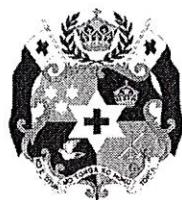


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# NATIONAL HEALTH ETHICS AND RESEARCH COMMITTEE ANNUAL REPORT (2014)

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*NHERC Annual Report 2014*



**MINISTRY OF HEALTH**  
P.O Box 59 Vaiola Hospital

**National Health Ethics and Research Committee**

**National Health Ethics and Research Committee Final Report (2014)**

**Secretariat of the National Health Ethics and Research Committee**

**Period Covered:** January 06<sup>th</sup> 2014 – December 19<sup>th</sup> 2014.

**1. PURPOSE OF NHERC**

- 1.1. To improve the health of the Tongan people through supporting, promoting and upholding appropriate high quality health research that is consistent with Tongan people's context, values and standards;
- 1.2. To protect and safeguard the dignity, rights, safety, health and well-being of all Tongan people partaking in a research study or potential research participants;
- 1.3. To review and provide independent comment on the ethical and possible cultural problems that may arise in any aspect of health research;

**2. FUNCTIONS OF THE NHERC**

***Ethical Review***

- 2.1. Provide independent, competent and timely review of the ethics of research proposals involving human participants;
- 2.2. To create and continually review Ethical Codes and Guidelines for personnel undertaking health-related research with human subjects and human tissue/parts involving the Ministry of Health;
- 2.3. To monitor all ethical aspects of health research and ensure health researchers uphold and conduct responsible and ethical research;

***Health Research Policies and Processes***

- 2.4. The initiation and support for health research;
- 2.5. Development of a national research application form (R1);
- 2.6. Development, endorsement and enforcement of the Ministry of Health 'Health Research policy';
- 2.7. Development and enforcement of corresponding law, acts, guidelines and standards that assist, support and maintain ethical research practices;
- 2.8. Advising or informing the National Health Development Committee (NHDC) on health research policies and guidelines and health-related research proposals/studies;
- 2.9. The promotion and dissemination of health research results and the utilization of these results to the improvement of health practices and operations, health policy, and health care delivery to ultimately improve the health of the Tongan people;
- 2.10. Regularly review and update the Operational Guidelines and policies, if changes are required;

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2.11. The NHERC submits an annual report to the NHDC by March each year;

### ***Health Research and Ethics Development***

- 2.12. Fostering, recruitment, education, training and retention of individuals engaged in health research in Tonga;
- 2.13. The encouragement of health research initiatives by soliciting research proposals and applications, particularly in areas considered by the NHERC to have a high priority;
- 2.14. Develop and maintain close and supportive relationships with Institutions and researchers including charitable, private or other organizations that fund and conduct health research.

### **3. Progress Report**

#### **Meetings**

The NHERC was revived with a determined vision and stance for the year 2014. The NHERC had 6 meetings during 2014 at bi-monthly to monthly intervals, held during Wednesdays and Fridays, as summarized in the table below.

1 <sup>st</sup>	Interim NHERC meeting	12 <sup>th</sup> of February 2014	Wednesday
2 <sup>nd</sup>	Interim NHERC meeting	11 <sup>th</sup> of April 2014	Friday
3 <sup>rd</sup>	Full Committee meeting	4 <sup>th</sup> of June 2014	Wednesday
4 <sup>th</sup>	Full Committee meeting	30 <sup>th</sup> of July 2014	Wednesday
5 <sup>th</sup>	Full Committee meeting	19 <sup>th</sup> of September 2014	Friday
6 <sup>th</sup>	Full Committee meeting	21 <sup>st</sup> of November 2014	Friday

#### **Members**

The Secretariat of the National Health Ethics and Research Committee (NHERC) wishes to extend its utmost appreciation and gratitude to the following members for sparing their invaluable time and contribution to the NHERC's instigation and development. Without your aid and support the NHERC would not have taken flight to such great start. A big 'Malo' to you all.

