

SECRETARIAT OF THE PACIFIC COMMUNITY
THIRTY-NINTH MEETING OF THE
COMMITTEE OF REPRESENTATIVES OF GOVERNMENTS AND ADMINISTRATIONS
(Nuku'alofa, Kingdom of Tonga 6–9 October 2009)

AGENDA ITEM 3.3 2– PUBLIC HEALTH DIVISION STRATEGIC PLAN 2010–2014

(Paper presented by the Secretariat)

EXECUTIVE SUMMARY

1. The Public Health Division's (PHD) strategic plan for 2010–2014 has been developed following a wide range of consultation involving stakeholders from health and non-health sectors at national, regional and international levels. It takes into consideration the significant changes that have occurred throughout the Pacific since PHD developed its previous plan covering the 2004–2009 period. In particular, the plan takes into account the direction provided in SPC's Corporate Plan, the commitments and declarations made at Pacific Health Ministers meetings, regional priorities as articulated in the Pacific Plan (2005), and the various regional health strategies that have been developed in recent times.
2. This new strategic plan represents a significant change in strategy for SPC and PHD. Previous strategies largely focused on specific diseases and health interventions, as appropriate at that time. Although the plan signals a change in strategy for PHD, it continues to place major emphasis on supporting the 'Healthy Islands' vision adopted by Pacific Health Ministers on Yanuca Island in 1995.
3. In particular, the plan acknowledges that many of the primary determinants of people's health are outside the health sector. One of SPC's key strengths as an organisation is that it works across many sectors, and the plan therefore promotes a whole of health multi-sectoral approach, with strong emphasis on aligning PHD services with national priorities and on enhancing partnerships. It also includes specific strategies to implement the Accra Agenda for Action (2008) and the Paris Declaration (2005).
4. The plan acknowledges the importance of harmonisation and partnerships between all stakeholders, within a Pacific perspective, and the prominent role played by WHO (World Health Organization) and UN agencies, and by other partners in the areas it covers. Accordingly, the plan requires PHD to be accountable for close collaboration and partnership with other agencies and civil society organisations.
5. Under the new strategic plan, PHD will strive to align its work programmes with national priorities to maximise its contribution towards the full implementation of endorsed national and regional strategies, such as in health systems strengthening, human resources for health and laboratory support. It proposes a more sustainable approach to training of health workers by placing more emphasis on utilising existing training institutions, such as the Fiji School of Medicine and national nursing education colleges.

6. Monitoring and evaluation (M&E) of activities under the strategic plan have been linked to existing M&E frameworks as far as possible, and a rigorous performance framework has been developed to ensure that PHD focuses on the delivery and reporting of tangible outcomes and impact at both national and regional level.

RECOMMENDATIONS

7. CRGA is invited to:
 - a. consider and endorse the new strategic plan for the Public Health Division for the 2010–2014 period; and
 - b. note the need for greater predictability and flexibility of funding if the plan is to succeed.

Purpose

1. This paper summarises the strategic plan that the Public Health Division will implement during the period 2010–2014, and provides details of the broad objectives and strategies that will be followed progressively with effect from the beginning of next year. This summary should be read in conjunction with the strategic plan, which is annexed to this report:
2. Other papers relevant to this paper include:
 - PHD progress report (CRGA 38 Paper 3.3.1)
 - Matching priorities and resource allocations in public health (6th Conference, Paper 4.4)

OBJECTIVES

3. The PHD strategic plan for 2010–2014 represents a paradigm shift in SPC's approach to public health. It strongly emphasises:
 - 'whole of health' by taking a more integrated and multi-sectoral approach to addressing health issues and the determinants of health;
 - better alignment with national priorities based on the joint country strategies;
 - enhanced partnerships and joint team approaches within SPC and with all partners;
 - management for development results and the achievement of sustainable outcomes.
4. The four major themes (*pillars*) of the plan are:
 - A multi-sectoral approach to tackling diseases and other health issues
 - Contributing to health system strengthening
 - Addressing the primary determinants of health
 - Expanding the scope and impact of SPC's health initiatives

The PHD will focus on the following objectives within its areas of strength and expertise:

- **Objective 1: To reduce the overall impact and burden of diseases**

Strategy: Contributing to the reduction of the overall impact and burden of communicable, non communicable, emerging and re-emerging diseases through effective prevention, control and management.

