Tonga Commitment to Promote Healthy Lifestyles and Supportive Environment

Meeting of Ministers of Health for the Pacific Island Countries
Nuku’alofa, Tonga, 9-13 March 2003

World Health Organization
Western Pacific Region

Healthy Islands

Secretariat of the Pacific Community
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FOREWORD

The WHO Regional Office for the Western Pacific, in collaboration with the Secretariat of the Pacific Community, organized the Meeting of Ministers of Health for the Pacific Island Countries at Nuku’alofa, Kingdom of Tonga, from 9 to 13 March 2003. The meeting was graciously hosted by the Royal Government of Tonga with His Majesty honouring the opening session with His Royal presence.

“Healthy Islands” as the unifying theme for health protection and health promotion in the Pacific reflects the comprehensive and integrated approach to health of the WHO Regional Office for the Western Pacific. This meeting of Ministers of Health is the fifth in a series that began in Yanuca Island, Fiji in 1995, and continued in Rarotonga, Cook Islands in 1997, in Koror, Republic of Palau in 1999, and Madang, Papua New Guinea in 2001. Since 1995, the “Healthy Islands” concept has evolved and expanded, beginning with the delineation of the various elements that comprise it, and progressing towards the development of strategies for implementation and incorporation of the approach into the mainstream of public health. We intend to take the process a step further at this meeting, as we attempt to translate the “Healthy Islands” approach into concrete actions to address the common health problems within the Pacific that arise from unhealthy lifestyle choices. It is our hope that through the development of a coordinated Pacific Islands Plan of Action for Healthy Lifestyles and Supportive Environments, we can, together, demonstrate measurable and substantial impacts on health and lifestyle indicators within the next five years.

Through partnerships with our Member States, and political commitment generated by consensus and mutual encouragement, it is possible to re-shape the political, social and physical environments so that Pacific islanders are empowered, enabled and supported to make healthy lifestyle choices. In turn, this behavioural shift should translate into observable health and economic benefits over time. Thus, by investing in supportive environments as outlined in the Tonga Commitment, the major risks to health are minimized and prevented, as Pacific islanders move closer to attaining the vision of “Health for All”, through the “Pacific way.”
In the 21st century, with the rapid influx of developments in health technology, health systems, and information and communication, the ability of all stakeholders in the Pacific to coordinate their efforts and build on each other’s strengths is critical. Working together with its Pacific island Member States, WHO is strongly committed to the pursuit of this vision. WHO also welcomes the continuing collaboration with the Secretariat of the Pacific Community and other partners so that Member States are fully supported in this endeavour. With the Tonga Commitment pointing us towards the right direction, I am confident that we can get the job done together. I look forward to the next Ministers of Health meeting, to measure progress and evaluate our success in achieving “Healthy Islands”.

Shigeru Omi, MD, Ph.D.
Regional Director
World Health Organization
Regional Office for the Western Pacific
FOREWORD

Since the meeting of Health Ministers in Fiji in 1995, the concept of “Healthy Islands” has been a unifying theme for public health action in the Region, and commitment to this concept has been reinforced at subsequent meetings in the Cook Islands, Palau and Papua New Guinea. The Meeting of Ministers held in the Kingdom of Tonga from 9 to 13 March 2003 was a further substantial step towards better protection and promotion of the health of Pacific communities, through its focus on operationalizing the “Healthy Islands” concept. It was also another excellent example of what can be achieved through the active collaboration of Pacific island countries and areas, the Secretariat of the Pacific Community (SPC), the WHO Western Pacific Regional Office, and other regional bodies.

The Tonga Commitment provides a clear way forward for countries, areas and regional organizations, guiding us as we move towards the reality of “Healthy Islands”. It consists of clear and practical action steps, and a commitment to action during the two years leading up to the next meeting of Ministers of Health.

The SPC has been, and continues to be, committed to working with Pacific island countries and areas, WHO and other partners to achieve the goal of “Healthy Islands”. The Tonga Commitment provides SPC with a guide and mandate for moving forward. Importantly, the focus
on lifestyle health issues, and support for SPC’s actions and plans in areas such as the prevention of noncommunicable diseases, environmental health, HIV/AIDS and communicable disease surveillance, are also endorsements of the directions being followed by SPC, under its new Corporate and Public Health Programme Strategic Plans.

