NATIONAL STRATEGIC PLAN OF ACTION

FOR THE PREVENTION & CONTROL OF

NON-COMMUNICABLE DISEASES

IN THE

FEDERATED STATES OF MICRONESIA

2019-2024

FSM NCD
Non-Communicable Diseases
CONTROL & PREVENTION
UNIT

NATIONAL STRATEGIC PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES IN THE FEDERATED STATES OF MICRONESIA (FSM)

2019-2024

Message from the Secretary

Chronic non communicable diseases such as diabetes type 2, high blood pressure, heart diseases and cancers have high rates in the FSM as noted by the Rockefeller Surveys of 1994 and 2001 and the WHO STEP survey that were done in all the States of the FSM from 2007 to 2011. The rates of the risks for developing these diseases such as obesity; micronutrient deficiencies; high salt, sugar and fat intake; smoking; unsafe use of alcohol; inactive lifestyle and high blood cholesterol are also very high. The complications of these diseases such as stroke, heart attack, premature blindness, kidney failure, limbs amputation and severe infections contribute to the high financial and time burden of these diseases. They are the top leading causes of death in the FSM and second only to women hospitalizations and clinical visits for pregnancy and child birth. As such they contribute to the slow economic development of the Nation and the degree of community development that is observed in any of the FSM States. These diseases contribute to significant absences and reduced productivity in the work force and at home. Whereas infectious diseases create mostly stigma of embarrassment, non-communicable diseases are so full of emotion of despair. Cancer in particular is a very highly emotional disease. It is also a disease that interfaces between non communicable disease being a disease of life style and a disease of infectious origin-some liver and cervical cancers being from viral infections, which are also preventable by the appropriate vaccines.

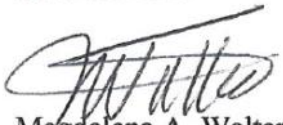
Most non-communicable diseases are preventable when their risk factors are prevented and controlled and their complications are potentially controlled and/or delayed. More often these diseases are diseases of misconception, ignorance, negligence, food & substance abuse and low motivation for action. Because of these characteristics, these diseases are worsening by the threat on food security, economic hard times and fast modern living that includes high consumption of highly refined and high fat, salt and sugar packaged and canned foods and utilization of modern amenities.

This National Strategic Plan for Prevention and Control of Non-communicable diseases considers the results of the surveys, the evidenced-based risks factors for developing these diseases, the early interventions to offset the cycles of their progresses, rational ways of controlling their status and delaying their complications, the best practices for improving the quality of life for survivors and reduce the burden for families and communities and in the long run reduce the medical cost and promote for improvement in the economic development of the Nation. This Plan also notes the fact that responding, controlling and eliminating these diseases and their burdens is everyone's responsibility, even though the health sector may be the primary agency with the mandate to ensure a healthy population and a healthy Nation.

This strategic plan contains individual plans of actions on the health problem or disease programs under non-communicable diseases such as diabetes, cancers, heart disease and

substance abuse and it also includes the plans of actions to reduce the risks of these diseases in obesity, tobacco use, unsafe use of alcohol, use of betelnuts, physical inactivity, and inappropriate nutrition in a continuum from prevention-early detection-treatment-care and survivorship. It also emphasizes the important roles of local foods, physical activity friendly environment, informed policy makers, data surveillance and evaluations of progress of activities and impacts on the population. This strategic plan sets the minimum guidelines for the prevention and control of communicable diseases for the whole Nation of the Federated States of Micronesia. Having this set of minimum standards, each of the States in the FSM may set theirs at a higher level depending on the level of capabilities and availability of resources for implementation.

Finally, I thank the NCD Committee and the supporting partners (WHO, US-CDC, PIHOA, and SPC) for putting this plan together. Now that this NCD plan is completed, let us work together on its implementation for better services and improvement of the health of the people. This plan should be reviewed and revised at least every five years to ensure that it is in alignment with development and progress in evidenced based health/medicine and good practice in scientific advancement.



Magdalena A. Walter
Secretary of Health and Social Affairs

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 and the leadership under Secretary, Magdalena A. Walter and Assistant Secretary, Marcus Samo. Secretary Walter 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 Walter 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.

Mr. X-ner Luther
Chief, NCD unit FSM

On behalf of the FSM NCD Steering Committee

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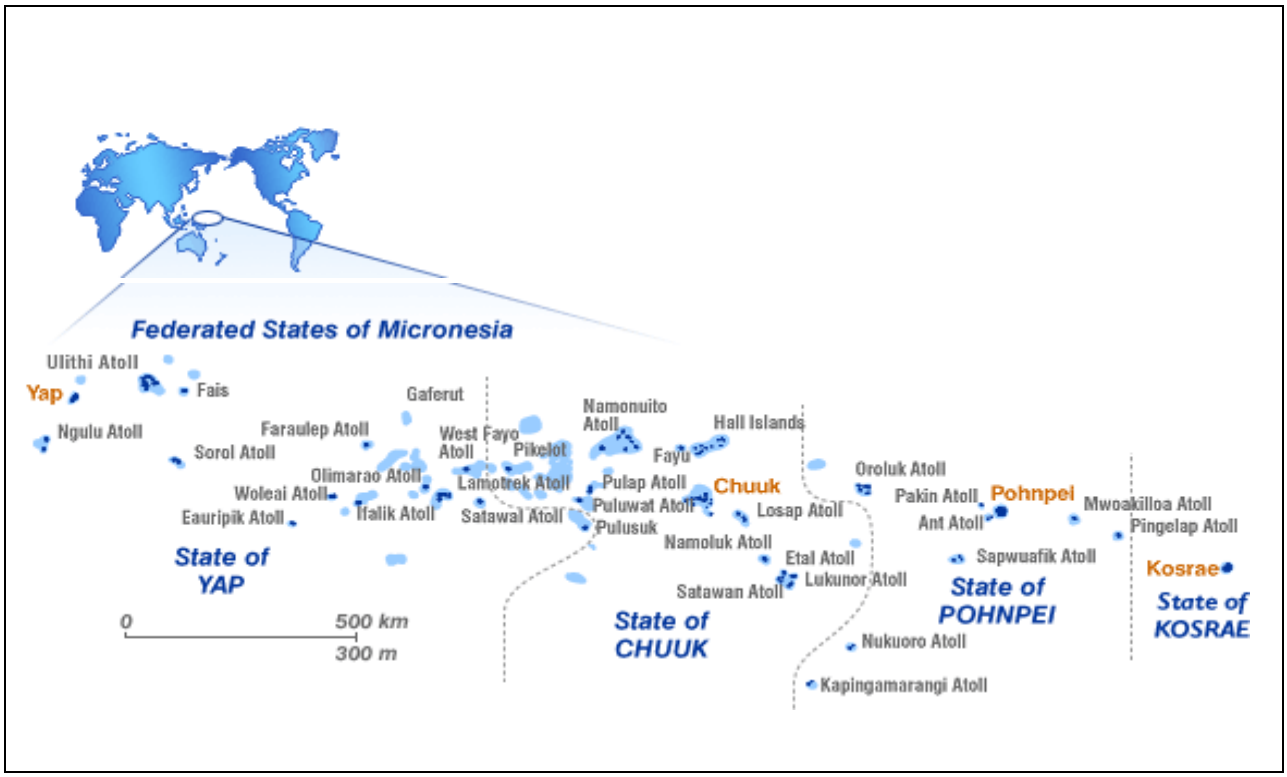
List of Abbreviations/Acronyms

