2025-2030

STRATEGIC PLAN FOR NCD PREVENTION & CONTROL

Republic of Palau

April 2024

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MESSAGE FROM THE PRESIDENT OF THE REPUBLIC OF PALAU

SURANGEL WHIPPS, JR.
President

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OFFICE OF THE PRESIDENT

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Message from President Surangel S. Whipps, Jr.



Alii!

I am happy to endorse the Republic of Palau's Non-Communicable Diseases (NCDs) Strategic Plan 2025-30, a significant initiative dedicated to improving the health of the people of Palau.

Non-communicable diseases remain among the leading causes of death of our population, and the strategic plan strengthens public health response to the crisis.

The NCD program directly addresses pressing health challenges such as obesity, diabetes, and cardiovascular diseases. It embraces a comprehensive approach to prevention, early detection, and management of chronic conditions. Through awareness campaigns, promotion of healthy lifestyles, and accessible healthcare services, we aim to reduce the prevalence and severity of NCDs in Palau.

Our healthcare professionals and staff are committed to providing high-quality care and support to individuals and families affected by NCDs. Their dedication to public service ensures the successful implementation of the strategic plan.

The NCD program offers numerous benefits for Palau, including improved overall health and quality of life for citizens, reduced prevalence and severity of NCDs, increased awareness of healthy lifestyles, and accessible healthcare services.

On behalf of the people of Palau, I extend our heartfelt gratitude and appreciation to the Ministry of Health and Human Services for leading the charge in addressing this critical health issue. Your unwavering efforts have undoubtedly contributed to a healthier and more vibrant Palau.

With your support, the NCD program will continue to make a lasting difference in the lives of our people. Together, we can create a healthier, happier Palau.

For more information or to get involved in the NCD program, please contact the Ministry of Health and Human Services.

Sincerely,

Surangel S. Whipps, Jr.
President of the Republic of Palau

MESSAGE FROM MECHESIL BELAU

Message from Mechesil Belau

On behalf of the Mechesil Belau, it is my honor to extend our full endorsement and support for the Palau Non-Communicable Diseases (NCD) 5 Year Strategic Plan.

For generations, our organization has been dedicated to promoting healthy lifestyles through education and advocacy on healthy eating, mental health, and family wellness within our communities. Our longstanding partnership with the health sector has been a testament to our commitment to the well-being of our people. The Palau NCD 5 Year Strategic Plan aligns perfectly with our mission to foster a healthier, more resilient Palau.

The comprehensive approach outlined in the plan, including preventative measures, community education, and improved access to healthcare services, is crucial for addressing the growing burden of non-communicable diseases in Palau. We are particularly pleased to see the emphasis on dietary health and mental wellness, areas where our organization has been particularly active and where we can provide continued support and collaboration.

We believe that by working together, we can inspire positive change and significantly improve the health outcomes of our community. We commit to leveraging our resources, knowledge, and community connections to assist in the successful implementation of this strategic plan. Together, we can create a healthier future for our people, preserving the strength and vitality of our communities for generations to come.

For the Mechesil Belau:



Bilung Gloria Salii

MESSAGE FROM THE MINISTER OF HEALTH AND HUMAN SERVICES

Ministry of Health & Human Services

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I am pleased to endorse the Republic of Palau Non-Communicable Diseases (NCDs) Strategic Plan of 2025-2030, including a comprehensive focus on mental health. This plan represents a pivotal step in addressing the growing burden of NCDs and ensuring holistic well-being for our population.

Non-communicable diseases, such as cardiovascular diseases, diabetes, cancer, and respiratory conditions, along with mental health disorders, constitute a significant portion of our health challenges. Addressing these health challenges requires a comprehensive and coordinated approach.

Our strategic plan outlines targeted interventions, innovative prevention strategies, and robust support systems to manage and mitigate these conditions effectively. It emphasizes the importance of a multi-sectoral response, involving stakeholders from health, education, justice, and beyond. By focusing on promoting healthy lifestyles, improving healthcare systems, and ensuring equitable access to essential services, we can make significant strides in reducing the impact of these diseases.

Central to our approach is the integration of mental health services, recognizing the central link between physical and mental well-being. By promoting mental health alongside other NCDs, we aim to foster a supportive environment where individuals can thrive both physically and mentally.

I urge all stakeholders to actively participate in the execution of this plan and to remain steadfast in our collective goal of achieving a healthier future for all Palauans. Through our shared dedication and unwavering commitment, we will make significant strides in reducing the prevalence of non-communicable diseases, improve health outcomes and enhance the quality of life of our nation.

Gaafar J. Uherbelau
Honorable Minister of Health & Human Services

MESSAGE FROM COMMUNITY PARTNERS

Message from Community Partners

We are delighted to join government leaders and partners in endorsing the 2024 Strategic Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs). In Palau, both the government and civil society are united in recognizing that NCDs pose one of the most significant challenges to the sustainable development of our islands. We believe that NCDs can only be effectively addressed through collaborative efforts between the government and the community.

This Strategic Action Plan is aligned with global and regional NCD targets and incorporates cost-effective intervention strategies as recommended by the World Health Organization, the US Centers for Disease Control and Prevention, the Secretariat of the Pacific Community, and the Pacific Islands Health Officers Association. The plan focuses on the four main risk factors fueling our NCD epidemic: poor diet, insufficient physical activity, tobacco/nicotine use, and the harmful use of alcohol. Noteworthy consideration is given mental health acknowledged as co-existing with noncommunicable diseases and sharing many risk factors. The plan also emphasizes that addressing these risk factors requires both healthier individual choices and collective actions by the government and communities to make healthier choices the easy choices. This can be achieved through health-promoting policies and environments (homes, schools, workplaces, distributers, eateries, churches, and public gathering venues) that foster a unified, holistic message of health and wellness.

Community partners have been fully engaged with the Ministry of Health and Human Services in developing this plan from the initial decision to move forward, to organizing the NCD Strategic Planning Workshop, and through the many hours of follow-up needed to refine the recommendations. As community partners, we are committed to ensuring the full implementation of the plan. Only through our collective efforts can we hope to attain health for all and generations to come.

Valerie Whipps
First Lady of the Republic of Palau
Chairperson, Coalition for a Tobacco Free Palau

Phnom Temengil
Co-Founder, Kotel A Deurreng

Lue Cee Kotaro
Chairperson, Belau Cancer Society

Elenita Brell
Chairperson, Palau Behavioral Health Advisory Council

Tessy Nobuo
President, Omekesang Association

Jose Mario Retamal
President, The Filipino Community in Palau

ACKNOWLEDGEMENTS

The Republic of Palau's Strategic Plan for Non-Communicable Disease (NCD) Prevention and Control 2025- 2030 emerged from the joint efforts of multiple stakeholders from the community, working together with the public and private sectors. The Ministry of Health and Human Services (MHHS) spearheaded the strategic planning process with support from a group of facilitators from the Association of State and Territorial Health Officials (ASTHO), the National Network of Public Health Institutes (NNPHI), the Hawai'i Public Health Institute (HPHI) and the Guam State Epidemiological Outcomes Workgroup (SEOW). The various agencies, institutions, and organizations that contributed to the creation of this plan include the following (Note: The participants list is provided as Annex 1):

Institution/Agency/Organization	
Government Agencies	**Cheldebechel (Community Groups)**
Office of the President, ROP	Palau National Olympic Committee
Office of the Vice-President	Palau Swimming Association/Palau Aquatics Federation
Rubekul Belau/Council of Chiefs	Palau Parents Empowered
Mechesil Belau	Peace Winds Palau
The Senate, Olbiil Era Kelulau	PW NCD Free Club
Governors Association	Sonsorol State Women's Organization
Ministry of Education	The Angel Center
Ministry of Human Resources, Culture, Tourism and Development	The Filipino Community in Palau
Ministry of Finance	Various members of the public
Ministry of Justice	Youth with a Mission
Ministry of Public Infrastructure and Industries	**Education Institutions**
Ministry of Agriculture, Fisheries and the Environment	Meyuns Elementary School
Ministry of State	Palau Community College
Ministry of Health and Human Services	Palau Community Action Agency
Office of Environmental Response and Coordination	Palau Seventh Day Adventist School
State Governments/Legislatures	PEC Gospel Kindergarten
Palau Climate Change Office	Mindzenty High School
Palau Community Health Centers Governing Board	**Faith-based Organization**
Palau Parole Board	Apostolic Foundation Church
Palau Visitors Authority	Palau Evangelical School System
Cheldebechel (Community Groups)	**Media**
Association of Maternal and Child Health Programs	Palau Media Council
Bangladesh Association	Oceania TV News
Belau Cancer Society	**Health service providers**
Belau Employers and Educators Alliance	Belau National Hospital
Belau Foreign Spouses Society	Community Health Worker Trainees
Belau Medical Center Wellness	Palau Nurses Association
Belau National Museum	West Care Pacific Islands, Inc.
Bungelkesol	**National, Regional, Bilateral and International Partners**
Coalition for a Tobacco Free Palau	Association of State and Territorial Health Officials
Eldebechel Ra Ngarablod	Guam State Epidemiological Outcomes Workgroup
Kotel A Deurreng	Hawai'i Public Health Institute
Johanna Ngiruchelbad Services	Japan International Cooperation Agency
Ngarachamayong	National Network of Public Health Institutes

Omekesang	Taiwan Technical Mission
Palau Aging Council	United Nations Office
Palau Behavioral Health Advisory Council	United Nations Economic and Social Commission for Asia and the Pacific
Ngerbuns Club	Palau Formosa Livestock Association
Ngesechel a Sils rar Blechoel ngara Yolt	Palau Taiwan Farmers Association

EXECUTIVE SUMMARY

Palau's battle against noncommunicable diseases (NCDs) is ongoing, as the threats to health and development are persistent and formidable. Palau is committed to sustainable development, but sustainable development requires healthy people. Today, the greatest threats to the health of Palau's people, and therefore, to Palau's sustainable development, are NCDs.

The 2015-2020 NCD Prevention and Control Strategic Plan was extended to 2023 due to the COVID pandemic. Now that the implementation period has ended, the data demonstrate improvements in youth tobacco and alcohol use, and fruit and vegetable consumption. Conversely, mortality from NCDs, adult smoking prevalence, salt intake, fruit and vegetable consumption, and the prevalence of high blood pressure, high blood sugar and overweight/obesity among adults worsened over time, with the latest data trending further from the 2020 targets. In analyzing the reasons for these, the data indicate that where sound policies and strong programs have been implemented, risk factor prevalence rates have declined. In contrast, where policies and programs were weak or non-existent, risk factor prevalence worsened. Clearly, the data underscore the critical role of effective policies and programs in changing behavior patterns to reduce the risk of NCDs, highlighting the importance of investing in sound policy and program interventions for the new Plan.

This strategic plan of action, evolving from a diverse group of stakeholders, provides the vehicle to move Palau away from the current unhealthy situation brought on by NCDs, towards a vision of "healthy communities in a healthy Palau, with people living long, happy and purposeful lives." The priority areas of action have been augmented to include mental health, which is inextricably linked to NCD prevention and control. Multisectoral partnerships, political and cultural leadership and community mobilization are necessary to drive this plan into action for a healthier and richer Palau. The key lies in the strength of implementation, and the leadership of the National Coordinating Mechanism (NCM), established in 2015 to address the NCD epidemic, will be crucial in determining how effectively Palau is able to counter the greatest threat to its health and development.

Participants at the Palau NCD Progress Dissemination and Strategic Planning Workshop, April 2024



(Photo credit: MHHS)

BACKGROUND



A BRIEF HISTORY OF NCD PREVENTION AND CONTROL IN THE REPUBLIC OF PALAU

Palau's battle against noncommunicable diseases is ongoing, as the threats to health and development are persistent and formidable. Nearly 3 decades ago, in 1995, Palau joined the other Pacific Island Countries and Territories (PICTs) in articulating the "Healthy Islands" vision at the first meeting of the Pacific Ministers of Health in Yanuca, Fiji. [1] Over the years, this vision evolved towards a focus on health protection, health promotion, and creating healthy environments and lifestyles in response to the rapidly burgeoning NCD epidemic. The World Health Organization (WHO) international Framework Convention on Tobacco Control (FCTC) came into force in 2005, with Palau as one of the first 40 signatories to the treaty.[2] In 2010, Palau and other United States-affiliated Pacific Islands (USAPIs) urged the Pacific Island Health Officers' (PIHOA) Association to declare NCDs as an emergency in the USAPIs. [3] This declaration of the state of emergency was extended to the rest of the Pacific in 2011 at the Honiara, Solomon Islands WHO Pacific Ministers of Health meeting, and elevated to the highest political level at the Pacific Forum Leaders' 2011 meeting.[4] In September 2011, the United Nations (UN) convened a global summit on NCD prevention and control; Member States, including Palau, unanimously endorsed the UN High-Level Political Commitment on NCDs.[5] At the national level, Palau issued Executive Order No. 295 in May 2011, declaring a state of emergency on NCDs in Palau and calling for immediate action to reduce and eliminate the incidence of NCDs.[6]

From 2011 to 2013, Palau worked with several technical assistance providers, including the US Centers for Disease Control and Prevention (CDC), WHO, the Secretariat for the Pacific Community (SPC), and others, to initiate a planning process towards a national NCD strategic action plan. Meanwhile, following the 2011 UN High-level Political Commitment to NCD prevention and control, Palau joined other WHO Member States in adopting 9 global voluntary NCD targets and 9 Pacific NCD targets and endorsing the WHO Global Action Plan and the Regional NCD Roadmap. In September 2013, at the 68th Regular Session of the United Nations General Assembly (UNGA), the President of the Republic of Palau called on the UNGA to focus on NCDs and tobacco control as critical issues in the sustainable development goals.[7]

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[1] World Health Organization. Healthy Islands: The healthy islands story. Available at: https://www.who.int/westernpacific/about/how-we-work/pacific-support/healthy-islands

[2] WHO FCTC Secretariat. WHO Framework Convention on Tobacco Control Parties. Available at: https://fctc.who.int/who-fctc/overview/parties

[3] PIHOA. NCD regional health emergency. Available at: https://www.pihoa.org/ncd-regional-health-emergency/

[4] WHO Western Pacific Regional Office. Using emergency powers to mobilize improved and whole-of-society action on NCDs: The case of Palau. 2013. Available at: https://iris.who.int/bitstream/handle/10665/208139/9789290616436_eng.pdf?sequence=1&isAllowed=y

[5] United Nations General Assembly. Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of Non-communicable Diseases. 2011. Available at: https://documents.un.org/doc/undoc/ltd/n11/497/77/pdf/n1149777.pdf?token=nVQ5pXrlLfQZRwHsED&fe=true

[6] Republic of Palau. Executive Order No. 295: Declaring a state of health emergency on noncommunicable diseases. 2011. Available e at: https://www.pihoa.org/wp-content/uploads/2019/08/Palau-NCD-Declaration-Ex-295.pdf

[7] Republic of Palau. 2013 UNGA Remarks of President Tommy E. Remengesau, Jr. 2013. Available at:

In 2014, a multi-sectoral body of stakeholders convened to create the first Republic of Palau NCD Prevention and Control Strategic Plan of Action 2015-2020.[8] The participants from the NCD prevention and control strategic action planning workshop recommended the establishment of a national NCD multi-sectoral coordinating body or mechanism to ensure oversight, mobilization of political commitment and resources, and coordination of implementation of the action plan. In May 2015, the NCD stakeholders witnessed the official launching of Palau's NCD Plan and the creation of the National Coordinating Mechanism for NCDs (NCM), as established by Executive Order #379.[9] Simultaneously, the Palau Legislature passed RPPL 9-57 (as amended by RPPL 10-9 & RPPL 11-8), allocating 10% of the alcohol and tobacco taxes for NCD prevention and health promotion activities in Palau.[10] One of the tasks of the NCM is to administer the "Healthy Communities, Healthy Palau Initiatives", where community organizations are supported to implement NCD prevention and control programs or projects, with funding from alcohol and tobacco tax revenues. The NCM subsequently established Working Groups (WGs) for each of the four major NCD risk factors (alcohol, tobacco, physical inactivity, poor diets); a fifth on metabolic risk factors (obesity, hypertension, raised blood glucose, and high lipids); a monitoring and evaluation workgroup; and a five-member Secretariat. These working groups provide the organizational infrastructure for implementing annual action plans and meet between the quarterly NCM meetings.

