National Strategic Plan for the Prevention and Control of Non-Communicable Diseases in the Federated States of Micronesia

2013-2017

May 17, 2012

Message from the Secretary

Acknowledgment

I would like to extend our most sincere gratitude and appreciations to all those who contributed to the success of this National NCD Strategic Plan of Action. I would like to start by recognizing the FSM Department of Health and Social Affairs, FSM Department of Education, FSM Department of Resources and Development, College of Micronesia, Land Grant Program, the four States Department of Health Services, States Department of Agriculture, NGOs and non-government representatives. I must also extend words of appreciations to our international friends and colleagues like WHO, SPC, PIHOA and CDC for their assistance and continued support during the process of refinement and finalization of this document. We warmly welcome your invaluable comments and input and most especially to PIHOA for your help and assistance. I would also like to thank the National NCD Steering Committee members for their dedication and hard work without which, we will not be able to complete this work. Last but not the least; I would like to recognize the support and encouragement from the Secretary, Dr. Vita Skilling and Assistant Secretary, Marcus Samo. Secretary Vita Skilling is the chair of the National NCD Steering Committee whose responsibility is to put together and to finalize the plan. Thank you very much Secretary Skilling and all members of the FSM NCD Steering Committee for your dedication and for the hard work that each one of you contributed in the overall success of this work.

I must say that the work of this FSM Non-Communicable Disease (NCD) Strategic Plan of Action has been very lengthy and very time consuming. However, regardless of the many tasks and the very busy schedules for many of you, we are able to complete the work as planned and today we can see the product of that collaborative and concerted efforts of the many individuals, partners, departments representatives, NGOs and programs (national and states alike). Congratulations to you all for a job well done.

Again thank you all and let's continue to work together to improve the overall health of our nation and most especially in the prevention and control of NCDs and their risk factors.

Thank you very much.

Kipier Lippwe
FSM NCD Program Manager
On behalf of the FSM NCD Steering Committee

FSM NCD Steering Committee Members:

Secretary, Dr. Vita Skilling	Chairwoman	Kerio Walliby	Member
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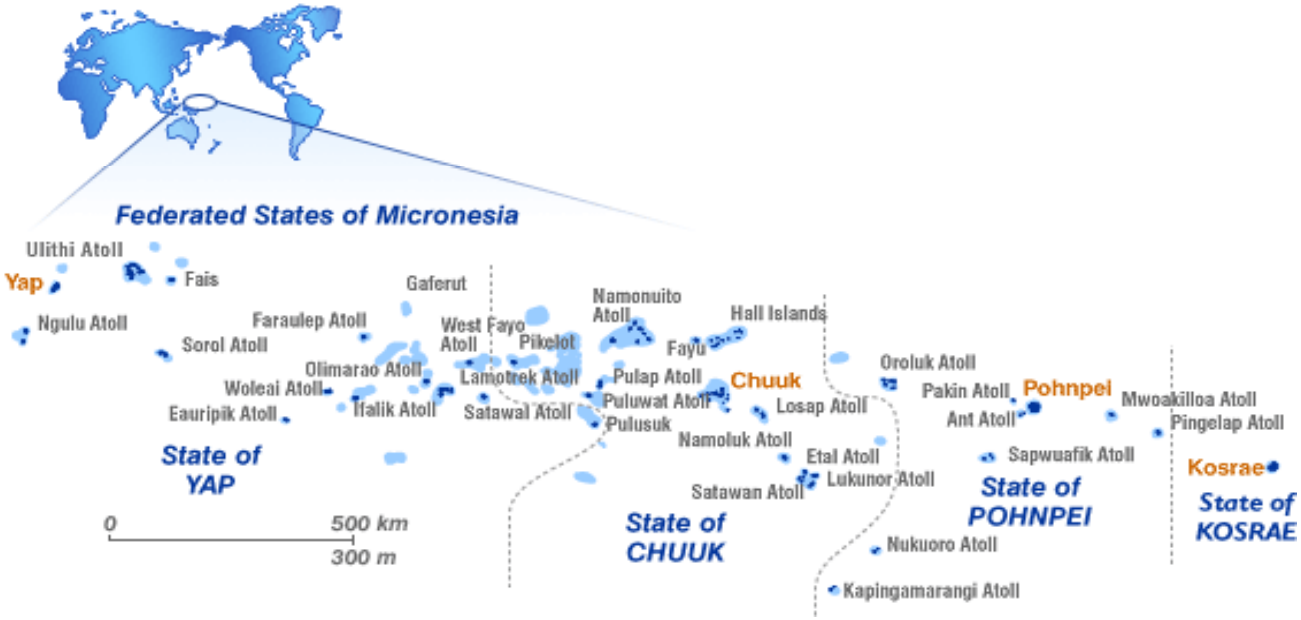
List of Abbreviations/ Acronyms:

AG	Attorney General
COM-CES	College of Micronesia-Community Extension Services
DEA	Department of Economic Affairs
DHSA	Department of Health and Social Affairs
DHS	Department of Health Services
DOJ	Department of Justice
DPCP	Diabetes Prevention and Control Program
EA	Economic Affairs
ED	Education Division
HA	Health Assistant
HS	Health Services
MDG	Millennium Development Goal
MO	Medical Officer
NCD	Non-communicable diseases
NDOE	National Division of Education
NGO	Non-government organization
NRT	Nicotine Replacement Therapy
PA	Physical Therapy
PH	Public Health
SAMH	Substance Abuse Mental Health
SDHS	State Department of Health Services
SDOE	State Department of Education
TOR	Term of References
FSM	Federated States of Micronesia
NPAN	National Plan of Action for Nutrition
SDP	Strategic Development Plan
ICN	International Conférence on Nutrition
COM	College of Micronesia
NFNC	National Food and Nutrition Commission
DoA	Department of Agriculture
FP	Family Planning
MCH	Maternal Child Health
TCP	Teacher Child and Parents
BFHI	Baby Friendly Hospital Initiative
ORS	Oral Rehydration Solution
IMCI	Integrated Management of Childhood Illnesses
NFNP	National Food and Nutrition Policy
WBC	Well Baby Clinic
WHO	World Health Organization
IDA	Iron Deficiency Anemia
IPM	Integrated Pest Management

I. Country Profile:

Population: 102,624 (2010 census)
Annual growth rate: .34%
Birth rate: 19/1000
Death rate: 4/1000
Life expectancy: 67.20 yrs
Infant mortality rate: 19/1000
Fertility rate: 3
Exclusive Breast Feeding through 6 mos.: 66%

II. Map of the FSM



III. BACKGROUND

There is worldwide evidence of the enormous health and economic burden that Non-communicable Diseases (NCDs) such as diabetes, cardiovascular disease, cancer, mental health issues like stress and depression, and malnutrition place on developed and developing countries. Furthermore, it is projected that these impacts will continue to rapidly escalate in the future.[1] Risk factors for developing NCDs have been well established. The major lifestyle risks factors for NCDs are smoking, physical inactivity, alcohol misuse and unhealthy diet.[2]

The Pacific region is gaining notoriety for its extremely high rates of many NCDs – particularly obesity and diabetes. In 2010, the Pacific Islands Health Officers Association (PIHOA) has declared a state of NCD emergency for the Pacific region. At the same time problems of

[1] World Health Organization. The Global Burden of Disease. Harvard School of Public Health / World Health Organization, Geneva. 1996.
[2] World Health Organization. World Health Report 2002. World Health Organization, Geneva. 2002

communicable disease persist. FSM suffers from the double burden of NCD and communicable diseases a classic problem in the developing countries.
At previous conferences held in Fiji, Cook Islands, Palau and Papua New Guinea (PNG), the concept of "Healthy Islands" as a unifying theme for health promotion and protection was adopted and advanced. At the 2001 Health Ministerial Conference in Madang (PNG), further commitment to "Healthy Islands" was made with specific emphasis being given to future action.

In view of this progress, it was decided that the 2003 Health Ministers' Conference should have one unifying theme of "Healthy Lifestyle", while also building on the Healthy Island Vision and risks to health as articulated in the 2002 World Health Report.

During the Ministers' conference, three working groups were formed and each was asked to discuss and provide recommendations on one of the following themes:

- stewardship and the role of the Ministry of Health;
- enabling environments for healthy lifestyles; and
- surveillance and the management of diabetes and other non communicable diseases (NCDs).

Key recommendations for future action from these working groups were that:

- the STEPwise framework for NCD prevention and control be recommended as the fundamental basis for risk reduction for the priority NCDs in the Pacific Island countries and areas.
- governments, through the Ministries of Health, should:
    - develop a national NCD plan based on this template(WHO STEPWise Template;
    - set up intersectoral mechanisms (including with other government department, non-governmental organisations (NGOs) and the private sector), for informing society of these commitments and involving them in implementing the plan;
    - assess the potential health impact of proposed policies as an integral part of public decision making; and
    - report on progress at the next Directors of Health Meeting in 2013.
- appropriate financial resources should be allocated for NCD control according to the framework of the STEPwise approach to NCD prevention and control.