The concept of “Healthy Islands” continues to be central to the work of SPC and its Public Health Programme Strategic Plan. The SPC is committed to playing an active part in the Region’s implementation of the Tonga Commitment, and to working closely with countries and areas and our regional partners such as WHO for the betterment of public health in the Pacific.

Yves Corbel
Deputy Director-General
Secretariat of the Pacific Community
TONGA COMMITMENT TO PROMOTE HEALTHY LIFESTYLES AND SUPPORTIVE ENVIRONMENTS

Four meetings of Ministers of Health of the Pacific island countries and areas were held between 1995 and 2001 to operationalize the concept of Healthy Islands, with emphasis on health protection and health promotion.

Pacific island countries and areas, big or small, have distinct characteristics which are unique. Isolation from the continental countries, uncertain economies, and globalization which has already threatened their cherished heritage and age-old practices make island countries particularly wary of health issues.

Various factors which were alien until a few decades ago are now threatening the health status of the coming generation.

Healthy lifestyles are being eroded, and an unhealthy environment complicates issues further. Diets are rapidly changing with a predominance of imported and convenience foods. Physical activity is declining rapidly. Tobacco consumption (smoked and chewed) is rising among both men and women, and is accessible to children and teenagers. Mental health, sexual behaviour, tobacco and substance abuse, are having negative influences.

An obvious trend being experienced throughout the Pacific is the increasing prevalence of obesity and noncommunicable
diseases (NCDs) including diabetes. There needs to be a greater political and individual will to face such problems now when the degradation can be countered, or at least limited.

Commitment is required:

• to identify, advocate for, and implement plans to address the environmental factors that hold back healthy lifestyles, working across many sectors to achieve this;

• to assess risks and develop resource mobilization, allocation and action plans to promote healthy lifestyles, supportive environments, and clinical prevention services; and

• to set up plans with a clear vision and a set of quantifiable objectives within a given time-frame.

Although the Healthy Islands concept has continued to expand, it remains difficult to assess progress in individual countries.

It is in this context that it was decided that the meeting of Health Ministers in the Pacific held in Tonga in March 2003 should have one unifying theme of “Healthy Lifestyles”, which is a priority for the Pacific, while building upon the 2002 World Health Report on Risks to Health and the Healthy Islands Vision.
CONCLUSIONS AND RECOMMENDATIONS: MEETING OF MINISTERS OF HEALTH FOR THE PACIFIC ISLANDS

INTRODUCTION

The meeting of Ministers of Health for the Pacific Island Countries held in Tonga was the fifth meeting since 1995 with the goal of Healthy Islands in mind.

The overall theme focussed on healthy lifestyles and supportive environments. The burden of NCDs (including diabetes) was reviewed:

- Type 2 diabetes appears in Pacific island countries at levels that exceed most other countries in the world. Rates in countries with repeat surveys have shown as much as a doubling in as short a span as two decades.
- Cardiovascular disease is the predominant cause of death in most Pacific island countries.
- Obesity is so common in Pacific societies as to appear normal. Overweight and obesity have been recorded at levels that exceed 80% (males) and 90% (females) of the adult population, and is being increasingly recorded in children.
- Tobacco use is high across the Pacific and is recorded at levels as high as 70% of the adult male population.
- Up to 60% of the health budget in some countries of the Pacific is spent on overseas referrals of patients, often with chronic disease, particularly diabetes.
On the positive side, it was noted that the evidence for prevention is now overwhelming:

- Lifestyle interventions can reduce the incidence of Type 2 diabetes in high-risk populations by up to 58% in four to six years.
- Effective tobacco legislation can reduce tobacco use within one year and subsequently coronary mortality within the same period.
- Weight reduction through a combination of dietary and physical activity interventions can reduce obesity in high-risk populations within one year.
- Experience in the Pacific (Tonga) indicates that leg amputations can be reduced by 50% in six years and the control of chronic disease has thus the potential to make significant savings on overseas referrals.

As a long-term goal, the Ministries of Health of the Pacific island countries and areas aim to reduce the burden of avoidable NCDs through the development and implementation of comprehensive national NCD programmes as detailed below. They will report on progress on these actions during their next meeting in 2005.

The following are the conclusions and recommendations of the meeting:

**Recommendations**

1. **Stewardship and the role of the Ministry of Health**

   There was convincing proof that NCDs (including diabetes) are a major problem in the Pacific island countries. Diabetes levels exceed most other countries in the world. The rates of cardiovascular disease and obesity are alarming. Tobacco use is rampant.
Lifestyle interventions can reduce the incidence of NCDs. Comprehensive programmes with appropriate legislation are necessary.

