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TUIAKI 'I HE 'AMANAKI KI HA TONGA MO'UI LELEI

**Persevering Together Through the
Crisis to a Healthier Tonga**

TONGA NATIONAL STRATEGY FOR THE PREVENTION AND
CONTROL OF NON-COMMUNICABLE DISEASES
2021 – 2025

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Acronyms

CEO	Chief Executive Officer
CSOs	civil society organisations
CRVS	Civil Registration and Vital Statistics
GSHS	Global School Health Survey
HIES	Household Income and Expenditure Survey
HPU	Health Promotion Unit
M&E	monitoring and evaluation
MIA	Ministry of Internal Affairs
MOE	Ministry of Education
MOH	Ministry of Health
MOU	memorandum of understanding
NCDs	non-communicable diseases
NGOs	non-governmental organisations
NNCDC	National Non-Communicable Disease Committee
PEHS	Package of Essential Health Services
PHC	primary health care
PMO	Prime Minister's Office
PSC	Public Service Commission
STEPS	STEPwise Approach to NCD Risk Factor Surveillance
SPC	Pacific Community (formerly known as the Secretariat of the Pacific Community, SPC)
WHO	World Health Organization
WHO PEN	World Health Organization Package of Essential NCD Interventions

Acknowledgements

This consolidated working version of the Tuiaki 'i he 'Amanaki ki ha Tonga Mo'ui Lelei – Tonga National Strategy for the Prevention and Control of Non-Communicable Diseases (NCD) 2021–2025 (henceforth “Tonga NCD Strategy”) – is a compilation of the National Non-Communicable Disease Strategy 2020–2025 – Tuiaki 'i he 'Amanaki and the National Non-Communicable Disease Strategy Implementation Plan 2020–2025.

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- Honourable Minister of Health, CEO department heads and sections
- Chair of the National NCD Committee and committee members
- NCD Advisory Committees
- Chair of the Board of the Tonga Health Promotion Foundation (TongaHealth) and board members
- Chief Executive Officer of TongaHealth, advisers and staff

- Governor of Vava'u and staff
- Governor of Hapa'ai and staff
- Governor of 'Eua and staff
- 'Eua Council
- Town officers
- District officers
- Council of Churches
- School Principals Forum
- Civil society organisations (CSOs)
- Private sector
- Monitoring and Evaluation Task Force
- Development partners
- Pacific Community (SPC), Public Health Division, NCD Team
- World Health Organization (WHO), Sub-regional Office, Suva
- World Bank Group

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Foreword, Honourable Minister of Health



The Kingdom of Tonga's National Strategic Development Framework II (TSDFI) outlines the Government's vision for a more developed nation. To realise this vision, it is vital for Tonga's population to be healthy.

Yet, it is important to recall that health is not merely the absence of disease; it is a holistic state of physical, mental and social well-being. The Ministry of Health recognises that we can only tackle the social determinants of health through a whole-of-government and whole-of-society approach. This is the essence of the ***Tuiaki 'i he 'Amanaki ki ha Tonga Mo'ui Lelei – Tonga National Strategy for the Prevention and Control of Non-communicable Diseases (NCD) 2021–2025*** (henceforth "Tonga NCD Strategy") – persevering together through the crisis to a healthier, more resilient Tonga.

Despite concerted efforts, however, we remain challenged by non-communicable diseases (NCDs). Thus, overcoming them presents Tonga with an arduous task. As diseases devastate families, communities, organisations and the health system, Tonga is losing its population and, thus, its future through the premature loss of lives and, at the same time, its potential due to NCD complications that cause disabilities. Everyone in Tonga is affected – whether directly or indirectly – by NCDs, the impacts of which have been magnified by climate change, natural disasters and COVID-19.

True progress is only possible when all of society advances together – 'Tākanga 'etau fohe'. To advance together, we must share a common goal and purpose and move our respective 'fohe' (paddles) in one direction. This strategy calls for significant personal sacrifices, strengthened buy-in and investment, and consistent actions from every person and organisation, whether government, non-government or civil society. It necessitates bottom-up engagement, true partnership, resource-sharing and the leadership of community champions, and it entails addressing and integrating the NCD initiatives at every level of society and government through "health-in-all policies" and concrete actions at all levels of society. It requires strengthening health promotion, education and advocacy to enable our people to make well-informed and empowered decisions in favour of wellness and good health, thereby ensuring a sense of ownership among the people.

This strategy is designed for every one of Tonga's population of nearly 100,000. It is ours, for we can only make progress in our fight against NCDs through our collective efforts. It is only through our mutual cooperation and collaboration that can we develop the innovative solutions needed to bring about positive changes in the health of our nation. It is in our persevering together, unwavering in our 'amanaki (hope) and inspired by our faith in our God, that we can overcome this NCD crisis and build a better, healthier and happier Tonga and a brighter future for our children.

Honourable Dr 'Amelia Afuha'amango Tu'ipulotu
Minister of Health

Remarks from the Chair, National NCD Committee



The Kingdom of Tonga's fourth national strategy on non-communicable diseases (NCDs) – ***Tuiaki 'i he 'Amanaki ki ha Tonga Mo'ui Lelei (persevering together through the crisis to a healthier Tonga) – Tonga National Strategy for the Prevention and Control of Non-Communicable Diseases 2021–2025*** (henceforth "Tonga NCD Strategy") offers much-needed re-invigoration to a Tonga that has become battle-weary in the face of NCDs. This strategy is especially timely, as regional and global partners, donors, and the public, demand greater accountability and results. Based on extensive consultations with a diverse array of stakeholders, this strategy has sought to embrace inclusivity and equity since its inception, with the hope that it will be collectively owned.

While building on past successes, this strategy acknowledges gaps, thereby presenting opportunities for improvement. For such improvements to be attained, a renewed commitment is needed from the National NCD Committee, alongside stronger collaboration, coordination and cooperation between the Ministry of Health, TongaHealth, government ministries, non-governmental organisations (NGOs), civil society organisations (CSOs), churches, and communities, and improved engagement from all stakeholders. In strengthening our foundation, through this increased commitment, collaboration, and engagement, the progress that we make is rendered more sustainable and longer-lasting.

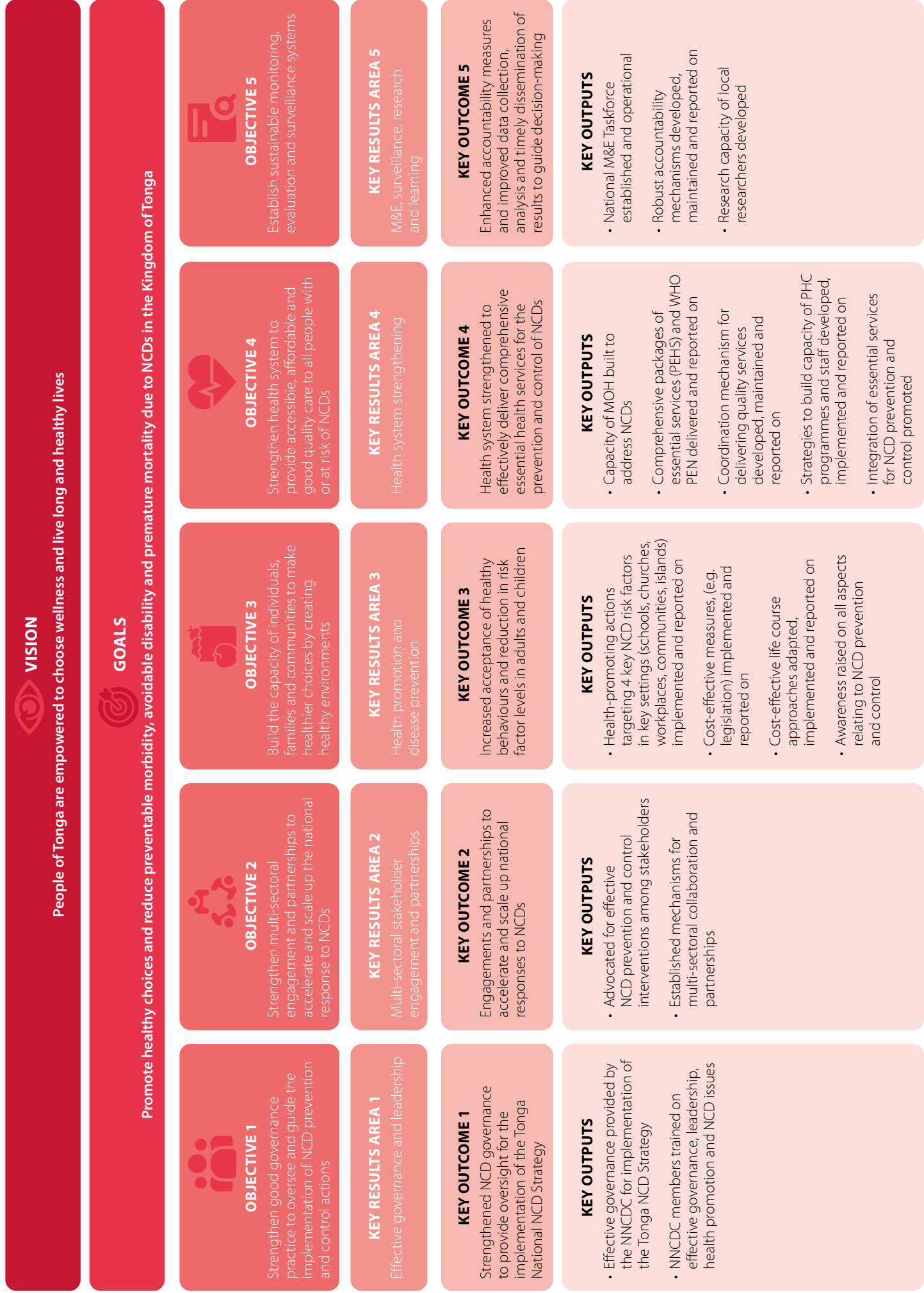
As NCDs remain a national priority, due to the substantial burden they pose on our communities and the ongoing challenges they present for our development and national progress, effective governance is also vital. Attaining Tonga's global commitments, advancing towards the Sustainable Development Goals (SDGs), and tackling NCDs require effective governance to fulfil obligations (e.g. health-in-all policies) and to implement whole-of-government and whole-of-society approaches. The National NCD Committee provides oversight and guidance over NCD initiatives while key implementing bodies carry out the activities. Monitoring and evaluating progress at every stage of implementation is crucial to the timeliness of reporting against national indicators and to ensure decisions are informed and timely, as emphasised in this strategy.

