

Meeting Report

Tenth Pacific Health Ministers Meeting



2–4 July 2013
Apia, Samoa

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REPORT

TENTH PACIFIC HEALTH MINISTERS MEETING

Convened by:

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AND

MINISTRY OF HEALTH OF THE INDEPENDENT STATE OF SAMOA

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NOTE

The views expressed in this report are those of the participants, consultants and observers at the Tenth Pacific Health Ministers Meeting and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for the participants and observers at the Tenth Pacific Health Ministers Meeting held in Apia, Samoa, from 2 to 4 July 2013.

TABLE OF CONTENTS

SUMMARY	4
1. INTRODUCTION	5
1.1 Background	5
1.2 Objectives	5
1.3 Opening ceremony	6
2. PROCEEDINGS	7
2.1 Special session on the NCD crisis response – towards healthy islands	7
2.2 Ministerial round table	7
2.3 Parallel session one: ministerial programme	8
2.4 Parallel session two: technical programme: scaling up interventions	8
2.4.1 Improving data for policy: Strengthening health information and vital statistics	8
2.4.2 Towards Healthy Islands: Pacific mental health response	11
2.4.3 Action on the social determinants of health in the Pacific islands	13
2.4.4 Neglected tropical diseases	14
2.4.5 Outbreak surveillance and priorities for mitigating the health impact of disasters	16
2.5 Plenary discussions on key issues	18
2.5.1 Health workforce development in the Pacific	18
2.6 Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda	21
3. CLOSING	22

ANNEXES

ANNEX 1	Opening remarks by Honourable Tuilaepa Lupesoliai Sailele Malielegaoi
ANNEX 2	Opening remarks by Honourable Tuitama Dr Leao Talalei Tuitama
ANNEX 3	Opening remarks by Dr Shin Young-soo, WHO Regional Director for the Western Pacific
ANNEX 4	Opening remarks by Dr Jimmie Rodgers, Director-General, Secretariat of the Pacific Community
ANNEX 5	Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda
ANNEX 6	Agenda
ANNEX 7	List of participants, observers and secretariat

Keywords:

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SUMMARY

The inaugural Meeting of Ministers of Health for the Pacific Island Countries was convened in Yanuca, Fiji, in March 1995. The ministers adopted the *Yanuca Declaration* that advanced the concept of “Healthy Islands” as the unifying theme for health promotion and health protection. Since then, nine biennial meetings of the ministers of health for the Pacific island countries have further built upon the vision and identified follow-up actions necessary to establish Healthy Islands.

The Tenth Pacific Health Ministers Meeting, as the gathering is now called, held in Apia, Samoa, was jointly organized by the Ministry of Health of Samoa, the Secretariat of the Pacific Community (SPC) and World Health Organization (WHO). The meeting provided an opportunity to improve health in the Pacific through strengthened action and collaboration in priority strategic and technical health areas, as well as to follow up on progress towards the commitments made at previous meetings.

The objectives of the Tenth Pacific Health Ministers Meeting were to:

- (1) discuss the overarching strategic direction of health in the Pacific islands in the future;
- (2) review progress made since the Honiara meeting, specifically on the issues raised by the Ministers as priorities; and
- (3) discuss successes and challenges faced in addressing the priorities identified in order to identify effective scale-up interventions.

Following the agenda for the meeting, a number of priority topics were discussed including: human resources for health, health information systems, noncommunicable diseases (NCDs), neglected tropical diseases (NTDs), outbreak surveillance and mitigating the health impact of disasters, social determinants of health and mental health. The ministers supported establishment of an annual chief executive officers of health meeting.

The draft conclusions and recommendations of the Tenth Pacific Health Ministers Meeting were adopted. A major outcome of the meeting was the Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda (Annex 5), which recommends the inclusion of NCDs, NTDs and mental health along with Millennium Development Goals (MDGs) 4, 5 and 6 in the post-2015 development agenda. The document also declares support for a Tobacco Free Pacific by 2025, and calls for strengthening the links between Pacific ministers of health and the Pacific islands forum leaders in order to strengthen coordination of work in health and development.

1. INTRODUCTION

The Tenth Pacific Health Ministers Meeting, which was organized by the Independent State of Samoa, WHO and SPC, was held from 2 to 4 July 2013 in Apia, Samoa. The meeting of Pacific health ministers is a biennial event. The most recent meeting was in Honiara, Solomon Islands, in 2011.

The Tenth Pacific Health Ministers Meeting was convened with financial support from WHO core voluntary contributions, the Government of Australia, the Government of Japan and the Government of the Republic of Korea.

1.1 Background

The first meeting of the Pacific Health Ministers took place in Yanuca, Fiji, from 6 to 10 March 1995. The meeting was convened in response to rapidly changing social and economic conditions affecting the quality of life and health in Pacific island countries and areas (PICs). The meeting adopted the concept of "Healthy Islands" as the unifying theme for health promotion and health protection.

Since then, nine biennial meetings of ministers of health for the Pacific island countries have further built upon and identified actions to establish Healthy Islands.¹

At the Ninth Meeting of Ministers of Health for the Pacific Island Countries, held from 28 June to 1 July 2011 in Honiara, Solomon Islands, the Healthy Islands concept was revisited with a view to revitalizing work under this overarching vision. This meeting also encompassed a more participatory approach with ministers identifying topics of concern. The top four priorities identified by ministers, were human resources, health information systems, mental health and the social determinants of health. Six additional priorities were also identified; clinical care, emerging and neglected diseases, disaster risk management, laboratories, health care financing and health leadership (aid effectiveness), and new technologies. The meeting also noted the willingness of the government of Samoa to host the next Pacific Health Ministers Meeting in 2013.

1.2 Objectives

The objectives of the Tenth Pacific Health Ministers Meeting were to:

- (1) discuss the overarching strategic direction of health in the Pacific islands in the future;
- (2) to review progress made since the Honiara meeting, specifically on the issues raised by the ministers as priorities; and
- (3) discuss successes and challenges faced in addressing the priorities identified in order to identify effective scale-up interventions.

¹ For a brief history of topics discussed at meetings of ministers of health for the Pacific island countries please see *Report: ninth meeting of ministers of health for the Pacific island countries* (WHO, 2011) pp. 1 – 2 (http://www.wpro.who.int/southpacific/pic_meeting/reports/honiarareport.pdf?ua=1 accessed 23 September 2014).

1.3 Opening ceremony

The opening ceremony was held on 2 July 2013 at the Samoa Convention Centre in Apia, with Honourable Tuilaepa Lupesoliai Sailele Malielegaoi, the Prime Minister of Samoa, Independent State of Samoa in attendance. The invocation was delivered by Reverend Elder Tautiaga Senara, Vice Chairman of the Congregational Christian Church of Samoa.

The Honourable Tuilaepa Lupesoliai Sailele Malielegaoi, in his keynote address, acknowledged that the meeting was of great significance to people of the Pacific islands. His Excellency noted the importance of the Healthy Islands vision, and that NCDs are a major threat to development aspirations. He emphasized the need to work together across sectors to identify and address risk factors in families, villages and communities. His Excellency concluded by noting the responsibility of the ministers of health to protect the health of the people in the Pacific (Annex 1).

Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Independent State of Samoa, echoed the Honourable Prime Minister in recognizing that the Healthy Islands vision has inspired extensive work across the Pacific since its inception in 1995 and that it remains a relevant vision. The Honourable Minister declared the meeting open (Annex 2).

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, thanked the Government of Independent State of Samoa for hosting the event, and expressed appreciation for His Excellency, the Prime Minister of Samoa, for his leadership. Dr Shin noted that at the last Pacific Health Ministers Meeting, leaders demonstrated their political commitment to the health of all the people of the Pacific islands through actions such as developing and endorsing the *Honiara Communiqué* on NCDs. He emphasized that the ability to address health challenges hinges on having adequate human resources for health, and health information. Dr Shin highlighted that WHO country offices, including the Division of Pacific Technical Support in Suva, are a first line of support to the Pacific with additional technical expertise available from the WHO Regional Office for the Western Pacific in Manila as needed (Annex 3).

Dr Jimmie Rodgers, SPC Director-General, acknowledged that achievement of good health outcomes requires participation beyond the health sector and that health must be addressed to achieve sustainable development. He further encouraged ministers of health to leverage cross-cutting approaches and opportunities, to influence how health is reflected in the Pacific Plan and to shape the Pacific story in relation to the MDGs and the post-2015 development agenda. Dr Rodgers acknowledged that this would be his last attendance of the Pacific health ministers meeting as the Director-General of SPC. He concluded by wishing delegates “all the best as you work out how to leave your own legacy” (Annex 4).

The following were elected as officers of the meeting:

- Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Samoa, as chairperson;
- Honourable Dr Neil Sharma, Minister of Health, Fiji, as vice chairperson;
- Dr Joseph Tufa Tamasoali'i, Director for Health, Department of Health, American Samoa, as English rapporteur; and
- Madame Cécile Orosco, Cabinet Member of New Caledonia, as French rapporteur.

The provisional agenda of the meeting was approved (Annex 6). The list of participants is available at Annex 7.

2. PROCEEDINGS

2.1 Special session on the NCD crisis response – towards healthy islands

The special session began with a keynote speech by Her Excellency Tauveve O’Love Jacobsen, Niuean High Commissioner for New Zealand and former Minister for Health, Niue. Her Excellency reflected upon the healthy islands journey and encouraged a refocus from “islands” to the people of those islands by supporting bottom-up approaches to achieving health.

Following the keynote speech, a ministerial panel on NCDs and Healthy Islands was held. Dr Vita Skilling, Secretary of Health, Federated States of Micronesia, emphasized the need to strengthen primary health care in order to halt the NCD crisis. WHO's Package of essential NCD (PEN) interventions for primary health care in low-resource settings, was discussed as an effective programme. The panel considered that if Pacific islands are to become healthy islands, then they must become tobacco-free islands. Mr Nandi Glassie, Minister of Health, Cook Islands, discussed his country's journey towards becoming tobacco-free. Finally, the panel considered that wellness and healthy behaviours are developed in childhood. Dr Neil Sharma, Minister of Health, Fiji highlighted his country's efforts to ensure “children are nurtured in body and mind” such as the national roll-out of the Health Promoting Schools programme and development of food and tobacco legislation that aims to protect children’s health.

