



INTERSECTORAL CASE STUDY

USING EMERGENCY POWERS TO MOBILIZE IMPROVED AND WHOLE-OF-SOCIETY ACTION ON NCDs: THE CASE OF PALAU

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SUMMARY

This example outlines the case of Palau, where in May 2011 the former President declared a State of Health Emergency on noncommunicable diseases (NCDs) and ordered the use of the Ministry of Health Incidence Command System to manage the crisis brought about by NCDs. As part of executive order 295, President Toribiong also ordered all Ministers and heads of national government agencies in Palau to assist the Minister of Health in this effort as required (Palau Office of the President, 2011). The action by Palau was undertaken as part of a wider declaration on the NCD crisis among Pacific island countries and areas, and this wider context for policy and political action is also outlined here.

1 Why this case study is of interest to policy-makers

This case study is of interest to policy-makers because the Palau declaration is part of a wider policy and social change process among Pacific island countries and areas to use emergency powers (which are normally reserved for discrete events and immediate crises) to make international and regional decision-makers and stakeholders (including international donors) pay attention to what is defined as a slow-moving health catastrophe. In April 2010, at their 48th meeting the Pacific Islands Health Officers Association (PIHOA)* adopted a resolution declaring a regional state of health emergency concerning noncommunicable diseases (NCDs) and called for all to make similar declarations at national level. PIHOA and affiliated countries used the September 2011 United Nations High-level Meeting on the Prevention and Control of NCDs (and associated preparatory meetings, e.g., the one held in Moscow) as a focus for action and as a way of generating a sense of urgency particularly among political stakeholders to act on a well-recognized but largely unaddressed problem. It is of interest to policy-makers as an example of how political will and processes can be used to generate action and change, as well as an example of global policy-making for Health in All Policies (HiAP).

The text of the 2010 PIHOA resolution reflects members' frustration at the inadequacy of existing policy responses and particularly the mismatch between recognition of the extent of the problem at political/policy levels and the paucity of available funding at local, national and international levels for tackling the agreed NCD epidemic (PIHOA, 2010). Palau was one of the first countries in the WHO Western Pacific Region to take follow-up action and declare a state of emergency at the national level. The former Minister for Health in Palau and also President of PIHOA, Stevenson Kuartei, has been a key proponent in advancing this issue – both nationally and regionally. The PIHOA, Palau and related declarations underline the need for a whole-of-government and whole-of-society response, and in some instances underline the importance of tackling the social determinants of NCDs (Palau Office of the President, 2011; PIHOA, 2010; Association of Pacific Island Legislatures, 2010; WHO Regional Office for the Western Pacific, 2011a; 2011f; Kuartei, 2011). Finally, it is also of interest to policy-makers because of the health equity issues arising from NCDs among indigenous populations, such as those living in Palau.

2 Addressing NCDs through intersectoral action and Health in All Policies

The NCD crisis in Palau is defined as having two dimensions:

1. The burden of current avoidable and premature mortality and morbidity due to NCDs, defined as "... threatening our health and national budget and our current human capital" (Kuartei, 2011:3).
2. The threat to the younger generation (children, youth and mothers to be) through risk factors such as obesity, poor nutrition, lack of physical activity, and increasing use of tobacco and alcohol (Kuartei, 2011). There is a real concern that this may be the first generation to die before their parents as a result of NCDs.

Palau was ranked as the seventh "fattest" country in the world (Kuartei, 2011); eight of the 10 leading causes of death in Palau are related to NCDs with the top four being heart disease, cancer, stroke and injuries. Related to this is the unequal burden borne by indigenous populations in Pacific island countries and areas including Palau. Palau has identified its island state as vulnerable and the issue of NCDs as an emergency for four reasons: (1) the data show that Palau's economic and social development is greatly threatened due to loss of productivity and premature mortality and morbidity from NCDs; (2) a heredity/genetic predisposition to weight gain in times of plenty; (3) exploitation of natural resources (overdevelopment of prime agricultural lands and marine resources) which decreases available arable

* The Pacific Island Health Officers Association (PIHOA) is a non-profit organization, established in 1981, led by and representing the collective interests of the Ministers, Secretaries, and Directors of Health of the U.S.-Affiliated Pacific Islands (USAPI), including Palau. PIHOA's mission is to improve the health and well-being of USAPI communities by providing, through consensus, a unified credible voice on health issues of regional significance. The USAPI include the three U.S. Flag Territories of Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa, and the three Freely Associated States (independent nations in a special compact relationship with the United States) of the Marshall Islands, Palau, and the Federated States of Micronesia (Pohnpei, Kosrae, Chuuk, and Yap). The USAPI are populated by more than 500 000 people who live on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific time zones.

land for production of local food and survivability is threatened; and (4) a migration away from the Palauan worldview (language, food and culture) mean that Palau does "... not have the luxury of time. In this regard there is a silent emergency taking over our lives in Palau" (Kuartei, 2011:4).