In response to these recommendations and its own concerns about the growing threat of NCDs, FSM national government sought to convene a workshop to develop a "National Strategy to Prevent and Control Non-communicable Diseases". This report provides an overview of the workshop process and outcomes. Using the STEPwise approach, the report also identifies specific actions required to address the four key NCD risk factors (i.e. alcohol and tobacco use, unhealthy eating, and physical activity.

NCD is the number one killer in the FSM[3]. The Pacific Island Health Officers Association (PIHOA) Board Resolution #48-01 adopted and signed May 24, 2010 "Declaring a Regional State of Health Emergency Due to the Epidemic of Non-Communicable Diseases in the USAPIs indicated that the leading cause of morbidity and mortality for adults are from NCDs including obesity, cancer, cardiovascular diseases, stroke, diabetes, depression, injury, arthritis and gout.

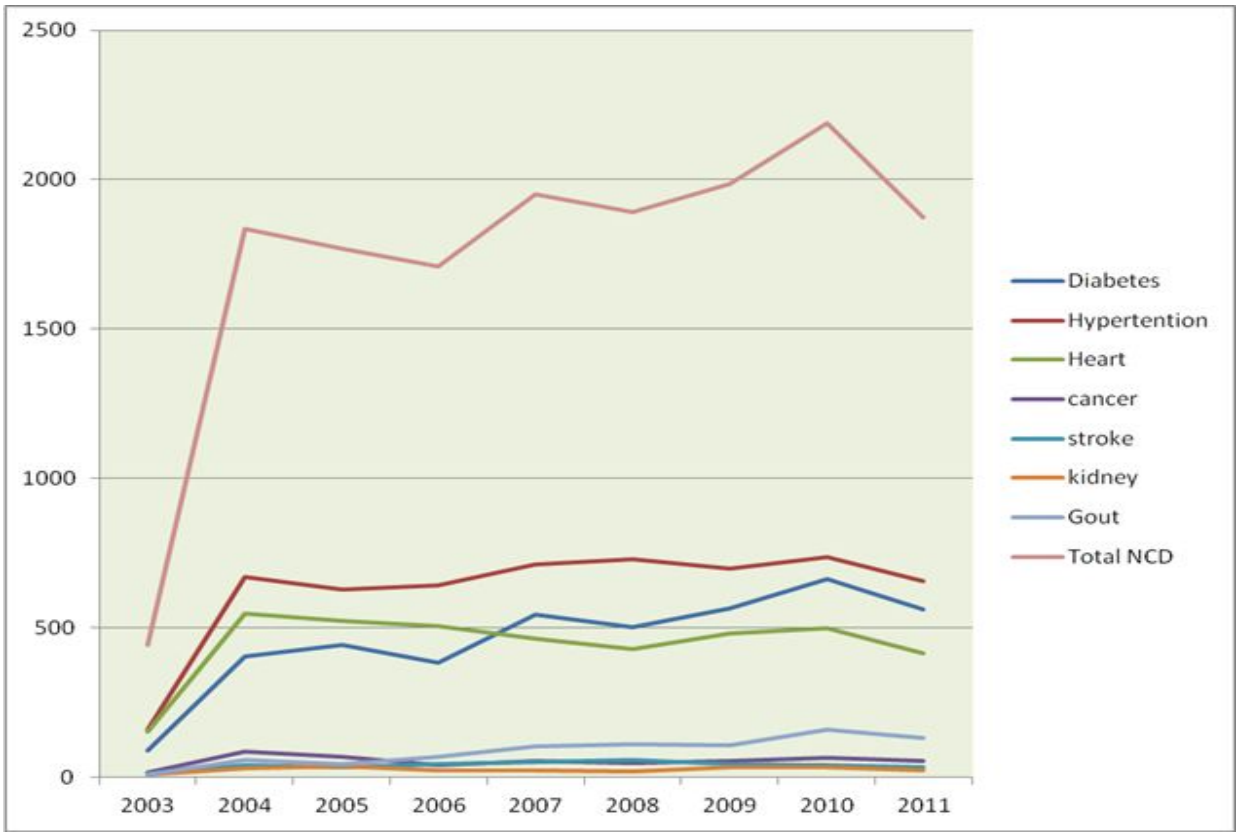
[3] FSM Department of Health HIS data

The table and chart below (Table 1 and Chart 1) shows the rates for six major NCDs from 2003 to 2011 in the FSM.

Table 1: Rates of NCDs in the FSM from 2003-2011 (rates per 1,000/ population per year)

	2003 Rate	2004 Rate	2005 Rate	2006 Rate	2007 Rate	2008 Rate	2009 Rate	2010 Rate	2011 Rate
FSM									
Diabetes Mellitus	*88.7*	*405.6*	*441.9*	*384.3*	*544.4*	*502.9*	*566.1*	*663.3*	*562*
Hypertension	*158*	*670.1*	*627.6*	*642.1*	*711.5*	*729.3*	*696.6*	*736.5*	*657.3*
Heart	*153.4*	*545.9*	*522.8*	*506.3*	*464.1*	*428.6*	*482.6*	*497.9*	*414.2*
Cancer	*15*	*84.9*	*67.1*	*41.2*	*54.5*	*48.1*	*55.2*	*63.2*	*53.8*
Stroke	*11.4*	*39.8*	*32.2*	*44.4*	*49.6*	*57.1*	*43.9*	*38.8*	*32*
Kidney disease	*8.6*	*30.1*	*35.8*	*20.8*	*23.2*	*18.1*	*33.1*	*31.8*	*23.1*
Gout	*7.9*	*58.1*	*41.9*	*68.7*	*102.8*	*109.1*	*108*	*157.5*	*131.6*
Total NCD	443	1834.6	1769.6	1707.8	1950	1893	1985.2	2189	1874.1

Chart 1: Rates of NCDs in the FSM from 2003-2011 (rates per 1,000/population per year)



IV. DEVELOPMENT OF THE STRATEGY

In 2005, a national workshop was held in Palikir, Pohnpei to outline an approach for the development of the FSM National Strategy to Prevention and Control of NCDs. Participants included a wide cross section of agencies including government departments and offices, the College of Micronesia (COM) and NGOs representing the four states of the FSM, and the WHO. Outcomes of the workshop included key recommendations for objectives and activities targeting each NCD focus area (i.e. alcohol and tobacco use, unhealthy diet and physical activity). The workshop documents were also circulated to key FSM government and NGO agencies for further review and comment. During the workshop, participants worked in groups to develop key recommendations for activities and objectives in each of the focus areas, and subsequently circulated it to all the key agencies (those who attended and those who were unable to do so) for further comment and refinement.

In view of the FSM's unique structure – with the National Government and four States, it was agreed that the National Strategic Plan would serve as a guiding document for the development of State-level strategies. By 2013, each of the four FSM states will come up with their state-level NCD Strategic Plan and will be aligned with the FSM NCD Strategic Plan of Action.
In February 2012, the second FSM NCD Chronic Disease Conference was held in Yap and in this meeting the 2005 FSM NCD Strategy was again reviewed and commented with assistance from PIHOA. A steering committee was then formed within the FSM Department of Health and Social Affairs to complete the work already started. This document is the product of that steering committee recommendation.

V. OVERVIEW OF STATEGY

The purpose of this National Strategic Plan for the Prevention and Control of NCDs is to provide guidance and direction to the FSM Department of Health and Social Affairs in coordinating NCD activities and programs in the FSM. During the work in formulating this plan, the following strategic considerations were taken into account:

1. Government leadership and political commitment are essential to coordinate the necessary "whole of government" and "whole of society" response to the FSM's NCD burden;

