

PACIFIC ISLANDS FORUM SECRETARIAT

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FORUM ECONOMIC OFFICIALS MEETING

8 August 2023

FORUM ECONOMIC MINISTERS MEETING

9 - 10 August 2023 Suva, Fiji

INFORMATION PAPER 4: IMPLEMENTATION OF THE PACIFIC NON-COMMUNICABLE DISEASES ROADMAP: PROGRESS, CHALLENGES AND WAY FORWARD

Purpose and Summary

Purpose

To provide an update on progress towards the implementation of the Pacific Non-Communicable Diseases (NCDs) Roadmap using the MANA Dashboard assessment conducted across the region in 2021-2022 and address challenges and future directions to scale up Roadmap actions in Pacific Island Countries and Territories (PICTs).

Summary

Assessment to date shows some progress in implementation of the Roadmap, and demonstrates positive outcomes in most PICTs, however, commercial, environmental, behavioural factors as well as the COVID-19 pandemic, natural disasters and other competing priorities continue to impact on PICTs' efforts in addressing NCDs more effectively. Multiple factors (inside and beyond the health sector) are driving the rise in NCDs, and many interventions require collaborative actions with non-health sectors. To scale up Roadmap actions, substantial efforts are required, in particular, to:

- i. Invest additional financial resources to NCD prevention and control efforts at national level and allocate a greater share of public funds to strengthen primary health care services;
- ii. Further strengthening fiscal policies on tobacco, alcohol and unhealthy food and drinks to reach the recommended taxation targets, and further reduce taxes on healthy alternatives such as fruits and vegetables;
- iii. Increase the proportion of tax revenue earmarked for NCDs and utilise tax revenue for health promotion;
- iv. Explore using public-private partnerships to raise additional funds to address NCD prevention and control;
- v. Monitor economic costs due to NCDs at the national level and prioritise poverty reduction strategies that target NCDs; and

vi. Enact legislation and ensure implementation and monitoring, of NCD preventive policies, legislations and regulations by prioritising and addressing national and regional gaps on policies and legislation identified in the Pacific MANA Dashboard.

A. Overview

- 1. NCDs such as diabetes, heart diseases, chronic lungs diseases and cancers impose significant but often preventable financial and broader economic costs on individuals, households and economies. Yet, despite the high health and economic burden, global financial investment dedicated to the NCD burden has remained constant over the past 15 years at 1 to 2%.
- 2. The Pacific Countries and Territories (PICTs) particularly face a significant burden from NCDs which account for over 75% of all deaths, though largely preventable. Premature mortality and disability due to NCDs increase health care cost to the governments and families and contribute to lost workforce and reduce national productivity. This poses a significant threat to achieving sustainable development in the region.
- 3. Recognising the disproportionate burden of NCDs, the Pacific leaders endorsed the implementation of the Pacific NCD Roadmap¹ which is in line with WHO NCD best-buys². The Roadmap includes five key recommended actions and other multi-sectoral interventions.
- 4. Endorsed by the Pacific Health Ministers, since 2018, the Pacific Monitoring Alliance for NCD Actions (MANA) Dashboard³ has been used as a mutual accountability mechanism to monitor the progress on the implementation of the Roadmap every 2 years and to prioritise key national actions. To improve implementation of the Roadmap, the Pacific Legislative Framework for NCDs⁴ was developed and endorsed for implementation by the Pacific Health Ministers in 2022.
- 5. To date, all 21 dashboards have been validated and formally endorsed by the respective Ministries of Health by December 2022. This paper highlights the progress made in 2021-2022 using the MANA Dashboard assessment, and addresses challenges and future directions to scale up Roadmap actions in PICTs.