In terms of the direct costs of managing NCDs, the Ministry of Health in Palau identified that it was spending approximately 55% of its budget and that this was a conservative estimate. The need to also evaluate private sector expenditure, the cost of absenteeism and loss of functions through NCD morbidity and mortality is also identified as work that needs to be undertaken as part of the overall response to the emergency. There is a need for both improved health system responses (strengthening preventive and primary care action and policy) as well as improved policy in other sectors (e.g. agriculture and imports) so as to create an environment that promotes health, healthy behaviours and well-being.

Furthermore, the endorsement of the PIHOA resolution, the Association of Pacific Island Legislatures also noted the risk to indigenous peoples in the Pacific island countries and areas, already decimated by colonization and now facing a second epidemic through NCDs:

Whereas, the indigenous people of the USAPI are rich in culture but comparatively small in population are fragile, isolated and endangered in multiple ways, including economically, socially and environmentally, have endured early decimation due to communicable diseases contracted shortly after Western contact, and now face decimation and possible extinction due to diseases and changes in climate associated with Western lifestyles ... (Association of Pacific Island Legislatures, 2010:2).

The indigenous population of Palau is approximately 14 400 people or about 70% of the population (Association of Pacific Island Legislatures, 2010; WHO Regional Office for the Western Pacific, 2011c). Addressing health inequities among indigenous peoples, including loss of traditional ways and the resulting impact on the whole of society, is thus a crucial issue of concern.

In 2012, WHO's Regional Office for the Western Pacific prepared a profile of NCDs classifying country-specific data by income category to reflect the variations across the Region (WHO Regional Office for the Western Pacific, 2011c). Palau reflects the social gradient that exists between high-, and low- and middle-income countries in the Region, ranking 11th among the 21 low- and middle-income countries in terms of overall mortality from NCDs, using 2008 data. There is also a big difference between men and women in Palau, with rates of age-standardized overall mortality for women at just over 400 per 100 000 and men just under 800 per 100 000 (2008). In terms of premature mortality from NCDs (under 70 years and using 2008 data), the situation worsens, with Palau at 9th position among the 21 low- and middle-income countries. Within Palau, however, the difference between men and women is slightly reversed – the percentage of all NCD deaths under age 70 (2008) for women in Palau is slightly higher than that for men. Among the 20 low- and middle-income countries, Palau has one of the lower prevalence rates of daily tobacco smoking in adults aged 15+ years. However, there is a significant difference between men and women within Palau – the men's prevalence rate almost 3.5 times that of women. For harmful use of alcohol, at 9 litres, Palau has the highest adult (15+ years) per capita consumption of pure alcohol (litres) of all the low- and middle-income countries included (WHO Regional Office for the Western Pacific, 2012).