Midway between the implementation period of Palau's NCD Strategic Action Plan, in 2018, NCD stakeholders re-convened to review progress, using the results of the 2017 Palau Hybrid Survey and other data updates. The progress assessment guided the identification of priority actions for the remaining 2 years (2018-2020). [11] The COVID pandemic delayed the gathering of stakeholders to create a new Palau NCD Plan after 2020, and the 2018 update was extended until this strategic planning workshop from April 9-11, 2024. In the meantime, Palau's President Surangel Whipps, Jr. issued Executive Order No. 484 (Annex 2), reconstituting the NCD National Coordinating Mechanism, and updating the operational goals, functions and responsibilities, membership and organization of the NCM, setting the foundation for a new action plan.[12]

We are all in it together

The Honorable Gaafar Uherbelau
Minister of Health and Human Services

"Our multisectoral and multistakeholder task force on NCDs in Palau gives us an upstream perspective on NCDs and their risk factors. Yet, we also need to look upstream in our health system and continuously realign and reorganize ourselves to ensure we remain effective in our efforts to remain one step ahead of the NCD crisis"

Remarks at the 2023 Multistakeholder Gathering on NCDs, 20 September 2023; available at: https://knowledge-action-portal.com/en/news_and_events/news/8132

[8] Republic of Palau. Noncommunicable prevention and control strategic plan of action 2015-2020. 2015. Available at: https://www.palauhealth.org/files/FinalDraft-PalauNCDPlan_complete%20pages-dc%20(Low%20Res).pdf

[9] Republic of Palau. Executive Order No. 379: To create a National Coordinating Mechanism to facilitate and coordinate the Government of the Republic of Palau's efforts to combat the occurrences and impacts of noncommunicable diseases in the Republic of Palau. 2015. Available at: https://www.pihoa.org/wp-content/uploads/2019/08/Palau-Executive-Order-No-379.pdf

[10] Ninth Olbiil Era Kelulau. RPPL No. 9-57. 2015. Available at: https://assets.tobaccocontrollaws.org/uploads/legislation/Palau/Palau- RPPL-No.-9-57-native.pdf

[11] Palau Ministry of Health. NCD Action Plan progress assessment and update. 2018. Koror: MOH. Hard copy version available from Palau MHHS.

[12] Republic of Palau, Office of the President. Executive Order No. 484: To reconstitute the National Coordinating Mechanism to facilitate and coordinate the Gov't of the Republic of Palau's efforts to combat the occurrences and impacts of NCDs in the Republic of Palau. July 2023.

WHY PALAU NEEDS HEIGHTENED ACTION TO COMBAT NCDS

Palau is committed to sustainable development, but sustainable development requires healthy people. Today, the greatest threats to the health of Palau's people, and therefore, to Palau's sustainable development, are NCDs. Currently, NCDs cause nearly 80% of deaths[13], and have lowered Palauans' life expectancy. The health burden is considerable, straining the health care system, and because of the chronic nature of NCDs, the health burden is expected to increase as the population ages.

Heart disease, stroke and cancer claim the greatest number of lives among working age people. Without action, premature death, productivity losses and the high cost of health care due to NCDs will erode gains in health and socio-economic progress. The economic burden of NCDs affects individuals, their families, and the national economy. Palauans and their families bear the burden of out-of-pocket NCD-related medical expenses, which can be significant. Persons afflicted with NCDs often have diminished work capacity, further aggravating the financial compromise by reducing their ability to earn money. Family members of NCD patients may also have to leave the workforce to care for their sick relatives, further diminishing the labor pool.

At the societal level, the high prevalence of NCDs contributes significantly to already high and still rising public expenditure on health in Palau, raising questions about long-term financial sustainability. NCDs are a major driver of overseas medical referrals: presently, Palau's health infrastructure does not have all the facilities and specialized personnel to treat more complicated cases of cancer, heart disease, diabetes or other NCDs. Overseas medical referrals for NCDs comprise a significant and often fast-growing component of the government's health expenditure that benefits only a small fraction of the population while depleting funds for local health care. Projections by the World Bank indicate that if unabated, the economic burden of NCDs is projected to increase significantly by 2040, reducing Palau's Gross Domestic Product (GDP) by 5- 6%.[14]

Palau's health and economic future are inextricably linked to its ability to effectively counter the rising prevalence of NCDs. This is reaffirmed in the 2023 Bridgetown Declaration on NCDs and Mental Health, with Palau as an active participant, calling upon all Small Island Developing States (SIDS) to take bold action "to accelerate progress in SIDS to, by 2030, reduce by one-third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promote mental health and well-being, in line with the 2030 Agenda for Sustainable Development."[15]

Fortunately, NCDs can be prevented by reducing the prevalence of its risk factors. The challenge is in selecting those proven interventions to shape the policy, sociocultural, physical, and fiscal environment to influence community behavior. The WHO "Best Buys"[16] and the Pacific NCD Roadmap[17] outlined in the first Palau NCD Strategic Plan identify key strategic action areas for effective and feasible strategies to mitigate the NCD epidemic. Selecting the relevant priority actions for Palau and working collaboratively to implement them fully will be vital to ensuring the country can safeguard the health of its people and attain sustainable development.

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[13] Republic of Palau. Pathway to 2030: 1st Voluntary National Review of the SDGs. 2019. Available at: https://sustainabledevelopment.un.org/content/documents/23606VNR_FINAL_21June2019_UN_Version.pdf

[14] World Bank. 2017. Pacific Possible: Long-term Economic Opportunities and Challenges for Pacific Island Countries. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO

[15] WHO. 2023 Bridgetown Declaration on NCDs and Mental Health. Bridgetown, Barbados: WHO; 2023. Available from: https://www.who.int/publications/m/item/2023-bridgetown-declaration-on-ncds-and-mental-health

[16] WHO. NCD "Best Buys" and other effective interventions. 2018. Geneva: World Health Organization.

[17] World Bank. Non-communicable disease (NCD) roadmap report. Washington, DC: World Bank Group; 2014. Available from: http://documents.worldbank.org/curated/en/534551468332387599/pdf/893050WP0P13040PUBLIC00NCD0Roadmap.pdf

METHODOLOGY AND WORKSHOP OBJECTIVES

During the planning phase, members of the MHHS coordinated with facilitators from ASTHO, NNPHI, Hawai'i PHI and Guam SEOW to develop the workshop agenda. It was agreed to retain the current structure of the NCD Plan across the five action areas that encompass behavioral and metabolic risk factors:

- Reducing tobacco consumption (smoking/chewing tobacco with betel nut) and e-cigarette use
- Reducing harmful alcohol use
- Reducing physical inactivity
- Improving nutritional intake and,
- Reducing the prevalence of metabolic risk factors that precede the major NCDs.

The workshop objectives were:

- Review the results of the hybrid survey data and other new data with key NCD stakeholders in relation to the NCD Strategic Plan 2015-2020
- Determine overall progress in implementing the NCD Strategic Plan 2015-2020 and,
- Use the progress assessment to set future strategic actions and develop a new 5-year work plan (2025-2030) that builds on the previous plan to accelerate action against NCDs and its risk factors.

The 2 ½ day workshop utilized a mix of plenary didactic sessions, and participatory group work to achieve the objectives. Current data, including results from the 2023 Palau Hybrid survey were reviewed, and participants were provided with individual copies of the survey report. An open forum permitted the audience to ask questions about the data, and stimulated a discussion of the advantages and disadvantages of the various data sources and surveillance mechanisms that are operational in Palau.

On Day 1 of the workshop, participants self-selected based on their area of interest and expertise into one of five groups representing the five action areas in the 2015-2020 Plan. Facilitators guided the participants through an initial set of exercises that applied the current data to assess progress along the targets and outcome indicators of the NCD Plan. Participants also evaluated progress across the specific objectives under each of the five Palau NCD Plan action areas. Specific objectives, strategic actions and targets were gauged as to level of achievement. At the end of the session, participants reflected on possible factors to account for success or lack of progress in reducing NCD risks.

The succeeding group activities were facilitated using a series of strategic planning exercises. A SWOT (Strengths, Weaknesses, Opportunities and Threats) assessment established the current situation for each of the NCD action areas. On Day 2, participants reviewed their progress assessment and SWOT analyses to revise or create new objectives, actions, and targets. This was followed by a prioritization exercise to select priority objectives for the next 5 years (2025-2030), ensuring alignment with the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) model. The final group work for Day 2 consisted of developing a 5-year work plan for the selected priority objectives, identifying strategic actions/activities, timelines, and responsible persons/groups to achieve progress.

On Day 3, groups reflected on potential risks and identified mitigation strategies, followed by brainstorming on key performance indicators to monitor progress and measure success. Groups presented their

work to the rest of the participants by reporting out during plenary sessions or through a “gallery walk” with written comments/feedback. The workshop ended with a summation and next steps.



(Photo credit: Dr. Annette M. David)

RESULTS

PROGRESS TOWARDS THE 2020 NCD RISK FACTOR TARGETS

At the first NCD Strategic Planning Workshop in 2014, there were limited data on adult risk factor and NCD prevalence. A hybrid survey using elements from the US CDC BRFSS and the WHO STEPS was conducted in Palau in 2016. The preliminary results from the hybrid survey were released at a data dissemination workshop conducted in 2017[18], and the findings were used in the progress assessment conducted in 2018. A second iteration of the Hybrid Survey was completed in 2023.[19] The final results of the survey are now available, together with results from the 2021 Youth Risk Behavior Survey (YRBS)[20] and the 2022 Palau Youth Tobacco Survey (PYTS).[21] The data provide an objective means to assess progress now that the Plan's implementation period has ended.

The following table summarizes the data for selected indicators for NCD behavioral and metabolic risk factors risk factors. Adult data in 2014 were derived from Palau STEPS (Stepwise Approach to NCD Risk factor Surveillance) Survey; subsequent data were taken from the 2016 and 2023 Palau Hybrid Survey. Youth data were based on 2011 and 2021 YRBS surveys and 2022 PYTS, with baseline data on chewing and smokeless tobacco use taken from the Palau Youth Tobacco Survey (YTS) 2009.

The "Status" column is color coded: **red** if the data worsened from baseline and the target was unmet, **yellow** if it was unchanged or if it improved over time but not sufficiently to meet the target and **green** if it improved from baseline and met the target.

Table 1. Selected NCD indicators, change over time and comparison to targets set in the 2015-2020 Plan

Indicator	Baseline (2014/2015)	Mid-term (2018)	Target (2020)	Today	Status
Mortality					
Mortality attributed to cardiovascular diseases, cancer, diabetes, and COPD*	70%	80%	25% reduction by 2025	?	
Tobacco Use					
Overall smoking prevalence, adults	17%	20.6%	12%	20.8%	
Overall chewing betel nut with tobacco, adults	54.2%	46.2%	28%	41.2%	
E-cigarette use, adults**	---	1.7%	---	1.7%	
Overall smoking prevalence, youth	41%	46.8%	29%	23.6% (2021 YRBS HS) 19.5% (PYTS 2022, HS)	

[18] Palau Ministry of Health. Palau Hybrid Report 2017. 2017. Available at: https://www.palauhealth.org/MOHpages/MOHReports1.aspx

[19] Palau Ministry of Health and Human Services. Palau Hybrid Report 2024. 2024. Hard copy version available from MHHS. https://www.palauhealth.org/MOHpages/MOHReports1.aspx

[20] Palau Ministry of Education. Palau Youth Risk Behavior Survey 2021. 2021. Available at: https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=2021&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC

[21] Palau Ministry of Health and Human Services. Palau Youth Tobacco Survey 2022. Results for youth from 6th to 12th grades

Indicator	Baseline (2014/2015)	Mid-term (2018)	Target (2020)	Today	Status
Overall smokeless tobacco use, youth**	35%	27.7%	---	24%*	
E-cigarette use, youth**	20.8	---	---	49.2% (2021 YRBS HS) 53.4% (PYTS 2022, HS)	
Alcohol Use					
Current alcohol consumption, adults		36.7%		35.6%	
Binge drinking, adults		27.2%		28.0%	
Current alcohol use, youth	43%	37.4%	39%	30%	
Binge drinking, youth	33%	24.1%	30%	15.9%	
Nutrition					
Adults watching their salt intake	---	69%	75%	64.7%	
Adults with 5 or more servings of fruits and vegetables per day	8%	9.9%	12%	7.8%	
Mothers who breastfeed infants up to 6 months***	---	47%	50% increase from baseline	63%	
Youth with no fruit consumption in the past 24 hours	---	36.7%	30% decrease from baseline	16.6%	
Youth with no vegetable consumption in the past 24 hours	---	24.8%		6.7%	
Physical activity					
Adults who are physically active at least 30 minutes a day on all or most days	65%	53.1%	81%	77.3% Adults participating in any PA or exercise in past 30 days****	
Percent of school age children participating regularly in sports	60.4%	52.7%	75%	79% walked, biked, hiked or swam in the past 7 days (School Health Screening 2023) ****	
Metabolic risk factors					
Raised blood pressure, adults	49%	30.1%	44%	47.7%	
Raised blood glucose, adults	20.4%	21.1%	18%	36%	
School aged children who are overweight or obese	33%	32%	30%	30.6%	
Adults who are overweight or obese*	77.6%	71.7%	---	75.6%	
Mental health indicators^					
Adults with signs of depression				5.2%	
Adults with signs of anxiety				4.3%	
Adults, suicidal ideation, past 12 months				2.3%	

Indicator	Baseline (2014/2015)	Mid-term (2018)	Target (2020)	Today	Status
Youth who felt sad or hopeless in the past 12 months				44.4%	
Youth who seriously considered suicide, past 12 months				29.8%	
Youth who attempted suicide in the past 12 months				25.2%	

Notes: *Smokeless tobacco use among youth (High School, Grades 9-12) taken from PYTS 2022
** The e-cigarette and youth smokeless tobacco use indicators were added in 2018, but targets were not set for these indicators. Also, no indicator was set for adult e-cigarette use.
***The breastfeeding data comes from MOH/MHHS data.
****The physical activity indicators changed in the 2023 Hybrid Survey.
^ Mental health was not included in the past NCD Action Plan

The data indicate improvements in youth tobacco and alcohol use, with declines in smoking and smokeless tobacco consumption and current and binge drinking. Fruit and vegetable consumption increased among school children, surpassing the 2020 targets. Conversely, mortality from NCDs, adult smoking prevalence, salt intake, fruit and vegetable consumption, and the prevalence of high blood pressure, high blood sugar and overweight/obesity among adults worsened over time, with the latest data trending further from the 2020 targets. In addition, the use of e-cigarettes among youth has risen significantly.