As proud descendants of skilled navigators, this strategy encourages each individual, community, church and organisation to harness and support our local talents through more "talanoa" platforms. Such forums allow for participatory governance as we navigate challenges that make us more vulnerable to the risk factors leading to NCDs. Through the journey, we will collectively find innovative solutions that encompass the emphasis of the World Health Organization (WHO) on making "healthy choices easy choices" in our unique local context.

Malo'aupito

Dr Siale 'Akauola
Chairman NNCD

Overview of the Tonga National Non-communicable Diseases (NCD) Strategy



Introduction



The title of this strategy, ***Tuiaki 'i he 'Amanaki ki ha Tonga Mo'ui Lelei (Persevering together through the crisis to a healthier Tonga) – Tonga National Strategy for the Prevention and Control of Non-communicable Diseases (NCD) 2021–2025*** (henceforth “Tonga NCD Strategy”), is inspired by the Tongan expression – Tuiaki 'i he 'amanaki (persevering together through the crisis) – which refers to navigating through a crisis or storm, resolute and together. This expression originated from Tongan seafarers and navigators who travelled across the Pacific Ocean in search of new prospects and opportunities, using wayfinding techniques and knowledge (1).

The wayfinding approach is not focused on the individual but on the empowerment of the collective and adopting a shared purpose. It requires being attuned to changes, relationships and the environment while having the flexibility to adapt accordingly (2). The concept of tuiaki describes and supports the whole-of-government, whole-of-society approach with the active collaboration and equal participation of partners at every level of society. The collaborative approach figured prominently in the development of this strategy and is reflected in its priorities and objectives. Over 50 stakeholders were actively engaged in examining how we can all work together to navigate through the crisis of non-communicable diseases (NCDs)

and foster a healthier, more prosperous Tonga. Tonga will only make impactful progress and succeed against the NCD crisis through joint commitment and efforts to create healthy, supportive environments and to empower every individual to choose health and wellness.

The Tonga NCD Strategy envisions a Tonga in which collaboration enables the people to be empowered to choose wellness and to live long, healthy lives.



Source: The Canoe Is the People: Indigenous Navigation in the Pacific

Background

Developing the strategy

Strategic approach

Guiding principles



For over 20 years, Tonga has faced a crisis due to NCDs: Chronic diseases, including cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes (4) are prevalent in Tonga and the leading causes of mortality, morbidity and disability (5). Despite this, progress made has not translated into noticeable impact (3). Although both the Government of Tonga and donor partners have made concerted efforts to address NCDs over the past two decades, an alarming 93.2 per cent of the Tongan adult population were deemed overweight or obese in the 2017 NCD Risk Factor STEPS

Survey. The prevalence of hypertension also increased from 27.6 per cent (2012) to 37 per cent (2017) (6). Unless the current projection of NCDs is reversed, it will continue to undermine Tonga's progress towards achieving its sustainable development goals (SDGs). Navigating the current health landscape, confronted by challenges of poor resourcing and threats of climate change and pandemics, such as Covid-19, will require a whole-of-government and whole-of-society approach alongside a resolute commitment to work together.

Figure 1: Summary of the strategy development process



Developing the strategy

Extensive stakeholder engagement and consultation was undertaken with 325 individuals representing over 50 stakeholders from the community, health and non-health government ministries, the private sector, Parliament, and regional and development partners. Findings from these consultations and literature review have informed the development and design of the Tonga NCD Strategy. A summary of key findings included:

- good will among stakeholders to work together;
- the need for a change of approach;
- the potential benefit of health-promotion actions if adequate support is made available;
- ineffective governance, lack of ownership and leadership, and lack of accountability at all levels hindering progress;

- the need for real engagement, collaboration and partnership with stakeholders, especially civil society organisations (CSO) and communities;
- poor coordination of activities to ensure better connection and continuity to show impact;
- lack of communication among implementers, resulting in the duplication of activities, poor resource management and competition where collaboration is needed; and
- lack of monitoring and evaluation (M&E) of activities.

Detailed findings from these consultations are presented in the Situational analysis and literature review report (7), available from TongaHealth.

Strategic approach

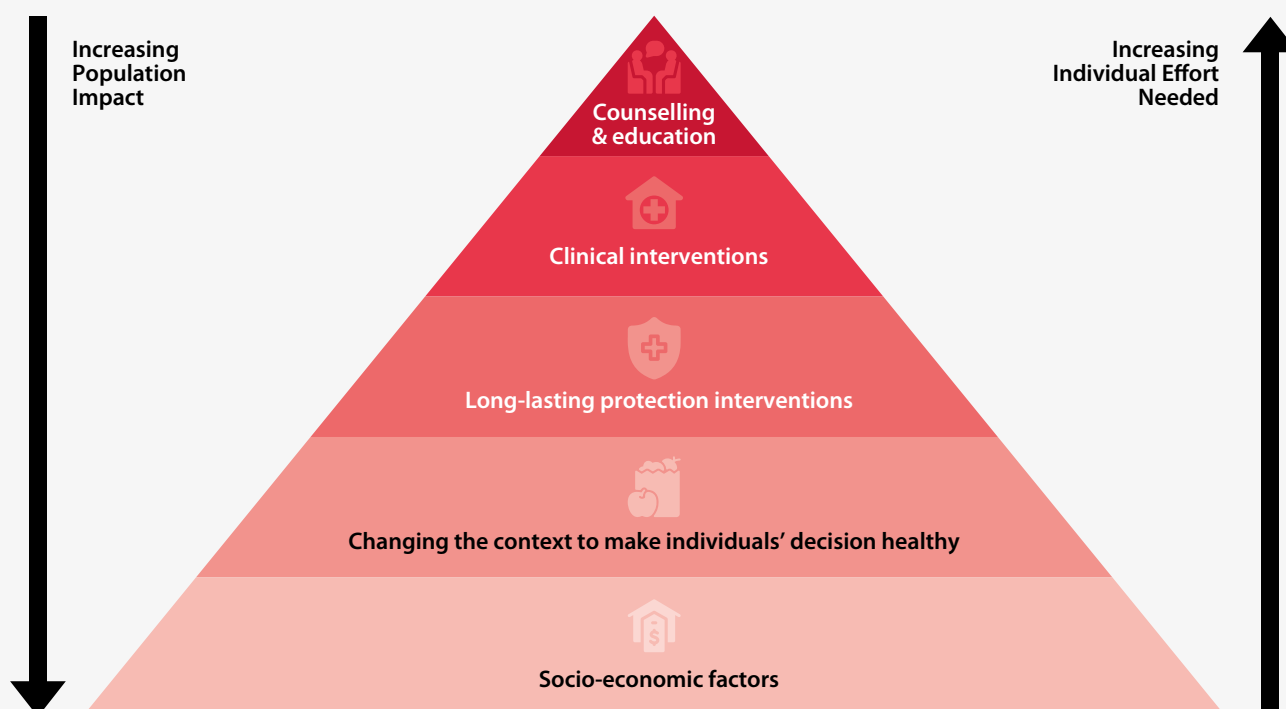
The Tonga NCD Strategy aims to guide and consolidate Tonga's efforts to prevent and reduce NCDs over the next five years. In contrast to previous strategies, the new strategy takes a systems-based approach to address NCDs. A systems approach considers the underlying social, economic, cultural, political and environmental factors, alongside their interactions, consequences and systematic impacts on health outcomes (8). At the 2016 Pacific NCDs Summit, Tonga endorsed the final communique, which emphasised the importance of political commitment, leadership, data collection, health information systems, multi-sectoral collaboration, and partnerships. Equally crucial was the acknowledgement of traditions and culture, as well as the importance of working within these structures and contexts to promote healthy living (9). By doing so, individuals, families and communities are empowered, and success is attainable at the national level.

This strategy seeks to improve coordination and stakeholder engagement and to ensure effective, measurable implementation.

To achieve maximum health impact, the interventions and activities proposed in this strategy target NCDs at

both population and individual levels (10). Population approaches cater to larger populations by creating healthy public policies and addressing the socio-economic determinants of health, while individual approaches cater to individuals through counselling and education to enhance personal skills and personal ownership and responsibility (see Figure 2) (11). Health sector interventions that target the upper level of the pyramid generally focus on individual approaches and tend to be costlier. Individual approaches are within the scope of the health sector and focus on diagnosing, treating and controlling NCDs. Whereas interventions targeted at the lower part of the pyramid cater to larger population groups, individual approaches focused on prevention are more cost-effective and equitable, given the prevalence of NCDs in Tonga. These population-based interventions require engagement with a wide range of actors across multiple sectors, as well as strong leadership. Health-in-all-policies support population-based approaches: They acknowledge that various factors influence health outcomes and that most of these factors are beyond the scope of traditional public health actions (12). Health-in-all policies should enable and empower people to make healthy choices and live healthy lives (13).

Figure 2: NCD Health impact pyramid



Source: Frieden T. American Journal of Public Health. April 2010, Vol100, No. 4

Guiding principles

NCDs represent a critical health and development priority for Tonga. The following guiding principles are in line with those identified in the World Health Organization (WHO) Global NCD Action Plan (14) and are adapted to the Tonga context, cultural landscape and values.