3 Key activities and processes

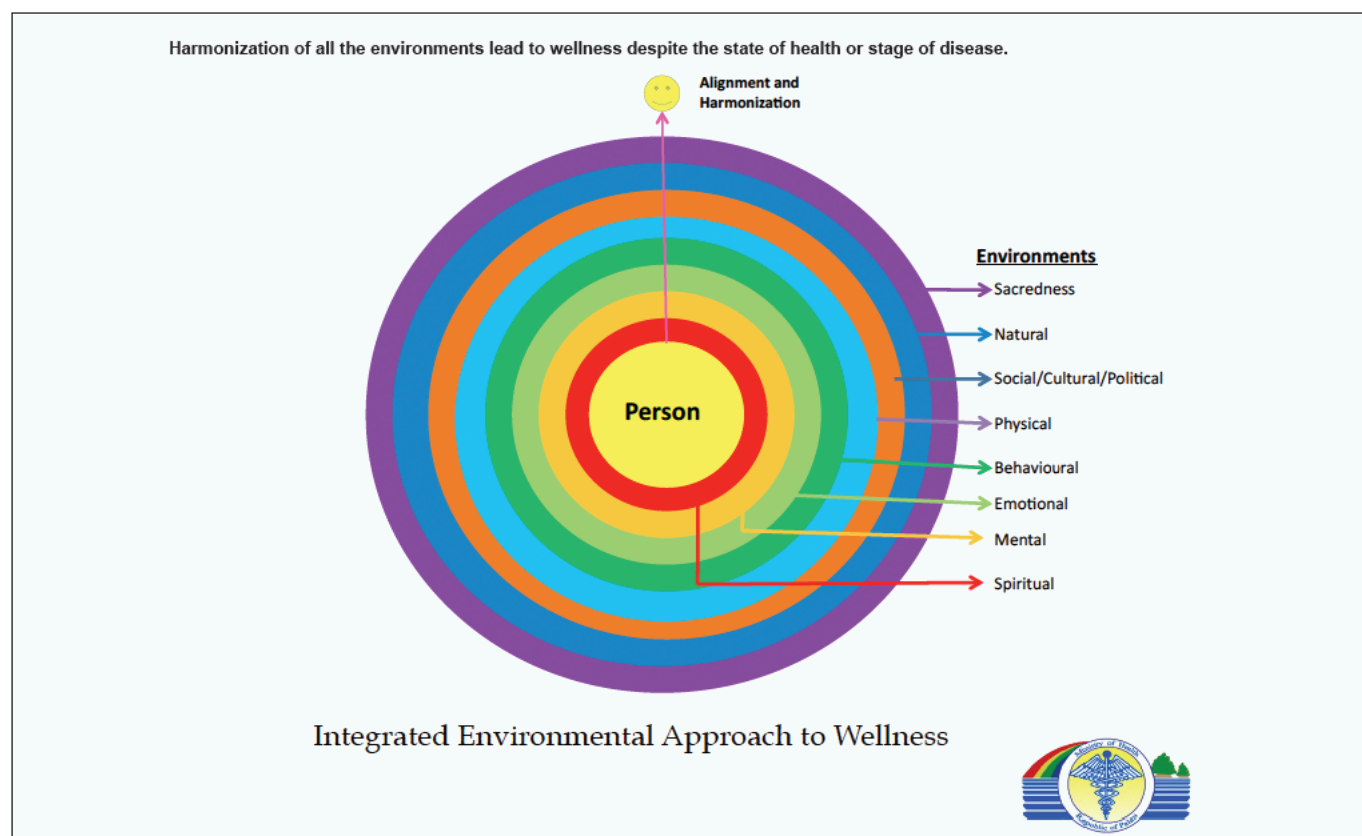
As identified, the primary activity has been the declaration of NCDs as an emergency among Pacific island countries and areas, and at national level, within those countries, beginning with the PIHOA Declaration in April 2010 and followed by the endorsement of the resolution by the Association of Pacific Island Legislatures in December 2010. The latter declaration underlined the special impact for indigenous peoples and also noted that external funding for health care in the Region was unbalanced, with significant resources going to issues such as bioterrorism and pandemic influenza but relatively fewer resources and less effort and coordination devoted to NCDs (Association of Pacific Island Legislatures, 2010). The April 2010 declaration also committed the Association to develop a clear regional policy, which, as well as invoking emergency powers, would include a set of high-level goals and recommendations to provide guidance to PIHOA member states, donor agencies and regional partners on addressing the epidemic of NCDs (PIHOA, 2010:5). These declarations have been followed up by further meetings and declarations within the Region and related forums, e.g., the Pacific NCD Forum in June 2010 (Secretariat of the Pacific Community & WHO, 2010) and the Nadi Statement on the NCD crisis in Pacific island countries and areas in February 2011 (WHO Regional Office for the Western Pacific, 2011a).

In terms of previous activity on NCDs, the Ministry of Health in Palau had spent the previous decade campaigning for the prevention and treatment of NCDs, including developing a five-year NCD plan in 2004 and a draft national NCD Strategic Implementation Plan in 2009. The 2009 plan was developed mainly by the Ministry of Health, specifically the NCD section of the Primary Care Division of the Bureau of Public Health, with consultation largely being limited to those working on NCD topics such as tobacco control, alcohol use, and physical activities and diet.

Following the PIHOA declaration in April 2010, the former Minister and the Ministry of Health in Palau began preparatory work to inform the development of a national-level declaration. A background briefing document was prepared by the former Minister for Health, Stevenson Kuartei, setting out the context for action in Palau, including identifying that progress will be best realized through a whole-of-society approach (Kuartei, 2011). The proposed goal of action on NCDs is “Healthy People in a Healthful Environment or Healthy People of Palau in a Healthful Palau”.

The preparatory document also identifies a series of immediate, intermediate and long-term actions and milestones, within a time frame of 10–15 years. The time frame is to deal with the current impacts of the crisis in the adult and younger populations, and to put in place strategies to protect future generations. Examples of the actions include: in the immediate term, implementing the state of emergency, and using the Moscow Declaration on NCDs to guide the design and implementation of strategies e.g. realigning health promotion, health protection and advocacy policies in dealing with the burden of NCDs. Implementation of the Integrated Environmental Approach to Wellness (see Figure 1) is identified as one such realignment. In the intermediate term, actions to be undertaken include assessing the economic impact of NCDs, developing national benchmarks to be monitored, and developing an integrated plan of action for NCDs which is truly “whole of society” in management and implementation. In the longer term, mobilizing funds from taxes on fat, sugar and sodium in food items and a portion of “sin” taxes on tobacco and alcohol to support NCD prevention efforts. These funds would be used to develop a community based and non-profit NCD prevention centre along the lines of the LIFE Centre and linked to the public health associate degree at Palau Community College and a healthy tourism programme through the State of Palau (Kuartei, 2011).

