



Pacific Islands Health Officers Association

Board Resolution #48-01

*“Declaring a Regional State of Health Emergency
Due to the Epidemic of Non-Communicable Diseases
in the United States-Affiliated Pacific Islands”*

The Burden of NCDs

WHEREAS, the United States Affiliated Pacific Islands (USAPI) include American Samoa, Guam, the Commonwealth of Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia (Pohnpei, Chuuk, Yap and Kosrae);

WHEREAS, the USAPI are home to more than 500,000 people, who speak dozens of languages and live on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific time zones, an area significantly larger than the continental United States;

WHEREAS, the leading causes of morbidity and mortality for adults in the USAPI are from non-communicable diseases (NCDs), including obesity, cancer, cardiovascular disease, stroke, diabetes, depression, injury, and arthritis and gout;¹

WHEREAS, the rates of NCDs and their risk factors in the USAPI are among the highest in the world, are rapidly increasing, are epidemic, and include high tobacco use, high alcohol consumption, a genetic predisposition towards obesity, significant environmental and behavioral health barriers to healthy eating and healthy families, a propensity toward injury, and a high prevalence of sedentary lifestyles;²

WHEREAS, NCDs cause a significant loss in longevity, quality of life, and loss to workforce productivity in the USAPI;

WHEREAS, the indigenous people of the USAPI are rich in culture but comparatively small in population; are fragile, isolated and endangered in multiple ways, including economically, socially and environmentally; have endured early decimation due to communicable diseases

contracted shortly after Western contact; and now face decimation and possible extinction due to diseases and changes in climate associated with Western lifestyles;³

WHEREAS, the NCD burden can be expected to worsen significantly over the next generation, due to the comparatively large percentage of youth in the USAPI population and the chronic outmigration of essential skills needed for effective health care;⁴

The Economic Cost of NCDs

WHEREAS, a significant majority of the USAPI health care budgets are consumed by the management and treatment of NCDs;

WHEREAS, the burden of NCDs in the USAPI impedes economic growth and prosperity, due to a sicker workforce and the economic drain of related health care;

WHEREAS, the local, national, and international funding for NCDs is inadequate: The annual health care budgets for the USAPI are a tiny fraction of the US per capita health care expenditure and cannot sustain or manage the costs of an epidemic of NCDs. In addition, funding for health care in the three Compact Nations, including the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia, is inadequate and decreasing annually. The US Federal reimbursement for health care in Guam, American Samoa, and the Commonwealth of Northern Mariana Islands is inadequate and tied to unrealistic expectations of local financial matches. Finally, even within these budgets, there is insufficient *local* USAPI financial commitment to NCDs.

WHEREAS, the USAPI medical systems—given the current and rising rates of NCDs—are unable to manage the health complications of NCDs effectively due to the high cost and infrastructure required for end stage treatment, which include dialysis, cancer surgery, cancer chemotherapy and radiation therapy, intensive cardiac care for hospitalized patient, specialty stroke units, and sub-specialty medical care;

WHEREAS, many residents of the USAPI migrate to other parts of the USAPI and to the United States for medical care that cannot be accessed locally, and this medical migration stresses already burdened health systems in Guam, CNMI and the United States and causes suffering among USAPI families and communities, due to separation and financial strain;

WHEREAS, the cost and complexity of health care in the USAPI are increased exponentially due to the geographic isolation of small islands;

Overall Inadequacy of the Current Response

WHEREAS, many NCDs are preventable and have fewer complications with early intervention;

WHEREAS, many of the risk factors for NCDs can be effectively alleviated with known strategies and models of care;

WHEREAS, the current approach to NCD prevention and control in the USAPI is inadequate and generally ineffective for a variety of reasons, including the limitations of disease-specific donor funding, poor or absent public health planning, insufficient NCD data, ineffective systems of evaluation and quality assurance, weak lab infrastructure, a largely undertrained, under-skilled, and poorly-incentivized workforce, poor coordination and communications, and a misalignment between local priorities and donor funding;