B. Discussion

Key Progress

6. All 21 PICTs MANA dashboards have been updated and validated for 2021-2022 and assessed against the 2019-2020 progress and baseline (2017-2018), to monitor the trends around the implementation of the Pacific NCD Roadmap, and to prioritise key national actions for 2023-2024 (see annex 1).

https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y

¹ World Bank, NCD Roadmap Report, http://documents.worldbank.org/curated/en/534551468332387599/pdf/893050WP0P13040PUBLIC00NCD0Roadmap.pdf

² WHO, Tackling NCDs: 'Best buy's and other recommended interventions for the prevention and control of noncommunicable diseases,

³ SPC, MANA Dashboard report, indicators and data dictionary, <u>Status of non-communicable diseases policy and legislation in Pacific Island countries and territories, 2018 (windows.net)</u>

⁴ SPC, Pacific Legislative Framework for NCDs, PACIFIC LEGISLATIVE FRAMEWORK FOR NON-COMMUNICABLE DISEASES (windows.net)

7. Over the past two years, most of the progress has been around the implementation of policy measures to restrict access to and availability of less healthy foods and drinks, fiscal policies, physical activity, and health systems response programmes and management services. These improvements are complemented by engaging and mobilising relevant key stakeholders. However, NCDs governance and some preventative policies have regressed or stagnated as PICTs continued to face challenges due to COVID-19 and other competing priorities.

The following summarises the progress on the key areas recommended in the Pacific NCD Roadmap and where relevant, cumulative progress updates are also reported.

Recommendation 1: Strengthen tobacco control by an incremental increase in excise duties to 70% of the retail price of cigarettes.

8. Vanuatu has further strengthened tobacco taxation measures in 2021-2022, resulting in a total of 20 PICTs that have maintained and/or implemented fiscal measures on tobacco control. However, only five PICTs (American Samoa, New Caledonia, Palau, Tonga, and Wallis & Futuna) were rated as having strong measures. Furthermore, some PICTs have recently introduced excise tax specific to electronic cigarettes to address its rapidly expanding market.

Recommendation 2: Increase in taxation of alcohol products.

9. Republic of Marshall Island has implemented alcohol taxation measures and French Polynesia further increased tax on alcohol. All other PICTs have maintained the level of taxations as was reported at the 2022 FEMM. Since MANA baseline reporting in 2018, all 21 PICTs now have alcohol taxation measures in place, however, taxation levels are low and mainly based on beverage type rather than on ethanol content as recommended by the WHO NCD best-buys.

Recommendation 3: Improve policies on food and drink products directly linked to NCD, especially salt and sugary drinks.

10. Niue has strengthened its policy to reduce population salt consumption resulting in 16 PICTs in total; 8 PICTs have referenced approaches to restrict trans-fat in the food supply in national documents; 15 PICTs strengthened policies to encourage the provision and promotion of healthy food choices in schools; 13 PICTs have endorsed food-based dietary guidelines and 15 PICTs have improved taxation measures on sugar-sweetened beverages (SSB) and unhealthy foods. However, implementation remains low and there are many opportunities for strengthening.

Recommendation 4: Enhance primary and secondary prevention of NCD including scaling up of WHO package of essential noncommunicable (PEN) disease interventions for primary health care.

11. In 2021-2022, 20 PICTs have national guidelines for the diagnosis and management of at least one of the four main NCDs; the Cook Islands and French Polynesia have strengthened restrictions on the marketing of breast milk substitutes (total 7 PICTs); and 6 PICTs have strengthened baby-friendly hospitals initiatives to promote breastfeeding.

Recommendation 5: Strengthen the evidence base for better investment planning and program effectiveness.

12. Over the past few years, tax impact studies on unhealthy products were conducted in some PICTs, for example, tobacco tax impact assessment in the Cook Islands, FSM, Kiribati, Palau, Solomon Islands and Tonga; alcohol in Kiribati, Nauru, Palau, and Tonga; and SSBs in Cook Islands, Fiji, PNG, and Solomon Islands. The studies found that increasing taxes resulted in an increased price of product at point-of-sale, decreased consumption, increased government revenue, and decreased import quantities. Most recently, a study in Tonga⁵ showed that implementation of its NCD-related taxation policy led to the declined consumption of almost all taxed items and increased revenue to support health promotion and NCD prevention.

