

Meeting Report

NORTHERN PACIFIC HEALTH PROMOTION LEADERSHIP (PROLEAD) WORKSHOP MODULE III



26–27 October 2017
Tumon, Guam

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

NORTHERN PACIFIC HEALTH PROMOTION
LEADERSHIP WORKSHOP (PROLEAD)

MODULE III

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

AND

GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

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NOTE

The views expressed in this report are those of the participants of the Northern Pacific Health Promotion Leadership (ProLEAD) Workshop Module III and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Northern Pacific Health Promotion Leadership (ProLEAD) Workshop Module III in Tumon, Guam from 26 to 27 October 2017.

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SUMMARY

With a growing noncommunicable disease (NCD) burden, the World Health Organization (WHO) and the United States Affiliated Pacific Islands (USAPIs) recognize the importance of building capacity for health promotion, NCD prevention and management.

The Health Promotion Leadership (ProLEAD) programme is a leadership and capacity-building initiative for the public health workforce in the WHO Western Pacific Region. Since its inception in 2004, it has demonstrated success in building the leadership and technical skills of its participants and creating a paradigm shift in the approach to sustainable financing and infrastructure for health promotion.

ProLEAD aims to: (1) create opportunities to explore key concepts, models, strategies and evidence in health promotion and leadership; (2) provide practical applications on projects for developing autonomous infrastructure and sustainable financing; and (3) emphasize learning by doing, problem-solving mentoring and implementing results-oriented country projects by working in teams. ProLEAD has evolved and has also been adapted over time to enable the workforce to tackle various health issues, particularly NCDs.

Module I of the Northern Pacific ProLEAD Workshop, co-hosted by the WHO Regional Office for the Western Pacific and the Guam Department of Public Health and Social Services was held from 11 to 13 July 2016. During this initial workshop, four USAPIs identified specific action areas for the prevention and control of NCDs. The Federated States of Micronesia prioritized the development of a national salt reduction strategy; Guam, hypertension prevention and control in the primary health care setting; the Commonwealth of the Northern Mariana Islands, strategic health communications for the prevention and control of NCDs; and Palau, alcohol control coalition building.

Country-specific Module II workshops were conducted in April 2017, with technical support from the WHO Regional Office to further work on these priority areas.

Module III of the Northern Pacific ProLEAD Workshop was held in Tumon, Guam from 26 to 27 October 2017. Twenty-six participants from the four USAPIs and one observer from the Pacific Island Health Officers' Association (PIHOA) attended.

The objectives of Module III of the Northern Pacific ProLEAD Workshop were to:

- 1) expand leadership skills of participants from the four USAPIs;
- 2) review and evaluate progress of project plans developed in Module I; and
- 3) consider and plan next steps towards the attainment of the nine global targets for NCDs as well as NCD-related Sustainable Development Goals (SDGs).

The workshop was the culmination of a year-long process of leadership capacity-building for health promotion. Representatives from the four USAPIs reported progress made in their selected priority areas and reflected on enabling factors and barriers encountered, as well as lessons learnt in leadership for health promotion.

Using an interactive and participatory format, participants reviewed the intersection of health promotion with the SDGs, developments in NCD prevention and control in the Western Pacific Region, and strategic communications utilizing new media. They met with seven Guam senators for a dialogue on health leadership and visited an exhibit on sustainable water at the Guam Museum. Through facilitated group work, the participants completed personal reflections on their ProLEAD experience, providing recommendations on how to improve the leadership programme and deriving insights into ways to enhance their work in health promotion.

Overall, the two-day workshop was positively received and allowed participants to obtain the necessary information and skills for enhancing leadership and advocacy for NCD prevention and control in their countries and areas.

Member States are encouraged to:

1. continue the development, implementation and assessment of current NCD prevention and control projects initiated through ProLEAD, mindful of the linkage to relevant SDGs, and the need to report progress according to the Noncommunicable Diseases Progress Monitor;
2. explore the feasibility of adapting various tools introduced during the ProLEAD workshop modules, such as the Action for Healthier Families toolkit and HeartCare, for use in future health promotion and NCD prevention and control activities; and
3. participate in inter-country exchange of knowledge, strategies, models and lessons learnt on leadership for better health and NCD risk reduction.