Notably, Palau's obligations to the WHO FCTC have resulted in sustained community advocacy and outreach about tobacco's harmful effects. The minimum age for cigarette sales was increased to 21 years and Palau's tobacco tax now comprises at least 70% of the pack price. Alcohol taxes have also been raised in the past, with alcohol prevention education incorporated into the schools' curricula. Global evidence confirms that youth are particularly price-sensitive, so that tax increases on harmful products can result in immediate and measurable declines in youth consumption. These demonstrate the efficacy of sound demand reduction policies on youth tobacco and alcohol consumption. With regards to the improvement in fruit and vegetable intake, the Ministry of Education has embarked on a program where school meals include healthy fruit and vegetable options, and school cafeteria personnel are supported with training and tools to create healthier menus for school children. Taken altogether, the data appear to indicate that where sound policies and strong programs have been implemented, risk factor prevalence rates have declined.

In contrast, where policies and programs were weak or non-existent, risk factor prevalence worsened. The planned strategy to tax unhealthy foods and beverages did not occur, and the price increases from tobacco and alcohol taxation may not have been sufficient to impact purchasing behavior of adults. (Note: Members of the Coalition for a Tobacco Free Palau highlighted the need to reduce the affordability of tobacco through periodic tax increases that keep up with inflation.) No healthy menu planning programs were implemented for adults as were done for schoolchildren. Not surprisingly, adult smoking, unhealthy food consumption, and the prevalence of high blood pressure, high blood sugar and overweight/obesity got worse over time. These likely contributed to the worsening proportion of NCD-attributable mortality. Clearly, the data underscore the critical role of effective policies and programs in changing behavior patterns to reduce the risk of NCDs.

The other key takeaway from the review of data is the importance of having consistent measures over time. When how indicators are defined and/or measured shift within the period of implementation, it is methodologically challenging to track progress. This was evident with the physical activity indicators. Because the indicators changed during the measurement period, it was not possible to gauge progress. In the future, aligning indicators with existing data collection instruments and ensuring consistency over time will enhance progress assessment.

PROGRESS TOWARDS THE 2020 OBJECTIVES

The five working groups representing the five action areas of the Plan reviewed progress in detail, examining each of their specific objectives to determine the extent of attainment of these objectives. Specific objectives that have been achieved were color tagged green, those that are partially achieved or in progress were tagged yellow, and those which have not been achieved were tagged red.

The teams then assessed if any new specific objectives need to be added for the next Plan, based on current data and developments in the policy and program environment. The results of these sessions are highlighted in the following tables

Tobacco Control

Specific Objective	Status
Specific Objective 1: By 2020, have procedures in place to protect all public health policies from interests of the tobacco industry. (FCTC Article 5.3)	
Specific Objective 2: By January 1, 2016, as required by WHO FCTC Article 14, the infrastructure and capacity for tobacco dependence treatment and cessation services is established per Article 14 guidelines.	
Specific Objective 3: By April, 2016, at least 15% of tobacco tax revenue is dedicated to MOJ, MOF, MOH, and MOE to implement their tobacco control (FCTC) obligations.	
Specific Objective 4: By July, 2016 action plans for the implementation of education, communication and training activities regarding tobacco control are established based on WHO FCTC Article 12 guidelines.	
Specific Objective 5: By January 1, 2016, a system is in place to monitor, evaluate and report on enforcement of Palau's tobacco control ACT (RPPL 8-27, RPPL 9-6) and tobacco tax legislation (RPPL 9-15).	
Specific Objective 6: By 2020, 100% compliance with provisions of the FCTC that address demand reduction is achieved (Articles 8,9,10,11,13).	
Add-on: Integrate regular tax increase into the existing tobacco tax regulation.	
Add-on: Address e-cigarettes in tobacco tax law.	
Add-on: Improve youth data on chewing betel nut with tobacco.	
Add-on: Include affordability of tobacco products as an indicator, together with prevalence targets.	

Reducing harmful use of alcohol

Specific Objective	Status
Specific Objective 1: By 2020, formalize a community coalition for alcohol use and abuse prevention and control with TORs and that convenes on a regular basis.	
Specific Objective 2: By 2020, reduce underage drinking by 10% by:	
1) Raising alcohol taxes and earmark a portion of the tax revenues for health.	
2) Legislating a total ban on alcohol advertising, including at point of sale.	
3) Enhancing/strengthening enforcement of laws prohibiting sales to minors by requiring ID verification of age of all buyers.	
Specific Objective 3: By 2020, reduce binge drinking in adults by 10% by:	
1) Minimizing alcohol use at cultural & social functions (customary events).	
2) Strengthening enforcement of alcohol laws (i.e. DUI Laws, hours of sale).	
3) Legislating total bans on alcohol advertising, including at point of sale.	
4) Training and authorizing bartenders, salespersons, bouncers to refuse sales and ban intoxicated persons from purchasing more alcohol.	

Improving nutrition

Specific Objective	Status
Specific Objective 1: By 2015, a national multi-sectoral working group to address overall nutrition improvement activities in Palau, is convening regularly.	
Specific Objective 2: By 2020, reduce salt intake in Palau by 30% by:	
1) Legislating taxes on imported food products high in sodium, fat and sugar.	
2) Increasing the number of food vendors (stores, restaurants) that sell healthier meals/food items.	
3) Supporting legislation for English language nutrition labels on imported foods and English or Palauan language ingredients list for locally produced food products.	
Specific Objective 3: By 2020, increase fruits & vegetables intake by 50% by:	
1) Securing earmarked funds to support local agricultural projects and subsidize local production of fruits and vegetables.	
Specific Objective 4: By 2020, increase breastfeeding by mothers of infants up to 6 months of age by 50% by establishing policies in birthing centers and all workplaces to promote and ensure breastfeeding.	

Increasing physical activity

Specific Objective	Status
Specific Objective 1: By 2015, a formal physical activity working group to address physical inactivity among youth and adults in Palau, is convening regularly.	
Specific Objective 2: By 2020, the reliability of data and data collection, analysis and dissemination relative to physical activity in Palau has improved through the effective implementation of a strong and collaborative monitoring and evaluation system.	
Specific Objective 3: By 2020, change social norms and behaviors resulting in a community-wide increase in activity levels and reduction in inactivity by building on the existing Kotel A Deurreng campaign and further developing and implementing a sustained nationwide social marketing campaign to promote regular, moderate physical activity.	
Specific Objective 4: By 2020, all schools will have facilities, human resources, curricula, and policies to ensure that students achieve the recommended 60 minutes per day of moderate or vigorous physical activity on 5 or more days of the week	
Specific Objective 5: By 2020, at least 50% of government offices and private sector enterprises will establish policies, programs, and infrastructure to support regular physical activity by staff and management.	
Specific Objective 6: By 2020, enhance the physical activity "enabling environment" of communities through establishment of policies, programs, and effective communications, as well as the development of infrastructure to support active living through the following:	
By 2017, every community will have designated green spaces appropriate for physical activity.	
By 2017, all state master plans will designate areas for parks and green spaces appropriate for physical activity.	
By 2017, the Palau Government will adopt National Road Design Standards that prioritize the needs of multiple uses (walking, cycling, and driving) and all users (young, old, able-bodied, and disabled).	
By 2017, the Palau Government will enact pedestrian and cycling legislation.	

Reducing NCD prevalence

Specific Objective	Status
Specific Objective 1: By 2015, an MOH multi-disciplinary team to address the prevalence of NCDs in Palau is convening regularly, with community-clinical linkages in place.	
Specific Objective 2: By 2020, reduce prevalence of raised blood pressure among adults by 10% by:	
Promoting healthy eating through community outreach and information dissemination.	
Promoting widespread screening and monitoring of blood pressure among adults.	
Ensuring counseling and multi-drug therapy for people with a high risk of developing heart attacks and strokes, by incorporating the package of essential NCD interventions (PEN) into primary care.	
Specific Objective 3: By 2020, reduce prevalence of raised blood glucose among adults by 10% by:	
Developing and implementing social marketing and awareness campaigns focusing on risk factors causing raised blood glucose, and recommended levels of blood glucose, healthy eating (nutritional values, recommended portion sizes) and active living.	
Developing and implementing self-management programs for people with diabetes and other chronic diseases/conditions.	
Specific Objective 4: By 2020, reduce overall prevalence of overweight or obese school-aged children by 10% by:	
Develop and implement weight screening and counseling programs in the clinics.	
Training community partners on weight management for children.	

During the plenary discussion, participants noted that those areas that had more accomplishments towards their specific objectives – tobacco control and harmful alcohol prevention – were also the areas that showed greater progress in demonstrating improvements in prevalence, particularly among youth. An exception was noted for the action area on controlling metabolic risk factors – this area demonstrated successes particularly in implementing screening programs for blood pressure, diabetes, and overweight/obesity, yet the prevalence rates of these conditions increased over time. However, upon further reflection, the participants pointed out that enhanced screening would have uncovered more cases of elevated blood pressure, blood sugar and overweight/obesity. Thus, the seemingly paradoxical increase in metabolic risk factors may have been the direct effect of better screening. Therefore, additional indicators that measure how good the control of these factors are, are needed to supplement the information provided by the current indicators.

The plenary discussion also addressed what may be missing from the current plan. Participants pointed out the profound impact of mental health on these NCD risk factors and the frequent co-existence of mental health issues with NCDs and poor compliance with treatment. Thus, they recommended the addition of a sixth action area to address mental health and its central role in the NCD epidemic.

NCDs and mental health
Dr. Stephen Kuartei

Former Minister of Health, Palau
"…mental health… (is in) the epicenter, (it is) the main discipline that needs to take on the NCD issue. (Mental health professionals) bring tools …to deal with behavioral things like food addiction, drug addiction, tobacco addiction, alcohol addiction, lack of physical activity - these are behavioral change issues and I think behavioral health people are at the epicenter of this battle. We are training behavioral health (NCD) evangelists."

As reported in KUAM News, "Regional officials get Master Training", 2012. Available at:

https://www.kuam.com/story/17086588/2012/03/Monday/regional-officials-get-master-training

OVERALL VISION AND SUB-VISSIONS 2025-2030

Overall Vision:

We envision a healthy Palau, with healthy people and communities living long, happy, and purposeful lives.

To guide the way: 6 sub-visions



Overall goal: Reduce the preventable burden of NCDs in Palau (25% reduction in NCD-attributable mortality by 2030)

[80% of deaths due to NCDs today ➔ 60% of deaths due to NCDs in 2030]

AREA OF ACTION 2025-2030: TOBACCO CONTROL

Sub-vision: Thriving people and a vibrant island nation free from the harms of tobacco and nicotine
Goal: Reduce overall tobacco consumption by 30% by 2030

Indicator	Baseline % (Current)	Target % (2030)
Adults (Source: 2023 Hybrid survey)		
Overall current smoking	20.8	14.6
Current smoking, males	31.9	22.3
Current smoking, females	8.3	5.8
Current smokeless tobacco use	9.6	6.7
Current betel nut chewing	46.7	32.7
% of current betel nut chewers who add tobacco to their chew	88.3	61.8
Current e-cigarette use	1.7	1.2
Youth (Source: 2022 PYTS) *		
Current smoking, high school	19.5	13.6
Current smoking, middle school	13.6	9.5
Current smoking (middle & high school)	16.9	8.0
Current smokeless tobacco use, high school	24.0	16.8
Current smokeless tobacco use, middle school	12.5	5.3
Current smokeless tobacco use, (middle & high school)	10.4	5.0
Current betel nut chewing, high school	18.7	8.8
Current betel nut chewing, middle school	15.2	10.6
Current betel nut chewing (middle & high school)	17.1	10.0
Current e-cigarette use, high school	53.5	4.0
Current e-cigarette use, middle school	30.9	2.0
Current e-cigarette use, (middle & high school)	43.5	3.0

Note: * Data from the Palau Youth Tobacco Survey (PYTS) were recalculated for with grade levels 6-8 (middle school) and grade levels 9- 12 (high school) to align with the YRBS; the PYTS data will be uses for future monitoring of youth tobacco use.

Specific Objectives:

1. By 2025, achieve full compliance with the other demand reduction provisions of the WHO FCTC Articles 8 -*protection from exposure to tobacco smoke*, 11- *packaging and labelling of tobacco products*, and 13 - *tobacco advertising, promotion and sponsorship*).
2. By 2026, establish the infrastructure and capacity for tobacco dependence treatment/cessation services (per WHO FCTC Article 14 *tobacco dependence and cessation)*.
3. By 2026, Palau will adopt measures to protect public health policies from commercial and other vested interests of the tobacco industry.
4. By 2026, amend tax legislation to ensure periodic increases in tobacco taxesadjusted to inflation thereby reducing the affordability of tobacco products.

Strategic Actions:

Specific objective 1: By 2025, achieve full compliance with the other demand reduction provisions of the WHO FCTC; Article 8: Protection from exposure to tobacco smoke Article 11: Packaging & labeling of tobacco products Article 13: Tobacco advertising, promotion and sponsorship		
Indicators	**Baseline**	**Target**
Comprehensive tobacco legislation is updated and signed into law.	Current Tobacco Control Act	Amendments signed into law
Strategic actions	**Who will lead?**	**By when?**
Review drafted amendments	CTFP/MHHS	2025
Develop and implement a comprehensive communications strategy and plan to effectively identify and engage targeted stakeholders (e.g. champions in the OEK) and raise awareness about the specific demand reduction provisions being targeted.	CTFP	2025
Meet and present proposed amendments to relevant committees in OEK.	CTFP	2025

Specific objective 2: By 2027, establish the infrastructure and capacity for tobacco dependence treatment/cessation services (per WHO FCTC Article 14 *tobacco dependence and cessation*)		
Indicators	**Baseline %**	**Target %**
Want to stop using tobacco in past 12 months, adults	69.8	75
Stopped using tobacco for 1 day or longer in the past 12 months, adults	46.3	51
Advised to stop using tobacco during any visit to a doctor in the past 12 months, adults	41.3	46
Current youth tobacco smokers who tried to stop smoking in the past 12 months (grades 6-12)	79.5	85
Current youth tobacco smokers who wanted to stop smoking now	68.2	73
Current youth tobacco smokers who thought they would be able to stop smoking if they wanted to	71.9	77
Current youth tobacco smokers who have ever received help/advice from a program or professional to stop smoking	28.0	33
Current youth who chew betelnut with ANY tobacco who tried to stop chewing betelnut with tobacco in the past 12 months	8.3	15
Current youth who chew betelnut with tobacco who wanted to stop chewing betelnut with tobacco now	6.4	15
Current youth who chew betelnut with tobacco who thought they would be able to stop if they wanted to	11.5	15
Current youth who chew betelnut with tobacco who have ever received help/advice from a program or professional to stop chewing betelnut with tobacco	3.8	8
Number of cessation services that are operational	No baseline available	TBD

Number of cessation trainings conducted per year	No baseline available	TBD
Notes: Adult data source – Palau Hybrid Survey, Youth data source –PYTS, "TBD" – to be decided		
Strategic actions	**Who will lead?**	**By when?**
Identify and recruit a national cessation coordinator (Focal Person)	MHHS	2025
Finalize and present landscape analysis that outlines cessation services currently available and service gaps that need to be addressed.	Coalition for Tobacco Free Palau (CTFP)	Feb 2025
Develop and adopt a national cessation strategy based on the landscape analysis.	MHHS	May, 2025
Finalize tobacco, nicotine, betel nut use policy for MHHS	MHHS	May 2025
Adopt and disseminate national cessation treatment guidelines to community-based clinics and other primary care service providers.	MHHS with community partners	2025
Establish clear national referral and treatment pathways for cessation.	MHHS	2026
Develop tobacco, nicotine, betelnut use policy for Ministry of Education	MHHS/MOE	May 2026
Build capacity for tobacco cessation services among community partners.	MHHS, CTFP with community partners	2026
Establish tobacco cessation pilot programs for priority populations, including pregnant women and staff at MHHS.	Maternal and child health providers, MHHS	2026
Raise community awareness about available tobacco cessation resources, services, and pathways.	CTFP, MHHS	2026

