



Twelfth Pacific Health Ministers Meeting



Outcome of the Twelfth Pacific Health Ministers Meeting

Rarotonga, Cook Islands

28–30 August 2017



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Introduction

We are pleased to present the outcome document of the Twelfth Pacific Health Ministers Meeting held in Rarotonga, Cook Islands, in August 2017. It highlights important outcomes, actions and commitments for the health of the population in the region.

At the first meeting in 1995, the Pacific health ministers adopted Healthy Islands as the unifying theme for health promotion and protection in the Pacific. Ministries of health of the Pacific have since worked hard towards the realization of this vision, which is now – more than two decades later – coupled with the progress towards universal health coverage and the attainment of the health-related Sustainable Development Goals (SDGs) by 2030. The biennial Pacific Health Ministers Meeting is an excellent opportunity to exchange updates on progress and benchmarks, as well as to realize potential regional synergies to achieve jointly what is more difficult to do alone.

In 2017, the Government of the Cook Islands cordially hosted the Pacific Health Ministers Meeting with the support from the Pacific Community and the World Health Organization. The main areas of work discussed were: building strong primary health care systems; the adoption of the Healthy Islands Monitoring Framework, which will also be used to monitor relevant SDGs; the strengthening of health information systems; the continued support for prevention and control of noncommunicable diseases (NCDs), especially rheumatic heart disease and mental health; and finally the endorsement of the Pacific Health Security Coordination Plan.

The Pacific health ministers welcomed the newly elected WHO Director-General's special initiative to address climate change impact on health in Small Island Developing States. The countries will continue their cooperation at regional and global levels, including looking for funding opportunities for climate change and health, and supporting the Health Action Day agenda at the twenty-third session of the Conference of the Parties to the United Nations Framework Convention on Climate Change presided over by Fiji. The Pacific health ministers agreed to include climate change and health as a standing agenda item at future meetings.

We look forward to continuing our work to keep the Pacific and its population healthy.



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WHO Regional Director
for the Western Pacific



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Dr Colin Tukuitonga
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“Cook Islands Mana”: The journey towards Healthy Islands in the Pacific


Twelfth Pacific Health Ministers Meeting
30 August 2017

The ministers agreed that strengthening primary health care and preventive services would be essential to achieve the Healthy Islands vision, to progress towards universal health coverage (UHC) and to attain the health-related Sustainable Development Goals (SDGs). The increasing complexity of delivering health services requires well-functioning and adequately resourced primary health care. This necessitates integration of both public health and clinical services with community outreach, and improving coverage of people-centred services.

The ministers are committed to ensuring that political leaders and the public understand why and how their own country should improve health services and primary health care. Accomplishing UHC and the Healthy Islands vision will entail mobilizing adequate resources and prioritizing health within a sustainable macroeconomic, social and environmental framework.

The ministers reaffirmed that addressing health security risks, including disease outbreaks and disasters, and also addressing the noncommunicable diseases (NCD) epidemic, are priorities that require strong primary health care systems that include both public health and clinical services. It is therefore necessary to increase the share of human and financial resources allocated to lower-level health facilities and community-based services.

The ministers agreed that the Healthy Islands Monitoring Framework developed since the last meeting in 2015 is an important tool for monitoring progress and achievements towards the Healthy Islands vision. It functions

The header features a decorative border with Pacific Island motifs, including stylized fish, a bird, and geometric patterns in shades of blue and white.

as a governance and accountability framework as well as a mechanism for priority-setting and a tool for political decision-making. The framework can also be used for monitoring progress towards achieving the relevant SDGs.

It was recognized that implementation of the Healthy Islands Monitoring Framework depends on improvements in health information systems (HIS). There is a need for continued support by development partners for strengthening HIS overall, including digitalization and building of national capacity in data management and analysis.

The ministers recognized the robust commitment over the last 10 years for the prevention and control of NCDs in Pacific island countries and territories, but realized that greater emphasis is needed on multisectoral approaches. Continued efforts towards tobacco control and effective clinical management of NCDs are critical. Of special concern to the ministers is the growing burden of childhood obesity, which highlights the need for multiple, sustained and cross-sectoral actions to effectively reduce and prevent childhood obesity. Given the rapidly increasing burden of NCDs in the Pacific, it is crucial that the Pacific island countries' voices are heard on this issue in global forums.

