

Heads of Health Meeting

Réunion des directeurs de la santé

5th HEADS OF HEALTH MEETING

(Novotel Hotel, Lami, Fiji, 25–27 April 2017)



Prepared by the Pacific Community, 2017



Heads of Health Meeting

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5th HEADS OF HEALTH MEETING

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Meeting Report

Meeting Objectives:

The main objective of the meeting is to review, discuss and make recommendations to the Pacific Health Ministers Meeting (PHMM) on the following matters:

- i. Healthy Islands Monitoring Framework
- ii. NCD Roadmap
- iii. Epidemic Preparedness and Response
- iv. Human Resources for Health
- v. Universal Health Coverage
- vi. Health Care Financing

Day 1: 25 April 2017

ITEM 1: Opening Ceremony

Welcome and remarks by the Chair

1. Opening remarks were made by the Chair, Ms Elizabeth Iro, Secretary of Health, Cook Islands. The meeting was attended by participants from: Australia, Cooks Islands, Federated States of Micronesia (FSM), Fiji, French Polynesia, Guam, Kiribati, Marshall Islands (RMI), Nauru, New Caledonia, New Zealand, Niue, Commonwealth of the Northern Mariana Islands (CNMI), Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, United States of America, Vanuatu, and Wallis and Futuna. Representatives from partner agencies included: Australian Department of Foreign Affairs and Trade (DFAT), New Zealand Aid Programme, Pacific Islands Forum Secretariat (PIFS), World Bank (WB), and the World Health Organization (WHO). Observers in attendance included: Asian Development Bank (ADB), Food and Agriculture Organization (FAO), Fiji National University (FNU), Pacific Island Health Officers Association (PIHOA), University of the South Pacific (USP), UNDP, UNFPA, McCabe Centre for Law and Cancer, WHO Collaborating Centre, University of Technology, Sydney, University of Fiji, Ethiopia, Pakistan, United Kingdom, Otago University, Royal Australasian College of Surgeons (RACS), UNICEF, and Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM). The meeting was also attended by Pacific Community (SPC) staff and Secretariat (see Annex 1 for the participant list).

Keynote Address: Chief Guest, Hon. Rosy Sofia Akbar, Minister of Health and Medical Services, Fiji

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2. The Minister highlighted some of the region's key achievements, including the Healthy Islands vision, which has been instrumental in guiding the work of the heads of health (HoH) and health ministers, and continues to be relevant today. The Minister noted some of the enduring challenges, including non-communicable diseases (NCDs), which pose one of the most serious threats to health, livelihoods and economic growth in the region, and an area where progress has been slow, despite investment. The Minister also discussed the need to support health systems to cope with the double burden of NCDs and CDs, and that the issue cannot only be tackled within the sector but requires the collaboration of fellow ministers. The Minister noted that forums such as HoH are important for coming up with practical solutions. Other priorities and areas of concern raised by the Minister included ecological balance, healthy oceans, the link between health and climate change, and antimicrobial resistance.

Remarks on behalf of Secretariat and implementing partners: Dr Corinne Capuano, World Health Organization (WHO) representative for the South Pacific and Director, Pacific Technical Support

3. Dr Corinne Capuano delivered remarks on behalf of the Pacific Community (SPC) and WHO, in the absence of the Pacific Community Director-General, and WHO Regional Director for the Western Pacific. Dr Capuano discussed the enduring relevance of the Healthy Islands vision, and the increasing importance, and complexity of delivering, universal health coverage and primary health care. She noted that following Ebola we are living in a new health security environment, and that a number of gaps and core capacities need to be addressed, through initiatives such as developing a global emergency workforce, and an evaluation of International Health Regulations (IHR) core capacities, such as the Joint External Evaluation (JEE) tool. She discussed the updated Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) for IHR implementation, and other relevant frameworks, such as the Global Health Security Agenda (GHSA). She noted that while progress has been made in strengthening surveillance and response, gaps remain, which require national and regional action.
4. Following the reaffirmation of the Health Islands vision at the 2015 Pacific Health Ministers Meeting (PHMM), and the recognition that monitoring needs to be strengthened, 52 mandatory indicators for the Healthy Islands Monitoring Framework (HIMF) were identified. Dr Capuano invited HoH over the course of the meeting to review and improve the first draft report – *Monitoring progress towards the vision of Health Islands in the Pacific* – to be presented at the next PHMM in Cook Islands.
5. Dr Capuano noted that the meeting was an opportunity to share challenges and success stories, and listed areas where progress has not been sufficient, such as NCDs. She discussed the need for a whole-of-government and whole-of-society approach, and emphasised that WHO and SPC remain committed to collaborating with partners and countries to improve the health of Pacific peoples.

ITEM 2: Review of Progress of 2016 HoH and PHMM Directives

6. The Secretariat reviewed key decision points from the 4th HOH on the following items: progress in implementing the Pacific NCD Roadmap; progress in developing the Pacific Monitoring Alliance for NCD Action (Pacific MANA); civil registration of vital statistics; Healthy Islands Monitoring Framework; Reproductive, maternal, new-born and child health, Expanded Program on Immunisation (EPI) review; the role of Fiji National University (FNU) in developing a Sustainable

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Pacific Human Resource for Health; Opportunities for human resource capacity in the region; global and regional initiatives; human resources for health; nursing education and career pathways; Epidemic preparedness and response – Pacific Public Health Surveillance Network (PPHSN) and Pacific Zika Virus Action Plan.

7. The Secretariat noted that the HIMF was a key agenda item, and would be escalated to the PHMM, and that updates on other items would be presented throughout the meeting.
8. The Chair explained that the agenda would be amended to accommodate the schedules of WHO Director General (DG) candidates, and presentations would be made intermittently throughout the meeting.

ITEM 9: Session with WHO Director General (DG) Candidates

9. Before introducing the first candidate, the Chair facilitated introductions of countries, partners and development groups.
10. The Chair explained the procedures for the DG candidate sessions, noting that candidates would have an opportunity to make a presentation, followed by a question and answer period, in which countries were encouraged to raise any pressing issues. It was noted that any members of the WHO Secretariat would have to leave the room during the presentations.

Dr Tedros Adhanom Ghebreyesus

11. The first of three WHO DG candidates, Dr Tedros Adhanom Ghebreyesus, made a presentation to HOH.

ITEM 3: Universal Health Coverage

Universal Health Coverage Update and Health care financing for UHC

12. WHO and World Bank Group gave a presentation on Universal Health Coverage (UHC) towards achieving the Healthy Islands vision, in five parts: 1) Overview of Healthy Islands, Universal Health Coverage and Primary Health Care; 2) brief overview of UHC and health outcomes in the Pacific; 3) health expenditure and health financing for UHC in the Pacific; 4) implementation challenges and successes; and 5) recommendations and way forward.
13. WHO provided a refresher on the Healthy Islands vision, which was adopted in 1995 and reaffirmed in 2015, and reviewed UHC mechanisms, noting that the way UHC is thought about has expanded from access to health services without suffering financial hardship, to more recent descriptions that provide equal emphasis on equity, quality, accountability, efficiency and resilience. WHO noted that in the Pacific one of the critical issues is access to service, and that Primary Health Care (PHC), which has a strong affinity with the Healthy Islands vision, has been neglected for years in the region, and yet increasingly is considered an important starting point for UHC.
14. World Bank (WB) provided a brief overview of UHC and health outcomes in the Pacific, highlighting trends based on global databases, while recognising every country behaves differently and faces

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unique challenges. Overall, there has been significant improvements in some key indicators (e.g. life expectancy, maternal mortality, infant mortality), and on average, better outcomes than other countries with similar levels of income (lower middle income). It was noted that not all countries have reached the Millennium Development Goals (MDGs) and that there is variation among the countries in terms of efforts and progress towards meeting the Sustainable Development Goals (SDGs). Timor Leste was highlighted as an example of a country that has done well, in terms of improving indicators, compared to some countries who started at a better level and have improved little. It was noted that family planning is a significant issue in the Pacific, as well as tobacco, sanitation, and tuberculosis (TB) treatment; but the Pacific is doing well on financial protection. The Pacific shows mixed, volatile results on immunisation. WB noted that there is significant variation in outcomes within countries, and it is important that countries look at regions and provinces to understand why some are doing better than others.

