Conduct PA festivals e.g Reviving the 'faiva faka-Tonga' among & between schools	Held in 2011 and was successful	School Committee will take action on this matter
<b>Workplace</b>			
Workplace PA Programs	Support and promote Fiefa a Tonga Sports (inter-departmental sports)	Held once a year Most Ministries engaged but not all	Health check ups undertaken in 20 places and combined with a training program to coincide with the Fiefa Tonga Sports held Sept to Nov each year  Follow up health checks planned in December 2015
Enhance physical activity program in	Conduct education sessions on physical activity for workplace	Four workplaces participating in PA sessions run by HPU	Workplaces undertaking their own activity sessions, for example Ministry of Police

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ final review 2015
Health Promoting Workplace (HPW) Settings	staff		Workplaces like the Tonga Broadcasting Commission, Ports Authority and Tonga Communications Corporation received physical activity grants from TongaHealth to encourage increased physical activities of staff
	Initiate program in workplaces beginning with MOH & expanding to others. Further encourage participation in Workplace program		
	On-going technical support HP workplaces		
<b>Church</b>			
Enhance physical activity program in Health Promoting Churches (HPC) Settings	Strengthen partnership with Health Promoting Church to carry out PA activities & to target women's, youth and childhood groups.	14 churches participating in HPC – PA	Church health coordinator selected and funds for training sought (TOP3,000) Proposal submitted
	Conduct education sessions on physical activity & train the trainers workshops (eg in aerobics instructions)	No of sessions not recorded	
	Provide awards for churches that actively promote physical activities		
<b>Villages</b>			
Enhance physical activity for women	PA programs to be targeted at & to be managed by women groups in church & community sections	One program in place - Netball (ASOP)	TongaHealth sports equipment grant scheme supports local initiatives such as aerobics for women and young people TongaHealth and MIA partnering on Physical Activity projects (eg. Kaumai Tonga, Fakaloto Tonga, Hahake) From 2010 to 2015 133 physical activity grants funded by Tonga Health (across all settings)

#### INDIVIDUAL/CLINICAL

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ final review 2015
Use Green	Develop and utilize green	Not prioritised for action	No further action



STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ final review 2015
Prescription for promoting PA	prescription for PATH		
	Implement through existing health services		
Initiate and sustain obesity control service	Conduct NCD STEPS survey		2014 STEPS findings released
	Partnership with Healthy Eating Sub-Committee	Not commenced	

### COMPONENT 3: ALCOHOL HARM REDUCTION

**GOAL:** To develop and strengthen policy and community based interventions for reduction of harm due to alcohol amongst the Tongan population

#### NATIONAL

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ Final review 2015
Establish information & evidence on alcohol	Establish core data needed & collate available alcohol related information including GBV to establish baseline & monitoring	STEPS findings released in November 2012 Next STEPS due in late 2013 Binge drinking evident in STEPS 2012 findings	
	Stock take of current sectors involved in alcohol	Started but requires dedicated 1.0 full time for 2 weeks to complete	
	Analysis, dissemination & reporting of data & information for action at public & policy level		
Social Marketing Campaign to create awareness, advocate & effect behaviour adaptations	Develop a multi-year Social Marketing Plan for alcohol harm reduction & alcohol awareness messages	No plan at this stage TH funded the sub-committee in Dec 2011 to support the police campaign <i>Don't Drink and Drive</i> . No report was submitted to the sub-committee on the result of that campaign	Two billboards on drink driving funded by TongaHealth
	Implement the Social Marketing		

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ Final review 2015
	Plan using multiple media channels & communication tools including monitoring & evaluation (also GBV)		
	Establish partnerships with relevant stakeholders to advocate on alcohol policies and issues	Sub-committee is working on increasing partnerships	
Ensuring Public Health (people centred) consideration in current alcohol related policies	Stock take of all alcohol related legislations	In train	
	Review liquor act for protection of public health e.g. opening and closing hours of liquor outlets	Legal officer undertaking a review	
	Strengthen enforcement of liquor act through enhancement of public awareness on liquor act, educate retailers on current liquor act	Police have a strategy but currently not engaged in the NCD strategy	
	Strengthen & support policies & legislation related to alcohol & GBV	Workshop held to identify strategic options for strengthening policies	MOP – Traffic Division engaged in ‘Don’t Drink and Drive’
	Evaluate the effectiveness of the regulations, acts & policies	No actions and evaluations due to funding issues	Tax and duty amendments proposed for 2015: <ul style="list-style-type: none"> <li>• Excise taxes for locally manufactured beers be increased to \$15 per liter of alcohol</li> <li>• An additional import duty rate of 15 be imposed on imported beer</li> <li>• Excise taxes for locally manufactured spirits be increased to \$25 per liter of alcohol</li> <li>• Excise taxes for imported spirits be increased to \$50 per liter of alcohol</li> <li>• An additional import duty rate of 15% be imposed on imported spirits</li> </ul>
Strengthen competence and	Establish clear Term of Reference for the subcommittee	Highly skilled PO desired to support work of SC	National Governance Workshop held in 2013 and follow up TA in August 2013 to draft revised set of

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS @ Final review 2015
capacity	& conduct regular meetings		governance arrangements.  New TOR and Governance Arrangements adopted by Cabinet Decision No 637 29 August 2014 and further detailed in MOU between MOH and Tonga Health.  New advisory committees to be convened in August 2015
	Review TOR of alcohol harm reduction subcommittee on an annual basis		
	Conduct training on NCD, alcohol & related issues for the subcommittee including team building	Training in 2010	
	Monitor committee members performance through performance appraisal		
	Standardize national information available on alcohol & its related issues for public consumption	No action but desired	
	Training of trainers for stakeholders using standard information kit		
Maintain international cooperation and coordination on alcohol related matters	Maintain & strengthen collaboration with regional & international bodies & organization through regular reciprocal sharing of information	Attendance by various members of the different Ministries but not formally as SC members	
	Explore, establish & maintain networking opportunities within the region for information between countries & within the region		

## COMMUNITY

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS@ Midterm review 2012	PROGRESS & COMMENTS Final review
School			

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS@ Midterm review 2012	PROGRESS & COMMENTS Final review
Strengthen HPS initiative with incorporation of alcohol harm reduction strategies	Advocate incorporation of harmful effects of alcohol in secondary & tertiary curriculum	No action to date on each item	
	Review school policies on alcohol consumption & abuse by students		
	Support implementation of alcohol policies within schools & MEWAC		
<b>Church</b>			
Strengthen HPCP initiative with incorporation of alcohol harm reduction strategies	Advocate incorporating of harmful effects of alcohol in church	Ad hoc	
	Support implementation of alcohol policies within church	Requires funding	
	Conduct education session on alcohol harm reduction	No action to date	