#### **Interim Members**

- ❖ Dr. Siale 'Akaula
- ❖ Dr. Saia Piukala
- ❖ Dr. 'Ofa Tukia
- ❖ Dr. Siaosi 'Aho
- ❖ Dr. Makameone Taumoepeau
- ❖ Dr. 'Amelia Tu'ipulotu

#### **Current Members of the NHERC**

- ❖ Dr. Seventeen Toumou'a (Chairperson)
- ❖ Dr. Leiukamea Saafi (Clinical Representative)
- ❖ Dr. Reynold 'Ofanoa (Public Health Representative)
- ❖ Dr. 'Amanaki Fakakovikaetau (Dental Representative)
- ❖ Sr. Pinomi Latu (Nursing Representative)
- ❖ Sr. Tilema Cama (Nursing School/ Training Representative)

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| ❖ Mr. Sione Hufanga      | (Health Information System/ Training Representative) |
| ❖ Mrs. Fatai Soakai      | (Community Representative)                           |
| ❖ Mrs. 'Uini 'Aleamotu'a | (Community Representative)                           |
| ❖ Mr. Sioape Kupu        | (Secretary)  |
| ❖ Mrs. 'Eu'ese Fetokai   | (Support Staff)                                      |

### **Milestones**

It is always encouraging to see the development of the NHERC and the progress made throughout the year. It is more heartening to see some Research endeavours from our own Ministry of Health. These are some of the milestones the NHERC has reached and is still moving to grasp higher goals.

- ❖ The revival of the NHERC with renewed determination. The first Interim meeting of the NHERC to discuss its direction and purpose for the year was held on the 12<sup>th</sup> of February 2014.
- ❖ The first draft of the Operational Guidelines for the NHERC was developed and endorsed by the National Health Development Committee on the 05<sup>th</sup> of June 2014. The Guidelines will assist the Committee on its operations and functions by acting as a guiding and learning tool for all NHERC members. The Document also outlines the processes of ethical approval within the Ministry of Health.
- ❖ The NHERC has reviewed/reviewing 14 research proposals throughout the year. Four of those proposals were expedited because they were deemed Student Course Assessments. Three proposals are awaiting review and approval. The remaining 7 research proposals were reviewed by the Full Committee during their regular meetings and approved accordingly. All current proposals are summarized and outlined in Table 1 of this report.
- ❖ The ethical review process has improved dramatically, with approval turn-over within 2-3 months. This is to ensure that proposals are reviewed effectively and efficiently and within reasonable time-frames.
- ❖ Research Application updated and awaiting final review and endorsement.
- ❖ Health Research Policy still in development, but there are plans to amend the Public Health Act 2008 as to accommodate and sanction some of the NHERC actions.
- ❖ The NHERC has included 2 valuable participants outside the Ministry of Health to aid in the review process and to provide a different perspective. Mrs. 'Uini 'Aleamotu'a and Mrs' Fatai Soakai were nominated and are members of the NHERC. The NHERC hopes to recruit interested parties and members to provide different and rich input, increase awareness and knowledge while paving the way for future prospects.
- ❖ The NHERC has built some good relations with educational institutions regionally and internationally like Fiji National University, University of Auckland to name a few. The NHERC plans to expand on more support and relations and to be included into Ethics Review Organizations like FERCAP.
- ❖ 2 Reports have been submitted (student reports), one on Physical Activity among adolescents in the Vava'u Island: Tonga and What are the Normative, Perceived and

## National Health Ethics and Research Committee

Expressed Needs for Orthodontic Treatment amongst Tongan children aged 12-15 years old.

