

# Meeting Report

## Eleventh Pacific Health Ministers Meeting



Yanuca Island, Republic of Fiji  
15–17 April 2015



WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC  
English only

MEETING REPORT

ELEVENTH PACIFIC HEALTH MINISTERS MEETING

Convened by:

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

AND

MINISTRY OF HEALTH AND MEDICAL SERVICES, REPUBLIC OF FIJI

Co-organized by:

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## NOTE

The views expressed in this report are those of the participants of the Eleventh Pacific Health Ministers Meeting and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for participants and observers at the Eleventh Pacific Health Ministers Meeting held on Yanuca Island, Republic of Fiji from 15 to 17 April 2015.

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## SUMMARY

The Eleventh Pacific Health Ministers Meeting (PHMM) was held in Yanuca Island, Fiji from 15 to 17 April 2015. The meeting was hosted by the Government of Fiji, as it marked 20 years since the vision of Healthy Islands was put forth in the Yanuca Island Declaration (1995). The World Health Organization (WHO) and the Secretariat of the Pacific Community provided secretariat support for the meeting.

The objectives of the meeting were:

- 1) to review progress towards the vision of Healthy Islands and challenges faced over the past 20 years;
- 2) to assess the implementation of the recommendations of the tenth PHMM in Apia (July 2013) and an ad hoc meeting in Honiara (July 2014), and to scale-up effective interventions; and
- 3) to set future strategic directions in health leadership and development in the Pacific.

In the meeting's outcome document, the *2015 Yanuca Island Declaration on health in Pacific island countries and territories* (Annex 6), the ministers reaffirmed their commitment to the Healthy Islands vision as a unifying theme to guide health development and to chart the way towards the realization of the vision. While noting progress since the vision was adopted 20 years ago, the ministers agreed that accelerated progress is needed to face current health challenges, such as the noncommunicable diseases crisis, the threat of climate change and the continued risk of communicable diseases.

The 2015 Declaration sets out a number of tasks to realize the vision, including:

- 1) strengthen Pacific leadership, governance and accountability;
- 2) strengthen service provision to ensure child health, including provision of prenatal and maternal care;
- 3) foster and lead multisectoral action and health-in-all-policies approaches; and
- 4) scale-up capacity to address environmental health risks to sustain and enhance ecological balance.

Specifically WHO will:

- 1) promote multisectoral action and legislation to address health challenges in country planning and programme delivery;
- 2) work with countries and areas to develop indicators for monitoring progress towards the Healthy Islands vision, which will eventually be compiled to form a regional list of indicators for monitoring;
- 3) intensify work with countries and areas on health information systems; and
- 4) actively seek opportunities for the Pacific voice to be heard on public health issues in the regional and global forums, including the WHO Regional Committee for the Western Pacific and the World Health Assembly.

## 1. INTRODUCTION

The first Ministerial Conference on Health for the Pacific Island Countries was convened in March 1995 in Yanuca Island, Fiji in response to rapidly changing social and economic conditions affecting the quality of life and health in the Pacific. Ministers adopted the vision of Healthy Islands as the unifying theme for health promotion and health protection.

The Eleventh Pacific Health Ministers Meeting (PHMM), held in Yanuca Island from 15 to 17 April 2015, marked 20 years since the vision of Healthy Islands was set out in the Yanuca Island Declaration. In honour of this anniversary, the Government of Fiji hosted the meeting. The World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC) provided secretariat support.

### 1.1 Objectives

The meeting objectives were:

- 1) to review progress towards the vision of Healthy Islands and challenges faced over the past 20 years;
- 2) to assess the implementation of the outcomes and recommendations of the tenth PHMM in Apia (July 2013) and an ad hoc meeting in Honiara (July 2014), and to scale-up effective interventions; and
- 3) to set future strategic directions in health leadership and development in the Pacific.

### 1.2 Participants

Nineteen Pacific island countries and areas were represented at the meeting; 14 ministers or secretaries of health were in attendance. Three countries were present as special participants, and 17 organizations were present as observers. The list of participants is available at Annex 1, and the programme at Annex 2.

### 1.3 Opening remarks

In his welcome address, the Honourable Jone Usamate, Minister for Health and Medical Services, Fiji thanked the participants for taking the time to attend this important meeting. He highlighted that the dates for the meeting were selected to enable the Pacific island countries and areas to form a united voice to the Sixty-eighth World Health Assembly in May 2015 and ensure that Pacific interventions proposed at the World Health Assembly echoed the deliberations and aspirations voiced by the Pacific health ministers at the PHMM. Minister Usamate highlighted the significance of reviewing the Healthy Islands vision 20 years on, in the same place where the vision was first crafted. He further underscored the importance of celebrating 20 years of kinship and partnership.