WHEREAS, external funding for health care in the USAPI from the United States and other sources is unbalanced, with significant resources and mobilization dedicated to issues such as bioterrorism and pandemic influenza but comparatively fewer resources, effort and coordination focused on NCDs, a far more urgent issue for the region;

WHEREAS, the USAPI community infrastructure necessary for effective health is not adequate for the challenge of controlling NCDs. Such infrastructure includes sidewalks, dog control, night lighting, bike paths, safe beaches, car control, as well as appropriate preventive and primary services, such as nutrition, health education, community advocacy, school-based programs, and other prerequisites to healthy communities, including those prerequisites that are dependent upon other sectors, such as agriculture, fisheries, education, and trades and industry.

WHEREAS, the current health and education workforce in the USAPI are working hard to address the challenge of NCD but overall lack the numbers, expertise, educational programs, salaries and support systems to effectively address the challenge;

WHEREAS, the United States Institute of Medicine's study on USAPI health and health care, entitled *Pacific Partnerships for Health: Charting a Course for the 21st Century*, made four significant recommendation, none of which have been adequately addressed since their publication in 1998, including:⁵

- 1) Adopting and supporting a viable system of community-based primary care and preventive services.
- 2) Improving coordination within and between the jurisdictions and the United States.
- 3) Increasing community involvement and investment in health care.
- 4) Promote the education and training of the health care workforce.

The Need for a PIHOA Regional Policy on NCDs

WHEREAS, the Board of Directors of the PIHOA is comprised of the Ministers, Secretaries, and Directors of Health of the USAPI;

WHEREAS, PIHOA's mission is to improve the health and well-being of communities in the USAPI by providing through consensus a unified credible voice on health issues of regional significance;

WHEREAS, most USAPI and NCD-related regional health association have NCD plans or strategies; however, the USAPI and their regional bodies still have not spoken with a clear, unified and cross-sectoral voice on the epidemic of NCDs in the region;

WHEREAS, a PIHOA Regional Policy on NCDs, developed in consultation with USAPI health agencies and health-related regional associations, would contribute significantly to focusing and coordinating more effectively the attention and resources of local, national and international agencies and leadership, with regards to the NCD epidemic in the USAPI;

On Declarations of Emergency and Emergency Preparedness and Response

WHEREAS, PIHOA acknowledges that Declarations of Emergency by non-governmental organizations have limited precedent and are not legally binding, though they can be ethically and morally binding;

WHEREAS, declarations of emergency commonly involve a discrete event, the activation of mutual aid, and benchmarks for ending the declaration;

WHEREAS, in the case of NCDs, the *event* is a health catastrophe that is slow moving; *the activation of aid* is a re-assessment, reorganization, and increase of resources that up until now have been fragmented, inadequate, and insufficiently effective; and *the benchmarks for ending the declaration* have yet to be clearly agreed upon and, when defined, are unlikely to be met within the timeframe commonly associated with emergency declarations and within this current generation;

WHEREAS, Emergency Preparedness and Response is often narrowly defined as a community effectively preparing for, and responding to, a discrete disaster event, such as a tsunami, landslide, earthquake or typhoon;

WHEREAS, Emergency Preparedness and Response must *also* be understood as reducing overall human susceptibility to emergencies (fostering healthy people); reducing exposure to emergencies (fostering healthy homes) and increasing resilience in the face of emergencies (fostering healthy communities);

AND WHEREAS, the epidemic of NCDs in the USAPI is both an emergency and a serious impediment to effective emergency preparedness and response in the USAPI;

NOW THEREFORE BE IT RESOLVED, that the Pacific Island Health Officers Association declares a Regional State of Health Emergency among the United States Affiliated Pacific Islands, due to the epidemic of NCDs;