15. WB provided an overview of health expenditure and health financing for UHC in the Pacific, noting that total health expenditure is close to as expected compared to level of income. Taking inflation into account, it was shown that for some Pacific countries, spending per person has plateaued, or is decreasing, and that it is important to look at the real cost of buying things and the real amount of the dollar. In Fiji, spending on health is increasing. In some countries and territories, there is a heavy reliance on external support, with little out-of-pocket spending, and the difficulties with external support is that it is often earmarked, and not likely to increase. It was noted that the difficulty in asking governments to invest more in health is that they will need to take those funds from elsewhere, while it is known the social determinants of health are outside the sector, and therefore there is a need to think creatively on how to leverage funds (e.g. climate change as a potential new source of funding for health). The solutions proposed were to improve efficiency and do more with existing or fewer resources, and to learn from countries that are improving indicators for less spending per person.
16. WHO discussed implementation challenges and successes related to Universal Health Coverage. Three key needs arising from the challenges were presented:
 - There is a need to ensure that ministries of health are funding the right health services mix, using the right health services delivery models at the PHC level, with a particular focus on integration of both preventative (or public health) and clinical services, and improving coverage of NCD services.
 - There is a need to increase the share of resources from within the health system that are allocated to lower level health facilities, to improve access, efficiency and quality of facility and community based services for PHC.
 - There is a need to improve managerial, administration, or supervisory capacity from the executive down to the facility level, to ensure that resources reach lower level health facilities to support both their facility and community based services for PHC.
17. WHO noted that in response to the implementation challenges, Pacific Island countries and territories (PICTs) are making the following efforts: developing essential service packages and/or role delineation policies, integrated supervisory visits, community health workers programmes, planning and budget reforms, and corporate services reforms.
18. The paper presented by the Secretariat – *Universal Health Coverage on the journey towards Healthy Islands in the Pacific* – invited heads of health to:

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- Review the draft report, *Universal Health Coverage on the Journey towards Healthy Islands in the Pacific*, which will be presented to the Pacific Health Ministers Meeting in August 2017, paying particular attention to the following four recommendations, of which detailed actions are contained in the draft report. The recommendations set out practical actions to overcome the common challenges to implementing the 2015 Yanuca Declaration:
 - Build, demonstrate and sustain political will for action
 - Determine services and model to achieve UHC
 - Plan and budget resources for UHC
 - Strengthen health workforce management

Discussion

19. Australia supported the conclusion of the need for the revitalisation of PHC towards achieving UHC, and noted the importance of political commitment in realizing the Healthy Islands vision.
20. Fiji noted that the analysis of alternative funding mechanisms was confronting but valuable, and indicated they were troubled by what is meant by UHC, providing the example of dialysis, and whether it is part of UHC.
21. In relation to the question of what UHC comprises, it was noted that if something is not sustainable for a given country, then it is not UHC.
22. French Polynesia noted the challenge and importance of convincing ministries of health to invest in PHC, and that putting money in hospitals is not as efficient.
23. Australia noted that in their experience, it is an issue of equity of access across the country, where there are high expectations about what can be delivered.
24. A comment was made on the importance of looking further into the relationship between health spending and health status, and why increased spending does not necessarily result in improved indicators, and the significant variations country to country.
25. Samoa noted concern with continuously changing terminology, and the possibility of different interpretations, and the importance of recognising different PICT contexts and traditions.

The meeting:

26. reviewed and provided input to the recommendations contained in the draft report, *Universal Health Coverage on the Journey towards Healthy Islands in the Pacific*, for presentation to the 12th Pacific Health Ministers Meeting (PHMM) in August 2017; and
27. requests that Pacific health ministers consider the report, *Universal Health Coverage on the Journey towards Healthy Islands in the Pacific*, and endorse the recommendations for implementation, to progress towards UHC by 2030.

ITEM 4: Monitoring and Reporting

Healthy Islands Monitoring Framework Update and SDG Pacific Headline Indicators

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28. A brief overview was given on the background of the development of the HIMF and reporting mechanism, endorsed at the 11th PHMM in 2015, to report to the biennial PHMM on progress towards achieving the Healthy Islands vision. The Framework has been refined under a consultative process and the current version comprises 52 mandatory core and complementary indicators. Where possible, indicator definitions have been sourced from global frameworks to ensure harmonisation and adherence to international standards. In addition to the mandatory indicators, 27 optional indicators are proposed (to be selectively reported on, subject to national priorities and reporting systems). In March 2016, version 5.3 of the Framework and two data entry forms were sent to country health information managers and focal points for completion and validation.

Out of the 21 Pacific Island countries and areas contacted as part of the data collection process: nine returned completed data entry forms; four returned partially completed forms; six did not return any data; and two countries returned data too late after the submission date to be included in preliminary analyses. In instances where no country data was provided, estimates were used when available. Approximately 72 per cent of indicators had data for at least half of the countries and areas. Approximately 69 per cent of indicators were populated with data that was from 2012 or later. There were some issues in terms of countries and areas providing data based on slightly different indicator definitions; however, the impact on cross-country data comparability is minimal.

29. The first draft report on the Framework – *Monitoring progress towards the vision of Healthy Islands Vision in the Pacific: First report from the Healthy Islands Monitoring Framework* was presented to the meeting. HoH were invited to:

- Review the draft report on progress of the Healthy Islands Monitoring Framework, in regards to:
 - Data availability and quality for each indicator, by country
 - The overall relevance of the report in monitoring progress towards achievement of the vision as set out in 1995
 - Feedback from country health information managers on any challenges in completing the data entry forms and time taken
- Develop recommendations on updates to the Framework, including any indicators for modification or deletion, which will be presented at the twelfth PHMM in August 2017, along with an updated report.