In his opening remarks, Dr Shin Young-soo, WHO Regional Director for the Western Pacific thanked the Government of Fiji for hosting the meeting. Dr Shin highlighted several public health achievements realized in the 20 years since the Healthy Islands vision was crafted. Dr Shin outlined the challenges facing the Pacific, including noncommunicable diseases (NCDs) and natural disasters, and offered sincere condolences to those affected by Tropical Cyclone Pam and Typhoon Maysak. Dr Shin underscored the need for strong leadership and accountability to tackle health challenges, and emphasized WHO's unwavering support for the countries of the Pacific as they strive to make the Healthy Islands vision a reality.

Dr Colin Tukuitonga, Director-General, SPC, expressed his appreciation for the hospitality extended by the host government. He also conveyed his condolences for those who lost loved ones in Tropical Cyclone Pam and Typhoon Maysak. While there has been progress in health in the Pacific, Dr Tukuitonga warned against complacency, given the current health threats such as NCDs. He urged the

ministers to review the current governance structure of the PHMM and adapt it so it is fit for the future. He concluded by reiterating SPC's commitment to working with all the countries in a collective effort to improve health in the Pacific.

His Excellency Sir Ratu Epeli Nailatikau, President of the Republic of Fiji, started his keynote address by extending a very warm welcome on behalf of the Government and the people of Fiji. His Excellency highlighted the continued relevance of the Healthy Islands vision and encouraged everyone present to take the opportunity of the 20th anniversary to reflect on ways to move forward to address challenges such as NCDs, HIV/AIDS and teenage pregnancy. His Excellency encouraged all leaders at the local, national and regional levels to take ownership of the health-related issues in the Pacific and stressed that leaders who ignore health issues would do so at the peril of their own people. Transcripts of the opening remarks can be found in Annex 3.

#### **1.4 Appointment of rapporteurs**

Mr James W Gillan, Director of Public Health & Social Services, Department of Public Health and Social Services, Office of the Governor of Guam was appointed as English rapporteur. Dr Jean-Paul Grangeon, Médecin inspecteur de la santé, Chef du service des actions sanitaires, Direction des affaires sanitaires et sociales de la Nouvelle-Calédonie was appointed as French rapporteur.

## **2. PROCEEDINGS**

### **2.1 The Healthy Islands Journey (1995 – 2015)**

This session included a presentation reviewing progress since the Yanuca Island Declaration was adopted in 1995. The last 20 years have seen improvements in the health of Pacific peoples based on strong primary health care systems and improved health services organization and delivery. The result has been overall increases in both child survival and life expectancy. At the same time, vulnerabilities to disease outbreaks and disasters are increasing, climate change is a growing threat, and population demands for health care are increasing, especially among ageing populations. Furthermore, the NCD burden is increasing and has yet to reach its pinnacle.

The main points from the presentation and group work were as follows.

- 1) Healthy Islands remains a strong vision, but implementation has fallen short because of the lack of an accountability framework to monitor and report on actions over time. Accountability needs to be strengthened, and the PHMM can be the mechanism to hold each other accountable.
- 2) Many goals and targets already exist, so ministers agreed they did not need to come up with new ones. For example, there are 25 voluntary NCD indicators, and countries have obligations under the International Health Regulations (2005). The Sustainable Development Goals, which follow and expand on the United Nations Millennium Development Goals, will provide a universal set of goals, targets and indicators that can be part of an accountability framework. However, as there are around 200 indicators, selecting key indicators to monitor implementation is important to avoid an overload of monitoring and reporting.
- 3) Having robust health information systems is the cornerstone of an accountability framework. Accurate information is required for monitoring.

### **2.2 Ministerial programme**

The ministers of health visited three sites in Fiji to witness Healthy Islands in action:

- 1) Cuvu District School: a health-promoting school;



- 2) Lomawai Health Centre: application of the Package of Essential NCD interventions (PEN); and
- 3) Nabila Village: a tobacco-free village.

More information on the ministerial programme can be found in Annex 4.

### **2.3 Strategic review and future directions**

Four technical papers were reviewed by the directors of health, chief executive officers (CEOs) and other officials in parallel with the ministerial programme. Since these papers were previously discussed at the Third Heads of Health Meeting in February 2015, discussions focused on refining future directions based on ministerial guidance from the meeting's first session on the Healthy Islands Journey (1995–2015).

#### ***Strengthening leadership, governance and accountability***

The group endorsed the need to strengthen leadership, governance and accountability. Indicators need to be agreed, which again highlights the importance of strengthening health information systems across the Pacific. In addition, indicators such as the existence of certain types of legislation can also be helpful. An accountability framework, which includes flexibility for county contexts, can be developed by the Heads of Health and its subcommittees for submission to the next PHMM for endorsement.

#### ***Nurturing children in body and mind***

In discussing various initiatives in advancing child health in the Pacific, such as the Baby-friendly Hospital Initiative, immunization campaigns and continuum-of-care approaches, the need to ensure a focus on primary health care linked to health system strengthening was highlighted. The need for better integration across programmes to avoid duplication of services was noted, despite the remarkable successes of vertical programmes such as malaria control. A holistic approach, based on national continuum-of-care assessments, was seen as a useful way forward.