### NHERC Needs.

- ❖ Training Needs of Ethics Committee members. Due to the fact that the National Health Ethics and Research Committee is still starting its baby steps one must understand the current situation. Due to many of the NHERC members needing more training on ethical review the resulting constraint would be the dawdling progress in approving pending proposals. It is the wish of the Research Section to make decisions on research approvals faster and more punctual. So far, all duties and responsibilities of both the Ethics Committee members are self-taught and is a learning process as they progress and become more exposed and aware of their roles and duties, however formal training would bring out their full potential.
- ❖ The short-handed in staff: The Section requires a Research Assistant, because majority of the work-load is focused on the Secretary of the NHERC. Another support staff would help with all the administrative roles to ease and balance out the work-load. In addition, a policy analyst or advisor to assist in the development of the Health Research Policy.
- ❖ To establish a robust and comprehensive system that caters to the different types of proposals that are submitted and to review the proposals efficiently and in a timely manner.

### In Conclusion

In conclusion, the NHERC has gone very far and its future looks promising, a few bumps and tweaks to work on but all that can be handled in time, such as more efficient and prompt reviews, classification of proposals and policies. I would like to thank everyone involved; I cannot thank you enough for the support and time you have put into the NHERC and its duties. Here is to another year of awesomeness and I leave you with some quotes from our clients who have thrown in proposals, to encourage us on the good work accomplished.

"Received with a big Malo 'aupito. I am impressed at how Tonga's Ethics Committee has come back - and in leaps and bounds! Kudos to you!"

"Malo aupito. Thank you so much for all of your assistance and support. I really appreciate your swift responses."

"Thank you very much for your support of \*\*\*\* proposed study so far in Tonga. We are all very impressed with your prompt actions and support."

Kindest Regards,



**Sioape Kupu**  
Health Research Officer  
NHERC Secretary

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*19.02.2015*

Date

**Table 1: Research Proposals Submitted and Approved**

Title	Principal Investigator / Local Investigator	Institution	Type of Review	Approval
1 <sup>st</sup>	Non-communicable disease-related disability research in the Pacific Islands: Tonga component	Dr. Wendy Snowden <b>Mr. Sione Pouliava'ati</b> Pacific Research Centre for the Prevention of Obesity and Non-communicable Diseases (C-POND) under Fiji National University (FNU) - now moved to W.H.O (World Health Organization).	Full Committee Review	2 Year Conditional Approval (15.04.2014) Amendments submitted on the (23.04.2014) Acknowledged (23.04.2014) Progress Report due on the 15.04.2015
2 <sup>nd</sup>	Physical Activity among adolescents in the Vava'u Island: Tonga	Simon Larsson (Medical Student, Year 5) <b>Dr. Reynold 'Ofanoa</b>	Gothenburg University (Sweden)	Expedited Review (Student Course Assessment) 1 year Approval (24.04.2014) Complete - Final Report Submitted (29.06.2014)
3 <sup>rd</sup>	Investigating the health needs of primary school children in Tonga	Associate Professor Cameron Grant and PhD Student Fiona Langridge <b>Dr. Toakase Fakakovikaetau</b>	University of Auckland (New Zealand).	Full Committee Review 3 year Conditional Approval (04.06.2014) Amendments submitted on the (05.06.2014) Acknowledged (05.06.2014) Progress Report due on the 04.06.2015/2016)
4 <sup>th</sup>	Pacific Science for Health Literacy Partnership Project	Jacquie Bay <b>Dr. 'Ofa Tukia</b>	Liggins Institute / University of Auckland (New Zealand)	Full Committee Review 3 Year Conditional Approval (04.06.2014) Amendments submitted on the (29.09.2014) Acknowledged (30.10.2014) Progress Report due on (04.06.2015/2016)

