

HALA FONONGA

PATH To GOOD HEALTH

KI HA TONGA MO'UI LELEI



NATIONAL STRATEGY FOR PREVENTION AND
CONTROL OF NON-COMMUNICABLE DISEASES

2015-2020



National Non-Communicable Diseases Committee



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Acronyms

ADB	Asian Development Bank
CEO	Chief Executive Officer
DFAT	Department of Foreign Affairs and Trade, Australian Government
FCTC	Framework Convention on Tobacco Control
HPU	Health Promotion Unit
INHPF	International Network of Health Promotion Foundations
MAFFF	Ministry of Agriculture, Forestry & Food and Fisheries
MDG	United Nations Millennium Development Goals
M&E	Monitoring and Evaluation
MET	Ministry of Education and Training
MIA	Ministry of Internal Affairs
MOH	Ministry of Health
MOP	Ministry of Police
MOU	Memorandum of Understanding
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NNCDC	National Non-Communicable Diseases Committee
SDG	United Nations Sustainable Development Goals
SPC	Secretariat of the Pacific Community
STEPS	STEPwise approach
TongaHealth	Tonga Health Promotion Foundation
TOR	Terms of Reference
TSDF	Tonga Strategic Development Framework
UN	United Nations
VicHealth	Victoria Health Promotion Foundation
WHO	World Health Organization

Foreword

The vision for the Tonga Strategic Development Framework is, “a more progressive Tonga supporting a higher quality of life for all”.

A healthy, productive population is the cornerstone for achieving this vision, which is why Tonga remains committed to strengthening our fight against our biggest killer: Non-communicable disease (NCDs).

99% of the Tongan adult population is at medium or high risk of developing a NCD. We are one of the most at risk populations globally and NCDs such as diabetes and heart disease will continue to cripple our families, our communities and our nation unless we continue to commit to strong and decisive action.



Tonga has a history of taking progressive action to tackle NCDs:

- In 2004, Tonga was the first Pacific Island Country to launch a National NCDs strategy.
- In 2007, Tonga was the first Pacific island Country to set up an autonomous body to address NCDs – The Tonga Health Promotion Foundation (TongaHealth).
- In 2013, Tonga was awarded the WHO ‘Healthy Islands Recognition-Best practice’ award for the “Kau Mai Tonga” women’s physical activity program.
- In 2014, Tonga received a ‘World No Tobacco Day Award’ for its tobacco tax measures.
- In 2014 Tonga was the first Pacific Island Country to publish our second NCDs STEPS report.

Despite these positive steps, much more needs to be done and NCDs must be kept at the forefront of the agenda for Government, donor partners, civil society, Churches, the community, families and individuals if we are to progress and prosper together as a nation. We cannot and must not “tinker at the edges” of this crisis.

The introduction of the Tonga National Strategy to Prevent and Control NCDs 2015-2020 is an opportunity to continue Tonga’s commitment to progressive good practice. The strategy uses a mix of policy and program to address the multiple layers that influence NCDs, including the impact of a complex global economy on what we eat, drink, our consumption of tobacco and how we move.

“*God and Tonga are my inheritance*” means we commit to building a culture and society that supports health and wellbeing and that does not compromise the ability of future generations to meet their own needs by raising them in an environment that makes lifestyles that lead to premature death and disability normal.

May the launch of this strategy be a call to arms for all of us to work hard and to work together for a stronger, healthier, happier and more productive Tonga.



Hon. Dr. Saia Ma'u Piukala
Minister for Health

Remarks from the Chairman, National NCDs Committee

The Sustainable Development Goals call for a one-third reduction in NCDs by 2030.

This is an ambitious goal for Tonga, not only because 99% of our adult population is at risk of NCDs but because the health status of our young people represents an alarming 'pipeline of disease'. Many of our children are already overweight; levels of smoking continue to be high amongst young men and are growing alarmingly amongst young women and 63% of our young people have tried alcohol by age 14.

In addition, it is now well established that NCDs in adulthood are influenced by factors such as nutrition and maternal diabetes during fetal development and early childhood, and that these factors establish the trajectory of NCDs risk throughout a person's life¹.



Tonga has been tackling NCDs prevention and control for over ten years. The Tonga NCDs Strategy 2015-2020 builds on the expertise and knowledge of implementing partners whilst taking into account global guidelines to focus on good practice, feasible actions that address the whole population but place a clear emphasis on young people and a healthy start to life. Actions include:

- Targeted interventions that support healthier pregnancy and first 2 years of life.
- Policy action for pro-active management of the growing complexities of living in a global economy that have led to changes in the Tongan diet and lifestyle.
- Introduction of an intensive mass media and community mobilisation nutrition campaign.
- Strengthened implementation of the Framework Convention on Tobacco Control, including launching our first mass media campaign and cessation service.
- Expansion of community based physical activity initiatives.

Because all strategies rely on effective implementation, for the first time Tonga's NCDs Strategy will be supported through a secretariat function, the Tonga Health Promotion Foundation (TongaHealth) whose role is to support implementation effectiveness. Consistent with the Tonga Strategic Development Framework Organisational Outcome 2.6 which calls for "*a stronger and more integrated approach by all parts of society to address non-communicable disease*", the secretariat's role will include harmonising funding streams for NCDs prevention, strengthening communication and collaboration among implementing partners and strengthening the monitoring, evaluation and reporting of progress. Introduction of the secretariat is an innovative first for the Pacific.

Turning the tide on non-communicable disease is in our hands. Whether you are a Minister of Cabinet, CEO, teacher, farmer, employed or unemployed you can make a change. In particular, we must make a change for our young so that they grow up in a society, community and family that values and cherishes the life and body that God gave us.

Malo 'aupito,



Dr. Siale 'Akau'ola
Chairman NNCD

¹https://www.niehs.nih.gov/news/newsletter/2012/6/science-origins/file72241_508.pdf

Acknowledgement

The ongoing leadership and support of the Minister of Health, Hon. Saia Ma'u Piukala, to the prevention and control of NCDs and the design and implementation of this NCDs Strategy 2015-2020 is highly commendable.

The contribution of TongaHealth Board members, TongaHealth CEO and staff in undertaking the design of this Strategy is greatly appreciated. Special thanks are extended to Sara Gloede, NCDs Adviser at the Ministry of Health for her guidance and assistance to TongaHealth during the design of this Strategy, and preparation of this Strategy report.

Members of the National NCDs Committee under the leadership of the Chairman, Dr Siale 'Akau'ola, and the four NCDs Advisory Committees and Task Force Groups have contributed enormously to the design of this NCDs Strategy report.

The leadership and support of Lord Tangi o Vaonukonuka, Chief Surgeon Specialist, the Medical Superintendent, Dr. Lisiate 'Ulufonua, Dr. Lei Saafi, Dr. Ma'ake Tupou, Dr. 'Amanaki Fakakovikaetau, Dr. Veisia Matoto, Dr. Taniela Palu, Dr. Toakase Fakakovikaetau, and Senior officials of the Ministry of Health is greatly appreciated. The support of Dr. Reynold 'Ofanoa, Chief Medical Officer Public Health, and Dr. 'Ofa Tukia, Head of the Health Promotion Unit (HPU) of the Ministry of Health and HPU staff is greatly appreciated.

Sincere appreciation is extended to our international partners for their ongoing support in undertaking this work. The Australian Government provided funding for the design of this Strategy and commits ongoing funding towards implementation. The Asian Development Bank (ADB) is supporting the delivery of Strategy 1.1. The World Health Organization (WHO) has provided invaluable technical support, peer review and financial support for printing of the Strategy. Sincere appreciation is extended to Dr. Li Dan (CLO/WHO, Nuku'alofa), Dr. Cherian Varghese (WHO, Geneva), Dr. Wendy Snowdon (WHO, Suva) and Dr. Ada Moadsiri (WHO, Suva). Sincere appreciation is also extended to Dr. Philayrath Phongsavan of the University of Sydney, a long-time supporter of Tonga, for her efforts in peer reviewing the Strategy document. The support of Dr. Paula Vivili and the SPC Public Health Team is also greatly appreciated.

Sincere appreciation is also extended to experts at VicHealth for commenting on the Strategy, as well as Professor Prakrit Vathesatogkit, Advisor to the International Network of Health Promotion Foundations (INHPF), and Executive Secretary for Action on Smoking, Health Foundation, Thailand, for taking time to go through the Tobacco Strategy, and offering useful comments.

Sincere thanks are extended to authors of various NCDs documents that were produced to help with the design of the Strategy.

This NCDs Strategy report is a result of many consultations and workshops with multi-sectoral stakeholders. The contributions of CEOs and senior officials of these multi-sectoral stakeholders including representatives of the Commercial Business Sector and the Community to this third National NCDs Strategy Report are greatly appreciated.