#### ***Reducing avoidable disease burden and premature deaths***

While many avoidable deaths in the Pacific are attributable to NCDs, communicable diseases such as emerging arboviruses remain a serious threat. The health impacts of climate change are also increasingly important. Work to combat these multiple threats must include sectors outside of health, which will require new leadership and negotiation skills to be built up across the Pacific. The need for reliable and timely data was again underscored.

#### ***Promoting ecological balance***

Discussions focused on the need to create multisectoral actions to develop and implement national climate change and health adaptation plans. At the same time, national action plans on disaster risk management for health that include prevention, preparedness, response and recovery need to be prepared. The concept of “build back better” is an essential one for countries recovering from disaster and rebuilding their infrastructure. Involving several sectors as well as affected communities is essential to ensure ecological balance will be successfully maintained.

The need for strong leadership to initiate and drive multisectoral action, robust health information systems, and the involvement of communities in system development was noted in each of the discussions on the four technical papers. As agreed by the ministers, the full list of actions proposed by the technical group was added as an annex to the outcome document (Annex 6).

## **2.5 Feedback from previous sessions**

Several ministers gave very positive feedback on the ministerial programme. Ministers appreciated the quality and variety of the Healthy Islands programmes they were shown. Particular appreciation and thanks were expressed for those who prepared the visits.

The deliberations and recommendations of the directors of health, CEOs and other officials were presented for ministerial consideration. After discussion, ministers agreed to the proposed recommendations, emphasizing the need to develop a monitoring framework using country-level indicators. These can be aggregated up to the Pacific level, but the starting point is national indicators. Ministers also highlighted the need for the PHMM to keep its strategic focus, stressing that the links between the Heads of Health and the PHMM need to be clarified.

## **2.6 Discussion on the draft outcome document**

Mr James Gillan, English rapporteur, presented the draft outcome document – *the 2015 Yanuca Island Declaration on health in Pacific island countries and territories* – for consideration by the delegates. The purpose of the outcome document is to reaffirm the Pacific’s commitment to the Healthy Islands vision and to set out specific ministerial actions to move towards achieving the vision. The Declaration also sets out operational tasks related to the vision, and identifies tasks to be carried out by the Heads of Health to progress the agenda between now and the next PHMM. The outcome document was endorsed by the delegates.

Delegates accepted with gratitude Cook Islands’ offer to host the next PHMM in 2017.

## **2.7 Closing remarks**

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, praised the hard work and hospitality of the Fijian hosts. Dr Shin recalled the historic nature of the gathering – the 20th anniversary of the Healthy Islands vision. He commended the ministers for recommitting to this vision as a unifying theme to guide health development in the Pacific. He underscored the importance of the ministerial decision to focus on leadership development, to articulate a governance and accountability framework, and to monitor progress and achievements towards the Healthy Islands vision.

In his closing remarks, Dr Colin Tukuitonga, Director-General, SPC, reiterated that the Healthy Islands vision – an aspirational view for the Pacific – remains relevant, but implementation must be the watchword going forward. He noted that the outcome document clearly outlines the way forward; it also points out that it is critical to make the existing governance arrangements more effective. Dr Tukuitonga emphasized that all of the meeting participants – ministers, Heads of Health, development partners, SPC, WHO and other partners – need to take responsibility for addressing the challenges identified. He stressed that if the health sector continues to work alone, its contribution will be modest, but if it harnesses the power of communities and others, the achievements will be significant.

In his closing remarks, Honourable Josaia V Bainimarama, Prime Minister of the Republic of Fiji, remarked that the health of the Pacific people is a prime development priority for all, and that governments are focussed on this issue. However, while great strides have been made in improving the health outcomes of the Pacific people, NCDs are still a major issue. The Honourable Prime Minister stressed that many Pacific Islanders are slowly killing themselves, robbing themselves of healthy and happy futures, and robbing nations of the human resources needed to prosper. He urged ministers to concentrate more on NCDs, and to take this message back to their own governments and citizens.

Honourable Jone Usamate, Minister for Health and Medical Services, Fiji thanked the participants for a successful meeting, noting the success was due in large part to the active and thoughtful participation of all the country delegates. He declared the meeting closed. The transcripts of the closing remarks are available at Annex 5.

### 3. CONCLUSIONS AND RECOMMENDATIONS

#### 3.1 Conclusions

The ministers reaffirmed their commitment to the Healthy Islands vision as a unifying theme to guide health development and to chart the way forward towards the realization of the vision. While noting the progress since the vision was set out 20 years ago, the ministers agreed that accelerated progress is needed to face current health challenges, such as the NCD crisis, the threat of climate change and the continued risk of communicable diseases. Specifically, the ministers agreed:

- to develop an accountability framework based on country plans and indicators to monitor progress towards the Healthy Islands vision;
- to focus on health information systems to provide the data and evidence needed for monitoring and decision-making in country; and
- to advocate multisectoral actions to help solve current health challenges in the Pacific.

