Federated States of Micronesia (FSM)

National Tobacco Control Action Plan (2015-19)

Vision: A healthy tobacco free FSM paradise

The vision for FSM is a healthy tobacco free future where communities and families are free from the harm of tobacco use and where people can experience healthier and productive lives.

Long Term Goal: To achieve a less than 5% adult current tobacco use prevalence rate by 2025.

Short Term Goal: To achieve a 5% relative reduction in adult current tobacco use prevalence rate by 2018.

Guiding Principles:

The following principles will guide the implementation of the FSM Action Plan:

i. Ensure every individual in FSM is adequately informed on tobacco, its use and consequences
ii. Enable every individual including disabled and mentally ill in FSM the right to live in an environment free of tobacco smoke
iii. Promote and strengthen participationto reduce tobacco use with all relevant sectors based on a clear understanding of roles and responsibilities
iv. Encourage community involvement and empowerment in all tobacco control activities
v. Enable all tobacco users including women and young people to receive attention in the tobacco control program
vi. Collaborate with international and regional organisations to reduce, control and eliminate illicit trade in tobacco
vii. Reduce accessibility to tobacco products including by minors
viii. Ensure cessation services are available in assisting smokers to quit
ix. Reduce and where possible remove tobacco industry influence by adopting and implementing appropriate regulatory measures including development and implementation of a code of conduct for all government officials and employees that avoids any conflict of interest with the tobacco industry
x. Implement timely and effective monitoring and evaluationof tobacco control measures
xi. Mobilize commitment and resources from National, State and development partners for promoting and implementing tobacco control in FSM, particularly enforcement

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1. Tobacco use and harms

The global use of tobacco is now recognized as one of the most significant causes of premature death and as being a major contributor to the burden of noncommunicable disease (NCD) impacting health in the Pacific Island countries and territories. Seventy five percent of adult deaths in Pacific Island countries are now due to noncommunicable disease with most taking place at a time when potentially productive years could be very significant.[1]Tobacco use takes a high toll on society, not just in premature death, but increasing chronic disease early in life and reducing the individuals' contribution and efficiency to families and society. For example, according to the Centers of Disease Control and Prevention, smokers are 30-40% more likely to develop type 2 Diabetes than nonsmokers. People with diabetes who smoke are more likely than non-smokers to have trouble with controlling their disease and are at higher risk for serious complications such as neuropathy (nerve damage) and poor blood flow. Further tobacco smoke impacts not only the user, but those within areas influenced by smoking. In FSM, an estimated 200 to 325 deaths per year are caused by NCDs. Tobacco use is the greatest preventable cause of NCDs.

The FSM Strategic Development Plan (SDP)(2004-2023) identifies tobacco use, including smoking and betel nut chewing, as a major contributor to noncommunicable disease within FSM. The SDP calls for legal interventions to prevent tobacco use and improve national health and development outcomes. Further, FSM was signatory to the Pacific Island Health Officers Association meeting in Hawaii in 2010 that was a commitment to provide a response to the critical emergency faced by US affiliated States and Territories.[2]

In 2010 FSM included two questions in the National Census on tobacco use.[3] These questions relate to:

1. Do you have people in your home using tobacco or tobacco products? Yes or No
2. How many people in the house? 1. Smoke Only; 2. Drink Only; 3. Do both

The results of the Census outline the high prevalence of tobacco use in FSM.[4] About 7 out of every 10 households have at least one person using tobacco. At the national level, 28% of the population (28,726 people) reported using tobacco. Of those who use tobacco products, almost half (48%) chew tobacco, some 35% smoke, and 17% both smoke and chew. Yap has the highest use with 3 out of every 5 persons using tobacco products, but 7 out of 10 users' only chew, because tobacco is being added to the betel nut use that is embedded in the society. In Chuuk, 55% of tobacco users are smokers. There are indications that chewing tobacco in association with betel nut use is becoming more widespread within FSM. WHO 2006 STEPS survey in Chuuk indicated, 48.9% of men aged 15-64 were smokers and 84% of them smoke manufactured cigarettes.[5] According to the 2008 Pohnpei WHO STEPS survey, 29.2% of adults smoked tobacco; down from 36.1% in 2002. However, the age of initiation decreased slightly from 18.2 years to 17.9 years.