The ministers agreed that more attention is needed on the prevention and control of rheumatic heart disease (RHD) in the Pacific region, given the current heavy burden, and on integrating RHD control into existing health service delivery. Given that some Pacific countries bear the world's highest burden of RHD, the ministers agreed that countries from the region should continue to spearhead efforts to place this issue on the global health agenda – including through a proposed resolution for consideration at the 2018 World Health Assembly.

Mental health services in Pacific island countries and territories are inadequate despite improvements, leaving a large service delivery gap, alongside ongoing issues of stigmatization and discrimination against people with mental disorders. Strengthening of mental health and social care, particularly at the community level, is of utmost importance.

The ministers endorsed the draft Pacific Health Security Coordination Plan and perceive this plan as a key step for collective action and funding towards sustainable regional health security. The plan will guide countries and partners in coordinating implementation of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) as the updated roadmap for accelerated implementation of International Health Regulations (IHR) core capacities in the region, linked to disaster risk reduction and



climate resilience initiatives where appropriate, and to objectively measure their progress in this area. The support provided by the Pacific heads of health and the other partner agencies was recognized and appreciated. The plan incorporates implementation approaches that are consistent with integration of health security and health system strengthening, with benefits to both programmes. The ministers acknowledged that strengthening health security, disaster preparedness and response and climate resilience remains a top priority for all Pacific island countries.

The Pacific health ministers called for greater efforts and increased investments to mitigate the adverse impacts of climate change on human health in line with the 2015 Yanuca Island Declaration. Developing and nurturing resilient health systems is central to address the health impacts of climate change. The Pacific health ministers welcomed the newly elected WHO Director-General's special initiative on climate change and health in small island developing states (SIDS). The countries will continue their cooperation on climate change at regional and global levels, including looking for opportunities for the Pacific to access international and bilateral funds, and supporting the Health Action Day agenda at the Conference of the Parties (COP 23) to the United Nations Framework Convention on Climate Change (UNFCCC) under the presidency of Fiji. The Pacific health ministers proposed including climate change and health as a standing agenda item at future Pacific health ministers meetings.

The Pacific health ministers acknowledged and appreciated the contributions of development partners towards improving the health of Pacific islanders and strengthening country health systems. The ministers reiterated the need for strong coordination and collaboration between partners and governments as well as among development partners themselves. Technical and financial support, based on the needs of individual countries, continues to be important to ensure all countries can build capacities and strengthen their health systems. The ministers also recognized that countries and development partners have an important responsibility in advocating for priority issues that are important for the Pacific at regional and global levels.

The commitments for action from this meeting are addressed to ministers of health and heads of health, and progress will be assessed at upcoming meetings. The ministers will share the recommendations from the Twelfth Pacific Health Ministers Meeting (PHMM) at the forthcoming Pacific Island Forum.



Issues, Outcomes and Commitment for Action

1. Healthy Islands Monitoring Framework

The Healthy Islands Monitoring Framework was developed over two years at the request of health ministers at the Eleventh PHMM in April 2015. The framework comprises 48 mandatory indicators. Where possible, indicator definitions have been sourced from global frameworks to ensure harmonization and adherence to international standards, notably the SDGs, the UHC regional framework, the SDG Pacific Headline Indicators and the Pacific Monitoring Alliance for NCD Action (MANA) dashboard for NCDs. The framework is divided into *core* and *complementary indicators*.

The ministers welcomed the Healthy Islands Monitoring Framework as the information developed and monitored through the Framework is important for both monitoring progress and for planning and implementing health services. It will also be of interest to communities and to organizations beyond the health sector.

Issues

A number of indicators are without baseline data because some countries simply do not have such data and global modelled estimations are not available.

Variances in the scope and purpose of national data collection can result in differences among available data and can affect comparability across countries and areas.

The utilization of the Healthy Islands Monitoring Framework will vary according to the size and characteristics of the country. Larger countries such as Papua New Guinea may need data disaggregated by district or provincial level to make the indicators more useful.