The ministerial panel was followed by discussion, which included consideration of the United Nations *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* (2011), the nine global targets to prevent and control NCDs, and the *Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*² which included action on NCDs in the proposed goals and targets for the post-2015 development agenda.

Stemming from discussion, the delegates recommended: adopting a tobacco-free Pacific goal by 2025; establishing targets for salt and sugar reduction; supporting implementation of PEN; strengthening accountability for actions through improved health information systems; increased political commitment, investment and multisectoral action to address NCDs; and strengthening coordination among development partners and Pacific leaders.

2.2 Ministerial round table

Mr Charles Sigoto, Minister of Health, Solomon Islands, opened the session, with a biennial progress report. Thirteen countries reported progress on 39 overarching recommendations from the Ninth Meeting of Ministers of Health for the Pacific Island Countries. Overall, 70% of all recommendations were reported as progressing or complete. Noteworthy progress was reported in revitalizing the Healthy Islands vision and strengthening health information systems, while progress on social determinants of health and food security was lagging. Challenges in implementing recommendations included limited capacity to monitor and evaluate national health strategies, plans and policies, and difficulty reaching across sectors to achieve health in all policies.

Ministers and chiefs of delegation were invited to provide feedback on country-specific progress. Many countries expressed the need to continue scaling up efforts related to MDG 4 (reduce under-5 mortality) and MDG 5 (improve maternal health) and maintaining progress made with other

² Full report name: *A new global partnership: Eradicate poverty and transform economies through sustainable development. The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*

MDGs. Challenges identified include the unmet need to improve contraception use rates, and to address increasing rates of teenage pregnancy.

Having sufficient skilled human resources for health was identified as a challenge faced by all PICs. Ministers described challenges including retention and out-migration of health workers from Pacific islands, as well as how to ensure that health workers obtain and maintain the skills they need. The Pacific Open Learning Health Net (POLHN) was acknowledged as a means for continuing professional development.

Many ministers identified NCDs as an ongoing challenge. For example, mental health was identified as a concern by most ministers. Progress was noted in tobacco control with some countries introducing new policies. Cook Islands were congratulated on its global World No Tobacco Day award. Climate change and disaster management were mentioned as issues to be addressed through multisectoral collaboration. Several ministers also recognized the need to strengthen leadership to improve health systems and to achieve health in all policies.

The Pacific Health Ministers Meeting was recognized as a forum for stimulating action. Therefore, ministers supported the articulation of recommendations with clear targets and indicators to facilitate better monitoring and reporting. Further, ministers proposed that the recommendations focus on key health systems challenges including health financing, strengthening aid effectiveness and coordinated regional action.

2.3 Parallel session one: ministerial programme

Ministers of health attended a full-day field visit to Savaii Island. The ministerial programme included visits to a rural district hospital where ministers observed PEN in action.

2.4 Parallel session two: technical programme: scaling up interventions

2.4.1 Improving data for policy: Strengthening health information and vital statistics

Background

Strengthening health information systems (HIS) and civil registration and vital statistics (CRVS) was recognized at the 2011 meeting in Honiara as a priority issue. As such, much work has been carried out to improve HIS and CRVS in the Region. For example, through the *Pacific Vital Statistics Action Plan*, many agencies under the Brisbane Accord Group³ have assisted PICs with undertaking assessments and developing national plans focused on improving coverage of births, deaths, and cause of death data quality, accessibility and use.

PICs have made progress with improving HIS, but challenges still remain. For example, PICs struggle to generate reliable data from their systems and, as a result, they rely on partial or incomplete data or estimates to inform decisions. Another challenge includes the manner by which different information systems from various departments transfer data that impacts the extent of completeness of the data compilation.

³ Brisbane Accord Group (BAG) include: Secretariat of the Pacific Community (SPC), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), University of Queensland Health Information Systems Knowledge Hub (UQ HIS Hub), Queensland University of Technology (QUT), Australian Bureau of Statistics (ABS), Fiji National University (FNU), World Health Organization (WHO)

Presentations

The first presentation explained that PICs are often forced to rely on partial data or external global- and country-estimated data to inform planning, policy and resource allocation decisions. Therefore, improving HIS and CRVS allows PICs to: 1) collect reliable and accurate data; 2) analyse the data (i.e. understand the health status as well as the nationally representative causes of death among the population); and 3) use data to inform planning and policy-making decisions.

Achievements in improving HIS among PICs include: the formation of HIS committees, undertaking comprehensive assessments and developing costed strategic HIS plans. Several PICs have also developed policies for data collection and management, held capacity-building training, and improved the use of data for decision-making. Key achievements in improving CRVS among PICs include working in accordance to the *Pacific Vital Statistics Action Plan*. Other achievements include the establishment of CRVS multisectoral committees, capacity-building training, and medical curriculum inclusion of cause-of-death reporting together with the production of vital statistics data for policy use.

To improve HIS, PICs need to strengthen relationships between information (data) collectors and information users, establish a means for multiple parallel information systems to integrate, and build capacity of HIS human resources. To improve CRVS, PICs need to strengthen collaboration across government agencies that collect birth, death and cause of death information.

By investing in HIS and CRVS systems, governments will have access to increasingly accurate and timely data. This can be used to inform decision-making for health planning and evaluation, as well as making effective investments. Having a complete HIS that includes health-outcome data to track mortality will allow PICs to understand if deaths are being averted, if the correct indicators have been identified and if the correct interventions are being delivered to help prevent premature deaths.

Dr Siale 'Akau'ola, Director of Health, Tonga, presented his country's HIS. In Tonga, HIS is central to providing data to inform the *Tonga Health Report* which reports on health reform, provision of services and assessment of the health system every five years.

The HIS is central to national priority setting. Tonga holds an annual planning week for senior management. HIS is central to this process. In effect, HIS connects all the parts of the health system. In particular, Tonga used HIS data to determine progress on the MDGs, as well as to identify and resolve bottlenecks impeding progress. Based on available data, Tonga identified NCDs as a priority and adopted a target to "halt the rise and begin to reverse the spread of NCDs" by 2015. Likewise, HIS was also pivotal to tracking the arrival of H1N1 and monitoring the outbreak.

In Tonga, HIS has been used to analyse the distribution of causes of death. Based on HIS data, life expectancy in Tonga is not improving as would be expected. Tonga plans to expand its HIS.

Successful actions for increasing support of HIS include treating HIS as a core cross-cutting function of the health system, acknowledging HIS as a national health priority by including a budget line to support HIS activities, building relationships among clinicians and HIS staff, and continuing to involve HIS in the development of health system plans.

Discussion

Delegates noted that advances in information technology provide opportunities to improve HIS and CRVS. One country suggested implementation of a single common system in each country in the Pacific, to allow for ease of comparing cause-of-death data between countries. Some countries identified the need for additional training focused on analysis and interpretation of HIS and CRVS

data at the regional level. One country noted that some data collection is happening on outer islands by nurses, so training physicians alone may not be sufficient for improving HIS and CRVS.

Conclusion and actions

The technical discussion with eight country representatives and six agency representatives agreed on the following points:

That Member States:

- a) recognize the importance of:
 - 1) HIS and CRVS (with data disaggregated by years, age, sex, location, etc.) in setting health priorities and the effective use of resources to address these health priorities, evaluating health system responses and performance (and broader community response);
 - 2) HIS and CRVS systems for monitoring and accountability of policy and programme decisions;
 - 3) cause-of-death and mortality-level data in monitoring health outcomes (e.g. NCDs);
 - 4) encouraging a culture of information use and planning based on evidence;
 - 5) a multisectoral approach to HIS and CRVS; and
 - 6) the importance of integrating data from surveillance systems into the broader HIS.
- b) acknowledge:
 - 1) the complexities of improving HIS and CRVS systems in the Pacific;
 - 2) the limitation of generating meaningful data due to small population size and number of events;
 - 3) the importance of training doctors in death certification;
 - 4) the importance of nurses and broader community structures in data collection from outer islands and remote areas; and
 - 5) the opportunities presented by information technology to improve systems, when used to support sound reporting structures and practices.

The proposed recommendations from the presentations and discussion to strengthen and improve data quality from HIS and CRVS systems include, if not already achieved, to:

- a) establish a multisectoral coordination mechanism(s) for improving HIS and CRVS systems;
- b) undertake an assessment of the key challenges and issues in generating reliable timely data;
- c) develop and share detailed improvement plans for HIS and CRVS that include locally agreed targets for improving HIS and CRVS data that are measurable, providing accountability for progress on improving HIS and CRVS (i.e. improve the completeness of birth and death registration);
- d) improve the reliability and completeness of health data in particular cause of death data – with a minimum two-year reporting on results of analysis and trend data; and

- e) invest in building human resource capacity for HIS and CRVS in areas such as data analysis and interpretation of both HIS and vital statistics to inform policy development and planning.

2.4.2 Towards Healthy Islands: Pacific mental health response

Background

Mental health was identified as a health priority at the Ninth Meeting of Ministers of Health for PICs, and most countries still highlight the issue as a critical unmet need.

Depressive disorders alone are responsible for 5.73% of the overall disease burden in the WHO Western Pacific Region. Mental disorders affect people of all ages, classes and cultures. The Pacific islands are no exception. Despite the lack of population-based epidemiological data for most PICs, health service statistics, case registrations and school health surveys all indicate that mental disorders and mental health problems are common in PICs. For example, many PICs report higher suicide rates than the global average. Suicidal behaviour among young people has become a major concern in the Pacific. Additionally, substance abuse, in particular alcohol and marijuana, is cited among the most common causes of morbidity and as the cause of a variety of social issues, including violence and other criminal behaviours.

Mental disorders often affect and are affected by other diseases such as cancer, cardiovascular disease, diabetes and HIV/AIDS. For example, there is evidence that depression predisposes people to myocardial infarction and diabetes, both of which in turn increase the likelihood of depression. Many risk factors, such as low socioeconomic status, alcohol use and stress, are common to both mental disorders and other NCDs. If left unaddressed, mental health issues will continue to grow and have a significant impact on health and socioeconomic development in the Pacific.

Presentations

Several encouraging examples of progress in mental health in the Pacific were highlighted. For example, eight PICs developed draft mental health policies and/or plans and established a mental health committee or other coordinating mechanisms; eight PICs completed mental health country profiles; five PICs joined a project on monitoring and intervention of suicide behaviours; and a mental health component was included in NCD, school and other surveys in some PICs.