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5 <sup>th</sup>	What are the Normative, Perceived and Expressed Needs for Orthodontic Treatment amongst Tongan children aged 12-15 years old.	Nirmal Shal (Dental Student) <b>Dr. Susitina Piukala</b>	University of Dundee (Scotland)	Expedited Review (Perceived Student Course Assessment)	1 Year Approval (07.07.2014) Complete – Final Report submitted 16.12.2014.
6 <sup>th</sup>	The Impact of Australian Sports Outreach Program in Tonga	Mr. Siosai Langitoto Helu <b>Mr. Sione Hufanga</b>	Australian Outreach Program through the Ministry of Internal Affairs. (Australia)	Full Committee Review	1 Year Approval (30.07.2014) Final/Draft Report submitted 21.01.2015
7 <sup>th</sup>	The Impact of Cataract on Poverty	Dr. Judith McCool and Masters Student Julienne Faletau <b>Mrs. Mele Vuki</b>	University of Auckland (New Zealand)	Full Committee Review	1 Year Conditional Approval (19.09.2014) Amendments submitted on the (25.09.2014) Acknowledged (26.09.2014) Final Report awaiting submission by March 2015 – Follow-up in progress.
8 <sup>th</sup>	Assessing Tongan smokers' responses to television advertisements about the serious harms of tobacco use	Dr. 'Ofa Tukia	Public Health Division/ Ministry of Health Tonga (Tonga)	Full Committee Review	1 Year Conditional Approval (21.11.2014) Amendments submitted on the (12.12.2014) and (13.01.2015) Acknowledged (15.01.2015) Final Report awaiting submission by June, 2015.
9 <sup>th</sup>	The Process and Impact of Food Policies in Tonga	Associate Professor Colin Bell <b>'Elisiva Na'ati</b>	Pacific Research Centre for the Prevention of Obesity and Non-communicable Diseases (C-POND) under Fiji National University (FNU)	Full Committee Review	3 – Year Conditional Approval (21.11.2014) Amendments submitted on the (16.12.2014) Acknowledged (15.01.2015)

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				Progress report due on the 21.11.2015/2016)
10 <sup>th</sup>	Post-Mass Drug Administration Lymphatic Filariasis Transmission Assessment Survey.	Dr. Reynold 'Ofanoa	Public Health Division/ Ministry of Health Tonga (Tonga)	1-Year Approval (29.01.2015) Final Report to be submitted on the (30.06.2016)
11 <sup>th</sup>	Formative Research into barriers to Participation in Physical Activity in the Pacific	Dr Tom Carroll Dr. 'Ofa Tukia Mr. 'Eva Mafi	Australian Sports Commission	Pending Review and Approval. Slow approval due to incomplete documentation and requirements.
12 <sup>th</sup>	Giving Birth: The Voices of Tongan Women in Tonga and the United States	Shelly J. Reed 'Ana Kawaeifafi Meliame Tupou	Bingham Young University (United States of America)	2-Year Conditional Approval (29.01.2015) Amendments pending receipt Final Report to be submitted on the (31.08.2016)
13 <sup>th</sup>	Dentition Status and treatment needs of Down's syndrome individuals attending Ofa Tui moe 'Amanaki and 'Alonga Residential Centers specialized Institutions in Nuku'alofo Tongatapu	Mele Likivai Foliaki (4 <sup>th</sup> Year Dental student (BDS) Dr. 'Amanaki Fakakovikaetau	Fiji National University (FNU)	Expedited Review (Student Course Assessment) 1-Year Conditional Approval (29.01.2015) Final Report to be submitted on (30.09.2015)
14 <sup>th</sup>	Periodontal status and treatment needs of Down's syndrome individuals attending two specialized institutions in Nuku'alofo, Tongatapu	James Stanford Heimuli (4 <sup>th</sup> Year Dental student (BDS) Dr. 'Amanaki Fakakovikaetau	Fiji National University (FNU)	Expedited Review (Student Course Assessment) 1-Year Conditional Approval (29.01.2015) Final Report to be submitted on (30.09.2015)