WHO is requested to:

1. support Member States in developing or enhancing their NCD prevention and control initiatives and in monitoring national progress along the 10 indicators of the Noncommunicable Diseases Progress Monitor;
2. provide technical support to Member States for the national and subnational adaptation of various WHO tools and social media applications introduced at the ProLEAD workshops; and
3. consider expanding the ProLEAD curriculum to other Pacific island countries and areas.

1. INTRODUCTION

1.1 Background

With a growing noncommunicable disease (NCD) burden, the World Health Organization (WHO) and the United States Affiliated Pacific Islands (USAPIs) recognize the importance of building capacity for health promotion, NCD prevention and management. The Health Promotion Leadership (ProLEAD) programme is a leadership and capacity-building initiative for the public health workforce, which has been implemented in the Western Pacific Region since 2004. It has demonstrated success in building leadership and technical skills of its participants and creating a paradigm shift in the approach to sustainable financing and infrastructure for health promotion.

ProLEAD aims to: (1) create opportunities to explore key concepts, models, strategies and evidence in health promotion and leadership; (2) provide practical applications on projects for developing autonomous infrastructure and sustainable financing; and (3) emphasize learning by doing, problem-solving mentoring and implementing results-oriented country projects by working in teams. ProLEAD has also evolved and been adapted over time to enable the workforce to tackle various health issues, particularly NCDs.

Module I of the Northern Pacific ProLEAD Workshop, co-hosted by the WHO Regional Office for the Western Pacific and the Guam Department of Public Health and Social Services, was held from 11 to 13 July 2016. During this initial workshop, each of the four participating USAPIs identified specific action areas for the prevention and control of NCDs. The Federated States of Micronesia prioritized the development of a national salt reduction strategy; Guam selected hypertension prevention and control at the primary health care setting; the Commonwealth of the Northern Mariana Islands (CNMI) identified strategic health communications for the prevention and control of NCDs, specifically in relation to the smoke-free law; and Palau chose alcohol control coalition building.

Country-specific Module II workshops were undertaken in April 2017 with technical support from the WHO Regional Office's NCD unit to further work on these priority areas and to develop the implementation plans.

Module III was intended to serve as the culmination of the year-long process of leadership capacity-building for health promotion. Representatives from the four USAPIs reported progress made in their selected priority areas, and reflected on enabling factors and barriers encountered as well as lessons learnt on leadership for health promotion.

1.2 Meeting objectives

The objectives of the workshop were to:

- 1) expand leadership skills of participants from the four USAPIs;
- 2) review and evaluate progress of project plans developed in Module I; and
- 3) consider and plan next steps towards the attainment of the nine global targets for NCDs and NCD-related Sustainable Development Goals (SDGs).

1.3 Participants

Module III of the Northern Pacific ProLEAD Workshop was held at the Westin Resort in Hagåtña, Guam from 26 to 27 October 2017. The workshop was facilitated by the WHO Secretariat and Guam Department of Public Health and Social Services staff. It was attended by 26 participants from the four USAPIs and one observer from the Pacific Island Health Officers' Association. A variety of

agencies (governmental and nongovernmental) from several sectors were represented, including public health, education, clinical services, community advocates and one State Senator from Chuuk State in the Federated States of Micronesia. A list of participants, temporary advisers and Secretariat members is given in Annex 1.

1.4 Organization

The workshop had a mix of plenary and interactive sessions as well as country reporting. Plenary sessions addressed the leadership principles of ProLEAD, the interconnection between health promotion and the SDGs, updates on NCDs at the global and regional levels, and the use of new media for health promotion. Interactive sessions allowed participants to assess updated versions of community health tools introduced during Module I, gauge progress between 2016 and 2017 along the 10 indicators of the Noncommunicable Diseases Progress Monitor, practise communications skills, and reflect upon personal commitments for health promotion leadership. A special session at the Guam Legislature with seven Guam senators permitted dialogue on effective health advocacy directed towards political leaders. Participants also visited a special exhibit on sustainable water at the Guam Museum. The programme of activities is attached as Annex 2.