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
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
BH&W	Behavioral Health & Wellness
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: 102,843 (2010 census)
Annual Growth rate: 0.34%
Birth rate: 19/1000
Death rate: 4/1000
Life Expectancy: 67.2 yrs
Infant Mortality rate: 19/1000
Fertility rate: 3
Exclusive Breast Feeding through 6 months: 66%

II. MAP OF THE FEDERATED STATES OF MICRONESIA



III. BACKGROUND

There is worldwide evidence of the enormous health and economic burden that Non-communicable Diseases (NCDs) such as cancer, cardiovascular disease, diabetes and 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. Risk factors for developing NCDs have been well established. The major lifestyle risks factors for NCDs are smoking, physical inactivity, harmful use of alcohol and unhealthy diet. The Pacific region is gaining prominence for its extremely high rates of NCDs. In 2010, the Pacific Islands Health Officers Association (PIHOA) has declared a state of NCD emergency for the Pacific region. Following the PIHOA Declaration, the four states of FSM also declared a state of NCD emergency. At the same time problems of 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.

To reaffirm the Healthy Island Vision is still relevant, Ministers of Health reconvened in Cook Islands in 2017 to further the dialogue. The ministers agreed that strengthening primary health care and preventive services would be essential to achieve the Healthy Islands vision, to progress towards universal health coverage (UHC) and to attain the health-related Sustainable Development Goals (SDGs). The increasing complexity of delivering health services requires well-functioning and adequately resourced primary health care. This necessitates integration of both public health and clinical services with community outreach, and improving coverage of people-centered services.

As reported in the last 2017 Health Ministerial dialogue, the ministers recognized the robust commitment over the last 10 years for the prevention and control of NCDs in Pacific island countries and territories, but realized that greater emphasis is needed on multisectoral approaches. Continued efforts towards tobacco control and effective clinical management of NCDs are critical. Of special concern to the ministers is the growing burden of childhood obesity, which highlights the need for multiple, sustained and cross-sectoral actions to effectively reduce and prevent childhood obesity. Given the rapidly increasing burden of NCDs in the Pacific, it is crucial that the Pacific island countries' voices are heard on this issue in global forums. FSM continues to strive to meet its vision of a NCD Free Nation.

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

1. Stewardship and the role of the Ministry of Health;
2. Enabling environments for healthy lifestyles
3. 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 of 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 departments, nongovernmental organizations (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 key NCD risk factors (i.e. harmful use of alcohol and tobacco use, betel nut chewing, unhealthy eating, and physical inactivity.

NCD is the number one killer in the FSM. 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.

Prevalence rates of NCDs in the FSM from 2013 to 2017 (rates per 100,000/ per year)

FSM NCD - MORBIDITY	2013	2014	2015	2016	2017
Cancer	23	35.5	27	26	25
Diabetes Mellitus	316	376	316	314	255
Heart Disease	102	130	96	84	92
Hypertension	415	536	469	417	350
Lung Disease	161	188	129	133	120
Renal Disease	12	16	8	12	7
Stroke	7	6	6	3	4
Obesity	6	23	44	139	69
Gout	18	10	8	9	5

Table 1

All four FSM States declared a State of Emergency on Non-Communicable Diseeases due to the rise in premature deaths in the FSM.

FSM - NCD Mortality	2013	2014	2015	2016	2017
Cancer	7.97	7.58	6.42	5.64	6.22
Diabetes Mellitus	6.22	9.14	7	8.07	9.14
Heart Disease	11.86	14.00	9.04	12.93	14.29
Hypertension	0.68	0.87	0.38	0.49	0.78
Lung Disease	2.82	1.94	2.24	2.14	2.43
Renal Disease	0.87	0.29	0.49	0.97	0.87