FIGURE 1. INTEGRATED ENVIRONMENTAL APPROACH TO WELLNESS, PALAU (PIHOA, 2011A)



Source: PIHOA (2011a). *NCD policy and law in Palau*. PowerPoint presentation for the 51st Meeting of the Pacific island Health Officers' Association, Honolulu, Hawaii, 14-18 November 2011. Honolulu: Pacific island Health Officers' Association.

In May 2011, the former President of Palau issued Executive Order 295 declaring a *State of Health Emergency on Non Communicable Diseases* within the Ministry of Health, and ordering the Minister of Health to immediately take action, and specifically ordering:

1. The Minister of Health to utilize the Ministry of Health Incidence Command System to coordinate activities to manage the crisis brought about by NCDs and related processes.
2. The Minister of Health to align all policies, programmes, services and activities of the Ministry of Health in order to stop, reduce and eliminate the incidences of NCDs.
3. All Ministers and heads of national government agencies, when called upon, to assist the Minister of Health in his effort at tackling this national crisis.
4. The Minister of Health to keep all records of requests for assistance from the ministers and heads of national government agencies, to include any form of assistance provided and to report to the President every six months (Palau Office of the President, 2011:2–3).

In June 2011, the Ministers of Health for the Pacific island Countries issued the Honiara Communiqué on the Pacific NCD Crisis, stating that:

The Pacific NCD crisis is not just a concern for the health of our people. It drains limited national budgets, reduces worker productivity, separates families, and robs communities of leadership and wisdom, as adults suffer long-term illness and die early... There is hope, however... But what is missing is a sense of urgency in the Region, and the recognition among Pacific island countries and areas that a whole-of-government and a whole-of-society approach is needed to tackle this health and development crisis (WHO Regional Office for the Western Pacific, 2011b:1).

The Ministers called on Pacific Forum Leaders to give the highest priority to NCDs and specifically to champion efforts to tackle the crisis through eight actions including: positioning NCDs as a health and development crisis; pursuing a whole-of-government and whole-of-society response involving all

sectors; and requiring all members of the Council of Regional Organisations in the Pacific agencies and regional health agencies to play an active part and reporting back every two years to the Pacific Leaders Forum on actions and progress.

The National Emergency Committee held its first meeting on NCDs in Palau in October 2011. Participants included most members of the National Emergency Committee, staff from the Ministry of Health, as well as the former President, who called on all participants to join in the “war on NCDs”. The outcome was the formation of a small task force to plan for the first national summit on NCDs in early 2012.

