



KUMIT

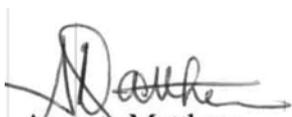
Komaron Ukot Mour ilo Tomak

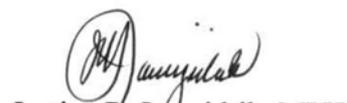


**Republic of Marshall Islands
NCD/Nutrition Strategy 2008-2012**

Joint Message from the Minister of Health and Secretary of Health




Amenta Matthew
Minister of Health


Justina R. Langidrik, MPH
Secretary of Health

We are very pleased that this NCD/Nutrition Strategy for 2008-2013 is finally completed and will be used as a guide to implement programs, services and activities to address non-communicable diseases and nutrition issues in the RMI. We extend our heartfelt gratitude to the World Health Organization (WHO) and Secretariat for the Pacific Community (SPC) for their continued support and technical assistance to the Ministry of Health in the completion of this Plan of Action. Along the same line, we want to recognize the contribution from our very own stakeholders who took the time to work with the MOH in developing this Plan of Action. Last but not least, we thank the staff in the Ministry who have taken the initiative and leadership necessary to complete this document.

The title of this Plan, KUMIT, is a Marshallese word that signifies the core of team work. When a Marshallese family works on building a house, the whole community will render its resources to assist that family to finish the house. It is appropriate to name this Plan KUMIT with the knowledge that various organizations, government agencies and community groups rendered their support to the Ministry of Health in the development of this Kunit Plan. The committee further detailed the Kunit Plan so each letter can stand for the following:

K – komaron (you can)
U – ukot (change)
M – mour (life)
I – ilo (based on)
T – tomak (belief)

The whole meaning of the word signifies that each individual can change life for the better if there is determination at heart. We all can make a difference if we do our very best for the better. Ministry of Health's theme clearly stresses Kunit that "health is a shared responsibility".

Background

The Republic of the Marshall Islands is a collection of 1,225 low-lying coral islands grouped into 29 atolls and 5 single islands spreading across an ocean area of 750,000 square miles. RMI is approximately 2000 miles southwest of Hawaii, 8° north of the equator and is part of the Micronesian group. The total land area is about 70 square miles (181 square kilometers). The main height of land is about 7 feet above sea level (2 meters). The total population in 1999 was 50,840 with 68% residing on the two major atolls of Majuro and Kwajalein. 55% of the total population comprise the working age population (15-64 years) with 42.9% under 15 years and population 65 years and older of 2%. Marshallese is the official language but English is taught in the schools and is widely spoken. The total fertility rate is 5.7* (Jumijmij Report 2005*) and the average annual growth rate (1988-1999) is 1.5%. With growing populations and very limited land areas, population density continues to be a concern with 406 persons/km² and greatly contribute to poor living conditions.

The economy is heavily dependant on funds from the US, Asian Development Bank and assistance from other countries. The size of the annual budget is largely dependent on the size of the financial aid from these sources. The imports are rising without corresponding increase in exports and thus the balance of trade is unfavorable. There are few reliable estimates of the GDP available, but is estimated that the GDP in 2002 grew by 3.8% based on current market prices. The RMI has no monetary system of its own and uses the US dollar. The per capita income in 2002 was estimated at 1,867 US dollars, among the highest in the region after the Federated States of Micronesia.

The Government of the Marshall Islands, as some of the other jurisdiction of the former Trust Territory of the Pacific Islands, is politically and economically linked to the United States of America as a "freely associated state". Under the terms of the Compact of Free Association between the Republic of the Marshall Islands (RMI) and the United States, the RMI is eligible for many of the Public Health Service programs and funds from the Department of Health and Human Services. However, the RMI is not eligible for Medicaid, Medicare, WIC, EPSDT, and federal funds for education (including development disabilities). These constraints limit the referral and resource options for health care providers striving to provide comprehensive services for their clients.

The Constitution of the Marshall Islands has designated the Ministry of Health (MOH) as the "state" health agency. The health care system consists of two hospitals, in Majuro and Ebeye, and 54 community health centers in the outer atolls. The main hospital in Majuro is a 100-bed facility, and the hospital on Ebeye has 40 beds. The Bureau of Majuro Health Care Services also offers a full range of preventive and primary care programs in the main hospitals and is responsible for all preventive and primary care programs throughout the country.

The current MOH infrastructure has three major bureaus: 1) Bureau of Majuro Health Care Services, 2) Bureau of Kwajalein Atoll Health Care Services (KAHCS), 3) Bureau of Outer Islands Health Care Services. An Assistant Secretary heads each bureau and all Assistant Secretaries report directly to the Secretary of Health who is the head of the institution governed and represented politically by the Minister of Health. The new infra structure will address specific issues related to each Bureau. It is further envisaged that NCD strategic Plan implementation will apply and appropriated to the Bureaus as this is a national plan.

Burden of NCDs in RMI

Like many developing nations, RMI is facing the double burden of disease having not satisfactorily controlling communicable disease and already has to face rising rates of chronic diseases or non-communicable diseases such as diabetes, heart disease including hypertension and stroke, cancers and respiratory disorders. In nutritional disorders there is the element of coexistence of obesity and under-nutrition within individuals, families and communities. In addition, the RMI faces a large population increase with decreasing funds.

According to the 2004 MOH annual report, the top ten leading causes of deaths included: 1) Sepsis/Septicemia, 2) Cancers (all types), 3) Myocardial infarction, 4) Pneumonia, 5) Suicide, 6) End Stage Renal Disease and Cerebro-vascular Disease, 7) Drowning, 8) Prematurity, 9) Trauma, 10) Congestive heart failure and Hepatitis B. Within each of these cause categories would be Diabetes. According to the 2005 Annual report, there were 75 new cases of diabetes seen in the hospital clinics.

According to the National NCD STEPS survey in 2002, the prevalence of hypertension was 10.5% and Diabetes was 29.8% which is one of the highest in the pacific. In recent years, diabetes has overtaken tuberculosis as the most common disease with the longest hospital stay in the Marshall Islands. Diabetic complications such as cataracts and gangrene or gangrene-related amputations have also been on the increase through the years. From 2000 to 2001, amputations increased by 28%. Furthermore, the trend of diabetes is affecting the younger population with a gradual increase of cases in the 20-35 years of age. The increase in the number of diabetic patients and people at risk for diabetes is mainly due to the changes in the lifestyles of the Marshallese population. With the increase number of the population being screened found to be diabetic, the Ministry has placed more emphasis on screening for early detection and managing people with diabetes and hypertension, and overweight and obesity as preventive measures.

There was a need to look at risk factors in the general population and put in place 'primary prevention strategies' to delay or halt progression of individuals at-risk to NCD like Diabetes. For this reason the NCD STEPwise survey was carried out in 2002 and the results reveal startling figures which has been the thrust of the whole NCD/Nutrition planning as government comprehend the full implications of the figures as NCD is not only the highest cause of morbidity and mortality now but potentially devastation of the future if nothing is done to intervene.

This is detailed in the table below highlighting the key findings of the NCD STEPS survey carried out in 2002.

Results for adults aged 15-64 years (incl. 95% CI) (adjust if necessary)	Both Sexes	Males	Females
Step 1 Tobacco Use			
Percentage who currently smoke tobacco daily	19.8 (16.5 – 23.1)	34.7 (29.3 – 40.1)	4.2 (3.0 – 5.4)
<i>For those who smoke tobacco daily</i>			
Average age started smoking (years)	17.8 (17.4 – 18.2)	17.6 (17.2 – 18.0)	19.9 (18.2 – 21.7)
Average years of smoking	13.3 (12.2 – 14.5)	13.2 (12.3 – 14.1)	14.7 (10.6 – 18.7)
Percentage smoking manufactured cigarettes	98.4 (97.1 – 99.6)	98.3 (96.8 – 99.8)	98.7 (98.3 – 99.1)
Mean number of manufactured cigarettes smoked per day (by smokers of manufactured cigarettes)	11.5 (9.9 – 13.0)	12.0 (10.3 – 13.7)	7.4 (5.7 – 9.1)
Step 1 Alcohol Consumption			
Percentage of abstainers (who did not drink alcohol in the last year)	80.7 (75.9 – 85.5)	66.5 (59.0 – 74.1)	95.5 (94.3 – 96.7)
Percentage of current drinkers (who drank alcohol in the past 12 months)	19.3 (14.5 – 24.1)	33.5 (25.9 – 41.0)	4.5 (3.3 – 5.7)
<i>For those who drank alcohol in the last 12 months</i>			
Percentage who drank alcohol on 4 or more days in the last week	2.2 (0.7 – 3.8)	2.1 (0.7 – 3.5)	3.4 (-2.0 – 8.9)
Percentage of women who had 4 or more drinks on any day in the last week			30.0 (12.8 – 47.1)
Percentage of men who had 5 or more drinks on any day in the last week		37.7 (28.7 – 46.7)	
Step 1 Fruit and Vegetable Consumption (in a typical week)			
Mean number of days fruit consumed	2.6 (2.3 – 2.9)	2.6 (2.3 – 2.9)	2.7 (2.4 – 3.0)
Mean number of servings of fruit consumed per day	1.8 (1.3 – 2.3)	1.8 (1.3 – 2.2)	1.9 (1.3 – 2.4)
Mean number of days vegetables consumed	2.7 (2.5 – 2.9)	2.6 (2.4 – 2.9)	2.8 (2.5 – 3.0)
Mean number of servings of vegetables consumed per day	1.7 (1.3 – 2.2)	1.6 (1.3 – 2.0)	1.9 (1.3 – 2.4)
Percentage who ate less than 5 of combined servings of fruit & vegetables per day	92.0 (89.7 – 94.3)	92.8 (90.4 – 95.1)	91.2 (88.4 – 94.1)
Step 1 Physical Activity			
Percentage with low levels of activity (defined as <600 MET-minutes/week)	48.9 (42.9 – 54.8)	43.9 (37.0 – 50.8)	54.1 (48.2 – 59.9)
Percentage with high levels of activity (defined as ≥3000 MET-minutes/week)	1.7 (1.1 – 2.3)	2.8 (1.7 – 3.9)	0.5 (0.3 – 0.7)
Mean time spent in physical activity per day (minutes)	78.0 (49.9 – 106.2)	93.8 (53.5 – 134.1)	64.6 (42.5 – 86.7)