#### 3.2 Recommendations

##### 3.2.1 Recommendations for Member States

The ministers pledged the following.

- 1) Exercise our ministerial leadership to actively engage country leadership in implementing the Healthy Islands vision. Multisectoral action and legislation are required to address health challenges. Promoting the 2015 Declaration across ministries and at the highest levels in the country can be one concrete step.
- 2) Articulate a governance and accountability framework for work to be carried out at the Pacific level, as well as mechanisms for priority setting. This includes tasking the Heads of Health to lead implementation with the support of development partners, aligned with national priorities and based on sound evidence and best practices, including the rich experience of the Pacific.
- 3) Monitor progress and achievements towards the Healthy Islands vision. This requires a reporting system with operational targets and indicators based on existing indicators and frameworks, developed at the country level and supported by robust country health information systems.
- 4) Foster a community empowerment and engagement approach in programme delivery, led by those who best understand how to support their communities.
- 5) Ensure the Pacific voice is heard in global forums, so that our experience may guide others and our specific concerns are addressed, including through novel funding sources.
- 6) The ministers agreed to use these pledges as the basis for the next ministerial meeting. They further tasked the Heads of Health to progress on specific actions outlined in the annex of the 2015 Declaration between now and the next meeting.

##### 3.2.2 Recommendations for WHO

WHO is requested to support the ministerial commitments as an integral part of ongoing work. This will be done in collaboration with SPC and other agencies as appropriate. Specifically WHO will:

- 1) promote multisectoral action and legislation to address health challenges in country planning and programme delivery;
- 2) work with countries and areas to develop indicators for monitoring progress towards the Healthy Islands vision, which will eventually be compiled to form a regional list of indicators for monitoring;
- 3) intensify work with countries and areas on health information systems; and
- 4) actively seek opportunities for the Pacific voice to be heard on public health issues in regional and global forums, including the WHO Regional Committee for the Western Pacific and the World Health Assembly.

The full list of proposed actions is included in Annex 6.

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## Annex 2. Programme



# Eleventh Pacific Health Ministers Meeting

April 15-17, 2015



World Health  
Organization  
Western Pacific Region



SPC  
Secretariat  
of the Pacific  
Community

ELEVENTH PACIFIC HEALTH MINISTERS MEETING

PIC11/2

Yanuca Island, Fiji  
15-17 April 2015

14 April 2015

ORIGINAL: ENGLISH

## PROGRAMME

### Day 0: Tuesday, 14 April

#### Arrival of delegates

16:00-17:00 Drafting group on outcome document (first meeting)

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18:00-19:30 Traditional welcome and celebration

19:30 Dinner hosted by Ministry of Health and Medical Services, Fiji  
Venue: Marau Village, Shangri-La Fijian Resort & Spa  
Dress code: Island style

*Master of Ceremonies: Dr Isimeli Tukana, National Adviser NCD/Wellness, Ministry of Health and Medical Services, Fiji*

### Day 1: Wednesday, 15 April

08:00-09:00 Registration

09:00-10:00 Opening session and celebration of 20 years of Yanuca Island Declaration (Venue: Ratu Makutu Event Centre/Dress code: Bula wear or official attire)

Invocation

Welcome address

*Honourable Mr Jone Usamate, Minister for Health and Medical Services, Fiji*

Video presentation:

(Highlights of the 20-year journey, including reflections from pioneers)

Opening remarks	<i>Dr Shin Young-soo</i> , World Health Organization (WHO) Regional Director for the Western Pacific
	<i>Dr Colin Tukuitonga</i> , Director-General, Secretariat of the Pacific Community (SPC)
Keynote address	<i>His Excellency Sir Ratu Epeli Nailatikau</i> , President of the Republic of Fiji
	<i>Master of Ceremonies: Dr Isimeli Tukana</i> , National Adviser NCD/Wellness, Ministry of Health and Medical Services, Fiji
10:00-10:30	<b>Group photo and morning tea</b>
10:30-10:45	Election of office bearers (Outgoing chair hands over duties to the incoming chair)
	<i>Honourable Tuitama Dr Leao Talalelei Tuitama</i> , Minister of Health, Samoa (outgoing chair)
	Election of rapporteurs (English and French rapporteur)
	<i>Honourable Mr Jone Usamate</i> , Minister for Health and Medical Services, Fiji (incoming chair)
	<b>Session 1: The Healthy Islands Journey (1995–2015)</b>
	Chairperson:
	<i>Honourable Mr Jone Usamate</i> , Minister for Health and Medical Services, Fiji
10:45-11:15	Review of the Healthy Islands journey: Achievements, challenges and way forward
	<i>Dr Don Matheson</i> , Consultant
11:15-12:20	Discussion
12:20-12:30	Introduction to group work
	<i>Chairperson</i>
12:30-13:30	<b>Lunch</b>
13:30-15:00	Group work to discuss the findings from the Healthy Islands review (Venue: Ratu Makutu Event Centre, Hall A and Hall B)
15:00-15:30	<b>Afternoon tea</b>
15:30-16:30	Feedback from group work
	<i>Rapporteurs</i> selected by the groups
	<b>Session 2:</b>
16:30-17:30	Closed meeting for ministers/chief delegates (Venue: Ratu Makutu Event Centre)
	Briefing of delegates for Day 2 session 3 (Venue: Hall B)
	<i>Dr Isimeli Tukana</i> , National Adviser NCD/Wellness, Ministry of Health and Medical Services, Fiji
	<i>Note that meetings will run in parallel</i>
17:45-18:00	Wrap-up of Day 1 (Venue: Ratu Makutu Event Centre)
	Drafting group on outcome document (second meeting)