Some Member States have developed and implemented mental health human resource plans. In addition, community-based mental health services have been under development in Cook Islands, Fiji, Kiribati, Solomon Islands and Vanuatu. Mental health units within general hospitals and health centres (including stress management wards) and community counselling centres serviced by nongovernmental organizations have been established, and the inclusion of mental health as part of health service outreach activities has occurred in a few PICs. Training of health workers in primary care centres to deliver mental health interventions has taken place in a few PICs as well.

The presentation highlighted that the major challenges to mental health response include: 1) myths about the nature and causes of mental illness; 2) lack of legislative frameworks for promoting quality health care and human rights; 3) low financial and human resource investment; 4) artificial separation and isolation of mental health from physical health; and 5) insufficient use of limited resources and effective interventions for mental disorders.

Dr Santus Wari, Director General of Health, Vanuatu, presented on the development of mental health services in Vanuatu. Progress has included a technical review of the Mental Health Act of 2009 and 2012. In an effort to build the human resource capacity to diagnose and treat mental disorders,

five nurses and three doctors were sent for training. Local training in mental health has been conducted and has included physicians, nurses, teachers, police officers, armed force, correctional staff, nongovernmental staff and community leaders. Mental health focal points have been designated at national and provincial levels and meet annually. The establishment of mental health clinics in all provincial hospitals has increased accessibility of services. Awareness campaigns in all provinces and the integration of mental health issues into middle school and police college curriculums have enhanced community engagement. Although much progress has been made, Dr Wari noted that more than 90% of people with mental disorders remain untreated; therefore, political commitment is still needed, particularly increased investment from government and development partners so current activities can be expanded.

Discussion

It was noted that mental health issues are now being recognized as part of the NCD crisis and a top priority for action. Many countries voiced major capacity issues to address mental health in country, namely human resources and training. Most countries do not have established baseline data on mental health trends and, therefore, have an urgent need for collection and utilization of data to inform service organization and delivery. Likewise, mental health is still largely neglected in health systems. Some countries have made progress in terms of legislation and policy development, but still need improvement in scaling up interventions and the workforce. In many countries, other sectors are providing much of the psychosocial intervention through nongovernmental organizations, churches, schools and community-based organizations, which highlights the importance of multisectoral partnerships. The discussion also highlighted the potential for increasing attention to mental health by linking it with other NCDs and other cross-cutting issues.

Further, the discussion noted that stigma towards mental health is still a major barrier to both workforce development and service delivery. Community leaders and champions are needed to assist in normalizing mental health and tailoring the conversation to the local context. The Pacific Islands Mental Health Network (PIMHNet) and other regional networks need strengthening to support countries in their efforts to address mental health. Mental health requires attention at the primary prevention level. Mental health promotion and early intervention, particularly with youth, need to be the focus of interventions.

Conclusion and actions

The proposed recommendations from the presentations and discussion to address the issues impeding progress with mental health include:

- a) strengthen national and regional leadership to drive the mental health agenda, support legislation and policy, and combat stigma;
- b) strengthen evidence base on the burden of mental disorders utilizing tools and methodologies that are appropriate for the Pacific context and tailored to country needs;
- c) develop and strengthen comprehensive education and training for human resources in the region for a full range of mental health-care services that respond to the various levels of need;

- d) integrate mental health into general health and community-based services;
- e) strengthen existing network and multisectoral partnership mechanisms to promote capacity-building and coordination;
- f) expand mental health service delivery utilizing existing infrastructure and tailor services to meet diverse population needs; and
- g) address prevention, social determinants and risk factors and promote mental health as part of holistic well-being.

2.4.3 Action on the social determinants of health in the Pacific islands

Background

Social determinants of health were identified as a top health priority at the Ninth Meeting of Ministers of Health for the Pacific Island Countries in 2011. The social determinants of health are the conditions in which we are born, grow, live, work and age; as such they are impacted by a variety of sectors beyond health. Many of the social determinants of health are interdependent and interrelated.

Key challenges for taking action on social determinants of health in the Pacific include building capacity (human resource and institutional) of the health sector for cross-sectoral work, and establishing mechanisms for multisectoral implementation and accountability at the country level.

Presentations

The presentations on addressing social determinants of health in the Pacific described global efforts such as WHO's Commission on Social Determinants of Health established in 2005 to explore ways to achieve health equity through action within and beyond the health sector. The overarching recommendations of the Commission included action to: improve daily living conditions; tackle the inequitable distribution of power, money and resources; and measure and understand the problem and assess the impact of action. Following the World Conference on Social Determinants of Health in 2012, a set of recommended actions for Member States included implementing the *Rio Declaration*;⁴ developing policies and actions on social determinants of health, with clearly defined goals, activities, accountability mechanisms and resources; supporting health in all policies as a way to promote health equity; building capacities of policy-makers, workers in health and other sectors; and giving consideration to social determinants of health in deliberations on sustainable development including Rio+20.

The Healthy islands vision, adopted by Pacific health ministers in 1995, is still appropriate and provides a good basis for action on the social determinants of health. WHO's Urban HEART (Health Equity Assessment and Response Tool) has been tailored to the Pacific – Island HEART – to guide policy-makers and communities on appropriate actions to address health inequities. Island HEART provides a standardized approach gather evidence and guides planning for action at the country level.

According to the presentation, a two-pronged approach is possible to address the social determinants of health:

- 1) Health in all policies approach (HiAP) through action on upstream social determinants of health (e.g. government policies); and whole-of-government and whole-of-society responses; and

⁴ Rio Political Declaration on Social Determinants of Health; <http://www.who.int/sdhconference/declaration/en/>

2) NCDs as a programmatic entry point for acting on social determinants of health specifically by building on ongoing efforts to develop multisectoral action plans for NCDs; expanding mechanisms and multisectoral action on NCDs to address social determinants of health and health inequities more broadly, beyond NCDs; and by adding value to an social determinants of health approach by elevating attention on the issue beyond the health sector, to a higher (whole-of-government) level (e.g. Cabinet).

Mrs Una Bera, Acting Deputy Secretary of Public Health, Fiji presented Fiji's Island HEART, which has thus far, focused on the urban Suva City. The Ministry of Health has worked closely with Suva City Council to develop and implement the initiative and formalized their partnership with a memorandum of understanding. Initial efforts such as construction of a public walkway to increase access to safe spaces for physical activity, implementing more frequent rubbish pick-up to reduce rodent and pests, and implementing city-wide compost collection to discourage burning of green waste, were shared to demonstrate active and inclusive community involvement.

Discussion

There was consensus that the *Healthy Islands Framework* functions as a social determinant of health framework. Participants noted the need for identifying and implementing tools such as HiAP approaches and Island HEART, which would be used in country and add value to current approaches toward achieving Healthy Islands.

Conclusion and actions

In order to address the issues limiting progress with social determinants of health, the following actions are recommended:

- a) sustain national high-level advocacy, focusing on HiAP and NCDs, using appropriate tools or guidance (e.g. *Helsinki Statement on Health in All Policies*); and
- b) build and strengthen the communication and advocacy capacity of ministries of health to work across sectors (with regional support) through:
 - 1) facilitation of networking in a community of practice using the Pacific way; and
 - 2) development and utilization of appropriate tools and data to measure and address social determinants (e.g. Island HEART).

2.4.4 Neglected tropical diseases

Background

Priority neglected tropical diseases (NTDs) in the Pacific are lymphatic filariasis, soil-transmitted helminthiases and leprosy. In addition, blinding trachoma and yaws are also endemic in certain areas. Most NTDs can be controlled or eliminated through preventive measures, such as mass drug administrations (MDAs) against lymphatic filariasis, while other diseases, including leprosy, require individual case management. The epidemiology of NTDs is variable, thus response strategies need to be adapted to local health systems and environmental conditions. The burden of soil-transmitted helminthiases requires better assessment and national strategies for elimination or control need to be determined. There is a need to scale up evidence-based interventions based on the available epidemiologic profile of the disease.

Presentations

In the past decade, several countries in the Pacific have moved towards elimination of NTDs, especially lymphatic filariasis. For example, lymphatic filariasis prevalence has reduced from 16 endemic countries in 1999 to 12 endemic countries in 2013. Key reasons for this success include strong political commitment, and increased technical expertise in programme management through the network of the Pacific Program to Eliminate Lymphatic Filariasis (PacELF). Monitoring and evaluation will be needed to sustain momentum. In relation to soil-transmitted helminthiases, at least 10 countries require preventive chemotherapy, and there is a need to scale up the deworming programme to achieve the global goal of 75% coverage. Three PICs have not yet achieved leprosy elimination based on the WHO definition of elimination as a public health problem.⁵ The exact magnitude of trachoma is yet to be determined. Yaws is endemic in Papua New Guinea, Solomon Islands and Vanuatu. The prevalence of yaws in Papua New Guinea and Solomon Islands is yet to be defined. In Vanuatu, interventions are being implemented in the province with highest prevalence of yaws.

Identified challenges include limited funding to scale up preventive chemotherapy and/or assessments of endemicity, limited political commitment for NTDs other than lymphatic filariasis, a continually changing development partner landscape, a limited pool of trained staff and a high turnover rate, logistical challenges in programme operations due to the geographical spread of PICs, and most NTDs are not included in national health information systems.

Proposed future directions for PICs nearing lymphatic filariasis elimination include shifting focus to soil-transmitted helminthiases or other NTDs, and application of lessons learnt from lymphatic filariasis programmes. For PICs without lymphatic filariasis programmes or with limited lymphatic filariasis programmes, proposed future directions include conducting in-depth analyses of gaps and integration of NTD programmes into the existing health systems.

Dr Stephen Homasi, Director of Public Health, Tuvalu, presented his country's NTD control and elimination efforts. Major lessons from moving towards a deworming programme while scaling down the lymphatic filariasis programme, included clear recognition of the success of the lymphatic filariasis programme and utilization of the capacity built from the lymphatic filariasis programme to implement deworming activities. While mass drug administrations (MDAs) against lymphatic filariasis were conducted as “campaigns”, deworming took place as year-round activities and was school based. This approach was more health system-friendly, less expensive and more sustainable. Community involvement was critical for the success of both programmes, but even more so for deworming programmes. Appreciation of timely provision of assistance from health development partners was noted as a success factor.

