

**Proposed agenda for the day: PIHOA 51<sup>st</sup> Meeting  
November 17, 2011**

**1. NCD Policy Workshop continued**

Country presentations on NCD policy

Discussion: Does this tell us anything more about where we need to go?

*Just to recap: PIHOA will 1) Draft and approve a statement or resolution on “Health in all Policies”; 2) Introduce “health in all policies” to MCES next month; 3) go forward with NCD-related policy actions identified in existing workplans (for example, NCD policy summit with APIL, MCES, PIHOA); 4) assign PIHOA Presidential Management Fellow to develop policy capacity at PIHOA (for example, environmental scan, inventory resources, etc...); 5) respond to all policy-related T.A. requests from jurisdictions and associations (these may include presentations at annual meetings by same or different group from yesterday, etc...)*

**2. First Cut at the NCD Road Map**

Elements of the NCD Road Map

Individual Affiliate Objectives from 51<sup>st</sup> Meeting

1. What do these tell you about duplication/coordination among association?
2. What do these tell you about possible synergies and partnerships?
3. What do these tell you about how we might organize the work effort (for example, a subcommittee on HIS)?
4. What do these tell you about possible overarching, shared objectives among all associations?

Revisiting Collective Affiliate Objectives from the 50<sup>th</sup> Meeting

1. Should there be shared, overarching objectives for the Council?
2. Are the shared objectives developed at the 50<sup>th</sup> meeting still relevant?
3. If not, what are the shared objectives, if there are going to be any?

Refining the “Mobilization Framework”

1. Does the clustering of objectives tell us anything about how the work effort / subcommittees might be organized?

**3. State of Hawaii Presentation on NCD Policy (1pm)**

**4. Split into two groups (PIHOA Board and everyone else)**

PIHOA Board – Business Meeting, then Strategic Planning on Friday

Associations – Continue working on #2 above, go into Friday.

# Thursday Handouts

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### NCD Road Map

#### Outcome at end of Friday (*italics are what will be “completed” today*)

- A) Exposition of the problem, and declaration of the state of emergency (PIHOA Secretariat to Draft)
- B) Background characteristics of the region (PIHOA Secretariat to Draft)
- C) ***Recommendations from the 50<sup>th</sup> and 51<sup>st</sup> PIHOA meetings.***
  - a. ***Collective Recommendations (Done)***
  - b. ***Recommendations and Commitment of Development Partners (Drafted, in progress)***
  - c. ***Recommendations and Commitments of Education Partners (Drafted, in progress)***
  - d. ***Recommendations and Commitment of Affiliate Council***
    - i. ***Collective Recommendations and Commitments (Drafted, work on today)***
    - ii. ***Individual Commitments of Each Member Association (Started, work on today, need to add missing affiliates, e.g., NPEHA, PIPCA, PBHCC, PBDA, & PIHOA)***
- D) ***Mobilization framework (Started, work on today)***
  - a. ***Organizing structure and key roles, including leadership plan.***
  - b. ***Specific roles of key partners, including PIHOA, affiliate organizations, and others as appropriate.***
- E) Plan for monitoring and evaluation (QA/PIM Network to Draft)

## Regional NCD Road Map for the USAPI

### COLLECTIVE RECOMMENDATIONS FROM ALL 50<sup>th</sup> PIHOA MEETING PARTICIPANTS

*All but one of these (#3) can be treated as “guideposts” to help us evaluate whether we are on the right path. As a periodic exercise, we can index lower level objectives to these “guideposts” to determine how we are doing, where we might be weak, whether we are getting near the collective vision.*

#### **Policy**

1. Create healthy public policies throughout all sectors, in keeping with the Healthy Island Vision.
2. NCD prevalence constitutes an emergency throughout the region, requiring urgent and coordinated response. NCDs are an emergency, and should be treated as such.
3. Advocate for NCDs to be placed on the US national emergency management agenda.

#### **Prioritization / Resource Allocation**

4. Direct resources and activities to protect children and future generations, empowering them to live healthy lifestyles by addressing the priority risk factors, including diet, physical activity, tobacco, and alcohol.
5. Transform our health systems to protect and empower the current generation by addressing the “Big Four” NCDs – cardiovascular disease, diabetes, cancer, and chronic respiratory disease.<sup>1</sup>

#### **Systems Strengthening**

6. Engage the government leadership to address the NCD crisis, using a whole-of-society response.
7. Build the capacity of the health system to address the NCD crisis.
8. Strengthen NCD-related information systems.
9. Develop human resources to prevent and control the NCD emergency.

#### **Mobilization**

10. Mobilize sufficient resources to address the NCD emergency, and ensure sustainable resources to prevent its recurrence.
11. Increase engagement of the full community – all of society, involving all sectors and jurisdictions, from local to regional.
12. Build and strengthen mechanisms for regional sharing and collaboration across all groups involved regionally with addressing NCDs.

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<sup>1</sup> Multiple participants argued for some mention of mental health/depression, and several mentioned obesity as a priority. These additional disease conditions could be emphasized in the background paragraph.

## **BREAKOUT GROUP RECOMMENDATIONS AND COMMITMENTS FROM THE 50<sup>th</sup> MEETING**

### **NCD Council (formally “Affiliate Council”)**

*(These are shared common objectives. Revisit, revise based upon 51<sup>st</sup> meeting?)*