## INDIVIDUAL

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS@ Midterm review 2012	PROGRESS & COMMENTS Final review
Strengthen services on management & rehabilitation on alcohol use disorders & abuse	Review current service provision for alcohol related disorders	No action to date	
	Establish referral system for counseling & management		
	Scale up current service providers for counseling & rehabilitation services according to their plan e.g. Salvation Army through financial & technical support		

## COMPONENT 4: TOBACCO CONTROL

**GOAL: A tobacco free lifestyle for the Tongan population through legislation and promotion of tobacco free premises**

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS Final review 2015
Enhance the functioning of the Tobacco Control SC (TCSC)	Review of TOR	No review to date	National Governance Workshop held in 2013 and follow up TA in August 2013 to draft revised set of governance arrangements. New TOR and Governance Arrangements adopted by Cabinet Decision No 637 29 August 2014 and further detailed in MOU between MOH and Tonga Health. New advisory committees to be convened in August 2015
	Conduct regular meetings	Monthly meeting on the need bases	Meet as required to progress activities
	Conduct capacity and team building workshops for members	Limited	
Raise tobacco taxes	Assess and develop proposal for increase of taxation	Proposal in development	Excise tax increase by 19% in 2014 Duty free cigarette allowance reduced to 1 packet sleeve in 2013 Tax and duty amendments for implementation in 2015: <ul style="list-style-type: none"> <li>increased excise taxes for locally manufactured cigarettes to \$240 per kg</li> <li>increased excise taxes for import cigarettes to \$255 per kg</li> <li>an additional import duty rate of 15% be imposed on imported cigarettes and tobacco products</li> </ul>
	Submit recommendation report to cabinet via NCD Committee	Submitted	
Appropriate reporting for international and national purposes	Regular FCTC, TFI, FCA reporting through focal points	MOH report	As required

STRATEGY	ACTIVITIES	PROGRESS @ Midterm review 2012	PROGRESS Final review 2015
Appropriate and regular review of Tobacco Control Act and improved awareness	Appropriate amendments of regulation	Ongoing No specific issues raised in review	Amendments adopted 2014
	Educate people on TCA and amendments		Public Consultation on the <i>Tobacco Control Act</i> Amendments 2014
	Disseminate copies of the TCA		
Strengthen enforcement of TCA	Establish tobacco enforcement unit (Health)	Unit requires strengthening with more human resources and funding One prosecution in train	Tobacco compliance officer appointed in 2013 Enforcement training in April 2014
Extension of non-smoking public places	Designate more SFA	SFA in one bar, some church halls, high schools and primary schools and two villages.	SFA implemented in schools (see comment in schools below)
Social marketing plan	Develop and implement multi-year social marketing plan	No, campaigns conducted on a short term basis only - World No Tobacco Day and the Blue Ribbon Campaign	New 'No Smoking' campaign to be launched in November 2015 Weekly radio talkback program on No Smoking

## COMMUNITY

STRATEGY	ACTIVITIES	PROGRESS Midterm review 2012	PROGRESS & COMMENTS Final review 2015
<b>School</b>			
Strengthen enforcement of tobacco act in schools	Tobacco enforcement unit and MEWAC	No action to date Mechanism required	SFA implemented in five schools Smoke free schools part of smokefree public places
	Enhance implementation for both teachers, students, visitors, managers, etc		
Enhance Tobacco control program in Health Promoting Schools	Conduct education sessions on tobacco smoking	School program on TC are limited and adhoc	In 2014 a taskforce comprising Police Department, Mental Health Department and the Tobacco Control Unit visited all the Secondary Schools in Tongatapu providing a health talk on drugs with tobacco as a potential gateway.
	Provide technical support for 'tobacco control activities & health' in HPS	One school (Tailulu college Tongatapu) has TC as a component of HPS	
	Provide awards for schools that actively promote tobacco free activities		
<b>Village</b>			

STRATEGY	ACTIVITIES	PROGRESS Midterm review 2012	PROGRESS & COMMENTS Final review 2015
Encourage Tobacco free premises in villages	Village meetings are tobacco free	Two villages are SFA	Prestigious medals awarded by the WHO Geneva Office to Hon Tu'i'afitu, Minister of Health, and Hon Siosifa Tu'utafaiva, Minister of Revenue and Customs and Police in 2014, to mark the development of tobacco harm reduction initiatives
	Provide awards linked with WHO awards	Blue Ribbon Campaign awards given	
<b>Workplace</b>			
Encourage Tobacco free workplaces	Develop policies & provide signs for tobacco free workplaces (beginning with MOH & MOP then expand to others)	Tobacco Act covers the smoke free Public work places but need enforcement	Enforcement conducted on smoke free public places and public transport. Smoker fined \$200 in July 2015 for smoking in a public place
	Provide awards for workplaces promoting tobacco free		Smokefree public spaces covers most workplaces
<b>Church</b>			
Encourage Tobacco free initiatives -Church Halls	Strengthen of ban-smoking at church hall and Put up No Smoking signs	SF policies have been incorporated into HPCP Data collection and record keeping need to improve to monitor this activity	No smoking signs distributed to church halls with Board of Trustees approval TongaHealth funded printing of 'No Smoking' signs
Enhance TC program in HPCP	Conduct of education sessions on tobacco smoking and cessation program	Data not available	
	Provide awards for Churches that actively promote tobacco free activities	<i>As above promote compliance and awareness through media recognition and awards</i>	

## INDIVIDUAL

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS & COMMENTS Final review 2015
Enhance smoking cessation services	Establish tobacco cessation unit	Plans in progress to develop unit	Cessation quitline training undertaken by two officers in March 2015
	Minimal clinical intervention training	Counselling needs further support from clinical staff	Brief Intervention training provided for 120 hospital staff and first year student nurses in early July 2015 Training planned for Year 2 & 3 nurses and outer island workers

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS & COMMENTS Final review 2015
			Quitline and M-Health set-up to be launched in October 2015

## COMPONENT 5: HEALTHY EATING

**GOAL:** Promotion of Healthy Eating consumption of 5 servings of fruits and vegetables per day on 5 or more days of the week, reduce consumption of saturated fats, sugar and salt amongst the population of Tonga including appropriate portion control