[1]Secretariat of the Pacific Community, Pacific in a crisis, leaders declare, 2011. Available at: http://www.spc.int/

[2] Board Resolution 48-01 of the Pacific Island Health Officers Association *"Declaring a Regional State of Health Emergency due to the Epidemic of Non-Communicable Diseases in the United States-Affiliated Pacific Islands," May 2010* http://www.pihoa.org/fullsite/newsroom/wp-The first four of Fifteen Essential Elements of the Commitment involve: 1) Continue increasing taxes on tobacco; 2) Pass and enforce comprehensive smoke-free air acts; 3) Ban all forms of tobacco product advertising; and 4) Establish and sustain tobacco cessation programs.

[3]Office of S.B.O.C., Division of Statistics, 2010 Census of Population and Housing Questionnaire.

[4]Office of S.B.O.C., Division of Statistics, 2010 Census of Population and Housing Report, Chapter 12, pp 7-10.

[5]WHO STEPS Survey 2006, Fact Sheet, 2835 adults in survey.

The FSM Health Progress Report (2008 – 2011) indicated an upward trend in smoking among pregnant women.[6] The 2002 STEPS survey in Pohnpeiindicated that smoking prevalence among those aged 25-64 was 42% for men and 21% for women.[7] For smokeless tobacco there was widespread use by men (22.4%) but only three percent of women. A further Global Youth Tobacco Survey (GYTS) was conducted in 2013 but the data is yet to be analyzed.

2. NCD Plan

A National Strategic Plan for the Prevention and Control of Noncommunicable Disease (NCD) in FSM (2014-2019) was developed. The Plan of Action has the objective of reducing tobacco use by 5% by 2018. Three States currently have developed a plan of action in relation to NCD's (Chuuk, Pohnpei andKosrae).

3. FSM actions to date to confront tobacco

In 2003 a National Focal Point for tobacco control was established within DHSA. All four States also have a tobacco control programme with dedicated Focal Points. As a result, a multisectoral coordinating committee, known as the National Tobacco Control Advisory Committee, was established by Presidential resolution in 2013.

The National legislation places an import duty of $0.25 cents per cigarette with an increase every two years of $0.05 cents up until 2015. Three of the four states also add an additional sales tax on tobacco. There is National legislation for all government offices to be smoke free. State law covers most other public locations including hospitals, schools and meeting halls, but does not uniformly apply to all transport.

A Bill to reduce tobacco use (and other designated consumer products) and its harm is currently being introduced to the FSM Congress (2013 C.B. 18). This would tax cigarettes at a specific rate of $0.25 per cigarette beginning 1 January 2016 and other tobacco at a 55% *ad valorem* rate on the CIF (base) price.

4. Need for a tobacco control action plan

The process of national coordination on tobacco control has gained momentum in recent years. There is knowledge that the States face great challenges in coordinating and implementing obligations under the Convention without such agreement. According to the NAR, the tobacco control measures in the NCD plan were not comprehensive enough to fully implement the obligations of the WHO Framework Convention on Tobacco Control (FCTC).

Specifically, there is no National legislation requiring package labeling of tobacco products and only two states have very limited legislation on cigarette warning labels with no clear evidence of enforcement. Additionally there is no national ban on advertising, promotion and sponsorship and the States laws vary considerably. There is legislation in each State banning sales to minors, but not by minors. One State has banned vending machine sales of tobacco and three States ban selling of single cigarettes or loose cigarettes again without any evidence that this is enforced. The summary in FCTC Needs Assessment Report NAR Annex 2 indicates the need for national coordination in key areas of policy and legislation to ensure effective action to reduce tobacco use and exposure to tobacco smoke.

[6]Health Progress Report: 2008 – 2011, FSM Department of Health and Social Affairs, January 1, 2012, p 33.
[7]2008 NCD STEPS Survey, p 25.