Table 2

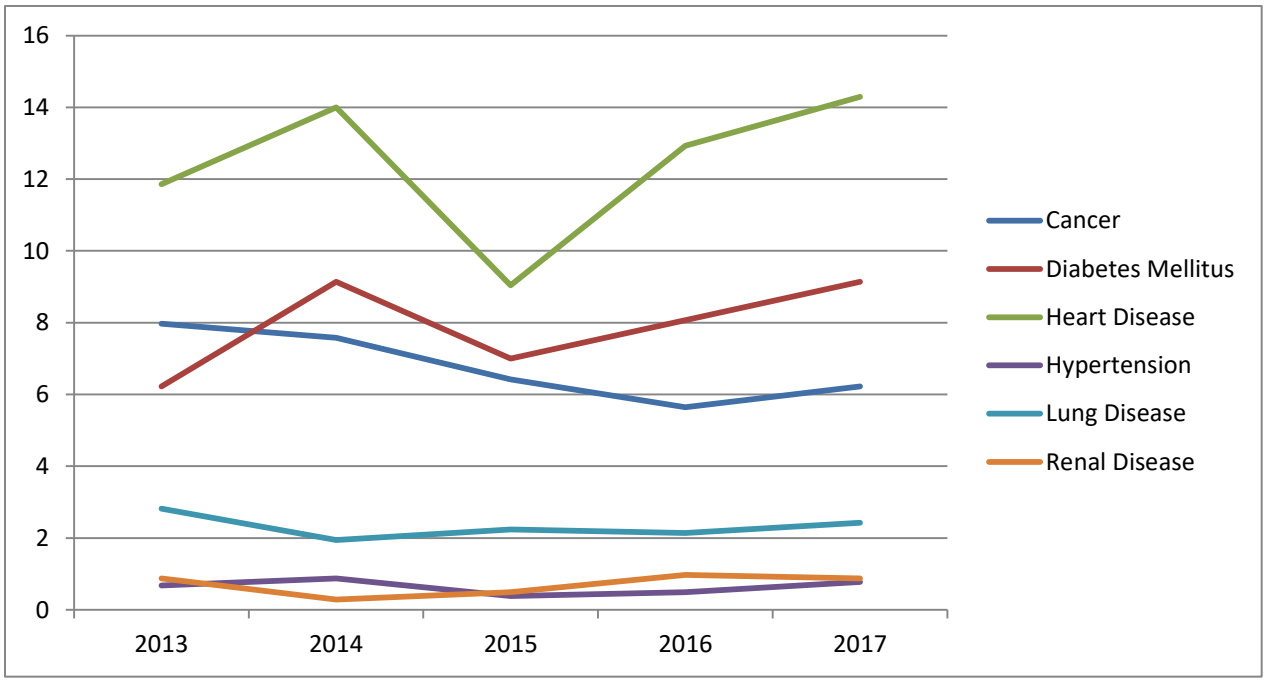


Table 3

IV. DEVELOPMENT OF THE STRATEGY

In 2005, a national workshop was held in Palikir, Pohnpei to revise and endorse 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. harmful use of alcohol and tobacco use, betel nut chewing, unhealthy diet and physical inactivity). 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. All of the four FSM states will update 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.

In December of 2017, the NCD Plan stakeholders and partners met in Yap to start the update process of the Plan. The technical team met again during the mid-year meeting in Pohnpei and finalized the draft Plan. WHO provided technical and financial assistance to the renewal of the Plan which covers 2019-2024. The monitoring piece of this strategic plan was also done during the last NCD summit.

V. OVERVIEW OF THE STRATEGY

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:

Figure 1 (*The Causation Pathway for Chronic Diseases – Adapted from Preventing Chronic Disease. A Vital Investment. Geneva, World Health Organization, 2005)*

1. Government leadership and political commitments are essential to coordinate the necessary "whole of government" and "whole of society" response to the FSM's NCD burder;
2. The causation pathway for chronic disease; (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 interventions
    b. **Community Intervention** – population based at the level of common risk factors
    c. **Clinical Intervention** – at the level of early and established diseases
    d. **Advocacy** – providing strategic action in social mobilization, public education and outreach programs, risk communication and advocacy for policy change that relevant to NCDs
    e. Surveillance, Monitoring & Evaluation
        i. Risk factors in adults STEPs or BRFSS
        ii. Risk factors in youth (school based surveys)
        iii. Disease burden (cancer registry, diabetes from vital statistics, hospitalization from hospital databases)
        iv. 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.

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 sector, 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 NCDs 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 MAJOR NCD RISK FACTORS

The table below is a snapshot of the current risk factor prevalence from the FSM Combined STEPS Survey 2014.

Primary Risk Factors	Both sexes
Youth smoking	27.3%
Youth Chewing	43.3%
Youth drinking	24%
Adult Daily Tobacco Smokers	30.8%
Alcohol: Binge drinking among users	37.8%
Less than 5 servings of fruits and vegetables.	91.5% did not take the recommended servings of fruits and vegetables.
Low Physical Activity	52.6% not engage in vigorous PA.
Intermediate Risk Factors	
Overweight/Obesity	Overweight:29.7% Obese: 35.9%
HTN(SBP>140/OR DBP>90mmHg	19.7%
Diabetes Mellitus	50.6%
High Cholesterol	48.4%

Table 4

COMPONENT 1: **TOBACCO USE**

Objective	**To reduce tobacco use by 5% in the FSM by 2024** ***(reduction of 5% on below indicators)***
Indicators	Prevalence of tobacco use in adults Prevalence of tobacco smoking in adults Prevalence of chewing betelnut with tobacco in adults Prevalence of smoking tobacco in 10th grade students

	Prevalence of chewing betelnut with tobacco in high school students
Responsibility	TP&CP, Government Leaders, Coalition (NGOs/FBOs)
Activity	*See FSM National TP&CP Action Plan*
Time Frame	2019-2024
Budget	$US 210,000/year
Strategic Intervention	Implementation of the Framework on the Convention for Tobacco Control
Environment	Promote policies and activities that reduce tobacco use Increase excise tax
Community/Lifestyle	Reduce high level of exposure of children and young people to second hand smoke at home and public places Integrate tobacco education and school curricula Promote tobacco-free sports Prevent youth initiations by decreases access to tobacco Expand tobacco control programs to include the reduction of betelnut chewing
Clinical	Integrate Brief Tobacco Intervention (BTI) into public health encounter Expand BTI to NGO capacity building
Advocacy	Increase nation and state funding for tobacco control Maintain National Tobacco Coalition (Tobacco Advisory Council) Increase public awareness on the impact of tobacco awareness Increase enforcement training on all tobacco policies
Surveillance, Research and Evaluation	Yearly school survey of 10th grade students; with more in-depth survey every every 5 years ,GYTS; BRFSS; CDEMS; HIS Reports; NOMS; FSM Hybrid Surveillance

COMPONENT 2: BETELNUT USE

(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)

Objective	**To reduce betelnut use and its resulting harm among the**

	FSM population by 5% by 2024
Indicators	Prevalence of betelnut use among youths Prevalence of betelnut use among adults Prevalence of betelnut use with tobacco among youths Prevalence of betelnut use with tobacco among adults
Responsibility	NCCCP; BH&W Program; TP&CP; Medical Association and appropriate employees implementing the Collaborative Care Model
Activity	*See the NCCCP Plan, BH&W Plan, TP&CP Plan*
Time Frame	2019-2024
Budget	*(shared cost with TPCP & NCCCP)*
Strategic Intervention	Education awareness programs and cessation programs
Environment	Promote supportive betelnut-free environment Promote supportive systems (community based projects) that help reduce betelnut use Support and strengthen policies that aim at reducing betelnut use
Community/Lifestyle	Support outreach programs and services that reduce betelnut use Support betelnut cessation programs
Clinical	Implement National Standards of Practice for Breast and Cervical Cancer Prevention, Early Diagnosis, Treatment and Palliative Care *(Note: B&CC Guidelines addresses Betel nut use)*
Advocacy	Increase public and policy makers awareness on betelnut use and its negative health impacts on the population Increase awareness on policies, system changes and environmental interventions leading to behavioral change Support cessation training programs for staff and advocacy groups
Surveillance, Research and Evaluation	Rapid High School Survey; STEPS, BRFSS and FSM Hybrid Surveillance Surveys; NCCCP Evaluation Plan, FSM National Cancer Registry; Individual State Household Surveys; HIS; Management Information System