Results for adults aged 15-64 years (incl. 95% CI) (adjust if necessary)	Both Sexes	Males	Females
Step 2 Physical Measurements			
Mean body mass index - BMI (kg/m ²)	27.6 (27.1 – 28.1)	26.7 (26.2 – 27.2)	28.5 (27.8 – 29.2)
Percentage who are overweight or obese (BMI ≥ 25 kg/m ²)	62.5 (58.7 – 66.3)	59.8 (55.7 – 64.0)	65.4 (60.4 – 70.5)
Percentage who are obese (BMI ≥ 30 kg/m ²)	31.6 (28.8 – 34.4)	26.6 (23.2 – 29.9)	37.1 (32.7 – 41.5)
Average waist circumference (cm)	89.3 (87.3 – 91.4)	88.8 (87.1 – 90.5)	89.9 (87.2 – 92.6)
Mean systolic blood pressure - SBP (mmHg), excluding those currently on medication for raised BP	113.0 (110.1 – 115.9)	117.8 (114.5 – 121.2)	107.8 (105.0 – 110.7)
Mean diastolic blood pressure - DBP (mmHg), excluding those currently on medication for raised BP	68.0 (65.4 – 70.6)	69.3 (66.5 – 72.1)	66.7 (64.3 – 69.1)
Percentage with raised BP (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP)	10.5 (7.0 – 14.0)	11.6 (6.3 – 16.9)	9.3 (6.9 – 11.7)
Percentage with raised BP (SBP ≥ 160 and/or DBP ≥ 100 mmHg or currently on medication for raised BP)	4.4 (3.3 – 5.5)	4.0 (2.7 – 5.3)	4.8 (3.6 – 6.1)
Step 3 Biochemical Measurement			
Mean fasting blood glucose (mmol/L), excluding those currently on medication for raised blood glucose	6.0 (5.7 – 6.3)	6.0 (5.7 – 6.3)	6.0 (5.6 – 6.4)
Mean fasting blood glucose (mg/dl), excluding those currently on medication for raised blood glucose	107.9 (101.9 – 113.8)	107.9 (102.0 – 113.7)	108.1 (100.6 – 115.7)
Percentage with raised fasting blood glucose as defined below or currently on medication for raised blood glucose <ul style="list-style-type: none"> • capillary whole blood value ≥ 6.1 mmol/L or ≥ 110 mg/dl 	29.8 (23.6 – 35.9)	30.7 (24.1 – 37.3)	29.0 (21.7 – 36.3)
Mean total blood cholesterol (mmol/L)	4.4 (4.0 – 4.8)	4.3 (4.0 – 4.6)	4.5 (3.9 – 5.1)
Mean total blood cholesterol (mg/dl)	169.8 (152.9 – 186.7)	165.6 (153.0 – 178.2)	173.8 (152.1 – 195.5)
Percentage with raised total cholesterol (≥ 5.2 mmol/L or ≥ 200 mg/dl)	21.6 (10.8 – 32.4)	20.3 (11.3 – 29.2)	22.9 (9.7 – 36.0)
Percentage with raised total cholesterol (≥ 6.5 mmol/L or ≥ 250 mg/dl)	6.9 (-0.6 – 14.5)	5.7 (-0.6 – 12.0)	8.0 (-1.5 – 17.6)

Summary of combined risk factors			
<ul style="list-style-type: none"> • current daily smokers • less than 5 servings of fruits & vegetables/day • low level of activity (<600 MET -minutes) 	<ul style="list-style-type: none"> • overweight or obese (BMI ≥ 25 kg/m²) • raised BP (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP) 		
Percentage with low risk (i.e. none of the risk factors included above)	0.9 (0.5 – 1.2)	0.7 (0.6 – 0.7)	1.1 (0.3 – 1.9)
Percentage with raised risk (at least three of the risk factors included above), aged 25 to 44 years old	49.2 (44.6 – 53.9)	53.7 (46.4 – 61.0)	44.7 (40.3 – 49.1)
Percentage with raised risk (at least three of the risk factors included above), aged 45 to 64 years old	57.8 (49.7 – 65.9)	57.5 (49.2 – 65.9)	58.2 (46.8 – 69.6)

NCD Prevention and Control Services

The Bureau of Majuro Health Care Services have been given the mandatory responsibility to prevent and control NCD and up to the planning of this national strategy, a lot has been done in the area of secondary prevention and little on primary and primordial prevention.

Over the past ten years, there has been an increased awareness in NCD prevention and wellness promotion towards improving the quality of life for Marshallese people. The concept of “Health is a Shared Responsibility” remains the theme for the Ministry of Health. Other government agencies, local governments, non-government organizations, private sectors, outer island communities and designated individuals and groups as role models continue to be important key stakeholders to the Ministry. To ensure that communities actively participate in primary health care activities, the MOH implemented the Health and Population Project. One of the components of this project was to implement community participation in primary health care programs by establishing Community Health Councils (CHC) in the communities, consisting of community members, and it’s a system that brings together a voice from the operating 54 health centers outside the urban towns of Majuro and Ebeye.

In 1999, the Ministry of Health submitted its 15 year strategic plan (2000-2015) to the government with strong emphasis on renovating and building new health care facilities, procurement of needed equipment and supplies, hiring of specialized staff members, improving access to health care services, reducing overseas referrals, increasing community awareness on the prevention of diseases, and increasing wellness activities. The National NCD/Nutrition plan is done in the context of the strategic vision and compliments what is already stated in the Ministry of Health Strategic plan but also offers the addition of the multiple stakeholders making it a national plan and not just a Ministry of Health plan.

NCD/Nutrition Planning:

In November 2006 a multisectoral working group was formed to think through the rationale and process of development of a national strategy for NCD and nutrition after the realization from the STEPS survey result that there is a real need to provide a national leadership on NCD and its prevention and control. The group used the WHO STEPS framework of planning and also the 5 Action areas of Health Promotion Ottawa Charter to model a suitable framework for RMI as shown below.

It was decided that the focus be on the four major risk factors of **Tobacco Use, Alcohol misuse, Physical inactivity and poor nutrition**. The nutrition component is expanded to include both over nutrition and under nutrition which coexist in Marshall Islands community. The nutrition component is also incorporating the nine elements from the World Declaration of the International Conference on Nutrition and the recent WHO Global Strategy on Diet, Physical Activity and Health.

The other two additional components are mainly to do with the organization or reorganization of NCD/Nutrition within Ministry of Health and the new multisectoral coordinating body which is necessary to oversee the implementation of such multisectoral plan.

There was consensus that the period of the plan be matched with the political tenure which is usually a four year term and with the election in November it became very timely to strategize for the next four years hence the timing for 2008 - 2012. This would not be too far away from the Ministry of Health Strategic Plan 15year period which ends in 2015.

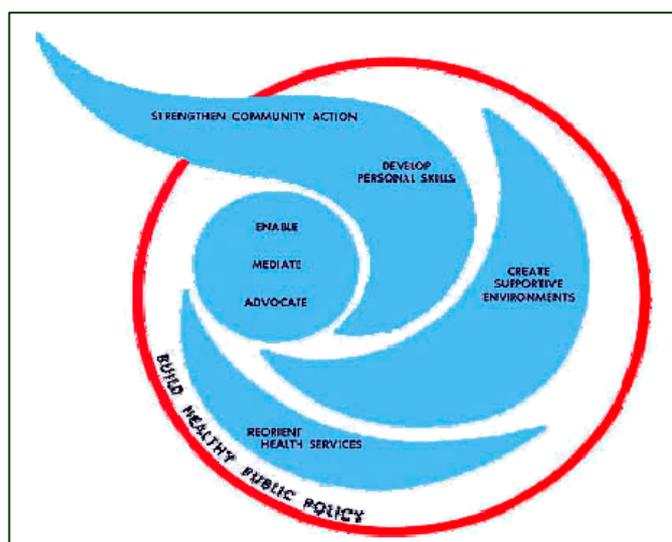
A multisectoral workshop was then conducted with assistance from WHO and SPC to formulate strategies for NCD and Nutrition and come up with a draft which went through wide consultation for legitimacy purposes before finalization (*Participants list in Annex*).