Others

- 13. To date, 18 PICTs have legislation on smoke-free public places, and tobacco advertising, promotion, and sponsorship; 19 PICTs on tobacco sales and licensing; and French Polynesia, Niue, and Samoa on tobacco industry interference. However, the strength of actions for tobacco control indicators varied greatly among countries. On *the implementation of other preventive policies*, since MANA baseline reporting in 2018, 19 PICTs now have regulations to control drink driving, 7 PICTs restrict alcohol advertising, 21 PICTs has licenses to restrict sales of alcohol, and 16 PICTs have compulsory physical education in schools.
- 14. Progress on the implementation of *leadership and governance* area has regressed in 2021-2022. The total number of PICTs that have a functioning multi-sectoral NCD taskforces has decreased from 12 PICTs in 2019-2020 to 7 PICTs (FSM, Fiji, Nauru, Palau, RMI, Tonga and Tuvalu).
- 15. The *Pacific Legislative Framework (PLF) for NCD* endorsed at the 14th Pacific Health Ministers Meeting in March 2022, has been utilised to assist PICTs to develop effective legislation to address the drivers of obesity and NCDs. 3 PICTs have strengthened food fiscal policies in 2022; 8 PICTs convened and developed plans to implement health taxes including those on Sugar Sweetened Beverages (SSBs); and 7 PICTs convened and developed plans for national legislation to regulate marketing of unhealthy foods and beverages to children.

Challenges

- 16. Despite some progress made, disproportionate investment and action to prevent and treat NCDs persists. PICTs continue to face a crisis due to NCDs and this impacts the region's health, social and economic development. While the Pacific NCD Roadmap has clearly identified key recommended actions to address these challenges, progress on implementation remains slow. The investment to scale up actions on NCD prevention and management is still disproportionate given the scale of the problem. The burden of NCDs will likely increase unless urgent action is taken.
- 17. There are escalating challenges on NCD prevention and the drivers of NCDs including commercial and environmental determinants continue to increase. Unhealthy behaviors such as tobacco use, alcohol abuse, betel nut chewing, physical inactivity and consuming unhealthy foods and drinks are still a significant challenge in the Pacific. The availability of more accessible alternatives (e.g., locally grown tobacco) often undermines preventive measures implemented against unhealthy products. The COVID-19 pandemic, natural disasters and other competing emerging issues continue to be a challenge in the region and hampers progress of the NCD prevention and control

⁵ The World Bank, Using taxation to address NCDs: lessons from Tonga, report 2019 May 24 TONGA report.indd (worldbank.org)

efforts as resources are being diverted away from the attention of NCDs. This will continue to have a substantial impact on NCDs.

C. Next Steps

- 18. Multiple factors (inside and beyond the health sector) are driving the rise in NCDs. While health sectors can take lead in some aspects of scaling up NCD actions, many interventions require collaborative actions with non-health sectors. Specifically, substantial efforts are required, in particular, to:
 - i. Invest additional financial resources to NCD prevention and control efforts at national level and allocate a greater share of public funds to strengthen primary health care services;
 - ii. Further strengthening fiscal policies on tobacco, alcohol and unhealthy food and drinks to reach the recommended taxation targets, and further reduce taxes on healthy alternatives such as fruits and vegetables;
- iii. Increase the proportion of tax revenue earmarked for NCDs and utilise tax revenue for health promotion;
- iv. Explore using public-private partnerships to raise additional funds to address NCD prevention and control;
- v. Monitor economic costs due to NCDs at the national level and prioritise poverty reduction strategies that target NCDs; and
- vi. Enact legislation and ensure implementation and monitoring, of NCD preventive policies, legislations and regulations by prioritising and addressing national and regional gaps on policies and legislation identified in the Pacific MANA Dashboard.

Pacific Community (SPC) 6 June 2023

Annex 1: Pacific Monitoring Alliance for NCD Action Dashboard Progress 2017 – 2018 vs 2019 – 2020 vs 2021 – 2022