COMPONENT 3: ALCOHOL USE

(Baseline 28.7%)

Objective	**To reduce the percentage of people who drink alcohol in the FSM by 5% by 2024**
Indicators	Prevalence of current alcohol use (***in the past 30 days***) in youths Prevalence of binge (***at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days***) drinking in adults
Responsibility	BH&W; Government & Traditional Leaders; NGOs; FBOs
Activity	See National Policy, Strategy and Action Plan for BH&W,
Time Frame	2019-2024
Budget	$US 500,000/year
Strategic Intervention	Implement BH&W 6 Prevention Intervention Strategies
Environment	Increase the alcohol excise tax by 100% Support diversion programs/activities that reduce alcohol consumption among underage drinking (21 and under)
Community/Lifestyle	Increase the knowledge and skill of community to bring awareness and promote active participation in community-based program
Clinical	Integrate alcohol counseling into all public health 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, Research and Evaluation	School survey of 10th grade students every year with more in depth survey (e.g. GYTS, NCD STEPS and BRFSS; NOMS; HIS report

COMPONENT 4: NUTRITION

(Baseline 81.8%)(91.5%) FSM Combine STEP 2002-2009.

Objective	**Improve the nutritional status of the FSM population by improving the percentage of people who consume less the recommended 5 combined servings of fruits and vegetable by 5% by 2024**

Indicators	Prevalence of adults who are not consuming enough fruits and vegetables (less than 5 servings per day) Combined prevalence of (overweight + obesity)/total population Prevalence of youth and adult who consume high salt content Prevalence of youth who consume more than 5 grams of salt a day Underweight in children and youths
Responsibility	Diabetes/CVD program; Maternal and Child Health Program, NGOs, FBOs, State NCD Programs, Traditional Leaders, Preventive Health Councils, Department of Resource & Development
Activity	Revise the Nutrition Commission, adapt Nutritional Guidelines, Review and endorse National Plan of Action on Nutrition (NPAN)
Time Frame	2019-2024
Budget	$US 10,000/year
Strategic Intervention	Education awareness, strengthen nutrition policies, resources and development
Environment	Work with R&D to review and implement the FSM Food and Nutrition Policy Implement National Salt Roadmap Collaborate with Department of Education on Health Education Program Work with R&D and Chamber of Commerce to develop and implement policies to decrease the price and increase the access to local foods Advocate for the Healthy Trade Bill Implement FSM Dietary Guideline Develop and implement healthy workplace policies
Community/Lifestyle	Increase production and consumption of healthy local foods and its policies in the FSM Prevent Micronutrient Deficiencies in children and mothers
Clinical	Improve clinical nutritional and dietary services using MODFAT and the FSM dietary guidelines
Advocacy	Communication and implementation of the National Plan of Action on Nutrition

	Communication and implementation of the FSM Dietary Guideline
Surveillance, Research and Evaluation	School survey of 10th grade students every 2 years National Hybrid Survey every 5 years HIS Report every year

COMPONENT 5: PHYSICAL ACTIVITY

(Baseline 38.5% - Low level of exercise/physical activity = 600 MET minutes per week)

Objective	**To increase the level of exercise/physical activity among the FSM people on a regular basis by 5% by 2024**
Indicators	Prevalence of under-active adult (people engaging in less than 30 minutes of regular moderate physical activity most days of the week) • Frequency of PA in a week • Duration in engagement for the three domains in PA per week Combined prevalence of (overweight + obesity) in youths for 10th grade students
Responsibility	Diabetes/CVD Program; Maternal and Child Health Program, NGOs, Traditional Leaders, NGOs, FBOs, State NCD Programs, Preventive Health Council, R&D
Activity	Education awareness on Physical Activity Implement workplace well programs Develop and implement education and physical activity curriculum Develop National Physical Activity Policy
Time Frame	2019-2024
Budget	$US 5,000/year
Strategic Intervention	Create and implement PA guideline
Environment	Support for an enabling environment to promote and increase physical activity
Community/Lifestyle	Conduct more education and awareness on physical activity Promote population-based physical activity interventions Increase and support physical activity at community levels

Clinical	Increase the number of people who come to Public Health Clinic for hypertension Increase the number of NCD Clinical outreach programs in the community
Advocacy	Development, Communication and implementation of National Physical Activity Policy Communication and implementation of National School Physical Activity Policy
Surveillance, Research and Evaluation	School survey of 10th grade students National NCD Survey (STEPS, Hybrid, BRFSS) HIS

COMPONENT 6: HYPERTENSION

(Baseline) - Increase the proportion of people who involve in high level physical activity (definition ≥ 3000 MET-minutes/week) by 10% by 2023. (Baseline 17.9% - FSM combine STEP)

Objective	**To decrease the prevalence of hypertension among the FSM people by 2% by 2024**
Indicators	Prevalence of adults who have hypertension Prevalence of young adults who have hypertension Combined prevalence of adults and young adults who have hypertension
Responsibility	NCD Program; State Department of Health Services
Activity	Development and implementation of National NCD Guidelines Strengthening the implementation of the MODFAT Review and implement the FSM Dietary guidelines Develop and implementation of the NPAN
Time Frame	2019-2024
Budget	$US 10,000/year
Strategic Intervention	Public Education awareness programs
Environment	Promote the creation of an enabling environment for increased physical activity in the FSM

	Promotion of the production and consumption of local foods
Community/Lifestyle	Increase population-based physical activity interventions at public health clinic settings Increase education and awareness on salt reduction and physical activity Promote healthy eating
Clinical	Increase the number of young adults who come to NCD clinics to get screened with CVD risk tool Increase the number of NCD outreach clinics in the community Implement PEN
Advocacy	Communication and implementation of the National NCD Strategic Plan of Action Communication and implementation of NCD guidelines Communication and implementation of the FSM school nutrition and physical activity guidelines/policy
Surveillance, Research and Evaluation	FSM Hybrid survey; BRFSS; GYTS; Rapid High School Surveys

COMPONENT 7: DIABETES

(Baseline – 562 rate per/1,000 population 2011)

Objective	**To reduce the rate of diabetes in the FSM by 5% by 2024**
Indicators	Prevalence of pre diabetes among adults Prevalence of pre diabetes among young adults Combined incidence of amputation among adults and young adults
Responsibility	FSM Diabetes/CVD Program; Coalition; Government and Traditional Leaders; NGOs, FBOs
Activity	*See FSM Diabetes/CVD Workplan*
Time Frame	2019-2024
Budget	$US 136,000/year
Strategic	Education awareness and healthy eating