### NATIONAL

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS Final review 2015
Enhance the functioning of the Healthy Eating SC (HESC)	Formulate TOR for endorsement	Due for review	National Governance Workshop held in 2013 and follow up TA in August 2013 to draft revised set of governance arrangements. New TOR and Governance Arrangements adopted by Cabinet Decision No 637 29 August 2014 and further detailed in MOU between MOH and Tonga Health. New advisory committees to be convened in August 2015
	Conduct and maintain regular meetings	Meetings held once or twice a week	
	Conduct capacity and team building workshops for members	No training to date	
Ensure wider dissemination of HE guidelines	Develop & print training manual that incorporates all resources & all current nutrition materials	No manual developed to date	MAFF have developed training material, which requires further review and input from nutritionist.
	Develop & implement Dissemination Plan for Healthy Eating		Strategy and action plan pending due to governance changes Situation analysis to be completed early August 2015, which will inform new Strategy and Annual Action Plan
	Conduct national training of trainers workshops		
Policy interventions to address healthy eating	Formulate policy based on study	Food Bill drafted	<b>Food Act 2014</b> passed. Includes regulations on and food standards. Tax and duty amendments on imported foods for



STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS Final review 2015
including salt reduction (Possible incorporation into Food Act)			<p>implementation in 2015:</p> <ul style="list-style-type: none"> <li>• Tinned fish to be reduced to 0%</li> <li>• Fish (frozen or chilled) be reduced to 0%</li> <li>• Onions and potatoes be reduced to 15%</li> <li>• Lamb flaps be increased to 15%</li> <li>• Unhealthy foods (high fat/high sugar carbonated drinks) to increase by up to 20-50%</li> </ul> <p>Implementation of the Food Act and development of regulations to be coordinated between MAFF and MOH</p>
	Advocate for endorsement by NCD Committee	Advocacy to continue through current consultation process	
	Policy in development		Food policy and School Food policy required further development such as Canteen in Schools policy and guidelines
Social marketing plan	Develop and implement multi-year social marketing plan	Not planned for	TongaHealth fortnightly TV and Radio programs publicized grants for Healthy eating and increased Physical activities, as well as providing health messages to the Tongan people

## COMMUNITY

STRATEGY	ACTIVITIES	PROGRESS Midterm review 2012	PROGRESS Final review 2015
<b>School</b>			
Strengthen implementation of school Food Policy to encourage HE	Review School Food Policy in accordance with HESC goals & progress for endorsement by National NCD committee and Cabinet	Completed	<p>To be reviewed in Situation Analysis for next Strategy Plan.</p> <p>School food policy and availability of unhealthy foods to be addressed and further development of Canteens in Schools policy and guidelines.</p> <p>A pilot program 'Pacific Health and Science Literacy' with the Liggins Institute NZ, MOE and MOH-HPU aims to integrate health promotion messages and skills</p>
	Food policy enforcement per school	The selling of junk food near schools remains a challenge	
	Conduct training workshops on the policy Healthy School awards	Not indicated – the nature of the Award scheme not clear	

STRATEGY	ACTIVITIES	PROGRESS Midterm review 2012	PROGRESS Final review 2015
Enhance health eating program in Health Promoting Schools	Conduct education sessions on HE	In progress but number of sessions not recorded	<p>“Mai e 5” [Give me Five] launched in 2013: training materials produced and implemented collaboratively between TongaHealth, HPU and Nishi Trading</p> <p>Tonga Health and MAFF supporting vegetable gardens in schools</p> <p>60% of primary schools of Tongatapu and 5 GPS Vava’u reached in 2012-13</p>
	Provide technical support for Food Garden projects in HPS	Establishing vegetable gardens was seen as a challenge though reasons not stated	
<b>Village</b>			
Expand home domestic food production	Increase coverage of organic home gardening and farming, fruit tree etc	Some progress however hampered by implementation issues and inadequate financial assistance	<p>TongaHealth small grants program provides seedlings for home gardening projects which are supported by MAFF</p> <p>202 HE grants provided from 2010-2015</p> <p>MAFF provided training in soil preparation and pest control</p> <p>Technical assistance from Tonga trust and USB provided</p> <p>China Aid provided support for duck hatchery and chickens to reduce reliance on imports</p>
Strengthen community health cooking initiative	Develop training materials on healthy recipe development, innovative preparation of local foods	Due to be implemented shortly	<p>Nutritional review required to ensure sound recipes for healthy eating</p> <p>Recipe book in development by MAFF</p> <p>MAFF workshop on cooking demonstrations conducted</p>
	Maintain community training on healthy cooking using materials above	First training planned for 2013	
	Establish community based centers for cooking demonstration (by 2013)		
Enhance healthy eating activities in Health Promoting Village (HPV)	Conduct education sessions on healthy eating	<p>Sessions successful</p> <p>HE in 3 villages</p> <ul style="list-style-type: none"> <li>✓ 1 in Vava’u</li> <li>✓ 1 in Tongatapu</li> </ul>	Future plan to develop garden nurseries in three districts in Tongatapu

STRATEGY	ACTIVITIES	PROGRESS Midterm review 2012	PROGRESS Final review 2015
		✓ 1 will be launched at Ha'apai Other villages also grow vegetables	
	Provide technical support for Food Garden projects in HPV		
<b>Church</b>			
Develop church food policies	Formulate policies based on study	HE policy not commenced	
	Advocate for endorsement by Church Leader Committee		Still requires endorsement
	Policy implemented		
Strengthen implementation of Church Food Policy to encourage healthy eating	Food policy enforcement per church		Further action required. Opportunity to further strengthen the Church Committee for Healthy Eating
	Conduct training workshop of food policy Health Promoting Church awards		
Enhance healthy eating activities in HPCP settings	Conduct training sessions on healthy cooking		
	Provide technical support for food Garden project in HPCP	Linked to HVP activities	
	Increase coverage of organic home gardening & poultry projects		
<b>Workplace</b>			
Enhance healthy eating activities in Health Promoting Workplace (HPW) Settings	Conduct education sessions on healthy eating	Note actioned	Health Checks in workplaces and a more strategic approach to interventions in development
	Technical Support for vegetable garden		
	Develop Healthy Catering guidelines for use in workplaces		

## HEALTHY EATING

INDIVIDUAL/Clinical

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS	PROGRESS
		Midterm review 2012	Final review 2015
Strengthen implementation of the Dietary Guidelines for Obesity	Review the guidelines & endorse by NCD Committee	No action	No information available at time of review
	Incorporate into standard management guidelines & conduct regular training		
	Implement with every appropriate personnel involved in clinical & public health		
Use of Green Prescription for promotion of healthy eating	Develop green prescription for PATH	No action <i>Consider further consultation with clinical services on best approaches for promoting healthy eating in the clinical setting</i>	Not developed
	Implement through integration into existing health services		
Implement Diabetes Prevention in Pacific (DPIP) intervention research in Tonga	Drafting & endorsement of research proposal	No data	Diabetes Clinic involved in the Health Expert Panel review of obesity related health trends and implications for the prevention and control of NCDs
	Implement field work		
	Analysis & Reporting		
Set up Obesity clinic	Recruit Obesity team & identify setting	No data	NCD community nurses supporting obesity management and prevention
	Develop treatment guideline & education materials		
	Clinic consultation		