Specific objective 3: By 2026, Palau will adopt measures to protect public health policies from commercial and other vested interests of the tobacco industry.		
Indicators	**Baseline**	**Target**
Global tobacco index score	39	35
Strategic actions	**Who will lead?**	**By when?**
Explore options through legislation or amendments to government Civil Service Rules and Regulations/Code of Ethics, to prevent TI interference with public health policy	MHRCTD and CTFP	2025
Amend Palau's tobacco control legislation to prohibit tobacco industry corporate social responsibility (CSR) activities.	CTFP, OEK	2025
Develop & implement a comprehensive communications strategy and plan to effectively engage stakeholders, raise awareness about the issue of industry interference and the importance of rejecting tobacco industry interference in Palau's public health policies and ensure timely dissemination of information	CTFP, REACH, NCM, Prevention Unit MHHS	2025-2030

Specific objective 4: By 2026, amend tax legislation to ensure periodic increases in tobacco taxes adjusted to inflation thereby reducing the affordability of tobacco products.		
Indicators	**Baseline**	**Target**
Tobacco products do not become affordable overtime.	4.92% affordability	
Strategic actions	**Who will lead?**	**By when?**
Review existing tobacco tax legislation and prepare an updated draft	CTFP & Partners	2025
Collect supporting information and data	MHHS/CTFP	2025
Meet with and present proposed amendments to champions in the OEK	CTFP	2026
Develop and implement a comprehensive communications strategy and plan to effectively engage stakeholders, raise awareness about the issue of taxation policy as a tool to control tobacco use and also raise revenue and ensure timely dissemination of information	CTFP/REACH	2026

**Affordably (defined and calculated by WHO) is the percentage of GDP per capita required to purchase 100 packs of 20 cigarettes (2,000 cigarettes) of the most sold brand in a country*

Risks and mitigation strategies:

Risk factor/Threat	Mitigation strategies

Lack of stakeholder and community commitment and collaboration	• Leverage leaders who have "bought in" to tobacco control policies
	• Build community awareness about tobacco industry interference through social marketing
	• Build community awareness about tobacco cessation resources and support through:
	  ○ Tobacco free sports and tournaments
	  ○ Radio, social media
	  ○ Targeting youth groups, religious groups, etc.
	• Disseminate reports to the public

Tobacco industry (TI) interference	• Raise awareness about TI interference and the need for legislative efforts to counter this • Leverage legislative and executive champions to support policies that counter TI interference
Affordability of tobacco products	• Educate policy makers on the "win-win" (raise revenue, reduce MM rates) concept of tobacco tax policy. • Leverage leaders who have "bought in" to the tobacco tax policy • Ensure that tobacco tax increases make tobacco products less affordable

AREA OF ACTION 2025-2030: REDUCING HARMFUL ALCOHOL USE

Sub-vision: Belau in Control of alcohol.
Goal: Reduce binge drinking among adults by 50% by 2030.
Reduce underage drinking to 0% by 2030**.**

Indicator	Baseline % (Current)	Target % (2030)
Adults (Source: 2023 Hybrid survey)		
Overall binge drinking	28.0	14.0
Binge drinking, males	36.1	18.0
Binge drinking, females	19.0	9.5
Youth (Source: 2021 YRBS)		
Overall current alcohol use	30.0	0
Current alcohol use, males	28.3	0
Current alcohol use, females	31.3	0
Overall binge drinking	15.9	0
Binge drinking, males	13.0	0
Binge drinking, females	18.6	0

Specific Objectives:

- By 2026, formalize an interagency coalition for alcohol use and abuse prevention and control with terms of reference that convenes on a regular basis.
- By 2026, enhance/strengthen enforcement of laws prohibiting sales of alcohol to minors by requiting mandatory ID verification of age of all buyers.
- By 2030, increase alcohol-free cultural and social functions (customary events).
- By 2028, earmark alcohol tax revenues for regulatory enforcement and other relevant authorities.

Strategic Actions:

Specific objective 1: By 2026, formalize an interagency coalition for alcohol use and abuse prevention and control with terms of reference that convenes on a regular basis.		
Indicators	**Baseline**	**Target**
List of coalition members and attendance sheets of meetings	Currently non-existent	
Terms of reference for coalition adopted		
Meeting minutes		
Official declaration/order establishing the coalition		
Number of signed Memoranda of Understanding (MOUs) for agencies that are members of the coalition		
Official Standard Operating Procedures (SOP) adopted		
Workplan developed		
Quarterly reports submitted		
Strategic actions	**Who will lead?**	**By when?**
Identify potential community champions to lead the coalition.	National Youth and Cheldebechel Council (NYCC)	Jan 2025
Identify potential stakeholders and partners.	MHHS, NYCC, TFCP, BFSS	June 2025

Convene the local interagency multisectoral coalition to develop their TORs and SOPs.	NYCC	June 2025-March 2026
Create MOUs between agencies to formalize their membership in the coalition.	MOJ	April 2026
Draft the coalition's workplan to address the goals above. Incorporate the previous Plan's alcohol control objectives into the workplan.	NYCC, MHHS, TFCP, BFSS, MOJ	October 2026
Regularly report on progress to the NCM	Alcohol control interagency coalition	2025-2030

Specific objective 2: By 2026, enhance/strengthen enforcement of laws prohibiting sales of alcohol to minors by requiring mandatory ID verification of age of all buyers.		
Indicators	**Baseline**	**Target**
List of members of Steering Committee to tighten enforcement of mandatory ID checks.	Currently non-existent	
Meeting minutes of Steering Committee		
Report on analysis of gaps in current legislation		
Updated legislation requiring mandatory ID check approved and adopted		
Increase in number of trained enforcers		
Increased budget to support enhanced enforcement		
Survey tracking compliance rate of alcohol vendors		
Survey tracking public awareness of mandatory requirement		
Strategic actions	**Who will lead?**	**By when?**
Identify and convene the agencies and partners involved in implementing the existing law into a Steering Committee.	MOJ, MOE, MHRCTD, MHHS, MOF	Dec 2024
Review the existing regulation to identify the gaps.		June 2025
Draft an updated regulation that address the gaps and mandates universal ID checks for all buyers of alcohol and ensure its approval through the APA process.		June 2025
Allocate sufficient resources and manpower for enforcement.	National Congress	October 2025
Conduct mandatory training for officers and enforcers, with refreshers as needed.	MOJ	As soon as new regulation is officially implemented
Educate the public and alcohol retailers and vendors about the mandatory ID check requirement.	Interagency coalition	During the grace period prior to implementation

Specific objective 3: By 2030, increase alcohol free cultural and social functions (customary events).		
Indicators	**Baseline**	**Target**
Meetings with Mechesil Belau and Rubekul Belau accomplished, with meeting minutes	Currently non-existent	
Agenda for convention on alcohol-free events created		
Consistent messaging for alcohol-free events disseminated widely		
Number of outreach visits to States		
Number of alcohol-free events per year per State	Koror Night market	
Annual report on number of alcohol-free events across the country	Currently non-existent	
Strategic actions	**Who will lead?**	**By when?**
Collaborate with Mechesil Belau and Rubekul Belau in implementing alcohol-free social and cultural events.	Interagency coalition	After coalition is established
Engage and work with community cultural partners to promote alcohol-free events.		
Advocate and educate the public about alcohol-free events.	Interagency coalition, Mechesil Belau, Rubekul Belau	April 2025-2030
Promote the alcohol-free Night Market as a good practice example across the different States.	Palau Visitors' Authority (PVA) and Interagency coalition	
Encourage each State/country to create local alcohol-free events laws.	Traditional leaders, State Gov'ts.	
Assign an agency to collect and evaluate data on alcohol-free community events.	MHRCTD, PVA, MHHS	Every 2 years until 2030

Specific objective 4: By 2028, earmark a portion of the alcohol tax revenues for regulatory enforcement and other relevant authorities.		
Indicators	**Baseline**	**Target**
Amount of money earmarked for alcohol enforcement	Currently no earmarking for enforcement	
Increase in number of enforcement staff		
Number of people attending public hearings to support alcohol tax earmarking for enforcement		
Number of news events covering the earmarking proposal in mass media		
Strategic actions	**Who will lead?**	**By when?**
Identify a champion in Congress to propose earmarking a portion of alcohol tax revenues for enforcement.	Interagency coalition, MOJ	June 2025
Advocate to Congress to earmark a portion of alcohol tax revenues for regulatory enforcement.		June 2026
Mobilize community support for earmarking alcohol tax revenues for enforcement.	Interagency coalition	Until earmarking is enacted

Risks and mitigation strategies:

Risk/Threat	Mitigation strategies
Time constraints	• Provide incentives for attending coalition meetings (e.g. food, transportation allowance, etc.) • Ensure close communication and follow-up. • Schedule meetings in advance and provide agendas ahead of time. • Select the right people as coalition members; ensure agencies designate the right members who can serve as influencers. • Obtain coalition members' commitment to the goals and objectives of the coalition. • Provide multiple options for meeting, both virtual and in-person. • Ensure meetings are brief and focused.
Lack of manpower and resources	• Tap community volunteers who are interested in alcohol abuse prevention. • Provide incentives for partners (e.g. public recognition, stipends, transportation allowances, etc.). • Leverage NGOs to expand manpower pool. • Prepare detailed budgets and have back-up budgets for contingencies. • Manage resources efficiently and encourage sharing of resources. • Build capacity of volunteers through technical assistance and trainings and use the train the trainer's model to create alocal pool of trainers.
Competing funding priorities in Congress	• Draft regulations/laws/amendments strategically to address funding priorities. • Create multiple options for budgets. • Provide compelling data with impactful narratives to persuade lawmakers to support proposed amendments and regulations. Create "win-win" arguments. • Ensure the right champions can speak up for alcohol control. • Time requests for legislative action appropriately. • Hold leadership accountable.
Changing priorities of the NCM	• Showcase success of alcohol prevention and control. Show the relevance of alcohol control in preventing accidents, reducing cancer, decreasing medical expenditures, improving nutrition. • Highlight the costs of alcohol abuse to the community. • Attend NCM meetings and act as a "salesperson" for alcohol prevention and control. • Engage the community and harness their support to advocate to the NCM. • Explore the economic arguments and "Return on investment" scenarios to make the case for alcohol abuse prevention. • Leverage the influence of interagency coalition champions to persuade the NCM to keep alcohol control as a priority.

AREA OF ACTION 2025-2030: IMPROVING NUTRITION

Sub-vision: "A Kelel Belau a Didichel a Klukuk" - Breast-fed and well fed with local food

Goals: Improve overall nutrition

Indicator	Baseline % (Current)	Target % (2030)
Adults (Source: 2023 Hybrid survey)		
% watching their salt intake	64	83 (30% increase)
% consuming at least 5 servings of fruits and vegetables per day	7.8	12 (50% increase)
% consuming processed meat at least once a day	51.1	46.0 (10% decrease)
% consuming at least one sugar sweetened beverage (SSB) each day	70.7	46.0 (35% decrease)
% mothers who breastfeed their infants up to 6 months	63	94.5 (50% increase)
Youth (Source: 2021 YRBS)		
Did not eat fruit or drink fruit juice	16.6	8.3 (50% decrease)
Did not eat vegetables	6.7	3.4 (50% decrease)

Specific Objectives:

- By 2030, convene a multisectoral workgroup to address overall nutrition improvement activities in Palau quarterly.
- From 2025 to 2030, enhance nutrition education in schools, workplaces, and communities by adding 5 sites per year.
- By 2030, reduce salt, sugar, and fat intake according to the targets above.
- By 2030, increase the percentage of adults and youth consuming fruits and vegetables by 50%.
- By 2030, increase breastfeeding by mothers of infants up to 6 months of age by 10% by establishing policies in birthing centers and all workplaces to promote and ensure breastfeeding.
- By 2030, improve access to farming resources, materials, and education to increase the number of people growing their own food.

Strategic Actions:

Specific objective 1: By 2030, convene a multisectoral workgroup to address overall nutrition improvement activities in Palau quarterly.		
Indicators	**Baseline**	**Target**
Working group convenes; initial meeting minutes	Currently nonexistent/not operational	
Number of new members recruited		
Roles and responsibilities defined and documented		
Charter, organizational and operational structure formalized		
Strategic actions	**Who will lead?**	**By when?**
Convene existing members.	MHHS and existing members	February 2025
Engage potential new members.	MHHS and existing members	April 2025
Formalize roles and responsibilities/membership.	Coalition members	June 2025
Develop and formalize a charter and an organizational and operational structure.	Coalition members	June 2025

Specific objective 2: From 2025 to 2030, enhance nutrition education in schools, workplaces, and communities by adding 5 sites per year.		
Indicators	**Baseline**	**Target**
Nutrition curricula include traditional practices and healthy eating guidelines	Curriculum/guidelines exists in schools and hospital, but not for workplaces/community	Widely available in all settings
Dissemination and communication plan finalized and implemented.	Currently nonexistent	
Number of partners involved in activities	Currently unknown	
Monitoring and evaluation plan finalized	Currently nonexistent	
Strategic actions	**Who will lead?**	**By when?**
Review and revise existing curriculum to include traditional practices and healthy eating guidelines.	Ministry of Education (MOE)/ Ministry of Health (MOH)	December 2025
Develop and implement a dissemination and communication plan.	Nutrition Working Group	December 2026 and ongoing
Engage partners, including Mechesil Belau, for mobilization of resources, coordination of activities and communication.	Nutrition Working Group	December 2026
Develop a monitoring and evaluation plan to track progress.	Ministry of Education (MOE)/ Ministry of Health (MOH)	December 2025

Specific objective 3: By 2030, reduce salt, sugar, and fat intake according to the targets above.		
Indicators	**Baseline**	**Target**
Salt content of school meals (interim measure)	TBD	
Salt content of hospital meals (interim measure)	TBD	
Purchasing data for processed meat	NA	
Average Body Mass Index over time	2023 School Health Screening: average BMI = 22	TBD
Enactment of an SSB tax	Currently non-existent	
Number of food vendors offering healthy food options over time	TBD	Increase by at least 1 per year
Nutrition labels on local and imported foods	Currently non-existent	
Strategic actions	**Who will lead?**	**By when?**
Build relationships with grocery stores and gather purchasing data for processed meats.	Nutrition Working Group	December 2030
Legislate a tax on sugar-sweetened beverages.	Nutrition Working Group with legislative nutrition champions	December 2026
Increase the number of food vendors and organizations that sell or offer healthy food options by at least one per year		Annually starting December 2026
Mandate nutrition labels on imported and local foods. List ingredients on local foods. Translate English nutrition labels on imported foods into Palauan.		December 2030

Specific objective 4: By 2030, increase the percentage of adults and youth consuming fruits and vegetables by 50%.		
Indicators	**Baseline**	**Target**
Number of vendors with healthier options.	TBD	20%
Social marketing plan by 2027.	0	1
Implementation of social marketing plan initiated after six (6) months of completion.		
Strategic actions	**Who will lead?**	**By when?**
Work with food vendors to offer healthier options (fruits and vegetables).	BNH Kitchen and NCD Unit	2030
Social marketing campaign on fruits and vegetables assessment (i.e.: consumer research).	PNYCC	2030

Specific objective 5: By 2030, increase breastfeeding by mothers of infants up to 6 months of age by 10% by establishing policies in birthing centers and all workplaces to promote and ensure breastfeeding.		
Indicators	**Baseline**	**Target**
Revise and endorse policy for birthing center.	0	1
Government Workplace Policy on breastfeeding.	0	1
Policy brief (parental leave).	0	1
Strategic actions	**Who will lead?**	**By when?**
Establish policies in birthing center.	FHU	2026
Establish policies in government workplaces to promote and ensure breastfeeding.	Kotel a Deurreng/Nutrition Group	2030
Advocate for longer parental leave.	Kotel a Deurreng/Nutrition Group	2027