1. Background

1.1. The International and Regional Agenda for NCDs Prevention and Control

In May 2011, the UN convened a high-level meeting on the Prevention and Control of NCDs. This meeting reported that NCDs are now responsible for more deaths than all other causes combined. In addition, strong evidence links poverty, lack of education and other social determinants to such diseases and their risk factors, and increasingly low and middle-income countries are hardest hit by NCDs².

In September 2011, the Pacific Island Forum Leaders meeting declared that the Pacific is currently experiencing a NCDs crisis. Leaders expressed alarm that, “75 percent of all adult deaths in the Pacific are due to NCDs, the majority of whom are in the economically active age bracket and that many more times this number suffer severe side effects that undermine their capacity to contribute further to economic development”³.

In 2013, at the direction of the Forum Economic Ministers, the SPC, WB, WHO, Australia and New Zealand jointly prepared the ‘NCD Roadmap’ to guide Pacific Island Countries in the most effective use of resources to prevent and control NCDs. In 2014, at the inaugural Joint Forum Economic and Pacific Health Ministers Meeting, the ministers commit to five key strategies⁴:

- Strengthening tobacco control, including raising the excise duty to 70% of the retail price of cigarettes;
- Considering an increase in taxation of alcohol products as a way of reducing harmful alcohol consumption;
- Reducing consumption of food and drinks directly linked to obesity, heart disease and diabetes such as sugar-sweetened drinks, salty and fatty food (including through taxation measures);
- Improving the efficiency and impact of the health sector for prevention and early treatment;
- Strengthening the evidence base for better investment planning and programme effectiveness.

In 2013, the WHO launched the ‘Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020’. The global framework is supported by an aligned regional framework, the ‘Western Pacific Global Action Plan 2014-2020’. These documents provide guidelines for action that draw together key documents and initiatives; for example, the Economic Forum/WHO “From Burden to Best Buys” report, and the FCTC.

In September 2015, the UN launched the SDGs. SDG Goal 3 ‘Good health and wellbeing’ targets include; a one third reduction in premature mortality from NCDs by 2030, along with a commitment to strengthened implementation of the FCTC, and achieving universal coverage of health care services.

² United Nations (2011) http://www.un.org/en/ga/search/view_doc.asp?symbol=A/66/83&Lang=E

³ Secretariat of the Pacific Community (2011) http://www.spc.int/hpl/index.php?option=com_content&task=view&id=124

⁴ http://forumsec.org/resources/uploads/attachments/documents/2014_Joint_FEMM_PHMM_%20Meeting_Outcomes_Statement_July14_approvedbyMinisters1.pdf

1.2. NCDs Prevention and Control in the Kingdom of Tonga 2004-2015

In 2004, Tonga became the first Pacific Country to launch a National Strategy for the Prevention and Control of NCDs.

Since that time, Tonga has remained committed to multi-sectoral action for the prevention and control of NCDs, implementing both the 2004-09 and 2010-15 strategies through a multi-sectoral governance mechanism, the NNCCDC (Refer Annex 1). The NNCCDC has been advised and supported by four advisory committees for Healthy Eating, Physical Activity, Alcohol and Tobacco. The membership of these committees is made up of representatives from government, the private sector, NGOs, and civil society to engender a whole of society and people-centred approach to NCDs prevention and control (Refer Annex 5).

1.2.1. Achievements

There have been notable achievements, including:

- The strategic prioritisation of NCDs by the Government of Tonga through both the TSDF 2011-2014 and the TSDF 2015-2025.
- Strengthened implementation of the FCTC.
- Reductions in the prevalence of low levels of physical activity (STEPS 2014).
- Prioritisation of NCDs within the MDG Goal 6.
- Development of the MDG Acceleration Framework titled *Reducing the Incidence of NCDs in Tonga*, which identified key bottlenecks to effective implementation and recommendations for action.
- Establishment of TongaHealth to strengthen the definition and distribution of NCDs funding sources⁵.
- Achieving WHO recognition for work done in relation to tobacco taxation and interventions to increase women and girls physical activity.
- Strengthening of alcohol related legislation, including in relation to opening hours.
- Introduction of drink driving campaigns by the MOP.

1.2.2. Challenges

However, despite these efforts, NCDs remain a critical challenge, with the *'Kingdom of Tonga Health System Review'* noting that:

- 99.9% of Tongan adults aged 25-64 are at moderate to high risk of developing a NCD.
- In 2012, Tonga was ranked the third most overweight country in the world.
- Obesity and overweight is commonly occurring at younger ages.
- The percentage of the population with impaired fasting glycaemia rose by around 7% between 2004 and 2012.
- Raised cholesterol affects almost half the adult population.
- Almost one in two men are smoking, and smoking appears to be increasing amongst young women.
- The number of cases of lung and tracheal cancer has rapidly increased over the last 30 years and admissions for chronic obstructive pulmonary disease are growing.

⁵ Asia Pacific Observatory on Health Systems and Policies (2015) *The Kingdom of Tonga Health System Review* http://www.wpro.who.int/asia_pacific_observatory/hits/series/tonga_health_systems_review.pdf

1.2.3. Governance reform

It is well established that multi-sectoral action and co-operation underpins effective NCDs prevention. In 2004, the Tongan Cabinet committed to this principle by placing oversight of the NCDs prevention and control with the NNCCDC.

Reviews of the Tonga National NCDs Strategy 2010-2015 identified strong support for the NNCCDC and for a multi-sectoral strategy, but also found that critical governance and infrastructure gaps were impeding the implementation of NCDs prevention and control in Tonga. This finding was reinforced by the MDG Acceleration Framework titled *Reducing the Incidence of NCDs in Tonga* report, which found that 'inadequate co-ordination and cross-sectoral collaboration' was a key bottleneck in the successful implementation of NCDs prevention and control.

As a result, in August 2014, His Majesty's Cabinet approved the membership and revised TOR for the NNCCDC (Refer Annex 2) as well as a recommendation to establish TongaHealth in the role of secretariat to the NNCCDC, with the intention to establish:

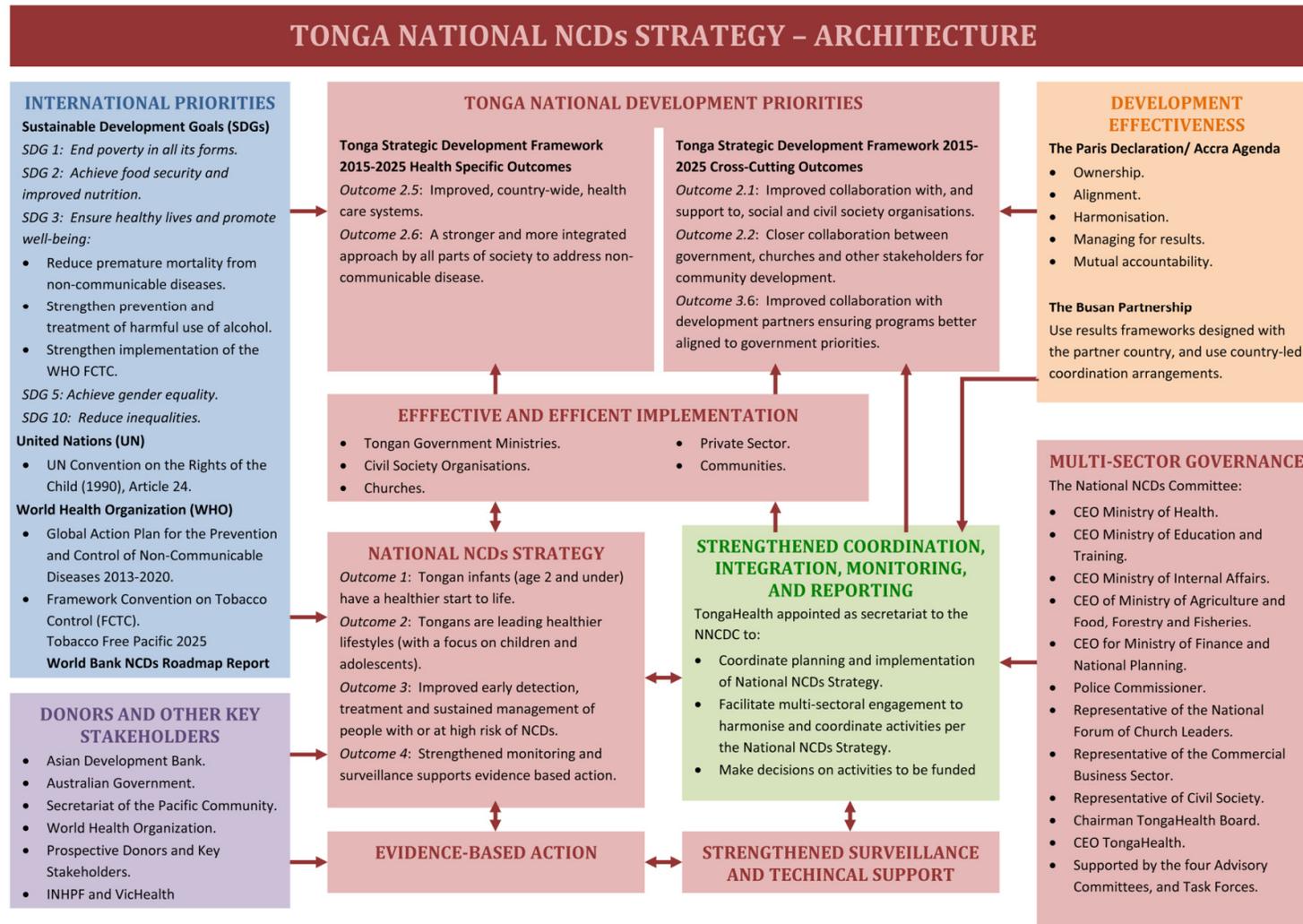
- A national over-sighting entity outside of any Ministry that is accountable to Cabinet and which has multi-sectoral engagement and inclusive representation.
- Operational capacity to coordinate the planning and distribution of funds for the implementation of activities.
- Simplified reporting structures with clear roles and responsibilities.