BE IT FURTHER RESOLVED, that PIHOA encourages the Chief Executives in PIHOA member states to proclaim legally-binding national and territorial declarations of health emergency due to the NCD epidemic;

BE IT FURTHER RESOLVED, that PIHOA exhorts local, national, and international agencies and donors to devote the same or greater urgency and resource mobilization to the cause of and response to NCDs in the USAPI, as they have more recently devoted to pandemic influenza and bioterrorism;

BE IT FURTHER RESOLVED, that PIHOA shall develop a clear regional policy on Non-Communicable Diseases; that this policy shall respond effectively to the Declaration of a Regional State of Health Emergency of NCDs; and that this policy shall consist of a set of high level goals and recommendations that will provide voluntary and flexible guidance to PIHOA member states, donor agencies and regional partners, on addressing the epidemic of NCDs;

BE IT FURTHER RESOLVED, that the PIHOA Regional Policy on NCDs shall integrate and harmonize effectively with other regional and local NCD policies and plans;

BE IT FURTHER RESOLVED, that the PIHOA Regional Policy on NCDs shall include benchmarks for ending the Regional State of Health Emergency;

BE IT FURTHER RESOLVED, that the PIHOA Regional Policy on NCDs shall provide clear justification for its goals and recommendations, including clear, accurate and referenced data on NCDs and their impact on the USAPI;

BE IT FURTHER RESOLVED, that the PIHOA Regional Policy on NCDs shall identify whether, when, and how a Regional USAPI Plan for NCDs can and should be developed;

BE IT FURTHER RESOLVED, that this PIHOA NCD Policy shall include, but need not be limited to, recommendations to:

- Health Agencies of PIHOA Member States
- Donor and technical assistance agencies
- National and territorial legislatures
- PIHOA Affiliate Members and other USAPI-governed health-related regional associations
- USAPI Chief Executives, including the Micronesian Chief Executives Summit
- Government agencies and sectors other than health, including but not limited to education, environment, agriculture, fisheries, and parks and recreation.
- Traditional leaders, churches and faith-based organizations, and community groups.

BE IT FURTHER RESOLVED, that the PIHOA Regional Policy on NCDs shall be developed in effective consultation with PIHOA Member States and PIHOA Affiliate Members and other regional associations that are health-related and USAPI-governed, including:

- The Micronesian and American Samoan Chief Executives
- The Association of Pacific Island Legislatures
- The American Pacific Nurse Leaders Council
- The Pacific Basin Medical Association
- The Pacific Basin Dental Association
- The Pacific Substance Abuse and Mental Health Collaborating Council
- The Pacific Islands Primary Care Association
- The Pacific Chronic Disease Coalition
- The Pacific Partners for Tobacco Free Islands
- The Cancer Council of the Pacific Islands

- The Pacific Post-Secondary Education Council
- The Pacific Resources for Education and Learning
- The Secretariat of the Pacific Community
- The Northern Pacific Environmental Health Association
- The Association of USAPI Laboratories
- The Pacific Islands Jurisdictions AIDS Action Group
- The Pacific Islands Tuberculosis Controllers Association

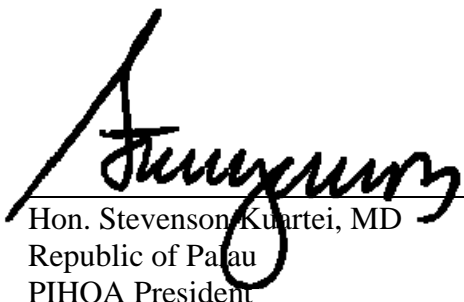
BE IT FURTHER RESOLVED, that PIHOA Regional NCD Policy shall be developed in consultation with other associations from other sectors that are not commonly considered health-related but whose work has a significant impact on NCDs, including regional associations in agriculture, education, fisheries, business, parks and recreations, arts and culture, and other sectors;

