A Framework that Strengthens Legislative Measures to Halt and Reverse the Pacific Non-Communicable Diseases Crisis

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Abbreviations
NCDs = noncommunicable diseases
MANA = Monitoring Alliance for NCD Action
PICTs = Pacific island countries and territories
PLF = Pacific legislative framework
SPC = the Pacific Community, formerly Secretariat of the Pacific Community
WHO = World Health Organization

Introduction

It is well recognized that legislative measures are important tools of health behavioral change.1 The effective use of laws and regulations are powerful tools to address the growing burden of noncommunicable diseases (NCDs), with some of the most common being cardiovascular disease, cancer, chronic respiratory disease and diabetes.1 Many risk factors for NCDs can be minimized through multiple means, which may include restricting the availability of, or imposing taxes on products that cause harm such as tobacco, alcohol, and unhealthy foods and drinks.

At the joint Pacific Forum Economic and Health Ministers Meeting held in 2014, the ministers endorsed the Pacific NCD Roadmap,2 which provides specific policy, regulatory, and tax measures that can be implemented by Pacific Island Countries and Territories (PICTs) to address NCDs more effectively. The ministers also agreed to report on progress against the implementation of the roadmap at every Pacific health ministers’ meeting. To assist PICTs in monitoring progress and implementing the Pacific NCD roadmap, the Pacific Monitoring Alliance for NCD Action (Pacific MANA) was established, and the Pacific MANA Dashboard3 was developed. Pacific MANA is a collaborative alliance that brings together PICTs and development agencies who collect, analyze, translate, and disseminate data related to NCDs. Pacific MANA aims to provide a mechanism for coordinating and strengthening NCD monitoring across the Pacific.4 The Pacific MANA dashboard, on the other hand, uses a traffic light rating scheme (ie, red for no policy present, amber for policy under development, and green for policy in place) to track PICTs’ progress on policies and legislation aimed at preventing NCDs.

The Pacific MANA dashboard baseline assessment, which aimed to monitor progress on the implementation of the Pacific NCD Roadmap, was conducted for 21 PICTs between 2017 and 2018. Findings demonstrate substantial NCD-related legislation gaps that need to be strengthened in PICTs.3 Without urgent legislative actions, NCDs will remain the leading cause of death in PICTs due to premature mortality and disability due to NCDs. NCDs in PICTs also contribute to increased health care cost, reduced productivity and pose a major threat to health and development.6,7

It is highly likely that the burden of NCDs will continue to increase due to the socioeconomic, environmental, and commercial factors that influence the Pacific.8 For example, the food, tobacco and alcohol industries’ have penetrated markets in the region and contribute to the burden of NCDs through advertising, promotion, and sponsorship of unhealthy products that continue to undermine the efforts of combating NCDs. Alternatively, the capacity and expertise to develop and implement NCD-related laws remain limited in many PICTs. In addition, there are limited regional frameworks that guide PICTs to reform NCD related laws to address legislation gaps to cope with the changing environment and to scale up NCD actions.
Efforts in Developing an Innovative Regional Legislative Framework

Recognizing these challenges, the Pacific heads of health and health ministers met in 2017 and 2018 and recommended the development of the Pacific Legislative Framework (PLF) for NCDs that incorporates legislative measures of key NCD risk factors. Following the recommendations provided by Pacific health leaders, development agencies, including the Pacific Community (formerly the South Pacific Commission or Secretariat of the Pacific Community or the SPC), World Health Organization (WHO), and academic institutions, initiated the development of PLF in consultation with PICTs. An inaugural regional consultation meeting was convened in March 2019, with legal experts from 21 PICTs and health policy experts from the development agencies. During the convening, the framework was developed, including the proposed structure, approach, and contents of the PLF.

The framework specifically covers key NCD prevention and control areas including tobacco and liquor control, health promotion, promotion and protection of breastfeeding, regulation of marketing related to unhealthy food and beverages to children, reduction in the consumption of salt, sugar and trans-fat, and NCD taxation measures. In each of the areas covered, the PLF sets out 3 components: legislative policies (policy objectives for legislative provisions); a legislative plan (legal framework to guide the drafting provisions); and legislative provisions (sample guiding provisions that can assist PICTs to adapt into their own respective NCD legislations). The legislative provisions are minimum provisions that countries can adapt when reviewing NCD-related laws. PICTs can use the legislative provisions as a guide, taking into account the drafting practices and styles and the relevant laws within their jurisdictions. The framework also provides practical guidance on the process of reviewing NCD-related laws in each of the PICTs with the view to strengthening those laws. This document was presented at the Pacific health ministers’ meeting in August 2019, where it was endorsed.

The second regional consultation was held in November 2019 where legal and health policy experts from 21 PICTs, development agencies, and academic institutions identified gaps to strengthen the PLF. After a series of follow-up virtual consultations in 2020-2021, the PLF was finalized. The final PLF, a product developed through extensive and comprehensive consultations, was formally endorsed for implementation by the Pacific heads of health in September 2021 and by health ministers in March 2022. The PLF became the first ever innovative regional framework that guides PICTs to reform NCD-related laws and to harness the power of Pacific voice through collective approaches to tackle the Pacific NCD crisis.

While progress has been made with the regional framework, adaptations at a local level continue to be a challenge. There is also an urgent need for PICTs to improve their capacity for enforcing public health laws so that adaptations of the PLF at the local level are effective. Having legislation developed is 1 step, however, implementing and enforcing legislation is another step, and the latter remains a huge challenge across the region. Thus, implications at a more local level continue to be explored.

Through the endorsement of the PLF and with a series of complementary webinars facilitated by SPC and development agencies, PICTs have been upskilled to strengthen their NCD-related legislation using the PLF in developing or amending legislations in respective jurisdictions. Since the endorsement of PLF, for example, Nauru, French Polynesia, Kiribati, Solomon Islands, Tonga, and Tuvalu have identified gaps in their current liquor control, tobacco control, and other legislations with a view to strengthen them in line with the legislative provisions recommended in the PLF. More specifically, PICTs have addressed legislation gaps including regulations on alcohol advertising, marketing of unhealthy foods and sugary drinks, and tobacco industry interference. In the next few years, and after utilizing the PLF, it is expected that PICTs will have further strengthened multisectoral actions recommended in the Pacific NCD Roadmap, through updated laws and regulations, together with other behavioral change interventions for NCDs, such as awareness, education, promotion, and medical interventions.

Conclusion

The PLF is regionally owned and designed to guide the development of NCD-related legislation in all relevant sectors; however, engaging these sectors is still a significant challenge. Given that different government authorities deal with different NCD-related legislation, there is still a need to have an integrated government approach and commitment from the political leaders to enact evidence-based legislation. Despite some challenges, the need for PLF has become apparent as many PICTs have limited knowledge on the technical-know how of legislation development. There is a critical need to support PICTs to identify legislation gaps and utilize the framework in reforming NCD related laws to create an enabling legal environment to address key NCD risk factors. This will contribute to the halt and reversal of the Pacific NCD crisis and meet the global NCD targets particularly to reduce premature mortality from NCDs.

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References