Establishing a dedicated secretariat is a strong and innovative move that is intended to support improvements in the way Tongan partners design, implement and report efforts to combat NCDs. In January 2015, the NNCCDC signed a MOU with TongaHealth, detailing roles, delegations, decision-making, and reporting processes (Refer Annex 4).

TongaHealth is governed by the TongaHealth Board according to the Health Promotion Foundation Act 2007, the Governance Manual, the MOU with the NNCCDC, and existing TongaHealth Policies. Members of the TongaHealth Board (Refer Annex 3a) are appointed by the Minister of Health, and include two representatives from health and illness prevention, one with expertise in business, management or law, one representing the interests of churches or community groups, and one member of the Legislative Assembly. The TongaHealth Board appoints a CEO to manage operations, as well as staff (Refer Annex 3b) to implement core functions of TongaHealth, as well as its new role of secretariat to the NNCCDC. TongaHealth in the reformed governance model for NCDs is tasked with establishing time-limited taskforce groups, to assist with specialised tasks related to the implementation of the NCDs Strategy. Two taskforce groups were established namely the Research Taskforce and a Monitoring & Evaluation Taskforce, to help identify research needs as well as prioritise monitoring and evaluation tools. (Refer Annex 8 and Annex 9).

Figure 1 outlines the roles of the secretariat and the alignment of the National NCDs Strategy 2015-2020 with national, regional and international priorities.

FIGURE 1: TONGA NATIONAL NCDs STRATEGY 2015-2020 ARCHITECTURE



2. Developing the Strategy for Prevention and Control of NCDs 2015-2020

2.1. Methodology

The National NCDs Strategy 2015-2020 sought to build on the successes of previous strategies whilst being mindful of areas that needed improvement, as identified through the NCDs Strategy 2010-2015 mid-term and end of term reviews, and the MDG Acceleration Framework bottleneck analysis.

As a result, the design process was a highly collaborative and iterative process that sought to develop a well prioritised, evidence-based and feasible strategy by:

- a. Aligning closely to international and regional evidence-based frameworks.
- b. Understanding and incorporating local evidence and expert perspectives.
- c. Understanding and aligning to implementing partners' existing strategic priorities.
- d. Establishing a robust and feasible monitoring and evaluation framework.

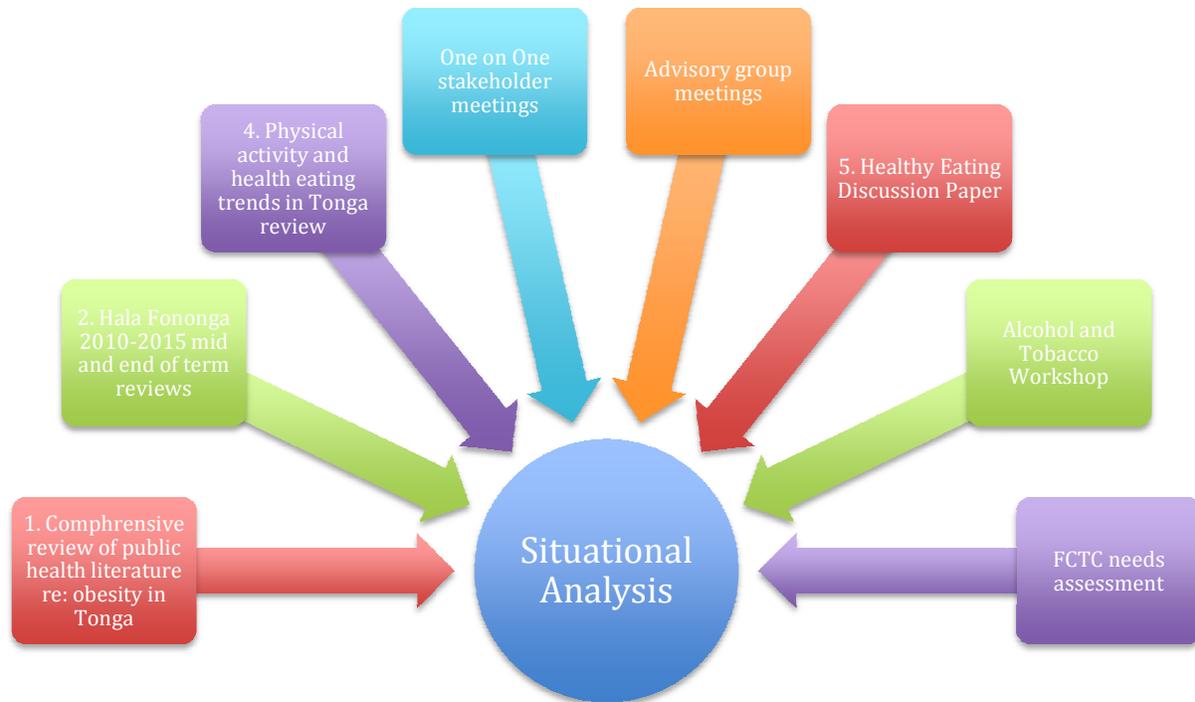
The NCDs Strategy 2015-2020 covers financial years 2015-2016 to 2019-2020, a period of five years, with implementation commencing in the second half of 2015-2016.

The NCDs Strategy 2015-2020 design was done through a multi-step and iterative process that is broadly outlined below:

- a. Healthy Eating and Physical Activity technical review papers were produced with strong leadership from the MOH (Refer Annex 7). These papers reviewed regional and local frameworks, local evidence, analysis and perspectives to identify priority areas for action, which included a Paper on Obesity, healthy eating and physical activity health trends in Tonga and the implications for the prevention and control of NCDs; A Public Health evidence paper related to obesity in Tonga- Literature review; and a Healthy Eating Discussion Paper (Refer Annex 7). These papers, along with an overarching summary of the key findings, are available at: <http://www.tongahealth.org/#!ncd-publications/c1uef>
- b. Ongoing one-on-one consultations and policy review were undertaken with implementing partners to refine goals and targets and to develop activities based on partners' strategic priorities and perspectives on feasibility and effectiveness.
- c. This process resulted in draft goals, actions and activities for healthy eating and physical activity that were reviewed by the advisory committees.
- d. With support from Dr. Ada Moadsiri from the WHO Pacific Technical Support group, workshops were held with the Tobacco and Alcohol Advisory Committees to establish goals, targets and activities for Tobacco Control and management of harmful use of Alcohol.
- e. An overview of the proposed goals, targets and activities across the four risk factors were peer reviewed by the WHO Division of Pacific Technical Support, the University of Sydney, VicHealth and an Adviser to the International Network of Health Promotion Foundations, before being presented to a Situational Analysis Group for review. The final draft of the NCDs Strategy 2015-2020 was then presented to the NNCD for comment and endorsement. Figure 2 gives an illustration of the input to the Situational Analysis Process, and membership in this Group is provided at Annex 6. A drafting committee (Refer Annex 10) was then tasked to prepare the Strategy Report, review and finalise the report for approval by the NNCD and printing.
- f. A comprehensive M&E framework was then developed through close collaboration with implementing partners to ensure the framework aligned to existing data collection and reporting processes. Where the process highlighted gaps in data and reporting, investment

was made by TongaHealth to bridge surveillance gaps and to support partners to strengthen their ability to collate and report data.