BE IT FURTHER RESOLVED, that PIHOA shall identify and work to secure resources necessary for the development and implementation of the PIHOA Regional Policy on NCDs;

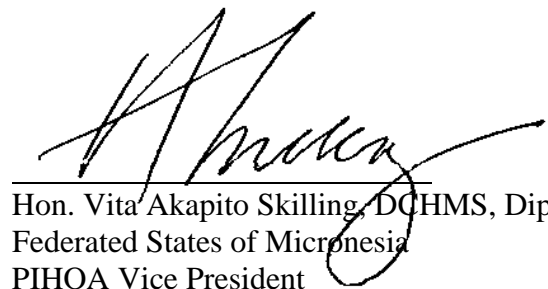
BE IT FURTHER RESOLVED, that the PIHOA Secretariat will integrate all of its priority areas into NCD control, including Human Resources for Health, Quality Assurance and Improvement, Public Health Planning, Laboratory Strengthening, Health Data Systems, and Connectivity, and will report on progress to this end at the 49th PIHOA Meeting;

BE IT FURTHER RESOLVED, that the basic framework for a PIHOA Regional Policy on NCDs shall be completed and submitted to the PIHOA Board of Directors at the 49th PIHOA Meeting, when a timeline for its completion will be identified;

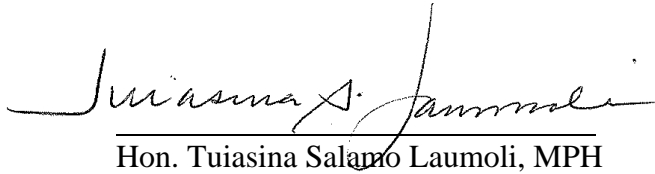
BE IT FURTHER RESOLVED that this resolution will be sent to the Chief Executives of PIHOA Member States; USAPI regional associations identified above; the health committees of national and territorial legislatures in the USAPI; ministers, secretaries and directors of non-health agencies in the USAPI, such as education, agriculture and environment; traditional leaders in the USAPI; local community groups and NGOs, including women's organizations, churches and faith based organizations; international and regional donor and technical assistance agencies, including those for health, education, agriculture and other relevant sectors; appropriate USAPI media; relevant US national associations, such as the Association of State and Territorial Health Officials and the National Association of Chronic Disease Directors; and others, as necessary.



Hon. Stevenson Kuardei, MD
 Republic of Palau
 PIHOA President



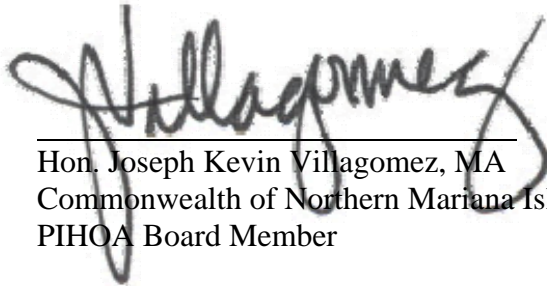
Hon. Vita Akapito Skilling, DCHMS, DipCH
 Federated States of Micronesia
 PIHOA Vice President



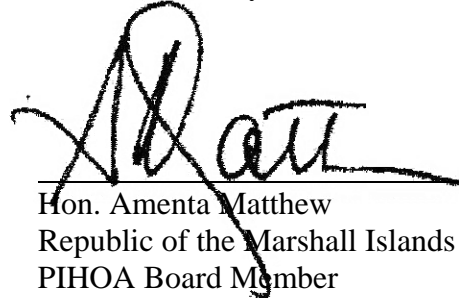
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Guam
PIHOA Secretary



Hon. Joseph Kevin Villagomez, MA
Commonwealth of Northern Mariana Islands
PIHOA Board Member



Hon. Amenta Matthew
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PIHOA Board Member