| | American Samoa | | | Commonwealth of the Mariana Islands | | | С | ook Islan | ıds | Federated States of Micronesia | | | | | Fiji | French Polynesia | | | Guam | | | | |
|---|----------------|---------|---------|--|---------|---------|---------|-----------|---------|--------------------------------|---------|----|---------|----------|---------|------------------|---------|---------|---------|---------|---------|---------|---------|
| | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | | 2021-22 | | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 |
| Leadership and governance | | | | | | | | | | | | | | | | | | | | | | | |
| L1. Multi-sectoral NCD taskforce | | | | | * | | | | | | | | *** | | | * | * | | | | *** | *** | |
| L2. National strategy addressing NCDs and risk factors | | | | | | | *** | *** | *** | | *** | | *** | | *** | *** | | | ** | ** | *** | *** | |
| L3. Explicit NCD indicators and targets | ** | | | | | | *** | *** | *** | *** | *** | | *** | | *** | *** | | | | | *** | *** | *** |
| Preventive policies | | | | | | | | | | | | | | | | | | | | | | | |
| Tobacco | | | | | | | | | | | | | | | | | | | | | | | |
| T1. Tobacco excise taxes | ** | ** | ** | ** | ** | ** | ** | ** | ** | * | * | | * | | * | * | * | *** | *** | *** | * | * | * |
| T2. Smoke-free environments | *** | *** | *** | ** | ** | ** | ** | *** | *** | | * | | | | * | ** | ** | *** | *** | *** | *** | ** | ** |
| T3. Tobacco health warnings | | | | | | | ** | *** | *** | | | | | | *** | *** | *** | *** | ** | ** | * | * | - ~ ~ |
| T4. Tobacco advertising, promotion and sponsorship | | ** | | | | | .,,, | *** | *** | | | | | | | ** | ** | *** | *** | *** | | | |
| T5. Tobacco sales and licencing | *** | *** | *** | *** | *** | *** | * | * | * | N/A | * | С | K n | I v | *** | ** | *** | | | | ** | ** | ** |
| T6. Tobacco industry interference | *** | *** | XXX | *** | *** | *** | * | * | * | N/A | * | * | * * | <u> </u> | *** | жж | *** | | | | жж | жж | N N |
| Alcohol | | | | | | | | | | | | С | КР | Ιγ | | | | | | | | | _ |
| A1. Alcohol licencing to restrict sales | *** | *** | *** | *** | *** | *** | | | | N/A | | | | - | | | *** | ** | ** | ** | *** | *** | *** |
| | жжж | жжж | XXX | жжж | жжж | XXX | ** | ** | ** | | ** | XX | ** ** | XX | ** | ** | жжж | XX | | XX | XXX | жжж | XXX |
| A2. Alcohol advertising | | | | | | | | | | N/A | *** | | | | | | | | *** | | | | 4 |
| A3. Alcohol taxation | | | | | | | | | | | | | | _ | *** | *** | | | | | | | 4 |