Specific objective 6: By 2030, improve access to farming resources, materials, and education to increase the number of people growing their own food.		
Indicators	**Baseline**	**Target**
Number of people engaged about growing their own food.	TBD	20%
Number of campaigns	TBD	4 per year
Strategic actions	**Who will lead?**	**By when?**
To improve access to farming resources, materials, and education.	Palau Community Action Agency (PCAA)	2030
Develop campaign on growing own food.	Nutrition Working Group	2027

Risks and mitigation strategies:

Risk factor/Threat	Mitigation strategies
Change of leadership	• Support a candidate who is a champion for health, with a platform for "Healthy Palau" • Continue to inform policymakers to ensure continuity • Establish structure
Lack of trust/engagement and burnout	• Setting milestones/celebrating success • Show value and connection across initiatives (leverage support) • Clear roles and responsibilities of committee members
Funding sustainability	• Establish financial plan • Leverage non-governmental partners to help advocate
Climate change	• Utilize Climate Outlook Weather Connections Palau (application in collaboration with NOAA) • Translate NOAA app and ensure accessibility offline (for those without internet/data plans)
Messaging on "why"	• Host focus group to test messages • Positive campaign messages • Incorporate messaging into communication plan
Lack of support/buy in	• Focus group to support the development (ensure participation of community groups • Celebrating/building on success • Social marketing – "make nutrition sexy"
Threat on individual choice/rights	• Related to buy-in • Pay for choice-making healthy options more affordable
Trust in local foods vs. imported foods	• Transparency – how it's made, who made it, etc. • "Stamp of approval" system (example: certified organic)
Capacity for implementation	• Assess partner capacity, activities, etc. • Utilize a train-the-trainer approach • Consider utilizing CHWs • Engage retired community members
Local food taste rival imported food	• Educate parents • Use positive social messages (marketing) • Strengthen school-parent partnerships • Make baby food with local food (use grinder/blender to make own locally sourced baby food)
Champions and role models of program ("practice what you preach")	• Identify champions and role models • Ensure community representation (local/state champions) • Create a champion support group (consider utilizing social media)

AREA OF ACTION 2025-2030: INCREASING PHYSICAL ACTIVITY (PA)

Sub-vision: A beautiful and safe Palau where physical and social environments invite active living

Goals: Reduce physical inactivity among children, youth, and adults by at least 10% by 2030

Indicator	Baseline % (Current)	Target % (2030)
Adults (Source: 2023 Hybrid survey)		
% Participating in any physical activity or exercises in the past 30 days	77.4	85.1
% who have access to places to exercise	78.9	86.8
% who are sedentary 8 or more hours a day	13.7	12.3
Youth (Source: 2021 YRBS)		
Physically active for at least 60 minutes on at least 1 day in the past 7 days	77.1	84.8
Physically active for at least 60 minutes per day on 5 or more days in the past 7 days	28.5	31.4
Attended physical education (PE) classes on 1 or more days in an average week in school	31.6	34.8
Played on at least 1 sports team in the past 12 months	42.5	46.8

Specific Objectives:

- By 2025, develop standardized indicators, methods, data collection, analysis, and dissemination for active living in Palau.
- By 2030, all schools will have facilities, human resources, curricula, and policies to ensure that students achieve the recommended 60 minutes per day of moderate or vigorous physical activity on 5 or more days of the week.
- By 2030, at least 50% of government offices and private sector enterprises will have adopted a Worksite Wellness program that incorporates a holistic approach that includes tobacco free policies and programs, good nutrition, alcohol control, and regular physical activity.
- By 2025, a formal physical activity and sports working group to address and prioritize active living among youth and adults in Palau is convening regularly.
- By 2025, change social norms and behaviors resulting in a nationwide increase in activity levels by strengthening community-specific activities.
- By 2030, enhance physical and social environments in Palau's communities through policies, communication strategies and infrastructure development to invite active living. This includes:
    - By 2027, every community will have designated spaces suitable for physical activity.
    - By 2027, each state will have incorporated active transportation and designated spaces suitable for physical activity into their state master plan.
    - By 2028, the national and state governments will enact inclusive pedestrian and cycling legislation.

Strategic Actions:

Specific objective 1: By 2025, develop standardized indicators, methods, data collection, analysis, and dissemination for active living in Palau.		
Indicators	**Baseline**	**Target**
Indicator list and data sources identified	Currently nonexistent/not operational	
Data collection and analysis SOPs developed		
Data dissemination training modules created		
Monitoring and evaluation framework developed		
Strategic actions	**Who will lead?**	**By when?**
Identify specific indicators for active living, starting with physical activity indicators that are already included in existing surveillance instruments (e.g. Hybrid survey, YRBS). If additional data is needed, develop monitoring and evaluation tools (e.g. questionnaires, surveys) to capture data.	PAWG, MHHS, PNOC, MOE, NGOs	2025
PAWG will develop standard operation procedures (SOPs) on data collection and analysis.	PAWG	End of 2025
PAWG will develop trainings and capacity-building programs that will empower stakeholders for data dissemination.	NCD funded programs, NCM, Youth groups, CHWs, Office of Planning and Statistics, MOF	End of 2026
Identify and secure resources to develop data collection, analysis, and dissemination.	PAWG	End of 2025
Develop a monitoring and evaluation framework to assess and measure progress.	PAWG	End of 2025

Specific objective 2: By 2030, all schools will have facilities, human resources, curricula, and policies to ensure that students achieve the recommended 60 minutes per day of moderate or vigorous physical activity on 5 or more days of the week.		
Indicators	**Baseline**	**Target**
Number of PA programs in schools	TBD	
Updated school PA curriculum		
Number of schools with adequate, well-maintained, operational PA facilities		
Number of certified PE instructors per school		
Strategic actions	**Who will lead?**	**By when?**
Introduce events (once per quarter) in all schools that integrate physical activity for all students. Include access and resources for students with disabilities.	MOE, PTA Student body association	By 2025
Strengthen collaboration between all schools and external partners to achieve the recommended 60 minutes per day of moderate or vigorous physical activity on 5 or more days per week.	MOE, PNOC, Sports Federation, Sports Education Commission, State government offices, CBO, PTA	By 2026
Support MOE to update and localize the physical education curriculum.	MOE, PNOC, MHHS	By 2027

Ensure schools have adequate, well-maintained, and operational physical facilities and adopted maintenance policies.	MOE, Public works, COFA, CIP, CAT	By 2027
Strengthen human resources in the schools for support of school-based activity through a national policy requiring all schools to have adequate staffing and at least one certified Physical Education instructor.	MOE, PAWG	By end of 2030

Specific objective 3: By 2030, at least 50% of government offices and private sector enterprises will have adopted a Worksite Wellness program that incorporates a holistic approach - tobacco free, nutrition, and alcohol control.		
Indicators	**Baseline**	**Target**
Number of gov't offices with a Worksite Wellness program	TBD	
Number of private sector enterprises with a Worksite Wellness program		
Strategic actions	**Who will lead?**	**By when?**
Identify key business leaders for the private sector.	PAWG, Key private business leaders	End of 2025
Develop a standard model of a holistic Worksite Wellness program.	PAWG, MHHS	End of 2026
Pilot the Worksite Wellness program in government offices and promote its widespread adoption.	PAWG, Palau Entrepreneurs for Growth, Chamber of Commerce, Other ministries	End of 2028
Develop and launch a pilot Worksite Wellness program for the private sector and promote its widespread adoption.	MHSS, PAWG, Palau Entrepreneurs for Growth	End of 2028

Specific objective 4: By 2030, a formal physical activity & sports working group to address prioritize active living among youth& adults in Palau is convening regularly.		
Indicators	**Baseline**	**Target**
All identified stakeholders/partners confirmed membership.	TBD	
Calendar of meetings and activities has been established.		
Strategic actions	**Who will lead?**	**By when?**
Identify key partners such as Ministry of Education, youth groups, community groups, PNOC.	MHHS	December 2024
Minimum of 9 members in the Physical Activity Working Group.		

Specific objective 5: By 2030, change social norms & behaviors resulting in a nation-wide increase in activity levels by strengthening community specific activities.		
Indicators	**Baseline**	**Target**
Meetings, workshops.	TBD	
Formal recognition of specific community activities.		50% of 16 state 10% within state
Strategic actions	**Who will lead?**	**By when?**
Education & awareness campaigns for healthy lifestyle specifically active living.	MHHS, State Government, Community Leaders	2030
Formalize community activity and existing practices.	Community Leaders, MHHS	2030
Engage and empower community physical activity leaders.	MHHS, State Government, Community Leaders	2030

Specific objective 6: By 2030, enhance physical and social environments in Palau's communities through policies, communication strategies and infrastructure development to invite active living. This includes:		
Indicators	**Baseline**	**Target**
Community announces identified the designated space through newspaper ads, social media, radio announcements, and TV ads.	TBD	TBD
Each State has a plan for improvement of the infrastructure.	TBD	TBD
Each State has introduced policies for PA spaces and inclusive active transportation.	TBD	TBD
Strategic actions	**Who will lead?**	**By when?**
Every community will have a designated space suitable for physical activity.	MOS, MHHS, Palau Walks, State Governments, PA Working Group	By 2027
Each state will improve infrastructures to allow safe space for walking, biking, running, etc.	State Governments, MOE, MHHS, Palau Walks, PA Working Group	By 2027
The national and state governments will enact inclusive pedestrian and cycling legislation.	Palau Walks, MOS, MHHS, State Governments, PA Working Group	By 2028

Risks and mitigation strategies:

Risk factor/Threat	Mitigation strategies
Personnel losses/turnover; Lack of adequate staff to support physical fitness activities	• Partner with PNOC, police academy, sports programs, CAT • Salary raises for staff who stay behind (legislate COLA $$ to address high cost of living). • Use CHWs. • Tap into Peace Corps, JICA, Interns, Taiwan Tech. • Partner with the Ministry of Justice (tap into staff working with juveniles). • PCAA. • Utilize online tech resources like YouTube, Tik Tok, etc. create PA "challenges" that students want to engage with. • Partner with parents, elders in the aging program. • Model KES cultural programs that encourage cultural practices that promote physical activity. • Use physical therapists/ allot their internship hours to involve schools.
Budget loss; inadequate funding	• Include "non-lapsing" funding within legislation. • Provide advocacy training for community members to talk to legislators and allocate funds to physical fitness activities that reduce NCDs re: COFA funding. In particular, tap into the Veterans Association for support. • Partner with countries that have embassies in Palau. • Increase lobbying capacity for PA. • Develop fundraising opportunities. • Recruit parents & CAT to volunteer at schools. • Incorporate Employer insurance for wellness check and physical activity.
Poor facilities, lack of proper maintenance	• Establish school-wide initiatives, such as a general clean-up of PA facilities once per quarter • Develop a Standard Maintenance Plan that is consistent across schools. Tap into MOE, MHHS & CIP for support. • Increase lobbying & advocacy efforts to maintain PA facilities in schools and communities. • Partner with PCC to develop trade programs that create education, training, and jobs for maintenance purposes like landscaping, construction, air-conditioning, and electrical. • Create physical education certification program through PCC & CAT.

AREA OF ACTION 2025-2030: REDUCING METABOLIC RISK FACTORS

Sub-vision: Palau free from NCDs

Goals: Decrease the prevalence of the major NCDs – heart disease, cancer, diabetes, and chronic obstructive pulmonary disease - by at least 10% by 2030 through a reduction in the prevalence of the major metabolic risk factors preceding these NCDs.

Indicator	Baseline % (Current)	Target % (2030)
Adults (Source: 2023 Hybrid survey)		
% with high blood pressure (BP)	47.7	40.5
% with high BP who are not diagnosed with hypertension	50.5	42.9
% with uncontrolled blood pressure who are diagnosed and on BP medication	56.7	48.2
% estimated to have diabetes	30.5	25.9
% estimated to have pre-diabetes	36.0	30.6
% with diabetes who are undiagnosed and not on medication	60.2	51.2
% with diabetes who are diagnosed and on medication with A1c<7%	30.9	35.5
% who are overweight or obese	75.6	64.3
Youth (Source: 2021 YRBS)		
Are obese	15.8	13.4
Are overweight	14.8	12.6

Specific Objectives:

- By 2030, maintain a multi-disciplinary team with community-clinical linkages in place to address the prevalence of NCDs in Palau, with quarterly meetings.
- By 2030, reduce the prevalence of raised blood pressure among adults by 15%.
- By 2030, reduce the prevalence of raised HbA1c among adults by 15%.
- By 2030, reduce the overall prevalence of overweight/obesity among youth and adults by 10%.

Strategic Actions:

Specific objective 1: By 2030, maintain a multi-disciplinary team with community-clinical linkages in place to address the prevalence of NCDs in Palau, with quarterly meetings.		
Indicators	**Baseline %**	**Target %**
List of key partners	Currently non-existence	1 list
Number of meetings	Currently non-existence	4
Finalized annual workplan	Currently non-existence	1 finalized plan
Strategic actions	**Who will lead?**	**By when?**
Identify key partners/stakeholders for the multi-disciplinary team.	NCD Collaborative	June 2025
Convene meeting with identified team members to discuss goals and objectives.	NCD Collaborative	December 2024
Develop and finalize annual workplan	Multi-disciplinary team	December 2024
Implementation of workplan	Multi-disciplinary team	December 2024

Specific objective 2: By 2030, reduce the prevalence of raised blood pressure among adults by 15%.		
Indicators	**Baseline**	**Target**
Palau hypertension guidelines developed and utilized	Currently non-existent	1 finalized guideline
Standard data collection process for blood pressure (BP) screening adopted		1 standard BP process
Communications plan for healthy BP messaging created		1 plan
Community outreach calendar disseminated		Annual Calendar
Strategic actions	**Who will lead?**	**By when?**
Develop, finalize, and implement hypertension guidelines specific to the population. Integrate WHO "Best Buys" for hypertension into the guidelines.	Therapeutic Committee, Medical Director	June 2025
Ensure all health service providers use the hypertension guidelines for screening, diagnosis, treatment, and follow-up of high blood pressure.	MHHS, Clinic Directors	2025-2030
Develop standardized data collecting, recording, sharing and dissemination process for all partners who conduct blood pressure screenings.	NCD Collaborative Screening Team	Sept 2025
Create a communications plan to determine the health messaging for promoting healthy lifestyles and maintaining normal blood pressure levels.	NCD Collaborative Screening Team	June 2025
Coordinate community outreach and education/information dissemination using an outreach calendar.	NCD Collaborative Screening Team	2025-2030

Specific objective 3: By 2030, reduce the prevalence of raised HbA1c among adults by 15%.		
Indicators	**Baseline**	**Target**
Updated patient education materials with holistic messaging on blood glucose and other NCD risk factors	Currently non-existent	1
Diabetes self-management education in all relevant clinic encounters		1
Strategic actions	**Who will lead?**	**By when?**
Review current social marketing and awareness campaigns focusing on risk factors causing raised blood glucose and update them to address all the relevant NCD risk factors that affect blood sugar levels. In particular, include the role of tobacco use in diabetes causation, and the impact of mental health on diabetes treatment compliance.	NCD Collaborative Screening Team	June 2025
Incorporate diabetes self-management education in all primary care, NCD clinic, and wellness clinic encounters.	Clinic directors, health educators	2025-2030
Identify the pre-diabetic population and refer them to self-management programs.	NCD Collaborative Screening Team	June 2025-2030
Address barriers to compliance with blood sugar lowering regimens through chart reviews and surveys and address the barriers to good blood glucose control.	NCD Collaborative Screening Team	Sept 2025-2030

Specific objective 4: By 2030, reduce the prevalence of overweight/obesity among youth and adults by 15%.		
Indicators	**Baseline %**	**Target %**
% adults who are overweight or obese	75.6	64.3
% youth who are obese	15.8	13.4
% youth who are overweight	14.8	12.6
Strategic actions	**Who will lead?**	**By when?**
Coordinate with existing programs, such as school-based health programs, to promote healthy weight strategies among youth.	NCD Collaborative Screening Team, Family Health Unit, MOE	June 2025-2030
Include weight monitoring in clinic encounters for school children and adult patients.	Clinic directors, clinicians	2025-2030
Work with schools, the MOE, and parent-teacher associations (PTA) to educate students' parents and legal guardians about healthy eating and maintaining a healthy weight for their children.	NCD Collaborative Screening Team, MOE, PTA	June 2025-2030
Incorporate dietary counselling and other healthy lifestyle interventions into clinical care for overweight/obese children and adults.	NCD Collaborative Screening Team, clinicians, health educators	June 2025-2030

Risks and mitigation strategies:

Risk factor/Threat	Mitigation strategies
Lack of standardized data collection and sharing; reluctance of medical field to adhere to standardized data protocols.	• Prioritize the standardization of clinical data collection • Identify key data points that all clinicians should be using • Advocate to the medical society to adopt standard screening of specific NCDs and to use uniform measures so data is standardized.
Lack of knowledge among parents and legal guardians about ways to prevent overweight and obesity among school children.	• Develop public education modules and messages to increase the understanding and capacity of parents and caregivers to implement healthy lifestyle interventions for their children • Mobilize the maternal and child health programs (MCH) to include parent education and public messaging on NCD prevention and control in the clinical setting
Poor patient compliance with NCD risk management interventions.	• Create case management teams for challenging patients. • Track and assess the "no-shows" at follow-up clinic encounters and determine the factors for noncompliance.