## COMPONENT 6: MONITORING, EVALUATION & SURVEILLANCE

**GOAL:** To establish and strengthen monitoring, evaluation and surveillance of NCD and risk factors in Tonga

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS Final review 2015
M&E framework established	Establish indicator framework against each objective and outcome		Development of next strategy seeking advice, input and linkages between: <ul style="list-style-type: none"> <li>Health Expert Panel Review (Fakakovikaetau et al July 2015) on obesity prevalence and trends in Tonga, which has aligned indicators with the following: <ul style="list-style-type: none"> <li>Who Global Action Plan to Prevent and Control NCDs 2013-2020</li> <li>DFAT have established Targets and Indicators for THSSP2 "Health promotion related to prevention of NCDs" (THSSP2 Design Document]</li> </ul> </li> <li>Tonga Department of Statistics</li> </ul>
	Endorsement of the framework and communication with SCs	Include M&E as a standing item on SC and NNCD agenda	
Operationalise the M&E framework	Development of tools		Development of a new framework would benefit from a time limited M&E Taskforce The process for monitoring annual plans could consider a 'traffic light system' to identify and encourage action on 'red light' (urgent) issues etc.
	Regular reporting by SC	No system for reporting in situ <i>As above</i>	New system of reporting to be developed by TongaHealth
Conduct WHO STEPwise Surveillance	STEPS survey proposal prepared & endorsed by research committee	Findings released September 2012 Collection phase near completion for 2 <sup>nd</sup> survey	2 <sup>nd</sup> STEPS Survey 2014 released in October 2014
	STEPS training conducted	Yes	
	Conduct, present & disseminate	Under analysis	
Strengthen capacity	Identify M & E /	No action	TongaHealth recruiting M&E officer August 2015

STRATEGY	ACTIVITIES	PROGRESS & COMMENTS Midterm review 2012	PROGRESS Final review 2015
for data analysis in appropriate sectors	Surveillance officer & trained personnel		Support being negotiated with University of Sydney and C-Pond in Fiji
	Establish tools		

## **Annex A: End of Term Review of the HalaFononga National NCD Strategy : 2015 - Terms of Reference**

### **1. Background**

In January 2015, TongaHealth was appointed to the role of secretariat to the National Communicable Disease Committee, and as a result is responsible for the co-ordinating the design of the National NCD Strategy to Control and Prevent NCDs 2015-2020.

Important to the effective design of the new NCD strategy is the completion of the end of term review of the existing strategy, the HalaFononga National Strategy to Prevent and Control Non Communicable Disease 2010-2015 (HalaFononga)

A mid-term review of the strategy conducted in 2012 assessed in detail structural and governance issues relating to the delivery of NCD prevention and control in Tonga, leading to major reforms. This end of term review may comment on progress against the recommendations of the mid-term review but should primarily seek to understand the strengths and weaknesses of the major activities (policy and program) that have been delivered under the HalaFononga and the implications of these strengths and weaknesses for the new strategy.

### **2. Objectives of the end of term review**

- i. To map the major activities (policy and programs) delivered under the HalaFononga
- ii. To assess and describe the strengths and weaknesses of these activities
- iii. Report and assess the findings of steps one and two to make recommendations
  - a. Lessons learnt about design, implementing and reporting challenges that can inform and strengthen the design and implementation of the new strategy
  - b. Strengths and opportunities that can be built upon to improve the effectiveness of the new strategy
  - c. Draft proposed changes to the Health Promotion Act to accommodate new delegations to TongaHealth in the new governance structure of NCD work.

### **3. The process**

The consultant will undertake a three-step process to complete steps one and two:

- i. Review relevant documents relating to the design, delivery and impact of the strategy and activities under the HalaFononga
- ii. Undertake key informant interviews
- iii. Conduct mapping and review workshops with the members of the major factor advisory groups

The final step (report write up) will be based on the outcomes of the above steps and will be submitted to the CEO of TongaHealth for approval.

### **4. Background Documents for review**

Background documents provided will include but not be limited to:

- 2014 STEPS survey
- Millennium Acceleration Framework
- THSSP completion reports (relating to NCDs only)
- Health Promotion Stocktake (not provided for consultation)
- Technical documents written to guide the development of the new NCD Strategy
- Completion reports relating to other major NCD prevention and control programs as identified through TongaHealth health in all policy mapping

## **5. Key informants**

CEO, Ministry of Health, Dr Siale 'Akau'ola,

CEO, Ministry of Revenue and Customs, Mr 'Anisi Bloomfield

CEO, Ministry of Education & Training

CEO, TongaHealth

Chairs of the Advisory Committees (CEO MAFFF/CEO MIA/Drew Havea/Sione Taumoefolau)

Dr Li Dan, WHO Country Liaison

Dr Paula Vivili, Secretariat of the Pacific Community (via email)

Dr 'OfaTukia, Medical Officer in Charge, HPU

Dr Veisia Matoto, Medical Officer in Charge, Diabetic Clinic

'Ana Kavaefiafi, Chair of the Physical Activity sub-Committee

At least 3-5 recipients of grants (1 recipient at village level, 1 at sports –received equipment, 1 – community group, etc)

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**Annex B:** Memorandum of Understanding (MOU) between NNCD and TongaHealth.

## **1. Parties to this Agreement**

This is an agreement between “Party A”, hereinafter called the National Non-Communicable Diseases Committee (NNCDC) and “Party B” hereinafter called the Tonga Health Promotion Foundation or TongaHealth.

The National Non-Communicable Diseases Committee (Party A), was established by Cabinet decision No.1449 dated 8/11/2004.

Tonga Health Promotion Foundation (TongaHealth) (Party B) is a body corporate established by the *Tonga Health Promotion Foundation Act 2007*.

## **2. Purpose of this Agreement**

**2.1** The purpose of this agreement is to set out the programs and administrative roles and responsibilities including delegations of authority by which the National Non-Communicable Diseases Committee (NNCDC) and Tonga Health Promotion Foundation (TongaHealth) agree to on the governance of Non-Communicable Diseases (NCD) prevention and control in Tonga.

**2.2** This agreement is a compliance with Cabinet Decision No. 637 dated 29 August 2014, which directs that the National NCD Committee enters a Memorandum of Understanding with Tonga Health Promotion Foundation detailing agreed program and administrative roles and responsibilities including a table of delegations of authority that is reviewed annually.