¹ The NCD mortality rates in the USAPI are indeed among the highest in the world. The prevalence of diabetes among 25-64 year-old adults was 47.3% in American Samoa, 32.1% in Federated States of Micronesia (Pohnpei) and 28.3% in Marshall Islands. The prevalence of hypertension, a kind of cardiovascular disease, was 34.2% in American Samoa, 21.2% in Federated States of Micronesia (Pohnpei) and 15.9% in Marshall Islands. The obesity rates (BMI \geq 30kg/m²) were 74.6% in American Samoa, 44.8% in Marshall Islands and 42.6% in Federated States of Micronesia (Pohnpei). Sources:

- American Samoa NCD Risk Factors STEPS Report, 2007; FSM Risk Factors Steps Report, 2008; RMI NCD Risk Factors STEPS Report, 2007, www.who.int/chp/steps/reports/en/index.html
- Mortality Country Fact Sheets 2006 for Palau, RMI, FSM, World Health Organization Statistical Information System, Mortality Profiles, www.who.int/whosis/mort/profiles/en/

² NCD Risk Factors are also very high:

- Daily tobacco use: 29.9% in American Samoa, 25.5% in Federated States of Micronesia (Pohnpei), and 20.8% in Marshall Islands. In the Pohnpei FSM, 26.9% of the total population chew betelnut daily.
- The number of families that consume less than the recommended five combined serves of fruit and vegetables: 91.1% in Marshall Islands, 86.7% in American Samoa and 81.8% in the FSM (Pohnpei)
- High prevalence of sedentary lifestyles: 64.3% engaging in low Physical Activity in the FSM (Pohnpei), 62.2% in American Samoa and 50% in Marshall Islands
- Binge drinking (i.e., consumed 5 or more standard drinks per drinking day for men, and consumed 4 or more standard drinks per drinking day for women): 49.6% of men and 33.9% of women in American Samoa, 43.6% of men and 34.6% of women in Marshall Islands, and 35.1% for men and 22.0% for women in the FSM (Pohnpei)

Sources:

- American Samoa NCD Risk Factors STEPS Report, 2007; FSM Risk Factors Steps Report, 2008; RMI NCD Risk Factors STEPS Report, 2007, www.who.int/chp/steps/reports/en/index.html

³ The estimated indigenous population of Pohnpei is only 29,900; of Yap, 10,200; of Kosrae, 7,300; of Chuuk, 53,300; of Palau, 14,400; of the Republic of the Marshall Islands, 49,900; of American Samoa, 50,500; of Guam, 57,300; and of the Commonwealth of Northern Mariana Islands, 17,400. 2005 Census for the Republic of Palau; 2000 Census for the Federated States of Micronesia (Pohnpei, Chuuk, Yap, Kosrae); 2000 Census for the Commonwealth of Northern Mariana Islands; 2000 Census for the American Samoa; 2000 Census for Guam; 1999 Census for the Republic of Marshall Islands. www.pacificweb.org

⁴ The percentage of the population nineteen aged years or younger was percent of population of the Republic of the Marshall Islands was 55% for the RMI; 54% for the FSM; 48% for American Samoa; 31% for Palau; aged twenty years or younger was 40% for Guam and 30% for CNMI. For comparative purposes, the percentage of the population of the US aged nineteen years or younger was 28%. (2005 Census for the Republic of Palau; 2000 Census for the Federated States of Micronesia [Pohnpei, Chuuk, Yap, Kosrae]; 2000 Census for the Commonwealth of Northern Mariana Islands; 2000 Census for the American Samoa; 2000 Census for Guam; 1999 Census for the Republic of Marshall Islands. www.pacificweb.org; 2006-2008 American Community Survey 3-Year Estimates for the US Survey; www.census.gov)

⁵ *Pacific Partnerships for Health: Charting a Course for the 21st Century*. 1998. Edited by J. C. Feasley and R. S. Lawrence. Institute of Medicine, Board on Health Care Services and Board on International Health. Washington, DC: National Academy Press.

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