- Equity-based strategies:** These strategies seek to reverse disparities in health and ensure fair and equitable access to health care programmes and services, regardless of beliefs, gender orientation or ability. Programmes and activities that are expected to be implemented over the next five years will enable women, men, girls and boys, including people living with disabilities, to participate equally while acknowledging their differing roles and prioritising gender equality and equity.
- Central role of government:** The leading role of government in setting policy direction and prioritising NCDs in national development agendas (e.g. the national development plans) is recognised. The Tonga Strategic Development Framework TSDF II 2015–2025 declares NCDs a government priority (15).
- Multi-sectoral actions:** NCDs present a complex, multi-faceted challenge that requires integrated, multi-sectoral responses and approaches to ensure consistency and coherence among sectoral policies that impact NCD prevention and control programmes. The multi-sectoral responses should not only
- encompass government sectors but also the private sector and civil society.
- Life-course interventions:** Interventions should recognise the importance of all ages and stages of life, as well as the intergenerational contexts and different settings in which individuals live and, thus, the related differences in approaches to NCD prevention. Adopting a life-course approach means identifying opportunities to minimise exposure to risk factors and enhancing protective factors through evidence-based interventions at important life stages (preconception, infancy and early years, childhood, adolescence, working age and family-building years, older age).
- Empowerment of people, families and communities:** NCDs not only impact the individuals with the disease but also their families and communities. Empowering people to take ownership of their health and make healthy choices is crucial. This can be achieved by creating supportive environments where healthy choices are easy to make and by building the skills and knowledge needed to make the right choices.
- Evidence-based:** Success is evidenced by strong governance, cohesiveness and coordinated efforts by implementers, effective monitoring that tracks progress against identified national indicators, and regular reporting and accountability (both bottom-up and top-down within the hierarchy).

**TOO MUCH DRINKING, TOO MANY PROBLEMS
 SAY NO!**

**LAHI PALOPALEMA, MEI HE LAHI INU
 TUKU LEVA!**

Strategy implementation framework

Implementing timeframe

Implementing mechanism

Implementing stakeholders



Implementing timeframe

The Tonga NCD Strategy sets out a five-year plan to tackle NCDs in the nation. The first two years will focus on stopping the increase in NCDs by capitalising on strengths and focusing on sustainable interventions: strengthening leadership and governance mechanisms and procedures; improving relevant policies, legislations and guidelines; integrating related programmes; and building the health workforce capacity and health system. These measures are

essential for creating supportive environments that foster healthy behaviour changes (14). Once these foundational measures are in place, implementation will focus on reversing the upward trajectory of the current NCD trend for the remainder of this strategy's implementation. To ensure the achievement and sustainability of long-term health gains, these measures will be continued and regularly monitored and improved, where necessary.

Implementing mechanism

Taking a holistic approach to prevent and control the NCD crisis in Tonga requires a whole-of-government and whole-of-society response by sharing a common '*kaveinga*' or vision for health. Through engagement, collaboration and partnership among stakeholders, and with empowerment and ownership through participation across all sectors in all of society, change can and will happen.

Figure 3 outlines the Key Results Areas of the Tonga NCD Strategy. Implementing partners may choose from a range of activities to achieve the goals and objectives of this strategy.

Figure 3: 5 Key Results Areas of the Tonga NCD Strategy 2021–2025



The rate of uptake of these activities will depend on each implementer's eagerness and capacity for the activity at a particular time over the five-year timeframe of the Tonga NCD Strategy. It is expected that, during the first two years, the focus will be on capitalising on the existing strengths of implementers already working in the NCD space and addressing gaps and building capacity, particularly in areas of governance and M&E. There will be opportunity to introduce innovative pilot projects and to monitor change

in behaviour or practice resulting from those activities. The last three years of the Tonga NCD Strategy will focus on building on the successes of the first two years. Implementers are expected to utilise programme logic and theory of change in their activity designs, clearly linking outputs to short-term and long-term outcomes and to meet the outcome of each Key Result Area at the end of the five years.

While Tonga continues to address the NCD crisis, it also recognises the current health and environmental issues, such as COVID-19 and climate change, as well as other challenges that may arise in the next five years. Climate change and pandemics directly impact Tonga's ability to tackle its primary health crisis – NCDs. Taking a holistic, systematic approach to address NCDs in an integrated way offers an opportunity to strengthen coordination of whole-of-government and whole-of-society efforts.

Estimated costing for the activities corresponding to each Key Results Area are provided as an indicative guide based on previously available donor and Government of Tonga funding and indications that these funds will continue for the next five years. It is recommended that a budget be allocated for a mid-term and end-of-term review of the Tonga NCD Strategy.

Implementing stakeholders

The stakeholders listed below have been identified as crucial to the successful implementation of the Tonga NCD Strategy.

National NCD Committee

The National NCD Committee (NNCDC) was established by Cabinet in 2004. The Chief Executive Officer (CEO) of the Ministry of Health (MOH) serves as the chair of the NNCCDC (16), while the CEO of TongaHealth serves as its Executive Officer. NNCCDC members include Cabinet-appointed CEOs of key ministries, the Chair of the TongaHealth Board, and representatives among church leaders, the private sector and CSOs. The NNCCDC is responsible for achieving the national NCD strategic outcomes. In 2014, Cabinet refreshed the NNCCDC mandate and revised its delegation between NNCCDC and TongaHealth, delineating governance and implementation responsibilities. The key functions¹ of the NNCCDC include:

- advise the Government on issues pertaining to the prevention of NCDs;
- inform and make recommendations on policies pertaining to NCD health promotion and prevention, including legislations and regulations, as required;
- oversee implementation of the Tonga NCD Strategy and related annual plans;
- monitor and review progress against annual plans on a quarterly basis and update/revise them, as required;

- delegate the coordination of policy development to TongaHealth, which will administer and support the NNCCDC, advisory committees and other time-limited task groups; and
- review the processes and outcomes of its authority delegations against relevant strategic outcomes.

To strengthen the effectiveness of the NNCCDC, a charter will be developed with clear expectations on its functions, including guiding values, purpose, member responsibilities, accountability, effective culture, and compliance and baseline expectations.

Tonga Health Promotion Foundation (TongaHealth)

TongaHealth was created in 2007 with a mandate to engage in a range of health promotion and policy activities and to coordinate and monitor implementation of national NCD strategies (17). Although TongaHealth's roles and responsibilities in tackling NCDs in Tonga have been well documented, these need to be clearly communicated to stakeholders. In addition to its more visible role in administering and financing grants for activities that support NCD prevention, TongaHealth also plays a key role in mobilising and engaging stakeholders, particularly at the community and CSO levels, to support MOH's health promotion and disease prevention activities. This includes the facilitation and coordination of activities, meetings and dialogues among stakeholders.

Key functions of TongaHealth are presented in Figure 4 below.

¹ Ref. Cabinet Decision No.637, 29 August 2014.

Figure 4: TongaHealth Functions

Advisory Groups

The change in approach from focusing on common NCD risk factors to a systems-based approach means that existing advisory groups need to be modified into 'fit-for-purpose' groups. The members of these advisory groups are also strategy implementers and remain vital to the successful implementation of this strategy for their technical expertise and for the advice and support that they provide to other implementers. To support the repurposing of these groups, it is recommended that TongaHealth, in its facilitation role, create a list of the members and their respective expertise so that they may be called upon to form time-limited, technical expert groups that can provide technical advice, when needed. Other experts should be invited to be part of the registry, where additional expertise and/or support is required.

Implementers

Successful implementation of this strategy requires a whole-of-government and whole-of-society response.

The Situational Analysis Report identified implementers (listed below) to help ensure the success of this strategy.

- Communities (which can be further divided into island groups, districts and villages)
- Government ministries (Health, Agriculture, Education, Finance, Internal Affairs, etc.)
- National M&E Taskforce
- CSOs
- Church and community groups
- Regional and development agencies

Strategy implementation plan

Key Results Areas

1. Effective governance and leadership
2. Multi-sectoral stakeholder engagement and partnerships
3. Health promotion and disease prevention
4. Health system strengthening
5. Monitoring, evaluation, surveillance, research and learning

Managing risks



Key Results Areas

To achieve the goals and objectives of this strategy, emphasis will be placed on the activities and results of the following Key Results Areas:

Figure 5: 5 Key Results Areas of the Tonga National NCD Strategy 2021–2025



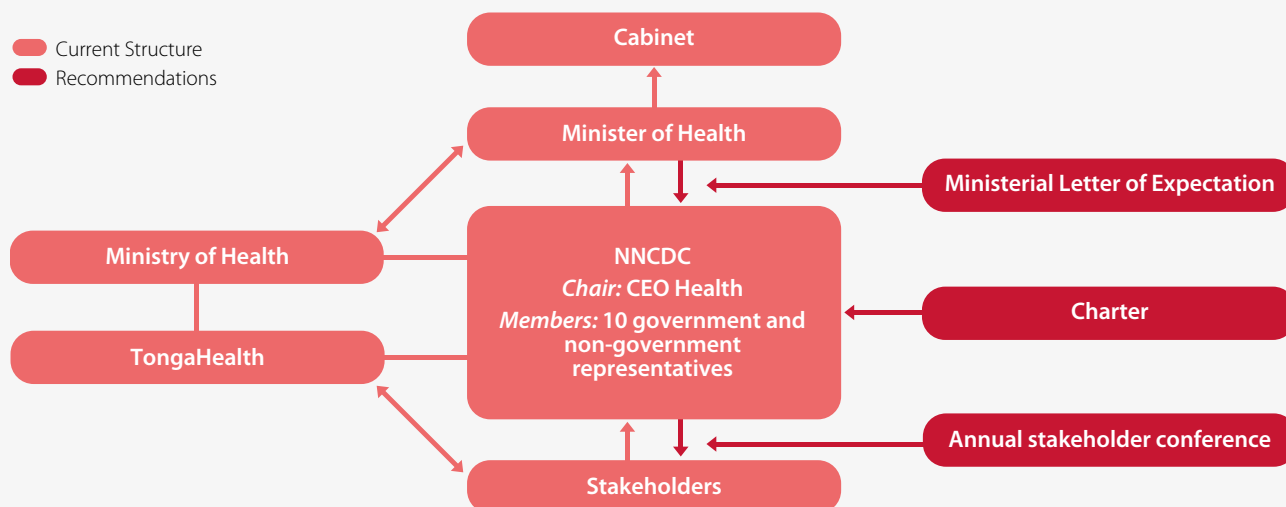
1. Effective governance and leadership

Good governance and strong leadership are crucial to achieve positive health outcomes against the burden of NCDs (18). Although the governance framework for implementing the 2015–2020 NCD Strategic Plan was strong, it did not function as effectively as intended due to a lack of ownership, leadership and accountability.