5. Developing a Tobacco Free Action Plan for FSM

Following the FCTC NAR in November 2012 the MHSA convened a workshop in Kolonia from 18-20 September 2013 with support from the Convention Secretariat. 45 National and State representatives with a wide range of interest and responsibilities participated to develop a draft plan of action with key elements for implementation in FSM.[8]This plan is intended to provide an integrated approach to actions at the Federal and State level to address tobacco use and ensure compliance with the obligations of the Convention.

The Plan is based around the following areas:

- Ensuring political commitment to the Plan of Action
- Engaging civil society in developing and implementing the Plan of Action
- Enabling sustainable support to the tobacco control including increases in tax on tobacco with funding to support the Plan of Action
- Providing effective policy, legislation and enforcement as outlined in the Plan of Action
- Ensuring suitable data and research is available including information on monitoring and compliancein support of the Plan of Action

This Plan of Action was circulated for review and agreement by National and State stakeholders prior to adoption. The Plan is attached as Annex 1.

6. Monitoring and evaluation

To enable the Plan of Action to reduce tobacco use will require continued communication, development of policy, legislation and appropriate regulation and a plan for implementation of the objectives outlined.

To ensure this action occurs further coordination will be necessary and this could be guided by the Tobacco Control Advisory Council in collaboration with the Department of Health and Social Affairs. Responsibility for tasks must be clearly assigned to the lead agencies with a mandate to progress the particular objective or initiative. The Tobacco Control Advisory Council can then require the following:

- Assistance with the mobilisation of resources to implement the Plan;
- Promotion of multi-sectoral coordination in implementing initiatives;
- Monitoring of progress in implementation of the Action Plan preferably at least three times each year.

[8] Workshop participants are listed in Annex... [to be provided by MHSA]

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Abbreviations and Definitions:

Tobacco use: This refers to smoking cigarettes, using chew tobacco or using tobacco with betel nut.

AusAID – Australian Interernational Development Assistance Agency
CDC – Centres for Disease Control, USA
DFA – Department of Finance and Administration
DHSA – Department of Health and Social Affairs
DOFA – Department of Foreign Affairs
DOJ – Department of Justice
DRD - Department of Resources and Development
FCTC – Framework Convention on Tobacco Control
FSM – Federated States of Micronesia
HESA –Health,Education & Social Affairs
KIRMA – Kosrae Integrated Resource Management Approach?
NAR – Needs Assessment Report
PIHOA – Pacific Islands Health Officer's Association
SPC – Secretariat of the Pacific Community
TC & I – [Transportation,Communication & Infrastructure]
WHO – World Health Organization

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ANNEX 1.

FSM Tobacco Action Plan

Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
• Political commitment to the Action Plan	• Establish the Tobacco Control Advisory Council (TCAC) Art. 5	1. Develop and adopt a terms of reference for the TCAC; clearly identifying how it fits into the national NCD efforts 2. Identify sources of funding to support the work of the TCAC	In-kind; 500USD for on-going advocacy around the purpose and role of the council	DHSA	DOJ, DOFA, DRD	✓			• TCAC established and funded with sustainability • Submission of annual report of progress (to appropriate entity as identified in the TOR)

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
	• To become a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products (ITP) Art . 15	1. Apply the ITP self-assessment tool to determine the readiness of FSM to accede to the ITP	Consultancy to facilitate the ITP self assessment among all government departments; 10,000USD and any travel costs to bring State representatives together	DHSA	DFA, DOJ	✓			• Accede to the ITP
• Policy, Legislation and Enforcement (Also requiring significant political commitment)	• Develop comprehensive WHO FCTC-compliant tobacco control legislation at the National and State levels • Enact legislation through the Congress Art. 5	1. Review the Tobacco Control Bill (June to August 2014). 2. Submit Bill to Department of Justice by January 2015. 3. Develop and implement a community-level advocacy strategy to support the Tobacco Control Bill 4. Develop regulations to enforce the legislation once passed	In-kind; 20,000USD for advocacy for all States	DOJ	DHSA, All Departments	✓	✓		• Completion of legislative draft for submission to legislature • Passage of legislation • Developed and certified regulations