Intervention	
Environment	Improve settings of population diabetes screening and management
Community/Lifestyle	Increase proportion of population screened annually for diabetes Support community health awareness programs Support Chronic Disease Self-Management
Clinical	Improve diabetes management at all levels of health care
Advocacy	Improve public health education on diabetes
Surveillance, Research and Evaluation	NCD Hybrid Surveillance, BRFSS, HIS, CDEMS

COMPONENT 8: CANCER

Objective	To reduce the burden of cancer by decrease risk factors by 5% by 2024
Indicators	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 betelnut use *Reduce risk factors of tobacco, physical inactivity, diet
Responsibility	National Comprehensive Cancer Control Program; Doctors/physicians and appropriate employees
Activity	See the *National Comprehensive Cancer Control Plan*
Time Frame	2019-2024
Budget	$US 150,000/year
Strategic Intervention	Education awareness program and screening interventions Strengthen and implement the *Collaborative Care Model*
Environment	Support environment for physical activity Increase access and availability of local foods

	Promote supportive smoke-free environment Increase support systems (community-based projects, etc) that help reduce cancer risk factors Support risk factor policies aimed at reducing the cancer burden
Community/Lifestyle	Support cancer outreach programs aimed at educating the public on cancer risk factors and their impact on the cancer burden Implement community-based projects aimed at reducing cancer risk factors
Clinical	Implement National Standards of Practice for Breast and Cervical Cancer Prevention, Early Detection, Diagnosis, Treatment and Palliative Care (B&CC Guidelines)
Advocacy	Increase public and policy-makers awareness of risk behaviors/factors and consequences of cancer Increase awareness on policies, system changes and environmental interventions
Surveillance, Research and Evaluation	Improve cancer surveillance FSM Hybrid Survey National NCD STEPS, BRFSS and Rapid High School Surveys NCCCP evaluation Plan Individual States Household surveys FSM National Cancer Registry Management Information System (MIS), Health Information System (HIS) National Immunization Database (WebIZ)

X. IMPROVING MEDICAL INTERVENTIONS

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

Objective	**Improving the standard of Primary Care of NCDs in the FSM by 80% by 2024**
Indicators	Expansion and improvement 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 Endorsement and implementation of a Diabetes Clinical Guidelines as agreed by all four FSM states

	Endorsement and implementation of the revised MODFAT and Healthy Living Guidelines as agreed by all four FSM states Endorsement and implementation of an agreed palliative and collaborative care model for NCD patients in all states
Responsibility	Public Health Clinics, Hospitals, Dispensaries and Private Clinics
Activity	Develop and implement plans for functional registries, clinical guidelines and NCD collaborative across all four states See *National NCD Plan of Action*
Time Frame	2019-2024
Budget	$US 10,000/year
Strategic Intervention	
Environment	Ensure availability of guidelines, needed medicines, supplies and equipment in outpatient and clinical settings
Community/Lifestyle	Include appropriate standards for delivery of primary care in dispensaries and community health centers/clinics
Clinical	Improve disease care and management at all primary health care levels in the community Implement the recommended treatment of the B&CC Guidelines
Advocacy	Through National and State Directors of Health, National and State Coalitions, State Medical and Nursing Associations
Surveillance, Research and Evaluation	CDEMS Registry, HIS, Key Performance Indicators (KPI), NCD Monitoring and Evaluation Tool (M&E Tool)

XI. IMPROVING SECONDARY CARE

COMPONENT 1: **IMPROVING PUBLIC HEALTH CLINIC CARE**

Objective	**To reduce the prevalence of cardiovascular diseases (CVD) in the FSM by 5% by 2024**
Indicators	Implementation of CVD risk screening and guidelines in all health care setting by 2024

	Implementation of the FSM MODFAT prescription and counseling tool in all primary care clinics in the FSM Implementation of an agreed palliative and NCD collaborative care model by all states Recognition and implementation of local alternative medicinal treatment in the hospital and clinics
Responsibility	NCD Medical Director; State doctors/physician; Public Health Clinic Team
Activity	Develop and implement plans for functional registries and clinical guidelines and collaborative care for NCDs across all four states (EHR)
Time Frame	2019-2024
Budget	$US 20,000/year
Strategic Intervention	
Environment	Improve PHC settings for NCD screening and management
Community/Lifestyle	N/A
Clinical	Improve disease management at all clinics and hospitals'
Advocacy	Through directors of health, NCD coalitions and state medical and nursing associations
Surveillance, 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 Live Care for NCDs in the FSM by 2023**
Indicators	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 focused on End of Life Care guidelines Implementation of an agreed palliative and collaborative care guidelines for NCD patients by all states Recognition and implementation of local alternative medicinal treatment in the hospital 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 Undertake cost effectiveness and feasibility studies for Dialysis provisions in all 4 states
Time Frame	2019-2024
Budget	$US 10,000/year
Strategic Intervention	
Environment	Ensure hospital ward environment provide guidelines, needed medicines, adequate supplies and materials Set up hospital ward environment to ensure availability of guidelines, needed medicines, supplies and materials
Community/Lifestyle	Ensure community and family support of Palliative Care
Clinical	Improve End of Life Care at all levels of health care
Advocacy	Through directors of health, NCD coalitions, state medical and nursing associations
Surveillance, Research and Evaluation	CDEMS Hybrid Survey 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 2023. 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 2023. 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 FSM NCD summit. DHSA will implement the NCD surveillance and will report Dashboard during NCD annual summit. The final dashboard on the NCD status in FSM will be printed as the Evaluation in 2023. 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 implementing a FSM NCD Dashboard to monitor and evaluate the National Strategic Plan for the Prevention and Control of NCDs by the end of 2023.