- 1. Support the development and implementation of NCD policy regionally and in the jurisdictions**
  - A. Advocate for a “Framework Convention on Non-Communicable Diseases”
  - B. Advocate for the inclusion of NCD in the National Emergency Management Agenda
  - C. Strengthen and implement effective food policies that 1) control the importation of foods that cause NCDs and 2) support local agriculture (for example, “Go Local”)
    - a. Effectively leverage the experience of Affiliates in supporting food policy
    - b. Develop a “buy/grow local” tools kit for community advocacy
    - c. Improve coordination and communications, through calls, meetings, and listservs, that support local agriculture.
- 2. Strengthen NCD-related health information management systems**
  - A. Support the development and adoption of a uniform disease registry system (such as CDEMS), including a centralized regional data and analysis repository
  - B. Support the development and adoption of a uniform system for risk and disease prevalence monitoring (for example, STEPS, BRFSS, YRBS) that is inexpensive/affordable, flexible and that provides quick turnarounds.
  - C. Increase the capacity of jurisdictions to conduct and use impact analysis, to mobilize political will and secure resources.
- 3. Strengthen health care services for NCD response**
  - A. Provide better training for frontline providers in risk factor assessment and community-based interventions
  - B. Increase NCD-related laboratory capacity, for screening, diagnosis and surveillance.
  - C. Provide better support for health education and social mobilization, including for nutrition and smoking cessation
- 4. Increase effective community engagement for NCD response, including NCD policy mobilization.**
  - A. Design and implement effective NCD-related media strategies (including those that draw upon lessons learned from other crises, such as AIDS/HIV)
  - B. Include a special focus on mobilizing constituent pressure for policy and resources.
  - C. More effectively integrate critical partners into the regional NCD response, including the Micronesian Chief Executives Summit and the Association of Pacific Island Legislatures.
- 5. Build and strengthen mechanisms for regional sharing and collaboration across all groups involved regionally in addressing NCDs.**
  - A. Include NCDs on the agenda of all meetings of Affiliate Associations.
  - B. Support periodic face-to-face meetings of the Affiliate Council
  - C. Hold quarterly conference calls among Affiliates, to support the NCD agenda and road map.
  - D. Develop web-based communications for Affiliates that includes an ongoing calendar of relevant meetings and events and other information, such as Affiliate NCD reports and plans and other relevant documents.

## Development Partners

*(These are overarching objectives of development partners. These should be in service of Council objectives developed at the 50<sup>th</sup> and 51<sup>st</sup> meeting. These should be revised by Development Partners during calls/meetings after the 51<sup>st</sup> PIHOA meeting)*

### **1. Assist jurisdictions with developing efficient and effective policies that significantly increase healthy outcomes**

- A. Build skills in NCD policy and law development
- B. Increase regional, national and international coordination to implement NCD policies at all level and support a “health in all policies” approach.
- C. Strengthen advocacy for NCD policy and law
- D. Support the development of relevant NCD policy briefs within each jurisdiction, as requested

### **2. Support the development of performance-driven, accountable, and evidence-based health systems.**

- A. Support the development of NCD-related Human Resources for Health, including the identification of appropriate skill mixes for health professionals.
- B. Adopt / translate NCD-related core competencies
- C. Support performance management, including planning, evaluation, asset management and cost analysis within health systems.
- D. Integrate systems of care and public health with other supporting sectors.
- E. Support the development and adoption of appropriate Health Information Management Systems

### **3. Support innovative and diverse funding models that produce sustainable funding**

- A. Support the development and implementation of appropriate taxes and surcharges on unhealthy food, tobacco, and alcohol.
- B. Support the development of appropriate insurance systems

### **4. Help align interests of chief executives, chief health officers, and legislative leaders**

- A. Assist top leaders with developing the leadership and management skills they need to address the NCD crisis; include executive coaching.

### **5. Improve NCD response coordination among development partners**

- A. Implement a coordinated stewardship effort among all development partners; improve communications, through regular meetings and calls, as necessary to support development partner objectives; ask PIHOA to take the lead with ensuring integration and coordination among development partners
- B. Support the inclusion of NCDs on the United Nations Development Assistance Framework for all three Freely-Associated State

**6. Support the development of robust and efficient NCD surveillance system where data is lacking**

- A. Foster agreement on a standard list of indicators for the big four NCDs.
- B. Strengthen, support and improve integration among appropriate NCD surveillance instruments, such as STEPS and BRFSS
- C. Support the scaling up of the implementation of the Chronic Disease Electronic Management System (CDEMS)
- D. Support the inclusion of cross sectorial proxy data, such as trade and tax data, as part of surveillance.

**7. Support the development of comprehensive communications strategies within the jurisdictions and the region, focusing on behavioral and environmental change**

- A. Support training and mentoring in strategic communications, as requested.
- B. Support the development and implementation of comprehensive strategic communications plans and infrastructure

## Education Partners

*(These are the objectives of a committee that represents the education sector in the NCD Road Map. This committee is still defining itself, and that's fine; these objectives are being revised now by Education Committee. Perhaps someday there will be "liaison" committees from other sectors as well, such as Agriculture, Fisheries, Trade, etc... These committees could 1) support the objectives of the Road Map with their own objectives and activities and 2) help mobilize their own sectors to develop their own "road maps".)*

### **1. Support the development of formal NCD-related education initiatives for 0 through 12.**

- A. Require a minimum of 20 minutes per day of organized physical activity at all grade levels
- B. Encourage brief, organized, physical activity before each class
- C. Develop(3a), implement (3b), and monitor physical education and nutrition standards for each grade level – for both students and teachers
- D. Work with stakeholders (students, families, community, teachers, specialists, stakeholders, traditional leaders) to develop school wellness plans – to include food safety and policy - for each school)
- E. Develop (a) and regulate (b) school meal programs – require (c) servings of fresh fruit and vegetables (funding issue)
- F. Develop school gardens/ agricultural / extension programs
- G. Professional development for teachers and school staff regarding nutrition
- H. Solicit parent and community buy-in – disseminate information regarding NCDs and healthy lifestyles
- I. Disseminating NCD/health lifestyle information, raising awareness, and advocating for change
- J. Promote the image of nursing

### **2. Support the development of formal NCD-related education initiatives for Institutions of Higher Education**

- A. Review curriculum of existing programs; identify curricular gaps
- B. Develop NCD education programs for the non-health students
- C. Engage NGOs and MoHs directly – build better relations; need for cross-disciplinary approaches –agriculture, medical, marine, education, sciences, - departments and gov. organizations etc. Trainings across sectors – emphasis on integrated education
- D. Attract students into health careers (AHEC, TRIO, Upward Bound, Talent Search); Address compensation issues: salaries & benefits
- E. Develop pathways, majors, minors, certificates, customized curriculum
- F. Faculty development: research strengths, policy work and development, pedagogy (faculty incentives)
- G. Institute shared curricular planning across IHEs; articulation agreements (Pohnpei Accord, Palau Protocol)
- H. Promote, conduct and disseminate research - collaboratively

### **3. Help strengthen the capacity of nurses and the nursing profession to address the NCD crisis.**

- A. Integrate nutrition concepts & skills across the curriculum in all disciplines
- B. Partner and collaborate with community-based clinics, educational agencies, community agencies, NGOs, traditional leaders to disseminate NCD info