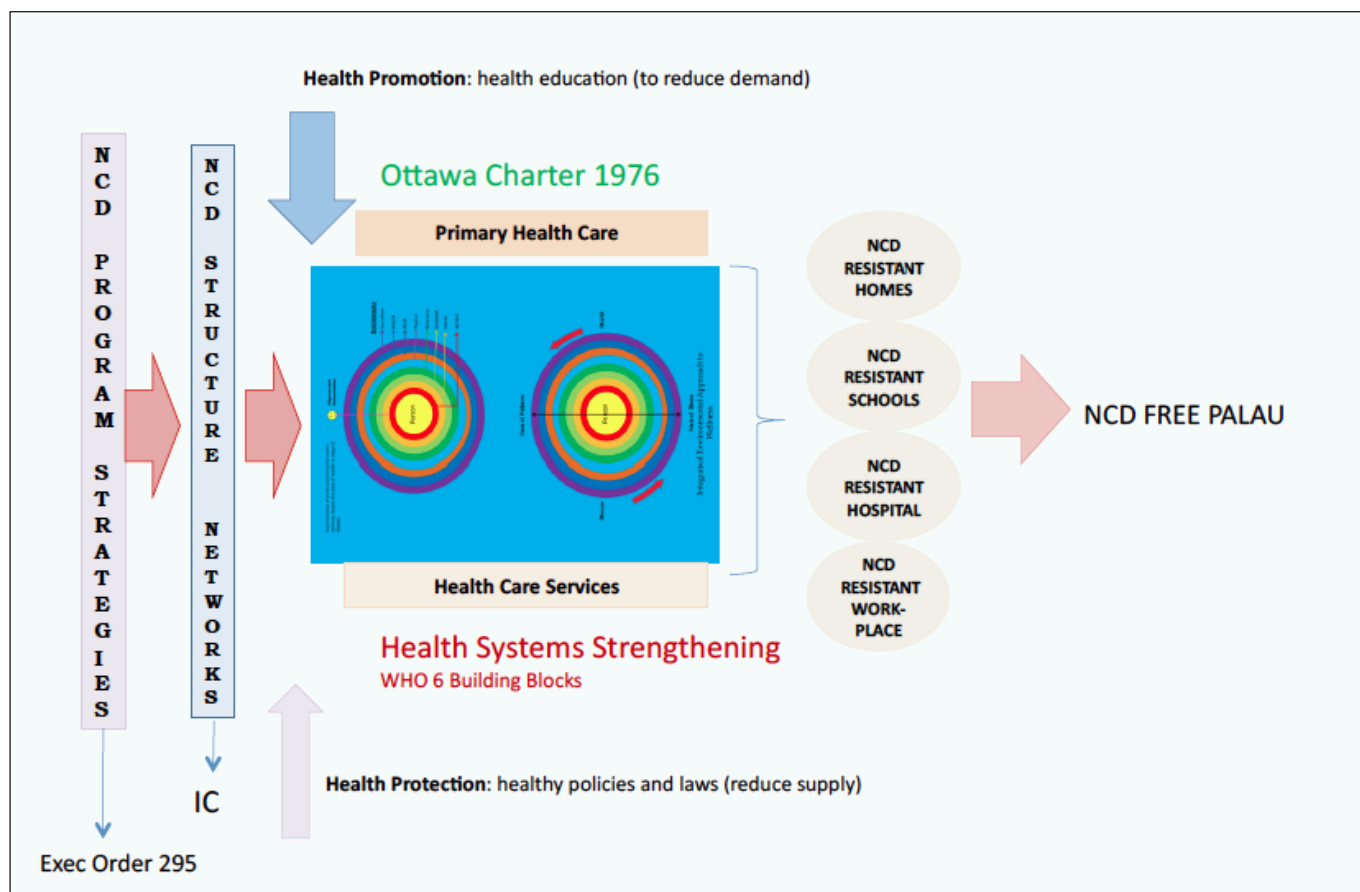
In November 2011, Dr Kuartei presented the work in Palau with a focus on use of the incidence command system, following the Executive Order. Palau’s approach to becoming NCD-free uses a whole-of-society approach and is based on previous work in the field including the Ottawa Charter for health promotion and reducing the supply of foods high in salt, fat and sugar, with the Palau integrated environmental approach to wellness at its centre. Figure 2 provides a summary of the relationship between the Executive Order/Emergency Declaration, establishment of the incidence command system and the longer term vision.

As follow up to the declaration of a NCD emergency in the Pacific islands, PIHOA has established an NCD Surveillance Technical Working Group to make recommendations to its members, affiliates and partners for the creation of a functional NCD surveillance system with a minimum of delay which is sufficient for guiding NCD response at the regional and jurisdiction levels. The 2010 resolution “... calls for a vigorous policy response guided by clear, accurate and referenced data on NCDs and their impact, effectively integrated with other regional, national and local NCD policies and plans, and providing benchmarks for ending the Regional State of Health Emergency” (Durand, 2013).

Furthermore, the 51st meeting of PIHOA in November 2011 focused on implementation and follow up to the Declaration, with participants developing a regional “mobilization framework” that will provide the structure for coordinating, implementing, monitoring and evaluating a regional NCD road map. It endorsed a focus of the response upon four major NCD disease categories (cardiovascular disease, cancer, diabetes and chronic lung disease) and their four major risk factors (tobacco use, unhealthy alcohol use, unhealthy diets and physical inactivity). It also called for directing particular attention to youth (Durand, 2013). Several other member states within PIHOA have also since declared emergencies at the national level, including Chuuk State (October 2011), Kosrae State (April 2012), and the two Samoas through a joint declaration (August 2011) (Durand, 2013). The Governor of Kosrae State also ordered the establishment of a Healthy Lifestyle Coalition (“Kosrae Wolana”) within 30 days of the declaration, with including the highest level representation (or designee for ministries) from the following organizations/coalitions/sectors: tobacco free coalition; comprehensive cancer control partnership; substance abuse & mental health council; food & fitness organizations; women’s association; senior citizens’ organization; youth development association; health advisory council; medical association; nurses association; mayor’s council; council of pastors; chamber of commerce; sports council; health services; committee on health and social affairs; education, resources and economic affairs; and island resource management. A designee of the Governor will also participate in the coalition (Governor of Kosrae State, 2012).