30. With regard to action item 29. (ii), heads of health were asked to consider the following for the afternoon's group work session:

- Reduce the number of mandatory indicators in the Framework
- Modify indicator definitions to match existing reporting frameworks
- Reorder the numbering of indicators to show progression through the results chain
- Consider removal of all optional indicators from the Framework
- Clarify the purpose and target audience of the report

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The meeting:

31. reviewed the draft report, *Monitoring progress towards the vision of Healthy Islands Vision in the Pacific: First report from the Healthy Islands Monitoring Framework*, with respect to:
 - i. data availability and quality for each indicator, by PICT;
 - ii. the overall relevance of the Healthy Islands Monitoring Framework (HIMF) in monitoring progress towards achievement of the Healthy Islands vision as set out in 1995;
 - iii. feedback received from country health information managers on challenges in completing the data entry forms;
32. agreed that the HIMF is a useful and relevant tool in monitoring progress towards the achievement of the Healthy Islands vision as set out in 1995;
33. noted that there is opportunity to reduce the number of mandatory indicators in the HIMF, to allow for a more in-depth and nuanced analysis of the indicators, including their relative connections, and any important differences by relevant categories, such as gender, age, rural/urban, and level of economic development;
34. noted that by reducing the number of mandatory indicators and having a clearer definition of the purpose of the HIMF, and how it links with country planning and priority-setting processes, the framework should also provide a more detailed overview of progress towards achieving the Healthy Islands vision;
35. requests that Pacific health ministers review the draft report, *Monitoring progress towards the vision of Healthy Islands Vision in the Pacific: First report from the Healthy Islands Monitoring Framework*, with a view to endorsing the proposed HIMF.

Group Work

36. The group was divided in two and asked to review the following key discussion points for each of the four main sections of the HIMF – 1) Strong leadership, governance and accountability (environments invite learning and leisure); 2) Avoidable diseases and premature deaths are reduced (people work and age with dignity); 3) Children are nurtured in body and mind; 4) Ecological balance is promoted (ecological balance is a source of pride; the ocean which sustains us in protected) – and to report back to the group on Day 2 of the meeting:
 - Possibility of reducing the number of mandatory indicators
 - Possibility of removal of all optional indicators from the framework
 - Reordering the numbering of indicators to show progression through the results chain
 - Way to further collecting (or validating) indicators before PHMM.

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CRVS Update (paper only)

37. The meeting noted the recommendations presented in the paper.

ITEM 9: Session with WHO Director General (DG) Candidates

Dr Sania Nishtar

38. The second of the three WHO DG candidates, Dr Sania Nishtar, made a presentation to HOH.
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Day 2: 26 April 2017

39. Day 2 opened with the Chair welcoming Melanie Hopkins, British High Commissioner to Fiji to the meeting. Day 2 was co-chaired by Mr Philip K. Davies, Permanent Secretary, Ministry of Health & Medical Services, Fiji.

ITEM 9: Session with WHO Director General (DG) Candidates

Dr David Nabaro

40. The third WHO DG candidate, Dr David Nabaro, made a presentation to HOH.

Group work feedback

41. The two groups reported back to the meeting around the key decision points they were asked to review for each of the four main sections of the HIMF during the group work session held on Day 1.

Discussion

42. There was discussion regarding the 'Intimate Partner Violence' indicator, and whether to amend or add another indicator to better capture gender-based violence and/or broader violence. In response, the Secretariat noted that Intimate Partner Violence aligns with the Pacific SDG Headline Indicators, and the meeting agreed to keep the current indicator for consistency and based on country and sector capacity to capture data.
43. The Secretariat provided an overview of the process by which the Pacific SDG Headline Indicators were determined. The Pacific Community hosted a workshop on behalf of the Pacific Statistics Steering Committee (PSSC) in March 2017, bringing Pacific Island countries, technical and development partners together to review and select Pacific SDG Headline Indicators, as well as sector specific indicators. The meeting endorsed 15 health-specific SDG Headline Indicators, including Intimate Partner Violence.
44. World Bank raised concerns regarding the decision by Group 1 for the 'Out-of-pocket (OOP) payments for health' indicator to be absorbed into 1.2 (health expenditure per capita), as it was

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noted part of UHC is to ensure financial protection for access to health care. World Bank also flagged the decision by Group 2 to amend 4.3 – Projects related for strengthening health systems for climate change – to report on dollar amounts instead of number of projects, noting concerns about countries' capacity to calculate dollar amounts in this area.

45. The groups agreed to the specific modifications proposed by the Secretariat in relation to heading 1 from the group feedback template – 'Any changes (delete, move to optional indicators or modify the definition) to the mandatory indicators'. In relation to heading 2 – Removal of all optional indicators from the framework – the groups decided to keep all optional indicators. The groups agreed to the modifications proposed by the Secretariat under heading 3 – Reorder the numbering of indicators to show progression through the results chain. In relation to heading 4 – Way to further collecting (or validating) indicators before PHMM – Group 2 proposed the following idea: Nominate a representative from [each] individual country to be the contact person to work with a nominated person from the Secretariat (SPC, WHO).

The meeting:

46. agreed that any revision of the HIMF maintains an alignment between the HIMF indicators and the Pacific SDG headline indicators;
47. provided specific guidance for the revision of the HIMF, and requested WHO and SPC to revise the draft monitoring framework report for presentation to the 12th Pacific Health Ministers Meeting in August 2017;

ITEM 5: Non-Communicable Diseases

NCD Roadmap

48. SPC and WHO provided background information on the NCD Roadmap, approved in 2014 at the Joint Forum Economic and Pacific Health Ministers Meeting, and reported on progress at both the regional and country level. Progress and actions at the regional level included: the Inaugural Pacific NCD Summit held in June 2016 in Tonga; the first Pacific workshop on Law, NCD, Trade and Sustainable Development held in August 2016 in Fiji; the preparatory workshop for the 7th Conference of Parties (COP7) to the WHO Framework Convention on Tobacco Control (WHO FCTC) and progressing toward Tobacco Free Pacific (TFP) 2025 held in September 2016 in Fiji; the Pacific sub-regional workshop on the Package on Essential NCD Interventions (PEN) in Primary Health Care held in November/December in Fiji; The Pacific Nutrition Workshop held in January/February 2017 in Fiji; continued efforts to introduce food safety regulations in the region; information, education and communication (IEC) materials that address risk factors for NCDs to support PICTs' ongoing awareness programmes; continued collaboration of the regional UN thematic group on NCDs; and in December 2016, a meeting of the Pacific MANA Coordination Team to finalise the Dashboard indicators and review draft dashboards for several PICTs. Progress at country level related to initiatives around: tobacco control, unhealthy food and drink, alcohol control, physical activity and diet, strengthening NCD management services through PEN, multisectoral approaches, NCD-related data collection, and monitoring of progress.