2. PROCEEDINGS

2.1 Opening session

Dr Suzanne Kaneshiro, Chief Public Health Officer, Guam Department of Public Health and Social Services, opened the workshop and welcomed the participants. She highlighted the scale of the NCD crisis in the USAPIs and the need for proactive leadership to stave off the rising health burden from NCDs. Dr Annette David, WHO Temporary Adviser from Health Partners, LLC (Guam), reviewed the leadership framework of ProLEAD and the timeline and key events from Modules I and II.

2.2 Global and regional perspectives on health promotion in the Sustainable Development Goals

Dr Jason Ligot, Health Promotion and Communications Consultant, WHO headquarters, introduced the link between the SDGs, health promotion, and NCD prevention and control. He emphasized the importance of ProLEAD in building leadership skills to tackle the NCD crisis and advance health promotion for the attainment of the SDGs.

2.3 Global and regional updates on NCD prevention and control

Dr Ligot presented an overview of NCD prevention and control in the Western Pacific Region. The economic impact of NCDs is significant and the cost of inaction is unacceptably high – and significantly more than investments to control NCDs. Moreover, costs are concentrated in paying for tertiary care services for those who are already sick, with much less invested in prevention. Global spending on NCD prevention programmes remains low compared to communicable diseases like HIV/AIDS, tuberculosis and malaria.

Meanwhile, unplanned urbanization, increased motorization, worsening air quality and prolific marketing of tobacco, alcohol and unhealthy foods that target children combine to create circumstances that put more populations at risk for chronic disease. One leadership challenge in health promotion is how to effectively shift resources to create healthier populations with reduced risks for NCDs, rather than waiting for people to develop disease.

In 2010, WHO launched the Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings (WHO PEN), which gives guidance to primary health care staff working with limited resources. Building on the WHO PEN, WHO and the United States Centers for Disease Control and Prevention launched the Global Hearts Initiative to strengthen action against cardiovascular diseases in 2016. This Initiative has three technical packages:

- HEARTS technical package for cardiovascular disease management,
- SHAKE technical package for salt reduction, and
- MPOWER technical package for tobacco control.

To support the implementation of the WHO PEN and Global Hearts Initiative, the WHO Regional Office for the Western Pacific developed tools that were introduced to participants in previous modules. These were updated based on feedback obtained and reintroduced during the workshop.

2.3.1 Action for Healthier Families Toolkit

The Action for Healthier Families (AHF) toolkit is a health literacy tool designed by the Regional Office to empower families to identify health-related issues, understand behavioural health risks, adopt healthier behaviour, manage existing diseases and use health services appropriately. Participants followed steps described in the new user guide, without external facilitation, to conduct family and village exercises. This was done to test the user-friendliness of the tools. Participants then discussed their observations and provided suggestions to improve the tool.

Suggestions include:

- 1) adding risk factor icons for chewing tobacco, third-hand smoke, other forms of vaping and excessive use of technology/computers/phones;
- 2) creating a more practical toolkit version with reusable magnets and a metal board for school teachers or health educators, to decrease reproduction costs; and
- 3) improving the icons for unhealthy food so there is clear visual delineation across categories.

Participants regarded the toolkit positively, but some expressed concerns about the cost of reproduction. Participants from the Federated States of Micronesia requested WHO to consider pilot-testing the tool in their country, as the tool has not yet been tested in the Pacific.

2.3.2 HeartCare

HeartCare is a user-friendly software programme developed by the Regional Office to simplify and standardize cardiovascular disease risk prediction and management. This electronic medical record system was presented, and several participants expressed interest in adapting the software for local use. However, for it to be relevant to clinical end-users in the USAPIs, the software has to be adapted following clinical guidelines in the United States of America. The current version has different clinical reference values (e.g. total recommended daily salt intake, etc.), and laboratory report units (i.e. International System of Units (SI) instead of US customary system (USCS) units).