To strengthen governance, NNCDRC representatives and stakeholders endorsed key activities (summarised in Figure 6) to be implemented. The role of the NNCDRC will be strengthened with the development of a Charter incorporating the terms of reference revised by the Cabinet in 2014 (16). The Charter will clearly outline the functions and responsibilities of the NNCDRC to lead and provide

a practical working partnership between government agencies, partners and stakeholders. (Please refer to Annexes 1 and 2 for details on the Charter.) In addition, to strengthen accountability, it is recommended that the Minister of Health issue a Ministerial Letter of Expectation outlining the Government's expectations on the status of NCDs and on the progress of implementation of the Tonga NCD Strategy. Good governance will demand evidence to inform and drive policy development and implementation at all levels (19). Accountability to the NNCDRC will include effective reporting, information-sharing, transparency and progress through M&E from implementing partners. The NNCDRC's accountability to its stakeholders will be ensured through the annual stakeholders' conference.

Figure 6: Recommended actions for strengthening governance



Key expected outcome:

- NCD governance is strengthened in order to ensure effective oversight of the implementation of this strategy.

Key outputs:

- NNDC members are trained on effective governance, leadership, health promotion and NCD issues.
- Effective governance is ensured by the NNDC for implementation of this strategy.

2. Multi-sectoral stakeholder engagement and partnerships

Strong alliances are crucial to address NCDs and their underlying risk factors and determinants, as many of the factors that influence people's health are outside the realm of the health sector (20). Inclusion of health priorities in all government ministries' corporate plans would help meet the health-in-all-policies objective and enable Tonga to advance towards achievement of the SDGs.

Alliances must be formed within the health sector and/or with other sectors (e.g. agriculture, education, finance, media, sports, urban planning, trade, transport, churches, women's coalitions, CSOs, youth, academia, private sector, regional and global organisations, and development partners). Existing alliances will also be strengthened to enhance the implementation of interventions.

Interventions under this area aim to improve participatory engagement by increasing and improving advocacy efforts to raise awareness of NCDs, create mechanisms to

promote multi-sectoral partnerships, and strengthen the capacity of stakeholders to accelerate and scale up actions on NCD prevention and control. Lessons learned and success stories will be shared.

Key expected outcome:

- Multi-sectoral engagement and partnerships are strengthened in order to accelerate and scale up the national response to NCDs.

Key outputs:

- Effective NCD prevention and control interventions are promoted among stakeholders.
- Mechanisms for multi-sectoral collaboration and partnerships are established.

3. Health promotion and disease prevention


NCDs are profoundly influenced by wider determinants of health, such as lifestyle, globalisation, climate change and the socio-economic conditions in which people live (14). Health promotion actions and interventions will be targeted to address the wider social determinants of health that influence behaviour in various settings (e.g. schools, workplaces, churches, villages, etc.) and to ensure healthy choices are easy choices to make. Although a challenging process, positive behaviour change towards healthy living can be accomplished through engagement with people at individual and community levels. This is particularly important in the cultural context of Tongan society. The Social Behaviour Change Strategy and Action Plan to Address Obesity and NCDs in Tonga² 2021–2026 (22) provides guidance on behaviour change interventions that are based on best practices and adapted to the Tongan context. The 'best buys' interventions for NCDs identified in the NCD Roadmap Report (21) on preventing and controlling NCDs in the Pacific, such as legislative actions (23), will be adapted to the Tongan context.

Health promotion actions and interventions need to include the development and implementation of gender-sensitive policies, activities and programmes (24). To ensure fair, equitable access to programmes and services aimed at improving individual and community health and well-being, the unique gender roles, responsibilities, needs, and interests of women, men, girls and boys and the barriers and context-specific societal, religious, and cultural influences need to be understood, acknowledged and carefully integrated into these policies, activities and programmes (25).





It is important to minimise exposure to NCD risk factors and enhance protective factors throughout the life

cycle – from conception through infancy and early years, childhood and adolescence, working age and family-building years, and into older age (26). By focusing on the prevention of NCDs early in life, stakeholders recognise the importance of health and well-being throughout the life cycle and adopt life-long approaches to them. As the Tonga NCD Strategy is implemented, opportunities will arise for collaboration through multidisciplinary and multi-sectoral actions as will the need for improvements (e.g. to establish and strengthen referral systems within the clinical setting in order to strengthen the continuum of care).

Key expected outcome:

-  There is increased acceptance of healthy behaviours and reduced risk factors among adults and children.

Key expected outputs:

-  Health-promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol misuse and tobacco use) are implemented and reported in key settings (schools, workplaces, churches, villages, communities and islands).
-  Cost-effective measures are adapted, implemented and reported on (e.g. legislative approaches).
-  Cost-effective life-course approaches (e.g. 1,000-Days initiatives, Baby Friendly Hospital and Exclusive Breastfeeding Campaigns) are developed, implemented and reported on.
-  Awareness is raised on all aspects relating to NCD prevention and control.

4. Health system strengthening

All people, without discrimination, irrespective of gender, race or ability, should have access to nationally determined sets of promotive, preventive, curative and basic rehabilitative health services, including to safe, affordable, effective and quality medicine. At the same time, access to these services must not expose people (especially those who are vulnerable, marginalised or impoverished), to financial hardships (2).

Strengthening the health system is vital to achieve universal health coverage (UHC) (28) and ensure essential health services are accessible and available to all. Disability and mental health are strongly linked to NCDs: NCDs can lead to disabilities and poor mental health. This strategy supports UHC and health system strengthening and endeavours to integrate NCD programmes with rehabilitation and mental


² The World Bank is developing this in response to the Tonga NCD tax report, with a focus on obesity prevention.

health services. This will be achieved by strengthening primary health care (PHC) to improve the coordination of service delivery for prevention, screening, early diagnosis, rehabilitation and sustained management of people with, or at high risk of, major NCDs. Strengthening PHC is a key component of the Package of Essential Health Services (PEHS) (29) being implemented by the MOH. A commitment to implement PEHS and align NCD strategies and interventions with PEHS is important to ensure PHC remains a priority for support and resourcing.






The WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) (30) in low resource settings is also being implemented but needs to be adapted to the Tongan context to strengthen uptake at the PHC level and improve standardisation of NCD care and better integration of NCD interventions.

Building capacity of PHC staff is crucial as having a capable and healthy workforce is fundamental for the delivery of quality service.

Key expected outcome:

-  Health systems are strengthened to effectively deliver comprehensive essential health services for the prevention and control of NCDs.

Key expected outputs:

-  The capacity of MOH is strengthened to address NCDs.
-  Comprehensive packages of essential services (PEHS) and WHO PEN are delivered and reported on.
-  A coordination mechanism for delivering quality services is developed, maintained and reported on.
-  Strategies to build capacity of PHC programmes and staff are developed, implemented and reported on.
-  The integration of essential services for NCD prevention and control are promoted.

5. Monitoring, evaluation, surveillance, research and learning


M&E is an integral component of the planning and implementation of any public health programme to track progress against agreed targets and ensure the intended results are being achieved as planned (31). The NCD targets for Tonga are based on the WHO Global NCD Monitoring Framework and adjusted to the Tongan context and vision for the next five years (32). In addition, the Pacific Monitoring Alliance for NCD Actions (MANA) dashboard (comprised of 31 indicators across the areas of leadership and governance, prevention policies, health system response programmes, and routine monitoring) will form the minimum set of indicators to monitor progress of implementation (33). The Pacific MANA dashboard is the monitoring tool selected by Pacific Health Ministers for reporting on the progress of 'best buys' interventions against NCDs.

A M&E Taskforce, comprised of M&E experts representing all relevant government departments, will be established to provide technical oversight for monitoring and reporting on implementation progress. (Please refer to Annex 2 for the proposed TORs for the Taskforce.) To strengthen the work of the Taskforce and foster a culture that recognises the necessity of both quantitative and qualitative data, capacity will be built in M&E, surveillance and research skills across all stakeholder groups. It is expected that the collected data and information will




build the body of evidence for advocacy and policy development, garner political commitment, mobilise resources for NCD prevention, and demonstrate the need for increased financial allocation from the annual national budget.

It is envisaged that implementers will utilise programme logic and theory of change in their activity design in order to demonstrate how outputs from their activities contribute to achievement of the expected outcomes.

Key expected outcomes:

-  Accountability measures are strengthened, data collection and analysis is improved, and results are disseminated in a more timely manner in order to guide more impactful decision-making.

Key expected outputs:

-  A National M&E Taskforce is established and operational.
-  Robust accountability mechanisms are developed, maintained and reported on.
-  The research capacity of local researchers is developed.

Managing risks

The engagement of multi-sectoral approaches and partners presents challenges and complexities when addressing NCDs. It is, thus, important to identify potential risks that could derail the implementation of activities and result in non-achievement of expected results. Potential

risks and their impact on overall implementation of the Tonga NCD Strategy at the output level will be monitored closely through routine monitoring activities and reported to the NNCD for appropriate action, as required.