2. The causation pathway for chronic diseases; (Figure 1)

3. The five (5) strategic action areas along an intervention pathway that link to the NCD causation pathway are:

    a) Environmental Intervention - through policy and regulatory intervention

    b) Community Intervention - population based at the level of common risk factors

    c) Clinical Intervention - at the level of early and established diseases

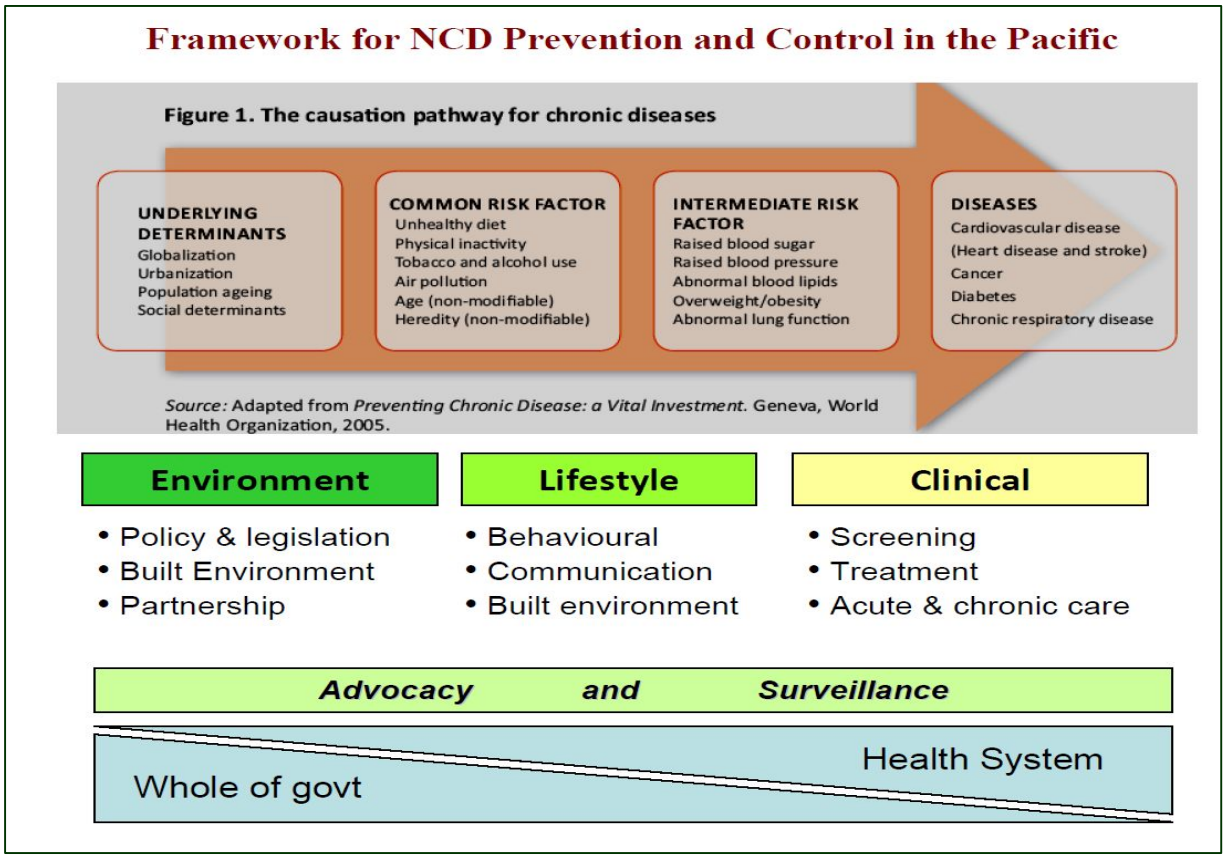
4. Advocacy - providing strategic actions in social mobilization, public education and Outreach programs, risk communication and advocacy for policy change that are relevant to NCDs.

5. Surveillance, Monitoring, and Evaluation;
    - Risk factors in adults STEPs or BRFSS
    - Risk factors in Youths (school based surveys)
    - Disease burden (cancer registry, diabetes from vital statistics, hospitalization from hospital databases)
    - Quality of primary, hospital and end of life care (QA surveys and chronic disease registries)

In addition, the FSM National NCD Strategic Plan is based on the Pacific NCD Framework (figure 1; developed using practice-based evidence relevant to the Pacific) and includes the following principles;

- **Comprehensive**: incorporating both policies and action on major NCDs and their risk factors together
- **Multi-sectoral:** involving the widest of consultation incorporating all sectors of society to ensure legitimacy and sustainability
- **Multidisciplinary and participatory**: consistent with principles contained in the Ottawa Charter for Health Promotion and standard guidelines for clinical management
- **Evidence Based**: targeted strategies and actions based on STEPS and other evidence. The employment of both population wide and individual based interventions termed best buys and cost effective.
- **Prioritized**: consideration of strata of socioeconomic status, ethnicity and gender
- **Life Course Perspective**: beginning with maternal health and all through life in a 'womb to tomb' approach
- **Simple**: setting some strategic direction but also simple enough for any stakeholder to be able to quickly identify activities that it could help drive its implementation.

Figure 1: The Causation Pathway for Chronic Disease



An estimated 80% of diabetes and cardiovascular diseases and 40% of cancer could be avoided through healthy diet, regular physical activity and avoidance of tobacco and limited alcohol consumption. Figure 1 shows the causal pathway for these common risk factors giving rise to intermediate risk factors such as raised blood pressure, raised blood glucose, unhealthy lipid profiles and obesity. In turn, the intermediate risk factors predispose individuals to diseases – cardiovascular, diabetes and cancer.

NCD also include blindness, deafness, oral diseases, accidents, injuries and mental illness. FSM National programs working to prevent these diseases have their own strategic plans. Although it is recognized that many of the interventions specified in this strategy may have broad application in preventing NCDs across each FSM community. More program specific objectives for areas such as tobacco & alcohol control, specific cancers can also be found in strategic and wok plans, and many of the categorical public health programs (e.g. MCH, Sports, Cancer, tobacco, etc.)

The National FSM long term NCD prevention plan is to focus on children and youths (i.e. school health and supporting environment). Childhood obesity contributes to NCDs in later life and while the education awareness programs are conducted in the communities and among the adult population, school health programs like the Health Promoting School (HPS) program which focuses on school gardening and physical activity are also a national priorities. Working with young children and youths to adopt healthy lifestyle demonstrates to be effective than changing

the behavior and attitude of an older adult toward healthy eating and exercise. Since of our focus is on school children and youths and because changes in risk factors, prevalence in children will show up long before changes are seen in adult risk factors, disease and death rates, the plan calls for the use of school surveys in addition to adult surveys and clinic/hospital based indicators.

VI. VISION: A Healthy and Productive FSM people in a Healthy Environment

VII. MISSION: To work collaboratively and collectively across government departments, NGOs, private sectors, and other community sectors to prevent and control NCDs for the people of the FSM.

VIII. GOALS:

1. Primary Prevention: Decrease the number of people with NCD by reducing the NCD risk factors

2. Secondary Prevention: Decrease the impact of NCDs through improved "Primary Care Services and Hospital Care Services" by reducing and delaying NCD complications

3. Tertiary Prevention: Decrease the impact of NCDs by improving "Survivorship Support Services"

IX. REDUCING PREVALENCE OF COMMON RISK FACTORS

Component 1: **TOBACCO USE**

Objective	**To reduce tobacco use by 5% in the FSM by 2017**
Indicator	Prevalence of tobacco use in adults Prevalence of chewing betel nut with tobacco use in high school students Prevalence of chewing betel nut without tobacco Prevalence of smoking tobacco in 10th grade students Prevalence of chewing betel nut with tobacco in adults Prevalence of tobacco smoking in adults
Responsibility	Lead: Tobacco Control Program. Government Leaders, Traditional Leaders, NGOs, FBOs
Activity	See *FSM's Tobacco Control Action Plan*
Time Frame	2012 - 2017

Budget	$211,000/ yr
Strategic Intervention: Implementation of the (already ratified) framework on the Convention for Tobacco Control	
Environment	Promote policies and activities that reduce tobacco use Increase excise tax
Community	Reduce high levels of exposure of children and young people to second-hand smoke at home and public places Integrate tobacco education in school curricula Promote tobacco-free sports Prevent youth initiation by decreasing access to tobacco Expand tobacco use control programs to include the reduction of betel nut chewing
Clinical	Integrate tobacco control in other programs Increase availability of cessation programs and services
Advocacy	Increase national and state funding for tobacco control Maintain national FSM tobacco coalition train additional leaders in tobacco control Increase Public Awareness on the impact of the tobacco industry Increase campaigns to counter the marketing of tobacco products
Surveillance, monitoring, research, and evaluation	Yearly school survey of 10th grade students, with more in-depth survey (e.g. The Global Youth Tobacco Survey) every 5 years, BRFSS, HIS Report

Component 2: **Betel Nut**

Objective	**To reduce betel nut use and resulting harm among the FSM population by 5% by 2017** (Chuuk: 22.5% chew among 25-64 yr olds- Source: FSM (Chuuk) NCD STEPS survey, 2007) (Kosrae: 11% chew < 9 yrs old onset, 63% chew betel nut with tobacco- Source: KSA data report to National, February 2012) (Pohnpei: 26.9% chew among 25-64 yr olds- Source: FSM (PNI) NCD STEPS survey, 2008) (Yap: 86% chew, no age given, - Source: Yap proper Household survey, 2006-07)
Indicator	-Prevalence of betel nut use among youths