- C. Practice what we preach - modeling behavior, mentor others
- D. Advocate for policy changes (e.g. breastfeeding, food controls (ex. gov. interventions regarding imported foods & drinks, food safety)
- E. Influence policymakers to review and adjust classification and salary structures for nurses and to invest in nursing (salaries & benefits), support community outreach, etc.
- F. Advise stakeholders about NCD activities; disseminate information on NCDs

**4. Increase community awareness and engagement in NCD response**

- A. Engage traditional leaders and healers, community leaders, women's groups, men's groups, churches to promote healthy lifestyles and NCD awareness
- B. Involve PTA, teachers, parents, church leaders, traditional leaders and healers, and other stakeholders in developing nutrition curriculum
- C. Develop youth-to-youth teaching programs, role-models and mentoring programs
- D. Conduct and disseminate nutritional analyses of local foods (research & analysis)

## ASSOCIATION OBJECTIVES

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
1	APNLC	To assist in collaboration with educational systems for educational needs.	1. Collaborate with educational system on training curriculum to address clinical practice and nursing competency and other educational needs; 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present recommended training curriculum to address clinical practice, nursing competency and other educational needs to membership for approval	Competency Standards & Training
2	APNLC	To assist in identifying clinical and competency standards for NCD.	1. Literature review on evidence based clinical procedure and nursing competency standards to assess BMI; 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present proposed clinical practice procedure and nursing competency standards to membership for approval.	Competency Standards & Training
3	APNLC	To assist in the identification of training and retraining methods	1. Literature review on evidence based clinical practice procedure and nursing competency format; 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present draft BMI standards to membership for approval	Competency Standards & Training
4	APNLC	To develop and maximize use of APNLC website.	1. Develop APNLC website; 2. Post and update information regarding jurisdictional activities, including NCD; 3. To evaluate the use of the website.	Connectivity / Communications
5	APNLC	To pilot the feasibility of a concerted action plan to role model for healthy lifestyle.	1. Pilot strategy to model healthy lifestyle: "Adopt a child" for healthy living: capacity development based on topics identified in 2010-2011; 2. Undertake feasibility study across jurisdictions based on maternal/child health NCD; 3. Submit CBPR proposal addressing NCD topic	HRH (including Recruitment, Retention & Wellness)
6	APNLC	To promote jurisdictional programs for nurses to be role models in NCD.	1. Stimulate awareness and of the image of nurses regarding NCD and introduce healthy lifestyle concepts; 2. Each jurisdiction operationalize lifestyle concepts, implements and evaluates.	HRH (including Recruitment, Retention & Wellness)
7	APNLC	To support in the establishment of NCD standards to monitor BMI/Childhood obesity by July 2012.	1. Literature review on available NCD standards (CDC, WHO); 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present draft BMI standards to membership for approval	Practice Standards
8	AUL	Continue to enhance inter and extra AUL communications	1 Continue to participate in scheduled AUL conference calls at least 4 times/year (AUL – PIHOA by Mar, Jun, Jul 2012 – 2013)	Connectivity / Communications
9	AUL	Continue to enhance inter and extra AUL communications	2 Participate in conference calls with AUL partners whenever needed (AUL – Partner – PIHOA by Dec 2012 – Nov 2013)	Connectivity / Communications
10	AUL	Ensure continuous development of the USAPI medical lab workforce	1 All current USAPI lab techs to undertake NCD lab courses offered through Pacific Paramedical Training Center (PPTC ) through the Pacific Open Health Learning Network (POHLN)	Competency Standards & Training
11	AUL	Ensure continuous development of the USAPI medical lab workforce	2 Promote the medical lab profession among high school and college students in the	HRH (including Recruitment, Retention & Wellness)
12	AUL	Ensure continuous development of the USAPI medical lab workforce	3 Plan for the training of cytology screeners in the USAPI	Competency Standards & Training
13	AUL	Ensure continuous development of the USAPI medical lab workforce	4. Presentation of the cytology training plan to the PIHOA BoD	Competency Standards & Training
14	AUL	Ensure lab-based surveillance of the selected NCDs	1 Format collection of lab data on diabetes, CVDs, CRDs and cancer	Health Information / Surveillance
15	AUL	Ensure lab-based surveillance of the selected NCDs	2 Submit NCD to a centralized location at agreed scheduled times	Health Information / Surveillance
16	AUL	Ensure lab-based surveillance of the selected NCDs	3. Analyze lab data to capture on agreed basic important information for sharing with AUL partners and PIHOA	Health Information / Surveillance
17	AUL	Ensure lab-based surveillance of the selected NCDs	4. Share the lab based surveillance report with AUL partners and PIHOA	Health Information / Surveillance
18	AUL	Ensure the availability of continuous QA programs for the selected NCD tests	1 Continue to participate in the PPTC or CLIA external quality assessment programs (proficiency test surveys) 2x a year	Practice Standards
19	AUL	Ensure the availability of continuous QA programs for the selected NCD tests	2 Conduct inter-laboratory EQA program (blind test rechecks) among USAPI labs 2x	Practice Standards
20	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	1. Conduct an assessment of NCD (diabetes, CVDs, SRDs, cancer)of lab testing capacities in the USAPI	Practice Standards