Discussion

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49. Tonga informed the group about workshops hosted by the McCabe Centre for Law and Cancer on the role of law in terms of building tools to fight causes of cancer and other NCDs. It was noted that following the last NCD Summit in Tonga, there was discussion by ministers on the importance of FCTC and IHR as global tools to fight the ravages of tobacco and other diseases of global concern. Recognising NCDs as a major issue in the region, the delegate proposed to the group to consider looking at a legal framework, specific for the Pacific, to protect the region from certain factors that lead to NCDs, and requested that SPC and WHO explore ways to move this idea forward, and report to the next PHMM.
50. French Polynesia thanked SPC for its cooperation, which enabled them to update their data. The delegate noted that French Polynesia has introduced a national NCD control strategy, which still needs to be implemented. WHO affirmed they work closely with all French territories, and will work with French Polynesia on this.
51. New Zealand noted the need to address the issue of insufficient resources, whether through working with partners, reallocation within country budgets, etc.
52. Tonga noted that sometimes the resources are there, but that capacity can be a limiting factor.
53. Cook Islands noted that the responsibility of tackling NCDs should be shared among different sectors and ministries. The delegate shared their experience of raising taxes and using this money for NCD promotional funds, and their model of reporting directly to the public via newspapers.
54. Australia emphasised the importance of a strong evidence base to support priority setting and to identify funding opportunities.
55. Samoa noted the importance of strong legislation and seizing opportunities to mobilise political will in order to make progress on NCDs.
56. CNMI noted the need to make existing services more efficient rather than expanding services, and identified health care challenges such as barriers to licensure and access to doctors, and the potential role of telehealth services.
57. New Caledonia commented that taxation is far from being the only solution to guaranteeing the sustainability of health systems, and that they have invested in strengthening psychosocial skills and self-esteem as a preventative measure against behaviours that negatively impact on health. They also noted the need for structural adjustments and cost-sharing for sustainability.
58. French Polynesia agreed on the need to explore other determinants of health.
59. Fiji raised the issue of price controls and the need to evaluate these in the context of NCDs, noting that taxation can be politically sensitive, but certain changes, such as price controls on tuna in water instead of tuna in oil, would not be unreasonable.
60. Tuvalu also agreed on the need to look beyond taxation and single issues, and explore creative policies, such as mandated time off work for physical exercise, as was introduced in Tuvalu by the Prime Minister. The delegate emphasised the importance of involving leaders and political will in addressing NCDs.

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61. Vanuatu explained that the major challenge for them is not lack of funding but lack of human resources. The delegate also noted the issue of supermarket products, such as tin tuna, being less expensive than fresh products available in markets.

The meeting:

62. noted the considerable actions undertaken regionally to address the incidence and impacts of NCDs in the region, but recognised that these actions remain insufficient, given the extent and scale of the ongoing NCD crisis;
63. agreed that there is a need for consideration of ongoing actions and urgent interventions in PICTs to tackle tobacco use and unhealthy food and drinks, for the utilisation of taxation as a mechanism to achieve behavioural change, and for greater support for effective interventions;
64. acknowledged that effectively tackling NCDs will require greater resources, and regional commitment to exploring ways to increase funding available to address NCDs;
65. committed to timely implementation at the national level of the key recommendations from the NCD Roadmap, including quantified and measurable targets and timelines to achieving the Roadmap priorities;
66. agreed to report back to each PHMM on progress made in the region against the NCD Dashboard, which was developed by the Pacific Monitoring Alliance for NCD Action (Pacific MANA);
67. requested the Secretariat to explore and scope the concept of a regional regulatory framework that has the effect of mitigating NCD-causative factors as a response to tackling the incidence and impact of NCDs in the region, and to report to the 12th PHMM on the results of this work.

Pacific MANA

68. The Secretariat presented background on the structure and governance of the Pacific MANA and an update on activities undertaken in 2016/2017. MANA has progressed work in key areas of NCDs monitoring, including childhood growth monitoring, monitoring food environments, and development of a dashboard for Pacific Island countries and territories to track progress on NCD policies and legislation. At Heads of Health 2016, it was agreed that the Dashboard be used to provide annual updates on the status of NCD actions, as a mutual accountability mechanism for the region. The MANA Coordination team has been assigned countries to work with to complete the Dashboard. Dashboards are drafted for most PICTs. The MANA Coordination Team met in December 2016 to review the Dashboard indicators and draft country Dashboards, and came up with proposed recommendations and modifications, which were presented to the meeting. The Secretariat presented on the following discussion points: addition/deletion of indicators; process for completing dashboards; links with Healthy Island indicators.

The meeting:

69. noted the update of MANA activities in the past year;
70. discussed and accepted proposed additions and deletions of indicators in the MANA Dashboard, and endorsed a revised MANA Dashboard;

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71. endorsed the proposed process for completing and updating MANA dashboards;
72. endorsed the proposal for annual updates on the MANA Dashboard to be provided to Pacific Heads of Health (HoH) meetings, and to be published on the Pacific NCD Network website;
73. endorsed the proposed approach for managing indicators that appear in both the MANA Dashboard and the Pacific Healthy Islands Monitoring Framework, which ensures that the definitions are consistent and minimises the reporting burden;
74. requests that Pacific health ministers review the revised MANA Dashboard, with a view to its endorsement.

Global Action Programme on Food Security and Nutrition in Small Island Developing States

75. The Food and Agriculture Organization (FAO) presented background information on the Framework for Action on Food Security in the Pacific – *Food Secure Pacific*, support for which was reiterated by Pacific Leaders and health professionals at the recent Pacific NCD Summit – and on the development of the Global Action Programme on Food Security and Nutrition in Small Island Developing States (SIDS GAP). The SIDS GAP aims to accelerate action on food security and nutrition to support the sustainable development of SIDS. It is intended as a concrete, tangible contribution to the integrated implementation of the 2030 Agenda for Sustainable Development and the SIDS Accelerated Modalities of Action (S.A.M.O.A) Pathway. The delegate noted that improving regionalism is a core focus of the programme. The GAP recommends action at the global, regional, national and local level, based on three objectives: Strengthen the enabling environment for food security and nutrition; Improve the sustainability, resilience and nutrition-sensitivity of food systems; and Empower people and communities for food security and nutrition. The GAP will be presented for endorsement by member countries during a high level side event at the 40th FAO Conference in Rome (July 1-8) and at a side event held during the UN High Level Political Forum (HLPF) on Sustainable Development in New York the following week. The proposal is to present the draft implementation plan for the Pacific SIDS to ministers of health in September in Cook Islands and ministers of agriculture in October, and then to Pacific Leaders in 2018. The delegate noted there is a need for better coordination in the Pacific, and that in sharing the SIDS GAP with heads of health, FAO is seeking further input from HoH and ministers and heads of agriculture, education, etc. The initial phase of the Pacific SIDS GAP consultation process has identified the following priorities:

- Improving the evidence base
- Improving coordination and coherence of policy, project and programme delivery
- Sharing of information, knowledge, experience and technologies
- Strengthening institutional partnerships
- Improving capacity development, particularly at community level
- Enhancing mobilisation of resources (human and financial)
- The integration of food security and nutrition objectives, actions and accountability mechanisms into all relevant policies, programmes, strategies, and plans of action
- Key consideration given to a monitoring and implementation support mechanism, and targets

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The delegate emphasised the need for increased resources and partnerships, and for better integration between ministries of agriculture and ministries of health around the topic of nutrition. The delegate also highlighted the need for monitoring and coordination, noting that without adequate resources it is not likely to happen. They also noted that it is a multidimensional issue that cannot be solved from one angle.

Discussion

76. CNMI raised the conundrum of taxing unhealthy foods that are also staples, and noted that in CNMI, the taxation approach is to look at whether there are acceptable and affordable alternatives available; however some traditional foods are no longer considered acceptable. The delegate asked FAO if they have faced this issue.
77. FAO responded that it is important to have well designed taxation approaches based on evidence. The delegate noted that it is also about reframing the discussion around traditional diets – e.g. slow food movement, preparing food using traditional methods but presenting recipes in new ways, tapping into niche markets – as well as the need to make commodities available, affordable, and more convenient, especially in schools, and figuring out how to reduce losses in production.
78. Samoa raised concerns regarding resistance to antibiotics in farms overseas, and potential safety issues arising from the large amount of imported products, such as chicken, which come into the region even though they are not deemed safe or marketable elsewhere.
79. FAO responded that this is where a coordinated multisector approach comes in, and that legislation outside the health sector can contribute to health sector objectives. The delegate noted that where an imported product has no nutritional value – we should think of reducing access through tariffs rather than bans.
80. Samoa noted another challenge, regarding the high cost of farming and farmers' inability to compete with import prices – e.g. eggs, and the need to incentivise healthy foods, perhaps by making them tax-free.
81. FAO said there is a need for multisector coordination, facilitating investment on the supply side, and approaching the issue from different angles.