Figure 2: The Situational Analysis Process



2.2. Strategy Focus Areas

Whilst the NCDs Strategy 2015-2020 will continue to focus on tobacco use, unhealthy eating, harmful use of alcohol and physical inactivity across the population, investment and effort will be focused on areas and groups where it is anticipated the best long-term impact on reducing NCDs morbidity and mortality can be achieved.

a) Supporting Tongans to have a healthier start to life

One in four pregnant women and one in five women of reproductive age in the Western Pacific region are anaemic, which increases the risk of maternal mortality, fetal growth retardation, and prenatal mortality. There is growing evidence about the impact of under nutrition in the first 1000 days during pregnancy, infancy and young childhood on an individual's NCDs risk in later life⁶. Ensuring Tongan children have a healthy start to life is crucial to improving long-term NCDs outcomes.

b) Policy action to address environmental determinants

Given that 99% of the Tongan population is at moderate to high risk of NCDs, strong evidence-based action needs to be taken to address environmental determinants of disease. Interventions that seek to educate the population will have very limited effectiveness without taxation, policy, regulatory and infrastructure action that makes healthy options affordable and accessible

⁶ WHO (2014) <http://www.wpro.who.int/mediacentre/factsheets/nutrition/en/>

comparative to unhealthy options. Actions that alter the environment are also important in their ability to create sustainable change across age, social and economic demographics.

c) Tobacco and Unhealthy eating

Whilst physical activity and alcohol continue to be important, the strategy will weight investment towards addressing unhealthy eating as a critical and underserved contributor to the extremely high levels overweight, obesity and diabetes in Tonga. Ongoing strengthening of implementation of the FCTC will also be a key focus area.

d) Universal Coverage of essential services

Effective control of NCDs is critical to reducing NCDs morbidity and mortality. The NCDs Strategy 2015-2020 reflects the work being done by the MOH to strengthen NCDs control through universal coverage of essential services.

3. Implementing the Strategy

TongaHealth will support partners overcome identified challenges such as a lack of co-ordination and confusion over roles and responsibilities. TongaHealth will also provide funding to strengthen the project management processes required for effective and efficient delivery of the NCDs Strategy 2015-2020.

This will include:

- a. Working with partners to develop annual work-plans and budgets.
- b. Simplifying and strengthening monitoring and evaluation processes.
- c. Introducing a participatory annual review process to drive performance-based funding.
- d. Providing ongoing training and support as required in key areas such as monitoring and evaluation, financial management, and child protection.
- e. Making key project management information publically available for increased transparency and accountability.
- f. Providing funding to bridge identified evidence gaps.
- g. Strengthening consideration of gender, equity and social inclusion through the work planning process.
- h. Facilitating consistent communication between stakeholders.
- i. Ensuring principles of sustainability are imbedded into the planning process.
- j. Adopting an 'action-research' approach so that programs remain flexible and responsive to monitoring and evaluation data and that evidence about effectiveness for NCDs prevention and control will build over the life of the NCDs Strategy 2015-2020.

For further information, please visit: <http://www.tongahealth.org/#!ncd-publications/c1uef>

4. National Strategy for prevention and control of NCDs (Hala Fononga ki ha Tonga Mo'ui Lelei) 2015-2020

Vision	Goal	Indicator/s	Data source
Stronger integrated approaches to address non-communicable diseases result in reduced premature death, illness and disability	Positive trends in Tonga's performance against a relevant NCDs environment policy index that measures key influences like funding and resources, health-in-all-policy, leadership and governance	1. NCDs policy environment index developed 2. Trends in Tonga's performance against its policy environment index	TongaHealth
	Positive trends in the effectiveness of NCDs related multi-sectoral partnership in delivering against NCDs strategy goals	1. Positive trends in implementing partners satisfaction with NCDs partnership governance 2. Positive trends in the on-time and on-budget delivery of NCDs Workplan 3. Positive trends in performance against impact and outcome indicators 4. Number of National NCDs governance and Advisory Committee meetings	Annual survey, NNCDCA Annual Report
Long term outcome (5+ years)			
The incidence and prevalence of NCDs is reduced	A reduction in the unconditional probability of dying between age 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	% of STEPS survey respondents with 1-2 (medium risk) or 3-5 (high risk) risk factors	STEPS 2014
		Prevalence of raised blood glucose/ diabetes among persons aged 18+ years	STEPS 2014
		Prevalence of raised blood pressure amongst persons 18+	STEPS 2014
		Prevalence of raised cholesterol among persons aged 18+	STEPS 2014
		Cancer incidence, by type of cancer, per 100 000 population	Ministry of Health Cancer registry
		Incidence of Chronic obstructive pulmonary disease (COPD) per 100 000 population	Ministry of Health

2020 Outcome 1: Tongan infants (age 2 and under) have a healthier start to life

	Indicator/s	Source
	<ol style="list-style-type: none"> 1. Trends in infant consumption of healthy and unhealthy foods (to be defined) 2. Rates of exclusive breastfeeding until 6 months 3. Rates of breastfeeding along with complementary feeding up to age 2 	Reproductive nursing data
	Trends in the prevalence of gestational mothers with GDM or Type 2 diabetes	GDM Taskforce screening (October 2015-March 2016 baseline, 2020 evaluation).

Strategy 1.1 Halt the number of babies exposed to the risks associated with being born to a mother with diabetes (GDM or Type 2)			
Goal	Activity	Indicator/s	Source
Halt the % of gestational mothers with GDM or Type 2 diabetes		% of pregnant women with GDM or Type 2 diabetes disaggregated by age	GDM Taskforce data (October 2015-March 2016 baseline, October 2019-March 2020 evaluation).
Reduce diabetes related maternal and infant mortality and morbidity		Trends in diabetes related maternal and infant mortality and morbidity (e.g. macrosomic, hypoglaecemia, congenital malformation)	Obstetric and Special Care nursery data
		Proportion of GDM mothers who develop Type 2 diabetes within 5 years of delivery	Diabetes clinic data
	Implement the 'First 1000' days program to improve maternal and community KAB in relation to healthy pregnancy and the first 2 years of life	<ol style="list-style-type: none"> 1. % change in women and community knowledge and attitudes 2. Reduction of the rate and degree of excessive weight gain during pregnancy 3. Positive trends in level of overweight or obesity amongst mothers of children aged 2 or younger 4. % reduction in births that are hi-risk due to inadequate spacing (less than 2 years) or multiple births (5th birth or 	<ol style="list-style-type: none"> 1. 'First 1000' days program pre/post survey 2. Ante-natal clinic data 3-4. Reproductive nursing data

		more) or a maternal age of 35 or older	
	Deliver effective clinical management of pregnant women with, or at risk, of diabetes	1. Guidelines in place, # of GDM clinics 2. % of gestational mothers with, or at risk of, diabetes maintaining blood sugar levels within recommended parameters	1. Ministry of Health Annual Report 2. GDMT Taskforce data
	Lifestyle interventions support women to maintain a healthier weight during their childbearing years	Prevalence overweight/obesity women 18-44	1. STEPS Gap 2016 2. STEPS 2014

Strategy 1.2 Improve infant and toddler nutrition			
Goal	Activity	Indicator/s	Source
10% increase in the number of babies exclusively breastfed until 6 months		% increase in the number of babies exclusively breastfed until 6 months	Reproductive nursing survey
Improve awareness and attitudes about breastfeeding along with complementary feeding until age 2		% change in maternal and community KAB in relation to breastfeeding along with complementary feeding until age 2	1. 'First 1000' days program pre/post survey 2. Reproductive nursing data
	Policy action strengthen and increases 'breast-feeding friendly' environments	Increases in the # of breast feeding friendly policies actively implemented (e.g. baby friendly hospital)	Policy audit tool
	Through the Food Act Standards, implement the International Code of Marketing of Breast milk Substitutes	1. Legislation/standards enacted 2. % of retailers/vendors compliant with the legislation	Ministry of Agriculture, Food, Forestry and Fisheries
	Implement the 'First 1000' days program to improve maternal and community KAB in relation to healthy pregnancy and the first 2 years of life	1. % change in women and community knowledge and attitudes about a healthy 'First 1000' days 2. Trends in % of children breast fed (along with complementary feeding) until age 2 3. Trends in appropriate, timely and adequate feeding practices of breastfed and non-breastfed infants up to age 24 months (appropriate, timely and adequate as defined by WHO guidelines)	1. 'First 1000' days program pre/post survey 2. Reproductive health data 3. 'First 1000' days pre/post survey
	Breast counsellors' assists mothers to maintain breastfeeding	1. # of mothers provided with breast feeding support 2. % of mothers who are counselled and maintain breast feeding until 6 months	Reproductive nursing data (adjusted)