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#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
21	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	2 Compile a listing of the minimum required lab tests required for the selected NCD tests to be available in each USAPI lab	Practice Standards
22	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	3 Compile the standard required minimum inventory of lab supplies and test reagents for the required NCD tests	Practice Standards
23	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	4 Advise AUL partners and PIHOA BoD of the listing of the minimum required lab tests required for the selected NCD tests to be available in each USAPI lab	Practice Standards
24	CCPI	<b>Prevention 1:</b> By the end of year 2, develop collaborative relationships with NCD coalitions and/or programs and other partners to develop consistent messages around four major risk factors. <i>{PIHOA NCD area: Primary Prevention}</i>	Participate in meetings to inventory existing messaging across NCDs and formulate consistent, evidence-based messaging around four major risk factors; Adoption of and marketing by collaborating partners to implement key messages.; Establish local and regional network to market the prevention messages.; Begin to identify resources to develop prevention products.	Community Education & Empowerment
25	CCPI	<b>Prevention 2:</b> By June 2013, begin to collaborate with NCDs and other partners to review and amend existing policy (as needed) and develop new policies for prevention targeting four major NCD risk factors. <i>{PIHOA NCD area: Policy}</i>	Share an inventory of current ( <i>cancer</i> ) NCD policy agendas across the region; Participate in meetings to share and discuss collaborations and support for current NCD policy agendas.; <i>(Participate in )</i> Collaborative development of policies	Policy
26	CCPI	<b>QOL/Survivorship 1:</b> By June 2013, a care giver curriculum will be adopted and disseminated <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care}</i>	Provide input on the adaptation of a Caregiver Curriculum; Assist CCPI in dissemination of the care giver curriculum	Competency Standards & Training
27	CCPI	<b>QOL/Survivorship 2:</b> By June 2014, conduct a USAPI "Train the Trainer" workshop on the caregiver curriculum <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care}</i>	Assist in identifying trainees & trainers; Participate in conducting the training	Competency Standards & Training
28	CCPI	<b>QOL/Survivorship 3:</b> By December 2013, identify resources for jurisdictions to develop a resource- and jurisdiction-appropriate patient navigation system <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care}</i>	Assist in conducting a needs assessment for a patient navigation system in each jurisdiction to inform the regional need	Competency Standards & Training
29	CCPI	<b>QOL/Survivorship.4:</b> By June 2014, all jurisdictions will adopt a policy to allow for jurisdiction-, resource- and culturally-appropriate provision of end-of-life care to dying patients <i>{PIHOA NCD area: Policy}</i>	Assist in identifying Technical Assistance resources to assist in each Jurisdiction	Policy
30	CCPI	<b>Screening 1:</b> By the end of Year 1, implement, analyze and report on results of an assessment of cancer <i>and chronic disease screening standards &amp; guidelines</i> across the USAPIs. <i>{PIHOA NCD area: Policy}</i>	Participate in a project committee to implement assessment and oversee project; Assist in the development of a survey assessment tool; Assist in collecting, analyzing, and reporting on response data	Practice Standards
31	CCPI	<b>Screening 2:</b> By the end of Year 1, CCPI, <i>in coordination with NCD partners</i> , will sponsor an annual call for nominations of best practices and model programs to improve access to NCDs and cancer screening services. <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care }</i>	Participate in the ( <i>cancer</i> ) NCD screening best practice model program regional committee; Assist to establish a call for nominations process, including determining minimum criteria for nomination, to include outcome data, level and extent of collaboration with partners, adaptability & transferability; Promote the submission of best practice abstracts	Connectivity / Communications
32	CCPI	<b>Screening 3:</b> By the end of Year 2, develop faith-based partnerships and develop faith-based program activities that address cancer <i>and NCDs</i> . <i>{PIHOA NCD area: Collaboration/Network/Partnering}</i>	Assist in determining existence of, interest/feasibility to develop a way to engage faith-based partnerships at a regional level (i.e., regional council of churches)	Community Education & Empowerment
33	CCPI	<b>Treatment 1:</b> By 2014, complete a comprehensive assessment in each USAPI to determine current and future on-island and in-region treatment capacity for common cancers and complications of NCDs <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care}</i>	Provide existing literature, reports, surveys, and previous assessments from all 9 Jurisdictions; Assist in developing a guide/compilation of literature review of existing data and reports; Assist in developing an assessment tool; Assist in implementing the assessment tool, reporting and dissemination of findings	Practice Standards
34	CCPI	<b>Treatment 2:</b> Through 2017, continue to advocate with PIHOA to develop a process for the capacity building of treatment for cancer and end-stage NCD patients from the USAPI. <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care}</i>	Assist in development of proposal to PIHOA to develop a HRH process that will eventually result in an increase in-region treatment options for cancer and end-stage NCD patients	Competency Standards & Training

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#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
35	CCPI	<b>Treatment 3:</b> By 2017, provide Technical Assistance with resources including an adaptable curriculum to implement a more consistent approach to manage pain and end-of-life care for the USAPI jurisdiction's clinical staff {PIHOA NCD area: Secondary/Tertiary Prevention and Care}	Assist with recommending other palliative care or pain management curriculum or material.; Assist in identifying the most suitable curriculum to be adopted; Participate in the initial training of trainers; Participate and promote annual clinician trainings (CMEs will be available) on pain management and end of life care	Competency Standards & Training
36	HIS Swat	NCD Core Indicators	SWAT to provide TA to interested USAPI on the ID of minimum NCD indicators	Health Information / Surveillance
37	HIS Swat	NCD Mortality (vital stats)	SWAT to provide HIS short course to NCD program managers	Competency Standards & Training
38	HIS Swat	NCD Surveillance	SWAT could be the tech team to work with WHO, SPC, CDC,etc to see the feasibility of having a quick, cheap, yet useful NCD surveillance for risk factors	Health Information / Surveillance
39	PBMA	Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region.	1. Gather different evidence based guidelines for practice in the prevention and management of NCDs	Practice Standards
40	PBMA	Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region.	2. Adapt and endorse these guidelines to the jurisdictions different medical associations.	Practice Standards
41	PBMA	Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region.	3. Review current practice and gather new evidence-based guidelines for practice in the prevention and management of NCDs. Agree on timeframe for such a review whether yearly, every 2 years, every 3 years, etc.	Practice Standards
42	PBMA	Advocacy for community education and lobby politicians to support and strengthen ongoing NCD emergency declaration and make legislations and directives to address the present NCD problem.	1. Train other health personnel in teaching the community about NCDs and its risk factors.	Community Education & Empowerment
43	PBMA	Advocacy for community education and lobby politicians to support and strengthen ongoing NCD emergency declaration and make legislations and directives to address the present NCD problem.	2. Give presentations to government officials and politicians about the present status of NCD in the region and why they should support and formulate steps to address this problem.	Policy
44	PBMA	PBMA endorses PIHOA's Declaration addressing NCDs	1. PBMA will ensure all directions coming from the roadmap/PIHOA will be acknowledged and information will be forwarded to each jurisdiction.	Connectivity / Communications
45	PBMA	PBMA endorses PIHOA's Declaration addressing NCDs	2. Inform members informed or if necessary, secure consent for the next step in the plan, as the next step directly involves the members	Connectivity / Communications
46	PBMA	We must upgrade and update human resources for health training (basic and continuing education) to address NCDs	1. Continuing Medical Education of Doctors regarding management of NCD	HRH (including Recruitment, Retention & Wellness)
47	PBMA	We must upgrade and update human resources for health training (basic and continuing education) to address NCDs	2. Encourage students especially High school graduates to pursue courses in Medicine and related health fields. Doctors and/or other health care workers from each jurisdiction should speak at the high schools and community on the benefits of a career in health care.	HRH (including Recruitment, Retention & Wellness)
48	PBMA	We must upgrade and update human resources for health training (basic and continuing education) to address NCDs	3. Formulate a hands-on summer training for high school students to work alongside doctors, nurses, pharmacists, laboratory technicians, and other health care professionals	HRH (including Recruitment, Retention & Wellness)
49	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	1. Formulate the initial health survey for the members. Survey should include doctors' and health workforces demographics, present state of health, past and current medical problems, medication use, present risk factors and risk-taking behavior	HRH (including Recruitment, Retention & Wellness)
50	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	2. Define adopt physical measures for present health. Formulate what baseline physical measurements, laboratory or ancillary procedures are needed in order to provide an insight on the present health status of the members	HRH (including Recruitment, Retention & Wellness)
51	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	3. Define clinical outcome measures based on the goals for the health of the members and would characterize success or failure.	HRH (including Recruitment, Retention & Wellness)