2.4 Site visits

On the afternoon of the first workshop day, participants visited the Guam Legislature and Museum.

2.4.1 Guam Legislature

Participants had a dialogue with health champions – seven of Guam’s senators, including Speaker Benjamin Cruz, at the Guam Senate Building. The senators spoke of different health-related bills that

they have either sponsored or are currently working on. They shared that health data need to take on the human or personal dimension to secure political commitment for enactment of health legislation and policies. Chuuk Senator Wisney Nakayama emphasized the importance of regional collaboration across legislatures for better policy harmonization and impact. Several existing mechanisms like the Association of Pacific Island Legislatures (APIL) could facilitate this according to Senator Frank Aguon. Getting the public health community to support health policy initiatives is critical for successful adoption of legislation, and political leaders look to community advocates and the public health sector to coordinate grass-roots support for their initiatives.

2.4.2 Guam Museum

Participants visited the Guam Museum to view an exhibit on sustainable water in the Pacific: Hita I Hanom, We are Water.. Clean and safe water supplies are fundamental to good health and also form a core goal of the SDGs.

2.5 NCD prevention and control country projects across the Northern Pacific

In this session, facilitated by Drs David and Ligot, participants reported the progress of their ProLEAD projects and framed lessons learnt in project design and implementation according to Steven Covey's *The 7 Habits of Highly Effective People*, which were discussed during Module I.

2.5.1 Commonwealth of the Northern Mariana Islands

Initially, participants chose to work on achieving improved compliance from businesses with the CNMI Smoke-free Air Act, because there were major enforcement gaps in the law. They worked with owners of small gaming rooms, conducting outreach and training on the law. Through this process of engagement, the owners themselves became involved in reporting violations of other establishments, helping to augment the enforcement capacity of the Department of Health. During Module II of the ProLEAD Workshop, the CNMI team had the opportunity to work with WHO to develop a strategic media communications plan, and they decided to revise their project to encompass the use of strategic health communications to support not just a smoke-free CNMI, but a tobacco-free CNMI. They have since mapped out an outreach and media strategy, and have been successful in engaging non-traditional partners such as the Fire Department to expand their advocacy efforts.

Lessons learnt are the following:

- 1) Be proactive. In developing a media strategy, it is important to not just react to issues as they develop, but to systematically project into the future and take advantage of known events and merging issues to effectively highlight your key messages.
- 2) Synergize. Keep an open mind to non-traditional partners who can help extend your reach in the community.
- 3) Evolution. As implementation of a project unfolds, opportunities may open up that require a revision in the original plan. Use good judgement to capitalize on these opportunities and do not be afraid to change course.

2.5.2 Federated States of Micronesia

Participants opted to work on adopting a national policy to reduce population salt/sodium consumption. Recognizing the challenge posed by the political infrastructure of the four autonomous states and difficult geophysical access to all of its inhabited islands, the team created a salt reduction road map in Module II. Five priority action areas were identified: (1) drafting a healthy public policy on salt, (2) expanding the healthy food section on markets/groceries, (3) banning salty foods in social

gatherings, (4) integrating salt education in the school curriculum, and (5) training health workers on salt reduction using the WHO salt reduction tool SHAKE.

Since then, progress has been made in the following:

- Two relevant bills have been drafted and are awaiting action from the Legislature:
 - Healthy Trade Bill that increases the import duty on goods that contribute to cancer, stroke, diabetes, heart failure and other NCDs; and
 - amendment to the Tobacco Act that establishes a Health Revolving Fund for health promotion activities, NCD prevention and awareness programmes, health-care costs and scholarship services.
- A salt reduction working group with representatives from the national government and all four states was established, and questions on salt consumption will be included in an upcoming NCD hybrid survey for the country.
- In Chuuk and Pohnpei States, several supermarkets have expanded their healthy food section.
- Community outreach and educational campaigns have been launched in Chuuk, Kosrae and Pohnpei.
- Yap State has begun local farming initiatives and a voucher programme that supports the purchase of local farm-sourced foods.