**Table 2: Summary of Research Proposals Submitted and Approved**

Title	Principal Investigator / Local Investigator	Summary
1 <sup>st</sup> Non-communicable disease-related disability research in the Pacific Islands: Tonga component	Dr. Wendy Snowden <b>Mr. Sione Pouliva'ati</b>	While NCDs are a growing problem in the region there has been little work to consider the impact of this epidemic on NCD-related disability due to problems like stroke and amputations. In order to orient services and plan for future likely increased demands on rehabilitation services it is important to develop some preliminary information about the current scale of the problem. The research aims to assess the number of strokes, diabetes-related amputations and diagnosis of diabetic retinopathy in the main hospitals in 7 Pacific island countries in the last 5 years. In addition the research will map the existing rehabilitation services available for each of these conditions in the same countries. In two of these countries further assessment of rehabilitation services, will include the role of civil society and patient usage of the services. The research will assist countries, donors and technical agencies in understanding the current needs related to NCD-associated disability and to begin consideration of how to plan for future services for these growing issues.
2 <sup>nd</sup> Physical Activity among adolescents in the Vava'u Island: Tonga	Simon Larsson (Medical Student, Year 5) <b>Dr. Reynold 'Ofanoa</b>	Physical inactivity is the fourth leading risk factor for mortality globally causing an estimated 3.2 million death annually. The island nations in the Western Pacific region have the highest rates of obesity in the world, with the Kingdom of Tonga in top four globally. Most Tongans are overweight/obese, with a steep increase in prevalence of overweight/obesity in adolescence supporting the importance of efforts in childhood obesity prevention. The study aims to describe the knowledge, attitude and behaviour of physical activity among students Form 4 in secondary schools in Vava'u (Neiafu). This has been done with semi-structured interviews, through focus group discussions, and by structured observations at the Annual Inter-Collegiate Athletics Competition.
3 <sup>rd</sup> Investigating the health needs of primary school children in Tonga	Associate Professor Cameron Grant and PhD Student Fiona Langridge	The research will be completed in partnership with three primary schools in Tonga. Tonga Acts Community School is a primary school in Tonga, with which there is already a close relationship. Two other schools are also engaged -

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	<b>Dr. Toakase Fakakovikaetau</b>	Kolomutu'a Primary School and Halo'avae Primary School, both with whom the principals have agreed to take part after recommendation by the Director of Education. A key component of my thesis will be the development of a survey tool adapting such tools as the Patient-Reported Outcome Measurement Information System (PROMIS) and the Peds QL (Pediatric Quality of Life Inventory) to be culturally and language appropriate whilst also encompassing all relevant aspects of child health. This survey tool will be informed through an extensive literature review and a notes audit of hospital records. The tool will then be developed by a panel of experts and stakeholders via the Delphi Method. It will be administered to the three schools, data evaluated and recommendations regarding interventions made based on the results and further evaluation of the literature. The results of this project will equip the World Health Organisation's Health Promoting Schools programme in Tonga with contextually appropriate evaluation tools for assessing the health needs of primary school children. This methodology can be adapted for other Pacific environments. It will inform on the key health conditions faced by these children. Key intervention/s will be identified and proposed to address those health concerns.
4 <sup>th</sup>	Pacific Science for Health Literacy Partnership Project  Jacquie Bay Dr. 'Ofa Tukia	The Project evolved from a pre-feasibility study conducted by the partners at the request of NZAid in 2012. It will develop and test school-science-health-community partnership learning programmes designed to support long-term intergenerational NCD risk reduction via improved scientific and health literacies. The design is underpinned by extensive scientific evidence of the impact of early-life environment on later-life NCD risk. Action of this type during adolescence is recommended by the United Nations and has been identified by the partners as filling a recognised gap in national NCD risk reduction strategies. Evidence of concept effect has been proven in a New Zealand setting. Six learning modules based on the principles established by the LENScience Science for Health Literacy pedagogical model and designed to support the national curricula of the Cook Islands and Tonga will be developed and implemented over a period of 3-years. These will be accompanied by a programme of professional learning and development