## ASSOCIATION OBJECTIVES

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
52	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	4. Reduction of Risks and Maintenance of Health (e.g Tobacco Use Cessation, Limitation of Alcohol Use, Maintain or Achieve Normal BMI) by the members.	HRH (including Recruitment, Retention & Wellness)
53	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	5. Prepare the data management and analysis system to be used. This should include how to manage data in such a way that anonymity and confidentiality is assured. Number codes could be used and the names linked to the code numbers should only be obtainable within the member association (e.g. YMA, CMA, BMA).	Quality Assurance / Performance Management
54	PCDC	develop and implement a plan to adapt a Lifestyle Education for the USAPI's	To develop and implement a plan to adapt a Lifestyle Education for the USAPI's.	Community Education & Empowerment
55	PCDC	Evaluating pilot training and introducing to other USAPI jurisdictions	Develop a large scale training on NCD Collaborative for all 10 US affiliated Islands that include a minimum of 4-5 learning sessions over a two-three year period that will cover the prevention and control of chronic diseases/Non-Communicable Diseases (NCD's) such as diabetes, pre-diabetes, heart disease, stroke, cancer, cardiovascular, hypertension, asthma, arthritis, depression; the risk factors of smoking, nutrition, physical activity, and obesity; and whatever fits the overall regional NCD initiatives	Competency Standards & Training
56	PCDC	Implementing the NCD Collaborative and chronic disease electronic management system (CEEMS) to be piloted in the Federated States of Micronesia	Provide NCD Collaborative/CEEMS training to Federated States of Micronesia: Chuuk, Kosrae, Pohnpei, and Yap	Health Information / Surveillance
57	Pharm	Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers	Continuing Education to Health professionals on importance of patients adherence to treatment and compliance to appointment.	Competency Standards & Training
58	Pharm	Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers	Good Prescribing and Dispensing Practice; develop policies regarding refills 1) only until next appointment; 2) if missed appointment, make appointment and refill to the date; 3) No refill after six months unless seen by physician	Practice Standards
59	Pharm	Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers	National or Territorial Drug Policy	Policy
60	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Assist Partners by providing Annual Advance Tobacco Cessation Certifications to increase the number of Tobacco Cessation Counselors to provide support for those who want to quit	Competency Standards & Training
61	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Assist Partners by providing consistent Brief Tobacco Intervention Trainings & follow up on the use of BTI within the community	Competency Standards & Training
62	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Assist Partners in promulgating policies & rules relating to Clean Door Air Act, SIN Tax, etc.	Policy
63	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Establish a Standard & Consistent Data & Surveillance infrastructure; as well as, a Systems Assessment for the Region	Health Information / Surveillance
64	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Have Annual Face-To-Face Working Meetings with Partners, and to maximize meetings, by having meetings coincide with other Coalition Meetings	Connectivity / Communications
65	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Provide Technical Assistance to Local Coalitions to promote Sustainability, Empowerment & Leadership	Community Education & Empowerment
66	QA/PIM	Assume responsibility of monitoring.	Assume responsibility of monitoring.	(crosscutting)
67	QA/PIM	Develop performance management plan for Road Map.	Develop performance management plan for Road Map.	(crosscutting)

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
1	CCPI	<b>Prevention 1:</b> By the end of year 2, develop collaborative relationships with NCD coalitions and/or programs and other partners to develop consistent messages around four major risk factors. <i>{PIHOA NCD area: Primary Prevention}</i>	Participate in meetings to inventory existing messaging across NCDs and formulate consistent, evidence-based messaging around four major risk factors; Adoption of and marketing by collaborating partners to implement key messages. ; Establish local and regional network to market the prevention messages.; Begin to identify resources to develop prevention products.	Community Education & Empowerment
2	CCPI	<b>Screening 3:</b> By the end of Year 2, develop faith-based partnerships and develop faith-based program activities that address cancer and NCDs . <i>{PIHOA NCD area: Collaboration/Network/Partnering}</i>	Assist in determining existence of, interest/feasibility to develop a way to engage faith-based partnerships at a regional level (i.e., regional council of churches)	Community Education & Empowerment
3	PBMA	Advocacy for community education and lobby politicians to support and strengthen ongoing NCD emergency declaration and make legislations and directives to address the present NCD problem.	1. Train other health personnel in teaching the community about NCDs and its risk factors.	Community Education & Empowerment
4	PCDC	develop and implement a plan to adapt a Lifestyle Education for the USAPI's	To develop and implement a plan to adapt a Lifestyle Education for the USAPI's.	Community Education & Empowerment
5	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Provide Technical Assistance to Local Coalitions to promote Sustainability, Empowerment & Leadership	Community Education & Empowerment