2020 Outcome 2: Tongans are leading healthier lifestyles (with a focus on children and adolescents)

	Indicator/s	Source
	Prevalence of overweight and obesity in adolescents	Global School Health Survey 2016
	Age-standardised prevalence of overweight and obesity in persons aged 18+ years	1. STEPS Gap 2016 2. STEPS 2014
	Age standardised prevalence of heavy episodic drinking among adolescents and adults	1. STEPS Gap 2016 2. STEPS 2014
	Age standardised prevalence of current tobacco use among persons aged 15+	1. STEPS Gap 2016 2. STEPS 2014
	Trends in the consumption of unhealthy foods and healthier foods	1. STEPS Gap 2. Global School Health Survey 2016

Strategy 2.1: More Tongans are meeting the WHO Global Physical Activity Guidelines			
Goal	Activity	Indicator/s	Source
		Age-standardised prevalence of insufficiently physically active persons aged 18+	1. STEPS Gap 2016 2. STEPS 2014
		Prevalence of insufficiently active adolescents (less than 60 minutes of moderate to vigorous daily activity)	Global School Health Survey 2016
Increase the accessibility and affordability of physical activity		1. % of districts where regular physical activity is being delivered 2. Trends in the price of a 'basket of sport goods' (to be defined) and the component that is tax	1. Ministry of Internal Affairs/Physical activity providers 2. Statistics Department
	Economic measures make sports equipment more affordable	Trends in the price of a 'basket of sports goods' and the component that is tax	Statistics Department
	Volunteer led community programs increase the availability of local, low cost physical activity	1. # active volunteers, # communities regularly running or participating in physical activities 2. Trends in participation over time disaggregated by gender and age	Ministry of Internal Affairs co-ordinate 'Community Hub' program monitoring data, Fiefia workplace program

		3. Perceived affordability and availability of physical activity	monitoring data, Pacific Sports Partnership monitoring data
	Targeted initiatives assist hi-risk or priority groups (children, adolescents, women) to re-engage in physical activity	1. # and type of physical activity programs being delivered for priority groups through partnership arrangements 2. Trends in participants level of physical activity over time	
	Improved provision of physical activity in schools	Increase in # schools delivering physical activity, trends in the # of children participating in school based physical activity by age group and gender	1. MET monitoring data 2. MIA Sports Division
	Maximise the Nuku'alofa Strategic Development Plan as a mechanism to promote increased green spaces, active transport and other urban planning mechanisms to promote physical activity.	1. Nuku'alofa Strategic Development Plan adopted as a planning framework 2. # of planning initiatives within the document to improve physical activity. 3. Positive environmental changes to support increased physical activity	Health sector inputs into NSPAO process
Increase demand for physical activity			
	Media campaigns build demand for, and acceptance of, all Tongans being physically active	% change in physical activity KAB	1. STEPS Gap 2. STEPS 2014 3. Global School Health Survey 2016
	Curriculum builds young people's physical activity confidence and competence	1. Trends in the number of schools delivering the movement and fitness curriculum and the frequency with which it is delivered 2. changes in student knowledge and attitudes towards physical activity	MET school and student surveys
	Expansion of the Fiefia program drives increased levels of physical activity amongst Nuku'alofa based workers (NBW), as an hi-risk group	Positive trends in levels of physical activity amongst Nuku'alofa based workers	Ministry of Health workplace screening data 2015/2020

Strategy 2.2 Tongans are eating a healthier diet

Strategy 2.2 Tongans are eating a healthier diet			
		Indicator/s	Source
		Age-standardised mean population intake of salt (sodium chloride) per day in grams in persons aged 18+	1. STEPS Gap 2016 2. STEPS 2014
		Age-standardised prevalence of persons consuming less than five total servings of fruit and vegetables per day	1. STEPS Gap 2016 2. STEPS 2014 3. Global School Health Survey 2016
		Trends in import levels of less healthy food goods and healthier food goods (goods to be defined)	1. Ministry of Revenue and Customs
Goal	Activity	Indicator/s	Source
Increase the availability, affordability and consumption of healthy food and reduce the availability, affordability and consumption of unhealthy food		Trends in the price differential between 'healthy' and 'less healthy' meals and diets (to be defined) and the tax component of the prices	Statistics Department
	Strengthened management of Tongan fisheries increases the sustainability, accessibility and affordability of fresh fish for the Tongan community	1. # of new special management area (SMA) fisheries 2. Changes in perceived affordability, availability and consumption of fish in SMA communities 3. Changes in the price index of fresh fish 4. Changes in the consumption of fresh fish	1. Fisheries Department 2. STEPS Gap 2016 and Global School Health Survey 2016 3. Statistics Department
	Economic measures increase the cost of less healthy foods and reduce the cost of locally produced healthier foods	1. # of economic measures introduced 2. Trends in the price differential between 'healthy' and 'less healthy' meals and diets (and the tax component of the prices)	Policy audit tool

	Increased supply, diversity and nutritional value of agricultural products	1. Number of village resilient agriculture plans (VRAPs) prepared and implemented 2. Number of farmers trained in resilient farming practices - NRM and diversity, crop and livestock production 3. Number of farmers trained in crop production and value added processing	Tonga Agricultural Sector Plan Co-ordination Unit
	Licensing measures encourage retailers to sell a healthier mix of food products	1. # of measures introduced 2. # of retailers compliant with measures	Ministry of Commerce and Labour, Consumer Affairs Unit
	Partnership with local food producers encourages the adoption of voluntary measures to modify basic food goods to make them healthier	1. # of consultations/meetings with private sector partners, # of voluntary measures adopted	Ministry of Health/Ministry of Agriculture, Food, Forestry and Fisheries monitoring data
	Through the Food Act Standards, consider fortification of a common food group to reduce anaemia	1. Number of Food Act standards introduced in relation to the fortification of food 2. Trends in levels of anaemia amongst pregnant women	1. Ministry of Agriculture, Food, Forestry and Fisheries 2. Ante-natal data
Increase demand for healthier food/diets and reduce demand for unhealthy foods			
	School and child care centres are health and nutrition promoting environments	# schools with gardens, # schools using produce in school canteens, # schools linking gardens to curriculum	MET school survey
	Improve children and adolescents health related knowledge, attitude and behaviours through curriculum interventions	1. % change in children and adolescents health related KAB 2. % of classes that are exposed to PSHLP learning modules in each school, at each target year level	Pacific Science Health Literacy Project Data
	Strengthened nutrition information labelling helps consumers to choose healthier foods	1. Nutrition information labelling introduced 2. # Product numbers rejected/recalled due to non-compliance with the standards 3. Changes in consumer perceived ability to choose healthy foods	1. Policy Audit Tool 2. Enforcement data 3. Pre/post survey
	Nutritional counselling and education is provided to priority groups	# of counselling sessions conducted	Monitoring data

	Economic measures increase the cost of less healthy foods and reduce cost of locally produced healthy foods	Trends in the price differential between 'healthy' and 'less healthy' meals and diets (and the tax component of the prices)	Statistics Department
	Mass media and community mobilisation increase knowledge and attitudes towards healthy eating	Changes in healthy eating related knowledge, attitudes and behaviours	1. Campaign pre/post surveys 2. STEPS Gap 3. Global School Health Survey 2016

Strategy 2.3 Reduce alcohol related harm

		Indicator/s	Source
		Alcohol related morbidity and mortality among adolescents and adults	Ministry of Health HIS
		Trends in alcohol related crime and misdemeanours	Ministry of Police
		Age standardised prevalence of heavy episodic drinking among adolescents and adults	1. STEPS Gap 2. Global School Health Survey 2016 3. Census 2016
		Volume of alcohol imported per annum and volume of alcohol manufactured per annum	1. Ministry of Revenue and Customs 2. Statistics Department
Goal	Activity	Indicator/s	Source
Reduce the supply of alcohol			
	Community mobilisation supports alcohol free environments and limits the sale of liquor to minors	# of community notifications to police of violations of alcohol management laws or alcohol related harm	Ministry of Police
	Develop and implement a liquor licensing policy to limit the number of outlets selling alcohol and their opening hours	1. Policy developed 2. % reduction in # of outlets selling alcohol 3. % outlets with reduced opening hours	Liquor Licensing Authority
	Support and strengthen the responsible service of alcohol	1. Number of alcohol service staff provided with training/guidance 2. Guidelines in place	Ministry of Police
Reduce demand for alcohol			