- **Objective 2: To contribute towards strengthened national health systems**

Strategy:

- a) *Assisting countries in adapting and scaling up their capacity to effectively address the priorities they have identified and to achieve their targets; and*
- b) *Contributing to enhanced coordination of regional programmes to more effectively analyse and support country health systems, and developing regional solutions with partners in areas in which PICTs have identified difficulties in developing their own capacity.*

- **Objective 3: To increase the capacity of PICTs to address non-health sector determinants of health**

Strategy: Addressing the fundamental social, environmental, political and economic determinants of health through community empowerment, appropriate partnerships, and

multi-sectoral policies and programmes that enhance equity and services for vulnerable groups and increase community resilience.

- **Objective 4: To increase the scope, efficiency and impact of interventions**

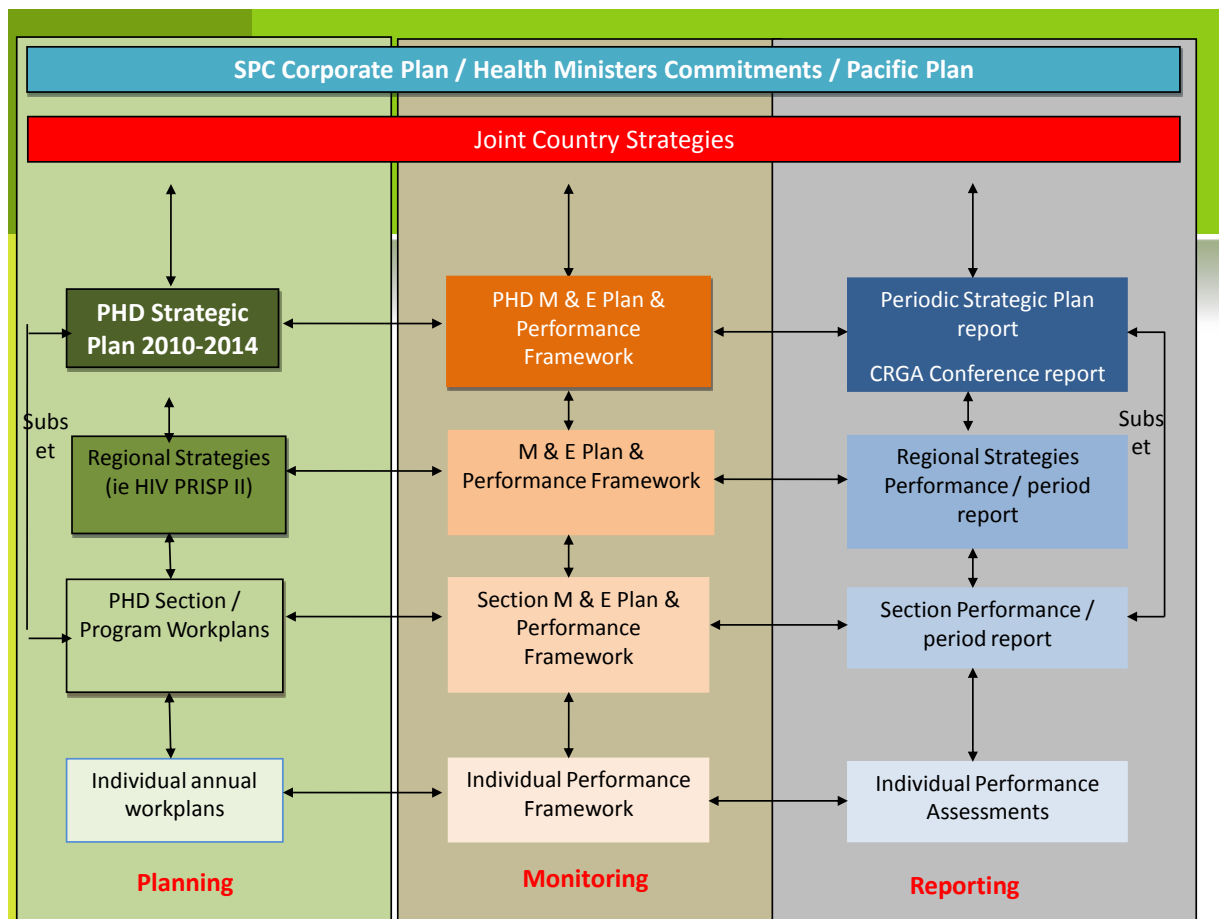
Strategy: Increasing the scope, efficiency, and impact of interventions in PICTs through enhanced partnerships and innovative research, approaches, strategies and systems.

