1. Adapting PEN: targeting those most at risk

Pacific island countries and areas have many health challenges in common, especially a high NCD burden. Nearly nine out of 10 people in the Pacific have NCD risk factors, such as smoking or sedentary lifestyles.

In some Pacific island countries and areas, more than 75% of adults are obese, nearly 50% of young people smoke and up to 40% of people over 25 have elevated blood-glucose levels.

Women’s groups conduct health screenings in Samoan communities to prevent and control noncommunicable diseases.

Following in-country assessments, WHO has supported the adaptation of the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings, also known as PEN, in Kiribati, Samoa, Solomon Islands and Tuvalu, to local needs. With technical support from WHO, country teams tailored PEN protocols and monitoring tools in accordance with each country’s essential drug list and cardiovascular disease (CVD) and diabetes guidelines. Through localized user-friendly protocols and streamlined diagnostic and management procedures for CVD risk screening and risk reduction, front-line health workers can now recognize early and manage diabetes cases and those with high CVD risk.

In support of PEN adaptation, WHO developed a cost-and-benefit calculator, an interactive spreadsheet that helps countries explore a range of adaptation options for using PEN protocols over a five-year period. The calculator guides countries in prioritizing and allocating resources for people who are most at risk for NCDs, and in projecting procurement and other needs. This approach has been used in Cook Islands, Fiji, Kiribati, Nauru, Solomon Islands and Tonga.

WHO is also continuing to support PEN Fa’a Samoa, a community-led adaptation of PEN protocols. The approach is now well established in Lalomalava and Vaisaulu villages, and expansion nationally is planned. Community action to reduce sugar and salt consumption is under way, backed by increased community awareness. Around 1250 people have had baseline risk assessments. Community health is now regularly monitored by volunteer women’s groups and health service staff. Work is ongoing to develop a monitoring and tracking system for PEN Fa’a Samoa that is linked with the development of national health information systems.