Discussion

Several delegates discussed progress and challenges of lymphatic filariasis elimination as well as deworming programmes. The possibility of considering other diseases – such as typhoid fever and rheumatic fever, as NTDs – was raised, indicating the need to assess country-specific NTD situations and identify new country-specific priority NTDs.

The importance of considering NTD programme implementation in the context of health system strengthening was noted. Social determinants of health were also considered an important

⁵ WHO defines elimination of leprosy as a prevalence rate of less than 1 case per 10 000 people.

factor in NTD control. The ethical implications of programmes in low-prevalence settings were also mentioned.

Conclusion and actions

In order to sustain progress and further address NTDs, the following are recommended actions from the presentations and discussion:

- a) review and reassess the current NTDs situation and identify new country-specific priority NTDs;
- b) develop a Pacific NTD strategy or framework as per technical guidelines for national programmes; and
- c) renew Member States' commitment to tackle NTDs and consider the implementation of plans in the context of health system strengthening/community health strengthening.

2.4.5 Outbreak surveillance and response priorities for mitigating the health impact of disasters

Background

Disaster risks are higher in the Pacific than in other regions of the world. Severe health and non-health consequences of disasters will continue to impact PICs, and the poorest and most vulnerable populations will continue to bear the greatest burden. Climate change and related extreme weather events are expected to continue to exacerbate the impact of disasters in PICs. Disasters can increase the risk of disease outbreaks, particularly after floods or population displacement, both of which are regular consequences of disasters in the Pacific.

Presentations

Presentations in this session highlighted the relationship between disasters and outbreak risks. Recent post-disaster disease outbreaks in the Pacific included a large leptospirosis outbreak following floods in Fiji in 2012 and drought-associated diarrhoea outbreaks in Tokelau and Tuvalu in 2011. A few PICs have pursued national initiatives such as Fiji's establishment of the National Taskforce for Control of Outbreak-prone Diseases, the Federated States of Micronesia's summit on emergency preparedness ("Readiness is Everyone's Business"), and Solomon Islands' work on post-disaster risk management and establishment of the post-disaster early warning surveillance and response system (EWARN). Regional initiatives include the Pacific Public Health Surveillance Network (PPHSN) and the Pacific Humanitarian Team (PHT).

Challenges related to outbreak surveillance and disaster risk management include the lack of evidence-based baselines for outbreak-prone diseases, the lack of operational plans for post-disaster risk assessment and early warning surveillance and response systems, the limited understanding of the consequences of climate change on outbreak-prone diseases, the lack of well-trained health workers, and poor linkages between national disaster management offices and health ministries.

Dr Lester Ross, Permanent Secretary of Health for Solomon Islands, presented the experience of the earthquake and tsunami disaster that struck Temotu Province on 6 February 2013. The impact of the disaster and the post-disaster response activities implemented by the Ministry of Health and Medical Services included a disease outbreak risk assessment and the implementation of an early warning surveillance and response system. While there were no large outbreaks identified, systematic alerts notified health officials when cases of a disease exceeded the threshold, and activated response interventions.

Discussion

The discussion highlighted the following points: 1) Some PICs have policies and plans to coordinate between their disaster management system and the health sector. 2) There is a significant lack of technical human resources to implement post-disaster surveillance and response. 3) Strong surveillance capacity is important. 4) The International Health Regulations (2005) supports core public health functions necessary for disaster/outbreak surveillance and response. 5) The existing Pacific syndromic surveillance system is an important foundation upon which to build EWARN capacity. 6) SPC and WHO were requested to support PIC surveillance and response capacities for climate change and disasters linked to outbreaks. 7) The Pacific Public Health Surveillance Network (PPHSN) allows for an efficient collaborative framework with regard to the previous point.

Delegates shared their experiences. Fiji described its Health Emergency and Disaster Management Plan (HEADMAP) that coordinates the National Disaster Management Office (NDMO) and the Ministry of Health (as the health cluster leader) in disasters. A recent risk communications workshop, led by UNICEF in Fiji, provided ready-made messages to improve communications for preparedness and readiness for disasters. Fiji is working to establish the baseline epidemiology of priority outbreak-prone diseases in the post-disaster context including leptospirosis, dengue and typhoid.

In Samoa, post-disaster needs assessment following the recent cyclone in 2012 identified the need to build assessment capacity, in addition to climate change mitigation. Samoa also noted a need to better recognize mental health needs in post-disaster situations. In American Samoa, implementation of emergency plans, for pandemic preparedness plans and all-hazards emergencies, requires appropriate use of technologies.

Papua New Guinea had developed an emerging diseases work plan including development of outbreak/response manuals, and field epidemiology training for health workers. Papua New Guinea was able to implement learnings from the recent cholera outbreak to respond to the chikungunya outbreak.

In the Marshall Islands, experiences with the recent dengue outbreak and the 2013 drought in the northern atolls emphasized the importance of preparedness and surveillance.

Conclusion and actions

In order to address the challenges of outbreak surveillance and response and to mitigate the health impacts of disasters, the following recommendations were made based on the presentations and discussion:

- a) strengthen existing syndromic/disease surveillance systems and integrate into routine HIS;
- b) implement operational research to provide evidence on the epidemiology of important outbreak-prone diseases in relation to natural disasters and climate change;
- c) develop protocols for post-disaster risk assessments and early warning surveillance and response;
- d) initiate and support human resource capacity-building in field epidemiology; and
- e) support improved coordination among regional disaster and public health organizations and networks.

2.5 Plenary discussions on key issues

2.5.1 Health workforce development in the Pacific

Background

Several PICs have health-worker-to-population ratios below the WHO recommended minimum threshold of 2.3 per 1000. Many PICs also face strong external labour market forces that make it difficult to balance health workforce demand, supply and affordability with existing and emerging population health needs. The imminent return of larger-than-usual numbers of newly graduated doctors trained at medical schools outside the Pacific will place further demands on workforce planning and health budgets in at least five PICs.

The Strengthening Specialised Clinical Services in the Pacific (SSCSiP) programme at Fiji National University (FNU) continues to provide support to countries on clinical workforce organization and standards of care. Likewise, the Pacific Open Learning Health Net (POLHN) continues to grow in terms of the number of courses offered and the number of enrolled students, and represents an important avenue for continuing professional development.

As a major constraint to expand countries' ability to deliver better health services, dramatic steps must be taken to address human resources for health (HRH) challenges. For example, there is a need to ensure that appropriate staff are deployed where needed. This is an opportunity for countries and development partners to forge solutions that transcend national borders and promote multisectoral engagement, collaboration, coordination and partnerships.

Presentations

The presentation, panel and discussion highlighted: 1) the long-standing challenges to addressing the shortages of health workers in PICs and managing the health workforce efficiently; 2) the unique demographic and geographic factors affecting delivery of effective health services in small island settings; 3) HRH planning (only one country reporting against the Honiara outcomes has a costed, actively managed health workforce plan); 4) limited engagement to date with the education and finance sectors and national workforce agencies; 5) the limited capacity of regional and national education providers; and 6) finding creative solutions to financing the health workforce.

The presentation aimed to focus attention on priority HRH issues in the Pacific. An apparent decoupling, was noted, of medical training from broader HRH planning, as a result of increased availability of scholarships to medical schools outside the Pacific. As a result, there is an imminent arrival of larger-than-usual numbers of foreign-trained medical graduates (FTMG). This is set against a background of an increasing throughput of medical graduates from FNU, the private Umanand Prasad School of Medicine in Fiji and Oceania University of Medicine in Samoa. Kiribati described preparations for the return of its first cohort of 18 FTMGs from Cuba, who will enter a new national medical internship program in late 2013; the new programme also has the potential to take new graduates from Nauru and Tuvalu.

The presentation emphasized the need for PICs to develop national health workforce plans that include role delineation in the medical training agenda development process. Mandatory public sector "young" retirement age – often between 50 and 55 years – is exacerbated by aging workforces.

Health workers are increasingly mobile, and countries need to balance the career development benefits (“brain rotation”) to individuals from working internationally with the need to maintain services at home. In addition, adherence to policies such as the *Pacific Code of Practice on the Recruitment of Health Workers* varies.

Countries and health development partners are currently undertaking analytical work to update country HRH profiles, review evidence-based policy options and develop national HRH plans. The formation of task forces to address the integration of new medical graduates is also having a catalytic effect on broader HRH planning and decision-making.

Country members of Pacific Human Resources for Health Alliance (PHRHA) have undertaken a critical assessment of the Alliance's performance. The steering committee has recommended that PHRHA be maintained, but that its objectives and secretariat terms of reference be reviewed and revised to ensure a more dynamic response – particularly targeting HRH policy challenges at the regional or subregional level. A technical working group has brought together a small group of countries and technical partners (WHO, Fiji National University and the HRH Hub at the University of New South Wales) to address policy issues around the integration of FTMGs at the subregional level and guide their practical implementation; the technical working group has been effective in generating clear solutions and represents a useful model for adoption by PHRHA.

In response to a request from the Ninth Meeting of Ministers of Health for the PICs, SSCSiP has just completed the design and establishment of diploma and Certificate IV courses in biomedical technology, which will be offered through FNU from 2014.

A panel of experts shared an update of HRH initiatives in the Pacific and lessons learnt on health workforce development. The Professor Pelenatete Stowers, Assistant Chief Executive Officer, Nursing and Midwifery, Samoa, emphasized the central role of nurses from community to tertiary levels of service delivery, as well as the importance of involving chief nursing and midwifery officers in health sector and governance arrangements. The Honourable Michael Malabag, Minister for Health and HIV/AIDS, Papua New Guinea, highlighted the current initiatives they are implementing, which affirms the critical role of the Ministry of Health in health workforce planning, management and development to ensure a relevant health workforce is accessible and appropriate to the country needs. Dr Kautu Tenaua, Minister for Health and Medical Services, Kiribati, reported on his country's work to integrate FTMGs into the health system, particularly the newly developed Kiribati Internship Programme that other countries would be able to benefit from as well.

Discussion

Subsequent discussion reinforced the importance of role delineation for health workers, where the skill mix and services provided are matched to the burden of disease and proposed models of care at each level. Role delineation is a country-specific decision, needing country-specific policy analysis. Solomon Islands described its ongoing role delineation process, which will lead on to a new national HRH plan and an exploration of innovative health workforce financing strategies.

Several countries affirmed the central role of nurses. The need to involve experienced nurses and nurse practitioners in the supervision and integration of new FTMGs was noted.