AREA OF ACTION 2025-2030: MENTAL HEALTH

Sub-vision: An island community where mental health is valued, and mental wellness exists for all

Goal: Promote mental well-being and decrease the prevalence of symptoms of mental disorders by 30% by 2030

Indicator	Baseline % (Current)	Target % (2030)
Adults (Source: 2023 Hybrid survey)		
With signs of depression	5.2	3.6
With signs of anxiety	4.3	3.0
Suicidal ideation, past 12 months	2.3	1.6
Youth (Source: 2021 YRBS)		
Felt sad or hopeless in the past 12 months	44.4	31.1
Seriously considered suicide, past 12 months	29.8	20.9
Attempted suicide in the past 12 months	25.2	17.6

Specific Objectives:

- By 2025, mental health is incorporated into NCD education, outreach, social marketing, and communications campaigns.
- By 2026, all clinical encounters for NCD-related conditions include a mental health assessment at the initial clinic visit and periodically during follow-up visits.
- By 2026, a referral pathway utilizing existing mental health resources and programs is in place to provide diagnostic and therapeutic support, and counseling, for persons at risk for mental disorders.

Strategic Actions:

Specific objective 1: By 2025, mental health is incorporated into NCD education, outreach, social marketing, and communications campaigns.		
Indicators	**Baseline**	**Target**
NCD outreach materials include mental health promotion	Currently non-existent	
Strategic actions	**Who will lead?**	**By when?**
Coordinate with Behavioral Health to develop educational and outreach materials that address the link between mental health and NCDs.	NCM, Behavioral Health	June 2025-2030
Include mental health messaging when doing community campaigns to raise awareness about the interconnectedness of mental health and NCD prevention and control.	NCM working groups, NCD coalitions	2025-2030

Specific objective 2: By 2026, all clinical encounters for NCD-related conditions include a mental health assessment at the initial clinic visits and periodically during follow-up visits.		
Indicators	**Baseline**	**Target**
Clinical protocol for mental health screening developed and adopted	Currently non-existent	
Strategic actions	**Who will lead?**	**By when?**
Work with Behavioral Health to develop clinical protocols for mental health screening in the clinical setting.	NCD Collaborative Screening Team, Behavioral Health	Dec 2025
Advocate to all clinical service providers to include mental health screening at the initial clinic visit and periodically in subsequent follow-up visits, according to the clinical protocol.	NCM, Behavioral Health	2026-2030
Train primary care providers to do rapid mental health assessment.	Behavioral Health. Medical Society	2026-2030

Specific objective 3: By 2026, a referral pathway utilizing existing mental health resources and programs is in place to provide diagnostic and therapeutic support, and counseling, for persons at risk for mental disorders.		
Indicators	**Baseline**	**Target**
Inventory of mental health resources readily available to clinicians and NCD partners	Currently not available	
Referral pathway for mental health disorders established in primary care clinics	Currently non-existent	
Strategic actions	**Who will lead?**	**By when?**
Work with Behavioral Health to identify existing mental health resources and programs and create a resource inventory or directory to serve as a reference for clinical service providers and NCD community partners.	NCD Collaborative Screening Team, Behavioral Health	Dec 2025
Establish a referral pathway so that all persons who are found to have mental health risks on screening can be referred to the appropriate mental health services and providers.	NCM, Behavioral Health	2026-2030
Disseminate the resource inventory and referral pathway to all clinical service providers and NCD community partners.	NCM, MHHS, NCD coalitions	2026-2030

Risks and mitigation strategies:

Risk factor/Threat	Mitigation strategies
Lack of awareness of the relationship between mental health and NCDs	• Raise awareness through community campaigns, social marketing, and advocacy • Find community champions to speak up about the important role of mental health in NCD prevention and control.
Lack of knowledge among clinicians to perform rapid mental health screening	• Ensure provider trainings in rapid mental health assessments. • Obtain TA from external partners if needed. • Link these trainings to licensure renewals to incentivize clinicians who undergo the training.
Poor patient compliance with NCD risk management interventions	• Create case management teams for challenging patients. • Track and assess the “no shows” at follow-up clinic encounters and determine the factors for noncompliance.

CONCLUSIONS AND RECOMMENDATIONS

This NCD Prevention and Control Strategic Plan for 2025-2030 builds upon and updates the previous plan that was originally set for 2015-2020 and extended to 2023 during the COVID pandemic. A committed multisectoral group of NCD stakeholders in both the public and private sectors convened for a 2-½ day strategic planning workshop to assess the progress in implementing the earlier Plan, identify the areas where greater action is needed, and determine the baseline and target indicators and key strategic actions that comprise the new Plan. The group decided to retain the five action areas representing the key NCD behavioral and metabolic risk factors and recommended the addition of a sixth action area to address mental health. Because of the limited time, the workshop participants selected 3-4 priority objectives for each action area to develop into strategic actions with responsible lead agencies/organizations and a timeline. However, the group agreed that the remaining objectives would need to be addressed at a future time.

The National Coordinating Mechanism (NCM) for responding to the NCD epidemic in Palau was created by Executive Order 379 in 2015 and continues to play a pivotal role in overseeing action to counter the NCD threat. This committee will continue to be responsible for providing oversight, facilitating mobilization of political commitment and resources, and coordinating the implementation of this new Plan. This body will also coordinate regular monitoring, evaluation, and reporting of those actions identified in the Plan.

For efficiency, prevalence indicators have been aligned with existing surveillance instruments, specifically the Hybrid Survey for adults and the Youth Risk Behavior Survey (YRBS) for youth. In the action area of tobacco control, the Palau Youth Tobacco Survey (PYTS) can also yield valuable information; the data from the full report is consistent with the grade levels used in the YRBS. Policy implementation progress can be guided by the Monitoring Alliance for NCD Action (MANA) Dashboard data maintained by the Pacific Islands Health Officers Association (PIHOA). With regards to goals and objectives, whenever possible, these have been aligned with the Global Voluntary NCD Targets and the Pacific Roadmap targets.

The key recommendations emerging from this workshop include the following:

1. Include an action area that addresses the interplay between mental health and NCDs and build upon the initial objectives and proposed strategic actions in this Plan.
2. Align indicators to the extent possible with existing surveillance systems to ensure efficiency in data availability. The Hybrid Survey, YRBS and PYTS are conducted regularly, and already have the data collection infrastructure in place. Using measures that are part of these surveys increases the likelihood that the NCM, MHHS and NCD stakeholders are able to track progress systematically over time.
3. Affirm the responsibility of the Working Groups within the NCM of delineating workplans based on the broad strategic directions set out in this Plan to warrant the successful implementation of these interventions so that NCD risks are reduced across the population, and the overall vision of a healthier nation and sub-visions are achieved.
4. Midway between 2025 and 2030, reconvene the NCD stakeholders to conduct a progress assessment, and use the results of this assessment to revise the Plan for the remainder of the implementation period.
5. Sustain the engagement and participation of the various NCD stakeholders and partners through close coordination and periodic communication, spearheaded by the NCM Secretariat.

ANNEX 1: PARTICIPANT LIST

	Name	Organization
1	Kalistus Rexid	The Angel Center
2	Sylvester Francis Alonz	Ministry of Human Resources, Culture, Tourism, and Development- Bureau of Human Resources
3	Nancy Wong	Amayong
4	Yoko K. Woodcock	Amayong
5	RB Alvarado	Angaur State Government
6	Klebokel Moses	Angaur State Government
7	Johaina Eledui	Apostolic Foundation Church
8	Herman Decherong	Apostolic Foundation Church
9	Helgah Sharp	Apostolic Foundation Church
10	Neyling Fajardo	ASTHO
11	Sara Bell	ASTHO
12	Brian Levites	ASTHO
13	Alex Wheatley	ASTHO
14	Alauddin Alazad	Bangladesh Association
15	Mohamad Momen Ullah	Bangladesh Association
16	Lucas Salii, Jr.	BEEA
17	Lue Cee Kotaro	Belau Cancer Society/ Division of Behavioral Health
18	Ma. Lourdes Jack	Belau Foreign Spouse Society
19	Salve Sugiyama	Belau Foreign Spouse Society
20	Lourdes Funa	Belau Foreign Spouse Society
21	Joseph Tiobech	Belau Medical Clinic- Wellness Program
22	Nancy Renguul	Belau Modekngei School
23	Melina Oiterong	Belau Modekngei School
24	Olympia Morei-Remengesau	Belau National Museum
25	Pearl Marumoto	BMC-Wellness Program
26	Mesiwal Madlutk	Bungelkesol-non-government organization
27	David K. Madlutk	Bungelkesol-non-government organization
28	Wilfred Williams	Cancer Survivors
29	Johanes Thing	Cancer Survivors
30	Hana Ngiruchelbad	CFTP/JN Services
31	Annabel Lyman	Coalition for a Tobacco Free Palau
32	Valerie Whipps	Coalition for a Tobacco Free Palau
33	Thelma R. Ngirameketii	Coalition for a Tobacco Free Palau
34	Elchesel Wilfred	Community Health Center
35	Salustia Mira	Community Health Center
36	Loretta Shmull	Eldebechel ra NgaraBlod
37	Shirley Tirso	Family Health Unit
38	Annette David	Guam SEOW
39	Jessica Yamauchi	Hawaii Public Health Institute
40	Makamae Namahoe	Hawaii Public Health Institute
41	Fumitoshi Yano	JICA Palau
42	Lorraine Rivera	Kotel a Deurreng
43	Philomena Temengil	Kotel a Deurreng
44	Rosalynne Florendo	MCH State Family Leader
45	Bilung Gloria Salii	Mechesil Belau

46	Margarette Williams	Mechesil Belau
47	Carol Emaurois	Mechesil Belau
48	Sara Sugiyama	Meyuns Elementary School
49	Obechou K. Mereb	Mindzenty High School
50	Dean Terry	Ministry of Education
51	Hilda Kenzio	Ministry of Education- Health
52	Sharnnel D. Sumang	Ministry of Finance
53	Dr. Isau Mekoll	Ministry of Health & Human Services
54	Dr. Vijayananda Sundara	Ministry of Health & Human Services
55	Edolem Ikerdeu	Ministry of Health & Human Services
56	Justice Taima	Ministry of Health & Human Services
57	Sheliza Ngirturong	Ministry of Health & Human Services
58	Dr. Glenda Santos	Ministry of Health & Human Services
59	Bisau Ngiraidong	Ministry of Health & Human Services - Policy Research Development
60	Leona Teblak	Ministry of Health & Human Services- Community Health Worker
61	Calvin Johanes	Ministry of Health & Human Services- Division of Environmental Health
62	Ribka Kintaro	Ministry of Health & Human Services- Division of Human Services
63	Imee Pedro	Ministry of Health & Human Services- Division of Human Services
64	Loretta Philip	Ministry of Health & Human Services- Family Health Unit
65	Tino Faatuuala	Ministry of Health & Human Services- Kitchen Department
66	Dr. Nihla Reddin	Ministry of Health & Human Services- Oral Health
67	Antonnette Merur	Ministry of Health & Human Services- Palau Nurse Association
68	Sherilyn Madraisau	Ministry of Health & Human Services- Public Health
69	Jason Nolan	Ministry of Health & Human Services- Rehab Department
70	Ulang Ngirchemat	Ministry of Health & Human Services-Bureau of Health System Administration
71	Arnice Yuji	Ministry of Health & Human Services-Bureau of Health System Administration
72	Litang Kelmal	Ministry of Health & Human Services-Community Health Worker
73	Leilanin Otiwii	Ministry of Health & Human Services-Community Health Worker
74	Aileen Kingya	Ministry of Health & Human Services-Community Health Worker
75	Chelsea Ngirchokebai	Ministry of Health & Human Services-Community Health Worker
76	Keryan Roman	Ministry of Health & Human Services-Community Health Worker
77	Jenalyn Jesse	Ministry of Health & Human Services-Community Health Worker
78	Mayva Masters	Ministry of Health & Human Services-Community Health Worker
79	Germaine Beltau	Ministry of Health & Human Services-Community Health Worker
80	Dr. Irene Naito	Ministry of Health & Human Services-Community Health Worker
81	Leah Moses	Ministry of Health & Human Services-Community Health Worker
82	Wickliff Ingais	Ministry of Health & Human Services-Community Health Worker
83	Athena Stephanus	Ministry of Health & Human Services-Community Health Worker
84	Gandercia Tarkong	Ministry of Health & Human Services-Community Health Worker
85	Danjela Sikong	Ministry of Health & Human Services-Community Health Worker
86	Didbed Ulechong	Ministry of Health & Human Services-Community Health Worker
87	Leila Joseph	Ministry of Health & Human Services-Community Health Worker
88	Missy Remurang Maximo	Ministry of Health & Human Services-Community Health Worker
89	Laeticia Sekool	Ministry of Health & Human Services-Community Health Worker
90	Avis Otei	Ministry of Health & Human Services-Community Health Worker
91	Erur Francisco	Ministry of Health & Human Services-Community Health Worker