| A4. Drink driving | * | ** | | * | * | * | | * | ** | N/A | | | | | ** | ** | ** | ** | ** | ** | ** | ** | |
| Food | | | | | | | | | | | | | | | | | | | | | | | |
| F1. Reducing salt consumption | | | | | | | ** | ** | ** | *** | ** | | * | | *** | *** | | ** | * | * | ** | ** | * |
| F2. Trans-fats | | | | | | | | * | * | | | | | | | | | | | | | | 4 |
| F3. Unhealthy food marketing to children | | | | | | | | *** | *** | | | | | | | | | | | | | | 4 |
| F4. Food fiscal policies | | | | | | | * | * | * | * | * | | | _ | * | * | * | * | * | * | | | |
| F5. Healthy food policies in Schools | ** | ** | * | | | | * | * | * | N/A | | | | | * | * | * | *** | *** | | | *** | |
| F6. Food-based dietary guidelines | | | | | | | ** | ** | ** | | | | | | * | * | * | ** | ** | ** | ** | ** | ** |
| Physical Activity | | | | | | 4 4 4 | | | | | | | | <u> </u> | | | | | | | | | _ |
| P1. Compulsory physical education in school curriculum | *** | | | | *** | *** | ** | *** | *** | | | | | | | | ** | *** | *** | *** | * | * | |
| Enforcement | | | | | | | | | | | | | | | | | | | | | | | 4 |
| E1. Enforcement of laws and regulations related to NCD risk factors | | * | | *** | | | | *** | ** | N/A | ** | | | | | | | | | | * | * | |
| Health system response programmes | | | | | | | | | | | | | | | | | | | | | | | 4 |
| H1. National guidelines for care of main NCDs | ** | ** | ** | | | ** | * | *** | *** | | * | | ** | | * | * | * | *** | | *** | ** | ** | ** |
| H2. Essential drugs | | | | *** | | | | *** | *** | N/A | ** | | | | * | * | * | *** | *** | *** | | *** | |
| H3. Smoking cessation | * | ** | * | ** | ** | *** | ** | ** | *** | N/A | | | * | | * | * | * | ** | *** | *** | ** | *** | *** |
| H4. Marketing of breast milk substitutes | | | | | | | | | | | | | | | *** | ** | ** | | | *** | | | |
| H5. Baby friendly hospitals | | | | | | | | | | | | | | | * | * | ** | | | | | | |
| H6. Maternity leave and breastfeeding | | ** | | | * | | | | | | | | | | * | * | * | *** | *** | *** | | *** | |
| Monitoring | | | | | | | | | | | | | | | | | | | | | | | |
| M1. Population risk factor prevalence surveys - adults | ** | ** | ** | ** | ** | | *** | *** | *** | *** | | | | | * | * | | | | | * | ** | * |
| M2. Population risk factor prevalence surveys - youth | | | | | | | *** | * | | *** | *** | | * | | * | * | | *** | *** | *** | | | |
| M3. Child growth monitoring | | | | * | * | * | ** | *** | | | | | | | | | ** | | | | | | |
| M4. Routine cause-specific mortality | ** | *** | | *** | *** | * | *** | *** | *** | ** | ** | | ** | | * | * | *** | *** | ** | | * | * | * |