Countries also identified an increasing need to address issues of accreditation, competencies, regional standards and regulation. A specific issue was the lack of policy and regulatory clarity around the role of traditional healers and their interaction with mainstream health services.

It was noted that a regular meeting of deans of medical schools and heads of nursing schools in the Pacific would help them to maintain the alignment of their curricula and intakes with regional health priorities and national HRH plans.

Conclusion and actions

The following recommendations were made based on the presentations and discussion:

- a) If not already in place, advocate for and establish:
 - 1) high-level of prioritization for HRH in the health system;
 - 2) engagement of key sectors (finance, public service, education, etc.);
 - 3) actively managed, current, costed national health workforce plans; and
 - 4) bilateral memoranda of understanding to manage “brain rotation” of skilled human resources.
- b) Explore innovative approaches to achieve the necessary investment and financing structures for the national health workforce plan.
- c) Promote increased involvement of nursing in national and regional health governance structures.
- d) For those countries expecting to receive FTMGs, from Cuba for the most part, starting 2013 and beyond:
 - 1) analyse policy options and plan for integration;
 - 2) develop competency-based assessment tools;
 - 3) maintain supportive dialogue with postgraduate training institutions; and
 - 4) maintain collaboration among countries.
- e) Maintain the functioning of PHRHA to address policy priorities at regional and subregional (or multi-country) levels by:
 - 1) reviewing and, where necessary, revising PHRHA objectives and secretariat terms of reference;
 - 2) revitalizing the technical working group to help connect countries (and where technical assistance is relevant).
- f) Maintain dialogue with evolving approaches on accreditation of education and regulation of practice.

In addition, requests to the heads of Pacific health training institutions were made including:

- g) Deans of medical schools and heads of nursing schools in Papua New Guinea and PICs convene regular, preferably biannual, meetings to:
 - 1) discuss curricular and other matters of mutual concern; and
 - 2) ensure, as much as possible, that curricula and intakes remain aligned with prevailing national and regional strategic priorities, and to report back to the Pacific Islands Health Ministers Meeting.

2.6 Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda

Presentation and discussion

The draft communiqué was presented for consideration by the delegates. The purpose of the communiqué was to present the view of the Pacific Health Ministers on the post-2015 development agenda. Discussion included the content of the post-2015 development agenda and NCD regional architecture, as well as the language used, in order to ensure clear message delivery.

Conclusion and actions

Each part of the edited communiqué was endorsed as edited by the delegates.

3. CLOSING

The ministers of health endorsed the Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda (Annex 5), as well as the conclusions and actions decided following each session in the proceedings.

Delegates noted that the next Pacific Health Ministers Meeting in 2015 would mark the 20th anniversary of the Healthy Islands vision. Delegates noted the Government of Fiji's willingness to host the next meeting.

On behalf of the WHO, Regional Director for the Western Pacific Dr Shin Young-soo and, acting on behalf of SPC Director-General, Dr Jimmie Rodgers, Dr Colin Tukuitonga, thanked the Government of Samoa for the excellent arrangements, as well as the chairperson, vice-chairpersons, rapporteurs and all participants for making the meeting a success.

The Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health, Independent State of Samoa, who served as chairperson, delivered his closing statement, thanking all participants and hosting agencies. He reiterated the importance of ministers coming together to focus on high-level policy issues affecting all PICs. He thanked the secretariat for support and praised the participation of the ministers. He then formally concluded the meeting.

ACKNOWLEDGEMENTS

The organizers of the meeting, the Independent State of Samoa, WHO and SPC, would like to acknowledge the financial contributions from WHO core voluntary contributions, the Government of Australia, the Government of Japan and the Government of the Republic of Korea, Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda in making the Tenth Pacific Health Ministers Meeting a success.

ANNEX 1

**Opening remarks by Honourable Tuilaepa Lupesoliai Sailele Malielegaoi,
the Prime Minister of Samoa, Independent State of Samoa**

Reverend Elder Aisoli Iuli, President of the Samoa Methodist Church,
Honourable Ministers of Health,
Puleleite Dr. Shin Young-soo, WHO Regional Director for the Western Pacific,
Dr. Jimmie Rogers, Director General, Secretariat of the Pacific Community,
Members of the Diplomatic Corp,

Distinguished Delegates,
Donors and Development Partners,
Representatives from the Nongovernment Organizations,
Members of the Media,
Distinguished Guests,
Ladies and Gentlemen.

On behalf of the People and the Government of Samoa, let me extend to you all warm Pacific Greetings.

I am honoured to welcome you all to the Tenth Pacific Ministers of Health Meeting, a Meeting of considerable significance, priority and importance to the People and the Governments of the Pacific Islands.

In 2005, I was also pleased to welcome to our shores all the delegations for the sixth Pacific Ministers of Health Meeting. A meeting that coincided with the opening of the National Kidney Foundation of Samoa.

I am also happy to let you all know that this Tenth meeting has coincided with the official opening of our National Referral Hospital, the Tupua Tamasese Meaole Hospital, which, some of you were able to attend yesterday.

Distinguished Guests, Ladies and Gentlemen,

I am aware that the first Ministerial Conference on Health for the Pacific Island Countries was convened in Yanuca Fiji Islands, from the 6th to the Tenth March in 1995.

This first meeting was in response to rapidly changing social and economic conditions affecting the quality of life and health in our Pacific Island Countries.

It is at this first meeting that the concept of "healthy islands" was born as the health unifying theme for Pacific Island countries through advocating the fundamental concepts of health promotion and health protection.

The words of "The Healthy Islands vision" are indeed poetic, for we are a poetic people. This vision aspires to the Pacific islands being a place where:

- children are nurtured in body and mind
- environments invite learning and leisure

- people work and age with dignity
- ecological balance is a source of pride and
- the oceans that sustain us are protected.

This vision speaks to the very essence of everyone who is a Pacific Islander and articulates our hopes and dreams for our countries and future generations in a manner that strikes at our very core.

Today we maintain this vision as we strive to continue to improve the health, economic and social status of our individual countries and territories with a greater understanding of the inter and co dependences between and across all sectors.

Samoa continues to use this Declaration in developing our Health System. We recognize the need to include mental, spiritual as well as physical health as priorities for assuring wholistic health and well-being.

We cherish our children and their heritage as the future of our Island Countries.

We acknowledge that the health and education of our people is central to all our social and economic developments.

We are always mindful that our ecological balance, inclusive of the land and sea, is vital to health as handed down by our fore fathers and we continue to harvest and gather food from the land and sea and give these the respect required for future generations.

Distinguished Guests, Ladies and Gentlemen,

At the 2005 Meeting, the Samoa Commitment recognized the three priority health challenges to our Pacific Islands as being: Non Communicable Diseases, the continuing threat of Emerging and Neglected Infectious Diseases, as well as, Skilled and Competent Human Resources for Health.

As you may all recall, the four steps forward agreed to meet these health challenges at the Samoa meeting were:

1. Community-centered Development.
2. Communication in Context and need to upscale awareness campaigns to change behaviours.
3. Combating Diseases and Caring for Patients within the whole continuum of prevention and disease control.
4. Collaboration and Sharing of expertise and experiences.

The Honiara Commitment at the Ninth Pacific Health Ministers meeting reiterated these concerns and included in the discussions were the priority areas facing all of us in the Pacific islands, including, mental health, the social determinants of health, health information systems for evidence based decision making, disaster risk management as we begin to feel the impact of climate change, effective and accountable health leadership and management as well as many other priority areas for health systems strengthening to improve health outcomes for our people.

Ladies and Gentlemen,

I wish to take a few moments to talk about the NCD epidemic that is currently facing our countries and the recognition by the UN General Assembly of this silent killer through making NCD reduction as an added goal in the Millennium Development Goals.

What is clear is that we need to change the health conscious and health behaviors of our people. We need to work together across sectors to ensure that the risk factors of NCDs are known and addressed in families, villages and communities; for this is a foe that can cause havoc to our development aspirations and plans if left unchecked.

My Government in recognition of this is continuing our Health Reform with the plans to establish a Health Promotion Foundation, to give priority to reversing the NCD epidemic.

Distinguished Guests, Ladies and Gentlemen,

It is without a doubt that the challenges that are currently facing the health and well-being of our Pacific Island People are many and can be formidable.

The Health Sector is one that is complicated in its very nature. I say this because health by its very definition is multi professional; multi skilled; and multi service. Health and well-being is also to a large extent dependent on decisions that lie outside of health sector.

In conclusion, I wish to note that the health and well-being of our people is precious and lies at the heart of any economic and social development efforts that we make for our Pacific Island Countries.

I wish you all successful discussions and outcomes for this Tenth Pacific Ministers of Health Meeting.

Faafetai.

**Opening remarks by the Honorable Dr Leao Talalelei Tuitama,
Minister of Health, Independent State of Samoa**

My Fellow Ministers of Health Colleagues,
Ministers of Cabinet, Government of the Independent State of Samoa,
Puleiite Dr Shin Young Soo – The WHO Regional Director of for the Western Pacific,
Dr Jimmie Rodgers – The Director General of the Secretariat of the Pacific Community,
Development Partners,
Ladies and Gentlemen.

Please allow me to welcome you again. I am absolutely thrilled that you have all made it to Samoa safely; although the arrival of the Honourable Minister of Kiribati is delayed and the Honourable Minister of Health from Papua New Guinea could not make it in the last minute.

The Prime Minister of Samoa has delivered the keynote address. It is recognition of your esteem selves and the support granted for our health meeting. I am truly grateful that the Prime Minister of Samoa allowed time in his very busy schedule to grace us all with his presence.

As for now my esteemed colleagues, we can continue the journey for our Healthy Islands; knowing that the Reverend Elder Senara and the Honourable Prime Minister of Samoa have given us their blessings. The continued value we give the Healthy Islands vision, is also the value we place on the foresight of our fore leaders; and the 1995 Team of Health Ministers who together with their technical assistants at the time created and declared the Yanuca Declaration.

Ladies and gentlemen, it gives me great pleasure on behalf of the Government of the Independent State of Samoa, to officially open this meeting. I am sure that this Tenth Meeting of Pacific Islands Ministers of Health will not only be successful, but also enjoyable.

Soifua.