92	Bailechesel OJ Tumechub	Ministry of Health & Human Services-Division of Behavioral Health
93	Stephanie Tmodrang	Ministry of Health & Human Services-Division of Environmental Health
94	James Remengesau	Ministry of Health & Human Services-Division of Human Services
95	Hera Subediang	Ministry of Health & Human Services-Division of Human Services
96	Mindy Sugiyama	Ministry of Health & Human Services-DPPHS
97	Minister Gaafar Uherbelau	Ministry of Health & Human Services-Minister
98	Darla Rengulbai	Ministry of Health & Human Services-NCD Unit
99	Bonnie Rengiil	Ministry of Health & Human Services-NCD Unit
100	John Sadao	Ministry of Health & Human Services-NCD Unit
101	Adeline Santos	Ministry of Health & Human Services-NCD Unit
102	Verna Kyota	Ministry of Health & Human Services-NCD Unit
103	Joyce Antonio	Ministry of Health & Human Services-NCD Unit
104	Selma August	Ministry of Health & Human Services-NCD Unit
105	Norie Funaki	Ministry of Health & Human Services-NCD Unit
106	Carla Ngirailemesang	Ministry of Health & Human Services-NCD Unit
107	Geggy Baiei	Ministry of Health & Human Services-NCD Unit
108	Janice Mathew	Ministry of Health & Human Services-Oral Health
109	Violet Rengulbai	Ministry of Health & Human Services-Prevention Unit
110	Candance Koshiba	Ministry of Health & Human Services-Prevention Unit
111	Israella Y. Reklai	Ministry of Health & Human Services-Prevention Unit
112	Dilsiich D. Maui	Ministry of Health & Human Services-Prevention Unit
113	Sergio Ngiraingas	Ministry of Health & Human Services-Prevention Unit
114	Athena Mengloi	Ministry of Health & Human Services-Prevention Unit
115	Sanya Olkeriil	Ministry of Justice
116	M. Nabeyama	Ministry of Justice
117	Kenny Sengebau	Ministry of Justice
118	Benedict Kintaro	Ministry of Justice
119	Ariel Dirkedil Siang	Ministry of Agriculture, Fisheries and the Environment
120	Akira Samsel	Ngerbuns Club
121	Valerie Stephanus	NSBY
122	Joe Aitaro	Office of Climate Change
123	Omdasu T. Ueki	Office of the President
124	Asterio Takashi	Office of Vice-President
125	Lynn Kailang	OMEKESANG
126	John Takisang	OMEKESANG
127	Elenita Brel	Palau Behavioral Health Advisory Council
128	Harline Haruo	Palau Community College
129	Juliet Ngotel	Palau Evangelical Church
130	Kenneth Mereb	Palau Formosa Livestock Association
131	Rose Ongalibang	Palau Formosa Livestock Association
132	Jill Senior	Palau Media Council/OTV
133	Todd Ngiramengior	Palau National Baseball League
134	Stephanie Ngirchoimei	Palau National Olympic Committee
135	Jerry Nabeyama	Palau NCD Free Club
136	Jocelyne Tonyokwe	Palau Nurse Association
137	Sayuri Okada	Palau Parent Empowered
138	Elilai Ngirmang	Palau Parent Empowered
139	Francesca Morei Misch	Palau Parents Empowered
140	Germaine Yaoch	Palau SDA School

141	Judy Otto	Palau Swimming Association/ Palau Animal Welfare Society
142	Kenji Dengokl	Palau-NCD Free Club
143	Balkuu Sandario	Parole Board
144	Wridon Ngiralmau	PCHC
145	Hirono Sasaki	Peace Wind
146	Griselda Gates	PEC Gospel Kindergarten
147	Dodger Kumangai	PECSS
148	Dr. Sylvia Osarch	Physician
149	Maria Rehuher	PTFA
150	Karya Lustig	Public Health Institute
151	Laura I. Miles	Sonsorol State Women Organization
152	Benjamin Tsai	Taiwan Technical Mission
153	Kelvin Chen	Taiwan Technical Mission
154	Charito I. Ililau	TFCP
155	Divina Caldern	TFCP
156	Danka Ledgerwood	The Angel Center
157	Elizabeth Harong	The Angel Center
158	Leonard Basilius	UAK/PCAA
159	Uong Yalap	UN ESCAP
160	Sharon Sakuma	United Nations Office
161	Chelsea Pedro	West Care Pacific Is. Inc.
162	Shanetty Masang	West Care Pacific Is. Inc.
163	Tublai Ililau	West Care Pacific Is. Inc.
164	Jacqui Alexander	YWAM
165	Violet Fernando	Community member

ANNEX 2: EXECUTIVE ORDER NO. 484

REPUBLIC OF PALAU
OFFICE OF THE PRESIDENT

SURANGEL WHIPPS, JR.
President

P.O. Box 6051, Palau, PW 96940
Tel. (680) 767-2403/2828
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Executive Order No.: 484

To reconstitute the National Coordinating Mechanism to facilitate and coordinate the Government of the Republic of Palau's efforts to combat the occurrences and impacts of Non-Communicable Disease in the Republic of Palau.

WHEREAS, non-communicable diseases (NCDs) are the leading causes of deaths, illness, and disability in the Republic of Palau, undermining health and sustainable development in our small island nation; and

WHEREAS, the global community including the Republic of Palau has recognized the devastating impacts of NCDs and has declared NCDs a crisis; and

WHEREAS, the World Health Organization (WHO) estimates that two thirds of the effects in responding to NCDs will come from reducing exposure to risk factors through multisectoral initiatives; and

WHEREAS, collaboration across and within all sectors of government and society is key to the mobilization of sufficient resources and essential roles for the effective implementation of the Palau NCD Prevention and Control Strategic Plan and to create environments fostering positive health behavior and outcomes, promote and protect public health, and attain national health targets; and

WHEREAS, there is a need to establish a governance framework that can coordinate strategies and interventions across sectors to address NCDs, allowing stakeholders among these sectors to work together to develop and implement appropriate and effective strategies, policies, and procedures; and

NOW THEREFORE, by virtue of the authority vested in the President under the Constitution and the laws of the Republic of Palau, I hereby direct that the National Coordinating Mechanism be reconstituted as follows:

1. Foundational Documents of the National Coordinating Mechanism.

The National Coordinating Mechanism (NCM) is guided by commitments ("Guiding Principles") to the following:

(a) Sustainable Development Goals (SDGs);
(b) the Global Action Plan for the Prevention and Control of NCDs;
(c) the Pacific Non-Communicable Disease Roadmap Report;
(d) the World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC);
(e) Executive order No. 295 Declaring a State of Health Emergency on Non-Communicable Diseases

(f) RPPL 9-57 allocating ten-percent (10%) of taxes on alcohol and tobacco to fund the National Coordinating Mechanism for NCDs;
(g) RPPL 11-8 amending the NCD authorizing statute;
(h) the Palau NCD Prevention and Control Strategic Plan of Action; and
(i) this Executive Order.

2. Operational Goals for Implementing the Guiding Principles.

The NCM shall incorporate the following operational goals into its planning and implementation:

(a) Promote and practice a unified, holistic message of health and wellness (alcohol, tobacco, nutrition, physical activity, & mental health);
(b) Adopt a value statement defining the NCM's unified holistic message on health and wellness;
(c) Promote appropriate programs in line with national priorities regarding vulnerable populations;
(d) Share plans for key and/or major activities with all partners;
(e) Be flexible, especially in regard to joint implementation and funding;
(f) Be transparent, especially in regard to resources and activities;
(g) Create a high trust environment among partners; and
(h) Respect the independence of partner/member organizations. Partners should retain their mandates and autonomy during the implementation of their programs.

3. Functions and Responsibilities.

The NCM shall carry out the following functions and responsibilities:

(a) Develop/adopt and/or maintain Terms of Reference for the NCM;
(b) Facilitate the integration and alignment of the Sustainable Development Goals, Palau NCD Prevention and Control Strategic Plan, related NCD plans and commitments, the WHO FCTC and its guidelines, and national development plans and policies;
(c) Contribute to intergovernmental commitments pertaining to NCDs;
(d) Integrate NCD prevention and control in the policies and programs of relevant ministries and government agencies, and civil society organizations/community-based organizations;
(e) Develop an annual cost NCM action plan to guide its work (based on specific fiscal years);
(f) Evaluate annual NCM action plan at middle and end of fiscal year;
(g) Monitor and evaluate the implementation of the Palau NCD Prevention and Control Strategic Plan twice yearly;
(h) Advocate for, administer/manage and oversee funds and other resources to support the functioning of the NCM operations, the Secretariat, and the implementation of Palau NCD Prevention and Control Strategic Plan;
(i) Develop appropriate internal and external communication processes and ensure uniform communication;
(j) Develop an explicit code of conduct for how all members of the NCM interact with the tobacco

and alcohol industries and their representatives;
(k) Provide a platform for dialogue and development of public policies for NCDs;
(l) Monitor the implementation of WHO FCTC Article 5.3 on protection of national tobacco control policies from commercial and other vested interests of the tobacco industry; and
(m) Compile a written NCM Annual Report on the distribution of the NCD Fund, the entities receiving funds, and the programs supported by NCD distributions. The NCM shall submit said report to the President and Olbiil Era Kelulau in February of each year.

4. NCM Membership.

The Membership of the NCM shall include a representative from the following organizations:

(a) The Council of Chiefs;
(b) The Office of the President;
(c) Ministry of Health and Human Services;
(d) Ministry of Education;
(e) Ministry of Human Resources, Culture, Tourism, and Development;
(f) Ministry of Finance;
(g) Ministry of Justice;
(h) Ministry of Agriculture, Fisheries, and Environment;
(i) Palau Community College;
(j) The Governor's Association;
(k) Mechesil Belau;
(l) Belau Association of Non-Governmental Organizations (BANGO);
(m) Belau Families Schools & Communities Association;
(n) Palau Community Health Center;
(o) Palau Community Action Agency;
(p) Palau National Olympic Committee;
(q) Belau Cancer Society;
(r) Coalition for a Tobacco Free Palau;
(s) DeWill a Klengar Foundation;
(t) Palau Behavioral Health Advisory Counsel;
(u) Kotel a Deurreng;
(v) Palau Resource Institute;
(w) Palau Conservation Society.

The Membership of the NCM may be amended or expanded, provided that such expansion is approved by a majority vote of the NCM and reported in writing to the President of the Republic of Palau.

5. Organization of the NCM.

Each organization identified above shall appoint a representative to serve a two-year term on the NCM, and such members may be reappointed upon the approval of the appointing organization. Each organization identified above shall endeavor to avoid membership lapsing, and shall appoint a new member to the NCM

within 60 days of the conclusion of an appointed member's term.
The NCM shall affirm a permanent co-chair and appoint a rotating co-chair from civil society and select the members of the Secretariat. The rotating co-chair of the NCM shall serve a 2-year term and may be reappointed upon the majority vote of the civil society/NGO members of the NCM.

6. Secretariat of the NCM.

The NCM shall establish a Secretariat of five members, appointed by the Office of the President, and by the two co-chairs. The Secretariat shall be charged with maintaining minutes of meetings, securing the files, NCD funding applications, and other documents collected or created by the NCM, and facilitating the creation of the NCM Annual Report. The Secretariat shall have other such tasks as are designated by the NCM to support and effectuate the functions and responsibilities outlined herein.

7. Stipends.

The Secretariat and Members of the NCM shall be eligible for an appropriate form of stipend rate of $50 per day or no less than $10.00 per hour. Non-government employees engaged in government activities, government employees that cannot be compensated using the normal process, or requiring an overnight stay outside of their normal duty station, or attending training outside of normal or regular scheduled working hours shall be eligible for stipends.

8. Effective Date and Duration.

This Order shall take effect immediately and shall remain in effect unless otherwise amended, superseded, or rescinded.

9. Previous Orders.
Previous orders, involving the creation of the NCM, including Executive Order 379, are hereby rescinded and superseded to the extent that they conflict with this Order.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the 11th day of July at Koror, Republic of Palau.

Surangel S. Whipps Jr.
President of the Republic of Palau

ANNEX 3: ANNUAL ACTION PLAN YEAR 1: JANUARY – DECEMBER 2025

AREA OF ACTION 2025-2030: TOBACCO CONTROL

Objective 1: By 2025, achieve full compliance with the other demand reduction provisions of the WHO FCTC Articles 8 -*protection from exposure to tobacco smoke*, 11- *packaging and labelling of tobacco products*, and 13 - *tobacco advertising, promotion and sponsorship*).

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Review drafted amendments	Reach out for legal consultant to review amendments (previously drafted)	Jan. 2025	March 2025	Input from legal expertise	
Develop and implement a comprehensive communications strategy and plan to effectively identify and engage targeted stakeholders (e.g. champions in the OEK) and raise awareness about the specific demand reduction provisions being targeted.	Identify and engage/contract person(s) to develop the strategy	July 2025	Dec. 2025	Communications strategy is developed	
Meet and present proposed amendments to relevant committees in OEK.	Identify and contact champions in the OEK	March 2025	May 2025		
Resources needed	$5,000				
Responsible party	CTFP/tobacco working group				

Objective 2: By 2026, establish the infrastructure and capacity for tobacco dependence treatment/cessation services (per WHO FCTC Article 14 *tobacco dependence and cessation*).					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Identify and recruit a national cessation coordinator (focal person)	• CTFP, PH Director/NCM Co-Chair meet to discuss job requirements and strategic steps to recruit • Secure NCM commitment & funding • Post vacancy • Interviews/recruitment	Jan 2025	May 2025	• Meeting notes • Job description drafted • NCM budget allocation • Vacancy announcement	
Finalize and present landscape analysis that outlines cessation services currently available and service gaps that need to be addressed.	• Review previous reports by consultants and summarize findings and recommendations • Present to MHHS	Jan 2025	Feb 2025	Final report	
Develop and adopt the National Cessation Policy based on landscape analysis.	CTFP, REACH, Prevention Unit meet to develop a draft policy Meet with Minister of MHHS to gain input and support for such a policy Minister presents draft policy to the President for endorsement as national policy Share & promote policy with stakeholders	Feb. 2025	May 2025	Policy formally endorsed & adopted by the President	
Finalize tobacco, nicotine, betel nut use policy for MHHS	• Solicit input/comment from CTFP (tobacco working group) on draft policy • Present policy to Director of Public health to gain input and support • Director to present final draft to Minister of HHS for endorsement • Develop and implement a communication plan to promote the policy to MHHS, patients and visitors to all MHHS facilities and properties	Jan 2025	May 2025	Policy endorsed and adopted by Minister of MHHS.	
Adopt and disseminate national cessation treatment guidelines to primary health care, public health, hospital and community settings.	Convene stakeholders to finalize and adopt work accomplished to date on the draft set of guidelines for primary health care, public health, hospital and community settings	March 2025	May 2025	Finalized guidelines	
Resources needed	$50,000 (includes recruitment, development and implementation of guidelines, promotions, etc.)				
Responsible parties	NCM, MHHS, CTFP				

Objective 3: By 2026, Palau will adopt measures to protect public health policies from commercial and other vested interests of the tobacco industry.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Explore options through legislation or amendments to government Civil Service Rules and Regulations/Code of Ethics to prevent TI interference with public health policy	• Consult with TI interference working group (MHRTCD and offices of the Ethics Commission, of the President and the Attorney General) • Reach out for legal consultant to draft amendment language regarding tobacco industry for tobacco control & present to OEK.	Jan. 2025	June 2025	Review of options to take and a decision is made	
Amend Palau's tobacco control legislation to prohibit TI corporate social responsibility (CSR) activities.	Reach out for legal consultant to review amendments (previously drafted)	Jan. 2025	March 2025	Amendments drafted	
Meet and present proposed amendments regarding CSR, to relevant committees in OEK.		March 2025	May 2025	Draft amendments proposed	
Develop & implement a comprehensive communications strategy and plan to effectively engage stakeholders, raise awareness about the issue of industry interference and the importance of rejecting tobacco industry interference in Palau's public health policies and ensure timely dissemination of information.	Identify person to develop communication strategy for TI Interference (flyers, infographics, media/social media plan, etc.) Implement communication plan	Jan. 2025 March	March 2025 ongoing	Communications strategy developed	
Resources needed	$5,000				
Responsible party	CTFP, MHHS (for information dissemination)				

Objective 4: By 2026, amend tax legislation to ensure periodic increases in tobacco taxes adjusted to inflation thereby reducing the affordability of tobacco products					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Review existing tobacco tax legislation and prepare an updated draft	Reach out for legal consultant to draft amendment language for tobacco control & present to OEK.	Jan. 2025	March 2025	Draft legislation developed	
Collect supporting information and data	Collect accurate evidenced based reports/GDP affordability.	July 2025	Dec. 2025		
Develop and implement a comprehensive communications strategy and plan to effectively engage stakeholders, raise awareness about our initiatives, and ensure transparent, timely dissemination of information	Identify person to develop communication strategy for TI Interference (flyers, infographics, media/social media plan, etc.) Implement communication plan	June 2025	Dec 2025		
Resources needed	$5,000				
Responsible party	MHHS, CTFP/tobacco working group				

AREA OF ACTION 2025-2030: REDUCING HARMFUL USE OF ALCOHOL

Associated Objective 1: By 2026, formalize an interagency coalition for alcohol use and abuse prevention and control with terms of reference that convenes on a regular basis.