It is recognized that many determinants of health can be addressed only through other sectors and may not be captured by the Healthy Islands Monitoring Framework.

Outcome

The Twelfth Pacific Health Ministers Meeting endorsed the Healthy Islands Monitoring Framework and the first progress report.

Commitment for action

1. Monitor the implementation of the Framework, report on progress at the PHMM in 2019, and suggest amendments if necessary.
2. Actively participate in validating and reporting on indicators every two years as per the Framework, with technical support from development partners when required.
3. Use health data to inform and engage communities to address, solve health problems and be responsible for maintaining a healthy lifestyle.



2. Implementation of the Healthy Islands Monitoring Framework: health information systems

Strong national health information systems are instrumental in implementing the Healthy Islands Monitoring Framework and making evidence-based policy decisions.

Issues

Major data gaps exist in some Pacific island countries because of limited functionality of key data sources such as routine health information systems, health surveys, vital statistics and disease surveillance systems.

In some countries, there is limited capacity in analysing data, and information is not always translated into action.

There is also a lack of disaggregated information and generally limited capacity in countries to undertake an equity-focused analysis.

Commitment for action

1. Strengthen regional networks such as the Pacific Health Information Network and the Brisbane Accord Group to share best practices, enhance standardized training packages and build better regional support systems.
2. Ensure well-functioning, high-quality data sources for generating key population health indicators including routine information systems, health surveys and civil registration and vital statistics.
3. Reinforce equity-oriented health information systems with more disaggregated data across age, sex, geography, household income levels and other characteristics appropriate to the country context.
4. Use data for management of health service delivery, annual operational planning and evidence-based policy decisions.
5. Take leadership in formulating the health information system country action plan and its implementation.



3. Universal health coverage on the journey towards Healthy Islands in the Pacific

UHC is based on the principle that all individuals and communities should have access to good-quality essential health services and preventive health interventions without suffering financial hardship. It is the main platform for achieving the health-related SDGs and therefore the best pathway for countries to progress towards the Healthy Islands vision. Regional and global experience suggests that the best foundation for achieving the Healthy Islands vision and UHC for most Pacific island countries will be a focus on strengthening primary health care and population-based prevention services.

Issues

Health ministries need to identify and use the right health service delivery model at primary health care level, with a particular focus on integration of both public health and clinical services with community outreach, and improving coverage of integrated people-centred services.

Achieving UHC requires improving managerial and administrative capacity in planning and budgeting, including in district hospitals and health centres, and ensuring that resources reach these facilities.

Health budgets have not always addressed the impact of demographic, environmental changes and population growth. Health ministries need to work with public service commissions and treasuries to ensure that gaps in meeting standards set for services are translated into resources for budget and staffing.

Commitment for Action

1. Strengthen political will for action by ensuring that political leaders and the public understand why and how their country should improve health service delivery to achieve UHC and the Healthy Islands vision.
2. Increase the share of resources allocated to primary health care and community-based services.
3. Determine the right services and the right service model to achieve UHC by redefining primary health care, including:
 - a. Decide what kind of public health and clinical services need to be delivered – having service models that are organized around the needs of individuals, families and communities.
 - b. Determine the skillset and categories of health workers required, including clinical, public health and management training needs and opportunities for professional development.



- c. Ensure and monitor the availability of affordable medicines, vaccines and essential diagnostics according to functions defined for primary health care.
 - d. Monitor health systems performance using the health information system and user experience surveys.
4. Plan and budget resources for UHC:
- a. Develop one health sector annual plan and one budget, inclusive of the support from development partners and donors.
 - b. Reinforce a fit-for-purpose financial management system to ensure resources reach lower-level health facilities.
 - c. Improve the efficiency of resource use in secondary and tertiary care.



4. Health workforce development in the Pacific

Despite previous efforts, there are persistent and avoidable variations in the availability, capacity and performance of health workers in Pacific island countries, resulting in uneven quality and coverage of health services. This suggests that there is a need for renewed commitment to addressing health workforce challenges, and recognizing them as key elements in strengthening health systems to achieve UHC and the Healthy Islands vision.

Issues

Workforce distribution and competencies are not necessarily matching the needs of the population, recruitment and retention strategy, remuneration, training and education plans.