Establish a reliable evidence base on alcohol consumption patterns	Economic measures increase the price of alcohol, in particular alcohol products most associated with alcohol related harm	Changes in retail cost of alcohol and proportion of retail cost that is tax (excluding inflation related changes)	1. Ministry of Revenue and Customs
	Limit alcohol advertising and sponsorship	# Legislative measures introduced to limit or ban advertising or sponsorship	Alcohol advisory audit tool
	Raise public awareness about alcohol related harm	Changes in knowledge, attitudes and behaviours	Pre/post survey
	Ban or restrict discounting	# Legislative measures introduced to limit or ban discounting	Alcohol advisory audit tool
	Strengthen cessation services	1. Number of health staff trained to deliver alcohol brief interventions 2. Number of clients attending counselling services 3. Number of clients attending cessation services who report drinking at a safe level for 12 months or more	1. Ministry of Health 2. Counselling service providers monitoring data
Relevant legislation is effectively enforced	Strengthen community collaboration with police to improve reporting of violations	1. Trends in alcohol related crime and misdemeanours 2. Number of citations paid	Ministry of Police

Strategy 2.4 Reduce tobacco related harm			
		Indicator/s	Source
		Age standardised prevalence of current tobacco use among persons aged 15+	1. STEPS Gap 2016 2. STEPS 2014 3. Census 2016
		% of daily adult tobacco use	1. STEPS Gap 2016 2. STEPS 2016 3. Census 2016
		% of daily adolescent tobacco use	1. STEPS Gap 2016 2. STEPS 2014 3. Census 2016
Goal	Activity	Indicator/s	Source
Reduce demand for tobacco products and exposure to second hand smoke			

	Economic measures continue to increase the price of tobacco	<ol style="list-style-type: none"> 1. % of the final retail price of a 20 pack of the most popular cigarettes that is excise tax 2. Number of smokers where affordability is a factor in making a quit attempt 	<ol style="list-style-type: none"> 1. Global Tobacco Control Report 2. Quit line data
	Mass media campaigns increase intention to quit, reduce uptake and educate on the dangers of second hand smoke	<ol style="list-style-type: none"> 1. Proportion of people surveyed who report having seen or heard the campaign 2. Positive trends in smokers knowledge, attitude and behavioural intentions as a result of mass media campaigns 	Campaign pre-post longitudinal survey
	Cessation services support smokers to quit	<ol style="list-style-type: none"> 1. Number of people contacting quit services who attempt quitting 2. Number of people who quit for at least 6 months 3. Number of health professionals trained in tobacco control/brief interventions 	<ol style="list-style-type: none"> 1. Quit line data 2. Tobacco Control Unit
	Expanded smoke free settings	<ol style="list-style-type: none"> 1. Proportion of public places required by law to display smoke free signage 2. Number of smoke-free cities, towns, islands and other local jurisdictions in the country 3. Number of mega events (e.g. sports tournaments) declared smoke free 	<ol style="list-style-type: none"> 1. Attorney General's Office 2. Tobacco Control Unit 3. Global Tobacco Control Report
	Strengthened regulation of tobacco advertising	All forms of tobacco advertising, promotion and sponsorship are banned	<ol style="list-style-type: none"> 1. Attorney General's Office 2. Global Tobacco Control Report
	Ongoing strengthening of tobacco product regulation	Proportion of planned amendments to the Tobacco Control Act/Regulations that are passed into law	Attorney General's Office
Reduce the supply of tobacco products			
	Accede to the protocol to Eliminate Illicit Trade of Tobacco	Tonga government accession to the Protocol to Eliminate Illicit Trade of Tobacco Products	Attorney General's Office
	Minimise substitution with Tapaka Tonga	<ol style="list-style-type: none"> 1. Number of acres planted with Tapaka Tonga 2. Proportion of tobacco users surveyed who report substituting with Tapaka Tonga in lieu of quitting 3. Price of Tapaka Tonga by 100g 4. Enforcement of collection of tax on Tapaka Tonga 	<ol style="list-style-type: none"> 1. Agricultural census 2. Campaign pre/post survey 3. TongaHealth audit 4. Ministry of Revenue & Customs 5. Census 2016

		5. Prevalence of Tapaka Tonga smoking daily	
	Develop government code to minimise tobacco industry interference in legislative and policy processes	1. # of Legislative, executive, administrative or other measures consistent with the FCTC Article 5.3 and its guidelines 2. Number of government and NGO entities implementing policies to prevent tobacco industry interference	1. Attorney General's Office 2. Policy Audit Tool
	Strengthen Tobacco Control Enforcement	1. Proportions of tobacco control citations paid 2. Number of trained officers routinely carrying out enforcement activities	1. Police 2. Enforcement monitoring data

Strategy 2.5 Build evidence about the health impact of kava use in Tonga

Goal	Activity	Indicator/s	Source
There is improved evidence about the prevalence of Kava use in Tonga	Assess the viability of including questions on kava use in future surveillance surveys, and Population Census 2016	1. # of relevant surveillance survey reports that document evidence about the prevalence of Kava use in Tonga 2. Prevalence of kava drinking in Tonga	1. Surveillance survey reports 2. Census 2016

2020 Outcome 3: Improved early detection, treatment and sustained management of people with or at high risk of NCDs

Strategy 3.1: Improve early detection, treatment and sustained management of people with or at high risk of NCDs			
Goal	Activity	Indicator/s	Source
People with, or at high risk of, NCDs are staying healthier for longer		Trends in the # of NCDs patients maintaining their blood sugar, blood lipids and/or blood pressure within recommended levels	Ministry of Health Annual Report / NCDs Register
		Performance against Ministry of Health targets and indicators for early identification and management of diabetes, cancer, COPD and CVD (to be defined in the 'Essential package')	Ministry of Health annual Report
	Develop a policy outlining the Ministry of Health's 'essential package' of realistic, prioritised, promotive, preventative, curative, rehabilitative and palliative basic health services	1. Essential package policy completed	Ministry of Health Annual Report
	Ensure sufficient skilled workforce, infrastructure and health financing mechanisms are in place to deliver the basic health service	1. % of the population with access to basic services 2. % of Health facilities maintaining staffing, infrastructure and drugs as per the minimum requirements of the 'essential package' policy	1. Facilities survey

2020 Outcome 4: Strengthened monitoring and surveillance supports evidence based action

Goal	Activity	Indicator/s	Source
Strengthen the collection, collation and timely reporting of NCDs data for improved policy and program decision making			
	Prioritise budget allocations for surveillance and monitoring systems for the prevention and control of NCDs	% of overall health budget allocated to surveillance and monitoring	Ministry of Health Annual Report
	Improve the collection, collation and regular reporting of NCDs related clinical data	# of priority indicators (as established through the essential package process) regularly reported	Ministry of Health Annual Report
	Maintain regular reporting from existing disease registries (e.g. Cancer, Diabetes, NCDs)	# registries established, # of annual registry reports	Ministry of Health Annual Report
	Develop a 10 year plan to specify the timing of the major NCDs related surveillance survey and to build the in-country capacity for managing the survey and reporting process	1. # of survey reports reported on time as per the plan 2. Aspects of the survey process (instrument design, enumeration, reporting) managed in-country per survey 3. Trends in the cost of delivering major surveys	1. Surveillance reports 2. Survey contracts 3. Survey budgets
	Ensure regular reporting against the NCDs Strategy M&E framework	# of NCDs strategy quarterly and annual reports delivered on time, % of framework indicators reported against	TongaHealth Report
	Evaluate and measure effectiveness/impact of NCD intervention	# of NCD program/project intervention evaluated and reported	Program/project evaluation reports

Annex 1: Members of the National NCDs Committee

(Ref. Cabinet Decision No.637 dated 29 August 2014)

Name	Delegation
1. Dr. Siale 'Akau'ola	CEO for Ministry of Health (Chairman)
2. Dr. Raelyn 'Esau	A/CEO for Ministry of Education and Training
3. Mrs. Ana B. Fonua	CEO for Ministry of Internal Affairs
4. Mrs. Losaline Ma'asi	CEO for Ministry of Agriculture & Food, Forests and Fisheries
5. Mr. Tatafu Moeaki	CEO for Ministry of Finance and National Planning
6. Mr. Stephen Caldwell	Police Commissioner
7. Rev. Fili Lilo	Representative of the National Forum of Church Leaders
8. Mrs. Maliana Tohi	Representative of the Commercial Business Sector
9. Mr. Drew Havea	Representative of Civil Society
10. Rev. Dr Ma'afu'otu'itonga Palu	Chairman of Tonga Health Promotion Foundation
11. Mrs. Seini Filiai	CEO for Tonga Health Promotion Foundation (as Executive Officer)

Annex 2: Terms of Reference of the National NCDs Committee

(Ref. Cabinet Decision No.637 dated 29 August 2014)

1. To advise government on issues pertaining to the prevention of Non-Communicable Diseases in the Kingdom of Tonga.
2. To inform and make recommendations on policy pertaining to the Kingdom's Non-Communicable Diseases health promotion and prevention strategies, including legislation and regulations as may be required.
3. To oversee the implementation of activities related to the prevention and control of Non-Communicable Diseases in accordance with a National Strategy and Annual Plans.
4. To monitor and review progress against Annual Plans on a quarterly basis and update plans and programs as required.
5. To delegate the responsibility for coordinating policy development processes including decision-making to TongaHealth, who will administer and support the NNCD, relevant Advisory Committees and time limited task groups.
6. To review annually the processes and outcomes of the delegation of authority to TongaHealth against desired outcomes detailed in longer term Strategic Plans and Annual Plans.