A few principles are laid down in formulating the National Strategic Plan that it needs to be:

1. **Comprehensive:** incorporating both policies and action on major NCDs and their risk factors together
2. **Multi-sectoral:** should involve widest of consultation incorporating all sectors of society to ensure legitimacy and sustainability
3. **Multidisciplinary and participatory:** consistent with principles contained in the Ottawa Charter for Health Promotion and standard guidelines for clinical management
4. **Evidence Based:** targeted strategies and actions based on STEPS and other evidence
5. **Prioritized:** consideration of strata of SES, ethnicity and gender
6. **Life Course Perspective:** beginning with maternal health and all through life in a 'womb to tomb' kind of approach
7. **Simple:** there was consensus drawn that the document was to both set some strategic direction but also simple enough for any stakeholder to be able to quickly identify activities that it could help drive its implementation. Hence also the title 'National Strategic Action Plan'.

The two frameworks used to devise a planning one for NCD and nutrition in Marshalls are the WHO Stepwise framework for NCD planning and Ottawa Charter of Health Promotion. The employment of both population wide and individual based interventions was considered with the five action areas used as a guide to put in strategies under the main four risk factor components at the three different levels. It also served as a checklist for comprehensive of the plan.

WHO OTAWA CHART OF HEALTH PROMOTION



National NCD & NUTRITION planning framework

SIX COMPONENTS

- I NCD/Nutrition Organization
- II TOBACCO & BETEL NUT CONTROL
- III ALCOHOL CONTROL
- IV PHYSICAL ACTIVITY
- V HEALTHY EATING
- VI Monitoring, evaluation & surveillance

THREE LEVELS

Under components II – V there were three levels for strategizing according to the STEPS framework of planning:

- 1. **National**
- 2. **Sub-national**
 - a. Community
 - b. Workplace
 - c. Schools
- 3. **Individual (Clinical)**

This was done by filling of the following matrix by the different workgroups during the workshop with assistance from WHO and SPC.

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)

At the end of the workshop a plan was drafted and then a process of consultation was facilitated which involved introducing the draft and consulting with different stakeholder groups on the strategies within and having their further input and contribution. The list of organizations further consulted is annexed.

MARSHALLESE PEOPLE WITH HEALTHY LIFESTYLE

The vision of the plan is to reach a people population that practice healthy lifestyle in their daily living by replacing risky behavior with healthy ones. A population that carefully considers its environment and its contribution to modeling the health behavior of the individual especially the most vulnerable in society – the children. A population that strives to better the Marshall Islands of today and also strategizes for the betterment of its future generation.

AIM: To reduce the current and future burden of NCD and nutrition related disorders in RMI.

TARGETS: The RMI sets itself targets that it would aim to achieve through the implementation of the plan and strategies within it. That by 2012:

- 1. Reduce prevalence of risk factors (tobacco smoking, physical inactivity, consumption of fruits & vegetables and alcohol use) by 10%

2. To reduce the prevalence of iron deficiency anemia by 10%
3. To increase exclusive breastfeeding by 10%
4. Reduce prevalence of Diabetes by 10%
5. Reduce hospital admission rates attributable to NCD by 10%
6. Reduce rate of amputation by 50%
7. Reduce cardiovascular mortality by 10%

These targets are based on current WHO global goal of reducing NCD death rates by 2% per year until 2015 and the current existing estimates of the Ministry of Health. The targets sets itself as benchmark for the successful implementation of the plan.

I. ORGANIZATION OF NCD/NUTRITION

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
I. 1. Establish multisectoral body to oversee implementation of the plan	1.1. Conduct scoping exercise to establish best multisectoral mechanism (including review of existing sub-groups e.g Tobacco etc)	Report & recommendation from scoping	2008	NCD Taskforce, MOH	2000
	1.2. Multisectoral body established with terms of reference	Formalization of body	2008	NCD Taskforce, MOH	Built-in
	1.3. Advocate for cabinet endorsement	Cabinet endorsement	2008	NCD Taskforce, MOH	Built in
I. 2. Ensure adequate health system support for chronic disease prevention & control	2.4. Advocate for the position of a NCD Coordinator within Ministry of Health to champion the progression of the plan	NCD Coordinator post in place	2008	MOH	Salary if new position
	2.5. Strengthen the Health Information system	regular data update	On-going	MOH	Built-in MOH
I. 3. Streamlining of NGO support for healthy lifestyle programs	3.6. Advocate for NGO incorporation of healthy lifestyle into core programs	# of NGO programs in place	On-going	NCD	Build in

II. TOBACCO AND BETEL NUT CONTROL

NCD STEPS 2002 RESULTS (for adults aged 15-64 years)	Both Sexes	Males	Females
Tobacco Use			
Percentage who currently smoke tobacco daily	19.8 (16.5 – 23.1)	34.7 (29.3 – 40.1)	4.2 (3.0 – 5.4)
<i>For those who smoke tobacco daily</i>			
Average age started smoking (years)	17.8 (17.4 – 18.2)	17.6 (17.2 – 18.0)	19.9 (18.2 – 21.7)
Average years of smoking	13.3 (12.2 – 14.5)	13.2 (12.3 – 14.1)	14.7 (10.6 – 18.7)
Percentage smoking manufactured cigarettes	98.4 (97.1 – 99.6)	98.3 (96.8 – 99.8)	98.7 (98.3 – 99.1)
Mean number of manufactured cigarettes smoked per day (by smokers of manufactured cigarettes)	11.5 (9.9 – 13.0)	12.0 (10.3 – 13.7)	7.4 (5.7 – 9.1)

Overall target:

- **To reduce overall prevalence of current smokers by 10% in 2012**
- **To reduce the number of stores selling tobacco and betel nut in RMI by 2012**

TOTAL NATIONAL BUDGET REQUIRED: \$1,146,000.00

1. National: \$ 267,000.00
2. Sub-National (Community): \$ 357,000.00
3. Workplace: \$ 137,000.00
4. School: \$ 375,000.00
5. Individual (clinical): \$ 10,000.00

1. National level

Strategy	Activities	Indicator	Timeline	Leading/ supporting Agency	Budget (US\$)
II.1.A. Review Tobacco Legislation to incorporate elements of FCTC (and betel nut chewing if appropriate)	1a.1. National Consultation Meetings for review of tobacco legislation	# of meetings organized and conducted	2008	NCD Committee Cancer coalition	Build in
	1a.2. Cabinet submission	Cabinet paper	2008		
II.1.B. Strengthen enforcement of Tobacco legislation	1b.3. Enforcement unit setup by MOH (Tobacco)	Enforcement Unit established	2008	MOH FCTC Committee	Build in
	1b.4. Education of public and law enforcers on the Tobacco Act and its implications especially targeting youths	# of education sessions carried out	On going	YTYIH, HEPP, Cancer program, and Human Services	\$20,000.00
II.1.C. Introduce and use social marketing and behaviors change communication to promote healthy lifestyle	1c.5. Conduct Social Marketing Training	# trained	2008	Health promotion WHO, American Legacy Foundation	\$50,000.00
	1c.6. Develop Social Marketing Plans	Plan in place Plan developed	2008	Health promotion Task Force Coalition	\$10,000.00
	1c.7. Implementation of Marketing Plans	Implementation rate & budget allocation	2008 – 2011	Health Promotion Task Force, Cancer Coalition, FCTC	\$50,000.00
II.1.D. Increase access to counseling services in the Ministry of Health, MOE and YTYIH	1d.8. Re- Training of three (3) skilled counselors	Skilled counselors recruited	On going	PSC, MOH, MOE & YTYIH	\$20,000.00

2. Sub-national level

a. Community-based strategies

Strategy	Activities	Indicator	Timeline	Leading/supporing Agency	Budget (US\$)
II. 2a.E. Encourage adoption of Tobacco/Betelnut free premises at community level settings	2a.9. Develop Policy Guidelines for villages, churches and even districts to enforce	Taskforce Guideline in place	2009	Task Force and Cancer Coalition	\$5,000.00
	2a.10. Distribution of Pamphlets, posters, flyers, billboards etc on tobacco & betelnut free premises	# IEC materials	On going	MOH Cancer Coalition and NCD Task Force	\$50,000.00
II. 2a.F. Encourage adoption of Tobacco Free Community Activities	2a.11. Conduct Tobacco Free Sports Tournament	# Tobacco Free Sports tournament conducted	On-going	YTYIH Cancer program NCD Task Force Sports & Rec.	Build in
	2a.12. Community Policy on Tobacco Free Meetings	Policy per community	On-going 2008	MIMA NCD Task Force, FCTC committee	Build in
II. 2a.G. Strengthen community awareness and education programs	2a.13. Development and dissemination of IEC materials on Tobacco and its ill effects	# of IEC materials developed and distributed	On-going 2007	Health Promotion, YTYIH Human Services SPC, WHO, Papa'olokai	Build in
	2a.14. Conduct Outreach and awareness programs in communities	Targeting each community on a monthly basis	On-going 2007	MOH HEPP, YTYIH, Human Services	Build in
	2a.15. Mass media w/church groups, youth groups, IA, WUTMI, Mission Pacific	Daily radio spot, TV programs, weekly journal.	2007	Task Force	Build in
II. 2a.H. Demonstrate Leadership	2a.16. Support legislation for cigarette tax increases, selling of single cigarette to minor, smoke and betel nut spit free environment	Legislation and laws enforced	2007	Task Force members, FCTC committee, MIMA	Build in
	2a.17. Seek sustainable funding for comprehensive tobacco and betel nut control programs.	Proposal submitted	2007	Workplaces, Organizations	Technical Assistant
	2a.18. Serve on the National Tobacco and Betel Nut Control Task Force.	Faith & community based membership	2007	NCD Task Force	Build in