Workforce planning, regulation and management remain inadequate and need to be more in line with actual workforce requirements.

Education delivered to health professionals in Pacific island countries varies widely, with more than 250 individual courses with varying levels of curriculum standards, academic support, education and teaching materials, raising concerns regarding their quality and relevance.

Commitment for action

1. Ensure a more fit-for-purpose health workforce and more equitable distribution of health workers, especially for strengthening primary health care.
2. Strengthen health workforce management and improve health workforce data.
3. Ensure continuing professional development for the health workforce.
4. Task Pacific heads of health to explore the most appropriate regional coordination mechanism to address health workforce issues, including clinical workforce issues that require regional governance.



5. Rheumatic heart disease

Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are preventable and rare in most developed countries, but rates in the Pacific are among the highest in the world. Efforts to combat and control RHD have been in place in some Pacific island countries for more than a decade, and many have been implemented through vertical approaches. The 141st session of the WHO Executive Board adopted a resolution on ARF and RHD and recommended that the Seventy-first World Health Assembly consider adopting a draft resolution in 2018.

Issues

Long-term efforts to remove social and environmental conditions that increase the risk of ARF e.g. overcrowding and poor housing quality and improving access to PHC for the management of children with sore throats are crucial.

Access to prevent and treat group A streptococcus (GAS), ARF and RHD at the PHC level are issues which are related to broader issues relevant to UHC,

Some PICs have received funding support to provide accelerated training and RHD control activities through short-term projects, but such vertical programmes have had limited integration into national public health programmes and budgets to-date.

Commitment for Action

1. Ensure that ARF and RHD are considered in service planning, especially through primary health care.
2. Adopt or strengthen national clinical guidelines for the effective prevention and management of ARF and RHD.
3. Include ARF and RHD in national health strategic plans with appropriate timed and quantified targets for measuring progress.
4. Integrate ARF and RHD into the national health information system to ensure timely and reliable data on the RHD burden, and for effective monitoring of all identified cases and treatments.
5. Support efforts to build a global consensus on action to address RHD, including through the adoption of a World Health Assembly resolution in 2018.



6. Noncommunicable diseases including childhood obesity

Global and regional agreements and commitments provide the context for responding to the following: Pacific NCD crisis, as addressed at the United Nations High Level Meeting on Prevention and Control of NCDs in 2011; WHO mortality reduction targets and voluntary targets for risk factors and health systems to be achieved by 2025; the four time-bound NCD targets agreed by Member States in 2014; SDG target 3.4 on reducing premature NCD mortality by 30% by 2030 and accelerating implementation of the WHO Framework Convention on Tobacco Control (FCTC); the Pacific NCD Roadmap; the recommendations of the WHO Commission on Ending Childhood Obesity; and the recommendations of the Pacific NCD Summit held in Tonga in 2016.

While some Pacific island countries have seen progress in controlling tobacco use and improving physical activity levels in the last decade, the burden of NCDs including childhood obesity is static or worsening.

Issues

Childhood obesity is a growing problem in Pacific island countries and has risks for the long-term health and development of children. Paucity of data, especially in younger children can hinder efforts to effectively target prevention efforts.

In 2013, the Pacific health ministers agreed on the goal of a “Tobacco Free Pacific by 2025”. While all Pacific island countries have actively adopted measures to reduce tobacco use, progress towards this goal has not been sufficient, and the Pacific as whole is not on track to achieve the goal. Strengthening taxation-based measures and other key evidence-based interventions to reduce tobacco use and to improve diets and reduce alcohol consumption remain significant challenges in most Pacific island countries.

While the adaptation and adoption of the WHO Package of Essential Noncommunicable Disease Interventions (PEN) protocols at the national level is well advanced, challenges remain in ensuring consistency of service delivery and improving the implementation of clinical guidelines.

Surveillance and monitoring of NCDs is generally improving; however, there is a heavy reliance on periodic surveys to provide key data.