**2.3** This agreement acknowledges that the Ministry of Health is responsible for the delivery of preventative and curative health services in Tonga. It also supports the Ministry of Health mission to support and improve the health of the nation by providing quality, evidence base best practice, effective and sustainable health services, and being accountable for health outcomes. It also supports the Ministry of Health vision to be the healthiest nation by 2025 compared with Pacific neighbours, as judged by international determinants.

**2.4** This agreement also acknowledges the Ministry of Health commitment to improve the provision of health services across Tonga, with continued emphasis on preventative health care that focuses on NCDs, rather than on curative medicine alone. Also the commitment by the Ministry of Health preventive healthcare programmes to be improved to encourage healthy life styles, with greater emphasis on reducing the main NCD risk factors such as tobacco smoking, alcohol abuse, physical inactivity and unhealthy eating, in order to reduce the incidence of NCDs.

**2.5.** This agreement acknowledges that the responsibility for the successful delivery of the National NCD strategy 2015-2025 belongs to the whole of government as reflected in cabinet’s appointment of the CEOs of key Ministries to the NNCCDC.

**2.6** This agreement also recognises the authority of the Tonga Health Promotion Foundation Act 2007, and TongaHealth’s mission to prevent and reduce harm from NCDs in Tonga, and vision of a healthy Tonga where everyone is responsible for promoting health and everyone shares in the benefits of a healthy population.

### 3. Effective Date

This Agreement takes effect on the date that it is executed by both parties.

### 4. Terms of Reference for the NNCD 2014

- i. To advise government on issues pertaining to the prevention of NCDs in the Kingdom of Tonga.
- ii. To inform and make recommendations on policy pertaining to the Kingdom's NCD health promotion and prevention strategies, including legislation and regulations as may be required.
- iii. To oversee the implementation of activities related to the prevention and control of NCDs in accordance with a National Strategy and Annual Plans.
- iv. To monitor and review progress against annual plans on a quarterly basis and update plans and programs as required.
- v. To delegate the responsibility for coordinating policy development and implementation processes, including decision-making, to TongaHealth who will administer and support the NNCD, relevant Advisory Committees and time limited task groups.
- vi. To review annually the processes and outcomes of the delegations of authority to TongaHealth against the desired outcomes detailed in longer term Strategic Plan and Annual Plans.

### 5. NNCD Membership

Membership of the National Non-Communicable Diseases Committee are:
CEO for Ministry of Health (Chair) CEO for Ministry of Education and Training CEO for Ministry of Internal Affairs CEO for Ministry of Agriculture & Food, Forests and Fisheries CEO for Ministry of Finance and National Planning Police Commissioner Representative of the National Forum of Church Leaders Representative of the Commercial Business Sector Representative of Civil Society CEO for Tonga Health Promotion Foundation (as Executive Officer) Chairman of Tonga Health Promotion Foundation Board Secretary (Minute Taker)

6. The National NCD Committee may co-opt members as required (such as the Ministry of Infrastructure and Tonga Family Health Association).

7. The National NCD Committee reports annually on progress against the national Strategy for preventing Non- Communicable Diseases.

### 8. Chair of Committee

The CEO for Ministry of Health will chair the NNCD and a Deputy Chair will be appointed annually and on rotation between CEOs of other government ministries.

The NNCCDC will select and appoint members from the National Forum of Church Leaders, Commercial Business Sector and Civil Society with the endorsement of the NNCCDC Chair

## **9. TongaHealth Responsibilities under this MOU**

TongaHealth shall undertake the following activities related to the management and implementation of the National Strategy for preventing NCDs:

### **9.1 Policy development**

- i. TongaHealth in conjunction with stakeholders and technical experts will coordinate the formulation of evidence-informed NCD prevention and health promotion policy frameworks to guide strategic planning and implementation of the National NCD strategy, Halafononga 2015-2020.
- ii. TongaHealth in conjunction with stakeholders and technical experts will coordinate briefing papers for the NNCCDC as requested.

### **9.2 Decision making powers**

- i. TongaHealth, and where appropriate in consultation with multi-sectoral Advisory Committees, will make decisions on the activities to be funded to support health promotion and NCD prevention in Tonga as per Halafononga 2015-2020, Strategic Plan, Annual Plan and Budget, taking into account the knowledge of existing programs and ensuring complementarity.
- ii. TongaHealth will fund activities in accordance with detailed annual work plans and budgets that are developed in collaboration with key stakeholders and which are designed to deliver on the National NCD Strategy 2015-2020. The advisory committees, TongaHealth board and NNCCDC will approve these annual work plans and budgets in accordance with the delegation chart.
- iii. TongaHealth will seek endorsement by NNCCDC on single large program grants that are greater than or equal to TOP 100,000.

### **9.3 Sector engagement**

- i. TongaHealth is responsible for establishing formal mechanisms for engaging stakeholders and accessing subject area technical expertise in planning and decision-making processes (such as Advisory Committees and task groups).
- ii. TongaHealth will consult with the Chair of the NNCCDC on the number and membership of Advisory Committees supporting the implementation of the National NCD Strategy.

### **9.4 Fund raising**

- i. Where appropriate, TongaHealth will enter into discussions with donors with respect to major projects that the National NCD Committee endorses.
- ii. TongaHealth will strengthen the harmonization of donor funds by ensuring NCD health promotion funding is coordinated against delivery of the National NCD Strategy 2015-2020

## **9.5 Monitoring and Evaluation**

- i. TongaHealth will ensure that all contracts have a sound monitoring and evaluation framework and grantees regularly report on progress against this framework
- ii. TongaHealth will prepare the National Strategy Annual Report for endorsement by the NNCDL prior to publication each year
- iii. TongaHealth will ensure that lessons learnt from program evaluation are shared with stakeholders and taken into account with program development.

## **9.6 Management, Contracting, Fund Disbursement and Financial Accountability**

Accountabilities and Responsibilities will be in accordance with TongaHealth Governance and Administration policies, and donor requirements.

## **9.7 Meetings**

NNCDC meeting will be held every 6 months and as required and agreed by both parties. Regular meetings are advised between the chair of NNCDL and CEO of TongaHealth.

## **9.8 Management of Conflict**

Should any conflict arise between the two parties in the deployment of this MOU the Minister of Health and Crown Law Solicitor General are to be invited to act as arbitrators if the two parties are unable to resolve the conflict in the first instance.

## **10. Variation**

This Agreement, including the Annexe constitutes the entirety of the agreement between the National Non-Communicable Diseases Committee and Tonga Health Promotion Foundation.