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		(PLD) targeting separately lead- and practicing-teachers. The project is designed to build local leadership in participating Pacific communities to ensure sustainability and facilitate future Pacific-led regional development. Evaluation will establish the capacity for the partners to systematically examine the longitudinal impact of project implementation on: <ul style="list-style-type: none"> <li>• the nature and longevity of inter-sectorial collaborations</li> <li>• education leadership capacity development</li> <li>• practicing teacher capability development</li> <li>• adolescence capability development</li> </ul>
5 <sup>th</sup>	What are the Normative, Perceived and Expressed Needs for Orthodontic Treatment amongst Tongan children aged 12-15 years old.	<p>Nirmal Shal (Dental Student)  <b>Dr. Susitina Piukala</b></p> <p>The subjects that will be recruited to this study will comprise Tongan school children between the ages of 12 and 15. Permission has been granted to collect data in the Vaiola Hospital and in visits to schools in Tonga. Measurement will be recorded on a representative sample of the population. At least 250 children will be studied which equates to approximately 5% of the target population. The Index of Orthodontic Treatment Need (IOTN) will be used to assess their normative need. The AC is a 10-point scale using a series of photographs where rating is allocated for overall attractiveness rather than specific similarity to photographs. The dental health component (DHC) is a list of various occlusal traits, ranked and grouped in 5 grades, where grade 5 is 'great need for treatment' and grade 1 is 'no need for treatment'. Grade 5 scores include large over jets, impacted teeth and cleft lip and palate. To study perceived and expressed need, a questionnaire will be used that includes questions from the Oral Aesthetic Subjective Impact Scale and a Visual Analogue Scale. The number of teeth with visible decay will also be recorded. The number of teeth with visible decay relates to the level of oral hygiene, which in turn influences orthodontic treatment planning, progress and outcome. Therefore, orthodontic services should only be developed if levels of oral hygiene are of a sufficient standard.</p>
6 <sup>th</sup>	The Impact of Australian Sports Outreach Program in Tonga	<p>Mr. Siosiaia Langitoto Helu  <b>Mr. Sione Hufanga</b></p> <p>Inactivity or sedentary lifestyle is the greatest predictor of obesity and diabetes and Tonga has one of the highest prevalence of obesity and diabetes in the world. This project will use both quantitative and qualitative methods to examine the impact of a Strategic Health Communication (SHC) initiative in Tonga, a partnership between the Australian Government's</p>

	<p>Australian Sports Outreach Program (ASOP), and the Tongan Ministries of Health and Internal Affairs. The SHC initiative included a media campaign and series of netball tournaments. The objective of the research is to examine the immediate impact of the campaign, and to assess progress towards its longer term aim of improving the health-related knowledge, attitudes and recreational physical activity patterns of females in Tonga, specifically examining females' participation in, netball and other recreational physical activities and attitudes towards women participating in sports. The first stage of the research was a face-to-face survey, conducted in Tonga, which explored participants' recall of a communication campaign that encouraged physical activity through playing netball. The survey assessed unprompted and prompted recall of the campaign messages, their level of recreational physical activity (including netball) at the time of the survey, and whether they intended to sustain or change their recreational physical activity in the future. The second stage of this campaign (and associated community activities) was implemented in 2013. The Phase 2 (Wave 2) evaluation will also assess unprompted and prompted recall of the campaign messages (and community activities) along with respondent's current level of recreational physical activity (including netball) and whether they intend to sustain or change their recreational physical activity in the future. The results from Wave 2 will be compared to the results of the Wave 1 evaluation to see if there have been any changes. The third stage of this campaign (and associated community activities) is being implemented in 2014. All factors evaluated in the first and second stages will also be evaluated in the third stage. Results from stages one, two and three will be compared and contrasted to draw any trend that could have occurred during the first three years of implementing the Kau Mai Tonga Strategic Health Communications campaign.</p> <p>Cataracts are the most common cause of blindness in the world and it is evident that majority of vision loss is in low-income countries. If left intact, cataract causes severe vision loss and is therefore curtails a person's capacity to contribute productively within a family and wider society. This research project will explore what 'poverty' means to Tongan people in</p>
7 <sup>th</sup>	<p>The Impact of Cataract on Poverty</p> <p>Dr. Judith McCool and Masters Student Julianne Faletau <b>Mrs. Mele Vuki</b></p>