On 26 January 2012, the first national summit on NCDs was held in Palau, where participants presented the services they performed and indicated future activities for reducing the burden of NCDs. The Hazard Mitigation Sub-Committee of the National Emergency Committee is responsible for ensuring the outcomes of the Summit are developed. Members of the Hazard Mitigation Sub-Committee are drawn from the following sectors – health, education, Palau National Olympic Committee, President’s Office, public safety, revenue and taxation, cultural affairs, public works, Palau Community College, the Attorney General, agriculture, lands and survey, marine resources and the Palau National Congress. A

FIGURE 2. ACHIEVING AN NCD FREE PALAU (PIHOA, 2011B)



Source: PIHOA (2011b). *Application of ICS to NCD Crisis in Palau*. PowerPoint presentation for the 51st Meeting of the Pacific island Health Officer Association, Honolulu, Hawaii, 14–18 November 2011. Honolulu: Pacific island Health Officers’ Association.

range of other sectors/agencies that are not members of the Hazard Mitigation Sub-Committee and that participated in the summit, are considered to be members for the NCD crisis. The summit resulted in the development of a draft National Strategic Action Plan for the Prevention and Control of NCDs, which is still in development and is not an official document. Lead and support agencies are proposed for seven strategic areas, e.g., the proposed lead agency for governance to support tackling of NCDs such as legislation for tobacco control are the Ministry of Finance and the Attorney General, with the Ministry of Health proposed as one of the support agencies.

4 Monitoring and evaluation

The draft NCD action plan developed by the National Emergency Committee has yet to be finalized and endorsed by Government. The draft plan outlines a suggested approach for monitoring and evaluation of both the state of emergency and the NCD action plan and goals. For example, it is proposed that the Hazard Mitigation Sub-Committee meets annually to assess progress and that, at the end of the fifth year, the Ministry of Health undertake a comprehensive evaluation of the national response to assess whether it is progressing in the right direction and what fine tuning might be required. As part of this proposed approach, if the evaluation suggests that NCDs are decreasing, a recommendation might be made to the President to end the state of emergency. For overall monitoring of NCDs, the draft NEC national plan proposes that the Ministry of Health uses the STEP survey to evaluate the effectiveness

With regard to the process, the PIHOA resolution can be viewed as a “springboard” for much of the subsequent activity, bringing a sense of urgency to policy action and making use of many of the opportunities at international, regional and national levels to better tackle NCDs. Key lessons include: that the use of the state-of-emergency approach was effective in getting NCDs to be considered and

addressed as a multisectoral approach – for example, development of a draft NCD plan of action by the NEC with roles and leads for certain issues shared across different sectors; that it also has raised greater awareness of the problem of NCDs in Palau; and that sustaining momentum for NCDs as an emergency issue could, however, prove challenging – both in terms of the regulatory and governance mechanisms available for tackling emergencies and in terms of stakeholders and other sectors' interest. The state of emergency could potentially last 15 years.

5 Country context – socioeconomic, health and social protection systems

Palau is 500 miles equidistant from the Philippines to the west and from Papua New Guinea to the south and has more than 340 islands, of which only nine are inhabited. Babeldaob is the largest island, making up 80% of the total land area consisting of 10 states. Including the states in Babeldaob, there are altogether 16 States. Palau covers 189 square miles of land area including rock islands and a large surrounding sea area, including an exclusive economic zone extending over 237 850 square miles. The capital of Palau is Koror, where two thirds of the population resides. The closest major city to Palau is on Guam, 722 miles away (Palau Office of Planning and Statistics, 2013).

Palau has significant natural resources, although limited arable land. Its gross domestic product is US\$ 8423 (2007 estimate), making it one of the wealthier Pacific island states. Key industry and economic growth come from tourism, subsistence agriculture and fishing, with tourism from leading East Asian countries on the increase. However economic stability depends on federal support from the United States of America, immigration, tourism, the USA and Asian markets, and fuel/energy prices (which determine the price of imported food and goods, given Palau's relative isolation). Most of the population of Palau is indigenous (69.9%) with a large number of young, impoverished foreign worker households and smaller local low- and middle-class groups (WHO Regional Office for the Western Pacific, 2012).

Palau is a democratic republic with a directly elected executive and legislature branches, and presidential elections taking place every four years. There are two houses of government – the Senate and the House of Delegates, with the former having 13 members and the latter having 16 members (one from each of state). Each state also elects its own governor and legislature. Furthermore, the Council of Chiefs includes the highest traditional chiefs from each of the 16 states and is an advisory body to the President, being consulted on matters concerning traditional laws and customs (WHO Regional Office for the Western Pacific, 2011c). Palau is largely a matrilineal society, with women having special traditional roles and landowning rights. As a result, Palauan women have achieved almost equal educational attainment, public and private sector employment, and other forms of public participation (Palau & Secretariat of the Pacific Community, 2009). However, the impacts of globalization are changing traditional ways. This is reflected in population health in Palau, which is described as being “in transition”. There is a move in emphasis from communicable diseases to NCDs as the leading cause of death (WHO Regional Office for the Western Pacific, 2011c) – hence the emergency, given the impact of rising costs for both the health system as well as the economy and whole of society.