ANNEX 3

**Opening address of Dr Shin Young-soo,
WHO Regional Director for the Western Pacific at the
Tenth Pacific Health Ministers' Meeting
2-4 July 2013 – Apia, Samoa**

Honourable Minister of Health, Tuitama Dr Leao Talalelei Tuitama,
Honourable ministers of the Pacific island countries,
Director-General Dr Jimmie Rodgers, of the Secretariat of the Pacific Community,
Distinguished participants and development partners,
Ladies and gentlemen.

Welcome to the Tenth Pacific Health Ministers Meeting.

I would like to express my sincere appreciation to the Government of the Independent State of Samoa for graciously hosting this meeting. We are especially grateful to the Honourable Minister of Health Tuitama Dr Leao Tuitama and his entire team. They worked months to prepare for this meeting and have shown impeccable capacity, support and hospitality in their coordination. I would also like to thank His Excellency Prime Minister Tuilaepa Lupesoliai Sailele Malielegaoi for his welcoming words this morning and consistently demonstrating his support for improved health and development in Samoa and the Pacific region.

As we gather to discuss health in the Pacific, it is fitting to acknowledge the generous support from Australia, New Zealand, the United States of America, Japan and many others. The support for WHO and its Member States is crucial to our mission of improving the health of people in the Pacific islands in collaboration with the Secretariat of the Pacific Community.

From a personal perspective, I am delighted to be in Samoa again. During my last visit to your beautiful country in 2010, I was privileged to visit the village of Lalomalava, Savaii. There, I was warmly welcomed as family. The people gave me the chief title of Puleleiite – which was both a great honour and a beautiful gesture. Holding such an honourable title has only strengthened my commitment to the people of the Pacific region. Our program in Samoa includes field visits. So we will have the opportunity to see first-hand many of the country's achievements in public health.

The strong commitment of the Government of Samoa to health – especially NCD control and prevention – has translated into concerted action. The Package of Essential NCD Interventions – or PEN – was introduced in several communities with good results. Now PEN is being rolled out in phases to all health facilities in the country. Likewise, the establishment of the Samoa Health Promotion Foundation will further promote health of the people increasing access to primary and secondary health-care services, and strengthening basic health infrastructure. Strengthened evidence base has further increased the capacity to inform sound, targeted interventions for those at highest risk for both communicable and noncommunicable diseases. The second STEPS survey for NCD risk factors has recently completed and preliminary results will be available during this meeting. Significant progress has also been made to achieve regional elimination of neglected tropical diseases. The most recent National Mass Drug Administration for filariasis covered 90% of the population, and recent surveys also provided evidence for more focused intervention to specific high risk areas to effectively eliminate this disease. In these ways, we will be able to bring together the multiple

development partners working in the health sector in a more coordinated way to more effectively support the Government of Samoa's health priorities.

For Samoa and all the Pacific islands, this meeting is truly a unique opportunity. We come together on other occasions – such as the World Health Assembly and the Regional Committee. But this is the only time all the Pacific Island countries and areas spend days together focusing on their particular health issues. WHO and SPC are here in a supporting role. The agenda is driven by all the ministers and directors of health here. Based on your suggestions, our agenda continues the successful open forum format from Honiara. In fact, we will revisit many of the 10 priorities you highlighted two years ago, when we were in Honiara. In Honiara, you reviewed evidence from countries and decided we could wait no longer to address the alarming NCD situation. You issued the Honiara NCD communiqué – recommending that forum leaders declare a crisis. Indeed, leaders showed their political commitment by declaring an NCD crisis in the Pacific in September 2011.

This Tenth meeting is the latest in a long journey towards well-being among the people of the Pacific islands. This journey began back in 1995 when you first laid out the healthy islands vision. You continued to meet and discuss topics of concern – from human resources for health and pandemics to food security and climate change. A major focus of this meeting will certainly be the ongoing response to the NCD crisis. We will also be discussing challenges you face in developing and keeping your health workforce – which is critical because it affects the viability of a country's entire health agenda. Simply put, everything hinges on the ability of workers to carry out interventions aimed at addressing health challenges. Whether you are trying to control NCDs, to eliminate neglected tropical diseases or to deal effectively with post disaster outbreaks – human resources in health issues must be overcome in order to make health programs work in the Region.

As with the rest of the world, the landscape in the Pacific is changing. We are all tasked with doing more with less. We are all asked to show tangible results, and to do so efficiently. Now more than ever, development partners, countries and implementing agencies are working together to see how to reshape the way we work for the Pacific people. This process is just starting. But once developed, it should improve coordination and have a significant impact in your countries.

WHO's work in the Pacific is constantly evolving to serve the changing health needs of the people. Our Division of Pacific Technical Support provides first-line support to Pacific island countries and areas. Beyond WHO country offices, the Organization stands ready to provide broader and deeper technical support with experts at the Regional Office in Manila and at headquarters in Geneva. Making this support easier to access is precisely one of the areas we have addressed in our reforms at WHO. At all levels WHO's assistance will be smoother and more effective – as will the coordination and collaboration with SPC, other United Nations agencies and other partners.

Indeed, the challenges we will discuss at this meeting are tall, but we have the collective wisdom and experience of the Pacific ministers of health as well as the support of all the development partners on our side. With this formidable combination, I am confident we will make great strides to tackle the health issues set out in this ambitious agenda.

Thank you.

**Opening Remarks by Dr Jimmie Rodgers, Director General of the Secretariat
of the Pacific Community at the Tenth Pacific Health Ministers Meeting
2–4 July 2013, Apia, Samoa**

The Honourable Minister of Health of Samoa and our host for the Tenth PHMM, Tuitama Dr. Leao Talalelei Tuitama, and your hard working team,
Honourable Ministers of Health of Pacific Island countries and territories and members of your delegations,
The WHO Regional Director of the Western Pacific, Dr Shin Young-soo and your staff,
Director of SPC Public Health program, Dr Colin Tukuitonga and staff,
Representatives of development partners and other stakeholders in health,
Distinguished participants, invited guests, ladies and gentlemen.

Warm greetings from the Secretariat of the Pacific Community and welcome to the Tenth Pacific Health Ministers' meeting

Allow me first of all to echo Dr Shin Young-soo's commendation of his Excellency, the Honourable Minister of Health of Samoa and his entire team our sincere and warmest expression of appreciation to you minister and through you to your staff and to the government and people of Samoa for the excellent arrangements for this week's meeting and the tireless efforts you all have dedicated to the successful hosting and convening of the Tenth meeting of Pacific Health Ministers in beautiful Samoa.

I thank you Honourable Minister for your welcoming address in which you had also set out for us your vision on what you hope the Tenth PHMM will achieve over the next few days and we look forward to working with you and your team to help us realise that vision. Let me also congratulate you Hon. Minister for taking the health services in your country to another level, as clearly witnessed by your fellow ministers and heads of delegations from other PICTs at the opening ceremony yesterday of Phase 1 of your new hospital complex development project. Having a vision is the start of a journey, but transforming the vision into practical reality is an achievement and a legacy you and your team bequeath to current and future generations of your people. While phase 2 is yet to be completed you already have succeeded in both.

I also echo the Regional Director's words of appreciation to His Excellency the Prime Minister of Samoa, Tuilaepa Lupesoliai Sailele Malielegaoi for his excellent Key Note Address at the opening of the new wards and Medical technology buildings of the Tupua Tamasese Meaole II Hospital yesterday morning and his inspiring keynote address to the Tenth PHMM this morning. Both addresses mapped out the key messages, challenges and opportunities that would add value to our discussion over the coming days. Two phrases from the Prime Minister's statement yesterday among others are worth recalling... he said and I paraphrase... 'there can be no substantial improvements in health without the involvement of people and sectors outside of health; and there can be no sustainable development without addressing the health ailments...'. I would add to this an old adage which says... 'Health is not everything, but without health everything else is nothing...'

Hon. Ministers, 18 years ago, in March 1995 your then colleagues endorsed the 'Yanuca Island Declaration on Health in the Pacific in the 21st century that gave birth to the 'Healthy Islands concept' at the inaugural meeting of Pacific Health Ministers convened in Yanuca Island in Fiji's Coral Coast.

The Declaration had since provided a platform for health development in the Pacific Islands region and complemented the Declaration of Alma-Ata on Primary Health Care made 17 years earlier

in 1978. I am pleased to see H.E. the Hon. Tauveve O'Love Jacobson, the Niue High Commissioner to New Zealand and former Minister of Health for Niue, one of the two remaining musketeers who participated at the historic 1995 meeting and also attending this meeting (the other being myself) will share some thoughts with us later this morning on 'the road from Yanuca 1995 to Apia since 1995.'

Many things have transpired since the first PHMM in 1995. Some of these things have influenced the landscape of health in the region and others have the potential to do so.

Some of the events that influence the health sector are driven internationally – such as the decisions of the WHA and the RCM, the United Nations Millennium Declaration (2000), the United Nations General Assembly Special Session on HIV/AIDS (2001) and the United Nations General Assembly High Level Meeting on Non-communicable Diseases (2011), the 2012 Rio + 20 and the post MDG 2015 / SDG's agenda; the SIDS and OASIS Agenda; the Paris Principles (2005); the Accra Agenda for Action (2008) and the Busan Partnership for Effective Development Cooperation (2011). Others emanate from the region, and some from the national level.

At the national level the priority accorded to health and the country's economic, social and political circumstances impact health.

Each country's resilience to cross-cutting challenges such as climate change and disaster risk management, food and water security, environmental degradation and pollution, human rights and gender, transport, energy and digital communication all have consequences for the health sector. It is however pleasing to note and a credit to all of you ministers and your respective staff that all PICTs have come a long way since 1995. Each Island country has seen some improvement in your respective health sectors, and whilst the pace of change may have been different between countries – improvements have nevertheless been progressive, yet there is still a lot that need to be done to ensure the achievement of your respective goals.

At the regional level a number of developments have taken place that influenced health sector priorities and development including the adoption by Forum leaders in 1995 the Pacific Plan for strengthening regional cooperation and integration; the Cairns compact and more recently in 2011 their declaration that 'the Pacific is in an NCD crises'.

The current review of the Pacific Plan offers great potential for the Tenth PHMM to lift the profile of the health sector in the Pacific Plan and importantly enable the broader recognition of this August Forum, the PHMM as the key decision-making body in matters pertaining to health development within the new regional architecture and governance arrangements in the Pacific Plan.