The meeting:

82. acknowledged the proposed Global Action Programme on Food Security and Nutrition in Small Island Developing States, and recommended that the collective endorsement from Pacific Heads of Health be presented to heads/ministers of agriculture at the 2017 Pacific Week of Agriculture;
83. supported the development of a regional Pacific GAP initiative to help coordinate the efforts of multiple agencies;
84. resolved to present an information paper on the Pacific GAP initiative at the 12th PHMM to update Pacific health ministers on the progress of the initiative.

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ITEM 6: Sexual Reproductive, Maternal, Newborn and Child Health

Update on Immunisation Data Sources

85. WHO provided background information on the Joint Reporting Form (JRF) questionnaire – a joint initiative of WHO and UNICEF to strengthen collaboration and minimise reporting burden. The information collected in the JRF serves as a critical resource for tracking implementation of the Global Vaccine Action Plan (GVAP), Regional Vaccine Action Plans (RVAPs) and country immunization programmes, and informing immunisation strategies at global, regional and country levels. The JRF data contributes to the WHO/UNICEF estimation of national immunisation coverage. The delegate presented the background and methodology for Measles containing vaccine (MCV) coverage and reported on performance based on the JRF.
86. WHO reported that routine immunisation coverage in the Pacific region is high, at more than 90 per cent in 12 PICTs. Some PICTs have experienced static or reduced immunisation coverage, including FSM, Kiribati, RMI, Solomon Islands, Vanuatu, PNG and Samoa. The gains made in immunisation coverage are fragile, and are not sufficient to prevent outbreaks. Systems for birth registration are generally unreliable, and there is generally limited linkage between estimation of target population for vaccination and birth registration at the community level. PICTs have remained polio-free since the regional certification in 2000. There is no evidence of ongoing endemic measles virus transmission. Immunity gaps persist in select populations, which pose a continued risk of outbreaks. Selective immunization activities or supplemental immunization activities [SIAs] are needed to fill these gaps. WHO provided the following status update on Hepatitis B Control (final goal) through immunization:
- 5 PICs verified (American Samoa, Cook Islands, Palau, Guam, Tokelau)
 - 3 PICs in process of verification (Niue, CNMI, French Polynesia)
 - 2 PICs are ready for verification (Samoa, and Wallis and Futuna)
 - Tonga verified for interim goal

The meeting:

87. noted the significant differences in some instances between the JRF and the data reported by the countries, and that efforts are being made to address these through independent assessments with these specific PICTs.

Vaccine Independent Initiative

88. UNICEF provided background information on the Vaccine Independence Initiative (VII), which was initiated by UNICEF to provide a mechanism to ensure a systematic, sustainable vaccine supply for PICTs that can afford to finance their own needs but may require certain support services. This mechanism facilitates countries to finance their own vaccination programmes by offering purchasing power, flexible financing, and quality products. The VII mechanism helps Pacific countries get value for money through vaccine security. The delegate explained that 'vaccine security' is about assurance of vaccine availability, at the right quantities, at affordable prices, at the right times, and of the desired quality. Vaccine security, which UNICEF noted is fundamentally

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about children, is achieved through accurate forecasting, timely availability of funds, provision of detailed information and advice to countries on available products, and an efficient procurement mechanism. UNICEF reported that 13 Pacific countries – Cook Islands, Fiji, FSM, Kiribati, Nauru, Niue, RMI, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu – are currently using VII procurement and financing services, while New Caledonia benefits from some of the features of VII by using UNICEF's procurement services through an advance payment mechanism. The delegate noted that in 2016, approximately 95 per cent of the costs of routine vaccines were covered by countries themselves, beyond simply the cost of procuring vaccines, but also the costs of vaccine-related devices, storage, freight, repacking, regional cold chain maintenance, regional buffer stock and administration. UNICEF provided an overview of the immunization supply chain in the Pacific and the operational framework for regional operations of VII, and its explorations into the expansion of the initiative to other life-saving medicines and essential health commodities. The delegate provided an update on the status of introduction of new vaccines in the region – e.g. Rotavirus and PCV, and noted that evidence based introduction of these new vaccines is recommended by UNICEF and WHO.

Discussion

89. Tonga raised concerns about the figures for Tonga. The delegate also asked UNICEF whether it is possible to submit requests for support for all three new vaccines at once.
90. French Polynesia noted concerns regarding negative influences from the US and Europe – e.g. possible introduction of new vaccines, new issue of parents not allowing their children to be vaccinated – and how this could impact coverage.
91. Fiji noted the challenge of countries assuming full cost of new vaccines at once, and the need for support.
92. Samoa noted concerns regarding accuracy of data for Samoa, noting discrepancies with what they are seeing locally. The delegate said they were not aware of UNICEF's presence in Samoa or their programmes, and that it was possible UNICEF was looking at old systems or pulling data from a survey that has been critiqued.
93. UNICEF noted that business proposals can be developed for all vaccines at once, if the countries feel the disease burden is great.
94. UNICEF explained that acceptable coverage rates vary by disease.

The meeting:

95. acknowledged that the success of the Vaccine Independence Initiative (VII) in contributing to the wellbeing of Pacific children has been achieved through the strong commitment of the 13 participating PICT governments, and the support of donors.

Addressing Pacific health needs through sustainable investments; strengthening immunisation in four selected countries (paper only)

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96. The meeting noted the recommendations presented in the paper.

ITEM 7: Human Resource for Health

FNU Update

97. FNU presented on current programmes relating to health, including updates on progress made in activities previously discussed at Pacific Heads of Health meetings. The delegate emphasised that FNU remains interested in workforce development for the region. FNU is undergoing a restructuring process, and it was mentioned that FNU has yet to receive workforce development plans from heads of health, which are an important part of its review and restructure process. FNU provided an overview of its health programmes, and representation from the region in terms of students and staff, encouraging Pacific countries to contact FNU if they can offer academic staff. It was noted that gender ratios for enrolment are around 70% female, local (Fiji) enrolment is around 80%, and regional enrolment is around 20%. The delegate explained that FNU is currently trying to transition from diploma to degree programmes. Other trends were highlighted, such as the popularity of bachelor of environmental health, and bachelor of dietetics and nutrition, and Master of Public Health, and less popular programmes such as Master of Health Service Management and Master of Applied Epidemiology. The delegate noted some troubling attrition trends in some countries – and explained that there are typically high attrition rates in the first two years, and in the fourth year when students enter clinical. FNU noted there has been a big drop in paediatrics graduates. New programmes for 2017 were identified: Masters in Oral Surgery – Targeting Semester II 2017; Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate Entry – Targeting Semester II 2017; Bachelor in Nursing Bridging (Diploma to Bachelor) – Targeting Semester II 2017. FNU reported that they have completed accreditation of DDM-SHIP and graduated eight students. An invitation was extended for countries to send in requests to CMNHS for an in-country career expo. FNU noted that entry requirements for 2018 have changed following feedback that in the past they have been too stringent. Moving forward they will consider courses in agriculture, home economics, etc.