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
	• To review Customs Law and Regulations and implement measures to eliminate trade in illicit tobacco products Art 15			DFA (CTA)	DHSA, DOJ	✓			• Review completed • Amendments passed by Congress
• Tobacco taxation, propose further tax increases	• Amend Public Law 13-60 (Jan 1, 2014) to increase tax and implement Article 6 Guiding Principles and Recommendations on price and tax measures Art. 6	1. Hold a tobacco taxation workshop to train custom finance, health and other stakeholders on the benefits of raising taxes o tobacco products 2. Develop and implement an advocacy strategy around raising tobacco taxes 3. Provide contribution to the existing draft tax bill	In-kind; 10,000USD for advocacy and 5,000USD for workshop (in-kind technical support from WHO)	DFA	DHSA, DOJ	✓			• Passage during current session of Congress of amended legislation

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
• Health promotion, community awareness, communication and training programs and funding	• Establish or expand infrastructure to support and build capacity for education, communication and training that will ensure public awareness and promote social change on tobacco use to all communities in FSM • Use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change on tobacco use. Art 12	1. Establish formal working relationship among health and non-health sectors (e.g., memorandum of understanding) 2. Develop a train the trainer programme to expand the tobacco control educator pool 3. Support community youth groups with technical assistance 4. Support tobacco free events 5. Support public health outreach activities	100,000USD	DHSA	TC & I OOE Faith-based organisations, women's organisations, community leaders, WHO, SPC	✓			• Conduct evaluation on change in attitude and behaviour on an annual basis.

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
	• Integrate and streamline tobacco use and second-hand smoking awareness into school education curriculum include awareness about tobacco industry tactics Art. 12	1. Work with Ministry of Education to include tobacco education and awareness in school curriculums 2. Develop awareness presentations/ information packets to government departments about tobacco industry tactics	10,000USD	DOE	DHSA, WHO, SPC	✓			• Curriculum developed and training completed • Students informed and involved in
	• Actively involve civil society in relevant phases of the public awareness programme. Art .12	1. Establish formal working relationship between government and NGOs (e.g., memorandum of understanding) 2. Establish support mechanisms for civil society to implement community outreach around tobacco control; through Behavioral Health and Wellness Programs	80,000USD	MHSA	Local Government, NGO's	✓			• Identify changes in knowledge, attitude and behaviour in the community

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
• Engaging civil society and farmers	• Develop and implement import substitution for other economically viable priorities Art 17	1. In tobacco growing states, identify alternative crops	30,000USD	DRD; Agriculture; CRE-COM	HESA, States, NGO's, Local Government.		✓		• Change in use of tobacco in relevant State areas and communities
	• Expand traditional farming (Kosrae model) to improve environment and enhance economy Art. 18	1. Training on traditional farming offered to the community	50,000USD	DRD; Agriculture; Island Food; Community groups	DHSA, EPA, OEEM, KIRMA, IGO's		✓		• Number of programs established
• Data and Research Monitoring and Surveillance	• Improve collection and assessment of data, especially regarding knowledge, attitude, consumption, sales and import Art. 20	1. Develop monitoring plan for all programs and actions 2. Develop a plan for dissemination of information collected	10,000USD	DHSA		✓			• Annual report to Secretary of Health on research
	• Improve and upgrade existing health information system to provide information on burden of disease related to tobacco use Art. 20	1. Review and suggest modifications to existing primary health care encounter forms	10,000USD	DHSA	WHO, SPC	✓			• To be added in country

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
	• To develop survey on attributable costs of tobacco use and exposure Art. 20	1. Identify technical assistance to streamline existing questionnaires/surveys which have tobacco components	10,000USD	DHSA; National Multisectoral Surveillance Working group	SBOC, WHO, SPC	✓			• To be added in country
• Sustainable funding of programs and technical assistance	• Expand cooperation with competent international partners and regional organisations to secure resources from development partners and strengthen capacity and meet FCTC obligations Art 22	1. Develop a procedure for all tobacco control stakeholders (perhaps via NCD programs) to work collaboratively to develop funding and technical support proposals to development partners (e.g., WHO, SPC, CDC) via Dept. Foreign Affairs 1a. Include tobacco control research such as impact of tax increases) 2. Build human resource capacity 2a. Become an active member of the Tobacco Free Pacific Network 2b. Include in-country training in proposals	25,000USD	DHSA	DFA, WHO, SPC	✓			• Increased funding and support for FCTC implementation at National and State level.