Hon. Ministers, 18 years ago your then colleagues gave birth to two concepts now embodied in a dual legacy - the PHMM, and the Healthy Islands concept. The two stood the test of time. However with the many changes and challenges that occurred over the past 18 years – it is my view after having served our region for many years that the time has come to take them to a new level, a level that responds to the need for progressive change and importantly one that lays the foundation stone for a comprehensive health development agenda for the next few decades.

As known to all ministers and delegations here present, and as clearly articulated by the Honourable Prime Minister yesterday, many of the solutions to enhancing optimum health outcomes exist outside the remits of the health sector highlighting the importance of new approaches and new partnerships with key players outside of the health sector to support the ministries and departments of health in their role to improve health status of their populations.

I congratulate the Samoa for already establishing a bi-partisan Parliamentary Advocacy Group on Health – an initiative that I understand is already paying dividends in the country. Such initiative is worthy of sharing with other island countries in our region.

This week's meeting of Pacific Health Ministers has come at an extremely opportune moment in the history of our region. Never before have the stars lined up so perfectly in terms of the outcomes of this week's meeting, the Tenth PHMM, to influence the future positioning of the PHM strategically within the broader regional architecture of regional meetings and their associated governance processes.

You have the opportunity this week not only to build on the legacy established 18 years ago by your then predecessors that gave birth to the Yanuca Island declaration and the health island concept, but you have the opportunity leave behind your own legacy upon which the future of health development in our region can be firmly founded, through:

- Your consideration and agreement on the development of an overarching framework for health development in the Pacific that will take the Yanuca Island Declaration and the healthy island concept further and the process for developing it;
- Your consideration and agreement on an annual meeting for your directors and secretaries of health to (i) provide analytical, policy and strategic advice to you on the key issues that impact on health outcomes in our region on an annual basis for your consideration and decision-making; (ii) analyse and help determine the types of services that are best delivered to countries regionally to supplement national services and which services are best delivered nationally; and (iii) oversee and monitor on your behalf the implementation of the framework for health development and report annually to Pacific Health ministers.

In considering this ministers should note that all other technical sectors have a regular consultative meeting of the secretaries / directors which considers important policy and strategic issues and recommend action to respective ministerial meetings, The establishment of this group will correct this anomaly and would of tremendous benefit to health development on our region as well as to yourselves, and

- Your consideration and agreement on a regional architecture for health that provides a more direct link between the PHMM and its outcomes with the Forum leaders.

Honourable Ministers it is not often during one's tenure in political life that a range of opportunities present themselves which if taken can translate to huge increases in the status and quality of a service, or a system for our communities, our nations, or our region.

It is my view that this week you have been presented a very rare opportunity to shape the future of the region's health sector, an opportunity that will build on the Yanuca island Declaration and take the healthy island concept further, and one that will put health ministers supported by directors and secretaries of health at the centre of determining the region's health agenda and health development.

Decision's you make on these key issues will have far reaching benefits for the future – a legacy worth leaving behind for our future generations, and one we can all be proud of.

Hon. Ministers as many of know this is my last attendance at the PHMM as DG of SPC. I attended the inaugural PHMM in 1995 and whilst I had not attended all the other nine PHMM, I was associated with all of them in various capacities during my tenure at SPC. Unfortunately I am not even able to share the full meeting with you as I will depart these beautiful shores tonight to be your ambassador at the Forum Economic Ministers' meeting that is being held in Nukualofa concurrently

this week. It took us almost 2 years after you declared NCD ‘a crises’ in the Pacific to get it onto the FEMM Agenda so I will be making the presentation on NCDs on your collective behalf to the Finance ministers this Thursday in Tonga.

Hon. Ministers, I have had the pleasure and privilege of serving with many Pacific Health Ministers over the past 17 years, an honour that I will cherish as I leave SPC.

I have also had the pleasure and privilege to have served with three WHO Regional Directors – Dr S.T.Han, Dr S. Omi and now Dr Shin Young-soo – another honour I will cherish.

At SPC I have worked with three managers for our Public Health program between 1996 and 2006 – Dr Clement Malau, Dr Mark Jacobs and Dr Thierry Jubeau and two directors for the Public Health division since 2007 – Mr Bill Parr and now Dr Colin Tukuitonga.

For me the key principle that underpinned everything I do comes down to ten simple words - ‘making a positive difference in the lives of Pacific people’. During my tenure at SPC the best way to achieve this had been to ‘position the SPC to engage strategically at the national, regional and international levels’ – to foster partnerships and work with and through people to achieve results with respect and decency.

Having worked in the region for more than a decade, serving our people, and supporting your work, and knowing what I know of the regional process, architecture and governance mechanisms – I have no doubt that the three points I recommended earlier for your consideration – namely, your agreement on:

- i. the development of an overarching framework for health development in the Pacific to take the Yanuca Island Declaration to another level;
- ii. the establishment of an annual regional meeting of your directors and secretaries of health to provide you with appropriate advise on strategic policy issues and engagements in health development in our region (including discussing / consolidating our region’s position for instance in lead up to the WHA, the RCM, or even the annual Forum leaders meetings) and also provide the oversight and monitoring of the Framework for health development in the region; and
- iii. a regional architecture and governance process for the PHMM that links it more directly to the Forum leaders.

It is my conviction that you have been chosen to be here in Samoa this week to be part of what could be a week in which a new and historic chapter on the development of health in our region is written; a week in which you the ministers have set a new direction for health development in our region, and a week the will be remembered and measured by a new legacy that you can collectively gift to current and future generations of our region.

As I prepare to leave the regional service of SPC, I look to you and plead with you, that the stars are aligned for historic decisions to be made at the Tenth PHMM that will put our region in good stead in the health sector and decisions that we can all be proud of when we look back to this meeting 20 years from now – in much the same way we still pay tribute to those that have planted the seed for the health islands concept in the Yanuca island declaration 18 years ago.

Mr Chair, I have every confidence you will navigate our ship to safe harbour and achieve the outcomes expected of this meeting over the next few days.

May the Almighty God bless and guide you and grant you wisdom and knowledge as you deliberate on this week's agenda and make decisions on issues that will bring countless benefits his people, your people, your countries and our region.

Soifua; Fa'afetai Lava

ANNEX 5



Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda

Tenth Pacific Health Ministers Meeting

4 July 2013

Pacific island countries ministers of health reaffirmed their support for the vision of Healthy Islands¹ (Yanuca Island Declaration) adopted in 1995 as the unifying statement for health development in the region. Ministers supported the need to refocus the vision from healthy settings to people-centred actions. There was agreement on the need to take effective actions at the national level to give effect to the Healthy Islands vision.

The noncommunicable disease (NCD) crisis in the Pacific was recognized in the Honiara Communiqué from the Ninth Meeting of Ministers of Health for the Pacific Island Countries in June 2011 and declared shortly thereafter by the Pacific Islands Forum leaders.

Ministers expressed continuing concern about the negative impact of NCDs on individuals, their families, communities and nations. They noted the progress in some Pacific island countries. Most countries have advanced implementation of the Framework Convention on Tobacco Control and have used increased tobacco taxes to increase funding for health promotion and disease prevention, among other priorities.

Ministers agreed on the importance of effective multisectoral actions to prevent and control NCDs and adopted the goal: Healthy Islands free from avoidable NCDs. The Healthy Islands vision provides an appropriate vehicle for advancing multisectoral actions at the national level. Lessons learnt in dealing with NCDs suggest that we should focus on a small number of prioritized, evidence-based, culturally appropriate, and cost-effective interventions. Greater attention is required to improve information systems to improve reporting and data on health trends and causes of death. This development would enable countries and areas to monitor progress towards the global mortality reduction goals and targets, as part of a strengthened health accountability system.

Ministers noted the importance and opportunity provided by the release of the *Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*². The goals in the report cover a wide range of issues, and include targets focusing on an ongoing commitment to the

¹The Healthy Islands vision aspires to a place where (1) children are nurtured in body and mind (2) environments invite learning and leisure (3) people work and age with dignity (4) ecological balance is a source of pride (5) the oceans that sustain us are protected.

² Full report name: *A new global partnership: Eradicate poverty and transform economies through sustainable development. The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*

Millennium Development Goals (MDGs), HIV/AIDS, tuberculosis and malaria and new targets on NCDs, neglected tropical diseases (NTDs), and strengthened access to infrastructure such as transportation and communication technology. Ministers also noted the importance of linking MDGs 4, 5 and 6 with the new NCD target.

Ministers noted with concern the lack of recognition of NCDs and mental health as separate goals and urged that they be given due recognition in their own right as opposed to being added to a list of diseases as targets. Ministers agreed on the need to include NCDs and mental health as specific goals in the post-2015 development agenda.

Pacific island health ministers recognize a shift in the Healthy Islands vision from healthy settings to healthy people and underscore the need to tackle NCDs to achieve the Healthy Islands vision. In light of ongoing consultations to develop the post-2015 development agenda, the ministers affirm the need for the following:

- While sustaining efforts and gains to achieve the MDGs — particularly MDGs 4, 5 and 6 — accelerated action is needed by building on successes and focusing on scaling up interventions in RMNCH, especially for vulnerable people.
- Working with appropriate ministries (e.g., foreign affairs), ensure the health goal and targets, in particular the NTD, RMNCH and MDG-6, are retained in the post-2015 development agenda. Additional goals related to NCDs and mental health are given proper emphasis in the post-2015 development agenda for it to have relevance in the Pacific context.
- Strengthened coordination of health and development work in the Pacific to ensure the best use of funds and expertise. This includes strengthening the links between Pacific Ministers of Health and the Pacific Islands Forum Leaders with the support from WHO/SPC in collaboration with the Pacific Islands Forum Secretariat as needed.

Related specifically to NCDs:

- The growing high-level political commitment to tackle the root causes of NCDs must be translated into multisectoral action, capacity-building and investment in NCD prevention and control at the country level.
- Adoption of the Tobacco-Free Pacific Goal by 2025 with an adult tobacco use prevalence of less than 5% in each country.
- Development of targets for recommended levels of fat, sugar and salt in food and beverages for the Pacific region. This would enable Pacific countries to institute fiscal and regulatory measures for local and imported processed foods and beverages. The development of legislation to protect children from marketing of products high in salt, fat and sugar is also required.
- A phased implementation of the Package of Essential NCD Interventions (PEN) or other similar interventions focusing on health promotion and primary health care.
- Development of regional and national NCD accountability mechanisms to monitor, review and propose remedial action to ensure progress towards the NCD goals and targets. Accountability mechanisms will build on existing monitoring and surveillance input, including the proposed platform for coordinated support.