		of Task Force			
II. 2a.I. Fund community & Faith based organization to take tobacco control action locally	2a.19. Counter tobacco advertising & promotion in the stores, streets, schools, business, home and health care institution.	# of places advertising and promoting tobacco and betel nut control	2008	FCTC and NCD controlling office	\$5,000 For incentive
	2a.20. Educate community members & decision maker about the health and economic impact of tobacco use and mobilize citizens to demand protection from tobacco smoke and betel nut chewing.	Tobacco smoke & betel nut chewing controlled	2008	Health Educators, YTYIH, Human Services, Cancer program	Build in
II. 2a. J. Prevent Initiation of Tobacco and Betel II. 2a. K. Nut Use Among Young People	2a.21. Enforce strict regulation in community to increase the price of tobacco products and betel nut.	Price increased	2008	YTYIH NCD Task Force	Build in
	2a.22. Support media campaigns to prevent smoking.	Media campaigns supported	On-going	YTYIH, cancer program	Build in
	2a.23. Support school-based programs on tobacco control and utilize Health promoting school approach	# of school based programs supported	On going	YTYIH, Cancer program	\$3,000.00 For group work session
	2a.24. Stronger local laws directed to retailers, active enforcement of retailer sales laws and retailer education with reinforcement to decrease minors' access to tobacco and betel nut.	Local laws endorsed	2008	Task Force and Local Governments	\$3,000.00 For group work session
II. 2a. L. Increase Advice and Awareness on the impact of smoking and betel chewing	2a.25. Reports STEPS data and identify how smoking impacts different groups and share with key interest group	Data reports disseminated	On-going	Health Education, YTYIH and Cancer program	Build in
	2a.26. Build effective coalitions.	Coalitions established	2007	Cancer program	Build in
	2a.27. Generate favorable editorial and news coverage.	generated	On-going	MOH, YTYIH	Build in

b. Work Place-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
II. 2b. M. Encourage adoption of Tobacco and Betel Nut Free Workplaces	2b.28. Advocate for Tobacco & betel nut free Public Service premises	Policy	2008	PSC Task Force	Build in
	2b.29. Develop Local Policy Guideline for Tobacco and Betel Nut Free Workplaces	Policy Guideline Guideline endorsed	2008	MOH & PSC NCD Task Force, FCTC committee, Cancer Coalition	Build in
	2b.30. Workshops/trainings/cessation programs for personnel	# of trainings (4 Mandatory trainings)	2009	Local Gov't/MIMA MITCC Task Force, Cancer Program	50,000.00 (10,000.00 per training)
	2b.31. Launching of Tobacco and Betel Nut Free Workplace Policy and signage	# of workplace policy established	2009	MOH & specific workplace Task Force	
II. 2b. N. Promotional activities in workplaces	2b.32. Comprehensive ban on tobacco advertising promotion & sponsorship in workplace activities	Ban implemented in workplaces	2009	Task Force	Build in
	2b.33. Sponsorship activity such as; educational cultural, sporting events for youth and young adults.	Implement in at least 20 work places per year	On-going	Task Force	\$10,000.00 For incentive
	2b.34. Advocacy and Advertisements in Workplaces.	Implemented	On-going	Task Force, YTYIH, FCTC, Cancer Program	\$1,000.00
	2b.35. Promotion activity, Stalls and displays anti tobacco IEC materials	implemented	On-going	Cancer program YTYIH, Task Force	\$10,000.00 For gifts
II. 2b.O. Encourage Health promoting Workplace initiatives and ensure Tobacco and Betel Nut Control is incorporated into it	2b.36. Workplace NCD Screening (including tobacco questions) Conduct annual workplace NCD screening program (including tobacco questioner with diabetes	# of workplace staff screening	On-going	Health Promotion Public Health Nurses	\$50,000.00 For equipment and travel
	2b.37. Advocate for Health promoting workplace program initiatives	# Health Promoting Workplace	On-going	Health Promotion Task Force	Build in

	2b.38. Smoking Cessation counseling services made accessible to workers	# smokers accessing counseling	On-going 2007	Health Promotion Task Force Human Services	Build in
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c. Schools-based strategies

Strategy	Activities	Indicator	Timeline	Leading/ supporting Agency	Budget (US\$)
II. 2c.P. Local Implementation of Health Promoting School with tobacco & betel nut program initiated (ref. other risk factors school-based)	2c.39. Training workshop on Local implementation of Health Promoting School	# participants trained	2008	MOE, MOH	\$50,000.00
	2c.40. Implementation of specific tobacco control project in schools	# of schools implementing HPS	On-going	MOE, MOH	Build in
II. 2c.Q. Develop national comprehensive policy on tobacco & betel nut free school premises including teacher & student behaviour	2c.41. Develop school policy on Tobacco & Betelnut use	Policy in place & endorsed.	2009	MOE NCD Task Force and tobacco coalition	\$5,000.00
	2c.42. Educate schools through Pamphlets, posters, flyers, etc on the policy and the law	# of IEC materials distributed	2009 2008	MOE/ principal Health Education & Promotion and YTYIH	Build in
	2c.43. Enforce law that prohibits all staff and students from possessing any tobacco products on school campuses through a health promoting workplace policy	Survey report	2009	MOE Task Force Coalition	Build in
II. 2c.R. Improved lifestyle education of workers	2c.44. Review tertiary institution curriculum to incorporate Healthy Lifestyle Issues including Tobacco e.g Nursing school	Curriculum review	2008 2009	MOH, MOE or relevant institution	Build in
II. 2c.S. Counseling capacity building to improve services for tobacco cessation	2c.45. Provide scholarships to counseling course at CMI	Scholarships provided	2009	CMI, Task Force and coalition	Build in

II. 2c.T. Improve Access of Healthy Lifestyle services to schools including role modeling	2c.46. Provision of counselor for Health education and counseling who does not smoke but have the ability for behavioral change.	Criteria identified and full time counselor hired	2009	PSC, MOE & Task Force	\$23,000.00 Starting salary
II. 2c.U. Prevent Initial Tobacco and Betel Nut Use Among Young People	2c.47. Support media campaigns to prevent smoking through implementation of social marketing plan.	Media campaigns supported	On-going	YTYIH, cancer program, MOH	Build in
	2c.48. Stronger local laws directed to retailers near school areas and education with reinforcement to decrease minors' access to tobacco and betel nut.	Local laws endorsed	2009	Task Force, MOE and Local Governments	Build in

3. Individual level (Clinical)

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
II. 3.U. Enforce comprehensive policy on tobacco free premises for all hospital	3.49. Enforcement by collaborating with security & staff	Anonymous survey	2009	Human Services	Build in
	3.50. Awareness and Education within Hospital (IEC materials) of the policy	Health Promotion	2008 2009	Health Education and Promotion	Build in
II. 3.V. Integrate tobacco education &/or counseling into clinical activities	3.51. Conduct Minimal Clinical Intervention training to Doctors and Clinical Staff	# trained	2008	Human Services	Build in
	3.52. Explore feasibility of Smoking Cessation Clinics and implement recommendations	Feasibility survey report	2008	Human Services	1,000.00
II. 3.W. Improve access of smokers to healthy alternatives	3.53. Provision of Nicotine patches in pharmacy	#retailers selling patches	2009	Human Services	In-built
II. 3.X. Promote Cessation Among Young People and Adults	3.54. Expand the services available through diabetes clinic to assist in smoking cessation.	Tobacco survey on diabetes patient and refer for counseling	2008	Diabetes care providers	Build in
	3.55. Offer free nicotine replacement therapy and provide screening and treat tobacco use at every visit	Free services offered.	2009	MOH	Build in

	3.56. Screen for tobacco use and offer cessation counseling.	Cessation counseling offered	2008	MOH	Build in
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NCD STEPS 2002 RESULTS (for adults aged 15-64 years)	Both Sexes	Males	Females
Alcohol Consumption			

III. ALCOHOL CONTROL

Percentage of abstainers (who did not drink alcohol in the last year)	80.7 (75.9 – 85.5)	66.5 (59.0 – 74.0)	95.5 (94.3 – 96.7)
Percentage of current drinkers (who drank alcohol in the past 12 months)	19.3 (14.5 – 24.1)	33.5 (25.9 – 41.0)	4.5 (3.3 – 5.7)
<i>For those who drank alcohol in the last 12 months</i>			
Percentage who drank alcohol on 4 or more days in the last week	2.2 (0.7 – 3.8)	2.1 (0.7 – 3.5)	3.4 (-2 – 8.9)
Percentage of women who had 4 or more drinks on any day in the last week			30.0 (12.8 – 47.1)
Percentage of men who had 5 or more drinks on any day in the last week		37.7 (28.7 – 46.7)	