Outcomes

1. The Pacific health ministers endorsed the final report from the Pacific NCD Summit that includes key outcome statements and a commitment to timelines for Pacific NCD Roadmap implementation at national level.
2. The ministers endorsed the concept note on a proposed Pacific legislative framework on NCDs that would harness the power of Pacific voices through collective approaches to tackle the Pacific NCD crisis.
3. The ministers endorsed the revised MANA dashboard data dictionary for monitoring the progress of NCD-related actions to strengthen NCD accountability.



Commitments for action

1. Enhance actions to address childhood obesity based on recommendations of the WHO Commission on Ending Childhood Obesity, including setting national targets and enhancing monitoring systems, while considering the double burden of malnutrition and obesity and avoiding stigmatizing overweight children
2. Take measures to advance the implementation of WHO FCTC to accelerate progress towards a Tobacco Free Pacific by 2025, including the prevention of tobacco industry interference through tobacco control laws, public service codes of conduct and other related policies.
3. Enhance the implementation of the Pacific NCD Roadmap by strengthening multisectoral NCD coordination and fiscal measures to reduce tobacco and alcohol consumption and improve diets, and by directing some of the additional funds into health improvement.
4. Improve the management of NCDs through the increased use of PEN (or other similar protocols), with an emphasis on equitable and consistent service delivery to all population subgroups.
5. Amplify the Pacific's voice on NCDs at relevant global forums.



7. Mental health

The Pacific Islands Mental Health Network (PIMHnet) was launched in 2007 and has contributed to strengthened mental health services in Pacific island countries. Most countries have endorsed mental health policies and increased the number of specialized and primary health staff trained in mental health. However, significant gaps remain and overall, mental health systems continue to need strengthening.

Issues

Government spending on mental health remains very low.


Although several countries have begun to decentralize mental health care, most mental health care is still based on services provided in hospitals in the capital cities. Most Pacific island countries lack services for people with alcohol and substance use disorders.

Response and preparedness to natural disasters has been focused mainly on physical needs and there has been insufficient attention to psychosocial impacts and needs.

Lack of understanding about mental health, and the stigmatization and discrimination towards people with mental disorders, are hindering communities' efforts to provide effective support.

Commitment for Action

1. Allocate adequate funding to achieve universal coverage of recovery-oriented mental health and social care services.
2. Increase variety of health staff and other personnel trained in mental health at specialized, primary and community levels to deliver evidence-based, culturally appropriate and human rights-oriented services.
3. Strengthen emergency preparedness for mental health and psychosocial support.
4. Spearhead a multisectoral strategy for promoting mental health and preventing mental and substance use disorders and suicide, reducing stigmatization and discrimination and protecting human rights of the people with mental disorders.
5. Create enabling environments by mobilizing community resources and networks and empower people with mental disorders and their family members, friends and communities in support of people living with mental health conditions.



8. Strengthening regional health security: emerging diseases and disaster preparedness and response

As health is a major concern in almost all emergency situations, there are high expectations for health systems to respond quickly and effectively to mitigate the health and socioeconomic consequences resulting from emergencies. Across the Pacific region, significant progress has been made in achieving the IHR core capacities of public health legislation, coordination, surveillance, response, risk communication and laboratory services. Ongoing challenges, many of which are related to health system strengthening, include a sustainable public health workforce, information management systems, policies and plans, and secure funding; they also affect preparedness for and response to outbreaks and disaster hazards, and health system resilience and adaptation to climate change.

The draft *Pacific Health Security Coordination Plan 2017 to 2022* has four areas of action for accelerated implementation of national IHR core capacities and regional health security strengthening through APSED III. The Plan reaffirms national leadership and coordination of health security while ensuring investments in regionally delivered public goods, including strengthened coordination, communication and information sharing, national and regional health security priorities requiring collective action such as Pacific regional preparedness, alert and response capacities, and sharing lessons learnt in delivering partner support to strengthen national-level IHR capacities.

Issues

All Pacific island countries and areas are vulnerable to emerging infectious diseases, including pandemics, and to natural hazards, especially extreme weather events, some of which are expected to increase in severity or frequency because of climate change.

Given the very small population size of some Pacific nations, there are significant opportunity costs in replicating some capacities for health security, such as specialized laboratory technologies and stockpiling for medical countermeasures, in all Pacific island countries.