Lessons learnt are the following:

- 1) The community still needs more educational outreach on the ill effects of excess salt intake, and how to modify food preservation and preparation techniques to reduce salt use. Involving the business sector in these outreach efforts is an effective strategy.
- 2) Public health champions need to be change agents and catalyse collaboration and coordination, especially across the four states.
- 3) WHO tools like SHAKE can be extremely useful in outreach and training.

2.5.3 Guam

Guam participants originally identified two projects: (1) adopting clinical practice guidelines for NCD management in primary care and (2) banning the marketing of unhealthy foods to children. However, a scan of the political landscape after Module I revealed that working towards a marketing ban on unhealthy food was not favourable within the short term. At the same time, a funding opportunity from the Association of State and Territorial Health Officials (ASTHO) helped focus the project on improving health systems to effectively address hypertension.

During Module II, the organizational structure and procedures for ensuring continuity of care for patients with hypertension were defined to bridge the gap between community programmes and resources, on the one hand, and the health-care system, on the other. Since that time, a Passport to Hypertension Services has been developed and blood pressure screening protocols were finalized. Institutional Review Board (IRB) clearance for the project was obtained from the University of Guam. Interinstitutional memoranda of agreements are being drafted, and the actual implementation of the project is anticipated to start in November 2017.

Lessons learnt include the following:

- 1) Finding the right community partners is essential for the project to move forward, and the “best” partners are not always the “right” partners.
- 2) All members contribute their diverse strengths and talents to the team, and need to be valued for their participation and involvement.

- 3) Balancing evidence-based recommendations with the realities faced is critical for success.
- 4) Begin with the end in mind. Be clear about the project goal and objectives, and have a shared vision of success. Be ready to deal with unintended outcomes and circumstances while keeping to the original vision.
- 5) Seek first to understand, then to be understood. Try to understand the issue from the perspective of the community and the various stakeholders who are involved.

2.5.4 Palau

Palau selected alcohol control coalition building as its ProLEAD project in Module I. During Module II, they convened a core group of stakeholders to define initial steps towards building an alcohol control coalition in Palau. Diverse participants attended the two-day workshop, hosted by the Palau Bureau of Public Health, representing the Ministry of Health, the Ministry of Education, the Palau Behavioral Health Advisory Council, Council of Chiefs, Coalition for a Tobacco Free Palau, a faith-based organization, a public college and private secondary schools. Since that time, several meetings have taken place to build the foundation for establishing a coalition focused on alcohol control, and an awareness campaign on preventing underage drinking was launched and is currently ongoing.

Lessons learnt are the following:

- 1) Think win–win. It is critical to highlight that diverse stakeholders can come together to share a common interest.
- 2) Synergize. Expanding partnerships and collaboration is crucial to mobilize a broad base of support for alcohol control.

2.6 Group exercises

2.6.1 Progress in NCD prevention and control

Dr David reviewed the WHO Noncommunicable Diseases Progress Monitor and facilitated a group exercise where each island team revisited their assessment of the 10 Noncommunicable Diseases Progress Monitor indicators during ProLEAD Module I. Referring to the results of the 2017 WHO Country Capacity Surveys and field knowledge, participants rated the current status of their respective islands across the same 10 progress indicators. A comparison of the 2016 and 2017 ratings demonstrated progress in a number of the indicators within a one-year period (Annex 3). However, more remains to be accomplished if the USAPIs are to successfully curb the current NCD crisis and prevent NCD-related health risks within their populations.

2.6.2 Effective communications for health leaders

With Dr Ligot as facilitator of the session, participants were introduced to the principles of strategic health communications through new media, and its potential to influence, advocate and achieve sustained change when part of a comprehensive health promotion approach. Examples of effective communication campaigns in NCDs utilizing social media, such as the WHO Regional Office’s “Let’s Talk” campaign on depression, the Addict Aide-created “Louise Delage” character for alcoholism and the Philippines’ Tobacco Action Patrol mobile phone application, were shown. Participants were encouraged to become familiar with new media, thoroughly understand the audience and communication objectives, and use a systematic approach to plan, implement, measure and evaluate communications strategies. The session concluded with a role play exercise to demonstrate a

situation where stakeholders have diverse opinions and agendas and emphasize the importance of understanding the audience when developing messages.