	-Prevalence of betel nut use among adults -Prevalence of betel nut use with tobacco among youths -Prevalence of betel nut use with tobacco among adults
Responsibility	Lead: National Comprehensive Cancer Control Program (NCCCP), Substance Abuse and Mental Health (SAMH) and Tobacco Control Program (TCP) Doctors/physicians and appropriate employees -Strengthening and Implementing the Collaborative Care Model.
Activity	See *The National Comprehensive Cancer Control Plan, Tobacco Control Plan, SAMH plan*
Time Line	2012-2017
Budget	$200,000
Strategic Intervention:	Education awareness program and cessation programs
Environment	-Availability and accessibility to alternative product -Supportive betel nut free environment -Supportive systems (community base projects, etc.) that help reduce betel nut use - Support policies aim at reducing betel nut use
Community	-Support outreach programs and services that reduce betel nut use -Support cessation programs
Clinical	-Implement National Standards of Practice for Breast and Cervical Cancer Prevention, Early Detection, Diagnosis, Treatment and Palliative Care
Advocacy	-Increase public and policy-makers awareness on betel nut use and its health impact on the population -Increase awareness on policies, system changes and environmental interventions leading to behavior change -Cessation training programs for staff and advocacy groups
Surveillance, monitoring, research, and evaluation	-Mini STEPS survey -National NCD STEPS survey, BRFSS and School Health Surveys -NCCCP evaluation plan -Individual States Household surveys -FSM National cancer registry -Management Information System (MIS) -Health Information System (HIS)

Component 3: **ALCOHOL**

Objective	**To reduce the percentage of people who drink alcohol in the FSM by 5% by 2017. (Baseline 28.7%)**
Indicator	-Prevalence of current alcohol use in youths -Prevalence of binge drinking in adults Target for above indicators: Combined prevalence in FSM is reduced by 5% in 2017 from baseline
Responsibility	Lead: Substance Abuse & Mental Health Program Government, Traditional Leaders, NGOs, FBOs
Activity	See *National Policy, Strategy, and Action Plan for Mental Health, Alcohol, Tobacco, and Other Drugs*
Time frame	2012-2017
Budget	$500,000/year
Strategic Intervention	Education and awareness
Environment	-Increase the alcohol excise tax by 100% -Support diversion programs/activities that reduce alcohol consumption among underage drinking (21 and under)
Community	Increase the knowledge and skill of community people to bring awareness and promote active participation in community-based programs
Clinical	Integrate alcohol counseling into all PH clinics Build capacity of service providers in providing counseling
Advocacy	Mobilize the community to promote and advocate, support, prevention and control of alcohol abuse services.
Surveillance, monitoring, research, and evaluation	School survey of 10th grade students every year with more in-depth survey (e.g. Global Youth Tobacco Survey every 5 years, NCD STEPs or BRFSS every 5 years) National Outcome Measures (NOMs) every 3-5 years, HIS Report

Component 4: **NUTRITION**

Objective	**Improve the nutritional status of the FSM population by improving the percentage of people who consume less than five combined servings of fruits and vegetables by 5% by 2017**. (Baseline 81.8%)
Indicators	-Prevalence of adults who are not consuming enough fruits and vegetables (less than 5 servings per day) -Combined prevalence of (overweight + obesity), underweight in children in youths -Prevalence of youth and adult who consume high salt content -Prevalence of youth who consume more than 5 grams of salt a day
Responsibility	Lead: NCD Program, Maternal and Child Health Program Government, Traditional Leaders, NGOs, FBOs
Activity	Strengthen NFNC, Review FSM dietary guidelines
Time Frame	2012 – 2017
Budget	$15,000
Strategic Intervention	Education awareness
Environment	Work with R&D Develop and implement the FSM Food and Nutrition Policy Develop National Salt Policy -Collaborate with Department of Education on Healthy School policy -Work with R&D and Chamber of Commerce to Develop and implement policies to decrease the price and increase access to local foods - Work with R&D and Chamber of Commerce to Develop and implement policies to increase the price and decrease access to unhealthy foods - Work with R&D and Chamber of Commerce to establish tax on high salt and high sodium foods and beverages - Work with DOJ and DOE to develop policies that regulates foods that are serve on campus
Community	-Increase production and consumption of local foods in the FSM -Prevent Micronutrient Deficiencies in children and mothers.
Clinical	Improve clinical nutrition and dietetics services using MODFAT and other nutrition tools.

Advocacy	-Communication and implementation of the FSM Plan of Action on Nutrition (FPAN) -Communication and implementation of the FSM Dietary Guideline
Surveillance, monitoring, research, and evaluation	-School survey of 10th grade students every year -National Nutrition Survey or BRFSS survey and National NCD STEPS survey every 5 years, HIS Report

Component 5: **PHYSICAL ACTIVITY**

Objective	**To increase the level of exercise/physical activity among FSM people on a regular basis by 5% by 2017.** (Baseline 64.3% - Low level of exercise/physical activity = 600 MET minutes per week)
Activity	Increase the proportion of people who involve in high level physical activity (definition ≥ 3000 MET-minutes/week) by 10% by 2017. (Baseline 19.4% - Pohnpei STEP Report)
Indicator	-Prevalence of under-active adult (people engaging in less than 30 minutes of regular, moderate physical activity most days of the week) -Combined prevalence of (overweight + obesity) in youths for 10th grand students Target: Decrease in both by 5% from baseline by 2017
Responsibility	Lead: NCD Program Government, Traditional Leaders, NGOs, FBOs
Activity	Develop National Physical Activity Plan Develop School Physical Fitness Policy
Time frame	2012-2017
Budget	$6,000
Strategic Intervention : Education awareness program and physical activity	
Environment	-Support for an enabling environment to promote and increased physical activity -Availability and accessible to local foods -work with DOJ to develop policies that foods serves on school campuses.

Community	-Increase population-based physical activity interventions at PHC settings -Increase local food production at the community levels
Clinical	-Increase the number of people who come to PHC for hypertension -Increase the number of NCD Clinical outreach programs in the community
Advocacy	-Communication and Implementation of FPAPA -Communication and Implementation of FSM Physical Activity Guideline -Communication and Implementation of the FSM School Physical and Physical Activity Guideline/Policy
Surveillance, monitoring, research, and evaluation	-School survey of 10th grade students every year -National NCD STEPS survey or BRFSS survey every 5 years, HIS Report

Component 6: **HYPERTENSION**

Objective	**To decrease the prevalence of HYPERTENSION among FSM people by 5% by 2017.**
Activity	-Decrease the number of people who consume more than 5 grams of salt a day by 5% by 2017. (Baseline) - Increase the proportion of people who involve in high level physical activity (definition ≥ 3000 MET-minutes/week) by 10% by 2017. (Baseline 19.4% - Pohnpei STEP Report)
Indicator	-Prevalence of adults who have hypertension -Prevalence of young adults who have hypertension -Combined prevalence of adults and young adults who have hypertension Target 5% decrease (salt consumption) 5% increase in physical activity
Responsibility	Lead: NCD Program State Department of Health Services
Activity	Development and Implementation of National NCD Guidelines Strengthening the implementation of the FSM Good Guide (MODFAT)

Time frame	2012-2017
Budget	$7,000
Strategic Intervention: Public Education awareness programs	
Environment	-Promote the creation of an enabling environment for increased physical activity in the FSM -Promotion of production and consumption of local foods
Community	-Increase population-based physical activity interventions at PHC settings
Clinical	-Increase the number of people who come to NCD clinics -Increase the number of NCD outreach clinics in the community
Advocacy	-Communication and Implementation of the National NCD Strategic Plan of Action -Communication and Implementation of NCD Guideline -Communication and Implementation of the FSM School Physical Nutrition and Phyical Activity Guideline/Policy
Surveillance, monitoring, research, and evaluation	Mini STEPS National NCD STEPS survey, BRFSS or GYTS for 10th grade students, HIS Report

Component 7: **DIABETES**

Objective	**To reduce the rate of diabetes in the FSM by 5% by 2017** (Baseline – 562 rate per/1,000 population 2011)
Indicator	-Prevalence of diabetes among adults -Prevalence of diabetes among young adults -Combined prevalence of amputation among adult and young adults Target is to reduce by 5% by 2017 from baseline
Responsibility	Lead NCD Program, Coalition members, Government, Traditional Leaders, NGOs, FBOs
Activity	See National Diabetes Plan
Time frame	2012-2017

Budget	
Strategic Intervention: Education awareness program and encourage healthy eating practices	
Environment	Improve settings for population diabetes screening and management
Community	-Increase proportion of population screened annually for diabetes -support community health awareness programs
Clinical	Improve diabetes management at all levels of health care
Advocacy	Improve public education on diabetes
Surveillance, monitoring, research, and evaluation	Annual Mini STEPS survey National NCD STEPS, BRFSS survey conducted every 5 years

Component 8: **CANCER**

Objective	**To reduce the burden of cancer by decreasing risk factors by 5% by 2017**
Indicator	-Prevalence of Obesity in youths -Prevalence of Obesity in adults (target is 3% reduction) -Prevalence of Tobacco use among youths -Prevalence of Tobacco use among adults -Prevalence of HPV immunization amongst girls 9-18 years of age -Prevalence of Alcohol use -Prevalence of betel nut use * Reduce risk factors of tobacco, obesity, physical inactivity, diet; indicators as detailed above
Responsibility	Lead: National Comprehensive Cancer Control Program Doctors/physicians and appropriate employees -Strengthening and Implementing the Collaborative Care Model.
Activity	See *The National Comprehensive Cancer Control Plan*
Time Line	2013-2018
Budget	$150,000
Strategic Intervention: Education awareness program and screening intervention	
Environment	-Supportive environment for physical activity