18:30-19:30 Cocktails at Rara lawn

19:30 Healthy Islands Recognition Programme and dinner hosted by WHO  
Venue: Kalevu Restaurant, Shangri-La Fijian Resort & Spa  
Dress code: Island style

*Master of Ceremonies: Dr Corinne Capuano, Executive Director, Office of the Regional Director, WHO Regional Office for the Western Pacific and Dr Ezekiel Nukuro, Team Coordinator, Pacific Health Systems and Policy, WHO*

**Day 2: Thursday, 16 April**

09:00-16:00 Field visit by ministers/chief delegates (see separate programme)

**Session 3: Strategic review and future directions**  
(Two plenary presentations followed by parallel group work)

Chairperson: *Dr Meciusela Tuicakau*, Acting Permanent Secretary for Health, Ministry of Health and Medical Services, Fiji

08:30-08:45 Strengthening leadership, governance and accountability *Mr Pascoe Kase*, Secretary for Health, National Department of Health, Papua New Guinea

08:45-09:00 Nurturing children in body and mind *Dr Rachel Rama Devi*, National Advisor for Family Health, Ministry of Health and Medical Services, Fiji

09:00-10:30 Group work  
(Venue: Ratu Makutu Event Centre and Hall B)

10:30-11:00 Morning tea

11:00-11:15 Reducing avoidable disease burden and premature deaths *Mr James W Gillan*, Director Public Health & Social Services, Department of Public Health and Social Services, Guam

11:15-11:30 Promoting ecological balance *Dr Siale 'Akau'ola*, Chief Executive Officer, Ministry of Health, Tonga

11:30-13:00 Group work  
(Venue: Ratu Makutu Event Centre and Hall B)

13:00-14:00 Lunch

14:00-14:30 Feedback from group work *Rapporteurs* selected by the groups  
(Venue: Ratu Makutu Event Centre)

**Session 4:**

14:30-16:00 Plenary to synthesize the outputs from Session 1 and 3 for feedback on Day 3 *Representatives* from rapporteurs

16:00-16:30 Afternoon tea

16.30-18.00 Drafting group on outcome document (third meeting)

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18:30 Launch of the *Awareness, Analysis and Action: Sexual and Reproductive Health and Rights in the Pacific* manual and dinner hosted by Secretariat of the Pacific Community  
Venue: Takali Restaurant, Shangri-La Fijian Resort & Spa  
Dress code: Island style

*Master of ceremonies: Dr Paula Vivili, Director Public Health Division, SPC*

**Day 3: Friday, 17 April**

**Session 5: Feedback from previous sessions**

Chairperson: *Honourable Mr Jone Usamate*, Minister for Health and Medical Services, Fiji

08:30 Ministerial field visit *Ministers/chief delegates*

09:00-09:20 Outputs from Session 4 *Dr Meciusela Tuicakau*, Acting Permanent Secretary for Health, Ministry of Health and Medical Services, Fiji

09:20-10:30 Discussion

10:30-11:00 Morning tea

**Session 6:**

11:00-12:30 Discussion on the draft outcome document *Meeting rapporteur*

12:30-14:00 Lunch  
(Drafting group to revise the outcome document to incorporate the discussion)

**Session 7:**

14:00-15:30 Adoption of the outcome document

15:30-16:00 Afternoon tea

16:00-16:30 Closing ceremony

Closing remarks *Dr Shin Young-soo*, WHO Regional Director for the Western Pacific  
*Dr Colin Tukuitonga*, Director-General, Secretariat of the Pacific Community

Address by guest of honour *Honourable Josaia V. Bainimarama*, Prime Minister of the Republic of Fiji

Closing remarks by chair *Honourable Mr Jone Usamate*, Minister for Health and Medical Services, Fiji

*Mistress of Ceremonies: Mrs Silina Waqa-Ledua, Director Nursing Services, Ministry of Health and Medical Services, Fiji*

18:30 Dinner hosted by the Government of Fiji  
Venue: Cuvu Village  
Dress code: Island style

### **Annex 3. Transcripts of opening remarks**

#### **Welcome address by Hon. Jone Usamate, Minister for Health and Medical Services**

*Your Excellency Sir, Ratu Epeli Nailatikau*, President of the Republic of Fiji

*Honourable Tuitama Dr Leao Talalelei Tuitama*, Minister of Health, Samoa  
(Chair of the 10<sup>th</sup> Pacific Health Ministers Meeting).