Activities matrix

Key results area 1: Effective governance and leadership

Key results area 2: Multi-sectoral stakeholder engagement and partnerships

Key results area 3: Health promotion and disease prevention

Key results area 4: Health system strengthening

Key results area 5: Monitoring, evaluation, surveillance, research and learning



KEY RESULTS AREA 1: EFFECTIVE GOVERNANCE AND LEADERSHIP**OBJECTIVE 1:** Strengthen governance to guide effective implementation of the NCD prevention and control strategy**KEY EXPECTED OUTCOME:** Strengthened NNCDCC governance to provide oversight of the implementation of the Tonga NCD Strategy

OUTPUTS	Activities	Year (2021–2025) ³					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
1.1 Effective governance of the NNCDCC supports implementation of the Tonga NCD Strategy	1.1.1 Finalise the NNCDCC Charter and submit for endorsement (See Annex 1)	✓		✓		✓	NNCDCC TongaHealth	NNCDCC is operating, meeting and submitting reports regularly and on time, and is inclusive of all relevant stakeholders, and is monitoring actions on NCDs The Charter is approved, adopted and reviewed annually MOU is revised and updated	NNCDCC meeting records NNCDCC performance report NNCDCC annual report	\$250,000
	1.1.2 Review the MoU_2015 between the NNCDCC and TongaHealth and communicate findings to stakeholders	✓	✓	✓	✓	✓				
	1.1.3 Convene quarterly NNCDCC meetings	✓	✓	✓	✓	✓				
	1.1.4 Review NNCDCC performance against the Charter and revised memorandum of understanding (MoU)	✓	✓	✓	✓	✓				
	1.1.5 Appoint an independent secretariat for the NNCDCC and develop TORs for it	✓						An independent secretariat is established and adequately resourced, and TORs are developed for it	NNCDCC secretariat annual performance review report	
1.2 NNCDCC members trained on effective governance and leadership, health promotion and NCD issues	1.2.1 Provide training to NNCDCC members on governance, leadership, health promotion and NCDs		✓		✓		Prime Minister's Office (PMO) MOH TongaHealth	# of members trained	Training workshop report	

³ Each year indicated represents the end of the financial year.

KEY RESULTS AREA 2: MULTI-SECTORAL STAKEHOLDER ENGAGEMENT AND PARTNERSHIPS

OBJECTIVE 2: Strengthen multi-sectoral engagement and partnerships to accelerate and scale up the national response to NCDs

KEY EXPECTED OUTCOME: Strengthened multi-sectoral engagement and partnerships to accelerate and scale up the national response to NCDs

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
2.1 Effective NCD prevention and control interventions promoted among stakeholders	2.1.1 Convene and hold annual NCD forum with stakeholders		✓	✓	✓	✓	NNCDC TongaHealth	# and range of stakeholders participating in the forum # of stakeholders investing own resources into NCD actions	NCD forum report Published success stories	\$350,000
	2.1.2 Prepare policy briefs and/or factsheets for stakeholders to guide and support their NCD prevention and control activities		✓		✓		TongaHealth MOH			
	2.1.3 Engage parliamentarians to garner support for NCD actions		✓		✓		NNCDC TongaHealth MOH	# of policies endorsed and implemented that support NCD prevention and control actions	Parliament papers and briefings	
2.2 Mechanisms for multi-sectoral collaboration and partnerships established	2.2.1 Map stakeholder NCD activities and identify opportunities for collaboration	✓			✓		TongaHealth NNCDC	# of successful joint interventions demonstrating positive results	NCD forum report	\$200,000
	2.2.2 Establish and strengthen CSO alliances		✓				TongaHealth			
	2.2.3 Create and maintain a registry of technical experts	✓		✓		✓	TongaHealth			
	2.2.4 Cultivate innovative partnerships for NCD actions		✓	✓	✓	✓	TongaHealth development partners			
	2.2.5 Create and maintain a platform for inter-ministerial collaboration		✓	✓	✓	✓	NNCDC TongaHealth		Ministries' annual reports Statements of Corporate Intent	
	2.2.6 Advocate for health-in-all policies to be incorporated into all government policy development processes		✓	✓	✓	✓	NNCDC PMO TongaHealth	# of Government ministries with health policies	Ministries' corporate plans	

OBJECTIVE 3: Build the capacity of individuals, families and communities to make healthy choices by creating healthy environments

KEY EXPECTED OUTCOME: Increased acceptance of healthy behaviours and reduction in the prevalence of the four key NCD risk factors among adults and children

Outputs	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
3.1 Health-promoting actions targeting the four key NCD risk factors (unhealthy diet, physical inactivity, alcohol misuse and tobacco use) are implemented in key settings – schools, workplaces, churches, villages, communities and islands – and reported on	3.1.1 Work with the Ministry of Education to implement, strengthen, evaluate, report and expand health-promoting actions in all schools in Tonga	✓	✓	✓	✓	✓	Ministry of Education MOH Health Promotion Unit (HPU) TongaHealth Schools CSOs Private sector	# of different settings implementing health-promoting actions against the four key NCD risk factors	Ministries' annual reports	\$1.5M
	3.1.2 Work with CEOs to implement, strengthen, evaluate, report and expand health-promoting actions in the workplace	✓	✓	✓	✓	✓	Public Service Commission (PSC) MOH HPU TongaHealth Private sector			
	3.1.3 Work with church leaders to implement, strengthen, evaluate, report and expand health-promoting actions in churches	✓	✓	✓	✓	✓	Council of Churches MOH HPU TongaHealth Private sector			
	3.1.4 Work with community leaders and town councils to implement, strengthen, evaluate, report on and expand health-promoting actions in communities and villages	✓	✓	✓	✓	✓	Town Councils and Officers CSOs MOH HPU TongaHealth Private sector			
	3.1.5 Pilot Healthy Promoting Island initiative in 'Eua, including establishing a multi-sectoral committee		✓	✓	✓		'Eua MP and Town Council MOH HPU TongaHealth Private sector	Health Promoting Island Taskforce (inclusive of all relevant stakeholders), established and workplan developed and implemented	Project reports	

KEY RESULTS AREA 3: HEALTH PROMOTION AND DISEASE PREVENTION

OBJECTIVE 3: Build the capacity of individuals, families and communities to make healthy choices by creating healthy environments

KEY EXPECTED OUTCOME: Increased acceptance of healthy behaviours and reduction in the prevalence of the four key NCD risk factors among adults and children

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
	3.1.6 Identify champions in the different settings who model and actively demonstrate health-promoting behaviours			✓	✓	✓	TongaHealth	# of health-promoting champion awards		
3.2 Cost-effective measures (e.g. legislative measures) adapted, implemented and reported on	3.2.1 Implement and enforce relevant legislation, regulations and policies for tobacco control and alcoholic and non-alcoholic sugar-sweetened beverages (SSBs)		✓	✓	✓	✓	Crown Law Revenue Customs MOH	# of legislations and policies implemented and enforced	Customs reports	\$850,000
	3.2.2 Draft/review relevant legislation and regulations to address advertising, marketing and promotion of unhealthy foods and SSBs to children		✓	✓	✓	✓	Crown Law Revenue Customs MOH	Relevant regulations amended and endorsed	Cabinet papers	
	3.2.3 Draft/review alcohol legislations and regulations and policies to address sales, access, advertisements, marketing and promotion of alcohol		✓	✓	✓		Crown Law Revenue Customs MOH		Cabinet papers	
	3.2.4 Provide training on salt reduction interventions to food handlers, caterers, restaurant owners and bakeries		✓	✓	✓		TongaHealth MOH HPU CSOs	# of people trained	Training reports	

KEY RESULTS AREA 3: HEALTH PROMOTION AND DISEASE PREVENTION

OBJECTIVE 3: Build the capacity of individuals, families and communities to make healthy choices by creating healthy environments

KEY EXPECTED OUTCOME: Increased acceptance of healthy behaviours and reduction in the prevalence of the four key NCD risk factors among adults and children

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
	3.2.5 Provide assistance to stakeholders to support the implementation of the Social Behaviour Change Communication Strategy to Address Obesity and NCDs in Tonga 2021–2026		✓	✓	✓	✓	TongaHealth World Bank Media	# of behaviour change strategies implemented	Project reports	
	3.2.6 Provide assistance to stakeholders to support implementation of the Healthy Living Guidelines for Tonga		✓	✓	✓	✓	MAFF MOH TongaHealth		Project reports	
3.3 Cost-effective life course approaches (1,000-Days initiatives, Baby Friendly Hospital, Exclusive Breastfeeding Campaigns) developed, implemented and reported on	3.3.1 Advocate for the Government to adopt the International Code of Marketing of Breastmilk Substitutes to support and protect exclusive breastfeeding			✓	✓	✓	NNCDC MOH Crown Law	Code formally adopted # of 1,000-Days initiatives implemented	Cabinet papers Newspaper articles	\$350,000
	3.3.2 Strengthen and expand the implementation of 1,000-Days initiatives (e.g. Baby Friendly Hospital and workplaces)			✓	✓	✓	MOH TongaHealth			
	3.3.3 Support breastfeeding awareness week activities			✓	✓	✓	MOH TongaHealth			

KEY RESULTS AREA 3: HEALTH PROMOTION AND DISEASE PREVENTION

OBJECTIVE 3: Build the capacity of individuals, families and communities to make healthy choices by creating healthy environments

KEY EXPECTED OUTCOME: Increased acceptance of healthy behaviours and reduction in the prevalence of the four key NCD risk factors among adults and children

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
	3.3.4 Advocate for the new Baby-friendly Hospital guidelines to be adopted and adapted to the Tonga context			✓	✓	✓	MOH			
3.4 Awareness raised on all aspects relating to NCD prevention and control	3.4.1 Engage media and communications agencies to raise awareness on the importance of making healthy behaviour changes	✓	✓	✓	✓	✓	TongaHealth Media MOH	# of joint media collaborations and initiatives	Media reports and news articles	\$950,000
	3.4.2 Develop a mass media campaign to raise awareness of the four NCD risk factors		✓	✓	✓	✓	TongaHealth Media MOH	# of mass media campaigns implemented and evaluated		
	3.4.3 Communicate and sensitise all key stakeholders to the Tonga NCD Strategy	✓	✓	✓	✓	✓	TongaHealth MOH NNCDC Media			

KEY RESULTS AREA 4: HEALTH SYSTEM STRENGTHENING

OBJECTIVE 4: Strengthen health system to provide accessible, affordable and good quality care to all people with or at risk of NCDs

KEY EXPECTED OUTCOME: Health system strengthened to effectively deliver comprehensive essential health services for the prevention and control of NCDs