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 3 Policies that will increase the opportunity for Physical Activity

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
1.1- Maintain Physical Activity coordinating group	Recommend members of coordinating group to Secretary (under steering committee)	NCD Unit Chief	**June 2023**	Core
1.2-Support states to develop PA programs for the community (youth, women and others)	Identify key at-risk groups and assist with technical assistance. Allow communities to school and community PA facilities. Promote traditional sports and dances	NCD Unit Chief	**2023**	Expanded
1.3-Reduce tax on physical activity equipment	Lobby to congress and legislature and support states as needed.	NCD Unit chief /Congress	**2023**	Core/Expanded
1.4- Include accessible PA 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	**2023/ongoing**	Core
1.5-Develop legislation that support PA (jogging, walking, 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	TIMEFRAME	CORE/EXPANDED
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 2023**	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 1: 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	TIMEFRAME	CORE/EXPANDED
1.1- Strengthen NFNC	Review membership of the National Food and Nutrition Commission and ensure secretariat support As laid out in Presidential Order # 12	President, DHSA	**March 2020, ongoing**	Core
1.2- Endorsement of Nutrition policies	Advocate for completion of school health policies. See Food Guide for Schools.	FSM Health Policy committee	**May 2023**	Core
1.3- 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 2023**	Core/Expanded
1.4- 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. 2022 May 2023**	Core/Expand
1.5- Endorsement FSM dietary guidelines	MODFAT Guidelines should be endorsed	NCD Working Group	**COMPLETED**	Core
1.6- Encourage healthy school policies (School Nutrition and Physical Activity Guidelines).	Collaborate with Department of Education and States to promote healthy	HAS, States Department of Education	**Ongoing**	Core

	eating habits for children in school.			
1.7- 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.	HSA State HS Land Grant Supporting partners	**Ongoing**	Core
1.8- Encourage healthy diets via church and community programs	This should include education, displays and food provided	NCD Programs Stakeholders and partners	**Ongoing**	Core

OBJECTIVE 2:

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	TIMEFRAME	CORE/EXPANDED
2.1- 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, Econ. Affairs Custom &Tax	**2024**	Core
2.2- Review feasibility of Government subsidy on local food industry	Explore subsidies on equipment or supplies related to farming.	State AG National AG	**Ongoing**	Expanded

2.3- Improve the availability of good quality seeds and plants	Work with importers, establish seed/cutting distribution	Dept of R&D COM	**Ongoing**	Core/Expanded
2.4- Establish monitoring system for nutrition (food security)	To assess risks and plan ahead prevention strategies	HSA Econ. Affairs NFNC	**Ongiong**	Optimal

OBJECTIVE 3:

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	TIMEFRAME	CORE/EXPANDED
3.1- All prenatal and post natal mothers to receive education on breastfeeding and preparation of Complementary foods using local foods.	Counseling /Information provided during normal prenatal and postnatal clinic sessions	MCH, FP CSH, nurses Women Group	**Commence 3-6 months and ongoing**	Core
3.2- 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)	**2023**	Core
3.3- 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
3.4- 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
3.5- Monitoring and Evaluation to be conducted for all infant feeding activities.	Program staff and Comm. Support group	HSA (MCH)	**Ongoing**	Core
3.6- Continue BFHI training and assessments	Target all 4 states to be certified in BFHI	MCH, Social Marketing Committee	**Ongoing**	Expanded
3.7- WHO Code	Control the	Health Policy	**May 2022**	Core

endorsed legislation (Infant and young child feeding)	marketing of baby formulas and infant foods, along with associated products	Committee, Nutrition Prog.		
3.8- Education on BF in school curriculum	BF and complementary feeding to be covered	HSA (MCH) DOE	**June 2023**	Core
3.9- BF education and support for new mothers	All prenatal and MCH clinics to include education	HSA (MCH)	**Ongoing**	Core/Expand
3.10- Improved monitoring of BF rates	Data needed to monitor trends and impact of inputs	MCH	**Ongoing**	Core/Expand

OBJECTIVE 4:

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	TIMEFRAME	CORE/EXPANDED
4.1- Collate and collect data on Iron status of young women and other at risk groups at least once a year	Coordinate sharing of Data with NCD program. All pregnant women screened for IDA (Tabs provided by MCH) Target high-risk groups, women and pregnant women. Incorporate info into school curriculum	MCH Family Planning PH	**Ongoing**	Core/Expanded
4.2- 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	HSA FSM MCH, state Public Health. Island Food	**Ongoing**	Core/Expanded

	Research on vitamin A content of local foods Promotion of local production of vitamin A rich crops and foods			
4.3- Conduct a needs assessment and a cost benefit analysis on food fortification of key products	Rice, flour, noodles, salt with iron, folate, vitamin A, iodine Review and update of current laws	HSA	**April 2023**	Expanded
4.4- Assessment of current iodine status	Research if there is an iodine deficiency problem in the FSM.	NCD Program (Request survey)	**2024, hybrid**	Expanded (external assistance required)

ANNEX C

PLAN OF ACTION FOR **ALCOHOL:** REDUCING ALCOHOL CONSUMPTION TO IMPROVE HEALTH

GOAL: To reduce alcohol consumption in the FSM
OBJECTIVE 1: Reduce alcohol and sakau consumption through control of supply of alcohol available and demand from individuals.

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
1.1- Amend existing law or regulation to increase tax level on local and imported alcohol (insert percentage from BH&W 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 BH&W plan*.	Municipal chief, mayors, traditional leaders and island legislatures	**Ongoing**	Core/Expanded
1.2- 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.*	NCD Unit Chief	**Ongoing**	Core/Expanded

OBJECTIVE 2: **Reduce acceptance of alcohol and drug use -** The Church is a powerful and important influence on people's behavior

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
2.1- 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.	BH&W, AG	**November 2023**	Core
2.2- 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)	BH&W Church leaders		Expanded
2.3- Post drug-free signs/messages at public settings	Information and messages on Drugs to be posted and erected in the public areas and facilities for public awareness	BH&W, HSA, AG	**Every 3-6mo**	Core
2.4- 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.	BH&W, HSA, AG	**Every 3-6mo**	Core
2.5- Youth leaders to be Drug Free advocates	Identify suitable individuals and train them accordingly	BH&W, HSA (Youth Program)	**Every 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 1: Decrease access to tobacco products in FSM - Reducing availability of tobacco and places where people can smoke reduces use.

ACTIVITY	**DETAILS**	**RESPONSIBILITY**	**TIMEFRAME**	**CORE/EXPANDED**
1.1- 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 2024**	Core/Expanded
1.2- Develop a comprehensive smoking cessation package	Doctors at hospital OPD asking history of tobacco use: MUST be included in medical records (eg. OPD encounter	DOH, PH, Health staffs, BH&W, NGOs	**1 yr, ongoing, 3months**	Core/Expanded

	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.			

OBJECTIVE 2:
Control and influence the information concerning tobacco - Young people in particular are influenced by information concerning tobacco.