Both parties in accordance with their delegation levels and legal authority may vary this Agreement at any time in writing.

## **11. Termination**

This memorandum may be terminated by either party giving the other party four months notice in writing.

## **NNCDC Delegations of Authority Policy**

### **1. Policy**

The National NCD Committee (NNCDC) sets the following policy guidelines for delegation of authority to TongaHealth to coordinate policy development and implementation of the National Strategy for Preventing and Controlling NCDs:

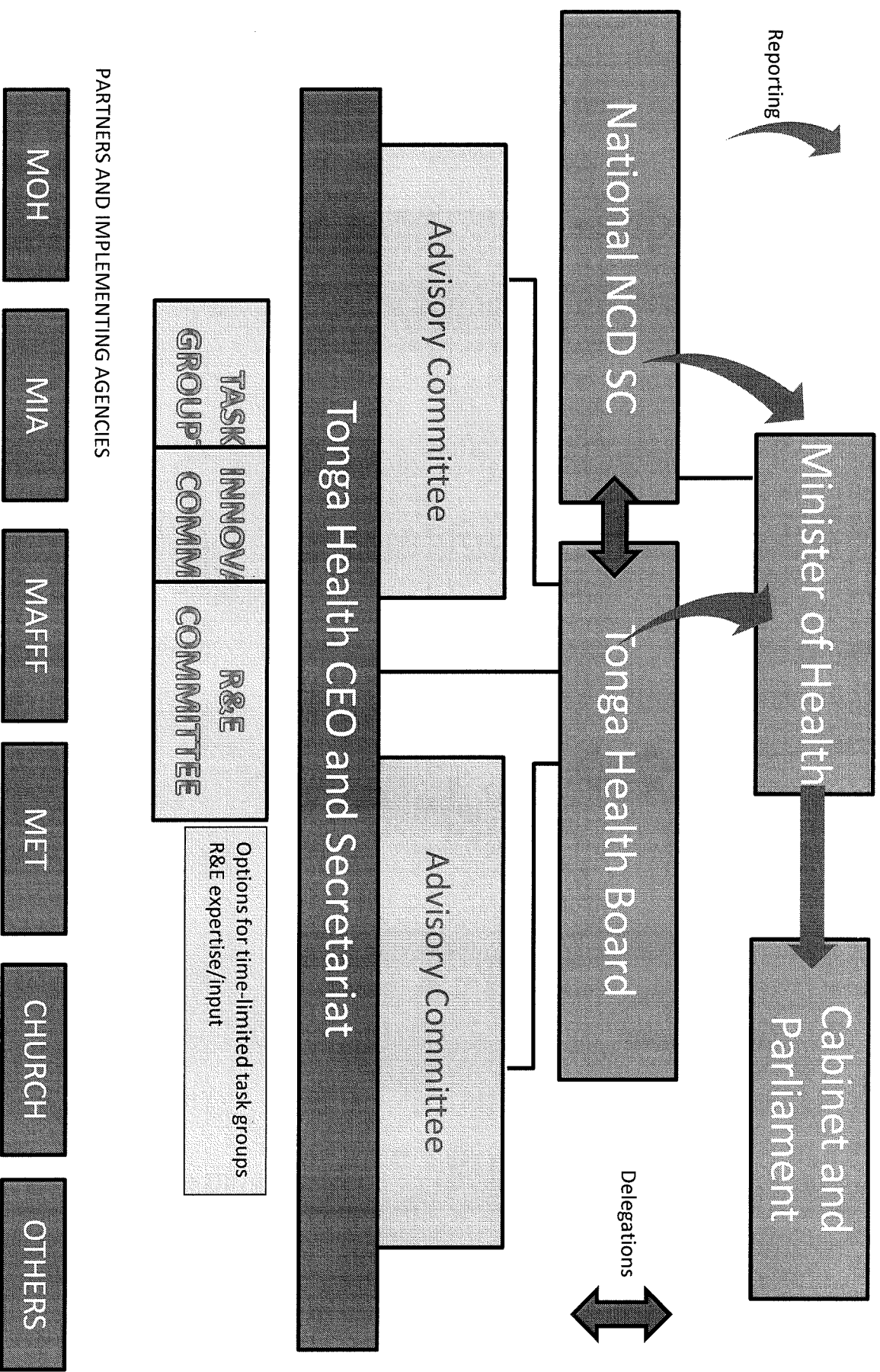
- i The rationale for delegating responsibility to TongaHealth is to streamline approval processes, maximise efficiency and minimise the NNCCDC involvement in detailed processing required for the implementation of the National Strategy for Preventing and Controlling NCDs in Tonga.
- ii All delegations must be approved by the NNCCDC within the framework set by the Cabinet Terms of Reference.
- iii A review of delegations will be held annually in accordance with reporting on outcomes. Any revoking of delegations requires a three-month advance notification by the NNCCDC to TongaHealth Board and an agreed change process.
- iv The TongaHealth Board may recommend, for ratification by the NNCCDC, changes to delegation levels.
- v The TongaHealth Board in accordance with the *Tonga Health Promotion Act 2007*, other applicable legislation, and TongaHealth's Governance Manual will also apply its own Delegations of Authority policy, which will be consistent with this policy.
- vi The process for updating the register of delegations involves a review of the Chart every year and a continuous process of adjustment according to revisions of policy and changes in responsibility. The TongaHealth CEO is responsible for ensuring revisions are documented and the updated Chart circulated to the NNCCDC, TongaHealth Board, Advisory Committees and staff.

## 2. Delegations chart – operations

RESPONSIBILITIES	ADVISORY COMMITTEE	TONGAHEALTH BOARD	NNCDC
<b>GOVERNANCE</b>			
<b>Strategic Planning - 5 Year National NCD Strategy 2015-2020</b>	Recommend	Review and Recommend	Approve
<b>Annual report (prepared by TH board)</b>		Recommend	Approve
<b>Annual Accounts (TH board reports to Minister of Health)</b>		Approve	Note
<b>TongaHealth Delegation of Authority Policy</b>		Approve (board and CEO)	
<b>Annual Planning</b>	Recommend (with CEO TH)	Approve and Recommend	Approve
<b>FINANCE</b>			
<b>Annual Budget</b>	Recommend (with CEO TH)	Approve and Recommend	Approve
<b>Global Allocation to Priority Areas</b>			
<b>Grants approval more than or equal to TOP100,000</b>	Recommend	Approve and Recommend	Approve
<b>Grants approval less than TOP100,000</b>	Recommend with CEO; Taskforce Committee	Approve in accordance with THB Governance manual & Advisory Committee policies	

The following functions are the responsibility of TongaHealth and should be in accordance with the most current version of the TongaHealth Delegations of Authority Policy and Administration Policies:

- i. Organisational development
- ii. Human resources
- iii. Financial management
- iv. Community Relations
- v. Information Technology
- vi. Purchasing



## PROPOSED GOVERNANCE MODEL 2014



## **Annex A: End of Term Review of the HalaFononga National NCD Strategy : 2015 - Terms of Reference**

### **1. Background**

In January 2015, TongaHealth was appointed to the role of secretariat to the National Communicable Disease Committee, and as a result is responsible for the co-ordinating the design of the National NCD Strategy to Control and Prevent NCDs 2015-2020.