		<p>relation to cataracts through focus group interviews. Up to 4 focus groups with 6-8 participants will be conducted and facilitated by the research student. A minimum of 20 individuals from the Ministry of Health, Ministry of Finance and Planning and community people (pre and post-operative cataract patients) will be recruited by key staff members in each government agency. The concept of poverty as experienced and measured in Tonga will be the key focus of discussion. As a result of the focus group, we will develop a culturally appropriate questionnaire that measures the impact of cataracts on poverty. Participants will not gain direct benefit from participating in the focus group, except for the potential and widely reported cathartic benefits of dialog in a group setting. The potential health impacts for the Ministry of Health and other government agencies in Tonga, is the development of a culturally sensitive questionnaire can be used to measure the impact of cataract on economic and social wellbeing in a Tongan community. It will also contribute to understanding the impact of cataracts on poverty in the wider Pacific.</p>	<p>A series of television advertisements has been adapted for use in Tonga. These advertisements show some of the health problems caused by smoking and encourage people to quit smoking. The purpose of this research is to assess the responses of everyday Tongans to the advertisements. This will tell researchers whether the advertisements effectively communicate the poor health effects of smoking and encourage people to quit smoking. The advertisements will be shown to focus groups that consist of male or female smokers aged 18-34. Participants will be asked to provide their response to each advertisement by completing a questionnaire. Participants' responses to the advertisements will be further explored through a group discussion led by a moderator. Participant responses will be combined and analysed. Based on these results, some modifications may be made to advertisements and a national media campaign will be planned. Participation in this research has little risk of negative impacts on health of the individuals, and participants will be offered support to quit smoking. The objective of this research is to test if advertisements that communicate the serious harms of smoking and which</p>
8 <sup>th</sup>	Assessing Tongan smokers' responses to television advertisements about the serious harms of tobacco use	Dr. 'Ofa Tukia	

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		<p>have been found to be effective in a range of low, middle and high income countries are effective in motivating cessation in the Tongan context. The advertisements for testing can be found here, using the password smoke (no capitals): <a href="https://vimeo.com/album/2842859">https://vimeo.com/album/2842859</a> The research will consist of showing the advertisement to focus groups that consist of male and female smokers aged 18-34. Participants' responses to the advertisements will be measured using a mixture of quantitative and qualitative methods. The potential health impacts of the research are very limited. The advertisements are designed to increase smokers personal risk perception about the dangers of smoking, as such there is a small risk of psychological distress to the participants through viewing the advertisements.</p>
9th	The Process and Impact of Food Policies in Tonga <i>'Elisiva Na'ati</i>	<p>Associate Professor Colin Bell</p> <p>Deakin University in partnership with the Pacific Center for the Prevention of Obesity and Non-Communicable diseases (C-POND) affiliated under FNU and other partner organisations, applied successfully for a 5-year Australian NHMRC (National Health and Medical Research Council) Centre of Research Excellence (CRE) grant addressing Policy Research on Obesity and Food Systems. The Centre's research looks at how policy change can drive healthy changes in the food environment. This unique research is being conducted in Tonga, Fiji and Australia. The Pacific arm builds on prior C-POND work (Obesity Prevention in Communities (OPIC), and focuses on the process of policy implementation, how evidence informs the policy process and the impact of food policy in Tonga. Mixed methods (document reviews, key informant interviews, group-based modelling) will be used to (1) identify factors that helped or hindered the implementation of 32 food-related policy proposals that were developed for Tonga in the OPIC project and (2) assess the impact of the policies and associated regulations that have been implemented. Participants are people who were involved in the policy development and implementation process and people who may be impacted by the policy. This will include officials from relevant government departments, storeowners/importers and non-government organisations.</p>
10th	Post-Mass Drug Administration Lymphatic	<p>Dr. Reynold 'Ofanoa</p> <p>Tonga joined the worldwide Mass Drug Administration (MDA) in 2001 co-hosted by the World Health Organization (WHO) and Government of Japan through JICA assistance. We completed our MDA program in 2005,</p>