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Strategic Area	Objective	Activities	Resources and budget needed	Lead Agency	Contributing Agencies	Timeframe for Implementation			Indicator/s of success
						1-2 years	3-5 years	>5 years	
	• To designate funding for FCTC implementation from tobacco tax increases and where possible other tobacco-related sources Art 26	1. Through legislative reviews, suggest allocation portions of tobacco taxes, fines from violations, and/or licenses for tobacco retailing	15,000USD	DHSA	DOFA, Congress	✓	✓		• Passage of enabling legislation and establishment of dedicated fund
• Tobacco cessation support	• Adapt or develop comprehensive and integrated guidelines for cessation and treatment of tobacco use. (refer to New Zealand, US and other Guidelines) • Increase number of trained Health cessation workers to provide tobacco cessation and counselling • Establish cessation quit line -/counselling or program in all high schools and for community dropouts (with parents support) Art 14	1. Review existing cessation services at the State level. 1a. Strengthen counselling services, cessation tools, and quit lines 2. Expand training for health workers to include brief tobacco cessation intervention 2b. Target NCD patients at primary health care	40,000USD	MHSA Dept. Of Health, Dept. Of Education	Coalitions, AG, Public Safety, Church Groups, Guam Mental Health Substance Abuse, WHO, SPC, Medical community, Lawmakers PTA, Coalitions, Youth Program, Community Leaders,	✓	✓ ✓		• Guidelines in place • Training in use and implementation of guidelines for key staff completed. • Certified trained staff

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Annex 2.

Participants to the FCTC Workshop on the Development of the National Action Plan

National	Mr Anderson Peter	Dept. of Finance -Tax & Revenue	Participant_____
	MsLorinaSeady	Dept. of Finance-Tax & Revenue	Participant_____
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	Mr.X-ner Luther	"	FCTC-WG/member_____
	Mr. Benito Victor	"	FCTC-WG/member_____
	Mr.KipierLippwe	"	FCTC-WG/member(absent)
	Mr.DionisSaimon	"	FCTC-WG/member(absent)
	Ms.Shra L. Alik	"	FCTC-WG / Secretariat_____
	Secretary Skilling	"	**KeynoteRemarks**
	Ronnie Asher	"	Participant_____
	MaiomiLorrin	"	Participant_____
	Carson Mongkeya	Dept. of Foreign Affairs	Participant_____
	Patti Pedrus	OEEM	Participant_____
	MarlyterSilbanus	Dept. R&D	Participant_____
	Alissa Takasy	Dept. R&D	Participant_____
	Mathew	SBOC	Participant_____
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	Richard Moufa	World Health Organization, Palikir	Participant_____
	Wietal	Education	Participant_____
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	Paul James	TC&I	Participant_____
	Rosalina Suta	DOHSA	Participant_____
	TBI	Attorney's Office	Participant
	TBI	Congress, Committee on Health	Participant
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	Leonardo Erra	Dept. of Health	Participant/Support Staff_____
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	Joanes Jackson	Chuuk State legislature	Participant_____
Kosrae State	Acting AG-Mr. Jeffrey Tilfas	Attorney General's OfficeKosrae	Participant***_____
	CJ Aliksa	State Court	Participant_____
	Harry Elley		Participant/Support Staff_____
	John Martin	Dept of Health	Participant_____
	Sen. Bob Skilling	Kosrae Tobacco Free Coalition	Participant_____
	MrNenaTolenoa	Vice Chairman, Com.on Health, Kosrae State Legislature	
Yap State	Mr. JonithanTamag	Dept of Health	Participant***_____
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	Josephine Carl	AG Office	Participant_____
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	Jessica Reyes	Health Services(Cancer Prog)	Participant_____
	Rosario Paulino	Director, Health Services	Participant_____
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