Important to the effective design of the new NCD strategy is the completion of the end of term review of the existing strategy, the HalaFononga National Strategy to Prevent and Control Non Communicable Disease 2010-2015 (HalaFononga)

A mid-term review of the strategy conducted in 2012 assessed in detail structural and governance issues relating to the delivery of NCD prevention and control in Tonga, leading to major reforms. This end of term review may comment on progress against the recommendations of the mid-term review but should primarily seek to understand the strengths and weaknesses of the major activities (policy and program) that have been delivered under the HalaFononga and the implications of these strengths and weaknesses for the new strategy.

### **2. Objectives of the end of term review**

- i. To map the major activities (policy and programs) delivered under the HalaFononga
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  - a. Lessons learnt about design, implementing and reporting challenges that can inform and strengthen the design and implementation of the new strategy
  - b. Strengths and opportunities that can be built upon to improve the effectiveness of the new strategy
  - c. Draft proposed changes to the Health Promotion Act to accommodate new delegations to TongaHealth in the new governance structure of NCD work.

### **3. The process**

The consultant will undertake a three-step process to complete steps one and two:

- i. Review relevant documents relating to the design, delivery and impact of the strategy and activities under the HalaFononga
- ii. Undertake key informant interviews
- iii. Conduct mapping and review workshops with the members of the major factor advisory groups

The final step (report write up) will be based on the outcomes of the above steps and will be submitted to the CEO of TongaHealth for approval.

### **4. Background Documents for review**

Background documents provided will include but not be limited to:

- 2014 STEPS survey
- Millennium Acceleration Framework
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- Health Promotion Stocktake (not provided for consultation)
- Technical documents written to guide the development of the new NCD Strategy
- Completion reports relating to other major NCD prevention and control programs as identified through TongaHealth health in all policy mapping

## **5. Key informants**

CEO, Ministry of Health, Dr Siale 'Akau'ola,

CEO, Ministry of Revenue and Customs, Mr 'Anisi Bloomfield

CEO, Ministry of Education & Training

CEO, TongaHealth

Chairs of the Advisory Committees (CEO MAFFF/CEO MIA/Drew Havea/Sione Taumoefolau)

Dr Li Dan, WHO Country Liaison

Dr Paula Vivili, Secretariat of the Pacific Community (via email)

Dr 'OfaTukia, Medical Officer in Charge, HPU

Dr Veisia Matoto, Medical Officer in Charge, Diabetic Clinic

'Ana Kavaefiafi, Chair of the Physical Activity sub-Committee

At least 3-5 recipients of grants (1 recipient at village level, 1 at sports –received equipment, 1 – community group, etc)

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**Annex B:** Memorandum of Understanding (MOU) between NNCD and TongaHealth.

## Annex C: Membership and Terms of Reference for each Advisory Committee

### 1. Physical Activity Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
Ministry of Internal Affairs	To be confirmed	CEO (Chairman)
Ministry of Health	Dr Toakase Fakakovikaetau	THSSP 1
	Dr Fusi Fifita	Dental Department
	'Eva Mafi	HPU
	Seilini Soakai	NCD Nurse
Ministry of Lands, etc	Taniela Kula	
Ministry Education	'Isikeli Oko	
Ministry of Infrastructure	Sione Polota	
Ministry of Customs & Revenue	Suliasi 'Aholelei	
TASANOC	To be confirmed	CEO (Acting)
HPCP	Rev. Fili Lilo	
Business sector Rep	Sports World Rep	To be confirmed
Teufaiva Gym	Tavake Fangupo	
TongaHealth	Monica Tu'ipulotu	Project Coordinator (Secretary)

#### 1.1 Terms of Reference

The Physical Activity Advisory Committee exists to support the design and implementation of the National NCD Strategy and will:

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCD Committee on evidence and statistics on policy and planning issues relating to physical activity
- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of physical activity programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Physical Activity Strategy and its implementation and evaluation
- Support the co-ordination of technical feedback and input from their organization and sector on physical activities as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the physical activity Strategy and its associated workplan
- Support advocacy strategies in relation to promoting the physical activity goals of the National NCD Strategy.

## 2. Healthy Eating Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
MAFFF	Losaline Ma'asi	CEO (Chairperson)
MAFFF – Fisheries	Vilimo Fakalolo	CEO
Ministry of Health	Dr Veisia Matoto	CMO, Diabetic Clinic
	'Elisiva Na'ati	Senior Nutritionist
	Dr 'Ofa Tukia	HPU
	Dr Maka Taumoepeau	Reproductive Health
Ministry of Finance & NP	Natalia Latu	
Ministry of Revenue & Customs	Lepaola Vaea	
Ministry of Education	'Isikeli Oko	
Statistics Department	'Ata'ata Finau	Government Statistician
Ministry of Labour and Commerce	Sandra Fifita	
Nishi Trading	Minolu Nishi	Mai e 5 Rep
Commercial business sector	Mele Afu	
LDS Welfare	Ane Ika	
TongaHealth	Monica Tu'ipulotu	Project Coordinator (Secretary)

### 2.1 Terms of Reference

The Healthy Eating Advisory Committee exists to support the design and implementation of the National NCD Strategy and will:

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCD Committee on evidence and statistics on policy and planning issues relating to healthy eating
- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of healthy eating programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Healthy Eating Strategy and its implementation and evaluation
- Support the co-ordination of technical feedback and input from their organization and sector on healthy eating as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the healthy eating Strategy and its associated workplan
- Support advocacy strategies in relation to promoting the healthy eating goals of the National NCD Strategy.