	-Availability and accessibility to local foods -Supportive smoke free environment -Supportive systems (community base projects, etc.) that help reduce cancer risk factors - Support risk factor policies aim at reducing the cancer burden
Community	-Support cancer outreach programs aim at educating the public on cancer risk factors and their impact on the cancer burden -implement community base projects aim at reducing cancer risk facots
Clinical	-Implement National Standards of Practice for Breast and Cervical Cancer Prevention, Early Detection, Diagnosis, Treatment and Palliative Care
Advocacy	-Increase public and policy-makers awareness of risk behaviors/factors and consequences of cancer -Increase awareness on policies, system changes and environmental interventions -Training of staff and advocacy groups
Surveillance, monitoring, research, and evaluation	-Improve cancer surveillance -Mini STEPS -National NCD STEPS survey, BRFSS and School Health Surveys -NCCCP evaluation plan -Individual States Household surveys -FSM National cancer registry -Management Information System (MIS) -National Immunization (WEBiz) -Health Information System (HIS)

X. IMPROVING MEDICAL INTERVENTION

Component 1**: IMPROVING PRIMARY CARE FOR NCDS**

Objective	**Improving the standard of Primary Care of NCDs in the FSM by 80% by 2017**
Indicator	- To establish a Data Base Registry (CDEMS) in all four FSM States to improve data collection and management on NCD (diabetes) cases new/old in all areas that see diabetic patients and screening (Target date July 2012) -Endorsement and implementation of a Diabetes Clinical Guideline as agreed by all four FSM states -Endorsement and implementation of the revised MODFAT Prescription as agreed by all four FSM states. -Endorsement and implementation of an agreed palliative and collaborative care model for NCD patients by all states -Endorsement and implementation of an amputation and the

	collaborative care -Strengthening and Implementing Foot Care in all clinics and in the community
Responsibility	Public Health Clinics, Hospitals, Dispensaries and Private Clinics
Activity	-Develop and implement plans for functional registries, clinical guidelines, and collaborative for NCDs across all four states -See National NCD Plan of Action
Time frame	2012-2017
Budget	$214,000
Strategic Intervention	
Environment	Ensure availability of guidelines, needed medicines, supplies and equipments in outpatient and clinical settings
Community	Include appropriate standard for delivery of primary care in dispensaries and community health centers/clinics
Clinical	Improve disease care and management at all primary health care level in the community
Advocacy	Through National and State Directors of Health, National and State NCD Coalitions, state medical and nursing associations.
Surveillance, monitoring, research, and evaluation	Monitor indicators through DHSA performance management and Quality indicators through Chronic Disease Registries and QA audits.

XI. IMPROVING SECONDARY CARE

Component 1: **IMPROVING HOSPITAL CARE**

Objective	**To reduce the prevalence of cardiovascular diseases (CVD) in the FSM by 5% by 2017**
Indicator	-To establish a standard for Cardio Vascular Disease (CVD) care in the FSM by 2017 -To implement the FSM MODFAT Prescription and counseling tool in all hospitals and clinics in the FSM -Implementation of an agreed palliative and collaborative care mode for

	NCD patients by all states -Implementation and recognition of local medicinal treatment in the hospital and clinics
Responsibility	Lead: NCD Medical Director State doctors and physicians
Activity	Develop and implement plans for functional registries and clinical guidelines and collaborative care for NCDs across all four states
Time frame	2012-2017
Budget	$24,000
Strategic Intervention	
Environment	-Set up hospital ward environment to ensure availability of guidelines, needed medicines, supplies and materials. -Improve PHC settings for NCD screening and management
Community	N/A
Clinical	Improve disease management at all clinics and hospitals
Advocacy	Through the directors of health, NCD coalitions and state medical and nursing associations
Surveillance, monitoring, research, and evaluation	Monitor performance through the Performance Management Unit and Chronic Disease Registries and QA Unit

XII. IMPROVING TERTIARY CARE

Component 1: **IMPROVING SURVIVORSHIP SUPPORT SERVICES**

Objective	**To Improve the standard for End of Life Care for NCDs in the FSM by 2017**
Indicator	-Development and Enforcement of guidelines for End of Life care across all four FSM states including workforce competencies -Chronic Disease Collaborative operating in all four states with quality improvement activities focus on End of Life Care guidelines. -Implementation of an agreed palliative and collaborative care

	guidelines for NCD patients by all states -A consensus on the utilization of Dialysis in the FSM states -Implementation and recognition of local medicinal treatment in the hospitals and clinics
Responsibility	National Comprehensive Cancer Control Program National NCD Medical Director NCD Physicians and doctors
Activity	-Develop and implement clinical guidelines across all four states -Study and agree to utilize and install Dialysis machines in the FSM Hospitals
Time frame	2012-2017
Budget	$13,000
Strategic Intervention	
Environment	Ensure hospital ward environment provide guidelines, needed medicines, adequate supplies and materials
Community	Ensure community and family support for Palliative Care
Clinical	Improve End of Life Care at all levels of health care
Advocacy	Through the directors of health, NCD coalitions and state medical and nursing associations
Surveillance, monitoring, research, and evaluation	Improve Diabetes surveillance Mini STEPS National NCD STEPS survey BRFSS HIS Report

XIII. Implementation plan

DHSA will support the implementation of the National Strategic Plan for the Prevention and Control of NCDs and to outline planning and coordinating activities related to NCDs in the FSM. This will begin by bringing the National Strategic Plan for the Prevention and Control of NCDs through the endorsement process by the end of 2012. Gaining endorsement will be essential to support its full implementation. Once the plan is finalized and endorsed by the President, then the plan will be publicly launched. DHSA will coordinate the establishment of a National NCD Steering committee in 2012. The Steering Committee will be a multi-sectoral group that will champion the plan in all areas, guide its implementation, and monitor its progress.

Implementation on this plan will be discussed and monitored at every annual Chronic Disease convention. DHSA will also establish a surveillance system for NCDs in the FSM by the end of 2012. This will require collaboration and coordination of data collection across program areas. DHSA will ensure that all materials and messages used by NCD programs are evidence-based, culturally appropriate, relevant to communities, visual, and informative. DHSA will also monitor that best practices are used for prevention and control of NCDs. This will include establishing a minimum standard of care and clinical protocols for NCDs, and increase the promotion of NCD prevention and control by all health staff.

DHSA will coordinate public awareness activities across programmatic areas on the overall impact of NCDs, including fostering the integration of NCD messages across programmatic areas. DHSA will also be responsible for establishing and implementing a tool to monitor and evaluate the National Strategic Plan for the Prevention and Control of NCDs by the end of 2012.

Collaboration with other departments, programs, the states, and communities will be critical to this strategy's success. The need to collaborate and to leverage resources from federal (CDC, HERSA, SAMHSA, etc.) and other international (SPC, WHO, FAO, etc.) sources that will support FSM collaborative effort to implement the NCD plan is a must. Additional strengthening of enforcement of policies needs to be targeted across all components of the plan. Without effective enforcement, these plans will remain just ideas. The Department is exploring opportunities to strengthen the enforcement elements of the plan.

The strategy is intended to be a workable and realistic approach that can be achieved. As the strategy is monitored and reviewed over the next 5 years and beyond, new activities can be added based on emerging issues and also changing priorities. Tackling the problems of NCDs is an ongoing task, which cannot be achieved in just 5 years. Once these actions have begun, others can be added.

The purpose of this National Strategic Plan for the Prevention and Control of NCDs is to guide the Department of Health and Social Affairs as it coordinates various programs that work on NCDs and thereby ensure that people of the Federated States of Micronesia live a longer and healthier life free from the negative impact of NCDs.

ANNEX A

PLAN OF ACTION FOR **PHYSICAL ACTIVITY:** Reducing People's Risks for NCDs

Goal: To reduce obesity in the FSM through physical activity.