It is expected that countries will report on the progress of these actions during their next meeting in 2005.

1. The STEPwise framework for NCD prevention and control (developed at this meeting and published in the detailed report1) is recommended as the fundamental basis for risk reduction in the priority NCDs in the Pacific island countries and areas.

2. Governments, through the Ministries of Health:
   • should develop a national NCD plan based on this template;
   • should set up intersectoral mechanisms (including with other government ministries, nongovernmental organizations (NGOs), and the private sector) for informing society of these commitments and involving them in implementing the plan;
   • should assess the potential health impact of proposed public policies as an integral part of public decision making; and
   • will report on progress at the next Ministers of Health Meeting in 2005.

3. Appropriate financial resources should be re-allocated for NCD control according to the framework of the STEPwise approach to NCD prevention and control.

Member States should adopt a regional approach to specific elements of the response to NCDs which would cover such areas as research, laboratory testing, surveillance, evaluation, and cross-border issues.

Progress indicators:

1. Number of countries that have endorsed a national NCD plan with an inter-sectoral mechanism for implementation of the NCD plan.

2. Number of countries that have published a health impact assessment of at least one area of public policy.

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1 Report of the Meeting of the Ministers of Health for the Pacific Island Countries, Nuku'alofa, Kingdom of Tonga, 9-13 March 2003
3. Number of countries that have demonstration communities with projects that address NCD risk reduction (such as provision of infrastructure for physical activity, promotion of healthy diets, tobacco use, and alcohol misuse) and published a report on the process and impact of at least one such demonstration project.

4. Number of countries that have endorsed a national policy framework for health promotion.

5. Number of countries that have mechanisms for sustainable national financing mechanism for promoting healthy lifestyles.

2. Enabling Environment for Healthy Lifestyles

The strategies and interventions to ensure enabling environments for healthy lifestyles should focus on the following outcomes: healthy diets, increased physical activity, and tobacco-free lifestyle. Priority interventions which are feasible for countries to accomplish within the next two years are the following:

• Countries should collaborate in the development and implementation of the Global Strategy on Diet, Physical Activity and Health, with particular attention paid over the next two years on the following areas:
Healthy diets

§ National and community-level awareness-raising and advocacy for intervention.

§ Assessment of the nutritional value of local foods leading to the promotion of healthy traditional food use and cooking methods.

§ Development/updating and implementation of existing national food and nutrition policies and legislation that encompass food security, safety, marketing practices, labeling, and nutritional standards.

Progress indicators:

1. Number of countries with national and community-level advocacy and communications programmes to promote healthy diets.

2. Number of countries which have assessed the availability and consumption of food in relation to the promotion of healthy eating patterns.

3. Number of countries with food and nutrition policies and legislation in place.
Increased physical activity

§ National and community-level awareness-raising and advocacy for intervention.

§ Development and implementation of evidence-based national physical activity guidelines related to NCD policies.

§ Public communication using culturally appropriate messages.

Progress indicators:

1. Number of countries with culturally appropriate national and community-level advocacy and communications programmes to promote increased physical activity.

2. Number of countries implementing physical activity guidelines including behavioural and environmental changes.

• Countries need to achieve tobacco-free lifestyles through:

  o Mobilization of political and public support for the adoption and ratification of the FCTC.

  o Advocacy for, and development and implementation of comprehensive policy and legislation consistent with the FCTC.

Progress indicators:

1. Number of Pacific countries who have adopted and ratified the FCTC.

2. Number of countries developing or improving national tobacco control legislation.

• Countries need to initiate discussion on mechanisms to ensure sustainable financing for healthy lifestyle programmes.

  Progress indicator: Number of countries with a sustainable national financing mechanism for promoting healthy lifestyles.
• Communities should be consulted and encouraged to take the lead in developing and implementing strategies for healthy lifestyles; these strategies should take into consideration cultural norms and traditional approaches.

3. Surveillance and the management of diabetes and other noncommunicable diseases

Surveillance: risk and NCDs

• Defining indicators, determining data use and methods for disseminating information, and plans for provision of feedback to end-users (including data collectors) should be the first step in preparation for surveillance. Training should be implemented to strengthen these aspects.