### 3. Tobacco Control Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
Tonga Red Cross Society	Sione Taumoeofolau	Secretary General (Chairman)
Ministry of Health	Dr 'Ofa Tukia	HPU
	'Eva Mafi	HPU
	Tupou Tu'ilautala	HPU
	Le'omolotu Havea	HPU
Ministry of Finance & NP	Natalia Latu	
Ministry of Police	Salote Tonga	
Ministry of Revenue & Customs	Michael Cokanasiga	
Ports Authority	Mele Lavemai	
Crown Law	Sione Sisifa	
Statistics Department	'Ata'ata Finau	Government Statistician
HPCP	Rev Laki Pifeleti	
Salvation Army	Sila Siufanga	
Youth Representative	Vanesa Lolohea	
TongaHealth	Viliami Tongamana	Senior Project Officer (Secretary)

#### 3.1 Terms of Reference

The Tobacco Control Advisory Committee exists to support the design and implementation of the National NCD Strategy and will:

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCD Committee on evidence and statistics on policy and planning issues relating to tobacco control
- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of tobacco control programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Tobacco Control Strategy and its implementation and evaluation, as well as legislative changes as appropriate
- Support the co-ordination of technical feedback and input from their organization and sector on tobacco control as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the Tobacco Control Strategy and its associated workplan
- Support advocacy strategies in relation to promoting the Tobacco Control goals of the National NCD Strategy, and social marketing campaign focusing on smoking cessation and prevention.

#### 4. Alcohol Harm Reduction Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
Civil Society	Drew Havea	Chairman
Ministry of Health	Dr Veisia Matoto	Diabetic Clinic
	Dr 'Ofa Tukia	HPU
Ministry of Education	'Isikeli Oko	
Ministry of Revenue & Customs	Michael Cokanasiga	
Crown Law	Sione Sisifa	
Tonga Police	Salote Tonga	
Ministry of Finance & NP	Natalia Latu	
Women's Crisis Centre	'Ofa Likiliki	
Youth Congress	Vanesa Lolohea	
Salvation Army	Sila Siufanga	
Tonga Family Health Asc	'Amelia Hoponoa	
Business sector Rep	Maliana Tohi	
Community Rep	Faiva Tu'ifua	District Officer, Kolofo'ou
TongaHealth	Viliani Tongamana	Senior Project Officer (Secretary)

##### 4.1 Terms of Reference

The Alcohol Harm Reduction Advisory Committee exists to support the design and implementation of the National NCD Strategy and will:

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCD Committee on evidence and statistics on policy and planning issues relating alcohol harm reduction and related issues
- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of alcohol harm reduction programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Alcohol Harm Reduction Strategy and its implementation and evaluation
- Support the co-ordination of technical feedback and input from their organization and sector on alcohol harm reduction as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the Alcohol Harm reduction Strategy and its associated workplan
- Support advocacy strategies in relation to promoting alcohol harm reduction strategies, and advocate for improved public policies and legislation.

## Annex C: Membership and Terms of Reference for each Advisory Committee

### 1. Physical Activity Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
Ministry of Internal Affairs	To be confirmed	CEO (Chairman)
Ministry of Health	Dr Toakase Fakakovikaetau	THSSP 1
	Dr Fusi Fifita	Dental Department
	'Eva Mafi	HPU
	Seilini Soakai	NCD Nurse
Ministry of Lands, etc	Taniela Kula	
Ministry Education	'Isikeli Oko	
Ministry of Infrastructure	Sione Polota	
Ministry of Customs & Revenue	Suliasi 'Aholelei	
TASANOC	To be confirmed	CEO (Acting)
HPCP	Rev. Fili Lilo	
Business sector Rep	Sports World Rep	To be confirmed
Teufaiva Gym	Tavake Fangupo	
TongaHealth	Monica Tu'ipulotu	Project Coordinator (Secretary)

#### 1.1 Terms of Reference

The Physical Activity Advisory Committee exists to support the design and implementation of the National NCD Strategy and will:

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCD Committee on evidence and statistics on policy and planning issues relating to physical activity
- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of physical activity programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Physical Activity Strategy and its implementation and evaluation
- Support the co-ordination of technical feedback and input from their organization and sector on physical activities as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the physical activity Strategy and its associated workplan
- Support advocacy strategies in relation to promoting the physical activity goals of the National NCD Strategy.



## 2. Healthy Eating Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
MAFFF	Losaline Ma'asi	CEO (Chairperson)
MAFFF – Fisheries	Vilimo Fakalolo	CEO
Ministry of Health	Dr Veisia Matoto	CMO, Diabetic Clinic
	'Elisiva Na'ati	Senior Nutritionist
	Dr 'Ofa Tukia	HPU
	Dr Maka Taumoepeau	Reproductive Health
Ministry of Finance & NP	Natalia Latu	
Ministry of Revenue & Customs	Lepaola Vaea	
Ministry of Education	'Isikeli Oko	
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Ministry of Labour and Commerce	Sandra Fifita	
Nishi Trading	Minolu Nishi	Mai e 5 Rep
Commercial business sector	Mele Afu	
LDS Welfare	Ane Ika	
TongaHealth	Monica Tu'ipulotu	Project Coordinator (Secretary)

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The Healthy Eating Advisory Committee exists to support the design and implementation of the National NCD Strategy and will:

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- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of healthy eating programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Healthy Eating Strategy and its implementation and evaluation
- Support the co-ordination of technical feedback and input from their organization and sector on healthy eating as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the healthy eating Strategy and its associated workplan
- Support advocacy strategies in relation to promoting the healthy eating goals of the National NCD Strategy.

### 3. Tobacco Control Advisory Committee Members (15)

Name of Ministry/ Organisation	Name of Member	Designation
Tonga Red Cross Society	Sione Taumoeofolau	Secretary General (Chairman)
Ministry of Health	Dr 'Ofa Tukia	HPU
	'Eva Mafi	HPU
	Tupou Tu'ilautala	HPU
	Le'omolotu Havea	HPU
Ministry of Finance & NP	Natalia Latu	
Ministry of Police	Salote Tonga	
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Salvation Army	Sila Siufanga	
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Name of Ministry/ Organisation	Name of Member	Designation
Civil Society	Drew Havea	Chairman
Ministry of Health	Dr Veisia Matoto	Diabetic Clinic
	Dr 'Ofa Tukia	HPU
Ministry of Education	'Isikeli Oko	
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- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCD Committee on evidence and statistics on policy and planning issues relating alcohol harm reduction and related issues
- Support the assessments by TongaHealth CEO and staff (subject to delegation levels) on the efficacy of alcohol harm reduction programs/projects seeking partnership grants and making recommendations to the TongaHealth Board for approval
- Lead communication and advocacy within their organization and sector about the importance and implications of the Alcohol Harm Reduction Strategy and its implementation and evaluation
- Support the co-ordination of technical feedback and input from their organization and sector on alcohol harm reduction as appropriate
- Liaise within their organization and sector as appropriate to strengthen the effective implementation of the Alcohol Harm reduction Strategy and its associated workplan
- Support advocacy strategies in relation to promoting alcohol harm reduction strategies, and advocate for improved public policies and legislation.