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
2.1- 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	**2023**	Expanded
2.2- 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	2023	Expanded
2.3- Point of sale regulation and removal of promotion	Educate business on activity and lobby to law makers to legislate Point of sale	Tobacco/AG	**2023**	Expanded

	regulation and removal of promotion. See Tobacco plan for more details			
2.4- 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, BH&W	**2022**	Core

OBJECTIVE 3:
To amend existing tobacco laws to increase the tax sales and licensures –Higher priced tobacco reduces use

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
3.1- 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.	**2022**	Core
3.2- Support increase sin-tax related to Tobacco.	Provide technical assistance to states to increase to increase sin tax on tobacco to make it inaccessible	Tobacco, HSA Steering committee	**2022**	Core
3.3- Ban the use of promotional materials, including giveaways or	Support the development of laws to ban promotion of	Tobacco	**2020**	Expanded

lotteries related to tobacco products or their packaging	tobacco materials.			
3.4- Enforce laws prohibiting import of grey/black market products (ie tobacco, etc)	Collaborate with tax & revenues on inspections, total bans and violations. Impose sanctions on violators by revoking licenses or giving large fines. Provide technical assistance to increase inspections of imported goods.	Tobacco, tax/rev, justice	**2024**	Core
3.5- 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	2020	Expanded

OBJECTIVE 4:
To provide disincentives to tobacco users - Supporting those who want to quit smoking or not to start is an important approach.

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
4.1- 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	**2024**	Core/Expanded
4.2- Partner with church groups, community, and	Discuss with church & traditional leaders	HSA	**Ongoing**	Core/Expanded

traditional groups on campaign against tobacco.				

OBJECTIVE 5:
To preemptively control the introduction of HTPs, ENDS/ENNDS use through policy – and other tobacco novelty products.

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
5.1- Review current policies and adjust language to appropriately capture the prohibition of "other tobacco products and its alternatives"	Lobby with appropriate policy makers and garner support for policy amendments	HSA, Justice,	**2023**	Core/Expanded
5.2- Conduct horizon scanning	Work with developing partners to share information of current studies on HTPs, ENDS/ENNDS	HSA	**Ongoing**	Core/Expanded

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 1: By the end of the five years grant (September 2023), the number of people who come to diabetes screening will be increase by 15%. (Base = 6083 – FSM HIS data)

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
1.1- Increase the number of people who attend screenings and outreach programs	Increase the frequencies of outreach and screening programs in the communities for people to access services	NCD Team	**2022 Ongoing**	Core
1.2- 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	**2022 Ongoing**	Core
1.3- Involve community leaders, traditional leaders and church 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	**2022 Ongoing**	Core
1.4- 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/CVD Program	**2022 Ongoing**	Core

OBJECTIVE 2:

By the end of the five year plan (September 2023), people's understanding of diabetes consequences and management will reach 50% 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	TIMEFRAME	CORE/EXPANDED
2.1- 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	**2022 Ongoing**	Core
2.2- 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	**2022 Ongoing**	Core/Expanded
2.3- Involve community leaders, traditional leaders and church 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	**2022 Ongoing**	Core
2.4- 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 2022**	Core/Expanded

OBJECTIVE 3:
By the end of the five years plan (December 2023), 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	TIMEFRAME	CORE/EXPANDED
3.1- Educate FSM congress to promote Diabetes activities, prevent and control new cases of Diabetes problems.	Lobby law makers at the national and state levels for support	FSM Diabetes Program, NCD Review Committee members, Coalition members	**August 2022 Ongoing**	Core/Expanded
3.2- National and State Departments/Offices will establish in house policies to support Diabetes prevention	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 2022 Ongoing**	Core/Expanded

OBJECTIVE 4:
By the end of the five years plan (December 2023), FSM Diet will be improved resulting in an improved NCD situation mainly Diabetes. (Refer to Nutrition Plan)

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
4.1- 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 2022 Ongoing**	Core/Expanded
4.2- 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 training on Food Values focusing on Local foods with the use of the ModFat, more schools involved in the HPS program, nutrition policy	State NCD Programs, Island Food Community groups, COM Land Grant Program and other partners	**September 2022 Ongoing**	Core/Expanded

	implemented in the schools to advance healthy diets in the schools.	and stakeholders.		
4.3- 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) and NCDs (diabetes)	State NCD Programs	**September 2022 Ongoing**	Core/Expanded

OBJECTIVE 5:

By the end of the five years Plan (December 2023), a 20% decrease in low level of Physical activity will be realized among FSM people. Baseline – 43.6% (2002-2009 FSM Combine Step Survey) – Refer to Physical Activity Plan

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
5.1- 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 2022 Ongoing**	Core/Expanded
5.2- 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 2022 Ongoing**	Core/Expanded
5.3- 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) and NCDs (diabetes)	State NCD Programs	**September 2022 Ongoing**	Core/Expanded

OBJECTIVE 6:

By the end of the five years Plan (December 2023), people in the FSM will be able to control and manage Stress and Depression in order to improve their health. *(Refer to Behavioral Health & Wellness Plan.)*

ACTIVITY	DETAILS	RESPONSIBILITY	TIMEFRAME	CORE/EXPANDED
6.1- 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 BH&W	**July 2022 Ongoing**	Core/Expanded

OBJECTIVE 7:
By the end of the five years Plan (December 2023), 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	TIMEFRAME	CORE/EXPANDED
6.1- 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 2022 Ongoing**	Core/Expanded

ANNEX F

FSM MODFAT (MICRONESIA ONE DIET FITS ALL TODAY)

MODFAT – "A local diet & chronic prescription tool"

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.

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 in collaboration with Micronesian Production and Island Food Community of Pohnpei State on healthy living guideline that will take MODFAT awareness up one notch. There will be increased 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.

ANNEX G

The protocol is for assessment and management of cardiovascular risk

It could be used for routine management of hypertension and DM and for screening, targeting the following categories of people:

- age > 40 years
- smokers
- waist circumference (≥ 90 cm in women ≥100 cm in men)
- known hypertension
- known DM
- history of premature CVD in first degree relatives
- history of DM or kidney disease in first degree relatives

Follow instructions given in Action 1 to Action 4, step by step

- ***Action 1. Ask about:***
- Diagnosed heart disease, stroke, TIA, DM, kidney disease
- Angina, breathlessness on exertion and lying flat, numbness or weakness of limbs, loss of weight, increased thirst, polyuria, puffiness of face, swelling of feet, passing blood in urine etc
- Medicines that the patient is taking
- Current tobacco use (yes/no) (answer yes if tobacco use during the last 12 months)
- Alcohol consumption (yes/no) (if `Yes`, frequency and amount)
- Occupation (sedentary or active)
- Engaged in more than 30 minutes of physical activity at least 5 days a week (yes/no)
- Family history of premature heart disease or stroke in first degree relatives

WHO PEN Protocol 1: Prevention of Heart Attacks, Strokes and Kidney Disease through Integrated Management of Diabetes and Hypertension

I. Protocols for primary care

FIRST VISIT

Action 4: Referral criteria for all visits:

