

DECLARATION OF THE STATE OF HEALTH EMERGENCY ON NON- COMMUNICABLE DISEASES IN PALAU



2011

Responding to the NCD crisis in Palau

Non Communicable Diseases crisis is threatening Palau's socio-economic development and the development of the next couple of generations. The response to this crisis requires an urgent "whole of society" approach.

Declaration of the State of Health Emergency on Non-Communicable Diseases in Palau

Purpose

This document is to provide basic information to assist the leaders and people of Palau to declare a state of emergency on the crisis of Non Communicable Diseases (NCDs) or Lifestyle Related Diseases such stroke, heart attack, renal failure, gout, high blood pressure, diabetes, obesity and high cholesterol. These NCDs or NCD related conditions are result of tobacco use, alcohol abuse, inappropriate nutrition and lack of physical activities.

The leading causes of death in Palau are: heart diseases, cancers, strokes and injuries.

Declaring a State of Health Emergency on NCDs

The laws in Palau provide a process for declaring a state of emergency following a disaster that may require immediate declaration of the state of emergency by the President. This declaration of the state of emergency is necessary for acute management of the crisis and to be followed by the approval of Olbiil Era Kelulau 10 days later for a longer management. The current statute is easily applicable when a health emergency is declared for communicable diseases such as the Swine (H1N1, SARS or Avian Influenza (H5N1) where the time frame is shorter. The NCD crisis is chronic in nature and requires a declaration of state of health emergency with longer time frame and different resource mobilization strategies. The time frame with this declaration is 10-15 years to deal with the current adult and young population and to set up strategies to protect the unborn generations.

The Ministry of Health spends at least 55% of its annual budget on managing NCDs

The State of Non Communicable Diseases

Palau's health profile show alarming indicators that the current generation is under siege of the burden of NCDs related tounhealthy lifestyle and choices and healthy policies that were not addressed a generation or so ago. People living in Palau are dying of premature death and are suffering from the dysfunctions related to the NCDs. This generation has the potential to be the first generation to die before their parents because of NCDs.

Between 2005-2009, there were 168 cases of cancers diagnosed in Palau, the number of people registered in Diabetes Registry has gone from 710 to 801 and the number of with heart diseases, kidney impairment, high blood pressure have all increased. There are 36 patients currently on hemodialysis with more than 100 on the renal impairment list. Palau refers about 140 patients a year to both Manila and Hawaii and 90% of them are NCD related. The 8 of the 10 leading causes of death in Palau are related to NCDs with the top four being NCDs.

The prevalence of obesity in our school aged children (33%) and adult (58%); the prevalence of tobacco (29.9% of high school students is highest in the region) and alcohol use among the youth is high and

increasing. All of these risk factors culminate in a Palauan population that is at risk of suffering NCDs or NCD related disabilities in this lifetime. The leading cause of death in Palau is heart disease, cancer, stroke and injuries which are all NCDs. Given these profiles in this and the next few generations are gravely at risk if this issue is not managed in an urgent manner.

Palau continues to have inconsistent policies on imports and locally produced tobacco and alcohol and access to fruits, vegetables and local produce continue to be prohibitive because of its cost and sustained availability. While the facilities for physical activities have improved however, policies that address prevention such as requirement of physical education in schools are not implemented.

Recognizing this sense of urgency, the nations of our region, the United States Affiliated Pacific Islands (USAPIs) have declared a regional state of health emergency on NCD which has been endorsed by the Pacific Islands.

Background

Health indicators in Palau have transitioned from communicable to non-communicable diseases since the 1950s. This is a result of the changes that Palau has gone through over time in its journey toward modernity as access to technologies have led to more sedentary lifestyle; access to high calorie processed imported food, tobacco and alcohol is made easier; and the movement away from traditional lifestyle which required more physical activities and access to traditional foods. The result is the increasing rates of NCDs.

Palau rank 7th fattest country in the world by WHO.