The draft *Pacific Health Security Coordination Plan* documents a voluntary agreement to work together in a more coordinated and coherent way to achieve national and regional health security. Its success requires the high-level commitment of national authorities and partners to collective action that is transparent and adaptive to individual country needs and priorities.

Outcome

The ministers endorsed the draft *Pacific Health Security Coordination Plan* for accelerating national IHR implementation.

Commitment for Action

Countries and development partners to work collaboratively to further strengthen national and regional health security in line with the *Pacific Health Security Coordination Plan*.



9. Climate change and health

Pacific island countries and territories are among the most vulnerable to climate change. Increasingly rapid and unpredictable climate change has raised sea levels and increased the frequency and strength of extreme weather events in Pacific island countries, destroying life and property and increasing disease risks. Healthy ecosystems are part of the region's social and cultural heritage and identity, and this fragile ecological balance is being seriously threatened by climate change. Apart from the threat to physical health and survival, the vulnerability of ecological systems also increases psychosocial risks. Uncertainty about the future causes anxiety and depression. Developing and nurturing resilient health systems is central to addressing the health impacts of climate change.

Pacific health leaders have called for a massive scale-up of efforts to mitigate the adverse impacts of climate change on human health. The meeting provided updates on existing works on climate change and health and updates on international and bilateral funding mechanisms. The meeting also provided updates on COP 23 in Bonn, Germany under the Fijian presidency, and the plans for a Health Action Day there.

Issues

While recognizing the importance of strengthening the climate resilience of health systems, there is a need for stronger action on mitigating the causes of climate change.

Additional financial investments will be required to operationalize the climate change and health agenda.

Accessing funds to support work in this area in the Pacific region remains a challenge, and navigating the processes for accessing international and bilateral funds is complex. There is a strong call for simplifying the process for accessing financial mechanisms.

The WHO Director-General's special initiative on climate change and health should provide country-specific evidence and progress tracking by expanding the coverage of the climate and health country profiles of WHO/UNFCCC to all small island developing states (SIDS) and least developed countries

Outcomes

The Pacific health ministers welcomed the WHO Director-General's special initiative on climate change and health in SIDS, to protect the people of island states from climate risks, and to amplify the voices of the most vulnerable.

The WHO Director-General is requested to consider convening a global conference on SIDS, with a special focus on health and climate change.

The Pacific health ministers urged WHO to accelerate the process of its accreditation (ie WHO's accreditation) in the Green Climate Fund, other UNFCCC financial mechanisms and/or any relevant financial mechanisms, recognizing the leadership role WHO can play in the health response to climate change.



The Pacific health ministers will strongly support the Government of Fiji as COP23 Presidency of the UNFCCC. They will also support WHO to assemble and present the evidence necessary at the Health Action Day to mobilize support in SIDS and elsewhere, to ensure a decision on health as an outcome of COP 23, and to assume the health leadership role in tackling the underlying causes of climate change.

The Pacific health ministers proposed that climate change and health should be included as a standing agenda item at future Pacific health ministers meetings.



10. Support from partners

Development partners continue to make important contributions towards improving the health of Pacific islanders in strengthening country health systems and capacities. Results of these contributions are greatest when they are focused on country needs and undertaken with full ownership of and engagement with national counterparts and with strong coordination among partners. The support of the development partners is also important to enable sharing of lessons and best practices, as well as ensuring advocacy for issues of importance to Pacific populations and the engagement of Pacific island countries at subregional, regional and global levels.

Development partners are requested to:

1. Ensure that technical and financial support for individual countries is based on country needs and aligned with country plans and strategies, and where relevant, taking into account regional priorities.
2. Continue to support each country to build capacities and sustainably strengthen health systems and institutions, with a particular focus on primary health care.
3. Ensure all support is well coordinated between development partners and governments, as well as between partners themselves.
4. Continue to further strengthen subregional networks, international collaboration and networking, and to support the collecting, analysing and sharing of lessons and best practices of relevance to the Pacific.
5. Advocate at regional and global levels for priority issues that are important for the Pacific.
6. Continue to share timely information on changing institutional priorities and new sources of funding that may be of relevance to health institutions in the Pacific.
7. Support integration of efforts to address health challenges within existing health services and plans, rather than establishment of new, vertical programmes.