Health in Palau is defined as being influenced by health services, the environment, behaviour and heredity. “Health for all” remains a top priority. An integrated planning process was established for the entire executive branch of government from 2006–2008 to better facilitate health system development and improve health status for all people living in Palau (WHO Regional Office for the Western Pacific, 2011c). As part of the Western Pacific Region profile of NCDs (WHO Regional Office for the Western Pacific, 2011c), countries were surveyed about (1) health system capacity for NCD prevention, early detection, treatment and care within the primary health care system and (2) health promotion partnerships and collaboration. While 46% of the 35 participating countries have insurance coverage for NCDs, Palau's health insurance scheme is relatively new and consists of insurance coverage for

off-island medical referral and mandated medical savings account for all which is used for local medical services. Dietary or physical activity counselling exists in various programmes but is basic and not well organized. In terms of policies to change structural determinants of NCDs and create environments that enable healthier choices, Palau does not have earmarking of taxes, initiatives to regulate marketing of food to children or enforcement of food marketing legislation (WHO Regional Office for the Western Pacific, 2012).

6 Interesting themes and emerging issues

“It’s bad now. But this is just the beginning. Our children are more obese and less active than in any other generation. We’ve had the earthquake, but the tsunami is yet to hit. Where is the warning system? Why aren’t the alarms going off? ... This is an emergency, let’s treat it like one. We’ve got to get past this idea that the NCD problem belongs to the health sector. We’ll never solve it that way. It belongs to all of you, to the whole of society. Every sector and every community needs to have an NCD plan. What does trade need to do to help solve this? How about agriculture, fisheries, traditional leadership, our village councils, our schools and colleges? The people of the Pacific are dying and will die at much younger and higher rates in the future if we don’t act now,” Dr Stevenson Kuartei, former Minister of Health, Palau (Guam News, 2011).

The Pacific island countries and areas and their policy-makers, practitioners, leaders and politicians have made use of the wider focus on NCDs through the United Nations high-level meeting to not only raise the profile of NCDs but also to highlight some key problems for smaller low- and middle-income countries in tackling NCDs, including policy and funding processes that pose continuing challenges at both the global and regional level. The PIHOA and some subsequent declarations emphasize that funding is not available in proportion to the problem or in ways needed to meet the problem, i.e. longer-term funds to enable policy and structural change. Despite good intentions among global policy-makers and from external funders and their recognition of the problem, the proponents of the declarations state that the processes and funding mechanisms need to change, if Pacific island countries and areas are to more effectively tackle the problem. Indeed, former director of health of American Samoa Seiuli Elisapeta Ponausua said, “... the two Samoa’s joint involvement in the passing of the Declaration of NCD Epidemic in the Pacific has placed NCDs at the highest priority level on the regional health agenda”, adding that she hopes “this will result in additional resources available to Samoa and American Samoa for the fight against NCDs”.

In terms of political will and processes (at global and regional levels), the declarations illustrate that there is a need not only for more funding but also for changing the funding and resource mobilization processes as well as other countries’ policies, such as those on trade and globalization, that impact the health of the Pacific island countries and areas. Implicitly, the declarations refer to the ongoing equity gap between countries. This contains an important message with regard to global policy-making for health in all sectors – what happens outside countries is just as critical to development of effective whole-of-government/whole-of-society approaches as what happens within a country.

The use of emergency processes to galvanize stakeholders to take action or accelerate the pace of action on NCDs is an interesting theme that emerges from this example. It highlights the potential inertia that tends to accompany action to deal with challenging or “wicked” problems, which usually require complex, whole-of-society responses and long-term commitment. When viewed this way, such policy issues potentially result in less priority being given to (preventive) action for the moment or in deferring change particularly as there are usually more immediate issues – based on the idea that “it is not an emergency yet”. In the case of Palau, work on NCDs had been under way in the previous decade, and at the time of the PIHOA declaration a new plan on NCDs was in development. Some Pacific island countries and areas and related declarations (e.g. two Samoas and Fiji) make reference to previous efforts in this field as important models, specifically the Yanuca Declaration (1995) which set out a vision for healthy islands: “... (H)ealthy islands should be places where: children are nurtured

in body and mind; environments invite learning and leisure; people work and age with dignity; and ecological balance is a source of pride” (WHO Regional Office for the Western Pacific, 1995). One of the key lessons from the emergency declaration is that it has in effect galvanized action and forced a shift from seeing NCDs as a health issue to a whole-of-society issue requiring a broader and multisectoral response. As such, it highlights the policy issue of how a problem and issue are framed and how this might determine effective or more effective action. Finally, the case study underlines the critical role of political will and commitment in ensuring involvement by all relevant stakeholders on urgent health issues such as NCDs.