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
4.1 Capacity of MOH built to address NCDs	4.1.1 Establish a NCD Coordinator position within the Ministry, define clear TORs for the role, and appoint someone with relevant competencies to fill it		✓	✓			MOH PSC	Key positions filled and adequately resourced	MOH annual report	\$850,000
	4.1.2 Revive and strengthen the MOH NCD Taskforce	✓	✓				MOH leadership	MOH NCD Taskforce revived and functioning and multidisciplinary in its representation	MOH annual report	
	4.1.3 Establish and appoint a Health Promotion Officer in Vava'u			✓			MOH PSC		MOH annual report	
	4.1.4 Review organisation structure to support career pathways for the community and PHC				✓		MOH Corporate Service, PHU, TMA, TNA	MOH capacity and systems strengthened	MOH annual report	
	4.1.5 Strengthen the allied health capacity, in particular the dietetic and nutrition, health promotion and community psychologist		✓	✓			MOH corporate services		MOH annual report	
	4.1.6 Enhance systems for supplying and accessing essential NCD medicine	✓	✓				MOH Procurement Unit Pharmacy		MOH annual report Pharmacy report	

KEY RESULTS AREA 4: HEALTH SYSTEM STRENGTHENING

OBJECTIVE 4: Strengthen health system to provide accessible, affordable and good quality care to all people with or at risk of NCDs

KEY EXPECTED OUTCOME: Health system strengthened to effectively deliver comprehensive essential health services for the prevention and control of NCDs

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
4.2 Comprehensive packages of essential services (PEHS) and WHO PEN delivered and reported on	4.2.1 Advocate for increased budget allocation for PHC to deliver PEHS and WHO PEN		✓	✓			MOH corporate services	% of Ministry budget allocated to support PHC to deliver PEHS	MOH annual report	\$500,000
	4.2.2 Provide targeted training on PEHS and WHO PEN to PHC staff	✓	✓	✓	✓	✓	MOH	PEN tools adapted and used # of qualified and trained PHC staff	MOH annual report	
	4.2.3 Revise and contextualise WHO PEN package for Tonga		✓	✓			MOH Public Health and Clinical Units		MOH annual report	
	4.2.4 Foster closer relationships between MOH and TongaHealth	✓	✓	✓	✓	✓	MOH TongaHealth		TongaHealth and MOH annual reports	
4.3 Coordination mechanism for delivering quality services developed, maintained and reported on	4.3.1 Develop and update prevention and control guidelines to address NCDs	✓	✓	✓			MOH clinical and PH		MOH annual report	\$250,000
	4.3.2 Strengthen delivery of telemedicine services for NCDs to outer islands		✓	✓			MOH clinical		Clinical services report	
	4.3.3 Create and/or strengthen and maintain a NCD database/registry (e.g. a cancer registry, diabetes registry, etc.) for Tonga				✓	✓	MOH corporate services		MOH annual report	
	4.3.4 Review and strengthen referral system to improve access to services		✓	✓	✓	✓	MOH NCD Taskforce		MOH NCD Taskforce meeting records	

KEY RESULTS AREA 4: HEALTH SYSTEM STRENGTHENING

OBJECTIVE 4: Strengthen health system to provide accessible, affordable and good quality care to all people with or at risk of NCDs

KEY EXPECTED OUTCOME: Health system strengthened to effectively deliver comprehensive essential health services for the prevention and control of NCDs

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
4.4 Strategies to build capacity of PHC programmes and staff developed, implemented and reported on	4.4.1 Develop and apply appropriate competencies for all PHC staff			✓	✓		MOH corporate services	% of PHC staff achieving minimum competency requirements for the role	MOH annual report	\$250,000
	4.4.2 Develop and implement appropriate strategies for recruiting and retaining qualified PHC and NCD staff			✓	✓	✓	MOH corporate services PCS	# of guidelines developed to guide service delivery % of graduate nurses choosing to work in PHC	MOH annual report	
	4.4.3 Assess and strengthen PHC preparedness to integrate NCDs and Community Mental Health Services				✓	✓	MOH mental health services PHU		Mental health services report	
	4.4.4 Develop a model with appropriate guidelines for involving private sector providers and CSOs in the provision of NCD prevention services			✓	✓	✓	MOH Private sector CSOs		MOH annual report	
	4.4.5 Provide targeted training to NGOs/CSOs to deliver key NCD prevention services		✓	✓	✓	✓	MOH CSOs		MOH annual report	
4.5 Promoted the integration of essential services for NCD prevention and control	4.5.1 Foster and strengthen collaboration between health promotion, oral health, diabetes, maternal and child health, and immunisation programmes to enhance integration		✓	✓	✓	✓	MOH NCD Taskforce	# of joint multi-disciplines teams within MOH working together	Programme reports	\$110,000

KEY RESULTS AREA 5: M&E, SURVEILLANCE, RESEARCH AND LEARNING

OBJECTIVE 5: Establish sustainable monitoring, evaluation and surveillance systems

KEY EXPECTED OUTCOME: Enhanced accountability measures and improved data collection, analysis and timely dissemination of results to guide decision-making


OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
5.1 National M&E Taskforce established and operational	5.1.1 Establish National M&E Taskforce with clear TORs to monitor, evaluate and report on the progress of NCD actions against agreed targets	✓	✓	✓	✓	✓	NNCDC TongaHealth Statistics Department PMO	M&E Taskforce established with clear TORs and functioning Regular quarterly M&E progress reports submitted to NNCDC	NNCDC meeting reports	\$250,000
	5.1.2 Communicate the M&E framework to all stakeholders to facilitate and enhance a shared understanding of reporting requirements against agreed targets	✓	✓	✓	✓	✓	M&E Taskforce TongaHealth National Statistics Office		M&E Taskforce meeting reports	
5.2 Robust accountability mechanisms developed, maintained and reported on	5.2.1 Conduct annual national-level surveys to monitor the targets and indicators	✓	✓	✓	✓	✓	M&E Taskforce SPC WHO	Surveys conducted Survey reports and findings published	Survey reports	\$500,000
	5.2.2 Establish quality assurance structures and mechanisms for monitoring and evaluating NCD interventions	✓	✓	✓			M&E Taskforce MOH	Reporting mechanisms in place Standard reporting templates developed and used for reports	Taskforce meeting records	
	5.2.3 Conduct annual National NCD Health Facility Survey or integrate health system performance indicators into existing health facility surveys	✓	✓	✓	✓	✓	M&E Taskforce MOH		Survey reports	
	5.2.4 Conduct periodic school-based health surveys				✓		M&E Taskforce MOH MOE		Survey reports	


KEY RESULTS AREA 5: M&E, SURVEILLANCE, RESEARCH AND LEARNING**OBJECTIVE 5:** Establish sustainable monitoring, evaluation and surveillance systems**KEY EXPECTED OUTCOME:** Enhanced accountability measures and improved data collection, analysis and timely dissemination of results to guide decision-making

OUTPUTS	Activities	Year (2021–2025)					Responsible Stakeholders	Indicator	Data Source	Budget (TOP)
		2021	2022	2023	2024	2025				
5.3 Research capacity of local researchers developed	5.3.1 Advocate for funding support for locally led research initiatives			✓	✓	✓	M&E Taskforce TongaHealth Ethics Committee Research institutions	# of locally led research conducted and findings published # of business cases developed and contributed to the body of evidence	Published reports	\$150,000
	5.3.2 Conduct and publish operational and policy research initiatives on NCD prevention and control			✓	✓	✓	M&E Taskforce MOH TongaHealth External research organisations		Published reports	
	5.3.3 Conduct training on research methodology, advanced data analysis skills, proposal writing and project management		✓	✓	✓	✓	M&E Taskforce SPC		Training workshop reports	
	5.3.4 Document success stories and lessons learned for continual improvements			✓	✓	✓			Published stories	


M&E framework and targets




	Framework element	Indicators of effective governance	Primary data source and measurement technique*
Governance 	National NCD Committee (NNCDC) providing effective governance over national NCD outcomes, as mandated by 2014 Cabinet Decision No. 637 and January 2015 MOU with TongaHealth	<p>Written confirmation that Charter has been accepted, endorsed and used</p> <p>Quarterly meetings conducted with meeting reports disseminated to stakeholders</p>	<p>Quarterly meeting minutes and reports</p> <p>Attendance register</p> <p>Annual reports</p> <p>Annual stakeholder conference reports</p>

Health-related elements	Framework element	Baseline data	Target 2025	Indicator	Primary data source and measurement technique*
Mortality and morbidity 	1. Premature mortality from a NCD	Baseline: Male: 42.8% Female: 33.9% (baseline established from the Tonga National Vital Statistics Report 2013–2018) (34)	5% relative reduction in baseline for both gender groups	Unconditional probability of dying between ages 30–70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Annual Vital Statistics Report produced by the Statistics Department and MOH annual premature mortality report
	2. Harmful use of alcohol		3% relative reduction in the harmful use of alcohol for both groups		
		Age group 15+ years Baseline: Overall: 14.1% Female: 5.1% Male: 23.5% (baseline established from National Census 2016) (35)	Age group: 15+ years Overall: 13.7% by 2025 Female: 4.9% by 2025 Male: 22.8% by 2025	Total (recorded) alcohol consumption per capita (15+ years) within a calendar year in litres of alcohol	For the 15+ years age group, National Census Data from Statistics Department (expected in 2021 and 2026)
		Age group 13–15 years Baseline: Overall: 10.4% Female: 5.6% Male: 15.1% (baseline established from the Global School Health Survey [GSHS] 2017)	Age group 13–15 years Overall: 10.1% by 2025 Female: 5.4% by 2025 Male: 14.65% by 2025	% of students (13–15 years) who drank alcohol (at least one drink of alcohol on at least one day during the 30 days before the survey)	For the age group under 15 years, GSHS in 2025