Overall target:

- **To decrease current alcohol consumption by 5% by 2012**

TOTAL NATIONAL BUDGET REQUIRED: \$1,212,064.00

1. National:	\$ 64,000.00
2. Sub-National (Community):	\$403,000.00
3. Workplace:	\$555,000.00
4. School:	\$109,000.00
5. Individual (clinical):	\$145,000.00

1. National level

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
III.1.A. Review of the current Alcohol legislation (Intoxication Law 1971) to incorporate relevant additional elements like home brew, licensing etc	1A.1. Conduct consultation review meetings	No. of meetings conducted	2009	MOH (include legislation council)	\$3,000.00 For group session meeting
	1A.2. Implement recommendations of the review meeting	Amendment of alcohol legislation	2009	MOH (including legislation council)	Build in
III.1.B. Strengthen enforcement of Intoxication law e.g sale of alcohol to minors	1B.3. Form a Task Force or Committee to monitor and implement activities for enforcement of the Law on Alcohol	Endorsement of Task Force	2009	MOH	\$1,000.00
	1B.4. Inform and educate Retailers on existing Laws and Penalties	Training workshop for all retailers	on going	Health Education, YTYIH and Human Services	\$50,000.00
	1B.5. Advocate for local government to be given power to enforce law & prosecute offenders at community level under national law statutes.	Local government empowerment gazette	2009	MIMA	\$3,000.00 Working session
	1B.6. Explore possibility of use of identity cards for minors	Report & recommendation	2009	Task Force	\$5,000

2. Sub-national level

a. Community-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
III. 2a.C. Strengthening of community education on alcohol standards, its ill effects and interventions for control	2a.7. Conduct Training of Communities (Training of trainers for Civil organizations, Youth to Youth in Health, WUTMI, Traditional Groups and leaders	# of workshops and trainings done	2008	Human Services, Health Education, & YTYIH	\$50,000.00
		# number of NGO trained			
	2a.8. Production of Radio spots, IEC materials, to promote awareness and improve access to information	#. of Radio spots	2008	Health Education and YTYIH	Build in
		# of Publications			
III.2a.D. ¹ Introduce and use social marketing and behavior change communication to promote healthy lifestyle	2a.9 Conduct Social Marketing/BCC Training to Health Promotion and stakeholders	# trained	2009	Health Education & Promotion	\$50,000.00
	2a.10. Develop Social Marketing Plans	Plan in place	2009	Health promotion	\$3,000.00
	2a.11. Implementation of Marketing Plans	Implementation rate & budget allocation	2009 – 2012	Health Promotion	\$3,000.00

b. Work Place-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
III. 2b.E. Encourage Health promoting Workplace initiatives and ensure Alcohol Control is incorporated into it	2b.12. Workplace NCD Screening (including alcohol questions)	# of workplace staff NCD screening	On-going	Health Promotion	\$25,000.00 For Supplies & equipment
	2b.13. Advocate for Health Promoting Workplace program initiatives e.g Alcohol free policy	# Health Promoting Workplace	On-going	Health Promotion	\$5,000.00

¹ Strategy cuts across the other three risk factor components

III. 2b.F. Strengthen Education of workers on alcohol and its ill effects	2b.14. Conduct Meetings or Seminars for workplaces	# of meeting conducted # workplaces trained	2009	Human Services and Health Education (MOH)	\$50,000.00
	2b.15. Training of Supervisors or senior managers on Alcohol and identifying Alcohol problems in workers	# of supervisors trained	On-going	Human Services (MOH)	\$125,000.00
III. 2b.G. Improve access of workers with alcohol problems to counseling services	2b.16. Strengthen the counseling activities of Alcohol Anonymous	# of referrals to AA services or counseling	On-going	AA	Build in
	2b.17. Training of workers in basic counseling skills beginning with those whose peers have alcohol problems	# of workers trained	2009	Human Services (MOH) & YTYIH	\$50,000.00

c. School-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
III. 2c.H. Review Alcohol related composition of School Curriculum	2c.18. Liaise with Private and Public Schools to Review existing curriculum on Alcohol Abuse	# of meetings	2008	NCD Task Force MOE	\$3,000.00
	2c.19. Create a Committee to review and update Curriculum with consultations with Church Groups, PTA and other relevant partners	Developed Curriculum at Primary, Secondary and Tertiary Level	2008	NCD Task Force & MOE	\$3,000.00
III. 2c.I. Create Alcohol free environment in schools	2c.20. Develop Alcohol Free Policies that incorporates teacher and student behavior	Policy endorsed	On going	MOE	Build in
III. 2c.J. Improve teachers and parents knowledge on alcohol through the curriculum	2c.21. Incorporate Alcohol Education Curriculum into Teacher Training courses	Teacher training curriculum developed	2008	MOE	Build in
	2c.22. Conduct training of PTA Committees and Parents on Alcohol Education	# Schools PTA trained	On-going	MOE	\$50,000.00
III. 2c.K. Integrate alcohol counseling to school counseling system	2c.23. Training of school counselors in Alcohol counseling	# of school counselors trained	2009	MOE and CMI	\$50,000.00

III. 2c.L. Improve reporting of alcohol related incidents	2c.24. Develop policy for mandatory reporting of alcohol abuse in schools	Policy endorsed	2009	MOE & NCD Task Force	Build in
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3. Individual level (Clinical)

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
III. 3.M. integration of Alcohol abuse services into the clinical consultation and services	3.24. Implement counseling services by the current psychologist at the office of Human Services and the AA (Alcoholic Anonymous) Group in the hospital and clinics.	# of alcohol related NCD received for counseling	On-going	Human Services & AA	\$10,000.00 For materials
	3.25. Development of protocols /guidelines for 'Brief Intervention'	Guideline developed & disseminated	2008	Human Services	\$5,000.00
III.3.N. Improve skills and knowledge of clinical & relevant stakeholder staff members on Alcohol abuse and methods of control	3.26. Training for HCWs (Health Care Workers) and other relevant stakeholders on ways to identify and refer possible chronic alcoholism for counseling and specialist services	# of counseling services provided	On-going	Human Services (MOH)	\$50,000.00
	3.27. Development of Management Protocols for alcohol related incidences and encounters in health facilities.	Protocols developed and disseminated	2009	NCD Task Force	\$5,000.00

IV. PHYSICAL ACTIVITY

NCD STEPS 2002 RESULTS (for adults aged 15-64 years)	Both Sexes	Males	Females
Tobacco Use			
Percentage with low levels of activity (defined as <600 MET-minutes/week)	48.9 (42.9 – 54.8)	43.9 (37.0 – 50.8)	54.1 (48.2 – 59.9)
Percentage with high levels of activity (defined as ≥3000 MET-minutes/week)	1.7 (1.1 – 2.3)	2.8 (1.7 – 3.9)	0.5 (0.3 – 0.7)
Mean time spent in physical activity per day (minutes)	78.0 (49.9 – 106.2)	93.8 (53.5 – 134.1)	64.6 (42.5 – 86.7)

Overall target:

- **To reduce percentage of low level physical activity by 10% among Marshallese Population by 2012**

TOTAL NATIONAL BUDGET REQUIRED: \$954,000.00

- 1. National: \$ 155,000.00
- 2. Sub-National
 - a. (Community): \$ 404,000.00
 - b. Workplace: \$ 48,000.00
 - c. School: \$ 239,000.00
- 3. Individual (clinical): \$ 108,000.00

1. National level

Strategy	Activities	Indicator	Timeline	Leading/ Supporting Agency	Budget (US\$)
IV. 1.A. Create healthy environment policies that promotes physical activity	1A.1. Review and examine the Dog licensing laws and enforce them	Licensing reviewed & enforcement in place	2009	Public Works & MALGov., MIVA	\$3,000.00
	1A.2. Review and Strengthening of infrastructural design e.g. more street lights, better sidewalks even with markings, etc.	Policy reviewed	2008	Public Works MALGov., MIVA	\$1,000.00
		Policy implementation	2009	Public Works	100,000.00
	1A.3. Develop and legislate policies to improve environments conducive to Physical Activity – Walk paths, sporting facilities in schools and communities and workplaces environments	Policy in place	2009	Nitijela	1,000.00
IV. 1.B. Strengthen national capacity to support and implement physical activity	1B.4. Recruit 1 physical therapist who is physically active and good role model for the Nutrition/NCD unit in the MOH.	New staff hired	2008	MOH & PSC	10,000.00
IV. 1.C. To develop, endorse and communicate, environmental planning national building IV. 1.D. code to provide and increase opportunities for physical activity.	1C.5. Establish a Committee to Coordinate and implement plan for parks, walking trails, and recreation centers that support active lifestyles	Communication plan implemented	2009	MOH, MIVA	\$3,000.00
	1D.6. Review policy for designated anchorage for yachts and ships to make way in the water front for physical activity purpose.	Assigned designated areas.			
IV. 1.E. Create supportive environments that promote physical activity	1E.7 1E.8. List established environment. Advocate for physical activities in established environments as workplaces, communities and schools environments .Public announcements, Mass media and IEC Materials.	Plan developed and implemented	2009	MOH	\$10,000
		Mass Media	2008	MOH, NCD Task Force	Build in