Objective 1: Develop at least 3 Policies that will Increase the Opportunity for Physical

Activity	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
1.1 Maintain Physical Activity coordinating group	Recommend to Secretary to designate member of Coordinating group (under steering committee)	NCD Program Manager	June 2012	Core
1.2 Support states to develop Physical Activity programs for the community (youth, women and others)	Identify key at-risk groups and assist with tech assistance Allow communities to access school and community physical activity facilities Promotion of traditional sports and dancing.	NCD Program Manager	2012	Expanded
1.3 Reduce tax on physical activity equipment	Lobby to congress and legislature and support states as needed.	NCD Program Manager/Congress	2012	Core/ Expanded
1.4 Include accessible physical activity portion of all new infrastructure projects	Designation of walking ways and bicycle lane to every road, where practical and feasible Drafted and presented to responsible agencies	Municipal governments and DOH, Public Works, TC&I	2014, ongoing	Core
1.5 Develop legislation that support physical activity (walking, jogging, etc)	Municipal government to establish legislations on dog control, to promote walking and other PA in the public places or roads.	Municipal chief, mayors, traditional leaders and island legislatures	Ongoing	Core/Expanded

Objective 2: Coordinate NCD programs public awareness activities to effectively change attitudes toward physical activity

Activity	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
2.1 Ensure comprehensive education on physical activity	All mediums to be used to promote public awareness Contract developed for curriculum for schools about physical activity. Physical Activity training for key staff. Recruit & train PA personnel	PIO, DOE, HSA, (National & States)	December 2012	Expanded
2.2 Identify and support advocates and role models in the community	Identify possible individuals and seek their support Government, churches, traditional leaders,	Steering committee/States	Ongoing	Core/Expanded

ANNEX B

PLAN OF ACTION FOR **NUTRITION:** Improve diet to improve health

Goal: To improve healthy diets in the FSM.

Objective 3. Develop nutrition policies - To incorporate clear nutrition goals and components in national development policies and sectoral plans, programs and projects, particularly in the areas of food and agriculture, fisheries, forestry, health, education, and environment.

ACTIVITY	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
3.1 Strengthen NFNC	Review membership of the National Food and Nutrition Commission and ensure secretariat support As laid out in Presidential Order #	-Dept HSA -President FAO	March 2012, ongoing	Core
3.2 Endorsement of Nutrition policies completed.	Advocate for completion of school health policies. See Food Guide for Schools.	FSM Health Policy committee	May 2012	Core
3.3 Establish Salt Reduction Program in the FSM	Establish a Salt Reduction committee who will be responsible to doing salt awareness program and activities	FSM Dept. of Health	May 2013	Core/Expand
3.4 Advocacy seminars on nutrition for policy makers, leaders	Ensure that key policy makers and community leaders have information regarding importance of nutrition	NCD Program Health Policy Committee	Sept. 2012 May 2013	Core/Expand
3.5 Review FSM dietary guidelines	Guidelines should be reviewed and finalized	NCD Working Group	2012	Core
9.6 Encourage healthy school policies (School Nutrition and Physical Activity Guidelines).	Collaborate with Department of Education and States to promote healthy eating habits for children in school.	-HSA -States Department of Education	Ongoing	Core
3.7 Encourage and promote a wide usage of the MODFAT in the clinics as a prescription and counseling tool, in all government and public food establishments and in the homes	MODFAT should be used throughout all the four FSM hospitals by the doctors, in the public health during screenings, and by trainers in the health workshops.	HAS State HS Land Grant Supporting partners	Ongoing	Core

3.8 Encourage healthy diets via church and community programs.	This should include education, displays and food provided	NCD Programs Stakeholders and partners	Ongoing	Core

Objective4. Improving Households Access to Nutritious and Local Foods - Achieving food security has three dimensions, which all equally important in the FSM context. They are: (i) ensuring a safe and nutritionally adequate food supply both at the national and household level; (ii) ensuring a reasonable degree of stability in the supply of food both from one year to the next and during the year; (iii) ensuring that each household has physical, social and economic access to enough food to meet its needs

ACTIVITY	Details	Responsibility	Time Frame	Core/Expand/Optimal
4.1 Initiate price control on key food items	Formulate price control committee; recommend limit business people. State & National Economists to review prices of imported and locally grown foods and advise, or recommend on re-adjusting prices in order to sustain the locally produced foods to be sold at reasonable prices.	-HSA, SPOC -Econ. Affairs -Custom &Tax	2014	Core
4.2 Review feasibility of Government subsidy on local food industry	Explore subsidies on equipment or supplies related to farming.	-State AG -National AG		Expanded
4.3 Improve the availability of good quality seeds and plants	Work with importers, establish seed/cutting distribution	-DoA -COM	Ongoing	Core/Expand
4.4 Establish monitoring system for nutrition (food security)	To assess risks and plan ahead prevention strategies	-HSA -Econ. Affairs -NFNC		Optimal

Objective 5. Promoting Breastfeeding to Prevent Malnutrition and the Introductory of Certain Diseases to Young Children 0-6 years up to Two Years- Exclusive breastfeeding to 6 months and continued breastfeeding for up to 2 years with quality complementary foods.

ACTIVITY	Details	Responsibility	Time Frame	Core/Expand/Optimal
5.1 All prenatal and post natal mothers to receive	Counseling /Information provided during normal	-MCH, FP CSH, nurses	Commence 3-6 months	Core

education on breastfeeding and preparation of Complementary foods using local foods.	prenatal and postnatal clinic sessions	-Women Group	and ongoing	
5.2 To have an Infant Feeding Policy in place using locally grown food.	Policy developed by National and State program staff in collaboration with government and civil society organization	Health Policy Committee, NCD Program (national)	2013	Core
5.3 All children to be monitored for growth and child development	Re-instatement of Growth monitoring in 2005. During WBC and other follow up visits. Staff to actively use charts for counseling.	MCH Program	On-going	Expand
5.4 Conduct Annual Healthy Baby Campaign.	Will develop criteria for eligibility. National to seek funds	-State Dept. of Health Services	Annually (date to be designated)	Optimal
5.5 Monitoring and Evaluation to be conducted for all infant feeding activities.	Program staff and Comm. Support group	-HSA (MCH)	Ongoing	Core
5.6 Continue BFHI training and assessments	Target all 4 states to be certified in BFHI	MCH, Social Marketing Committee	Ongoing efforts	Expanded
5.7 WHO Code endorsed legislation (Infant and young child feeding)	Control sale of baby formulas and infant foods, along with associated products	Health Policy Committee, Nutrition Prog.	May 2012	Core
5.8 Education on BF in school curriculum	BF and complementary feeding to be covered	-HSA (MCH -DOE)	June 2013	Core
5.9 BF education and support for new mothers	All prenatal and MCH clinics to include education	-HSA (MCH)	Ongoing	Core/Expand
Improved monitoring of BF rates	Data needed to monitor trends and impact of inputs	MCH	Ongoing	Core/Expand

Objective 6. Prevent Micronutrient Deficiencies - The FSM suffers from key micronutrient deficiencies among some of the most vulnerable groups. Vitamin A deficiency is widespread, as is iron-deficiency anemia especially in pregnant women.

ACTIVITY	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
6.1 Collate and collect data on Iron status of young women and other at risk	Coordinate sharing of Data with NCD program. All pregnant women	MCH Family Planning	On-going	Core Expand

groups at least once a year	screened for IDA (Tabs provided by MCH) Target high-risk groups, women and pregnant women. Incorporate info into school curriculum	PH		
6.2 Strengthen programs for Vitamin A deficiency.	-Encourage exclusive breastfeeding and quality complementary feeding practices -Implementing BFHI in the four states of FSM -Vitamin A supplementation program continued -Education on value and sources of vitamin A Research on vitamin A content of local foods Promotion of local production of vitamin A rich crops and foods	-HSA, -FSM MCH, state Public Health. Island Food	On-going	Core Expand
6.3 Investigate legislation on compulsory food fortification of key products	Rice, flour, noodles, salt with iron, folate, vitamin A, iodine Review and update of current laws	-HSA (nut)	April 2013	Expanded
6.4 Assessment of current iodine status	Research if there is an iodine deficiency problem in the FSM.	NCD Program (Request survey)	2014	Expanded (external assistance required)

ANNEX C

PLAN OF ACTION FOR **ALCOHOL:** Reduce alcohol consumption to improve health.

Goal: To reduce alcohol consumption in the FSM.

Objective 7: Reduce alcohol and sakau consumption through control of supply of alcohol available and demand from individuals.

Activity	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
7.1. Amend existing law or regulation to increase tax level on local and imported alcohol (insert percentage from SAMH plan)	Provide Technical Assistance to States and Law Makers with developing new legislation as requested. Support enforcement of new laws and monitor the implementation of new laws. *For more detail, see SAMH plan.*	Law makers SAMH (HSA) AG Tax and Revenue Customs	On-going	Core Expanded
7.2 Expand alcohol support programs for individuals.	Secure funding for program expansion. Develop process for training additional PH staff to provide brief interventions in clinics. Coordinate collection of data from all clinics providing brief interventions to SAMH. *For more detail, please see SAMH plan.*	SAMH, HAS (States and National)	ongoing	Core, expanded

Objective 8: Reduce acceptance of alcohol and drug use - The Church is a powerful and important influence on people's behavior

Activity	Details	Responsibility	Time Frame	Core/Expand/Optimal
8.1 Training of church leaders & key community members on effects of alcohol.	Ask to present at next church ministers meetings. Convene a summit for church and community leaders.	SAMH, AG	November 2013	Core
8.2. Alcohol misuse topics be included in the church, community ceremonies and social gatherings that are aligned with religious and/or traditional values.	Churches to become medium of information dissemination to the public. (Materials to be provided by Health Services)	SAMH Church leaders		Expanded
8.3. Have Drug free signs/ messages at public facilities	Information and messages on Drugs to be posted and erected in the public areas and facilities for public awareness	SAMH, HSA, AG	3-6mo	Core
8.4. Policy on the prohibition of government funding to be used toward the purchase of alcoholic beverages	Government funding not to be used to purchase alcohol for any government functions.	SAMH, HSA, AG	3-6mo	Core
8.5. Youth leaders to be Drug Free advocates	Identify suitable individuals and train them accordingly	SAMH, HSA (Youth Program)	3-6mo	Core

ANNEX D

PLAN OF ACTION FOR **TOBACCO:** Reduce tobacco use to reduce cancer

Goal: To decrease tobacco use in the FSM.