Health-related elements	Framework element	Baseline data	Target 2025	Indicator	Primary data source and measurement technique*
	3. Physical inactivity		3% relative reduction in the prevalence of insufficient physical activity (for each age group)		
		Age group 18–69 years Baseline: Overall: 39.8% Female: 45% Male: 30.5% (baseline established from Tonga STEPS 2017) (6)	Age group 18–69 years Overall: 38.5% by 2025 Female: 43.6% by 2025 Male: 29.5% by 2025	Age-standardised prevalence of insufficiently physically active persons aged 18–69 years	STEPS Survey conducted every 5 years (MOH/WHO)
		Age group 13–17 years Baseline: Overall: 21.6% Female: 20.5% Male: 22.8% (baseline established from GSHS 2017)	Age group 13–17 years Overall: 20.9% by 2025 Female: 19.8% by 2025 Male: 22.1% by 2025	Age-standardised prevalence of insufficiently physically active children aged 13–17 years (based on the % of students who spent three or more hours per day sitting and watching television, playing computer games, or talking with friends, when not in school or doing homework during a typical day)	GSHS in 2025
	4. Tobacco use		10% relative reduction in prevalence of current tobacco use overall and in males in both target groups 5% relative reduction in prevalence of current tobacco use in females in both target groups		
		Age Group 18–69 years Baseline: Overall: 24.5 Female: 15.9% Male: 40% (baseline established from STEPS 2017)	Age Group 18–69 years Female: 15.1% by 2025 Male: 36% by 2025	Age-standardised prevalence of current use of tobacco (including all tobacco products) among persons aged 18–69 years	STEPS Survey
		Age Group 13–17 years Baseline: Overall: 21.9% Female: 11.2% Male: 32.4% (baseline established from GSHS 2017)	Age Group 13–17 years Female: 10.6% by 2025 Male: 29.1% by 2025	Age standardised prevalence of current tobacco use (both local and imported) among adolescents aged 13–17 years (based on the percentage of students who use any tobacco products)	GSHS in 2025

Health-related elements	Framework element	Baseline data	Target 2025	Indicator	Primary data source and measurement technique*
Biological risk factors 	5. Raised blood pressure	Age group 18–69 Baseline: Overall: 37% Female: 37.7% Male: 35.7% (baseline established from STEPS 2017)	Halt the increase in raised blood pressure (for those with a medical diagnosis of hypertension)	Age standardised prevalence of raised BP (SBP \geq 140 and/or DBP \geq 90 mmHg or currently on medication for raised BP)	STEPS Survey
	6. Obesity		Halt the increase in obesity		
		OBEESITY Age Group 18–69 years Overall: 77.1% Female: 82.8% Male: 66.8% (baseline established from STEPS 2017)		OBEESITY INDICATORS Age-standardised prevalence of obesity in persons aged 18+ years. % who are obese (BMI \geq 30 kg/m ²)	STEPS Survey
		Age Group 13–17 years Overall: 24.6% Female: 27.9% Male: 21.4% (baseline established from GSHS 2017)		% of students (13–17 years) who were obese ($>+2SD$ from median for BMI by age and sex) % of students (13–17 years) who usually drank one or more carbonated soft drinks per day during the 30 days before the survey (baseline: male: 57.7 & female: 63.1[GSHS 2017])	GSHS
		CONSUMPTION OF FRUITS AND VEGETABLES (1–2 servings of fruits and vegetables per day) Age Group 18–69 years (STEPS 2017) Overall: 49.5% Male: 49.4% Female: 49.5% (baseline established from STEPS 2017)	Increase fruit and vegetable consumption from the current baseline	Age-standardised prevalence of persons (aged 18–69 years) consuming 1–2 total servings (400 grams) of fruit and vegetables per day	STEPS Survey
		Waist Circumference Age Group 18–69 years Female: 107.5cm Male: 104.8cm (baseline established from STEPS 2017)	Waist Circumference aiming to decrease the average waist circumference	Average waist circumference in persons aged 18–69 years in cm	STEPS Survey

Health-related elements	Framework element	Baseline data	Target 2025	Indicator	Primary data source and measurement technique*
	7. Diabetes (raised blood sugar)	Age Group 18–69 years Baseline to be established by the National Diabetes Clinic	Halt the increase in diabetes (for those registered with raised blood sugar)	% with raised fasting blood glucose as defined below or currently on medication for raised blood glucose (plasma venous value ≥ 7.0 mmol/L [126 mg/dl])	STEPS Survey
National systems response 	8. Drug therapy to prevent CVD	New baseline for counselling to be established following HIES Baseline for drug therapy to be established from Pharmacy Report through MSupply for 2019	At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	Proportion of eligible persons receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	STEPS Survey
	9. Essential NCD medicine and basic technologies to treat major NCDs	PEHS/NCD essentials Assessment 2019	80% availability of affordable basic technologies and essential medicine (including generics) required to treat major NCDs in hospitals and community health centres	Availability and affordability of quality, safe and efficacious essential NCD medicine (including generics) and basic technologies in hospitals and community health centres	STEPS Survey

*Additional Data Sources

The primary data sources and measurement techniques are generally only available at specific intervals, such as the STEPs survey which is conducted every five years. To

measure progress, it is suggested that the M&E Taskforce also refer to the Additional Data Sources listed below, which are available on a quarterly and annual basis.

Framework Element	Additional data sources
1. Premature mortality from a NCD	Births, deaths and marriages registration system, with medical certification of cause of death MOH annual reports for hospital admissions and death certificates District Officer reports for persons whose deaths do not occur in the main hospital
2. Harmful use of alcohol	Official statistics and reporting systems for production, use, import, export, and sales or taxation data Police reports on alcohol-related incidents Salvation Army reports on referrals for alcohol/addiction counselling MOH Reports (data available via Tupaia) on alcohol related admissions National Statistics Office (NSO) Survey Reports on Multiple Indicator Cluster Survey (MICS) and Household Income and Expenditure Survey (HIES) conducted every 5 years for alcohol sales and consumption data
3. Physical inactivity	MOH reports from Tupaia and e-Health platforms, specifically reports from the HPU for physical activity data in schools, workplaces, churches and communities Ministry of Education annual reports for physical activity data in schools Ministry of Internal Affairs annual reports for physical activity data NGOs and community groups (sporting and church groups)
4. Tobacco use	Ministry of Customs and Revenue annual reports on both imported and local tobacco products NSO MICS and HIES survey reports on tobacco sales and use MOH reports from Tupaia, particularly reports from community health on tobacco use Ministry of Finance and National Planning reports on tobacco taxes
5. Raised blood pressure	MOH data from Tupaia and e-Health platforms National Diabetes Clinic annual register and reports
6. Obesity	NSO MICS, HIES and Census survey reports MOH reports, including reports from the Community Health and HPU via Tupaia data collection
7. Diabetes (raised blood sugar)	Diabetes clinic register
8. Drug therapy to prevent CVD	MOH data from e-Health platforms, especially the central and hospital pharmacy reports Private clinic reports
9. Essential NCD medicine and basic technologies to treat major NCDs	MOH annual audit reports of community health centres, annual assets report and health facility readiness and service availability assessment report

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Annex 1: National NCD Committee Charter

1. Purpose of the NNCDC
2. Expected Outcomes
3. Values and Conduct of the NNCDC
4. Role of the NNCDC
5. NNCDC membership and formal meetings
6. Role of the NNCDC Chair
7. Role of Advisory Representatives
8. Role of the NNCDC Secretary
9. Role of the NNCDC Executive Officer
10. NNCDC Communications
11. Dispute Resolution



DRAFT v0.1 NATIONAL NON-COMMUNICABLE DISEASE COMMITTEE (NNCDC)

SERVICE CHARTER

EFFECTIVE (*once charter is finalised*)

This Charter sets out the purpose, structure and function of the NNCD. The NNCD may review the Charter at any time with a resolution passed by at least two-thirds of

substantive members, including the Chair, at a formally constituted meeting.

1. Purpose of the NNCD

The NNCD was formed in 2004 with the purpose of providing effective cross-sectoral governance over national policy and strategy development and implementation initiatives to improve NCD outcomes. The NNCD mandate and Terms of Reference (TOR) were revised by Cabinet Decision No. 637 in August 2014 (CD637_2014) to the following;

- advise the Government on issues pertaining to the prevention of NCDs;
- inform and recommend on policy pertaining to NCD Health promotion and prevention strategies;
- oversee implementation of this strategy and related annual plans;
- monitor and review progress against plans quarterly, and revise as required;

- delegate the coordination of policy development to TongaHealth, which will administer and support the NNCD, Advisory Committees and other time-limited task groups; and
- review the processes and outcomes of authority delegations against the desired strategic outcomes.

The Chairs of the NNCD and TongaHealth Board executed a Memorandum of Understanding in January 2015 (MoU_2015) documenting their mutual interpretation of CD637_2014 including their roles, responsibilities and delegations. This MoU_2015, required that the NNCD report to the Cabinet annually through the Minister of Health on progress made against the national NCD actions. TongaHealth will be responsible for preparing the report.

2. Expected Outcomes

Expected outcomes of the NNCD are:

- significantly improved NCD outcomes recognised by the Government, partners and stakeholders;
- prioritised policies and initiatives in order to achieve the established targets;
- effective oversight of the resourcing and implementation of activities to address agreed priorities; and
- enhanced consultation, communication and coordination between members, stakeholders and relevant government and partner agencies.

3. Values and Conduct of the NNCD

The conduct of the NNCD will be guided by Tonga's National Core Values Principles. These are:

Tonga's National Core Values – Faa'i Kaveikoula 'ae Tonga,

- faka'apa'apa (respect),
- feveitokaiaki (reciprocity),

• lototo (humility),

• tauhi va (nurture relationships); and

Principles - responsibility, accountability, fairness and transparency (RAFT).