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References

- Association of Pacific Island Legislatures (2010). *Resolution No. 51-BOD-08 CD1 Endorsing the Pacific island Health Officers Association's Board Resolution 48-01, Declaring a Regional State of Health Emergency Due to the Epidemic of Non-Communicable Diseases (NCD) in the United States-Affiliated Pacific islands (USAPI)*. Guam: Association of Pacific Island Legislatures.
- Durand AM (2013). PIHOA's Newsroom: NCD Technical Working Group meets in Honolulu. Honolulu: Pacific island Health Officers Association [Internet]. *Pacific islands Health Officers Association Board* (<http://www.pihoa.org/fullsite/newsroom/ncd-technical-working-group-meets>, accessed 03 April 2013).
- Governor of Kosrae State (2012). *Declaration of State of Health Emergency due to the epidemic of NCDs, Kosrae State, Government of Kosrae State*. Palikir: Government of Kosrae State.
- Guam News (2011). Island Leaders Gather in Palau to Address Regional Health "Emergency" [Internet]. News Release, Pacific News Centre, *Guam News*, 15 April 2011 (http://www.pacificnewscenter.com/index.php?option=com_content&view=article&id=13342:island-leaders-gather-in-palau-to-address-regional-health-emergency&catid=45:guam-news&Itemid=156, accessed 13 September 2013).
- Kuartei S (2011). *Declaration of the State of Health Emergency on Non-Communicable Diseases in Palau. Responding to the NCD crisis in Palau*. Koror: Palau Ministry of Health.
- Palau and the Secretariat of the Pacific Community (2009). *Joint Country Strategy 2009–2013*. Noumea: Palau and Secretariat of the Pacific Community.
- Palau Office of Planning and Statistics (2013). *Geography* [Internet]. Palau: Palau Office of Planning and Statistics, Bureau of Budget and Planning (<http://www.palau.gov.net/stats/PalauStats/PhysicalFeatures/phyfeat.htm>, accessed 27 February 2013).
- Palau Office of the President (2011). *Executive Order No. 295. Declaring a State of Health Emergency on Non Communicable Diseases within the Ministry of Health and ordering the Minister of Health to immediately establish programs to stop, reduce and eliminate the incidences of Non Communicable Diseases*. Ngerulmud: Palau Office of the President.
- PIHOA (2010). *Declaring a regional state of health emergency due to the epidemic of non-communicable diseases in the United States-Affiliated Pacific islands. Resolution No. 48 0*. Honolulu: Pacific islands Health Officers Association Board.
- PIHOA (2011a). *NCD policy and law in Palau. 51st Meeting of the Pacific island Health Officers' Association. Honolulu, Hawaii, 14 – 18 November 2011*. Honolulu: Pacific island Health Officers' Association.
- PIHOA (2011b). *Application of ICS to NCD Crisis in Palau. PowerPoint presentation for the 51st Meeting of the Pacific island Health Officer Association, Honolulu, Hawaii, 14–18 November 2011*. Honolulu: Pacific island Health Officers' Association .
- Secretariat of the Pacific Community, and WHO Regional Office for the Western Pacific (2010). *Report of the Pacific Noncommunicable Diseases Forum Meeting, Nadi, Fiji, 21–23 June 2010*. Noumea: Healthy Lifestyle Section, Public Health Division of the Secretariat of the Pacific Community, and World Health Organization Regional Office for the Western Pacific.
- WHO Regional Office for the Western Pacific (1995). *Yanuca Island Declaration. Conference of the Ministers of Health of the Pacific islands, Yanuca Island, Fiji, 10 March 1995*. Manila: World Health Organization (http://whqlibdoc.who.int/wpro/1994-99/WPR_RC46_INF_DOC1.pdf, accessed 11 September 2013).

WHO Regional Office for the Western Pacific (2011a). *Nadi Statement on the NCD crisis in Pacific island Countries and Areas (PICs)*. Adopted at the Pacific Regional Preparatory Meeting for the Third International Conference on Small Island Developing States Nadi, Fiji, 5 February 2011. Manila: World Health Organization Regional Office for the Western Pacific.

WHO Regional Office for the Western Pacific (2011b). *Honiara Communiqué on the Pacific Noncommunicable Disease Crisis*. Adopted at the 9th Meeting of Ministers of Health for the Pacific island Countries, Honiaria, Solomon Islands, 28 June to 1 July 2011. Manila: WHO Regional Office for the Western Pacific.

WHO Regional Office for the Western Pacific (2011c). *Country health information profile: Palau*. Manila: WHO Regional Office for the Western Pacific.

WHO Regional Office for the Western Pacific (2011f). *Seoul Declaration on Noncommunicable Disease Prevention and Control in the Western Pacific Region*. Adopted at the Regional high-level meeting on scaling up multisectoral action for noncommunicable disease prevention and control, Seoul, Republic of Korea, 17–18 March 2011. Manila: World Health Organization Regional Office for the Western Pacific.

WHO Regional Office for the Western Pacific (2012). *Noncommunicable Diseases in the Regional Meeting on National Multisectoral Plans for NCD Prevention and Control*. Manila: WHO Regional Office for the Western Pacific (RS/2012/GE/25 MYS).