2. Sub-national level

a. Community-based strategies

Strategy	Activities	Indicator	Timeline	Leading/ Supporting Agency	Budget (US\$)
IV.2a.F. Strengthening Community Programs for physical activity	2a.9. Encourage regular Church based exercise events (get together and go for a walk, possibly include community clean-up, planting, including politicians "the big man")	# organized activity per community	On-going	Different groups, WUTMI, Marshall Islands NGO's	Build in
	2a.10. Organize more exercise groups (i.e. Kijle, WAC, etc)	# exercise groups	On-going	Women's center, WUTMI	\$5,000.00
	Improve management of the ECC program for general public to ensure ECC exercise & class schedules for different groups at different times	Posted ECC schedules	2008	Ministry of Internal Affairs & Task Force	Build in
IV.2a.G. Improve availability of equipments and facilities for physical activity	2a.11. Advocate for retailers to make pedometers and other physical activity equipments readily available to complement promotion of physical activity	# retailers selling pedometers	2008	Retailers Health Promotion	Build in
	2a.12. Advocate and assist the development of community fitness centers	#community fitness centers	2009	Community Task Force	Build in
	2a.13. Create more ways to walk/bike to work/school by building or clearing sidewalks and bike paths.	Sidewalks and bike paths created	2009	NCD Task Force	\$200,000.00
IV.2a.H. Increase availability of spaces for recreational physical activity	2a.14. Meeting with landowners and proposal development	# Proposal completed	2008	NCD Task Force	\$1,000.00
	2a.15. Submit proposal to Bill Gates Foundation or other major funders	# Proposal submitted	2008	NCD Task Force	Build in
	2a.16. Implementation of approved proposal	# proposal approved and implemented	Complete by 2009	NCD Task Force	\$50,000.00
IV.2a.I. Empowering community leaders to be promoters of Health & Physical Activity in	2a.17. Integrate PA & Health in Training of Women's group and other relevant partners	# trainings conducted & # trained	Yearly	MOH YTYIH	\$20,000.00

community					
IV.2a.I. Empowering community leaders to be promoters of Health & Physical Activity in community	2a.17. Integrate PA & Health in Training of Women's group and other relevant partners	# trainings conducted & # trained	Yearly	MOH YTYIH	\$20,000.00
	2a.18. Advocate and train community leaders as advocates and role models to the community especially those working at grass-root level (e.g YTYIH framework of action – peer education)	# training	Ongoing	Health Education & YTYIH	\$50,000.00
IV.2a.J. Empower community to keep active	2a.19. Provide access to physical activity by making school facilities open for use freely.	Facility provided	2008	MOE and NCD Task Force	Build in
	2a.20. Provide an array of activities to attract different generations so youth can interact with adult role models	Youth & adult interacted	2009	NCD Task Force	\$50,000.00
	2a.21. Increase awareness by conducting public health education campaigns and community health fairs targeted especially to at risk population	Public health education campaigns conducted	On-going	Health Education Unit - MOH	Build in
	2a.22. Establish partnerships between schools, community organizations, and workplaces to provide reduced cost physical activity programs for youth and their families	Partnership established	2008	NCD Task Force	Build in
	2a.23. Use community-based and faith-based efforts to increase access to physical activity resources.	Resources increased	2009	NCD Task Force	\$10,000.00

b. Work Place – based strategies

Strategy	Activities	Indicator	Timeline	Leading/ Supporting Agency	Budget (US\$)
IV. 2b.K. Develop supportive Government Policy and legislation to encourage PA in the workplace	2b.24. Licensing requirement to hire nurse every Number of employees for employee health management. Employers to employ Occupational Health Nurse	Policy establishment	2009	Employer MOH Task Force	\$23,000.00
	2b.25. Develop government Physical activity policy to incorporate exercise breaks at the work place, assigning an exercise coordinator from each ministry and work place.	Gov't policy	2008	PSC/Task Force	Build in

	2b.26. Meetings to formulate policy : e.g Opportunity and encouragement for exercise breaks during work, inclusion of Women Only sessions etc	# Policy meetings	2008	Private company, MOL	Build in
IV. 2b.L. Encourage Health promoting Workplace initiatives and ensure Physical Activity promotion is incorporated into it	2b.27. Workplace NCD Screening (including physical activity)	# of workplace staff NCD screening	On-going	Health Education and Promotion	Build in
	2b.28. Advocate for Health promoting workplace program initiatives	# Health Promoting Workplace	On-going	Health Education and Promotion	Build in
	2b.29. Group education and support classes	# of classess	2008	Health Educators	\$20,000.00
	2b.30. Gym in workplace as part of a wellness program	# of workplace with gym	2009	PSC/Task Force	Build in
IV.2b.M. Promote Healthy Workplaces – sponsor legislation	2b.31. Provide employer tax credits or other incentives to establish certified worksite wellness and physical activity programs	Tax credits or incentives provided	2009	NCD Task Force	Build in
	2b.32. Make grant money available for signage and other point of decision prompt campaigns that encourage physical fitness.	Grant money available	2009	NCD Task Force and MOH	\$50,000.00
	2b.33. Offer premium discounts to employers that engage in wellness initiatives	Premium discounts offered	2009	NCD Task Force	Build in

c. School-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
IV. 2c.N. Strengthen the curriculum to incorporate experiential learning in Physical Education	2c.34. Revise and strengthen Physical Education component of curriculum in elementary of both public and private schools	Revised curriculum : Law requiring 1 hour of PE every day/week	Aug 2008 Ongoing	MOE	Build in
	2c.35. Support legislation that require physical education for all children in grades K-12	Physical education required	2008	MOE and NCD Task Force	Build in
	2c.36. Incorporate physical activity in the core curriculum and throughout the school day and assure it is not used as a disciplinary technique	Physical activity incorporated	2008	MOE and NCD Task Force	Build in

IV.2c.O. Develop healthy national physical activity policies – ‘Active Kids Policy’ for schools	2c.37. Drafting of policy and consultation meetings conducted with relevant stakeholders	Draft in place	Aug 2008	MOE	\$3,000.00
	Policy implementation	# of schools implementing	On-going	Respective schools	Build in
IV.2c.P. Health promoting School initiatives with PA programs incorporated	2c.38. Training for Health Promoting School implementation	# of training	Yearly	MOH/MOE	\$100,000.00
	2c.39. Provide incentives to enforce new or existing physical education requirements.	Incentives provided	2008	MOE	\$50,000.00
	2c.40. Assure quality by limiting exemptions from physical activity, developing standards for qualifications of physical education teachers and increasing time students spend engaging in vigorous-intensity activity.	Standards developed	2008	MOE	Build in
	2c.41. Emphasize proper exercise techniques and participation in lifelong physical activity; Exceed minimum physical education requirements; and Increase participation in physical activity among girls to equal with boys.	Exercise techniques and equal participation required	2008	MOE & NCD Task Force	Build in
	2c.42. Offer after school sport activities to include out of school kids.	# schools offering extra-curricular sports	August 2009	MOE	\$50,000.00
	2c.43. Provision of local school playground and equipment (balls, swings, etc.) and exercise areas	Schools have activities for students	August 2008	MOE	\$200,000.00
IV.2c.Q. Create supportive environments that promote healthy life style	2c.44. Encourage schools for a self-assessment and planning tool to improve health and safety programs	Self-assessment plan tool used	2008	MOE & NCD Task Force	Build in
	2c.45. Support activities of the National “Sports Federation” for Physical Fitness	Activities supported	2008	MOE	Build in

3. Individual (Clinical) level

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
IV.3.R. Integration of Physical Activity into hospital Care services	3.46. Develop Exercise Plan pamphlets and make available at hospital	Exercise plans disseminated	2009	MOH Health Promotion	\$1,000.00
	3.47. Develop specific disease based physical activity guidelines for patients	Specific clinical guidelines on PA done	2009	MOH Physical Therapy	\$1,000.00

	3.48. Inclusion of physical activity information into routine hospital-based information	Routine reporting of PA	2008	MOH	Build in
	3.49. Explore, Development & piloting of Green Prescription in hospital based services	Green prescription	2011	MOH	\$10,000.00
IV. 3.S. Expand current PHC Policies	3.50. Pre and Postnatal education for young mothers (include in BFHI – nutrition)	Pamphlets available	End of 2008	MOH Health Promotion & Education	Cost of pamphlets \$5,000
		Classes established	End of 2007	MOH Health Education & MCH	Cost of materials \$5,000
IV. 3.T. To strengthen and support national network	3.51. Provide access to risk factor screening and counseling	Screening & counseling provided	On going	Health Education & MCH	Build in
	3.52. Incorporate cultural competency into training & performance standards for health care providers and physical activity instructors	Cultural competency incorporated	2009	MOH & NCD Task Force	\$25,000.00
	3.53. Reduce disparities in physical activity by tailoring patients exercise programs consistent with cultural characteristics, availability of facilities and financial resources	Disparities reduced	2009	MOH & NCD Task Force	Build in
IV. 3.U. Promote activity that encourages good physical activity.	3.54. Provide incentives for health care providers to encourage patients to make disease prevention through physical activity a priority.	Incentives provided	2008	Health Education Unit - MOH	\$25,000.00

