

**NCD SURVEILLANCE**  
**WITHIN THE PLANNING AND OPERATIONS OF**  
**THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK:**  
A DISCUSSION DOCUMENT (AUGUST 2003)

## Introduction

The intention of this document is to stimulate discussion regarding the proposal that the Pacific Public Health Surveillance Network (PPHSN) consider the inclusion of certain elements of non-communicable disease (NCD) surveillance within the planning and operations of the PPHSN. As a starting point for discussion, this document presents a brief summary of the current status of the PPHSN, including a review of the PPHSN “strategies” and “services” (*not reproduced in this publication, please refer to the ‘PPHSN strategic framework’*), followed by some specific points that might be considered regarding the rationale for such a proposal (i.e. “why” include NCD surveillance) and relative to the implementation of such a proposal (i.e. “how” to include NCD surveillance).

## Background

### NCD surveillance

While the PPHSN has intentionally limited its initial focus to communicable disease (CD) surveillance, for several years the PPHSN Coordinating Body (PPHSN-CB) has recognised the increasing burden of NCDs in the Pacific and repeatedly discussed the idea of including certain elements of NCD surveillance within the planning and operations of the PPHSN. This discussion has gained prominence over the past couple of years with an increasing emphasis on NCDs among the PICT health leadership, and with the growing prospect for the development of a Pacific NCD surveillance network subsequent to the World Health Organization’s NCD-STEPS initiative.

NCD-STEPS (Stepwise Surveillance of NCD Risk Factors) is a global surveillance initiative in which the PICTs have already played a lead role. NCD-STEPS has already been initiated in four PICTs: Fiji Islands, Samoa, the Republic of the Marshall Islands, and the Federated States of Micronesia (Pohnpei only). It is anticipated that five more PICTs (Nauru, the Cook Islands, American Samoa, Vanuatu, and Kiribati) will initiate NCD-STEPS in 2003/2004, and that at least three other PICTs (Tonga, Tuvalu and Tokelau) will initiate NCD-STEPS in 2004/2005.

As with any effective surveillance system/process, NCD-STEPS is intended to function as a long-term commitment by the involved governments to the collection and use of valid and reliable information to help guide relevant policies and practices, and to monitor the effectiveness of these policies and practices. The organisational focal point for Pacific NCD-STEPS is Dr Maximilian de Courten, the NCD Officer in the WHO Office for the South Pacific (WHO-Suva). With an emphasis on capacity strengthening and sustainability in the involved PICTs, Pacific NCD-STEPS is also supported through technical assistance from the Fiji School of Medicine (FSM) and the Menzies Centre at the University of Tasmania, with training assistance from the Pacific Health Research Council (PHRC).

## Rationale for the PPHSN to include aspects of NCD surveillance within its planning and operations

- **Call for a consideration of this from the recent Heads of Health meeting in Tonga.** One of the specific resolutions from the region's health leaders was to consider certain aspects of NCD surveillance within the context of the PPHSN. This resolution is in recognition of the growing significance of NCDs in the overall burden of illness in the Pacific, and the increasing prevalence of the behavioural risk factors associated with NCDs (e.g. tobacco use, unhealthy dietary habits, obesity, hypertension, hypercholesterolemia, etc.)
- **Call for a consideration of this from the PPHSN-CB.** While the PPHSN-CB has repeatedly discussed the possibility of including aspects of NCD surveillance, it was agreed at the last meeting of the PPHSN-CB that this discussion document be prepared to facilitate the consideration that the PPHSN take appropriate steps to include NCD surveillance within its planning and operations.
- **Leverage the development of NCD surveillance through the Pacific NCD-STEPS initiative to enhance the development of the PPHSN.** Considerable effort and support is being provided to the PICTs relative to Pacific NCD-STEPS. A certain efficiency might be gained from a more specific coordination of these efforts with those of the PPHSN, specifically as it relates to the development of the EpiNet "cohort" and to the strengthening of capacity among Pacific health-care personnel to plan, implement and use an effective surveillance system/process. In many PICTs, the same public health and medical departments and personnel dealing with CD surveillance and response are also responsible for NCD surveillance and response. There certainly are also common aspects of NCD and CD surveillance that might be more efficiently developed and implemented in a coordinated fashion (e.g. basic knowledge and skills in designing and implementing research and surveillance activities, capacity for the technical and ethical review of proposed research and surveillance activities, monitoring and evaluating the quality of surveillance data).

## How might the PPHSN include aspects of NCD surveillance within its planning and operations?

- **Identify and utilise existing PPHSN and NCD-STEPS "strategies" that are similar as a starting point for coordination of activities.** Some of these common strategies might be the:
  - harmonisation of health data needs;
  - development of adequate and appropriate surveillance systems for the PICTs;
  - use of relevant and appropriate computer applications and technologies to enhance public health surveillance activities;
  - development and conduct of appropriate training and technical assistance activities;
  - development and dissemination of appropriate diagnostic and treatment guidelines;
  - use of appropriate communication and networking strategies to support regional public health surveillance; and

- use of relevant tools for the publication, dissemination and use of PH surveillance information.
- **Select only certain aspects of NCD surveillance for initial inclusion into PPHSN planning and operations.** NCDs as a group cover a broad spectrum of illnesses including diabetes, hypertension, cardiovascular disease, cerebrovascular disease, cancer, rheumatic diseases, chronic respiratory conditions, as well as intentional and unintentional injuries. In addition to these various diseases there is also a great variety of behavioural and other risk factors that are related to the development of NCDs and that are targeted in primary prevention efforts. Just as the PPHSN consciously limited the scope of CD surveillance for reasons of focus and efficiency, it is likely that a similar limitation in scope for the inclusion of certain aspects of NCD surveillance might be a reasonable initial consideration by the PPHSN. For example, an emphasis on key NCD risk factors might be considered as an initial focus for NCD surveillance within the context of the PPHSN (e.g. tobacco use, unhealthy dietary habits, obesity and physical activity).
- **Explore other models for the integration of CD and NCD surveillance.** Other countries already have taken, or are planning to take, steps to integrate certain aspects of CD and NCD surveillance. These similar efforts might be studied to identify mechanisms that would be appropriate to the Pacific, or that might be modified to be appropriate. There might also be funding that could be pursued to explore such an activity in the Pacific.

**Dr Jan Pryor**

Director Research & Academic Development  
Fiji School of Medicine

**Dr Maximilian de Courten**

NCD Officer, WHO Office for the South Pacific

**Dr Rob Condon**

Public Health Physician and Medical Epidemiologist, WHO Office for the South Pacific