USP Update

98. USP presented on current programmes relating to health, including updates on progress made in activities previously discussed at Pacific Heads of Health meetings. At the 2016 HoH, it was agreed USP would:
- Continue consultations with relevant stakeholders
 - Invite stakeholder input into programme development
 - Identify relevant accrediting/registration body as a quality assurance measure
 - Work with national institutions that offer certificates and diplomas to investigate cross-credit arrangements.
99. With regard to plans for a school of public health in Solomon Islands, USP reported that architects are currently completing the design, and building should start by the middle of the year. USP noted they took input from 2016 HoH on board, and as a result collected data on the burden of disease, health workforce as well as demographic and socio-economic indicators in each of the member states; obtained the perspectives of key stakeholders at a forum held in Suva, Fiji in

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September 2016 on the key health needs and challenges facing the health sectors in the Pacific region; and engaged Associate Professor Anne Becker as advisor on public health. USP noted that the desk review and consultation with stakeholders provided an assessment of the public health training needs for the region and potential pathways towards an accredited and competitive programme. The following findings emerged:

- Lack of trained staff/staff shortages
- Lack of continuing educational opportunities for public health workers
- Prevalence of obesity, NCDs and related diseases
- Limited research and targeted interventions focusing specifically on the peculiarities and cultures of the region
- Impacts to climate change and disasters on lives

100. Based on these lessons, USP is proposing the following programme elements:

- Basic science at the first year including mathematics and statistics
- The second and third years focusing on areas including: epidemiology, PH informatics, environmental PH, social behavioural sciences, health management, research skills, climate change, communication, field work practice, etc.
- Postgraduate to be introduced following this.

101. USP outlined the current work in progress:

- Appoint a Pro-Vice Chancellor and Head of School in Public Health by the middle of 2018
- Carry out programme mapping and prepare documents to go to the first Council in 2018 for the institution of the new programme.
- Work with the Fiji Higher Education Commission and the Solomon Islands Higher Education Commission for registration of the programme in the first quarter of 2018.
- Throughout this year and the next keep working with stakeholders to ensure that the programme is acceptable to the countries.

102. USP noted that given that their consultations and desk study revealed the lack of training of people working in the public health sector in the region, they are proposing to create some Massive Open Online Courses (MOOCs) to assist such people to get the fundamentals, which can assist them in entering the formal programme when it is offered. The delegate invited suggestions and recommendations from heads of health, and noted that next year there will be a more substantial update when they can report on concrete things like programme structure, etc.

University of Otago – New Zealand

103. The University of Otago presented on current programmes relating to health, including updates on progress made in activities previously discussed at Pacific Heads of Health meetings. The delegate noted that Otago's work for Pacific development is focused around the Pacific Strategic Framework (2013–2020). The goals of the Framework are to:

- Demonstrate and value leadership on Pacific matters
- Develop Pacific research excellence
- Effective Community engagement

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- Enhance capability
- Develop a Pacific curriculum
- Contribute to Pacific region & international progress

104. An overview of the structure of the Division of Health Sciences at Otago was presented, along with indicators of success:

- Provides a highly qualified workforce in the health professions
- Promotes health and health care through basic and applied research
- Has a national presence
- Is committed to strengthening Māori and Pacific health workforce
- Is addressing the needs of the rural health workforce

105. Otago discussed the work they do to support the HI vision, through strengthening primary and public health, including the Cook Islands Fellowship Pathway, and working in partnership with the University of Auckland on the development of a medical school in Samoa. Professor Richard Edwards also presented on research initiatives at the University of Otago, and noted his interest in speaking with in-country representatives for ideas on tobacco control research. He noted other projects on the horizon, including taxation on sugary drinks, and Otago's new research centre – the Otago Global Health Institute (OGHI).

Discussion

106. French Polynesia noted that one of the challenges is that many of the health professionals trained in France and have little knowledge or context of local public health issues. It was noted French Polynesia is working towards creating a new public health department at French Polynesia University.

107. FSM asked FNU what it would take to increase intake of new students in order to meet demands. FNU said they need prior notification regarding country needs – e.g. oral health, and number of slots needed.

108. Tokelau identified the connection between attrition rates and non-academic issues, and the need for increased social supports. FNU agreed this is an issue and said they do have some support structures in place, such as working closely with donors and country embassies, but are looking into other avenues, such as a dedicated regional support leader, beyond learning support.

109. Tokelau asked whether there is consideration of offering courses online, as the Solomon Islands campus will be even further from Tokelau. USP noted that while the proposed public health programme will be based in Solomon Islands, it will be for all islands, and as a rule, they are looking to develop all courses online.

110. The Co-Chair noted that in Fiji's case there isn't a need for more public health graduates, but rather people who understanding management, government, basic financial analysis, etc., and asked whether there has been a genuine training needs analysis conducted for ministries of health around the Pacific.

111. FSM raised an issue pertaining to the Pacific MANA, noting a concern that the traffic lights approach may be too simplistic. SPC said it would be happy to discuss further.

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Day 3: 27 April 2017

112. Day 3 was chaired by Mr Philip K. Davies, Permanent Secretary, Ministry of Health and Medical Services, Fiji.

University of Fiji – Umanand Prasad School of Medicine And Health Sciences

113. University of Fiji presented on the Umanand Prasad School of Medicine And Health Sciences (UPSMHS), including updates on progress made in activities previously discussed at Pacific Heads of Health meetings. The aim of the School is to be recognised for producing graduates who are highly dedicated, effective and compassionate community leaders committed to fulfilling the health care needs of rural and underserved communities in Fiji. An overview of campuses, entry requirements, programme structure, and graduate rates was presented. It was noted that all Fijian graduates of UPSMHS are employed with Ministry of Health (Fiji Islands), all Pacific Island graduates are employed by their respective governments, and all non-Pacific Island graduates are unaccounted for in terms of their employment.

Discussion

114. The University of Fiji noted that regional fees are around 20–25% higher than for local students.
115. Tonga asked why the University of Fiji has chosen a more traditional way of training medical students rather than problem-based learning. University of Fiji responded that problem-based learning is introduced gradually in Year 4, as Year 1 students find it difficult to adapt to new system straight from high school.

The meeting:

116. requested educational institutions to prioritise social support systems to students to address high attrition rates caused by difficulties faced by students in integrating into new environments.