Demographics of this Transition

In 1949, the average blood pressure in Palau was normal at 124/74 (US Navy); in 1970 it was borderline high at 135/83 (Labarthe); and in 2006 it was high at 140/84 (DM Registry). This shows that by the 1970, the average blood pressure was already borderline hypertensive where in 2006, the average blood pressure of all those 800 people registered in the diabetes registry was at hypertensive level.

In 1970 a study done by Reed showed the average cholesterol was normal at about 170 mg/dl but by 2006, the average cholesterol in the DM Registry was 202 mg/dl which was above normal level.

In 1970, Reed also found only 1 person in Ngarchelong with elevated sugar and Palau had 5% hyperglycemia. Currently there are approximately 850 people registered with the Ministry of Health Diabetes Registry and for everyone registered there are 2 unregistered in Palau and that will conservatively make the prevalence rate of hyperglycemia at 16%.

In 1950 the US Navy found that the average Body Mass Index (BMI) in Palau was 24kg/meters squared which was normal weight. In 2003, the rate of overweight among Palauans was 58% of people surveyed (70% of the population).

The 2003 Community Assessment showed low rates of regular physical activities, low rates of vegetable and fruit intake and clearly showed a high prevalence of tobacco use and alcohol drinking.

Definition of NCDs

NCDs are sometimes called chronic or lifestyle related diseases. The top NCDs in Palau are heart disease (cardiovascular diseases), cancers, obesity, stroke due to high blood pressure (hypertension) and hypercholesterolemia, injuries, depression, gout and asthma. The determinants of NCDs are either modifiable or un-modifiable. The modifiable determinants include social determinants (tobacco use, alcohol abuse, poor nutrition and lack of physical activities) and environmental determinants (physical, political, social, economical, cultural, spiritual, behavioral, mental environments). The non-modifiable determinants include age, gender (men are more vulnerable) and genetic, although there is an argument that genetic is modifiable.

Non Communicable Diseases (NCDs) are sometimes called chronic diseases or lifestyle related diseases.

Definition of the NCD Crisis

There are two processes concurrently happening in Palau that are defining this NCD crisis. The first is that the current generation is dying prematurely or losing functionality because of NCDs and this is not improving for the foreseeable future. This is related to the general attitude of disregarding the health message on disease prevention and health promotion. This is threatening our health and national budget and our current human capital. The cost of off-island medical referral, the cost of hemodialysis and the suffering that the burden on NCD is placing on the Palauan family is exorbitant. The second is the risk factors such as obesity, poor nutrition, lack of physical activities and the increasing use of tobacco and alcohol among the children, youth and would be mothers in Palau is threatening the younger and future generation in Palau. Palau does not have the luxury of time to address this in matter in timely manner that would be effective in protecting the young children and the future generations.

Palau's Public Health Vulnerability

Palau's public health is 19.25 times that of the United States. This is calculated using the formula: $PHV = CI \times SE \times GS \times H / P$ where; PHV is public health vulnerability; CI is critical infrastructure; GS is geospatial; H is health and P is preparedness. This vulnerability will increase in this generation and the coming generations if health and preparedness are not addressed. Improving health indicators will decrease the health score (numerator) and increase the preparedness score (denominator) and will in the end reduce our vulnerability score.

There are 4 distinct areas that classify the issue of NCDs as an emergency based on our vulnerability. First, the data show that Palau’s economic and social development is greatly threatened. Second, genetic studies show that our genes changed on our journey here to Palau through several generations so that we can survive when there is not enough food. In these times of plenty, these genes can mutate back to the genes that can handle the times of plenty but we do not have the luxury of time to wait for these genes to mutate back. Thirdly, our history teaches us a lesson on natural resources exploitation in the history of Uab. When our prime agricultural lands are developed and our marine resources are exploited then our own survivability is threatened. For example: Building Ngarachamyong on prime agriculture land, exportation of sea cucumbers, tearing down our rock islands and over fishing our reefs. And lastly, the migration of our worldview away from our own such as language, food, culture and we are only but a generation away losing most of it and do not have the luxury of time. In this regard there is a silent emergency take over our lives in Palau.