Annex 3a: Members of the TongaHealth Board

Name	Representation
1. Rev. Dr. Ma'afu'otu'itonga Palu (Chairman)	The interests of churches or community groups
2. Hon. Fe'aomoeata Vakatā	Member of the Legislative Assembly and Minister for Internal Affairs
3. Dr. 'Amelia Tu'ipulotu	Expertise in health and illness prevention
4. Dr. Reynold 'Ofanoa	Expertise in health and illness prevention
5. Mrs. Leta Kami	Expertise in business, management or law

Annex 3b: Members of TongaHealth Staff

Name	Designation
1. Seini Filiai	Chief Executive Officer
2. Monica Tu'ipulotu	Project Coordinator
3. Sione Fifita	Monitoring & Evaluation Manager
4. Losaline Fonua	Finance Manager
5. Matthew Oxenham	Administration & Finance Adviser (AVID)
6. Viliami Tongamana	Senior Health Promotion Project Officer
7. Temaleti Moala	Monitoring & Evaluation Officer
8. Shubhra Shandilya	Corporate Communications Officer
9. Sevaki Fe'ao	Project Officer
10. Graham Tukuafu	Administration Assistant Finance
11. Seini Telefoni	Administration Assistant

**Annex 4: MoU between the National NCDs Committee
and TongaHealth**

Memorandum of Understanding

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 (NCDs) 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 NCDs 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 NCDs 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 NCDs 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 NNCCDC 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 NCDs 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 Tonga Health who will administer and support the NNCCDC, 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. NNCCDC 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 NCDs Committee may co-opt members as required (such as the Ministry of Infrastructure and Tonga Family Health Association).

7. The National NCDs 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 NNCCDC 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 NCDs prevention and health promotion policy frameworks to guide strategic planning and implementation of the National NCDs 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 NCDs 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 NCDs 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 NCDs Strategy.

9.4 Fund raising

- i. Where appropriate, TongaHealth will enter into discussions with donors with respect to major projects that the National NCDs Committee endorses.
- ii. TongaHealth will strengthen the harmonisation of donor funds by ensuring NCDs health promotion funding is coordinated against delivery of the National NCDs 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 NNCCDC 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 Tonga Health 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 NNCCDC 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 Annex 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.

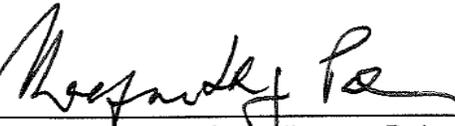
12. Contact Details

Dr Siale Akau'ola
Chairman, NNCCDC and
Chief Executive Officer
Ministry of Health
Taufa'ahau Road, Tofoa, Tonga
Tel 28-233

Mrs Seini Mafi Filiai
Chief Executive Officer
TongaHealth
Private Mail Bag 26, Post Office Nuku'alofa, Tonga
Tel 25-721

13. Execution

Executed as a Deed by:

Signature: 	Signature: 
Dr Siale 'Akau'ola	Rev. Dr. Ma'afu'otu'itonga Palu
NNCDC Chairman & CEO Ministry of Health	Chairman, Tonga Health Governance Board
Date: 29.1.2015	Date: 29 / 01 / 2015
Witness Signature: 	Witness Signature: 
Witness Name: PAI'INIA PA'EUSIO	Witness Name: SEMI M. FILIAI
Date: 29.1.2015	Date: 29/1/2015

Annex to the MOU

NNCDC Delegations of Authority Policy

1. Policy

The National NCDs 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
GOVERNANCE			
Strategic Planning - 5 Year National NCDs Strategy 2015-2020	Recommend	Review and Recommend	Approve
Annual report (prepared by TH Board)		Recommend	Approve
Annual Accounts (TH Board reports to Minister of Health)		Approve	Note
TongaHealth Delegation of Authority Policy		Approve (Board and CEO)	
Annual Planning	Recommend (with CEO TH)	Approve and Recommend	Approve
FINANCE			
Annual Budget Global Allocation to Priority Areas	Recommend (with CEO TH)	Approve and Recommend	Approve
Grants approval more than or equal to TOP100,000	Recommend	Approve and Recommend	Approve
Grants approval less than TOP100,000	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

Annex 5: Terms of Reference and Members of the four Advisory Committees

1. Physical Activity Advisory Committee Members (15)

Name of Member	Name of Ministry/Organisation	Designation
1. 'Ana Bing Fonua	Ministry of Internal Affairs	CEO (Chairperson)
2. Dr. Toakase Fakakovikaetau	Ministry of Health	Project Coordinator THSSP
3. 'Eva Mafi	Ministry of Health	HPU
4. Seilini Soakai	Ministry of Health	NCDs Nurse
5. 'Onetoto 'Anisi	Ministry of Internal Affairs	Deputy Director, Sports Division
6. Netina Latu	Ministry of Internal Affairs	Principal Sports Officer
7. Taniela Kula	Ministry of Lands, Environment, Climate Change & Natural Resources	Deputy Secretary, Natural Resources
8. Soane Selui	Ministry of Education & Training	D/CEO, Secondary Schools
9. 'Ana Tukia	Ministry of Infrastructure	Senior Assistant Secretary, Policy & Planning Division
10. Suliasi 'Aholelei	Ministry of Revenue & Customs	Senior Revenue Officer
11. 'Emeline Tuita	TASANOC	Member of TASANOC Executive Committee
12. Rev. Fili Lilo	Health Promotion Church Partnership	Secretary Church Leaders Desk
13. Tiola Fotukava	Business sector Representative	OE Sports
14. Tavake Fangupo	Teufaiva Fitness Centre	Manager, Teufaiva Fitness Centre
15. Monica Tu'ipulotu	TongaHealth	Project Coordinator (Secretary)

1.1. Terms of Reference

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

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCDs 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 organisation 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 organisation and sector on physical activities as appropriate.
- Liaise within their organisation and sector as appropriate to strengthen the effective implementation of the physical activity Strategy and its associated work plan.
- Support advocacy strategies in relation to promoting the physical activity goals of the National NCDs Strategy.

2. Healthy Eating Advisory Committee Members (15)

Name of Member	Name of Ministry/ Organisation	Designation
1. Losaline Ma'asi	Ministry of Agriculture & Food, Forestry & Fisheries	CEO (Chairperson)
2. Vilimo Fakalolo	Fisheries Department	CEO
3. Dr Veisia Matoto	Ministry of Health	CMO, Diabetes Clinic
4. 'Elisiva Na'ati	Ministry of Health	Senior Nutritionist
5. Dr 'Ofa Tukia	Ministry of Health	HPU
6. Dr Ma'ake Tupou	Ministry of Health	Reproductive Health
7. Dr Fusi Fifita	Ministry of Health	Dental Pathologist
8. Natalia Latu	Ministry of Finance & NP	Deputy Secretary
9. Lepaola Vaea	Ministry of Revenue & Customs	Deputy CEO
10. Soane Selui	Ministry of Education & Training	D/CEO, Secondary Schools
11. 'Ata'ata Finau	Statistics Department	Government Statistician
12. Sandra Fifita	Ministry of Labour and Commerce	Director, Consumer Affairs Division
13. Minoru Nishi	Nishi Trading	Mai e 5 Representative
14. Mele Afu	Commercial business sector Representative	Importer of fruits and vegetables
15. 'Ana Ika	LDS Welfare	Manager, LDS Welfare Services
16. Monica Tu'ipulotu	TongaHealth	Project Coordinator (Secretary)

2.1. Terms of Reference

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

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCDs 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 organisation 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 organisation and sector on healthy eating as appropriate.
- Liaise within their organisation and sector as appropriate to strengthen the effective implementation of the healthy eating Strategy and its associated work plan.
- Support advocacy strategies in relation to promoting the healthy eating goals of the National NCDs Strategy.