Health professional education, standardisation

117. A WHO consultant with the Human Resources for Development Alliance (HRDA) presented on standardisation of the region's health professions education programmes and inclusion in the Pacific Framework for Action in support of the Healthy Islands vision. It was noted that there are two distinct dimensions of standardisation: 1) quality standards – institutional factors, hours of instruction, numbers and qualifications of staff, adequacy of facilities, hours of clinical learning, duration of programme, timing of periodic review etc. (equivalencies); and 2) programme academic content, competencies, knowledge skills and attitudes etc. (standardisation). They noted that nurses in the region have been working on shared and common competencies, and this is not something new. WHO listed some of the challenges facing the region: the large migration of professionals out of the region and the difficulty in attracting and retaining staff; challenges in terms of identifying equivalencies; duplication of teaching materials – with countries producing their own; varying capacity to

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provide students with clinical learning; lack of interest in certain opportunities because of location and poor facilities; varying processes for programme approval for licensure. WHO and SPC are currently working on a paper based on an inventory of the number of health sector courses in the region. As the number of qualifications in the Pacific is high (225 health professions programmes), this raises questions around the need for standardisation, the creation of common core curricula and agreed competencies, and of regional academic staff support, of quality graduates and economies of scale. Inclusion of health professional education within the Pacific Framework for Action was advocated. With regard to The Pacific Register of Qualifications and Standards (PRQS) and the Pacific Qualifications Framework (PQF), it was noted that some good progress has been made, but that there is still a lot to do. Who noted that complex changes are needed to achieve valid region-wide comparisons, including:

- school leaving standards and programme entry
- governance arrangements of national institutions and providers
- the creation of clear and comparable processes of programme accreditation/approval
- the legislative and bureaucratic changes to manage new systems

Discussion

118. French Polynesia expressed admiration for the Pacific, recognising that many countries help each other. They also noted the need to think beyond training and qualifications, and that there is an issue of shortage of health providers, and a need for upskilling.
119. Samoa raised the issue of foreign doctors being insulted when asked to show credentials, but that this is necessary. Other issues noted where licensing – e.g. Fiji-trained doctors in American Samoa being required to meet US standards, and losing health professional to the the draw of higher salary packages abroad.
120. The Chair proposed the need to think about ways to facilitate registration of volunteers and validate foreign qualifications.
121. An Observer from PIHOA raised the concern that standardisation could facilitate people going overseas. WHO noted that to some extent this is unavoidable, but that even with standardisation, if people go abroad they still have to do the exam again, and what is being proposed would not facilitate exit from the region.
122. WHO proposed seven recommendations:
 - Recommendation 1: That the Pacific Heads of Health advocate for and support further progress towards the development of a regional framework for health professions education competencies, standardized programme accreditation processes and quality standards.
 - Recommendation 2: That countries with limited academic capacity, or opportunities for clinical learning, seek collaboration and support to meet regionally agreed health professional education standards.
 - Recommendation 3: That work be undertaken to identify current programme accreditation or approval processes in use and to collaborate with countries to develop common frameworks for each discipline.

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- Recommendation 4: That a focal point for liaison with country professions' representative groups be set-up to convene meetings on additional criteria to support the standardization of programme accreditation processes and competency-based curricula in the health professions.
- Recommendation 5: That a strategic alliance among countries monitor the progress towards standardization of health professional education in the Pacific Region and bring it within the Pacific Framework for Action.
- Recommendation 6: That comparative country deficits in academic capacity or programme quality are brought to the attention of regional agencies and/or donor supporters, to seek assistance to address deficits directly, or to support 'twinning' or other partnerships with countries or external institutions.
- Recommendation 7: That in accordance with test item 4 of the Framework for Pacific Regionalism this issue be placed on the agenda of the PHMM to oversee progress on the above recommendations.

The meeting:

123. resolved to refer the seven proposed resolutions to the Secretariat to work with members out of session with a view to putting recommendations to the 12th PHMM in August 2017.

Pacific Regional Clinical Services and Workforce Improvement Programme

124. SPC presented an overview of the Pacific Regional Clinical Services and Workforce Improvement programme (PRCSWIP), which is replacing the Strengthening Specialised Clinical Services in the Pacific (SSCSiP) programme, and presented recommendations from the Directors of Clinical Services (DCS) Annual Meeting held on 24 April. The presentation outlined the vision for PRCSWIP: 'health care in PICTs is affordable, appropriate to local needs, of good quality and accessible'. PRCSWIP focuses on the following priorities: a regional focus; closer collaboration between FNU, SPC and RACS; closer collaboration with development partners, regional and international institutions; and increased research and analysis (data and evidence).

Discussion

125. FSM requested clarification around scholarships and the new arrangement for supporting graduates to pursue master's degrees, and whether this is in addition to or replacing existing bilateral support countries receive from DFAT. SPC explained that under the new programme the focus will be on capacity building activities, which could be provided under the RACS component of mentoring specialists in-country. DFAT clarified that the bilateral scholarships programmes will continue.
126. Samoa requested clarification around the minimum requirements for admission to post-graduate programmes for new doctors. FNU clarified that a minimum of three years of experience, inclusive of the internship year, is required before entering post-graduate studies, with two years in the speciality they desire to study in.
127. The issue of lack of mentorship was raised. SPC noted that through the new partnership with RACS, one of the aims when providing visiting medical teams is to facilitate mentorship of local health providers.

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128. The Chair raised issues to consider that may be on the radar: confidentiality and privacy, and liability and medical indemnity.
129. It was noted that something for the Secretariat to consider in the planning of future DCS meetings, is that it is the best opportunity to consider the range of services coming into the region for professional development – at the specialist level but also nursing – and to look at which countries have access to those services.
130. Solomon Islands noted the need to talk about long-term planning for human resources for health in the Pacific.

The meeting:

131. noted the recommendations presented from the meeting of the Directors of Clinical Services, held in April 2017.

ITEM 8: Epidemic Preparedness and Response

PPHSN: 20 years on

132. The Pacific Public Health Surveillance Network (PPHSN) Coordinating Body (CB) met in Fiji on 22 and 24 April 2017, following on from the meeting of the PPHSN from 19 to 22 April to commemorate the 20th anniversary of the formation of the PPHSN. The PPHSN CB presented an update on the operating environment, an update on progress since the 4th HoH meeting, and key decision points arising from that meeting.

Discussion

133. The Secretariat noted that PPHSN plays a critical role in regional health security and that it needs to use that role in progressing capacities through the Global Health Security Agenda and acceleration of the International Health Regulations (IHR) and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III).
134. Samoa acknowledged the work of PPHSN and said they have seen the benefits.
135. The meeting acknowledged the three outgoing members of the PPHSN.
136. Tonga echoed Samoa's acknowledgement of PPHSN, noting their full support for the programme.

The meeting:

137. noted the progress made in respect of the priority actions arising from the 4th Heads of Health meeting;
138. discussed and endorsed priority action areas identified in the 5th Heads of Health meeting;
139. expressed formal appreciation of the three outgoing members of PPHSN-CB: French Polynesia, Kiribati and Samoa (terms ending December 2017);

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140. endorsed that PPHSN matters become a standing agenda item for the annual Heads of Health meeting;
141. noted the resolution of the PPHSN Coordinating Body (CB) meeting seeking endorsement from Pacific Heads of Health for the PPHSN CB to commission an external review of PPHSN coordination and governance, in the context of a changed regional health architecture, presenting an opportunity for the PPHSN governing mechanism to be reinforced, and endorsed that resolution;
142. noted the request from the PPHSN CB meeting that Heads of Health ensure there are national mechanisms in place to formally recognise new skills and qualifications acquired through the DDM-SHIP programme, through adjustments to salary grades or by ensuring the existence of positions for advanced graduates of the programme, and that as part of human resources in health (HRH) planning, countries use the DDM credential as a standard for relevant data-related positions;
143. noted the update from the PPHSN CB meeting in relation to recommendation 7 of the 20th PPHSN CB meeting, as follows: FNU has completed accreditation of DDM-SHIP, and has graduated eight students and awarded seven students with the post-graduate certificate in field epidemiology (CNMI [1], Palau [3], Guam [2], FSM [1]).