Hon. Ministers of Health of the Pacific and Chief Delegates of the Ministries of Health.

*Dr Shin Young-soo*, World Health Organization (WHO) Regional Director for the Western Pacific

*Dr Colin Tukuitonga*, Director-General, Secretariat of the Pacific Community (SPC)

Representatives of Donor Partner and Agencies

Invited guests, Ladies and Gentlemen

Welcome and Ni Sa Bula vinaka

On behalf of the Government of the Republic of Fiji It is my privilege and honour to welcome you all to this 11<sup>th</sup> Pacific Health Ministers meeting. Yesterday we welcomed you through our traditional host, the village of Cuvu, (the traditional owners of this island) which is also the chiefly village of the whole Nadroga Province, who once again extended their kind hospitality and warm greetings.

Welcome, our Pacific leaders and chief delegates and representatives. Thank you for accepting the invitation and your presence here speaks volume of support and commitment to the healthy islands vision, in the spirit of traditional kinship.

We also welcome our regional organization leaders Dr Shin Young Soo and Dr Colin Tukuitonga and we collectively express our appreciation for their endless support in continually bringing the Pacific Island Health leaders every biennium for a revisit to the healthy islands vision for the last 20 years. WHO and SPC has always been a pillar of strength and technical guidance in ensuring that the common aspirations of the Pacific health leaders are realized and concerns made known to global health.

We also express a warm welcome to our development partners and representatives of the Diplomatic corp. We thank you for your continued interest and support for health

Last but not the least I wish to welcome our chief Guest this morning, His Excellency the President of the Republic of Fiji, Ratu Epeli Nailatikau who has been a strong advocate for health specifically in HIVAIDS and TB in the region and internationally.

It has been 20 years since the Yanuca declaration and the Health islands vision was conceptualized. This vision remains relevant and applicable to this day.

Let me at this juncture provide a brief overview of the journey from Samoa in 2011 until today. In the 2013 10<sup>th</sup> PHMM in Samoa, the Pacific Ministers of Health decided that Fiji would host the 11<sup>th</sup> Pacific Health Ministers meeting to commemorate and celebrate the 20 years journey with all its experiences. Preparation began in earnest by June 2014 with a small team in the Ministry of Health working closely with WHO, that began with sending invitations and draft program to the Ministers of Health in the Pacific for a special meeting at the WHO Regional Committee Meeting (RCM) to advocate for the program and seek the endorsement of the group on the schedule. The agreed date of the 11<sup>th</sup> PHMM was to enable the Pacific Island Countries to form a united voice to the World Health Assembly whereby the voice will echo the deliberations and aspirations of the Pacific Health Ministers. In that WHO RCM special meeting we also conveyed our primary interest through WHO to review the last 20 years of the Health islands vision and therefore introduced Professor Matheson to

group. Endorsement of the program and timetable assured the host country that it had mandate to organize this meeting as scheduled. The news of this confirmation was received with open arms by the Parliament of the Republic of Fiji and its people, committed our resources to this endeavour for the benefit of our Pacific Family.

It is significant that we are here to reflect on what has been achieved and revisit our commitments to the Yanuca declaration. More importantly we are here to celebrate 20 years of kinship and partnership in the success of some of our achievements. For example, we rallied against the influenza pandemic and succeeded – we identified NCDs as major health issue in the Pacific and developing countries – bringing it to the attention of Global health. At the end of this meeting we should be able to define a way forward together with the support of our development partners and international agencies.

There are of course a few downfall and we confess that we have weaknesses about what's common to all Pacific islands cultures is that we never forget how to celebrate and enjoy life – being joyful in the company of friends and family. Together let us celebrate, reinvigorate our spirits and confidently asset ourselves to a health and well future for our people.

Vinaka vakalevu

Dhan bhat

### **Opening Address by Dr Shin Young-soo, WHO Regional Director for the Western Pacific**

15 April 2015 — Yanuca, Fiji

- *His Excellency, Ratu Sir Epeli Nailatikau; President of the Republic of Fiji;*
- *Honourable Minister for Health and Medical Services of Fiji, Mr Jone Usamate;*
- *Director-General of the SPC, Dr Colin Tukuitonga;*
- *Honourable Ministers of Health and other distinguished partners;*
- *Ladies and gentlemen:*

It is a great pleasure to be here with you at the 11th Pacific Health Ministers Meeting. Or should I say, Ni Sa Bula!

On behalf of the World Health Organization, I would like to thank the Government of Fiji for hosting us here on Yanuca Island.

Twenty years ago, the first ever Pacific health ministers meeting was held in this same beautiful location.

Since that time, you have made great strides towards the Healthy Islands vision for the development of the Pacific.

Your accomplishments have included drastic reductions in child mortality and hepatitis B infections, as well as major strides towards eliminating tetanus, measles, lymphatic filariasis and leprosy in the Pacific.

The region has also maintained its polio-free status since 2000.

