

Progress status of Non-Communicable Diseases actions in the Pacific Islands Countries and Territories, 2021-2022

Monitored using Pacific Monitoring Alliance for NCD Action (MANA) Dashboard

Progress Summary 2023

By

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PACIFIC HEADS OF HEALTH | Réunion des directeurs de la santé du Pacifique

Background

To intensify multi-sectoral responses to the Pacific Non-Communicable Diseases (NCD) crisis, the inaugural Joint Forum Economic and Health Ministers Meeting held in the Solomon Islands in 2014 endorsed the Pacific NCD Roadmap. The roadmap includes five key recommendations and a menu of over 30 other multi-sectoral interventions suited to the Pacific region.

To assist Pacific Island Countries and Territories (PICTs) to monitor progress on implementing the roadmap, the Pacific Monitoring Alliance for NCD Action (MANA) was established and a mutual accountability mechanism using the MANA Dashboard was developed to report back to every Pacific Health Ministers and Heads of Health Meeting. The MANA Dashboard includes 31 indicators across four different domains such as leadership and governance; preventative policies and legislations; health system response programs; and monitoring. The methodology used to assess the progress using MANA Dashboard can be referred to in the baseline status report 2017-2018.

This progress update summarises the preliminary findings on the progress made in 2021-2022 against the status in 2019-2020¹ as well as the baseline status in 2017-2018², monitored through the MANA Dashboard.

Key progress

All 21 PICTs Dashboards have been updated and validated for 2021-2022. All except for four PICTs Dashboards (Federated States of Micronesia (FSM), Fiji, Guam, and the Solomon Islands) have been formally endorsed by the respective Ministries of Health.

The following summarises the findings for 2021-2022, where relevant, cumulative progress updates are also reported.

1. Leadership and governance

FSM has established a functioning NCD taskforce in 2021-2022, however, the total number of PICTs that have a functioning multi-sectoral NCD taskforces has been reduced from 12 PICTs in 2019-2020 to seven PICTs (FSM, Fiji, Nauru, Palau, RMI, Tonga and Tuvalu) in 2021-2022. Only four PICTs (FSM, Palau, Tonga and Tuvalu) were rated as having 'strong' (i.e., three stars green rating) functional taskforces.

In 2021-2022, Kiribati has strengthened its national NCD strategies, while some PICTs' strategic plans were expired and in the process of developing new plans. To date, 14 PICTs (Cook Islands, FSM, Fiji, French Polynesia, Kiribati, Guam, Nauru, New Caledonia, PNG, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu) have up-to-date national NCD strategies.

To date, 14 PICTs (Cook Islands, FSM, Fiji, Guam, Kiribati, Nauru, Niue, PNG, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu) have national NCD indicators and targets.

 ¹ Progress on implementation of Roadmap monitored through MANA <u>https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0272424</u>
² Baseline status on NCD policy and legislation actions in the Pacific <u>https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08795-2</u>

2. Preventive policies and legislations

Tobacco control: 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.

In 2021-2022, Samoa and Solomon Islands have further strengthened legislation on smokefree public places, and tobacco advertising, promotion, and sponsorship; Fiji and French Polynesia on tobacco sales and licensing and tobacco industry interference; and Kiribati and Solomon Islands on tobacco health warning. 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 three PICTs (French Polynesia, Niue, and Samoa) on tobacco industry interference. However, the strength of actions for tobacco control indicators varied greatly among countries.

Alcohol control: In 2021-2022, Fiji and New Caledonia have strengthened policy and legislation on alcohol licensing to restrict sales; Tonga on alcohol advertising; French Polynesia on alcohol taxation; and New Caledonia and Samoa on drink driving. To date, all 21 PICTs have alcohol licensing and taxation measures; 19 PICTs on drink driving; and 7 PICTs (FSM, Guam, Nauru, New Caledonia, Samoa, Tuvalu, and Wallis & Futuna) on alcohol advertising. The strength of actions for alcohol control indicators varied greatly among countries, and most countries have low strength of actions, particularly on advertising, taxation, and drink driving legislation.

Food and physical activity:

In 2021-2022, Niue has strengthened its policy to reduce population salt consumption resulting in 16 PICTs in total; three additional PICTs (Fiji, French Polynesia, and Tonga) have referenced approaches to restrict trans-fat in the food supply in national documents resulting in 8 PICTs; two additional PICTs (New Caledonia and Tokelau) strengthened policies to encourage the provision and promotion of healthy food choices in schools, which brings the total to 15 PICTs; and Tonga has endorsedfood-based dietary guidelines resulting in 13 PICTs in total. However, the strengths of actions are low in most PICTs.