2.6.3 Personal commitment and next steps

This session focused on the theme “Change begins with me”. Participants reflected upon commitments they can already make to achieve positive change for NCD prevention and control within their own spheres of influence, and shared these with the group at large. They also shared messages of encouragement with each other to continue leadership and strategic work to achieve healthier islands.

2.7 Personal reflection and self-care

Dr David facilitated this session on the last principle of leadership of Steven Covey: “Sharpen the Saw”. Leaders have to draw upon their inner resources to replenish their energy and enthusiasm when faced with challenges and stress. Wellness and self-care are important for effective leaders, because “you cannot serve from an empty vessel”. Participants reflected on the four components of their wellness wheel (physical, emotional, mental and spiritual health) and learnt several exercises drawn from qi gong, reiki and tai chi to increase positive energy, release negative energy and relieve stress. The session ended with a Metta meditation, a tool for keeping the emotional balance necessary for effective leadership.

2.8 Evaluation and closing

Participants completed their evaluation forms at the end of the final day of the workshop. A summary of the formal evaluation results can be found in Annex 4.

Ms Roselie Zabala closed the workshop on behalf of the Guam Department of Public Health and Social Services, thanking participants and WHO for their engagement and hard work over the course of the two days, reminding them that preventing NCDs is not just a vocation but also a personal responsibility, since many health workers are also NCD patients. She encouraged them to take health leadership to the highest level possible by continually advocating a healthier community through collaboration and strategic development of policies and programmes.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Module III of the Northern Pacific ProLEAD Workshop was the culmination of a year-long process of leadership capacity-building for health promotion. Representatives from the four USAPIs reported progress made in their selected priority areas and reflected on enabling factors and barriers encountered, as well as lessons learnt in leadership for health promotion.

Using an interactive and participatory format, participants reviewed the intersection of health promotion with the SDGs, developments in NCD prevention and control in the Western Pacific Region, and strategic communications utilizing new media. They met with seven Guam senators for a dialogue on health leadership and visited an exhibit on sustainable water at the Guam Museum. Through facilitated group work, the participants completed personal reflections on their ProLEAD experience, providing recommendations on how to improve the leadership programme and deriving insights into ways to enhance their work in health promotion.

Overall, the two-day workshop allowed participants to obtain information and skills that would strengthen their leadership and advocacy for NCD prevention and control in their countries and areas. The workshop was positively received and successful in engaging participants from the four USAPIs to lead the implementation of health promotion approaches to tackle the NCD crisis in their respective countries and areas. This is partly due to the unique opportunity for health champions from the USAPIs to come together and share their experiences and ideas on NCD prevention and control.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to:

1. continue the development, implementation and assessment of current NCD prevention and control projects initiated through ProLEAD, mindful of the linkage to relevant SDGs and the need to report progress according to the Noncommunicable Diseases Progress Monitor;
2. explore the feasibility of adapting various tools introduced during the ProLEAD workshop modules, such as the Action for Healthier Families Toolkit and HeartCare, for use in future health promotion and NCD prevention and control activities; and
3. participate in inter-country exchange of knowledge, strategies, models and lessons learnt on leadership for better health and NCD risk reduction.

3.2.2 Recommendations for WHO

WHO is requested to:

1. support Member States in developing or enhancing their NCD prevention and control initiatives and in monitoring national progress along the 10 indicators of the Noncommunicable Diseases Progress Monitor;
2. provide technical support to Member States for the national and subnational adaptation of various WHO tools and social media applications introduced at the ProLEAD workshops; and
3. consider expanding the ProLEAD curriculum to other Pacific island countries and areas.