V. GOOD NUTRITION

NCD STEPS 2002 RESULTS (for adults aged 15-64 years (incl. 95% CI)	Total	Males	Females
Fruit and Vegetable Consumption (in a typical week)			
Mean number of days fruit consumed	2.6 (2.3 – 2.9)	2.6 (2.3 – 2.9)	2.7 (2.4 – 3.0)
Mean number of servings of fruit consumed per day	1.8 (1.3 – 2.3)	1.8 (1.3 – 2.2)	1.9 (1.3 – 2.4)
Mean number of days vegetables consumed	2.7 (2.5 – 2.9)	2.6 (2.4 – 2.9)	2.8 (2.5 – 3.0)
Mean number of servings of vegetables consumed per day	1.7 (1.3 – 2.2)	1.6 (1.3 – 2.0)	1.9 (1.3 – 2.4)
Percentage who ate less than 5 of combined servings of fruit & vegetables per day	92.0 (89.7 – 94.3)	92.8 (90.4 – 95.1)	91.2 (88.4 – 94.1)

Overall target:

- Anemia Indicator: To reduce the prevalence of iron deficiency anemia by 10%
- Fruit and Vegetable: To increase the consumption of fruits and vegetables by 10%
- Breastfeeding: To increase exclusive breastfeeding by 10%

TOTAL NATIONAL BUDGET REQUIRED: US\$805,000

1. National: \$203,000
2. Community: \$52,000
3. Workplace: \$14,000
4. School: \$472,000
5. Individual (clinical): \$64,000

1. National level

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
V. 1.A. Development of RMI Food Safety Act	1A.1. Consultant hired to draft legislation	Draft Food Safety Act in place	2008	MOH	7,000 (WHO)
	1A.2. Consultation Meeting to finalize draft legislation	Final draft	2008	MOH	3,000
	1A.3. Tabling of Act in parliament	Bill passed	2009	MOH	
V. 1.B. Strengthen national capacity to support and implement healthy eating programmes.	1B.4. Recruit 2 Nutritionists for the Nutrition/NCD unit in the Ministry of Health	2 staff hired.	2009	MOH	\$20,000 (\$10,000 x 2)

V.1.C. Review and amend existing relevant national policies to improve the nutritional quality of the Marshallese diet	1C.5. Review and endorse revised nutrition policy to ensure provisions for infectious diseases are incorporated into the revised policy	Revised policy is endorsed	2008	MOH	10,000
	1C.6. Review and endorsed trade policy to ensure only iron fortified flour and rice is imported	Revised policy endorsed	2009	MOH	10,000
	1C.7. Review and endorsed food production policy	Revised policy endorsed	2008	MOH	10,000
V.1.D. To develop, endorse and communicate national guidelines to promote good Nutrition & healthy eating	1D.8. Finalize and present RMI Food-based dietary and Food-Safety guidelines for endorsement by government	Food & dietary guidelines endorsed.	2008	ROMINDA Nutrition Unit, MOH	\$1,000
	1D.9. Develop and implement a communication plan for the Food-based dietary and Food-Safety guidelines	Communication Plan implemented	2009	ROMINDA	\$10,000
V.1.E. Monitor and evaluate nutritional status of Marshallese population.	1E.10. Conduct sentinels Nutrition Surveys.	Survey completed.	2009	Nutrition MOH	150,000
	1E.11. Routine data collected from health service centers	Regular data updates	ongoing	MOH	Build in
	1E.12. Compulsory health checks of school age children	Regular health checks in place	Ongoing	Public/Community Health Nurses	150,000
V.1.F. Create supportive environments that promote good health	1F.13. Compulsory de-worming and supplementation programmes for all school age children	Deworming & supplementation program in place	ongoing	MOH	Build in
	1F.14. Develop an advocacy plan for the promotion of healthy environments	Advocacy plan developed	2009	NCD Taskforce	\$10,000

2. Sub-national level

a. Community-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
V.2a.G. Strengthen community education on good nutrition and healthy food choices.	2a.15. Develop a Community Nutrition training programme for community educators.	Training programme in place	2010	ROMINDA	\$5,000
	2a.16. Conduct practical nutrition education workshops in the community	Number of workshops conducted	2008	ROMINDA	\$10,000
	2a.17. Develop cooking TV show.	TV show developed	2008	ROMINDA	\$10,000
	2a.18. Conduct workshop for food retailers on promotion of healthy food choices	Number of food retailers participating	2008	Nutrition Unit, MOH	\$10,000
V.2a.H. Improve access to healthy food	2a.19. Work with caterers to use the RMI Food-base dietary guidelines	number of caterers using the guidelines	2009	ROMINDA	\$1000
V.2a.I. Improve household food security (esp fruits, vegetables and local food crops)	2a.20. Work with households to establish home gardens.	# of home gardens established in the Majuro DUD area	2008	Laura Farmer's Association	\$10,000

b. Work Place-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
V.2b.J. Develop and implement healthy workplace policies and guidelines to promote healthy eating	2b.21. Drafting of catering and healthy lifestyle guidelines	guideline in place	2008	ROMINDA	\$1000
	2b.22. Advocate for use of guidelines in workplaces	# of workplaces using the guideline	On-going	ROMINDA	
V.2b.K. Advocate and assist in	2b.23. Discuss and start with MOH as role model	Program start	2008	MOH	\$10,000

development of Health promoting Workplace initiative	2b.24. Conduct initial Mini STEPS survey in healthy workplace settings	# of Mini STEPS survey conducted	On-going	Nutrition MOH	\$50,000
	2b.25. Implementing "Health Promoting Workplace" programs such as healthy snacking, increased physical activity, tobacco free initiative, betel nut free, alcohol free zones.	# of workplaces implementing program	On-going	Nutrition MOH	\$50,000

c. School-based strategies

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
V. 2c.L. Provide safe water supply and ensure good hygienic practices in schools	2c.26. Carry out an inventory of schools with safe water source	Inventory	2008	Environmental Protection Agency	Build in
	2c.27. Provide safe water tanks as per inventory	# Schools with safe water source	2009	EPA	\$50,000
	2c.28. Improve toilet facilities in schools.	# of schools with adequate toilet facility	2009	EPA	\$100,000
V.2c.M. Develop national nutrition policies for schools	2c.29. Drafting of policy with consultation of relevant stakeholders	Policy developed and endorsed.	2009	ROMINDA	\$5,000
V.2c.N. Promote programmes in schools that promote healthy eating habits	2c.30. Provide at least one healthy meal a school day to all school children.	# of school providing healthy meal a day.	2008	MOE	Build in
	2c.31. Work with shop owners close to the school to support school's healthy food policies	# of shop owners supporting schools	2008	ROMINDA	\$2,000
V.2c.O. Strengthen food nutrition components of the school curriculum	2c.32. Review current national curriculum to ensure the nutrition and health components are relevant and strengthened	Review carried out	2008	ROMINDA	10,000
	2c.33. Develop teaching materials to support review recommendations	Teaching materials developed	2008	ROMINDA	20 000
	2c.34. Review home-economics curriculum to incorporate Local Food Preservation education	Review completed	2008	ROMINDA	\$10,000

3. Individual level (clinical)

Strategy	Activities	Indicator	Initiation Timeline	Leading Agency	Budget (US\$)
V.3.P. Improve capacity within the Nutrition Department	3.35. Recruit and train two more hospital Dietitians for the two hospitals.	Dietitians recruited and trained	2009	Majuro Hospital and Ebeye Hospital	\$36,000 (\$18,000 x 2)
V.3.Q. Improve clinical nutrition management practices	3.36. Develop appropriate diet therapy menus for clients.	Menus developed	On-going	Hospital Food Service/MOH	Build in
	3.37. Conduct regular food safety and food preparation trainings for cooks and attendants in hospitals	# of trainings conducted.	On-going	Hospital Food Service/MOH	Build in
	3.38. Develop a set of nutrition and health educational materials and train staff on how to use them.	materials developed and # of training.	2008	Nutrition MOH	\$10,000
	3.39. Develop and endorse clinical nutrition guidelines for disease management and train staff on how to use them	Protocols in place.	2009	Nutrition MOH	\$10,000
V. 3.R. Promote exclusive breastfeeding	3.40. Promote Baby Friendly Hospital initiative in Majuro & Ebeye	BFHI award	2008	Nutrition MOH	\$50,000 (\$25,000 ea.)
	3.41. Integrate breastfeeding education into antenatal services	Breastfeeding education integration	2008	MOH	Build in
V. 3.S. Strengthen follow-up care for clients after discharge from hospital.	3.42. Develop follow-up nutrition-care protocols for clients after discharge from hospital.	Protocols developed and endorsed .	2008	Nutrition MOH	Build in