Note: Red: not present; Amber: under development; Green: present (*) low (**) medium (***) high strength of action; NA (not applicable)

Pacific Monitoring Alliance for NCD Action (MANA) Dashboard Progress 2017 – 2018 vs 2019 – 2020 vs 2021 – 2022

| | | Kiribati | | | Nauru | | | Niue | | Ne | ew Caledon | | Palau | | PNG | | | Republic of the Marshall Islands | | | |
|---|---------|----------|---------|---------|---------|---------|---------|---------|---------|---------|------------|---------|---------|---------|-----------|---------|---------|-------------------------------------|---------|---------|---------|
| | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-2022 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 |
| Leadership and governance | | | | | | | | | | | | | | | | | | | | | |
| L1. Multi-sectoral NCD taskforce | | | | | ** | ** | | | | | | | *** | *** | *** | | | | | * | * |
| L2. National strategy addressing NCDs and risk factors | | | *** | | | | *** | *** | | | * | * | | ** | | *** | *** | | | | |
| L3. Explicit NCD indicators and targets | ** | ** | | | *** | *** | | * | * | | | | *** | *** | | *** | *** | | | | |
| Preventive policies | | | | | | | | | | | | | | | | | | | | | |
| Tobacco | | | | | | | | | | | | | | | | | | | | | |
| T1. Tobacco excise taxes | * | * | * | * | | | * | * | * | *** | *** | *** | *** | *** | *** | | ** | ** | | * | * |
| T2. Smoke-free environments | ** | ** | ** | *** | *** | *** | | *** | *** | *** | *** | *** | ** | ** | ** | *** | *** | *** | ** | ** | ** |
| T3. Tobacco health warnings | | | * | | | | | *** | *** | * | ** | * | | | | ** | *** | *** | | | |
| T4. Tobacco advertising, promotion and sponsorship | ** | *** | *** | *** | *** | ** | | *** | *** | *** | *** | *** | *** | *** | *** | ** | ** | ** | ** | | |
| T5. Tobacco sales and licencing | * | * | * | ** | ** | ** | | *** | *** | | | | *** | *** | *** | *** | ** | ** | | * | |
| T6. Tobacco industry interference | | | | | | | | *** | *** | | | | | | | | | | | | |
| Alcohol | | | | | | | | | | | | | | | | | | | | | |
| A1. Alcohol licencing to restrict sales | ** | ** | ** | ×× | *** | *** | ** | ** | ** | *** | *** | *** | *** | *** | *** | ** | *** | *** | ** | ** | * |
| A2. Alcohol advertising | | | | | | | | | | ** | *** | *** | | | | | | | | | |
| A3. Alcohol taxation | | | | *** | *** | *** | | | | *** | *** | *** | | | | | ** | ** | | | |
| A4. Drink driving | * | * | | ** | ** | ** | * | * | * | ** | *** | *** | ** | ** | ** | | | | * | * | |
| Food | | | | | | | | | | | | | | | | | | | | | |
| F1. Reducing salt consumption | ** | *** | *** | * | * | * | | | * | ** | ** | * | * | * | * | * | | | | | |
| F2. Trans-fats | | | | | | | | | | | | | | | | | | | | | |
| F3. Unhealthy food marketing to children | *** | *** | *** | | | | | | | | | | | | | | | | | | |
| F4. Food fiscal policies | *** | *** | ** | *** | *** | | ** | ** | ** | | * | * | | | | | | | * | * | * |
| F5. Healthy food policies in Schools | * | * | * | | ★★ | ** | ** | *** | *** | * | * | * | | ** | ** | | | | | | |
| F6. Food-based dietary guidelines | *** | *** | *** | | | | *** | *** | *** | ** | *** | *** | | ** | ** | | | | * | * | * |
| Physical Activity | | | | | | | | | | | | | | | | | | | | | |
| P1. Compulsory physical education in school curriculum | *** | *** | *** | *** | *** | *** | *** | *** | *** | | ** | *** | | | | ** | *** | ** | | | |
| Enforcement | | | | | | | | | | | | | | | | | | | | | |
| E1. Enforcement of laws and regulations related to NCD risk factors | * | *** | *** | | | | | | | | | | | * | * | | | | | | |
| Health system response programmes | | | | | | | | | | | | | | | | | | | | | 4 |
| H1. National guidelines for care of main NCDs | * | * | * | * | ** | ** | *** | ** | ** | *** | *** | *** | | ** | ** | * | * | * | | | |
| H2. Essential drugs | ** | ★★ | ** | ★★ | *** | *** | ** | | | *** | *** | *** | | | * | | | | | | |
| H3. Smoking cessation | | | | | | | *** | *** | *** | *** | *** | ** | * | ** | ** | | * | * | | | * |
| H4. Marketing of breast milk substitutes | | ** | ** | | | | | | | | | | *** | *** | *** | | | | | | |
| H5. Baby friendly hospitals | | | | | | | | | | | | | | | | | | *** | | | |
| H6. Maternity leave and breastfeeding | * | * | | | | | | | | | *** | ** | | | | | | | | | |
| Monitoring | | | | | | | | | | | | | | | | | | | | | |
| M1. Population risk factor prevalence surveys - adults | ** | *** | | ** | ** | | | | | *** | | | ** | ** | ** | * | | | | ** | ** |
| M2. Population risk factor prevalence surveys - youth | | | | | | | | *** | *** | | | | *** | *** | *** | | | | * | * | *** |
| M3. Child growth monitoring | | | | *** | *** | *** | *** | *** | *** | | | *** | *** | * | *** | *** | ** | ** | | *** | *** |
| M4. Routine cause-specific mortality | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** | ** | | | | *** | ** | ** | ** |