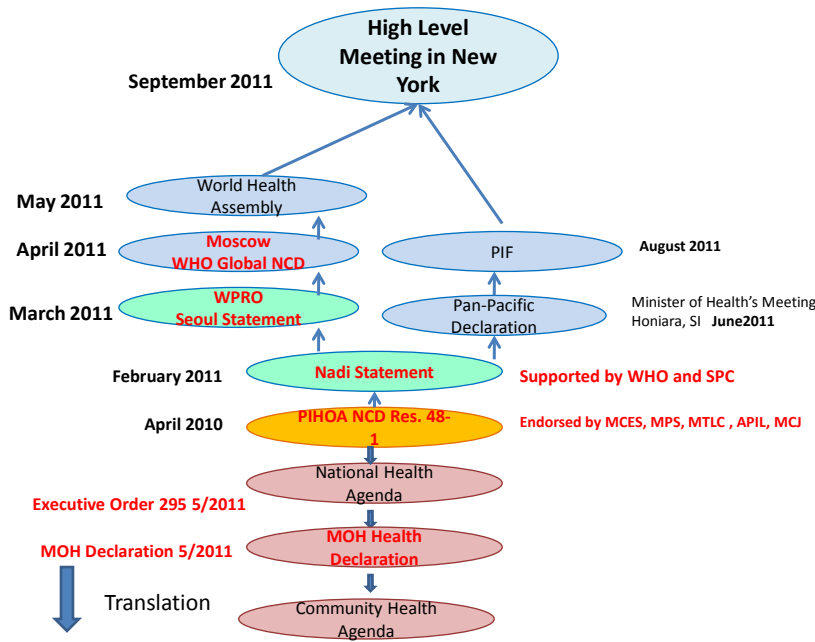
This urgency is defined by socio economic development, genomic studies, natural resource management and worldview migration.

Regional Activities

In April 2010, the Pacific Island Health Officers Association (PIHOA) through a Resolution 48-1 declared as “State of Health Emergency on Non Communicable Diseases on NCD in the USAPIs”.

This declaration has been endorsed by the Presidents, Governors, Legislators, Traditional Leaders and many other associations and entities in the region are considering endorsing it. The Nandi Statement in February of 2011, supported by WHO and SPC declared a crisis in the Pacific and is on its way to the United Nations High Level Meeting in New York in September 2011 through WPRO and WHA. This process has made its way to Honiara, Solomon Island during the Ministers of Health Meeting and on its way to the Pacific Island Forum in New Zealand on August 2011. From there to the United Nations in September 2011. In April 2011, the 50thPIHOA Meeting in Palau put out call to the region that there is an NCD crisis in the region and that we need to “act now” to begin the response to this crisis.

<p>PIHOA Resolution 48-1(April 2010)</p>	<p>Declaring State of Health Emergency on NCDs in the USAPIs which has been endorsed by:</p> <ol style="list-style-type: none"> 1. Micronesian Chief Executives (14th MCES) 2. Micronesian Presidents (10th MPS) 3. Micronesian Traditional Leaders (5th MTLC) 4. Association of Pacific Island Legislatures (51st APIL) 5. Pacific Judicial Council Conference (20th Anniversary)
<p>Nandi Statement (February 2011)</p>	<p>Statement on the NCD Crisis in the Pacific Island Countries and Areas.</p>



National, Regional and International Activities

The Cost of Managing NCDs

The most conservative estimation of the cost of managing NCDs by the MOH is 55% of its total budget. Approximately \$8,104,044 (out of \$14,659,570) is spent on NCDs and this is more than the local budget allocation for the Ministry of Health. The total burden NCD can't be well quantified at this time as there is a need to evaluate the private sector expenditure, the cost absenteeism and loss of functions. It is projected that by the year 2020, if nothing is done, 80% of MOH's budget will be spend on NCDs or NCD related problems.