I congratulate all the health ministers — past and present — for their hard work as guardians of the health and well-being of their people.

Even as we have made great strides, however, the Pacific continues to confront unprecedented health challenges.

The region's triple burden of noncommunicable disease, communicable disease and climate change complications threatens to undermine advances in health and development.

Pacific NCD rates are among the world's highest. Despite notable successes, communicable disease rates also remain unacceptably high. Climate change further complicates the region's health challenges.

Tropical Cyclone Pam was a typical trend of escalating natural hazards. These events can wipe out a decade of development in a day.

The storm washed away much of Vanuatu's agriculture — which employs four out of five people — and crippled tourism — which accounts for about a third of the gross domestic product. Our deepest sympathies go out to those affected.

Immediately following the storm, WHO deployed experts to assist in surveillance and response efforts, along with emergency health kits and supplies.

We continue to support mass vaccination and vitamin supplementation campaigns in Vanuatu and Micronesia. Typhoon Maysak — we are working to help — our deepest sympathies go to those affected.

From disaster response and NCDs to infectious diseases and food safety, many of the Pacific's most pressing health issues require action well beyond the health sector.

Pacific island countries currently devote up to 90% of health expenditures on curative, rehabilitative and palliative care — largely resulting from NCDs.

And the burden will continue to rise as long as risk factors continue to increase.

We have supported countries in their efforts to reduce NCD risk factors with initiatives ranging from cigarette taxes to raise revenue for health programmes to cost-effective interventions and health promotion foundations.

Addressing these issues requires collaboration among the whole-of-society, as well as regional and international support.

WHO helps bring together the necessary resources and know-how to tackle these challenges — starting with strengthening health systems with a focus on prevention.

Together, we must increase investment in health across the Pacific — especially human resources — and expand health services towards Universal Health Coverage.

Of course, all success stories must start with your strong leadership in health.

Since becoming regional director, I have enjoyed a special relationship with many of you.

I share your dedication and passion for improving the lives of your people.

Now in my second term, I am committed to work even harder for the Pacific — and continue to make good on the good faith you have always shown me.

The Healthy Islands vision continues to be a beautiful and pure expression of where we need to be heading. In many ways, the vision is even more fitting today than it was 20 years ago.

And now this forum is more focused. These meetings have become a golden opportunity to collaborate in charting the course of health and development for the next generation.

Working together, we can make the Healthy Islands vision a reality for our children.

Thank you.

## **Opening remarks by Dr Colin Tukuitonga, Director General of the Secretariat of the Pacific Community**

15 April 2015 — Yanuca, Fiji

Ni sambula vinaka

I acknowledge the presence of the President of the Republic of Fiji, His Excellency Sir Ratu Epeli Nailatikau and extend my sincere appreciation to your Excellency for affording us the time to grace the opening ceremony of the 20<sup>th</sup> anniversary of the Pacific Health Ministers Meeting.

I recognise Ministers of Health and Chief Delegates from across the Pacific, Heads of Health, Dr Shin Young-soo, Regional Director for the Western Pacific and his staff, UN agency representatives, development partners, SPC staff, ladies and gentlemen.

From the outset I wish to extend my appreciation to the Government of Fiji and the Ministry of Health for the hospitality extended to us all since our arrival in Fiji, vinaka vakalevu.

On behalf of SPC, I convey my sincere condolences to the people of Vanuatu, Tuvalu, Solomon Islands, Kiribati, Federated States of Micronesia in particular to families who have lost loved ones in the aftermath of Tropical Cyclone Pam and Typhoon Maysak.

SPC has joined the multi agency efforts in providing assistance to the affected countries and I commend national efforts in leading and coordinating the response and recovery currently underway.

We are gathered here this week in this splendid location where y/our predecessors convened and crafted the visionary Yanuca Islands Declaration, the meeting agenda entails a review of the progress we have made as region, take into account the lessons learnt from the healthy islands journey over the last 20 years and to plan for the future.

Our predecessors have set high standards and the baton has now been passed on to us to articulate an equally visionary roadmap for the regions health sector to aspire and pursue with measurable milestones to monitor progress to ensure the Pacific is indeed a better place for our children and grandchildren to grow up, live, play and die in than we did.

The Pacific has made variable progress in child health, life expectancy, maternal child health, water and sanitation which I understand Professor Matheson will elaborate on further in Session 1.

There is recognition that if we are to genuinely have an impact and address the challenges the Pacific countries respective health sectors we must build better alliances with other government agencies, the private sector, non governmental and civil society organisations.

Y/our leaders recognising this and instructed a Joint Forum Economic and Health Ministers meeting be convened to address the NCD epidemic and the joint secretariat is required to provide progress reports at Leaders annual meeting.

The Healthy Islands Journey (1995-2015) review makes interesting reading and I wish to provide my reflections.