Objective 9: Decrease access to tobacco products in FSM - Reducing availability of tobacco and places where people can smoke reduces use.

Activity	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
9.1 Amend existing law or regulations to decrease people's access to buying tobacco products and to expand provisions of Clean Air Act to reduce harm of second hand smoke.	-Lobby law makers to legislate the sale of cigarette by pieces. -Lobby law makers to legislate certain distance for Public building that smoking is allowable (50 feet) -Research feasibility of banning smoking at all Public Gatherings. -Lobby law makers to legislate to ban the use of tobacco in all Public transportation. -Recommend taxi owners to install no smoking signs inside their vehicles -Enforce existing legislation including the sale of tobacco products to minors. *-For more detail, please see Tobacco Strategic Plan.*	Nat. and State Tobacco Programs, Coalition members, Nat. and State AGs	February 2014	Core/ Expand

9.2 Develop a comprehensive smoking cessation package	-Doctors at hospital OPD asking history of tobacco use: MUST be included in medical records (eg. OPD encounter form). -Expand brief tobacco cessation to all PH clinics, and provide training or support as needed. -Education of patients and families on initiatives designed with input from smokers (current and ex-smokers) and youth smokers if program are for young people. Where relevant, use role models, incentives/rewards & existing networks/groups.	DOH DOH, PH, Health staffs DOH, PH, SAMH, NGOs	1 yr,on-going 3months, on- going 3 months	Core/and expanded Core, expanded Core/ expanded

Objective 10: Control and influence the information concerning tobacco - Young people in particular are influenced by information concerning tobacco.

Activity	**Details**	**Responsibility**	**Time Frame**	**Core, Expand, Optimal**
10.1 Develop and implement policy regarding package warning on tobacco	Lobby to law makers to legislate all imported tobaccos to have English written warning labels and graphic pictures of the risk See Tobacco plan for more details.	Tobacco/AG	2017	Expanded
10.2 Prohibit advertising and sponsorship of tobacco	Lobby to law makers to legislate to prohibit advertising and sponsorship of tobacco. *See Tobacco plan for more details.*	Tobacco/AG	2017	Expanded
10.3 Point of sale regulation and removal of promotion	Educate business on activity and lobby to law makers to legislate Point of sale regulation and removal of promotion.	Tobacco/AG	2017	Expanded

	See Tobacco plan for more details			
10.4 Review and revise if necessary tobacco curriculum at the Elementary schools	-Partner with schools to create curriculum review and revise committee to review existing tobacco curriculum -Review current curriculums available -Revise curriculum if necessary -Implement effective education campaign on tobacco. (In the schools, community) See Tobacco Plan for more details.	Tobacco, Education, SAMHP	2012	Core

Objective 11: To amend existing tobacco laws to increase the tax on sales and licensures - Higher priced tobacco reduces use.

Activity	**Details**	**Responsibility**	**Time Frame**	**Core,Expand,Optimal**
11.1 Assess the current law on tobacco and initiate draft on amendments	Collect and review current laws and provide amendments where needed -Recommend use of collected tax to hire more inspectors to increase more inspections.	Tobacco, tax/rev, justice. Tobacco, tax, rev, justice	2012	Core
11.2 Support increase sin-tax related to Tobacco.	Provide technical assistance to states to increase to increase sin tax on tobacco to make it unaccessable	Tobacco, HSA Steering committee	2012	Core
11.3 Ban the use of promotional materials, including giveaways or lotteries related to tobacco products or their packaging	Support the development of laws to ban promotion of tobacco materials.	Tobacco	2017	Expanded
11.4. Enforce laws prohibiting import of grey/black market products (ie tobacco, etc)	a. Collaborate with tax & revenues on inspections, total bans and violations. b. Impose sanctions on	Tobacco, tax/rev, justice	2015	Core

	violators by revoking licenses or giving large fines. Provide technical assistance to increase inspections of imported goods.			
11.5 Ban practice of political campaigns and government officials distributing tobacco products.	Socialize politicians to the harmful practice of distributing tobacco products. Work with local and traditional leaders to education on harmful effect of tobacco products. Provide technical assistance to government agencies seeking to develop policies to ban the distribution of tobacco products.	Tobacco	2017	Expanded

Objective 12: To provide disincentives to tobacco users - Supporting those who want to quit smoking or not to start is an important approach.

Activity	Details	Responsibility	Time Frame	Core/Expand/Optimal
12.1 Establish health premiums adjustments for employees who use tobacco products (smoke or chew).	Legalize the adjustment for health premium difference.	HSA, tax & rev Justice, MiCare	2015	Core/ Expand
12.2 Partner with church groups, community, and traditional groups on campaign against tobacco.	Discuss with church & traditional leaders	HSA	ongoing	Core/ Expand

ANNEX E

PLAN OF ACTION FOR **DIABETES:** Reduce diabetes to improve health

Goal: To reduce, control and prevent Diabetes in the FSM by improving Healthy Diet, Physical Activity, Controlling Stress and Depression and Improving Secondary Prevention and control for NCD Patients

Objective 13: By the end of the five years grant (September 2017), the number of people who come to diabetes screening will be increase by 15%. (Base = 6083 – FSM HIS data)

Activity	Details	Responsibility	Time Frame	Core/Expand/Optimal
13.1 Increase the number of people who attent screenings and outreach programs	Increase the frequencies of outreach and screening programs in the communities for people to access services	NCD Team	2012 On-going	Core
13.2 Improve communication strategies to reach a majority of the population on the screening and outreach schedules	Use of radio communication, TV, Radio announcements, word of mouth through church activities, leaf lets, etc.	States program staff, SDHS, NCD Coalition members	2012 On-going	Core
13.3 Involve community leaders, traditional leaders and chuch leaders to ensure community participation	Work through the community leaders (mayors, traditional leaders, pastors/ministers) to ensure community support and participation	Diabetes Program staff, coalition members, community health representatives	2012 On-going	Core
13.4 Ensure physical and financial support is provided to sustain outreach and screening programs	National Diabetes program to allocate funds to support purchasing of screening tools and for outreach programs	FSM Diabetes Program	2012 On-going	Core

Objective 14: By the end of the five years grant (September 2017), people's understanding of diabetes consequences and management will reach 75% of the FSM population through the use of different NCD educational awareness materials (Food Charts, MODFAT, Diabetes Management Schedule, The 5 Top tips for strong and healthy body, etc.) and workshops.

Activity	Details	Responsibility	Time Frame	Core/Expand/Optimal

14.1 Production and compilation of culturally acceptable Diabetes Educational Materials (local and imported) into posters	Food Charts comparing local foods and imported foods will be developed and disseminated to four states (TKK, PNI, KSA and Yap)	FSM National Diabetes Program	2012 On-going	Core
14.2 Workshops and trainings to educate people to fully understand and to appreciate the materials will be provided in all states	MODFAT, a Diabetes counseling tool, Food Charts which provide comparison on the values of Local vs Imported Foods, etc. will be provided. (MODFAT refer to Annex F)	FSM Diabetes Program	2012 On-going	Core, Expanded
14.3 Involve community leaders, traditional leaders and chuch leaders to ensure community participation	Work through the community leaders like the mayors, councilmen, traditional leaders, pastors and ministers to ensure community support and participation	Diabetes Program staff, coalition members, community health representatives	2012 On-going	Core
14.4 Review, modification and development of existing IEC materials to support Diabetes program activities promotion and control	Review existing materials for appropriateness and acceptability, modification, reproduction and dissemination	NCD Review Committee members	July 2012	Core and Expanded

Objective 15: By the end of the five years grant (September 2017), Diabetes Program Activities will be supported through the establishments of two policies, directives, laws and legislations at the national and states levels.