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
6	APNLC	To assist in identifying clinical and competency standards for NCD.	1. Literature review on evidence based clinical procedure and nursing competency standards to assess BMI; 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present proposed clinical practice procedure and nursing competency standards to membership for approval.	Competency Standards & Training
7	APNLC	To assist in the identification of training and retraining methods	1. Literature review on evidence based clinical practice procedure and nursing competency format; 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present draft BMI standards to membership for approval	Competency Standards & Training
8	APNLC	To assist in collaboration with educational systems for educational needs.	1. Collaborate with educational system on training curriculum to address clinical practice and nursing competency and other educational needs; 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present recommended training curriculum to address clinical practice, nursing competency and other educational needs to membership for approval	Competency Standards & Training
9	AUL	Ensure continuous development of the USAPI medical lab workforce	1 All current USAPI lab techs to undertake NCD lab courses offered through Pacific Paramedical Training Center (PPTC ) through the Pacific Open Health Learning Network (POHLN)	Competency Standards & Training
10	AUL	Ensure continuous development of the USAPI medical lab workforce	3 Plan for the training of cytology screeners in the USAPI	Competency Standards & Training
11	AUL	Ensure continuous development of the USAPI medical lab workforce	4. Presentation of the cytology training plan to the PIHOA BoD	Competency Standards & Training
12	CCPI	<b>Treatment 2:</b> Through 2017, continue to advocate with PIHOA to develop a process for the capacity building of treatment for cancer and end-stage NCD patients from the USAPI. {PIHOA NCD area: Secondary/Tertiary Prevention and Care}	Assist in development of proposal to PIHOA to develop a HRH process that will eventually result in an increase in-region treatment options for cancer and end-stage NCD patients	Competency Standards & Training
13	CCPI	<b>Treatment 3:</b> By 2017, provide Technical Assistance with resources including an adaptable curriculum to implement a more consistent approach to manage pain and end-of-life care for the USAPI jurisdiction's clinical staff {PIHOA NCD area: Secondary/Tertiary Prevention and Care}	Assist with recommending other palliative care or pain management curriculum or material.; Assist in identifying the most suitable curriculum to be adopted; Participate in the initial training of trainers; Participate and promote annual clinician trainings (CMEs will be available) on pain management and end of life care	Competency Standards & Training
14	CCPI	<b>QOL/Survivorship 1:</b> By June 2013, a care giver curriculum will be adopted and disseminated {PIHOA NCD area: Secondary/Tertiary Prevention and Care}	Provide input on the adaptation of a Caregiver Curriculum; Assist CCPI in dissemination of the care giver curriculum	Competency Standards & Training
15	CCPI	<b>QOL/Survivorship 2:</b> By June 2014, conduct a USAPI "Train the Trainer" workshop on the caregiver curriculum {PIHOA NCD area: Secondary/Tertiary Prevention and Care}	Assist in Identifying trainees & trainers; Participate in conducting the training	Competency Standards & Training
16	CCPI	<b>QOL/Survivorship 3:</b> By December 2013, identify resources for jurisdictions to develop a resource- and jurisdiction-appropriate patient navigation system {PIHOA NCD area: Secondary/Tertiary Prevention and Care}	Assist in conducting a needs assessment for a patient navigation system in each jurisdiction to inform the regional need	Competency Standards & Training
17	HIS Swat	NCD Mortality (vital stats)	SWAT to provide HIS short course to NCD program managers	Competency Standards & Training
18	PCDC	Evaluating pilot training and introducing to other USAPI jurisdictions	Develop a large scale training on NCD Collaborative for all 10 US affiliated Islands that include a minimum of 4-5 learning sessions over a two-three year period that will cover the prevention and control of chronic diseases/Non-Communicable Diseases (NCD's) such as diabetes, pre-diabetes, heart disease, stroke, cancer, cardiovascular, hypertension, asthma, arthritis, depression; the risk factors of smoking, nutrition, physical activity, and obesity; and whatever fits the overall regional NCD initiatives	Competency Standards & Training
19	Pharm	Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers	Continuing Education to Health professionals on importance of patients adherence to treatment and compliance to appointment.	Competency Standards & Training
20	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Assist Partners by providing consistent Brief Tobacco Intervention Trainings & follow up on the use of BTI within the community	Competency Standards & Training
21	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Assist Partners by providing Annual Advance Tobacco Cessation Certifications to increase the number of Tobacco Cessation Counselors to provide support for those who want to quit	Competency Standards & Training

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
22	APNLC	To develop and maximize use of APNLC website.	1. Develop APNLC website; 2. Post and update information regarding jurisdictional activities, including NCD; 3. To evaluate the use of the website.	Connectivity / Communications
23	AUL	Continue to enhance inter and extra AUL communications	1 Continue to participate in scheduled AUL conference calls at least 4 times/year (AUL – PIHOA by Mar, Jun, Jul 2012 – 2013)	Connectivity / Communications
24	AUL	Continue to enhance inter and extra AUL communications	2 Participate in conference calls with AUL partners whenever needed (AUL – Partner – PIHOA by Dec 2012 – Nov 2013)	Connectivity / Communications
25	CCPI	<b>Screening 2:</b> By the end of Year 1, CCPI, <i>in coordination with NCD partners</i> , will sponsor an annual call for nominations of best practices and model programs to improve access to NCDs and cancer screening services. <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care }</i>	Participate in the ( <i>cancer</i> ) NCD screening best practice model program regional committee; Assist to establish a call for nominations process, including determining minimum criteria for nomination, to include outcome data, level and extent of collaboration with partners, adaptability & transferability; Promote the submission of best practice abstracts	Connectivity / Communications
26	PBMA	PBMA endorses PIHOA's Declaration addressing NCDs	1. PBMA will ensure all directions coming from the roadmap/PIHOA will be acknowledged and information will be forwarded to each jurisdiction.	Connectivity / Communications
27	PBMA	PBMA endorses PIHOA's Declaration addressing NCDs	2. Inform members informed or if necessary, secure consent for the next step in the plan, as the next step directly involves the members	Connectivity / Communications
28	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Have Annual Face-To-Face Working Meetings with Partners, and to maximize meetings, by having meetings coincide with other Coalition Meetings	Connectivity / Communications