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Identify potential community champions to lead the coalition and identify potential stakeholders and partners.	• Draft initial letter; send letter to potential stakeholders, partners and community champions. • Meet with partners and stakeholders to get buy-ins. • Schedule meeting; draft Calendar of Events.	Jan 2025	Dec 2025	1. Finalized/approved TOR Finalized/approved MOUs/SOPs	
Convene the local interagency multisectoral coalition to develop their TORS and SOPs.	• Convene meeting with interagency coalition members; develop TOR & SOP. • Finalize TOR & SOP	Jan 2025	Dec 2025		
Create MOUs between agencies to formalize their membership in the coalition.	• Draft/review MOUs. • Finalize MOUs.	Jan 2025	Dec 2025		
Draft the coalitions workplan to address the goals above. Incorporate the previous plans alcohol control objectives into the work plan.	Convene workshop to develop workplan; finalize/endorse workplan.	Jan 2025	Dec 2025		
Regularly report on progress to the NCM	Send progress report to NCM.	Jan 2025	Dec 2030		
Resources needed	Meeting expenses, TA-Workplan, TOR, MOU, and SOP.				
Responsible party					

Associated Objective 2: By 2026, enhance/strengthen enforcement of laws prohibiting sales of alcohol to minors by requiring mandatory ID verification of age of all buyers.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Identify and convene the agencies and partners involved in implementing the existing law into Steering Committee	• Draft sending invitation letters to partners and agencies into the Steering Committee.	Jan 2025	Dec 2025	Invitation letters drafted	
Review the existing law/regulations to identify the gaps.	• Convene meeting with partners to review existing	Jan 2025	Dec 2025		
	• Law/regulation and identify gaps. • Seek Legal Adviser to support on reviewing documents.			Meeting conducted.	
Allocate sufficient resources and manpower for enforcement.	• Advocate for resources (amongst Interagency Coalition) to support Enforcement Agencies.	Jan 2025	Dec 2025		
Resources needed	Meeting expenses, TA-Workplan, TOR, MOU, and SOP.				
Responsible party					

Associated Objective 3: By 2030, increase alcohol free cultural and social functions (customary events).					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Advocate and educate the public about alcohol-free events.	Develop Public Service Announcements to promote, educate and encourage Community to create alcohol-free events.	Jan 2025	Dec 2025	Developed PSAs; Meeting conducted; Report shared to public	
Promote the alcohol-free Night Market as a good practice example across the different States.	Meet and collaborate with Palau visitors Authority to promote Night market as "alcohol-free event".				
Encourage each State/country to create local alcohol-free events laws.	Create banners with message "alcohol-free event".				
Assign an agency to collect and evaluate data on alcohol-free community events.	Assign agency to collect, evaluate and report data on alcohol-fee events in the community.				
Resources needed	Meeting Expenses, materials to develop PSAs, banner, and other educational materials.				
Responsible party					

Associated Objective 4: By 2030, earmark a portion of the alcohol tax revenues for regulatory enforcement and other relevant authorities.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Identify champion in congress to propose earmarking a portion of alcohol tax revenues for enforcement.	• Draft a letter requesting to meet with Senate Committees on Health & Social Welfare/ Community, culture, Youth & Sprots, and House Committees on Health, Social & Cultural Affairs and Education & Youth Affairs. • Meet with OEK Committee members to discuss plan. • Identify Champions, meet at least 1 or 2 from Senate and House.	Jan. 2025	Dec 2025	Drafted/Delivered Letters; Meeting conducted; Champions identified	
Resources needed	Meeting expense				
Responsible party					

Description	**Results**
Working Group Name	Alcohol Prevention & Control Working Group
Meetings	
Coordinating Meeting Lead	Chief Sylvester Alonz
Reporting	Lourdes Funa
Resources Needed	Meeting expense, training/TA on workplans, TOR, Etc., educational materials.

AREA OF ACTION 2025-2030: IMPROVING NUTRITION

Associated Objective 1: By 2030, convene a multisectoral workgroup to address overall nutrition improvement activities in Palau quarterly.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Identify potential existing and new members.	1. Identify existing members. 2. Identify and engage. potential new members. 3. Convene members.	Feb 2025	Feb 2025	List of members Letter of invites Schedule meeting	
Develop a Term of Reference	1. Formalize roles, responsibilities, and membership *Develop and an organization & operation structure	Mar 2025	Mar 2025	Endorse TOR	
Develop and an organizational & operation structure	1. Draft organizational & operation structure 2. Review and finalize 3. Endorse SOP	Mar & Apr 2025	Apr 2025	SOP	
Resources needed	Meeting spaces and expenses, TOR and SOP Templates				
Responsible party					

Associated Objective 2: From 2025 to 2030, enhance nutrition education in schools, workplaces, and communities by adding 5 sites per year.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Create a working group	• Identify and create a working group • Invite members • Convene workinggroup meeting	Jan 2025	Feb 2025	List of members Schedule meeting (Include Traditional Members)	
Review existing curriculum and guidelines	Identify/locate existing curriculum and guidelines.	Feb 2025	May 2025		
Review and revise	• Review & revise • Adopt curriculum	May 2025	Dec 2025		
Resources needed	Meeting spaces and expenses				
Responsible party					

Description	**Results**
Working Group Name	Nutrition Working Group: Edolem Ikerdeu, Heather Ketebengang, Mia Kuartei, Charlene Mersai, Tino Faatuuala, Hera Subediang, Kelvin Chin, Norie Funaki, Joyce Antonio, and Adeline Santos.
Meetings	
Coordinating Meeting Lead	Verna Kyota
Reporting	
Resources Needed	

AREA OF ACTION 2025-2030: INCREASING PHYSICAL ACTIVITY (PA)

Associated Objective 1: By 2025, develop standardized indicators & methods & data collection, analysis, and dissemination for active living in Palau.

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Identify specific indicators for active living starting with physical activity indicators that already included in existing surveillance instruments (e.g. Hybrid Survey, YRBS). If additional data is needed develop monitoring and evaluation tools (e.g. questionnaires, surveys) to capture data.	The Physical Activity working group have developed monitoring and evaluation tool for Physical activity based on the indicators for active living.	March 2025	May 2025	Surveys, questionnaires	
PAWG will develop standard operation procedures (SOPs) on data collection and analysis.	The Physical Activity working group establishes SOPs on developed on monitoring and evaluation tool.	March 2025	May 2025	SOP	
PAWG will develop trainings and capacity building programs that will empower stakeholders for data dissemination.	• To assess stakeholders' capacity of disseminating data. • Set the dates and venue for training and capacity building.	June 2 025	July 2025	Assessment results Sign-up sheet Evaluation workshop	
Identify and secure resources to develop data collection analysis and dissemination.					
Develop monitoring and evaluation framework to assess and measure progress					
Resources needed					
Responsible party					

Associated Objective 2: By 2030, all schools will have facilities, human resources, curricula, and policies to ensure that students achieve the recommended 60 minutes per day of moderate or vigorous physical activity on 5 or more days of the week.

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Introduce events (once per quarter) in all schools that integrate physical activity for all students. Include	Work in collaboration with partners to identify percentage of children with special needs.	Aug 2025	Dec 2025		
Access and resources for student with disabilities.	To identify the number of students with special needs at risk of obesity.			Percentage of children with special needs	
Resources needed					
Responsible party					

Associated Objective 3: By 2030, at least 50% of government offices and private sector enterprises will have adopted a Worksite Wellness Program that incorporates a holistic approach that includes tobacco free policies and programs, good nutrition, alcohol control, and regular physical activity.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Identify key business leaders for the private sector.	Write an invitation letter and disseminate to private sector to identify business leaders.	Jan. 2025	Jan. 2025	Letters List of Members Sign-up Sheet Meeting minutes	
	Confirm members and convene first meeting.	Jan. 2025	Jan. 2025		
	The PAWG will initiate work on the model.	July 2026	2026		
Resources needed					
Responsible party					

Associated Objective 4: By 2025, a formal physical activity & sports working group to address prioritize active living among youth & adults in Palau is convening regularly.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Identify key partners.	Invitation to key partners to confirm membership is distributed.	Dec 2024	Jan 2025	Letters of invitation and confirmation	
Minimum 9 members in the working group.	Convene first meeting with working group.	Jan 2025	Jan 2025	Sign-up sheet, meeting minutes, calendar	
Resources needed	Logistic administrative support, meeting venue, funding for supporting the meeting.				
Responsible party					

Description	**Results**
Working Group Name	Physical Activity Working Group
Meetings	
Coordinating Meeting Lead	Dean Terry
Reporting	
Resources Needed	

AREA OF ACTION 2025-2030: METABOLIC RISK FACTOR

Associated Objective 1: By 2030, maintain a multi-disciplinary team with community clinical linkages in place to address the prevalence of NCD's in Palau, with quarterly meeting

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Establish and formalize a multi-disciplinary team.	Identify new key partners/stakeholders.	Jan. 2025	Jan 2025	Multi-Disciplinary Team	
	Convene meeting with key partners and discuss goals and objectives.	Feb 2025	Feb 2025		
	Develop and finalize annual workplan with roles and responsibilities.	Mar 2025	Mar 2025		
	Develop quarterly calendar meeting.	April 2025	Apr 2025		
	Implement plan	May 2025	May 2026		
Resources needed	Meeting expenses and compensation				
Responsible party					

Associated Objective 2: By 2025, reduce the prevalence of raised blood pressure among adults by 15%.

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Develop, finalize, and implement hypertension guidelines specific to the population. Integrate WHO "Best Buys" for hypertension into the guidelines.	Identify new key partners/stakeholders.	Jan. 2025	Jan 2025	Multi-disciplinary Team	
	Convene meeting with key partners and discuss goals and objective.	Feb 2025	Feb 2025		
	Develop and finalize annual workplan with roles and responsibilities.	Mar 2025	Mar 2025		
	Develop quarterly calendar meeting.	April 2025	Apr 2025		
	Implement plan	May 2025	May 2026		
Ensure all health service providers use the hypertension guidelines for screening, diagnosis, treatment, and follow up high blood pressure.	Implement HTN guideline at all points of entry.	July 2025	Ongoing		
Develop standardized data collection, recording, sharing and dissemination process for all partners who conduct blood pressure screenings.	Compile and review any existing SOPs for data management.	Jan 2025	Feb 2025		
	Develop and finalize data management tool that allows for interoperability between existing data system	Mar 2025	Apr 2025		

	Pilot data management tool.	May 2025	Jun 2025		
	Adopt and implement the data management tool.	July 2025	Ongoing		
	Assess utilization of data management tool.	Dec 2025	Dec 2025		
Create a communications plan to determine the health messaging for promoting healthy lifestyles and maintaining normal blood pressure levels.	Develop a communication plan with key messages & implement according to plan	Jan 2025	Jun 2025		
Coordinate community outreach and education/information dissemination using an outreach calendar.	Convene meeting with NCD screening team and develop outreach calendar.	Jan 2026	Jan 2026		
Resources needed	Meeting expenses and TA from outside partners				
Responsible party					

Associated Objective 3: By 2030, reduce the prevalence of raised Hba1c among adults by 15%.

Strategic Action	Tasks	Start Date	End Date	Deliverables	Status
Review current social marketing and awareness campaigns focusing on risk factors causing raised blood glucose and update them to address all the relevant NCD risk factors that affect blood sugar levels. In particular, include the role of tobacco use in diabetes causation, and the impact of mental health on diabetes treatment compliance.	Review existing social marketing and revise if necessary.	Jan. 2026	Jan 2026	Multi-disciplinary Team	
Incorporate diabetes self-management education in all primary care, NCD and wellness clinic encounters.	Implemented in clinic.	Started	Ongoing		
Identify the pre-diabetic population and refer them to self-management programs	Identifying pre-diabetic population through community screenings and referring to self-Management program (i.e. DPP program)	Started	Ongoing	Number of pre-diabetic individuals referred	
Address barriers to compliance with blood sugar lowering regimens through chart reviews and surveys and address the barriers to good blood glucose control.	Identify assessment tool used to address barriers to compliance (i.e. PDSA tool)	Sept 2023	Ongoing	Number of patients surveyed and assessed	
Resources needed	Meeting expenses and TA from outside partners				
Responsible party					

Associated Objective 4: By 2030, reduce the prevalence of overweight/obesity.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Coordinate with existing programs, such as school-based health programs, to promote healthy weight strategies among youth.	Objective 3 will begin Fall 2025.				

Description	Results
Working Group Name Working Group Members	Metabolic Risk Factor Working Group Dr. Myra Adelbai, Verna Kyota, Salustia Mira, Elchesel Wilfred, Violet Rengolbai, Laura Miles, and Kendal Titiml.
Meetings	
Coordinating Meeting Lead	Dr. Myra Adelbai and Selma August
Reporting	
Resources Needed	

AREA OF ACTION 2025-2030: MENTAL HEALTH

Associated Objective 1: By 2025, mental health is incorporated into NCD education, outreach, social marketing, and communications campaigns.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Coordinate with Behavioral Health to develop educational and outreach materials that address the link between mental health and NCDs.	Form educational and outreach materials working group.	Apr 2025	Apr 2025	Working Group	
	Educate working groups on the link between mental health and NCDs.	May 2025	May 2025	Concept of the link between mental health and NCDs.	
	Develop educational and outreach materials.	Jun 2025	Jun 2025	Educational and outreach materials	
Resources needed	Training & Technical Assistance				
Responsible party					

Associated Objective 2: By 2025, mental health is incorporated into NCD education, outreach, social marketing, and communications campaigns.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Work with Behavioral Health to develop clinical protocols for mental health screening in the clinical setting and NCD clinics.	Assess existing protocol for mental health screening.	Jun 2025	Jun 2025	Protocols in place	
	Update protocols.	Jul 2025	Jul 2025	Updated protocols	
	Train			Trained personnel	
Resources needed	Training & Technical Assistance				
Responsible party					

Associated Objective 3: By 2026, a referral pathway utilizing existing mental health resources and programs is in place in to provide diagnostic and therapeutic support, and counseling, for persons at risk for mental disorders.					
Strategic Action	**Tasks**	**Start Date**	**End Date**	**Deliverables**	**Status**
Work with Behavioral Health to identify existing mental health resources and programs and create a resource inventory or directory to serve as a reference for clinical service providers and NCD community partners.	Identify existing programs and services that are active.	Jan 2025	Mar 2025	Registry list of resources	
	Review and update resources and programs	Apr 2025	May 2025	Updated resources	
Resources needed					
Responsible party					

Description	Results
Working Group Name (Members)	Elenita Brel; Francesca Morei-Misech; Dilsils Kanai; Cecilia Olikong; Lue Cee Kotaro; Godfrey Sandario; Israella Y. Reklai; Glenda Mechadelchutem; Germaine Beltau; Mayva Masters; OJ Tumechub; Jayvee Grapa, Chelsea Pedro
Meetings	1st Meeting on December 05, 2024
Coordinating Meeting Lead	Lue Cee Kotaro
Reporting	
Resources Needed	