Activity	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
15.1 Review and amend (if necessary) existing laws and legislations and develop new ones that are targeted to promote, prevent and control diabetes problems and activities.	Review existing laws and legislations, amend if necessary, develop new legislations and work with partners and stakeholder to carry out responsibilities	NCD Review Committee members	July 2012 On-going	Core
15.2 Lobby support from the legislatures, congress to support and enact new legislations that are aimed to promote Diabetes activities,	Lobby law makers at the national and state levels for support	FSM Diabetes Program, NCD Review Committee members,	August 2012 On-going	Core, Expanded

prevent and control new cases of Diabetes problems.		Coalition members		
15.3 National and State Departments/Offices will establish department and office policies to support diabetes programs	Directives and policies on physical activities, limiting or allowing certain kinds of foods and beverages in the offices, chewing betel nuts and other substances in the offices, etc.	Department and Office heads, Diabetes Program People	September 2012 On-going	Core and Expanded

Objective 16: By the end of the five years grant (September 2017), FSM Diet will be improved resulting in an improved NCD situation mainly Diabetes. (Refer to Nutrition Plan)

Activity	**Details**	**Responsibility**	**Time Frame**	**Core, Expand, Optimal**
16.1 Improved farming and gardening techniques to improve local food production and food security for consumption and other income generation.	More people will be farming for their stable diet, more people will be eating local foods, more locally produced foods will be available in the markets	National and States Department of Agriculture, R&D, College of Micronesia Land Grant Program, Island Food Community Programs, Department of Education (State & National)	July 2012 On-going	**Core and Expanded**
16.2 Increased understanding and awareness of a healthy diet and the impact on NCDs through the use of locally produced materials (Food Charts, MODFAT, etc.)	More trainings on Food Values focusing on Local foods with the use of the Food Chart Posters, more schools involved in the HPS program, nutrition policy implemented in the schools to advance healthy diets in the schools.	State NCD Programs, Island Food Community groups, COM Land Grant Program and other partners and stakeholders.	September 2012 On-going	**Core and Expanded**
16.3 Community Workshops to improve people's understanding of healthy diet will be strengthened.	More community trainings on Nutrition and Healthy diet, relation between good diet (local foods)	**State NCD Programs**	**September 2012 On-going**	**Core and Expanded**

	and NCDs (diabetes)			

Objective 17: By the end of the five years grant (September 2017), a 20% decrease in low level of Physical activity will be realized among FSM people. Baseline – 67.1% (2002 Pohnpei Step Survey) – Refer to Physical Activity Plan

Activity	**Details**	**Responsibility**	**Time Frame**	**Core/Expand/Optimal**
17.1 Improved Physical Activity for FSM people with at least one kind of physical activity to improve their health.	More people will be involve in at least one kind of physical activity or exercise of their own choice	National and State Department of Health and Department of Education.	July 2012 On-going	Core and Expanded
17.2 Increase # of schools involving in Physical Activity	Work with the schools to make physical activity part of their curriculum.	Nat. and State Department of Education, Nat. and State Department of Health Services	July 2012 On-going	Core and Expanded

Objective 18: By the end of the five years grant (September 2017), people in the FSM will be able to control and manage Stress and Depression in order to improve their health. *(Refer to Substance Abuse and Mental Health Plan.)*

Activity	**Details**	**Responsibility**	**TimeFrame**	**Core/Expand/Optimal**
18.1 FSM people will be trained to understand how to cope with stress and depression through workshops and training.	Through a series of trainings and workshops, people will be able to understand and ready to work with stress and depression in order to control NCD problems derived from Stress and depression	National and States Substance Abuse and Mental Health Programs, National and States NCD Programs	July 2012 On-going	Core and Expanded

Objective 19: By the end of the five years grant (September 2017), Diabetes care will be improve through trainings and workshops to upgrade and improve Secondary Care and the Diabetes Care Standard. (Refer to FSM Standard of Diabetes Care)

Activity	Details	Responsibility	Time Frame	Core/Expand/Optimal
19.1 The Standard of Care for NCD (Diabetes Program will be improved for patient care through training and workshops on culturally appropriate methods and care and the FSM Standard for Diabetes Care.	Employees will be trained to upgrade their understanding and care practice following culturally appropriate strategies and the FSM Standard for Diabetes Care as revised.	National and States Department of Health and Social Affairs	July 2012 On-going	Core and Expanded

Annex F




















Micronesian One Diet Fits all Today - MODFAT

(A local diet plan & Chronic Disease Prescription Tool)

Everyday Eating

- Most of your food should be local. Local food is healthier.
- Each day eat a variety of foods from the three food groups.
- Aim for at least 5 serves of fruits and vegetables a day.

Energy Foods	Protective Foods			Body-building foods
Green banana	Papaya	Mango	Ripe banana *	Reef fish
Tapioca	Orange	Soursop	Pumpkin	Clam#
Breadfruit	Guava	Afuch	Squash	Ocean fish
Sweet potato	Pineapple	Tangerine	Eggplant	Sea cucumber#
Taro	Passion fruit	Fresh coconut	Pandanus*	Tuna, Eel #
Sweet taro	Jackfruit	Breadfruit tip	Bele#	Crab, lobster
Wild taro	Kang kong#	Banana flower	Cabbage	Shellfish
Yam	Taro tops#	Tapioca tops#	Okra	Mackerel#
	Potato tops#		Green beans	Shark #
	Bell pepper		Green onions	Shrimp

* Choose vitamin A rich ones, such as karat and uten yap and other orange and Yellow-fleshed bananas and pandanus.
#Iron-rich foods

Preparation:

- Raw, boil, roast, steam, bake, smoked or grill
- NO ADDED salt, fat (e.g. grease, shortening, butter, margarine, oil)
- For extra flavor: coconut, hot peppers, lemon grass, garlic, black pepper, ginger, Lime, onion, tomato, basil, etc

FOODS TO LIMIT

- To prepare chicken and meat, remove skin and trim fat before cooking
- If using oil, use liquid vegetable oil only

No more than three times a week, and none is better

Local meat (chicken, pork, dog)#	Canned fish (mackerel, sardine)#
Fresh/powder/evaporated milk*	Canned/frozen/packaged fruit and vegetables
Rice	Egg #*
Noodles	Sugar Labelled Packaged cereals
Fried foods	Bread

No more than once a month, and never is better

Canned meat (corned beef, spam, luncheon meat etc)	Butter or margarine	Cheese
	Hot dogs and sausages	Chips
Turkey/chicken tail	Candy	Packaged
Shortening (vegetable or animal, Crisco)	Ramen	Soda
	Other snack foods	Soy sauce
Adding any salt – no aji	Donut	Ice cream
Alcohol e.g. beer, local brew, wine	Sweetened condensed milk	Pizza

-To prepare chicken and meat, remove skin and trim fat before cooking

-To prepare chicken and meat, remove skin and trim fat before cooking






Strengthening MODFAT as a Response to
the NCD Crisis in the Federated States of Micronesia

Abstract

Background: Micronesia One Diet Fits All Today or MODFAT as many health workers in the Federated States of Micronesia (FSM) often call is a diet prescription (plan) associated with promotion of local foods in the FSM. MODFAT is used as a local diet plan whether it is in a restaurant, a school cafeteria, a hospital cafeteria or at home. It is also used in the out-patient clinics as a prescription tool to empower individuals with or without diabetes to control their food intake. This tool has been used by dieticians and nutritionists throughout the FSM to teach people about balanced meals at the community settings and at homes. MODFAT was initiated in the late 1970's when Chronic Diseases started to be visible on the radar. The late Dr. Eliuel Predrick, Secretary of the Department of Health, Education and Social Affairs at that time convened a group of health specialists to address the chronic disease problem with technical assistance through WHO. MODFAT was born and was based on the FSM Local Diet, the Native Hawaiian Diet, the Aborigines Diet, the Maoris Diet and the Indian Diet which focused on local foods. The basis for using the diets of the Micronesians, Hawaiians, Native American Indian Tribes, Native New Zealanders (Maoris) and Native Australians (Aborigines) diet was based on the fact that their diet was local foods and that the rate of NCDs during those time and before was not noticeable and visible and that the people were slim and strong and healthy people.

The Use of MODFAT: Based on available local produce and food products, MODFAT compliments the GO LOCAL slogan, an NGO lead effort to promote locally grown food products rich in vitamins and other nutrients known to have protective effects on diseases such as diabetes and cancer. The MODFAT clearly promote and encourage people to use local foods in their meals daily and also gives people guide to how it should be prepared and what not to eat.

The Aim: As a tool to promote local produce rich in vitamins and minerals to control diabetes, hypertension, heart disease, obesity, and other risk factors contributing to the NCD Crisis in the Pacific, FSM Department of Health and Social Affairs will launch a campaign on November 14, 2012 during the World Diabetes Day to increase public awareness on the importance and use of MODFAT. Posters, leaflets, brochures, and other materials will be distributed to all hospital food service establishment, restaurants, schools, and homes for adaptation and use.

Monitoring and Evaluation: Staff from the various NCD Programs throughout the FSM States and the FSM National Government will monitor these establishments and facilities that receive the MODFAT materials to determine their utility.

Who Benefits from MODFAT: Since MODFAT is based on locally grown and available food, its application supports good health and agricultural efforts. The normative thought is that, once implemented at a population level, it should be a win-win effort for all involved: people with or without NCDs, local farmers, and government at large.