Four additional PICTs (Solomon Islands, Tuvalu, Palau, and Vanuatu) have improved taxation measures on sugar-sweetened beverages (SSB) and unhealthy foods, bringing the total to 15 PICTs. However, only four PICTs (Kiribati, Nauru, Vanuatu, and Tonga) were rated as having 'strong' measures in place. Four PICTs (Cook Islands, Kiribati, Niue, and Samoa) continued to strengthen regulations on unhealthy food marketing to children.

Two additional PICTs (Fiji and Tuvalu) have introduced compulsory physical education in schools resulting in a total of 16 PICTs.

Enforcement: Fiji and Samoa have further strengthened the enforcement of NCD risk factors, in 2021-2022. This brings the total to 18 PICTs that have enforcement measures; however, the strengths of most enforcement systems are still weak with only four PICTs (Kiribati, Samoa, Tonga, and Wallis & Futuna) rated as having strong systems in place.

3. Health system response programs

In 2021-2022, one additional PICT (French Polynesia) has introduced national guidelines for the diagnosis and management of at least one of the four main NCDs (total of 20 PICTs); Palau has identified essential NCD medicines included in the national list of essential medicines (total 19 PICTs); and Cook Islands and Samoa have further strengthened smoking cessation support (total 18 PICTs).

Regarding programs related to infant nutrition, in 2021-2022, the Cook Islands and French Polynesia have strengthened restrictions on the marketing of breast milk substitutes (total of seven PICTs); and four additional PICTs (Fiji, French Polynesia, Niue, and Solomon Islands) have strengthened baby-friendly hospitals initiatives to promote breastfeeding (total six PICTs). Tonga has introduced legislation to provide at least 12 weeks of paid maternity leave and breastfeeding facilities, while some PICTs have reduced the ratings, resulting in a total of 9 PICTs. However, the strength of implementation is still low in many areas.

4. Monitoring

In 2021-2022, New Caledonia and Cook Islands have collected an adult NCD risk factors prevalence survey and Kiribati collected a youth population risk factors prevalence survey. However, the total number of PICTs that have collected population NCD risk factors survey for adults in the last five years has been reduced to 12 PICTs (from 16 at baseline, 2018).

Three PICTs (Fiji, PNG, and Solomon Islands) have strengthened systems for generating causespecific mortality data on a routine basis in 2021-2022, resulting in a total of 20 PICTs. Five PICTs (FSM, Fiji, New Caledonia, Palau, and Vanuatu) have improved in collecting and reporting child growth data, therefore bringing the total to 16 PICTs. However, the strength of actions for monitoring indicators varied greatly among countries.

Conclusion

While PICTs continue to make progress, there is still a significant gap in addressing NCD in PICTs, both in terms of weaknesses of existing measures and areas that have had little attention to date. These include, for example, establishing a functioning national NCD committee to oversee the implementation of the national multi-sectoral NCD plan; preventing tobacco industry interference; regulating alcohol advertising; limiting trans-fats in the food supply; restricting marketing of foods and non-alcoholic beverages to children; restricting marketing of breast milk substitutes; establishing baby-friendly hospital to promote breastfeeding; conducting regular risk factors surveillance survey for different target age groups; and enforcing policies and legislations on NCD risk factors. Substantial efforts are still required to further raise taxes on tobacco, alcohol, and unhealthy foods and drinks in line with global recommendations and reduce taxes on healthy alternatives such as fruits and vegetables.

Many PICTs still do not have sufficient resources and capacity to prevent and control NCDs more effectively to achieve optimal impact on health. These require urgent actions at the regional and national levels. PICTS must be committed to strengthening the implementation of Pacific NCD roadmap recommendations in a whole-of-government and whole-of-society approach at the national level in line with NCD best-buys interventions; utilising the Pacific MANA Dashboard nationally to prioritize key actions for next year and to report back at the Pacific Health Ministers Meeting every two years and Pacific Heads of Health Meeting every year; and investing resources for primary and secondary prevention of NCDs.