- BP >200/>120 mm Hg (urgent referral)
- BP ≥140 or ≥ 90 mmHg in people < 40 yrs (to exclude secondary hypertension)
- Known heart disease, stroke, transient ischemic attack, DM, kidney disease (for assessment, if this has not been done)
- New chest pain or change in severity of angina or symptoms of transient ischemic attack or stroke
- Target organ damage (e.g. angina, claudication, haeving apex, cardiac failure
- Cardiac murmurs

- ■ Raised BP ≥140/90 (in DM above 130/ 80mmHg) while on treatment with 2 or 3 agents
- ■ Any proteinuria
- Newly diagnosed DM with urine ketones 2+ or in lean persons of <30 years
- Total cholesterol >8mmol/l
- DM with poor control despite maximal metformin with or without sulphonylurea
- DM with severe infection and/or foot ulcers
- DM with recent deterioration of vision or no eye exam in 2 years
- High cardiovascular risk

If referral criteria are not present go to Action 5

- Waist circumference
- Measure blood pressure, look for pitting odema
- Palpate apex beat for haeving and displacement ■ Auscultate heart (rhythm and murmurs)
- Auscultate lungs (bilateral basal crepitations)
- Examine abdomen (tender liver)
- In DM patients examine feet; sensations, pulses, and ulcers
- Urine ketones (in newly diagnosed DM) and protein
- Total cholesterol
- Fasting or random blood sugar (diabetes= fasting blood sugar≥7 mmol/l (126 mg/dl)) or random blood sugar ≥11.i mmol/l (200 mg/dl)) (Point of care devices can be used for testing blood sugar if laboratory facilities are not available)

Action 3. Estimate cardiovascular risk (in those not referred):

- Use the WHO/ISH risk charts relevant to the WHO subregion (Annex and CD)
- Use age, gender, smoking status, systolic blood pressure, DM (and plasma cholesterol if available)
- If age 50-59 years select age group box 50, if 60-69 years select age group box 60 etc., for people age < 40 years select age group box 40
- If cholesterol assay cannot be done use the mean cholesterol level of the population or a value of 5.2 mmol/l to calculate the cardiovascular risk)
- If the person is already on treatment, use pretreatment levels of risk factors (if information is available to assess and record the pretreatment risk. Also assess the current risk using current levels of risk factors)
- Risk charts underestimate the risk in those with family history of premature vascular disease, obesity, raised triglyceride levels

FIRST VISIT

Action 5. Counsel all and treat as shown below

Consider drug treatment for following categories

- All patients with established DM and cardiovascular disease (coronary heart disease, myocardial infarction, transient ischaemic attacks, cerebrovascular disease or peripheral vascular disease), renal disease. If stable, should continue the treatment already prescribed and be considered as with risk >30% People with albuminuria, retinopathy, left ventricular hypertrophy
- All individuals with persistent raised BP ≥ 160/100 mmHg; antihypertensive treatment
- All individuals with total cholesterol at or above 8 mmol/l (320 mg/dl); lifestyle advice and statins
- Counsel on diet, physical activity, smoking cessation and avoiding harmful use of alcohol
- If risk < 10% follow up in 12 months
- If risk 10 - < 20% follow up every 3 months until targets are met, then 6-9 months thereafter
- Counsel on diet, physical activity, smoking cessation and avoiding harmful use of alcohol
- Persistent BP ≥ 140/90 mm Hg consider drugs (see below ** Antihypertensive medications)
- Follow-up every 3-6 months
- Counsel on diet, physical activity, smoking cessation and avoiding harmful use of alcohol
- Persistent BP ≥ 130/80 consider drugs (see below
- ** Antihypertensive medications)
- Give a statin & Follow-up every 3 months, if there is no reduction in cardiovascular risk after six months of follow up refer to next level

Additional actions for individuals with DM:

- Give an antihypertensive for those with BP ≥ 130/80 mmHg
- Give a statin to all with type 2 DM aged ≥ 40 years
- Give Metformin for type 2 DM if not controlled by diet only (FBS>7mmol/l), and if there is no renal insufficiency, liver disease or hypoxia.
- Titrate metformin to target glucose value
- Give a sulfonylurea to patients who have contraindications to metformin or if metformin does not improve glycaemic control.
- Give advise on foot hygiene, nail cutting, treatment of calluses, appropriate footwear and assess feet at risk of ulcers using simple methods (inspection, pin-prick sensation)
- Angiotensin converting enzyme inhibitors and/or low-dose thiazides are recommended as first-line treatment of hypertension. Beta blockers are not recommended for initial management but can be used if thiazides or angiotensin converting enzyme inhibitors are contraindicated.
- Follow up every 3 months

***** Antihypertensive medications***

- If under 55 years low dose of a thiazide diuretic and/ or angiotensin converting enzyme inhibitor
- If over 55 years calcium channel blocker and/or low dose of a thiazide diuretic
- If intolerant to angiotensin converting enzyme inhibitor or for women in child bearing age consider a beta blocker

- Thiazide diuretics and/or long-acting calcium channel blockers are more appropriate as initial treatment for certain ethnic groups. Medications for compelling indications should be prescribed, regardless of race/ ethnicity
- Test serum creatinine and potassium before prescribing an angiotensin converting enzyme inhibitor
- Risk < 20% Risk 20 to <30% Risk > 30% Important practice points

I. Protocols for primary care

SECOND VISIT

Advice to patients and family

- Avoid table salt and reduce salty foods such as pickles, salty fish, fast food, processed food, canned food and stock cubes
- Have your blood glucose level, blood pressure and urine checked regularly
- Advice specific for DM
- Advise overweight patients to reduce weight by reducing their food intake.
- Advise all patients to give preference to low glycaemic-index foods (e.g.beans, lentils, oats and unsweetened fruit) as the source of carbohydrates in their diet
- If you are on any DM medication that may cause your blood glucose to go down too low carry sugar or sweets with you
- If you have DM, eyes should be screened for eye disease (diabetic retinopathy) by an ophthalmologist at the time of diagnosis and every two years thereafter, or as recommended by the ophthalmologist
- Avoid walking barefoot or without socks
- Wash feet in lukewarm water and dry well especially between the toes
- Do not cut calluses or corns, and do not use chemical agents on them
- Look at your feet every day and if you see a problem or an injury, go to your health worker

Repeat

Ask about: new symptoms, adherence to advise on tobacco and alcohol use, physical activity, healthy diet, medications etc

- Action 2 Assess (Physical exam
- Action 3 Estimate cardiovascular risk
- Action 4 Refer if necessary
- Action 5 Counsel all and treat as shown in protocol