ENHANCED WAYS OF WORKING

5. PHD and SPC will develop flexible and responsive approaches primarily through consultation and joint planning processes with countries and joint team approaches with partners, within the frameworks provided by national priorities and through individual joint country strategies (JCS). Costed annual work plans will be based on the JCS.
6. Successfully achieving the objectives of the plan will require a shift from disease- and project-based funding to programmatic funding over time, and from donor-led to country-led mechanisms aligned to assessed national priorities. SPC will advocate with donors to ensure greater predictability of aid for national budgeting purposes, improvements in support system processes and sector-wide approaches, and increased untying of aid. While governments are our first partners, PHD will also work closely with civil society.
7. An important aspect of our approach will be to place additional emphasis on contributing towards the implementation of endorsed/approved regional strategies, with the specific role and contribution to be defined through country and inter-agency discussions and the creation of joint work plans that help shape and coordinate inputs based on the strengths and human and financial resources of each organisation.
8. PHD will strive to further strengthen its partnerships, firstly with WHO and with other UN agencies, US agencies, development partners, and institutional/academic partners to assist PICTs in their efforts to address their public health priorities.

MANAGING FOR DEVELOPMENT RESULTS AND MUTUAL ACCOUNTABILITY

9. PHD will continue to explore ways in which it can improve harmonisation and aid effectiveness for the benefit of PICTs. Internally, partly as a result of implementing a range of performance based funded grants over the past six years, PHD is in the process of substantially upgrading its systems and management approach to ensure that work programmes and funding resources produce the expected results at the output, outcome and impact level. The plan identifies objectives and outcomes that PHD will be accountable for achieving. It includes key performance indicators and a summary of the proposed outputs contributing to the desired outcomes.
10. A rigorous M&E framework is being developed that will link to a performance framework for each section. A schematic view of the operation of the plan is shown in the following figure.



11. Clear linkages are articulated in the strategic plan between the PHD's activities and its contribution towards achievement of the Pacific Plan and the Millennium Development Goals (MDGs), which are the highest level development indicators in health that PICTs have committed to.

RESTRUCTURING FOR RESULTS

12. To support the implementation of the new plan, a revised organisational structure for PHD will be progressively put in place during 2010. The aims of this restructuring are to:

- change from a vertical, disease-based structure to a whole of health approach;
- move programmes closer to countries;
- improve efficiencies and reduce duplication within the division;
- facilitate cross-sectoral approaches to health;
- develop a more strategic and less project-based approach, particularly with respect to health system strengthening;
- promote a change in mindset from project to programme-based approaches in health;
- improve coordination and standardise approaches within PHD and at national level; and

- focus on achieving desired outcomes and increasing impacts in all that we do.

13. Key features of the restructured PHD will include:

- establishing a **grant management quality assurance and performance unit** to oversee these aspects of grant management. The unit will play a pivotal role in implementing the Paris and Accra principles of aid effectiveness within PHD, and importantly will allow staff to concentrate on providing high-quality technical assistance and capacity supplementation at both the regional and national levels rather than focusing on management and administration functions;
- further selective **decentralisation** by moving staff to regional offices and national coordination offices to ensure that clusters of technical skills matched to regional and national priorities/needs are focused on groups of PICTs, rather than across all PICTs as is the case currently. Efficiencies will be achieved through reducing the costs associated with serving individual PICTs, but more importantly PHD technical staff will acquire more detailed understanding and appreciation of the challenges at national level, resulting in better matching of services to stated national priorities;
- strengthening the **surveillance and response unit** to include responsibility for non-communicable disease and HIV surveillance;
- consolidating **M&E** functions under one cluster rather than having individual M&E staff specialising in one disease across all PICTs. This will (a) standardize M&E approaches within SPC, and (b) allow a more systematic and consistent approach to be taken at country level. This will help ensure that M&E systems are built around and complement existing health information systems rather than adding to reporting burdens;
- consolidating **health promotion and behavior change** functions under one cluster, for reasons similar to those above;
- providing linkages to **mobilise cross-sectoral approaches** to social determinants of health between the various sectors represented within SPC.