• Simple and efficient in-country surveillance systems (including the upgrading of information technology systems) should be strengthened.

• The WHO STEPwise approach for NCD Surveillance (STEPS) should be adopted as the regional standard tool for NCD surveillance with the aim to improve and simplify information collection to assess trends in risk factors and NCDs.
• Aspects of NCD surveillance should be incorporated into the Pacific Public Health Surveillance Network (PPHSN).

Progress indicators:
1. Number of countries with NCD surveillance systems integrating data collection with data use.
2. Number of countries having undertaken STEPS surveillance activities, allowing by 2005 to set long-term population targets in risk factor reduction.

NCD and risk factor screening
• Screening programmes for risk factors and NCDs should only be conducted after consideration of the availability of resources for primary and secondary interventions, including proper counselling.
• Guidelines for screening should be established, which specify target groups, cut-off levels, referral systems and follow-up.
• Screening programmes should address several key risk factors at the same time to improve their cost-effectiveness.

Progress indicator: Number of countries having guideline-based screening programmes for diabetes and hypertension.

Management of diabetes and other NCDs
• Strengthening the capacity of community health care for diabetes and other NCDs should be done through the development and implementation of protocols and standards for care and patient education, and training.
• An integrated approach should be introduced to manage diabetes together with other NCDs such as cardiovascular disease and hypertension.
• Mechanisms of quality assurance, such as process and impact evaluation, should be integrated into NCD management.
• Tertiary care services should be provided according to protocols and guidelines.
• Coordination and criteria for tertiary care components such as
overseas referrals, visiting specialists, and training of local specialists should be established.

Progress indicators:

1. Number of countries using comprehensive NCD management guidelines (this includes national adoption, trained health workers, and having carried out at least one audit).

2. Number of countries showing a reduction in diabetes-related amputations.

3. Number of countries that have an active palliative care programme for terminally ill patients.
OTHER MAJOR ISSUES

The meeting in addition discussed the following:

- Mental health
- Environmental health
- HIV/AIDS
- Surveillance

It was observed that a well-developed mental health programme is much more broad in scope than treatment and rehabilitation of mental disorders. The increasing incidence of suicides, substance abuse, etc., all point to the need to increase availability of services. The training of health workers in mental health is inadequate. It was decided that training of nurses in mental health and psychiatric care, as well as counselling, needs urgent attention. There is also an urgent need to develop or update mental health policies and legislation.

A main challenge for environmental health programmes in the Pacific is to develop national strategies and generate effective local action, which will contribute to the achievement of the United Nations Millennium Development Goals (MDGs) related to water and sanitation, as well as working with the community to reduce environment health risks specific to those communities and the Pacific island countries and areas. Specific priorities identified were the development of national and local environmental health action plans, establishment of national standards for drinking water quality and sanitation facilities and associated monitoring programmes, protection of water sources from contamination, capacity building within the community and the workforce to better identify and manage environmental health risks, and development and maintenance of database on water, sanitation and environmental health activities.

HIV/AIDS was an area of concern to many. Except in a few countries, the number of affected persons is low. Given the concern of sexually-transmitted infection (STI) risk, complacency about HIV/AIDS is dangerous. Considerable efforts have to be made to intensify efforts
where it is a public health threat and to prevent it from becoming one in others. With the availability of funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the continued efforts of WHO, SPC, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other partners, it is hoped that Pacific island countries will be able to contain this problem.

It was acknowledged that the PPHSN continues to play an essential public health role in the Region. The importance of strengthening the capacity of the PPHSN through the coordinating body focal point at SPC has been recognized. The meeting strongly supported SPC’s efforts to identify funding to achieve this strengthened capacity to assist countries in responding rapidly to significant communicable diseases outbreaks.
Future

Pacific island countries and areas have many things in common, not only their health problems but also the hurdles they have to cross. The feeling of commonality helps in finding solutions which are common, whether it is manpower, logistics or other resources, it necessarily follows the same approach. The agencies that work in assisting the countries have to understand this factor.

The problems being similar, the solutions cannot be very dissimilar. The Pacific island countries will have to work together. The governments must give greater priority to health. There has to be greater commitment at all levels.

Countries should prioritize their health problems and solve them as an integral part of the total socio-economic development strategy in order to achieve the true concept of “Healthy Islands”. In doing so, countries have to set the time span for achieving their objectives and wherever feasible set realistic targets.
## PARTICIPANTS

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