3. Tobacco Control Advisory Committee Members (15)

Name of Member	Name of Ministry/ Organisation	Designation
1. Sione Taumoefolau	Tonga Red Cross Society	Secretary General (Chairman)
2. Dr. 'Ofa Tukia	Ministry of Health	HPU
3. 'Eva Mafi	Ministry of Health	HPU
4. Tupou Tu'ilautala	Ministry of Health	HPU
5. Le'omolotu Havea	Ministry of Health	HPU
6. Natalia Latu	Ministry of Finance & NP	Deputy Secretary
7. Salote Tonga	Ministry of Police	Deputy Commissioner
8. Michael Cokanasiga	Ministry of Revenue & Customs	Technical & Legal Officer
9. Mele Lavemaau	Ports Authority	HR Manager
10. Sione Sisifa	Crown Law Department	Solicitor General
11. 'Ata'ata Finau	Statistics Department	Government Statistician
12. Rev. Laki Pifeleti	HPCP	Deputy Secretary
13. Sila Siufanga	Salvation Army	Regional Commander
14. Vanesa Lolohea	Tonga National Youth Congress	Director
15. Viliami Tongamana	TongaHealth	Senior Project Officer (Secretary)

3.1. Terms of Reference

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

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCDs 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 organisation 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 organisation and sector on tobacco control as appropriate.
- Liaise within their organisation and sector as appropriate to strengthen the effective implementation of the Tobacco Control Strategy and its associated work plan.
- Support advocacy strategies in relation to promoting the Tobacco Control goals of the National NCDs Strategy, and social marketing campaign focusing on smoking cessation and prevention.

4. Alcohol Harm Reduction Advisory Committee Members (15)

Name of Member	Name of Ministry/ Organisation	Designation
1. Drew Havea	Civil Society	Chairman
2. Dr. Veisia Matoto	Ministry of Health	CMO Diabetes Clinic
3. Dr. 'Ofa Tukia	Ministry of Health,	HPU
4. Soane Selui	Ministry of Education & Training	D/CEO, Secondary Schools
5. Michael Cokanasiga	Ministry of Revenue & Customs	Technical & Legal Officer
6. Sione Sisifa	Crown Law Department	Solicitor General
7. Salote Tonga	Ministry of Police	Deputy Commissioner
8. Natalia Latu	Ministry of Finance & NP	Deputy Secretary
9. 'Ofa Likiliki	Women's Crisis Centre	CEO
10. Vanesa Lolohea	Tonga National Youth Congress	Director
11. Sila Siufanga	Salvation Army	Regional Commander
12. 'Amelia Hoponoa	Tonga Family Health Association	CEO
13. Maliana Tohi	Business sector Representative	Manager, Molisi Tonga
14. Faiva Tu'ifua	Community Representative	District Officer, Kolofou
15. Viliami Tongamana	TongaHealth	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 NCDs Strategy and will:

- Advise the TongaHealth Board and, through the TongaHealth Board, the National NCDs Committee on evidence and statistics on policy and planning issues relating to 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 organisation 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 organisation and sector on alcohol harm reduction as appropriate.
- Liaise within their organisation and sector as appropriate to strengthen the effective implementation of the Alcohol Harm reduction Strategy and its associated work plan.
- Support advocacy strategies in relation to promoting alcohol harm reduction strategies, and advocate for improved public policies and legislation.

Annex 6: Members of the Situational Analysis Group

Name	Designation
1. Dr. Lisiate 'Ulufonua*	Chairman of the National NCDs Committee and A/CEO for Ministry of Health
2. Dr. Raelyn 'Esau*	A/CEO for Ministry of Education and Training
3. Mrs. 'Ana Fonua*	CEO for Ministry of Internal Affairs
4. Mrs. Losaline Ma'asi*	CEO for Ministry of Agriculture & Food, Forestry and Fisheries
5. Mr. Vilimo Fakalolo	CEO for Fisheries Department
6. Mr. Tatafu Moeaki*	CEO for Ministry of Finance and National Planning
7. Mr. 'Anisi K Bloomfield	CEO for Ministry of Revenue and Customs
8. Mr. Stephen Caldwell*	Police Commissioner
9. Rev. Fili Lilo*	Representative of the National Forum of Church Leaders
10. Mrs Maliana Tohi*	Representative of the Commercial Business Sector
11. Mr. Drew Havea*	Representative of Civil Society
12. Rev. Dr. Ma'afu'otu'itonga Palu*&**	Chairman of Tonga Health Promotion Foundation Board
13. Hon. Fe'aomoeata Vakata**	Minister for Internal Affairs
14. Dr. Li Dan	WHO Country Liaison Officer/Head of WHO Office
15. Sione Taumoeoflau	Chairman, Tobacco Advisory Committee
16. Lord Tangi o Vaonukonuka	Chief Surgeon Specialist, MoH
17. Dr. 'Amelia Tu'ipulotu**	Chief Nursing Officer
18. Dr. Reynold 'Ofanoa**	CMO, Public Health
19. Dr Veisia Matoto	CMO, Diabetes Clinic
20. Dr 'Ofa Tukia	HPU, MoH
21. Sione Hufanga	Information Officer, MoH
22. Leta Kami**	TongaHealth Board member
23. Kathleen Bombell	DFAT
24. Elizabeth Palu	DFAT
25. Julie Bowen	HSS Adviser, MoH
26. Sara Gloede	NCDs Adviser, MoH
27. Seini Filiai	CEO for TongaHealth

Note: * Members of the National NCDs Committee

** Members of the TongaHealth Board

Annex 7: Authors of NCDs technical papers

1. Obesity, healthy eating and physical activity health trends in Tonga and the implications for the prevention and control of NCDs

Dr. Toakase Fakakovikaetau
Saia Faletau
Seini Filiai
Sara Gloede
Sione Hufanga
Dr. Veisia Matoto
'Elisiva Na'ati
Dr. Reynold 'Ofanoa
Dr. Taniela Palu
Dr. 'Ofa Tukia

2. Public health evidence related to obesity in Tonga – a Literature review

Michelle Kermode
Gregory Armstrong
Sara Gloede
Seini Filiai
Dr. Reynold 'Ofanoa
Sione Hufanga
Dr. 'Ofa Tukia

3. Healthy Eating Discussion Paper

Jenna Pauli
'Elisiva Na'ati
Lesieli Taoi

Annex 8: Members of the Research Task Force and their Terms of Reference

Name	Organisation
1. Dr. Reynold 'Ofanoa	MoH (Chairman)
2. Dr. 'Ofa Tukia	MoH
3. Sione Hufanga	MoH
4. Sara Gloede	MoH
5. Julie Bowen	MoH
6. Masiva Masila	Statistics Department
7. Seini Filiai	TongaHealth
8. Sione Fifita	TongaHealth
9. Temaleti Moala	TongaHealth (Secretary)

Terms of Reference:

- To assess the need for research during the implementation of the NCDs Strategy.
- To identify research partners for partnership with TongaHealth in conducting research.
- To review TORs of research partners and make recommendations to the TongaHealth Board on research partners to employ.

Annex 9: Members of the M&E Task Force and their Terms of Reference

Name	Organisation
1. Losaline Ma'asi	MAFFF (Chairperson)
2. 'Ana Bing Fonua	MIA
3. Masiva Masila	Statistics Department
4. Dr. Veisia Matoto	MoH
5. Dr. 'Ofa Tukia	MoH
6. Sione Hufanga	MoH
7. Sara Gloede	MoH
8. Julie Bowen	MoH
9. Vilimaka Foliaki	MET
10. Sione Fifita	TongaHealth (Secretary)

Terms of Reference:

- To identify emerging research questions and needs related to the implementation of M&E initiatives and communicates these to appropriate partners.
- To advise on, and advocate for, improved M&E of the TongaHealth Initiative.
- Supporting coordination/harmonisation of M&E activities (data collection, analysis, dissemination) among the partners.
- Identifying and recommending strategies for addressing the needs for capacity building in M&E at all levels.
- Developing and maintaining consensus around M&E strategies across partners and institutions.
- Providing technical guidance on appropriate data collection methods, analytic strategies, and dissemination of recommendations.
- Advising the TongaHealth Board on appropriate monitoring frameworks for TongaHealth initiatives. Keeping TongaHealth partners informed of developments within their institutions and other initiatives that are relevant for M&E work.
- Informally advocating for increased attention to and resources for monitoring and evaluation activities.

Annex 10: Members of the Strategy Drafting Committee

Name	Organisation
1. Dr. Reynold 'Ofanoa	CMO Public Health, MoH
2. Sara Gloede	NCDs Adviser MoH
3. Dr. Cherian Varghese	WHO, Geneva
4. Seini Filiai	CEO for TongaHealth
5. Matthew Oxenham	Administration & Finance Adviser (AVID) TongaHealth