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
29	AUL	Ensure lab-based surveillance of the selected NCDs	1 Format collection of lab data on diabetes, CVDs, CRDs and cancer	Health Information / Surveillance
30	AUL	Ensure lab-based surveillance of the selected NCDs	2 Submit NCD to a centralized location at agreed scheduled times	Health Information / Surveillance
31	AUL	Ensure lab-based surveillance of the selected NCDs	3. Analyze lab data to capture on agreed basic important information for sharing with AUL partners and PIHOA	Health Information / Surveillance
32	AUL	Ensure lab-based surveillance of the selected NCDs	4. Share the lab based surveillance report with AUL partners and PIHOA	Health Information / Surveillance
33	HIS Swat	NCD Surveillance	SWAT could be the tech team to work with WHO, SPC, CDC,etc to see the feasibility of having a quick, cheap, yet useful NCD surveillance for risk factors	Health Information / Surveillance
34	HIS Swat	NCD Core Indicators	SWAT to provide TA to interested USAPI on the ID of minimum NCD indicators	Health Information / Surveillance
35	PCDC	Implementing the NCD Collaborative and chronic disease electronic management system (CEMS) to be piloted in the Federated States of Micronesia	Provide NCD Collaborative/CEMS training to Federated States of Micronesia: Chuuk, Kosrae, Pohnpei, and Yap	Health Information / Surveillance
36	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Establish a Standard & Consistent Data & Surveillance infrastructure; as well as, a Systems Assessment for the Region	Health Information / Surveillance

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
37	APNLC	To pilot the feasibility of a concerted action plan to role model for healthy lifestyle.	1. Pilot strategy to model healthy lifestyle: "Adopt a child" for healthy living: capacity development based on topics identified in 2010-2011; 2. Undertake feasibility study across jurisdictions based on maternal/child health NCD; 3. Submit CBPR proposal addressing NCD topic	HRH (including Recruitment, Retention & Wellness)
38	APNLC	To promote jurisdictional programs for nurses to be role models in NCD.	1. Stimulate awareness and of the image of nurses regarding NCD and introduce healthy lifestyle concepts; 2. Each jurisdiction operationalize lifestyle concepts, implements and evaluates.	HRH (including Recruitment, Retention & Wellness)
39	AUL	Ensure continuous development of the USAPI medical lab workforce	2. Promote the medical lab profession among high school and college students in the	HRH (including Recruitment, Retention & Wellness)
40	PBMA	We must upgrade and update human resources for health training (basic and continuing education) to address NCDs	1. Continuing Medical Education of Doctors regarding management of NCD	HRH (including Recruitment, Retention & Wellness)
41	PBMA	We must upgrade and update human resources for health training (basic and continuing education) to address NCDs	2. Encourage students especially High school graduates to pursue courses in Medicine and related health fields. Doctors and/or other health care workers from each jurisdiction should speak at the high schools and community on the benefits of a career in health care.	HRH (including Recruitment, Retention & Wellness)
42	PBMA	We must upgrade and update human resources for health training (basic and continuing education) to address NCDs	3. Formulate a hands-on summer training for high school students to work alongside doctors, nurses, pharmacists, laboratory technicians, and other health care professionals	HRH (including Recruitment, Retention & Wellness)
43	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	1. Formulate the initial health survey for the members. Survey should include doctors' and health workforces demographics, present state of health, past and current medical problems, medication use, present risk factors and risk-taking behavior	HRH (including Recruitment, Retention & Wellness)
44	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	2. Define adopt physical measures for present health. Formulate what baseline physical measurements, laboratory or ancillary procedures are needed in order to provide an insight on the present health status of the members	HRH (including Recruitment, Retention & Wellness)
45	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	3. Define clinical outcome measures based on the goals for the health of the members and would characterize success or failure.	HRH (including Recruitment, Retention & Wellness)
46	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	4. Reduction of Risks and Maintenance of Health (e.g Tobacco Use Cessation, Limitation of Alcohol Use, Maintain or Achieve Normal BMI) by the members.	HRH (including Recruitment, Retention & Wellness)

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
47	CCPI	<b>Prevention 2:</b> By June 2013, begin to collaborate with NCDs and other partners to review and amend existing policy (as needed) and develop new policies for prevention targeting four major NCD risk factors. {PIHOA NCD area: Policy}	Share an inventory of current ( <i>cancer</i> ) NCD policy agendas across the region; Participate in meetings to share and discuss collaborations and support for current NCD policy agendas.; ( <i>Participate in</i> ) Collaborative development of policies	Policy
48	CCPI	<b>QOL/Survivorship.4:</b> By June 2014, all jurisdictions will adopt a policy to allow for jurisdiction-, resource- and culturally-appropriate provision of end-of-life care to dying patients {PIHOA NCD area: Policy}	Assist in identifying Technical Assistance resources to assist in each Jurisdiction	Policy
49	PBMA	Advocacy for community education and lobby politicians to support and strengthen ongoing NCD emergency declaration and make legislations and directives to address the present NCD problem.	2. Give presentations to government officials and politicians about the present status of NCD in the region and why they should support and formulate steps to address this problem.	Policy
50	Pharm	Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers	National or Territorial Drug Policy	Policy
51	PPTFI	Reduce the Risk Factors relating to NCD's, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc.	Assist Partners in promulgating policies & rules relating to Clean Door Air Act, SIN Tax, etc.	Policy