Political, environmental, and socioeconomic factors continue to hamper progress on all aspects of NCD prevention and control across the Pacific. Scaling up actions on NCD-related policies, legislations and programs will ensure the prevention of NCD, safeguarding of people with NCD, minimising co-morbidity due to COVID-19 and other emerging infectious diseases, and promoting the well-being of all Pacific people. This will contribute to meeting the global NCD targets and SDGs particularly to reducing premature mortality from NCD by one-third by 2030 and to achieving the Pacific's Healthy Island Vision.

| | Ame | American Samoa | | | Commonwealth of the Mariana Islands | | | ook Islan | ds | 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 | 2 | 021-22 | | 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 | | | | | | | | | | | | | | | | | | | | | | | |
| Торассо | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | * | CI | Р | Y | *** | ** | *** | | | | ** | ** | ** |
| T6. Tobacco industry interference | | | | | | | | ~ | ~ | | ~ | * 7 | * | | | | | | | | | | |
| Alcohol | | | | | | | | | | | | C I | (Р | l v | | | | | | | | | |
| A1. Alcohol licencing to restrict sales | *** | *** | *** | *** | *** | *** | ** | ** | ** | N/A | ** | ** * | | ** | ** | ** | *** | ** | ** | ** | *** | *** | *** |
| A2. Alcohol advertising | | | | | | | ~~ | | | N/A | *** | | <u> </u> | | ~~ | ~~ | | | *** | | | | |
| A3. Alcohol taxation | | | | | | | | | | | | | | | *** | *** | | | | | | | |
| A4. Drink driving | * | ** | | * | * | * | | * | ** | N/A | | | | <u> </u> | ** | ** | ** | ** | ** | ** | ** | ** | |
| Food | | | | | | | | | | • | | | | | | | | | | | | | |
| F1. Reducing salt consumption | | | | | | | ** | ★★ | ★★ | *** | ** | | * | | *** | *** | | ** | * | * | ** | ** | * |
| F2. Trans-fats | | | | | | | | * | * | | | | | | | 000 | | | | | | | |
| F3. Unhealthy food marketing to children | | | | | | | | *** | *** | | | | | | | | | | | | | | |
| F4. Food fiscal policies | | | | | | | * | * | * | * | * | | | | * | * | * | * | * | * | | | |
| F5. Healthy food policies in Schools | ★★ | ★★ | * | | | | * | * | * | N/A | | | | | * | * | × | *** | *** | | *** | *** | ★★ |
| F6. Food-based dietary guidelines | | | | | | | ** | ** | ** | | | | | | * | * | * | ** | ** | ** | ** | ★★ | ** |
| Physical Activity | | | | | | | | | | | | | | | | | | | | | | | |
| P1. Compulsory physical education in school curriculum | *** | | | | *** | *** | ** | *** | *** | | | | | | | | ** | *** | *** | *** | * | * | |
| Enforcement | | | | | | | | | | | | | | 1 | | | | | | | | | |
| E1. Enforcement of laws and regulations related to NCD risk factors | | × | | *** | | | | *** | ** | N/A | ** | | | | | | | | | | ★ | * | |
| Health system response programmes | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | ** | *** | | *** | *** | * | *** | *** | *** | ** | ★★ | | ** | | * | * | *** | *** | ** | | * | * | * |

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

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

| | | Kiribati | | | Nauru | | | Niue | | N | ew Caledor | nia | | 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 | | | | | | | | | | | | | | | | | | | | | | |
| Торассо | | | | | | | | | | | | | | | | | | | | | | |
| T1. Tobacco excise taxes | * | * | * | * | | | * | * | * | *** | *** | *** | *** | *** | *** | | ** | ** | | * | * | |
| T2. Smoke-free environments | ** | ** | ** | *** | *** | *** | ^ | *** | *** | *** | *** | *** | ** | ** | ** | *** | *** | *** | ** | ** | ** | |
| T3. Tobacco health warnings | ~~ | ~~ | * | <u>^^^</u> | | ~~~ | | *** | *** | * | ** | * | | | | ** | *** | *** | | | | |
| | | | - · · | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | *** | | | | *** | *** | *** | *** | *** | *** | *** | *** | ** | | *** | × × | *** | ** | *** | *** | |
| ma noutrie cause-specific mortancy | *** | XXX | *** | *** | *** | XXX | | | | XXX | XXX | XXX | | | | | | XXX | | | | |

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

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

| | | Samoa | - | Solo | omon Isla | ands | | Tokelau | | | Tonga | | | Tuvalu | | | Vanuatu | | 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 | *** | *** | | | | | | | | *** | *** | *** | ** | ** | *** | | | | | | | |
| 2. 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 | *** | ** | *** | | | ** | | × | | ** | ** | ** | *** | ** | ** | ** | *** | * | *** | XXX | *** | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | *** | *** | *** | | | * | ~ | | ÷ | ** | ** | ** | ~~ | *** | *** | | | ~ | | | | |

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

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