Looking into the Future with the Declaration of the State of Health Emergency on NCDs

The future of Palau is "Healthy People in Healthful Environment" or more directly translated, "Healthy People of Palau in Healthful Palau". The achievement of this vision includes addressing acutely and chronically the burden of NCDs as a priority with an understanding that health systems strengthening, re-invigorating primary health care and re-vitalizing the health setting concept will in the long run enhance the rest of the health sector. Palau's health is best managed by the society at large and this must be the central strategy as we set our course into the future in responding to this crisis as we move into a national declaration of the state of health emergency on NCDs for the 10-15 years.

Immediately

- Ministry of Health will:
 - Declare a State of Health Emergency within the MOH(done MOH Policy 4-2011)

- Implement an Incident Command System for management of this Declaration. **(done 5/2011)** Palau Medical Society is the Incident Commander.
- Utilize the Moscow Declaration to guide the design and implementation of strategies within the Ministry of Health, National and International Level that may include the following.
 - Align MOH activities to appropriately respond to this crisis including the response to NCDs in the emergency room, outpatient department, in patient wards and community posts.
 - Improvement administrative support, ancillary services (lab, radiology, physical therapy etc.) to support this crisis.
 - Actively provide NCD related education through the College of Health to bring the staff to a level of NCD knowledge for us to be effectively managing this crisis.
 - Begin the process realigning its policies in health promotion, health protection and advocacy in dealing with the burden of NCDs. Example: A policy on healthy food procurement with any government funding, strengthening the chew free zone until it is 100% effective, provide incentives for weight loss, Integrated Environmental Approach to Wellness implementation and others.
 - Provide support for other agencies that may require technical assistance in integrating NCD strategies into their activities and plans.
 - Mobilize regional and international support that may be needed to support this national NCD integration process.
- Declare State of Health Emergency within MOH through an Executive Order **(done Executive Order No. 295)**
- Pursue a legal declaration of the state of health emergency on NCDs over 10-15 years to involve the “whole of society”.

Intermediate Term

- Nationalize the Declaration through the establishment of the NCD National Emergency Committee to oversee the implementation of NCD related strategies across various sectors.
- Economic impact assessment on NCD and developing national benchmarks to be followed over time.
- NCD surveillance system that looks at providing timely interval data necessary to monitor and manage the crisis. Surveillance system to include monitoring the diseases and risk factors of NCDs.
- Develop an integrated plan of action for dealing with NCD in manner that truly handover its management to the “whole of society”. This process will require reviewing and augmenting the MTDS.

Long Term

- Mobilize through the declaration funding from taxes on fat, sugar and sodium contents of food items and portion of sin taxes on tobacco and alcohol to support NCD prevention efforts.
 - Develop a community based non-profit NCD Prevention Center to support prevention of NCDs. Example is the proposed LIFE Center. LIFE Center is a lifestyle center that will concentrate on developing the communities to pursue, possess and apply the appropriate knowledge to prevent NCDs. This program will be linked to the Public Health associate degree at PCC and a Healthy Tourism Program through the states of Palau.

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Attachments:

1. Executive Order No. 295 Declaration of State of Health Emergency on NCDs in MOH. (May 2011)
2. Ministry of Health Policy 4-2011. Declaration of the State of Health Emergency on NCDs. (April 2011)
3. Honiara Communique on the Pacific NCD Crisis (June 2011) - Draft
4. World Health Assembly NCD Document to the HLM (May 2011)
5. Moscow Declaration: Global Meeting on NCDs (April 2011)
6. Seoul Declaration: WPRO Meeting on NCDs (March 2011)
7. Nadi Statement on the Crisis of NCD in the Pacific Island Counties and Areas (February 2011)
8. PIHOA Resolution 48-1: Declaration of the State of Health Emergency on NCDs by PIHOA (April 2010)
 - a. Endorsed by the Micronesians Chief Executives (14th MCES)
 - b. Endorsed by the Micronesians Presidents (10th MPS)
 - c. Endorsed by Association of Pacific Island Legislatures (51st Meeting)
 - d. Endorsed by Micronesian Chief Justices (20th Meeting)
 - e. Endorsed by Micronesian Traditional Leaders (5th MTLC)
9. Letter to PIHOA on NCDs (February, 2010)
10. LIFE Center (July, 2010)