***TENTH PACIFIC HEALTH MINISTERS
MEETING***

***PIC10/2
28 June 2013***

***Apia, Samoa
2–4 July 2013***

ORIGINAL : ENGLISH

FINAL ANNOTATED AGENDA

Monday 1 July

- | | | |
|-------|---|---|
| 16:00 | <i>Traditional welcoming</i> of ministers and delegates with an AVA O LE FEILOAIGA | Hosted by the Honourable Minister of Health for the Government and Ministry of Health Samoa |
| | Venue: Honourable Minister of Health's village in Faleasiu | |
| 19:00 | <i>Welcome reception/dinner</i> | Co-hosted by Honourable Minister of Health Samoa and Honourable Minister of Health Tokelau |
| | Venue: STA Fale, Apia | |

Please note that the main venue for the meeting from 2 to 4 July is the Samoa Convention Centre, Tui Atua Tupua Tamasese Efi (TATTE) Building

Tuesday 2 July

Venue: Samoa Convention Centre, Tui Atua Tupua Tamasese Efi Building

Session 1 Opening Ceremony

- | | |
|-------|----------------|
| 07:30 | Registration |
| 07:45 | All are seated |

07:55	Arrival of the Prime Minister of Samoa, Independent State of Samoa	<i>Honourable Tuilaepa Lupesoliai Sailele Malielegaoi</i>
08:00	Invocation	<i>Reverend Elder Tautiaga Senara,</i> Vice Chairman, Congregational Christian Church of Samoa
	Keynote address	<i>Honourable Tuilaepa Lupesoliai Sailele Malielegaoi,</i> Prime Minister of Samoa, Independent State of Samoa
	Photo session	
09:00	Meeting declared open	<i>Honourable Tuitama Dr Leao Talalelei Tuitama,</i> Minister of Health, Independent State of Samoa
	Welcome addresses	<i>Afioga Puleleite Dr Shin Young-soo,</i> WHO Regional Director for the Western Pacific <i>Dr Jimmie Rodgers,</i> Director-General, Secretariat of the Pacific Community

Master of Ceremonies: Ms Palanitina Tupuimatagi Toelupe, Director General of Health/CEO Ministry of Health Samoa

10:00	Morning tea break	
10:30	Election of officers	<i>Honourable Charles Sigoto,</i> Minister of Health, Solomon Islands (outgoing chair) Incoming chair

Session 2 Special session on “The NCD Crisis Response - Towards Healthy Islands”

Review of the healthy islands vision from its inception in Yanuca in 1995, to its revitalization as a framework for responding to the NCD crisis through health and other sectors

10:45	Video: <i>The Healthy Islands journey</i>	
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Keynote speech:

From Yanuca to Apia

Her Excellency Honourable Tauveve O'Love Jacobsen, Niuean High Commissioner for New Zealand (Former Minister of Health, Niue)

Ministerial panel:

NCDs and Healthy Islands

Dr Vita Skilling, Secretary of Health, Federated States of Micronesia

Honourable Dr Neil Sharma, Minister for Health, Fiji

Honourable Mr Nandi Glassie, Minister for Health, Cook Islands

Discussion

Including the UN Political Declaration on the prevention and control of NCDs⁶

Synthesis of discussion

Dr Robert Beaglehole, consultant for NCD and health promotion

12:30 Lunch

Session 3 Ministerial round table

Review achievements and progress on priority issues and discuss key policy and strategic directions

Session 3A Open forum

14:00 ***Review of progress***

Presentation:

Review of progress on the main priorities identified at the Ninth Pacific Health Ministers Meeting in Honiara, 2011

Honourable Charles Sigoto, Minister of Health, Solomon Islands (outgoing chair)

⁶ Please refer to page 3 of the "Towards Healthy Islands: Pacific Noncommunicable Disease Response" working document (PIC10/3)

Feedback: Ministers and chiefs of delegation
Ministerial feedback on country-specific progress on the main priorities identified at the Ninth Pacific Health Ministers Meeting in Honiara, 2011

15:30 Afternoon tea break

Session 3B Closed session for ministers

15:30 ***Ministerial dialogue***
Key policy and strategic directions
 • *MDGs and the post-2015 development agenda*
 • *Regional governance and outcomes of the Secretaries/Directors of Health meeting⁷*
 • *Any other business*

Ministers and
 Chiefs of Delegations (as observers)

18:30 Dinner
Healthy Islands Recognition Awards
 Venue: Orator Restaurant
 Dress: Smart casual

Hosted by WHO Regional Director for the Western Pacific

Wednesday 3 July

Session 4 Parallel sessions

Session 4A Ministerial programme: full day field visit to Savaii Island

Field visits to health facilities including community health centres for ministers and chiefs of delegations

07:00 Departure from hotel Ministers and Chiefs of Delegation

15:00 Return to Apia

⁷ The meeting of secretaries/directors of health was held in Nadi on 29–30 April 2013. Ministers may wish to have a briefing from their secretaries/directors health in country prior to arriving in Apia.

Session 4B Technical programme: scaling up interventions

Discussions on priority issues including those identified from the Ninth Pacific Health Ministers Meeting in Honiara

Chairperson:

To be designated by meeting Chairperson

08:30 ***Improving data for policy: Strengthening health information and vital registration systems***

Objectives:

- *To provide an overview of the health information system (HIS) situation and challenges in the region and demonstrate country-specific improvements on civil registration, vital statistics and HIS*
- *To discuss countries' approaches to scaling up civil registration and vital statistics and HIS and the impact on policy setting*

Presentations:

Overview of HIS in the Pacific

Ms Audrey Aumua, University of Queensland, Australia

Using health data for policy formulation

Dr Siale 'Akau'ola, Director of Health, Tonga

Discussion

09:30 ***Towards Healthy Islands: Pacific mental health response***

Objectives:

- *To review the mental health situation and major challenges for PICs and share country experiences and lessons learnt in mental health services development*
- *To elaborate strategic approaches and concerted action for improving mental health services*

Presentations:

Overview of mental health in the Pacific

Dr Wang Xiangdong, Team Leader of Mental Health and Injury Prevention, WHO Regional Office for the Western Pacific

Strategies for development of mental health services in Pacific countries

Dr Santus Wari, Technical Advisor to Minister of Health, Vanuatu

Discussion

10:30 Morning tea break

11:00 ***Social disparities and health outcomes: Addressing the social determinants of health (SDH) in the Pacific islands***

Objectives:

- *To promote a comprehensive understanding of SDH in the Pacific context*
- *To clarify the link between the Healthy islands approach and SDH and identify possible actions related to SDH*

Presentations:

Social determinants of health in the Pacific context

Dr Colin Tukuitonga, Director of Public Health, SPC

Island HEART (health equity assessment and response tool)

Ms Unaisi Bera, Acting Deputy Secretary of Health, Fiji

Discussion

12:00 Lunch

Neglected tropical diseases (NTD)

Objectives:

- 13:30
- *To review the NTD situation and major achievements and challenges for PICs*
 - *To share country experiences and identify lessons learnt*

Presentations:

Overview of the NTD situation in the Pacific

Dr Sung Hye Kim, Medical Officer, Neglected tropical diseases, WHO Representative Office in the South Pacific

Country experience

Dr Stephen Homasi, Director of Health, Tuvalu

Discussion

14:30 ***Outbreak surveillance and response priorities for mitigating the health impact of disasters***

Objectives:

- *To review approaches in post-disaster outbreak and response in the PICs*
- *To share country experiences in post-disaster outbreak response*

Presentations:

Overview of post disaster outbreak surveillance and response in the Pacific

Dr Yvan Souares, Deputy Director of Research, Evidence and Information, SPC

Post-tsunami early warning surveillance and response

Dr Lester Ross, Permanent Secretary for the Ministry of Health and Medical Services; and **Dr Christopher Becha**, Under-secretary of Policy and Planning, Solomon Islands

Discussion

15:30 Afternoon tea break

16:00 ***Preparation for feedback to ministers***

Feedback and recommendations for the Ministers' consideration in session 5

Dinner

18:30

Venue: Tanoa Hotel

Dress: Smart Casual

Hosted by Director-General, Secretariat of the Pacific Community

Thursday 4 July

Session 5 *Plenary discussions on key issues*

Presentation of summaries of the technical discussions from session 4 to the ministers and discussion on health workforce development in the Pacific

09:00 ***Health workforce development in the Pacific***

Objectives:

- *To provide an update on the health workforce situation and initiatives in the Pacific and share country experiences and lessons learnt on health workforce development*
- *To identify and agree on future directions for health workforce development in the Pacific*

Panel discussion

Dr Rob Condon, WHO consultant

Honourable Michael Malabag, Minister for Health and HIV/AIDS, Papua New Guinea

Professor Pelenatete Stowers, Assistant CEO, Nursing & Midwifery, Ministry of Health Samoa and South Pacific Chief Nursing and Midwifery Officers Association (SPCNMOA)

Honourable Dr Kautu Tenaua, Minister for Health and Medical Services, Kiribati

Discussion

10:30 Morning tea break

Satellite session:

Update on progress and interim outcomes of Pacific Plan Review

Ms Simi Noumea, Pacific Plan Review panel member

11:15 **Ministerial comments and decision/agreement on the topics of session 4B and other sessions (as required)**

12:30 Lunch

Session 6 Closing session

14:00 **Remarks and reflections from Ministers**

Closing remarks

Afioga Puleleiti Dr Shin Young-soo, WHO Regional Director for the Western Pacific

Dr Jimmie Rodgers, Director-General, Secretariat of the Pacific Community

Honourable Tuitama Dr Leao Talalelei Tuitama, Minister of Health Samoa, Chairman

15:30 Afternoon tea

18:00 Dinner

Venue: Robert Louis Stevenson
Museum

Dress: Island Fiafia Attire

Hosted by *His Excellency Tuilaepa Lupesoliai
Sailele Malielegaoi*, Prime Minister of Samoa

ANNEX 7

**TENTH PACIFIC HEALTH MINISTERS MEETING**

PIC10/IB2
27 June 2013

Apia, Samoa
2–4 July 2013

ORIGINAL: ENGLISH

Information Bulletin No. 2

**LIST OF PARTICIPANTS, OBSERVERS AND REPRESENTATIVES OF
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