**ASSOCIATION OBJECTIVES CLUSTERED BY THEME**

#	Affiliate	Objective	Describe each activity / task we need to do so we can implement the priority strategy	Theme
52	APNLC	To support in the establishment of NCD standards to monitor BMI/Childhood obesity by July 2012.	1. Literature review on available NCD standards (CDC, WHO); 2. Disseminate information to APNLC Board of Directors; 3. Coordinate and Follow up with APNLC Board of Directors; 4. Present draft BMI standards to membership for approval	Practice Standards
53	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	1. Conduct an assessment of NCD (diabetes, CVDs, SRDs, cancer) of lab testing capacities in the USAPI	Practice Standards
54	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	2. Compile a listing of the minimum required lab tests required for the selected NCD tests to be available in each USAPI lab	Practice Standards
55	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	3. Compile the standard required minimum inventory of lab supplies and test reagents for the required NCD tests	Practice Standards
56	AUL	Ensure the availability of lab testing capacities for NCDs in the USAPI	4. Advise AUL partners and PIHOA BoD of the listing of the minimum required lab tests required for the selected NCD tests to be available in each USAPI lab	Practice Standards
57	AUL	Ensure the availability of continuous QA programs for the selected NCD tests	1. Continue to participate in the PPTC or CLIA external quality assessment programs (proficiency test surveys) 2x a year	Practice Standards
58	AUL	Ensure the availability of continuous QA programs for the selected NCD tests	2. Conduct inter-laboratory EQA program (blind test rechecks) among USAPI labs 2x	Practice Standards
59	CCPI	<b>Screening 1:</b> By the end of Year 1, implement, analyze and report on results of an assessment of cancer <i>and chronic disease screening standards &amp; guidelines</i> across the USAPIs. <i>{PIHOA NCD area: Policy}</i>	Participate in a project committee to implement assessment and oversee project; Assist in the development of a survey assessment tool; Assist in collecting, analyzing, and reporting on response data	Practice Standards
60	CCPI	<b>Treatment 1:</b> By 2014, complete a comprehensive assessment in each USAPI to determine current and future on-island and in-region treatment capacity for common cancers and complications of NCDs <i>{PIHOA NCD area: Secondary/Tertiary Prevention and Care}</i>	Provide existing literature, reports, surveys, and previous assessments from all 9 Jurisdictions; Assist in developing a guide/compilation of literature review of existing data and reports; Assist in developing an assessment tool; Assist in implementing the assessment tool, reporting and dissemination of findings	Practice Standards
61	PBMA	Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region.	1. Gather different evidence based guidelines for practice in the prevention and management of NCDs	Practice Standards
62	PBMA	Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region.	2. Adapt and endorse these guidelines to the jurisdictions different medical associations.	Practice Standards
63	PBMA	Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region.	3. Review current practice and gather new evidence-based guidelines for practice in the prevention and management of NCDs. Agree on timeframe for such a review whether yearly, every 2 years, every 3 years, etc.	Practice Standards
64	Pharm	Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers	Good Prescribing and Dispensing Practice; develop policies regarding refills 1) only until next appointment; 2) if missed appointment, make appointment and refill to the date; 3) No refill after six months unless seen by physician	Practice Standards
65	PBMA	With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health work force physician who has NCD.	5. Prepare the data management and analysis system to be used. This should include how to manage data in such a way that anonymity and confidentiality is assured. Number codes could be used and the names linked to the code numbers should only be obtainable within the member association (e.g. YMA, CMA, BMA).	Quality Assurance / Performance Management
66	QA/PIM	Develop performance management plan for Road Map.	Develop performance management plan for Road Map.	(crosscutting)
67	QA/PIM	Assume responsibility of monitoring.	Assume responsibility of monitoring.	(crosscutting)

## **The Mobilization Framework for the NCD Road Map (DRAFT)**

### **The USAPI Health Leadership Council**

The USAPI Health Leadership Council is an inclusive roundtable providing a forum for leading organizations in the USAPI – associations, NGOs, education partners and others – to respond collaboratively to health priorities in the region.

While the scope may broaden or shift over time, the Council is dedicated initially to non-communicable diseases (NCDs) – specifically, to reducing the incidence and impact of NCDs to below crisis level in the region.

### **The shared vision**

The NCD Regional Road Map NCD Regional Plan will serve as the guiding document, with annual strategic plans assigning specific roles and responsibilities to regional organizations.

The Council will have a focus on the Six Building Blocks of Health Systems and the Ten Essential of Public Health, which will be informed by a careful consideration of Culture.

### **Composition**

The Council membership will consist primarily of organizations that are Pacific-based and Pacific-governed with a recognized role in the establishment of health policy. Member organizations should provide one representative each (*e.g., President, Chairman, Executive Director or designated leader*).

Each USAPI jurisdiction will be asked to provide one *ex officio* representative each, appointed by their respective Chief Health Officers.

International development partners (such as the World Health Organization and the U.S. Centers for Disease Control and Prevention) will be asked to serve on a Resource Committee in an advisory capacity.

### **Leadership and operations**

The Council will develop terms of reference and provide ongoing governance.

A Secretariat will be needed to staff Council activities – e.g., scheduling, convening and managing meetings and conference calls.

### **Principles for an effective mobilization framework**

1. Shared vision
2. Open and clear communications
3. Clearly defined roles and responsibilities; effectively apportioned work effort
4. Effective, timely and informed decision-making
5. Data- and evidence-based decision making
6. Effective mechanisms for course correction
7. Strong evaluation

8. Encourages sharing of resources and risk
9. Collectively owned through shared planning and evaluation
10. Maximized resources, skill sets, and capacities of its stakeholders (avoids undue duplication and contradiction, leverages economies of scale, identifies and mobilizes opportunities)
11. Scaled to the magnitude, complexity and urgency of the task (e.g., cross sectorial)
12. Accountable to its target groups(s) – communities, association members, health systems; clear impact on the grassroots (families, individuals, communities)
13. Leverages winnable battles and low hanging fruit (doesn't ignore these for longer term objectives)
14. Clear timelines
15. Sustainable over the long haul (given the time it will take to address the NCD crisis)
16. Respects autonomy at the jurisdictional level

## II. Outstanding questions

1. What's the timeline for establishing the council over the next 30 to 60 days? What needs to be done?
2. What can be done by the end of the day on Friday?

Sample elements of timeline. One month? Three months? Six months?

- a. Drafting of Supporting Sections A & B
- b. Development of evaluation and monitoring plan
- c. Inclusion of missing Associations (their contribution)
- d. First conference call
- e. Next meeting
- f. Election/appointment of Executive Officers (or whatever they get called)
- g. Developing of terms of reference.
- h. Prioritize objectives/actions
- i. Identification of resources for meetings, communications, etc...

### **Terms of Reference: Sample Contents / Issues to Consider**

- i. Vision of Council
- ii. Purpose of Council
- iii. Lifespan of Council (when is its work done?)
- iv. Membership
  1. Kinds of Membership
  2. Qualification of members (who qualifies as a member?)
  3. Responsibilities of Members
  4. Admission of new members
- v. Meetings
  1. Frequency of meetings
  2. Place of meetings
- vi. Officers
  1. Officers
  2. Terms of Office
  3. Vacancies
  4. Responsibilities of Officers
- vii. Election of Officers
- viii. Committees/Advisory Bodies

1. Identification of Committees/Advisory Bodies
  2. Role of Committees/Advisory Bodies
- ix. Secretariat
  1. Identification of Secretariat
  2. Responsibilities of Secretariat
- x. Records and Reports
  1. Maintenance of Records and Reports
  2. Frequency of Reports
- xi. Procedures/Rules
  1. How decisions made (voting / consensus or both?)
  2. Amending Terms of Reference

# Regional Structure

**PIHOA**  
QA/PIM, HIS,  
HRH



***Lords Of The Ring***  
***Aka "Pacific Leadership Council"***