Note: Red: not present; Amber: under development; Green: present (*) low (**) medium (***) high strength of action; NA (not applicable)

Pacific Monitoring Alliance for NCD Action (MANA) Dashboard Progress 2017 – 2018 vs 2019 – 2020 vs 2021 – 2022

| | | Samoa | | Solomon Islands | | | | Гokelau | | | Tonga | | Tuvalu | | | | Vanuatu | 1 | Wallis and Futuna | | | |
|---|----------|---------|---------|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------------------|---------|---------|--|
| | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2021-22 | 2021-22 | 2017-18 | 2019-20 | 2019-20 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | 2017-18 | 2019-20 | 2021-22 | |
| Leadership and governance | | | | | | | | | | | | | | | | | | | | | | |
| L1. Multi-sectoral NCD taskforce | *** | *** | | | | | | | | *** | *** | *** | ** | ** | *** | | | | | | | |
| L2. National strategy addressing NCDs and risk factors | *** | *** | *** | | *** | *** | | | | *** | *** | *** | *** | *** | *** | *** | *** | *** | | | | |
| L3. Explicit NCD indicators and targets | ** | *** | *** | | *** | *** | *** | *** | *** | *** | *** | *** | ** | ** | ** | *** | *** | *** | | | | |
| Preventive policies | | | | | | | | | | | | | | | | | | | | | | |
| Tobacco | | | | | | | | | | | | | | | | | | | | | | |
| T1. Tobacco excise taxes | ** | ** | * | | | | | | | *** | *** | *** | ** | * | *** | * | * | ** | *** | *** | *** | |
| T2. Smoke-free environments | ** | ** | *** | * | * | ** | ** | ** | ** | ** | ** | ** | *** | ** | ** | *** | *** | | | | | |
| T3. Tobacco health warnings | ** | *** | *** | ** | ** | *** | | | | ** | ** | ** | * | | | *** | ** | ** | | | | |
| T4. Tobacco advertising, promotion and sponsorship | *** | ** | *** | | | ** | | * | | ** | ** | ** | *** | ** | ** | ** | *** | * | *** | *** | *** | |
| T5. Tobacco sales and licencing | | *** | *** | *** | *** | *** | | | | * | * | * | *** | *** | *** | *** | *** | ** | | | | |
| T6. Tobacco industry interference | | *** | * | | | | | | | - 11 | | | | | | | | | | | | |
| Alcohol | | 7,7,7,7 | | | | | | | | | | | | | | | | | | | | |
| A1. Alcohol licencing to restrict sales | ** | *** | *** | *** | *** | *** | ** | ** | ** | *** | *** | *** | *** | *** | *** | ** | ** | ** | ** | ** | ** | |
| A2. Alcohol advertising | | | | | | | | | | | | | | | | | | | | | | |
| A3. Alcohol taxation | * | * | ** | ** | ** | ** | | | | | | *** | *** | ** | ** | | | | | | | |
| A4. Drink driving | | * | ** | ** | ** | ** | | | | ** | ** | ** | * | * | * | | | | *** | ** | ** | |
| Food | | | | | | | | | | | | | | | | | | | | | | |
| F1. Reducing salt consumption | *** | *** | *** | | * | * | | | | | * | * | | * | * | | | | | | | |
| F2. Trans-fats | | ** | ** | | | | | | | | | * | | * | * | | | | | | | |
| F3. Unhealthy food marketing to children | | * | * | | | | | | | | | | | | | | | | | | | |
| F4. Food fiscal policies | *** | *** | ** | | | ** | *** | | | *** | *** | *** | | | * | ☆☆ | ** | *** | * | * | * | |
| F5. Healthy food policies in Schools | * | *** | *** | | | | | | | | *** | *** | | | | | | | | | | |
| F6. Food-based dietary guidelines | *** | *** | *** | *** | *** | *** | | | | ** | | *** | | *** | *** | | | | | | | |
| Physical Activity | | | | | | | | | | | | | | | | | | | | | | |
| P1. Compulsory physical education in school curriculum | ** | *** | * | ** | ** | ** | ** | ** | *** | * | | | | | * | | | | *** | *** | *** | |
| Enforcement | | | | | | | | | | | | | | | | | | | | | | |
| E1. Enforcement of laws and regulations related to NCD risk factors | | ** | *** | * | | | | | | * | *** | *** | ** | ** | ** | | | | *** | *** | *** | |
| Health system response programmes | | | | | | | | | | | | | | | | | | | | | | |
| H1. National guidelines for care of main NCDs | * | ** | ** | *** | *** | *** | ** | ** | ** | *** | *** | *** | ** | ** | *** | * | * | * | *** | *** | *** | |
| H2. Essential drugs | ** | *** | *** | | | | *** | *** | | *** | *** | *** | ** | ** | *** | | | | *** | *** | *** | |
| H3. Smoking cessation | | | * | ** | | | | | | *** | *** | *** | | | | * | * | * | | | | |
| H4. Marketing of breast milk substitutes | | | | | | | | | | | | | | | | | | | | | | |
| H5. Baby friendly hospitals | | | | | | * | | | | | | | | | | | | | | | | |
| H6. Maternity leave and breastfeeding | | *** | | | | | | | | | | | | | | | | | | | | |
| Monitoring | | | | | | | | | | | | | | | | | | | | | | |
| M1. Population risk factor prevalence surveys - adults | *** | | | ** | ** | | *** | *** | | *** | *** | *** | *** | *** | | | | | | ** | ** | |
| M2. Population risk factor prevalence surveys - youth | | *** | | | | | *** | *** | | *** | *** | *** | *** | ** | *** | *** | *** | * | *** | *** | *** | |
| M3. Child growth monitoring | | | | | | | * | * | * | | * | * | ** | ** | ** | | | * | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

Note: Red: not present; Amber: under development; Green: present (*) low (**) medium (***) high strength of action; NA (not applicable)