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	Filariasis Transmission Assessment Survey.	following five successful rounds of MDA. Two assessment surveys (TAS) be conducted at least 2-3 years apart. The first post-MDA TAS was conducted in 2007 and the second one in 2011/12 with only one positive found. This third study is to determine if there is still any recrudescence of Lymphatic Filariasis (LF) transmission after the stoppage of MDA in 2005. The method of collecting the sample is finger stick blood collection onto special ICT test kit provided. The survey will take every student enrolled in 1 <sup>st</sup> grade throughout Tonga and consider a single assessment area of this survey. Tonga is now towards LF elimination but it will be determined after this third assessment.
11 <sup>th</sup>	Formative Research into barriers to Participation in Physical Activity in the Pacific	Dr Tom Carroll Dr. 'Ofa Tukia Mr. 'Eva Maf
12 <sup>th</sup>	Giving Birth: The Voices of Tongan Women in Tonga and the United States	Shelly J. Reed 'Ana Kavaefiafi <b>Meliamae Tupou</b>
13 <sup>th</sup>	Dentition Status and treatment needs of Down's syndrome individuals	Mele Likivai Foliaki (4 <sup>th</sup> Year Dental student (BDS) <b>Dr. 'Amanaki Fakakovikaetau</b>

National Health Ethics and Research Committee

<p>attending Ofa Tui moe 'Amanaki and 'Alonga Residential Centers specialized Institutions in Nuku'alofa Tongatapu</p>	<p>syndrome only in the island of Tongatapu in Tonga. All of those individuals with Down syndrome who attend 'Ofa Tui moe Amanaki (OTA) and Alonga Residential Centers (ARC) in Tongatapu will be included in this survey. The screening will be done under natural light with a mirror and an explorer. Tools for recording data will include the WHO Oral Health Survey Basic Method using the WHO criteria for dental caries and dental anomalies. Oral examination on all of the participants will be carried out using dental instruments example, dental mirror and explorer from the Vaiola Hospital dental clinic. Strict infection control procedures will be adhered to at the end of each oral examinations and each day. Clinical examinations will be recorded on a modified version of the WHO oral health assessment form. Potential health impacts of this study, it able to identify the prevalence of dental caries and treatment needs to all Down's syndrome in Tongatapu. Also this research will influence the decision maker implementing strategies and programs that will improve their Oral Health Status</p>
<p>14<sup>th</sup> Periodontal status and treatment needs of Down's syndrome individuals attending two specialized institutions in Nuku'alofa, Tongatapu</p>	<p>The main purpose of this research is to identify the prevalence and impact of periodontal disease (Gum disease) in Down's syndrome individuals attending Ofa Tui moe Amanaki center and 'Alonga residential centre. In addition other aims of this study are, to determine their oral health needs and assess whether they are met, to determine the oral health knowledge of their caregivers and to assess the practices in provision of oral health in the two institutions. Therefore the study is designed to examine the Down syndrome child/adult's gums, teeth as well as soft tissues in the oral cavity using a modified WHO oral survey form and also to conduct an interview using a questionnaire for their caregivers. There will be some reasonable foreseeable discomforts and this is due to the stimulation of the gums upon measurement. In fact, due to the magnitude of periodontal disease in Down syndrome individuals in the literature, researchers believe that this study will benefit individuals with Down syndrome in Tonga in the future by improving the knowledge of their caregivers in oral health and influencing the public and decision makers to provide support and attention to the oral health of Down syndrome.</p>