VI. MONITORING, EVALUATION AND SURVEILLANCE

1. MONITORING & EVALUATION

Strategy	Activities	Indicator	Timeline	Leading Agency/Support Agencies	Budget (US\$)/TS/
VI. 1.A. Identify and stock-take current monitoring activities by respective stakeholders	1A. 1. Consultation meetings- Biannually	#meetings	2009	NCD Task Force & MOH	\$5,000.00
	1A. 2. Compile report of monitoring and evaluation activities Bi annual	# REPORTS	2009	NCD Task Force & MOH	\$10,000.00
VI. 1.B. Create an inventory of process, impact and outcome	1B. 3. Conduct initial consultative meetings with relevant stakeholders	#meetings	2008	MOH	\$1,000.00

indicators for monitoring and evaluation of plan	1B. 4. Establish and disseminate inventory of indicators	Inventory of indicators	2008	NCD/MOH	Build in
VI. 1.C. Develop a monitoring & evaluation framework for the plan	1C. 5. Conduct consultative meetings with relevant stakeholders	Meeting conducted	2008	MOH	Build in
	1C. 6. Framework established and communicated widely with respective stakeholders	Monitoring & evaluation framework established	2008	MOH & WHO	Build in
VI. 1.D. Implementation of the NCD/Nutrition Evaluation Framework	1D. 7. Secure support of relevant authorities and funding	Funding secured	On going	MOH, WHO, CDC, SPC	\$172,000.00 Overall total

2. SURVEILLANCE

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (US\$)
VI. 2.E. Develop & implement policy on NCD & nutrition surveillance	2E.8. Conduct consultative meetings on surveillance to develop policy	# meetings conducted	2008	NCD Task Force, MOH	\$3,000
	2E.9. Communication and Implementation of policy by relevant stakeholders Annually	On-going	On going	NCD	Build in
VI. 2.F. Establish proper baseline data on NCD and its risk factors	2F.10. Complete and disseminate widely the National NCD STEPS report	# receiving report	2008	MOH/WHO	\$10,000
	2F.11. Collate hospital based data (esp morbidity & mortality) and disseminate widely to relevant stakeholders	# receiving report	2008	Planning and Stats.	\$5,000
VI. 2.G. Ensure appropriate resources available for surveillance	2G.12. Surveillance Officer position Establishment	Designation of surveillance officer	2009	MOH	\$23,000.00
	2G.13. Necessary software and hardware	Software and hardware as needed	2008	MOH, WHO, SPC & CDC	\$5,000.00
VI. 2.H. Strengthen capacity of public health to conduct surveillance	2H.14. Conduct ICD 10 training with Health Workers	# trained	2009	MOH, WHO, SPC & CDC	\$20,000.00
	2H.15. Incorporate mini-STEPS into current surveillance program.	Funding	2010	NCD Task Force, WHO, SPC, CDC	\$30,000
VI. 2.I. Strengthen surveillance of food and waterborne illnesses	2I.16. Train clinicians to report cases correctly Regular water testing (Break point/EndPoint) Establish KPI for Water Borne Diseases	# trained	2008	MOH,EPA, SOPAC	\$50,000.00

LIST OF PARTICIPANTS

National NCD/Nutrition Action Plan Committee Members: Lists includes all those participated from;

1st Meeting: Youth Center, Youth To Youth IN Health

2nd Meeting: Kibedrikdik Room, RRE Hotel

3rd Meeting: Conference Room, Majuro Hospital

Listing:

1. Mr. Russell Edwards, Assistant Secretary Primary Health Care
2. Mr. Wilbur Heine, Assistant Secretary, Bureau of Health Planning & Statistic
3. Ms. Glorina Harris, Health Education Specialist, Ministry of Education
4. Mrs. Julia M. Alfred, Director for Youth to Youth in Health, NGO
5. Francis Teruo Reimers, RRE
6. Mr. Taitos Langrine, Majuro Atoll Local Government (MALGOV)
7. Mr. Jamie Nashon, Ministry of Finance
8. Mrs. Daisy Momotaro, Director WUTMI
9. Hon. Mayor Leen Lenja, MIMA
10. Mr. Jeffery Zebedy, OEPPC
11. Mrs. Esther I. Lokboj, Coordinator, Cancer Program
12. Dr. Godfrey Waidubu, Public Health Clinician
13. Mr. Gerard Mejbon, Coordinator, Mental Health
14. Mr. Billy Edmond, Resources & Development, Ministry of R&D
15. Dr. Manoj Nair Ramanojan, CMI Land Grant
16. Mrs Lydia Tibon, KIJLE
17. Mrs. Nina Ben, KIJLE
18. Mrs. Erma Myazoe, Director Human Recourses, MOH
19. Dr Kenner Briand , Medical Director, Public Health
20. Mr. Jabukja Aikne, CMI Land Grant & Local Farmers Association
21. Ms. Mathan Nathan for Mr. Arata Nathan, Director, Outer Island Health Centers
22. Ms. Janet Nemra, Diabetes Health Educator
23. Mr. Lunus, YTYIH
24. Ms. Tauki Korean Reimers, YTYIH
25. Mrs. Hilia Langrin, Public Health Nurse
26. Dr. Tut Kyaw, Dental Director
27. Mr. Donny Andrike, Administrative Assistant
28. Mr. Tom Schmitd, Diabetes Regis rater
29. Mr. Amram Mejbon, Acting Secretary Internal Affairs
30. Ms. Fumie Hagihara, JOCV Volunteer, Health Educator
31. Mrs. Cathelina Antolok, Chief Nurse
32. Ms. Marie Maddison, Director NTC
33. Dr. Zachraias Zachraias, Public Health Doctor , HIV Coordinator
34. Mr. Thompson Keju, Primary Health Care Associate Administrator
35. Mrs. Florina Nathan, Public Health Chief Nurse
36. Mrs. Hilia Langrin, Public Health Nurse
37. Mrs. Tamar Lakien, Public Health Nurse
38. Dr. Bantol Dustin, Dentist
39. Mr. Arti Mattala, Coordinator, Health Education

40. Ms. Ruth C. Ralpho, Health Educator
41. Mr. Sypher Ria, Health Educator
42. Mrs. Cathelina Antolok, Chief Nurse
43. Mrs. Nora Alex, Head Nurse Maternity Unit
44. Mrs. Laarni Makil, Head Nurse Pediatric Unit
45. Mr. Sandy Alfred, Assistant Secretary, Bureau of Majuro Hospital Services
46. Dr. Masao Korean, Chief of Staff
47. Ms. Erline Milne, YTYIH
48. Ms. Anne deBrum, WUTMI
49. Mrs. Mary Lenja, Land Grant, 4H Club
50. Mr. Gideon Gideon, Health Education , Ministry of Health
51. Ms. Ruth C. Ralpho, Health Educator
52. Dr. Marie Lanwi Paul, Director
53. Dr. Masao Korean, Chief of staff
54. Mrs. Ione deBrum, Director Health Education & Promotion
55. MS. Lina Hills, Primary Health Care Associate Administrator
56. Mr. Thompson Keju, Primary Health Care Associate Administrator

Consultants:

Dr. Temo Waqanivalu, Nutrition & Physical Activity Officer, World Health Organization, Suva, Fiji
Ms. Karen Fukofuka, Nutrition Adviser, SPC Healthy Pacific Lifestyle

Annex II

Proposed Structure and Brief Terms of Reference

1. MOH Executive Committee (Currently Secretary-level)

2. National Committee for Implementation of RMI NCD Strategic Plan (KUMIT).

- ❑ Coordinate the implementation of KUMIT Nationally (Bureau for Majuro, Ebeye and Outer-islands)
- ❑ Support and coordinate the Bureaus with implementation of intervention activities.
- ❑ Provide training advice and access to technical support for all aspects of KUMIT Implementation.
- ❑ Communicates directly with responsible persons for the Bureaus
- ❑ Coordinate implementation of KUMIT.
- ❑ Coordinate technical support to organizations (National Level) in implementing of intervention activities.
- ❑ Technical support center to be available to provide input into the planning and implementation intervention activities of KUMIT.
- ❑ The Committee will be responsible for directly advising the Sub-Committee (Working) on KUMIT intervention measures.

The National NCD/Nutrition Working Committee should have the authority to negotiate resources for implementations, organize activities, develop partnership, oversees progress of implementation of KUMIT. The committee should be recognized as the primary organization responsible for planning, coordination, implementation, monitoring and evaluation

3. Proposed Members of the Working Committee

(Suggest the following as Executive Members)

- Chairperson
- Secretary
- Financial Controller
- Technical Advisor

Chairperson

- a. Selected by the representative members of the committee
- b. Chairperson will be elected every (suggest 12months)
- c. Secretary, Financial Controller and technical advisor and Assistants for the duration of KUMIT

4. Sub (Working) Committee: Tobacco and Betelnut, Alcohol, Nutrition, Diabetes, Physical Activity

- The Committee or equivalent that will work as the implementing committee for the activities under the KUMIT Plan.
- The Committee will oversee the practical and logistical issues relating to the overall implementation intervention program according to the Strategic Plan.
- A Chairperson to be elected for each Working Committee and elected by the National NCD/Nutrition Working Committee.

The National Nutrition working committee will nominate projects, organization representatives and decide fund allocations for Sub-Committee to convene and appropriate implementation activities and logistics of implementation. Once the meeting has been convened it will be up to the appropriate Sub Committee to accomplish the task.

Refer to the Structural Diagram