4. Role of the NNCD

The NNCD will provide effective governance over NCD outcomes for Tonga, approve priorities (policy, strategy, initiatives), and provide oversight, as necessary, in the implementation of the priorities. It will lead and provide a practical working partnership between government agencies, partners and stakeholders. Specifically, the NNCD will:

• be accountable for the terms of reference per Cabinet Decision No. 637, 2014 (CD637_2014), as detailed in Section 1 (Purpose of the NNCD);

• report to Cabinet annually on progress against the Tonga NCD Strategy through the Minister of Health, and delegate preparation of the annual report to TongaHealth;

• consider and approve strategies, action plans and budget allocations to address priorities;

• identify research and briefing material needs to inform decisions, policy and strategy considerations, as necessary;

• consider and approve grants exceeding TOP\$100,000- approved and recommended by TongaHealth;

• establish and sustain coordination between government, partners and stakeholders;

• exercise prudential risk management practice;

• identify and promote linkages between NNCD TongaHealth and other relevant government and donor programmes;

• facilitate the mobilisation of government, donor and stakeholder resources in line with identified priorities;

• communicate regularly with the Government, partners and stakeholders on the work of the NNCD;

• promote successes in advancing NCD outcomes; and

• chair the Annual Stakeholder Conference in close partnership with TongaHealth.

5. NNCD membership and formal meetings

Substantive (voting) members include representatives from relevant Government ministries with due regard to the prima facie intent of CD637_2014 of expected capacity and cross-sectoral representation. Substantive membership includes:

• CEO, Ministry of Health (Chair)

• CEO, Ministry of Education and Training


• CEO, Ministry of Internal Affairs

• CEO, Ministry of Agriculture, Food, Forests

• CEO **Ministry** of Fisheries

• CEO, Ministry of Finance

• Police Commissioner

-  Representative of the National Forum of Church Leaders
-  **President Chamber of Commerce (Representative of the commercial business sectors)**
-  **Chair, Civil Society (Representative of civil society)**
-  Chair TongaHealth Board

Non-substantive members include CEO TongaHealth as NNCDL Executive Officer and NNCDL Secretary as Minute Taker.

Additional members or attendees with specific interests or expertise will be co-opted (public servants) or appointed (non-government, with NNCDL Chair endorsement), as required.

There are no provisions for alternates or nominees for any substantive member or attendee of NNCDL meetings. Only those officially acting or formally sanctioned to an approved position may replace a substantive member.

The NNCDL will hold formal meetings quarterly, at a minimum. The Chair may convene additional meetings, as necessary. At least one meeting should be held before the government's annual budget is prepared to coordinate planning and reporting processes. It is anticipated that, in addition to these formal meetings, NNCDL members will actively network on an ongoing basis (via online forums

and other means), facilitated by the NNCDL Secretary as directed by the Chair.

A formal NNCDL meeting may only proceed if five voting members, including the Chair or Vice Chair, are present. Meetings may be held electronically. For an electronic-resolution to be passed, it must be approved by two-thirds of the voting members, including the Chair.

NNCDL membership and the individual contributions of members must be reviewed annually in consultation with the Minister of Health and with endorsement from the Cabinet.







If a member no longer wishes to remain on the NNCDL or feels unable to contribute to it in a satisfactory manner, the member must notify the NNCDL Chair as soon as possible. Where appropriate, NNCDL membership for subsequent appointments should be determined by consensus of key stakeholder groups.

New members will be provided with all relevant documentation including the latest approved versions of the following: the NNCDL Charter; the NNCDL and TongaHealth MoU_2015; 5-year Tonga NCD Strategy; and annual and quarterly progress reports. New members should review these materials prior to attending their first NNCDL meeting.

As per CD637_2014, TongaHealth will fund necessary NNCDL meeting costs and agreed priorities.

6. Role of the NNCDL Chair

The NNCDL Chair will be required to fulfil the following responsibilities:

-  chair NNCDL meetings (minimum of four meetings per year);
-  chair the Annual Stakeholder Conference;
-  consider and endorse, as appropriate the number and membership of advisory committees and time-limited taskforces proposed by TongaHealth;
-  communicate regularly with the Minister of Health, the NNCDL Executive Officer and the NNCDL Secretary;
-  participate in occasional meetings with government, partners and stakeholders; and
-  act as a spokesperson for the NNCDL on issues of importance and, where appropriate, collaborate with the Minister of Health and the NNCDL Executive Officer to ensure consistency of messaging.

In recognition of its role as Lead Ministry for National Health Outcomes, the Chair must be the CEO or Acting CEO of the Ministry of Health (MOH). The Deputy Chair will be appointed at an appropriate time and on a rotation between other NNCDL members.

7. Role of Advisory Representatives

Individuals or organisations with particular skills relevant to an issue may be invited to attend NNCCDC meetings

to provide relevant technical input. These individuals or organisations are not considered voting members.

8. Role of the NNCCDC Secretary

The Prime Minister's Office (PMO) National Planning Division will serve as the NNCCDC Secretary.

As provided for under CD637_2014, TongaHealth will fund necessary NNCCDC meeting costs and support the NNCCDC Secretary role. The NNCCDC Secretary will provide and maintain reporting and communication links between NNCCDC members and between NNCCDC, TongaHealth, the Government, partners and stakeholders.

The NNCCDC Secretary will:

- convene and coordinate NNCCDC meetings, record minutes and communicate resolutions (with the understanding that the NNCCDC Chair holds the primary responsibility for this);

- maintain a register of NNCCDC member interests and a record of conflicts (actual and perceived);
- facilitate communication between NNCCDC members, as directed by the Chair;
- facilitate communication between the NNCCDC and TongaHealth, the Government and stakeholders, as directed by the Chair; and
- provide additional support on NNCCDC matters, as tasked by the Chair.

9. Role of the NNCCDC Executive Officer

The CEO TongaHealth serves as the Executive Officer of the NNCCDC.

The NNCCDC Executive Officer will provide the operational linkages between NNCCDC members and between the NNCCDC, TongaHealth, the Government, partners and stakeholders.

The NNCCDC Executive Officer will:

- provide quarterly and annual Tonga NCD Strategy Implementation Progress Report including the M&E Report prepared by the M&E Taskforce;
- brief the NNCCDC on specific activities, proposals, major issues and opportunities requiring consideration and deliberation;
- implement NNCCDC Action items resolved, as tasked;
- facilitate coordination between NNCCDC members, in cooperation with the MOH NCD Taskforce Coordinator (when appointed);
- provide an operational linkage between the NNCCDC, Government, partners and stakeholders;
- provide additional support for NNCCDC matters as tasked by the Chair; and
- coordinate with other relevant activities including other donor-sponsored initiatives.

10. NNCCDC Communications

The NNCCDC will be responsible for ensuring that all stakeholders are advised of:

- current priorities being considered, progress and outcomes; and

- activities of the NNCCDC, as recorded at meetings, with regard to progress and outcomes.

The NNCCDC, via its Chair, will report at least biannually to the Minister of Health on progress and outcomes as agreed.

11. Dispute Resolution

If required and as requested by the NNCCDC, the Minister of Health with the advice of Crown Law will be requested to adjudicate on any matter (including membership issues)

under consideration by the NNCCDC where agreement on a priority or issue cannot be reached.



Annex 2: Proposed TORs for the M&E Taskforce

Structure, organisation and functions of the M&E Taskforce

Objectives of the M&E Taskforce

Composition of the M&E Taskforce

Administrative functions of the M&E Taskforce



TongaHealth has the primary responsibility of coordination and resource mobilisation for the implementation of the Tonga NCD Strategy. To support all M&E-related activities that are part of the national response, a M&E Taskforce was

proposed during extensive consultation with stakeholders. The following section outlines the terms of reference (TOR) for the taskforce.




Structure, organisation and functions of the M&E Taskforce

The M&E Taskforce is directly responsible for coordinating reports to the CEO of the Ministry of Health (MOH) and the CEO of TongaHealth on a quarterly and annual basis. The M&E Taskforce is a multi-sectoral body responsible for coordinating and implementing the national M&E





Plan and to ensure timely and reliable information on the expected outputs, key outcomes and the M&E Framework (specifically tracking against targets) for policy-making, planning, research and general use.

Objectives of the M&E Taskforce:

Coordinate and facilitate the implementation of the M&E Plan including:

-  make recommendations for changes to the M&E Framework;
-  ensure adequate resources are allocated to implementers needing technical assistance on M&E; and
-  agree on the terms of reference for any consultant hired to conduct operational or evaluation research relevant to the implementation, M&E of the Tonga NCD Strategy.



Safeguard the quality of M&E activities that are part of the implementation of the Tonga NCD Strategy:




-  arrange technical assistance for the development of studies and/or surveys required to provide data to the national indicators;
-  critically review M&E reports; and
-  critically review research findings, situation analyses and other relevant reports on the national response.
-  **Submit strategic information and recommendations for decision-making on baselines and targets required to achieve the objectives of the Tonga NCD Strategy.**

Composition of the M&E Taskforce

The M&E Taskforce will be chaired by the Principal Health Planning Officer of the MOH Health Planning and Information Division. The chair will be supported by a NCD data collection officer.

The members of the M&E Taskforce are:

-  1 x Representative from the MOH Health Planning and Information Division;
-  1 x Representative from the MOH IT Section;

-  1 x Representative from the Tonga Statistics Department;
-  1 x Representative from the Prime Minister's Office (PMO); and
-  1 x Representative from TongaHealth (M&E Manager).

The members may appoint representatives from other stakeholder groups, as required. The M&E Taskforce will meet quarterly. At least four full-time members are needed at all times.

Administrative functions of the M&E Taskforce

Key functions of the M&E taskforce are to provide continuity between overall project management and tracking progress towards goals and objectives of the Tonga NCD Strategy and to supervise the implementation of the M&E Plan. Additional functions of the M&E Taskforce include:

- liaise between the MOH and TongaHealth in relation to M&E activities;
- report on the implementation of the national M&E plan;
- collaborate with TongaHealth on the design and implementation of a communication plan as it
- pertains to strategic information to be provided to key stakeholders of the national response and to the public on qualitative data collection;
- coordinate with national and regional M&E partners;
- commission and oversee surveillance and research required in the NNSIP; and
- report quarterly and annually on progress against the M&E Framework using reporting templates to be provided.