Strengthening Pacific health security

144. WHO provided a Pacific regional update on IHR (2005) core capacity implementation, presented recent developments in the assessment of IHR core capacities, including voluntary joint external evaluation (JEE), and proposed next steps in filling gaps in essential public health functions for health security at national and Pacific regional levels by accelerating IHR implementation through investment in adequate and sustainable resources while allowing for further discussion and consideration of the new approaches that are proposed.
145. WHO presented five years of IHR data for 13 PICTs, from 2010–2015 on the following core elements: legislation, coordination, surveillance, response, preparedness, risk communication, human resources, laboratories, points of entry, zoonoses, food safety, chemical safety and radiation safety, noting that all areas either showed improvement or remained stagnant, except for human resources. It was noted that countries found it difficult to interpret and answer questions related to chemical safety and radiation safety, as they are not always relevant in the Pacific, though chemical safety is an issue in terms of agricultural chemicals, vector control, home chemicals, etc.
146. WHO provided an overview of APSED and the JEE and proposed ways for countries to prepare for JEE and improve IHR preparedness:
 - Begin collecting evidence which supports IHR
 - Establish document control/inventory
 - Exercise key elements of IHR response and record your experience
 - Personal visit to key IHR stakeholders and (re)engage them in IHR and tell them about JEE
147. WHO proposed the following next steps:

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- Proposal to donors 5-year Pacific Health Security Strategy linked to costed national health security priorities/IHR / APSED III work plans
- IHR core capacity implementation accelerated in the Pacific and objectively evaluated
- Concept presentation at Pacific Heads of Health Meeting (April 2017), Pacific IHR Meeting (May–Jun 2017), and Pacific Health Ministers Meeting Aug 2017

Discussion

148. Tonga noted there has been recent work to develop a regional strategy to address antimicrobial resistance (AMR) through multisector involvement. WHO agreed AMR is definitely a multisector issue and actively encourages collaboration.
149. In response to queries from Samoa, WHO provided clarity on the JEE tool, explaining that it is based on the structure and elements considered in the existing IHR Monitoring Questionnaire (IHRMQ), but adds additional elements and requires documentation and requires a greater level of detail. Addressing concerns that the JEE is doubling reporting efforts, WHO explained that the JEE and IHRMQ are interrelated, and that the more intensive JEE is only to be carried out every four or five years, and makes the IHRMQ easier, though it was noted it is likely that over time the IHRMQ will be phased out. WHO admitted it is not an easy process, but worthwhile and the hope is Pacific countries and territories will go through it by 2020. WHO also clarified that APSED is not separate from JEE or IHR, but is a roadmap for implementation of IHR.
150. French Polynesia echoed Samoa's concerns around an over-complicated reporting process, and said they are in favour of a very specific review of the documents for the Pacific Island region – to produce a shorter document suited to the specific circumstances of the region.
151. Concerns were raised regarding the date of 2020.
152. It was agreed that recommendation 4 and 5 from the paper would be revised into a single recommendation.

The meeting:

153. reaffirmed commitments by PICTs and partner agencies to accelerated implementation of the IHR (2005) core capacities for national and global health security;
154. requested the Secretariat to carry out a technical review of the JEE for application in the Pacific region, incorporating lessons learned from experience in other small island states;
155. agreed on the development of a multi-year Pacific Health Security Strategy, implementation plan and monitoring and evaluation framework, to be presented to the 12th PHMM in August 2017.

Neglected Tropical Diseases (paper only)

156. Of the globally recognised 18 Neglected Tropical Diseases (NTDs), those present in the Pacific region include the following: leprosy, lymphatic filariasis (LF), soil-transmitted helminths (STH),

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endemic treponematoses (yaws), blinding trachoma and dengue. Additionally, scabies is a regionally recognised NTD. Progress has been made in many NTD programmes within the Pacific, and the next few years will provide an opportunity for many more programmes to reach elimination endpoints.

157. For diseases such as leprosy, LF and yaws, there is a need to ensure that programmes remain focused while they undergo final rounds of intervention and finalise monitoring requirements to achieve verification of elimination. At the national level, comprehensive NTD action plans will assist to define disease-specific targets and identify areas of integration between disease programme interventions and/or surveillance activities. Sustained political support, improved access to intervention strategies, strengthened surveillance and monitoring programmes and ongoing research for these important diseases will reduce morbidity and mortality, with resultant increased social and economic development in PICTs.

The meeting:

158. noted the recommendations presented in the paper.

ITEM 10: Upcoming Events

World Health Assembly, 22–23 May, Geneva, Switzerland

Pacific Health Ministers Meeting, 28–30 August, Cook Islands

Regional Committee Meeting, 9–13 October, Brisbane, Australia

The meeting:

159. noted the presentation by Cook Islands on the upcoming Pacific Health Ministers Meeting and by WHO on the upcoming World Health Assembly and Regional Committee Meeting.

Election process for the WHO Director-General 2017

The meeting:

160. noted the presentation by WHO on the process to elect the next Director-General of the WHO at the 2017 World Health Assembly.

ITEM 11: Other Business

Procurement of pharmaceuticals and medical supplies

161. Fiji noted they are going to have to be bigger consumers and that they struggle to manage the supply chain, and put to the group whether they should start thinking on a regional basis.
162. Tonga noted the importance of the topic and suggested further exploration into what WHO has done in the past.

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163. The Chair suggested to start bilaterally and grow, and if WHO has previous work – to circulate that.

164. Delegates brought up the Pan American Health Organization as a potential model.

The meeting:

165. noted the presentation, and that WHO would share information on reviews of other regional procurement initiatives with the Secretariat and continue discussions with UNICEF, and agreed to revisit these issues at the 12th PHMM in August 2017.

Heads of Health terms of reference (TOR)

The meeting:

166. agreed to accept the proposed amendments to the HoH terms of reference (TOR) –specifically around the Chairperson, Deputy Chairperson and the Heads of Health sub-committee – and that a revision of the rest of the TOR be presented for discussion at the 6th Pacific HoH meeting.

Funds owed to SPC as former principal recipient of Global Fund for the PIRMCCM

The meeting:

167. noted that some countries still owed funds to SPC when it was still the PR for PIRMCCM and that SPC will continue to work with these countries for payment of these funds.

Pacific Cancer Centre

The meeting:

168. noted that the ministers at their meeting in Manila during the RCM in 2016, directed the Secretariat to look into the concept of a Pacific Cancer Centre as tabled by Fiji, and that this work is ongoing and will be presented for discussion in due course.

ITEM 12: Key Decision Points

169. Heads of health reviewed and endorsed the recommendations.

ITEM 13: Close

170. The meeting was closed by Ms Elizabeth Iro, Secretary of Health, Cook Islands

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Annex 1 – Participant list

FIFTH HEADS OF HEALTH MEETING (Novotel Hotel, Lami, Suva Fiji, 25 to 27 April, 2017)

LIST OF PARTICIPANTS, PARTNER AGENCIES, OBSERVERS AND SECRETARIAT

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