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PROGRAMME OF ACTIVITIES

Day 1, 26 October 2017, Thursday

08:30–09:00	Registration	
09:00–09:30	Opening ceremony	
	- Welcome remarks	<i>Mr Leo Casil Deputy Director, DPHSS</i>
	- Introduction of participants and presentation of workshop overview	<i>Dr Annette David Senior Partner, Health Partners</i>
	- Group photo	
09:30–10:00	Global and regional perspectives on health promotion in the Sustainable Development Goals	<i>Dr Jason Ligot Consultant, WHO-HQ Dr Mitch Mijares-Majini Consultant, WHO-WPRO</i>
10:00–10:30	<i>Mobility break</i>	
10:30–11:30	Global and regional updates on NCD prevention and control	<i>Dr M. Mijares-Majini</i>
	- Risk factors	
	- WPRO tools	
	- 2017 Progress Monitor and WHO Country Capacity Survey reports of the four countries	
11:30–12:00	Group exercise 1: Progress in NCD prevention and control	<i>Dr A. David</i>
12:00–13:00	<i>Lunch break</i>	
13:00–15:30	An afternoon with health champions in the legislature: Site visit to the Guam Legislature and meeting with Speaker Benjamin Cruz, Senator Dennis Rodriguez and Chuuk State Senator Wisney Nakayama	<i>Dr A. David Dr J. Ligot</i>
15:30–17:00	Visit to the Guam Museum	
17:00–18:00	Return to the hotel	
18:00–20:00	<i>Dinner reception</i>	

Day 2, 27 October 2017, Friday

09:00–10:00	Country projects	<i>Country representatives</i>
	- FSM: National salt reduction strategy development	
	- Guam: Hypertension prevention and control in the primary health care setting	
10:00–10:30	<i>Mobility break</i>	

10:30–12:00	Country projects (continuation) - Palau: Alcohol control coalition building - CNMI: Strategic health communications for the prevention and control of NCDs	<i>Country representatives</i>
12:00–13:00	<i>Lunch break</i>	
13:00–14:00	Group exercise 2: Effective communication for health leaders	<i>Dr J. Ligot</i>
14:00–15:00	Group exercise 3: Personal commitment and next steps	<i>Dr M. Mijares-Majini</i>
15:00–15:30	<i>Mobility break</i>	
15:30–16:00	Personal reflection and self-care	<i>Dr A. David</i>
16:00–16:30	Workshop evaluation and recommendations for future Pacific ProLEAD programme	<i>Dr M. Mijares-Majini</i>
16:30–17:00	Closing	<i>Ms Roselie Zabala Health Services Administrator, DPHSS</i>

ANNEX 3. Progress monitor on NCDs

By	Time-bound commitment	#	Indicator	Guam		FSM		CNMI		PALAU		
				2016	2017	2016	2017	2016	2017	2016	2017	
2015	Consider setting national NCD targets for 2025.	1	Member State has set time-bound national targets and indicators based on WHO guidance.									
		2	Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis.									
		3	Member State has a STEPS survey or a comprehensive health examination survey every 5 years.									
2015	Consider developing national multisectoral policies and plans to achieve the national targets by 2015.	4	Member States has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors.									
2016	Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan.	5	Member State has implemented the following four demand reduction measures of the WHO FCTC at the highest level of achievement.									
		5a	Reduce affordability of tobacco products by increasing tobacco excise taxes.									
		5b	Create by law completely smoke-free environments in all indoor workplaces, public places and public transport.									
		5c	Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns.									
		5d	Ban all forms of tobacco advertising, promotion and sponsorship.									
		6	Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol.									
		6a	Regulations over commercial and public availability of alcohol									
		6b	Comprehensive restrictions or bans on alcohol advertising and promotions									

By	Time-bound commitment	#	Indicator	Guam		FSM		CNMI		PALAU	
				2016	2017	2016	2017	2016	2017	2016	2017
		6c	Pricing policies such as excise tax increases on alcoholic beverages	Red	Red	Red	Yellow	Green	Green	Red	Red
		7	Member State has implemented the following four measures to reduce unhealthy diets.								
		7a	Adopted national policies to reduce population salt/sodium consumption.	Yellow	Green	Yellow	Yellow	Red	Yellow	Yellow	Yellow
		7b	Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply.	Red	Yellow	Yellow	Yellow	Red	Red	Red	Yellow
		7c	WHO set of recommendations on marketing of foods and non-alcoholic beverages to children	Red	Red	Red	Yellow	Yellow	Yellow	Red	Yellow
		7d	Legislation/regulations fully implementing the International Code of Marketing of Breast milk Substitutes	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
		8	Member State has implemented at least one recent national public awareness programme on diet and/or physical activity.	Green							
2016	Strengthen health systems to address NCDs through people-centered primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan	9	Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities			Green	Green	Yellow	Yellow	Yellow	Yellow
		10	Member State has provision of drug therapy, including glyceemic control, and counseling for eligible persons at risk to prevent heart attacks and strokes, with emphasis on the primary level.			Red	Green	Yellow	Yellow	Yellow	Yellow

WORKSHOP EVALUATION

1. How useful were the following sessions for meeting your expectations of the workshop?

Score on a scale of 1 (not useful) to 5 (extremely useful)	1	2	3	4	5	TOTAL
Day 1						
Global and regional perspectives on health promotion in the Sustainable Development Goals	0	0	0	2	17	19
Global and regional updates on NCD prevention and control	0	0	0	3	16	19
An afternoon with health champions in the legislature	0	0	0	0	18	18
Day 2						
Group exercise 1: Progress in NCD prevention and control	0	0	0	4	16	20
Country projects	0	0	0	5	15	20
Group exercise 2: Effective communication for health leaders	0	0	2	1	17	20
Group exercise 3: Personal commitment and next steps	0	0	2	1	17	20
Personal reflection and self-care	0	0	1	2	17	20

2. Write down the expectation you had at the beginning of this workshop. Indicate whether each expectation was met by this workshop (Yes/No/Partial).

Nineteen participants responded with 40 entries, 37 indicated that their expectations were met, which ranged from the sharing experiences and networking with other USAPI representatives; learning or reinforcing knowledge and skills in health promotion and leadership; benchmarking progress in NCD programme implementation and the organization of the workshop.

There were three partially met expectations and these were on updated NCD data on the Pacific islands, communication skills and NCD programme implementation. The same respondents recommended adding more time and focusing to these topics in future workshops.

There were no unmet expectations.

3. What will you do differently in your job, as a result of this workshop?

Nineteen participants responded to the question. Responses were categorized according to the following:

- Engage in more participatory activities, and involve more stakeholders including those outside of the health sector (7 responses)
- Implement more communication and advocacy interventions (4 responses)
- Apply leadership skills, including goal-setting, acquired during the workshop (4 responses)
- Better NCD programme implementation (2 responses)

4. What will you do differently in your personal life, as a result of this workshop?

Nineteen participants responded to the question. Responses were categorized according to the following:

- Implement self-care techniques (17 responses)
- Continue communication with other participants and facilitators (2 response)
- Consider career growth opportunities (1 response)

5. What follow-up support can World Health Organization provide to facilitate implementation of your next steps?

Seventeen participants responded to the question. Responses were categorized according to the following:

- Follow-up workshops to continue the exchange across Pacific Islands or have specific themes (i.e. health communication and advocacy) (8 responses)
- More materials on hypertension, PEN and Action for Healthier Families (4 responses)
- Country-specific technical assistance on:
 - monitoring and evaluation (3 responses)
 - use of social media (1 response)
 - no specific topic (1 response)

6. How can this workshop be improved?

Fifteen participants responded to the question. Responses were categorized according to the following:

- Technical content (7 responses): More alignment with the SDGs, more sessions with policy makers and inspirational leaders, more data on the Pacific Islands, more coverage of leadership and media, more community tools
- Participants (3 responses): Invite other health staff and stakeholders outside of the health sector (i.e. private sector)
- Venue (1 response): Adjust room temperature (venue was too cold)

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