Despite the progress health in Pacific has made, let us not become complacent, the Pacific today is a different place than it was 20 years ago, in many ways it's much more complex. Our region faces a multitude of challenges, the frequency of natural disasters have significantly increased and the magnitude of the devastation in affected countries is unheralded, the NCD epidemic continues to unfold unabated across the Pacific and is compounded by continuing outbreaks of dengue, measles, typhoid and the emergence EBOLA, Zika and Chikungunya.

Health systems in Pacific countries are struggling to cope with the demand its populations are placing on them, where static or decreasing government funding is common and the reliance on development partner funding for operational costs, a new phenomenon which is a stark reality of the times, there is a continuing exodus of skilled health care professionals, under resourced health information systems,

medical consumable and drug procurement challenges and the high cost of maintenance and repair of medical equipment and health infrastructure.

We would all agree the Pacific Health Ministers Meeting as forum has a vital role to play in determining the regional health agenda, you will note the PHMM over the last 20 years made 379 recommendations, of which nearly 90% (87%) had no timeframes or targets set. Therefore we must be strong enough to take a step back and reflect, is the current Health Ministers (PHMM) governance structure relevant? What are existing structures and options available to strengthen the PHMM going forward? How best can we ensure development partners remain as partners, by reporting and aligning its support to match country priorities as opposed to influencing and determining the Pacific health agenda from afar.

The healthy island review findings informs us the vision remains valid however if we are to seriously make significant impact to the livelihood of our Pacific populations there must be a radical change in the way we do business in on a regional basis, I would argue it begins with us – a self-assessment and reflection of our own performance (that is, the PHMM forum).

From an organisational perspective SPC is undergoing incremental reform with the objective of responding more effectively and efficiently to member country needs and to ensure it remains valid in a continuous evolving, dynamic and resource constraint environment. I would like to see these changes making an impact on the ground in your countries and encourage and welcome candid feedback as it is implemented.

Health is a crowded space in the Pacific, with a range of UN agencies, international organisations, development partners, civil society and private sector organisations all positioning themselves to get a place at the table and fly their flags. All of us in this space must also undertake a self-assessment, set aside organisation agendas and ask ourselves, among other questions, what is in the interests of our region and the people within it – what is our purpose is and what is our impact, on the livelihood of the Pacific people.

Globally we are at critical juncture with the post MDG's, again the Pacific has fared well in achieving these. The lessons from the Pacific's collective efforts to highlight the NCD epidemic on the international must be applied to ensure our combined voice is reverberates during the SDG development.

I wish Honourable Ministers a productive meeting and wish to reiterate SPC remains committed to working with all the countries in our collective effort to improve health in the Pacific as we embark on next 20 year journey of the Healthy Islands vision.

Ladies and Gentlemen, thank you very much and Vinaka vakalevu.

**Keynote address by His Excellency Sir Ratu Epeli Nailatikau CF, KStJ, LVO, OBE (Mil), CSM, MSD, President of the Republic of Fiji**

- Chair of the 10<sup>th</sup> Pacific Health Ministers Meeting, Honourable Dr Talalelei Tuitama
- The Honourable Ministers for Health of the Pacific Island Countries and Heads of Delegations
- The World Health Organization Regional Director for the Western Pacific, Dr shin Young-Soo
- The Director-General, Secretariat of the Pacific Community, Dr Colin Tukuitonga
- Your Excellencies the Ambassadors and High Commissioners
- Development Partners and Agencies
- Distinguished guests
- Ladies and gentlemen

Good morning, ni sa bula vinaka, salaam alaykum, namaste.

It was indeed a pleasure meeting some of you at the dinner last evening. I wish to again extend to you all a very warm welcome on behalf of the Government and the people of Fiji.

I am indeed honoured to join you to officiate at the opening of the 11<sup>th</sup> Pacific Health Ministers' Meeting.

This year is certainly special for the health sector in the Pacific as it marks 20 years since the inception of the first Pacific Health Ministers' Meeting. Interestingly, that inaugural meeting was held right here on Yanuca Island, on 9 and 10 March 1995.

We are, therefore, grateful that you have chosen to hold your symposium here this year. The Fijian Government and the people of Fiji are very honoured and privileged to serve as your hosts.

The Pacific health situation has gone through some exciting, challenging and trying times since 1995. So this is an opportune time to reflect on what your predecessors had committed to way back then: the *Yanuca Island Declaration*, embracing the "healthy islands" vision.

The Declaration, in summary, embodied the collective concern and commitment of all Pacific Island Countries to enhance the quality of life and continuing wellbeing of the Pacific people.

Over the years, the Health Ministers have met to reaffirm their commitment to the overarching objectives of the Declaration. The meetings have been hosted by various countries thus, literally, allowing the declaration to journey to, and the vision of "healthy islands" to be embraced by, most Pacific Islands Countries. The last meeting was held in Samoa in 2013.

The vision of "healthy islands" as defined 20 years ago was for a place where:

1. Children are nurtured in body and mind
2. Environments invite learning and leisure
3. People work and age with dignity
4. Ecological balance is a source of pride, and
5. Oceans are protected.

I am advised, and I am most pleased to hear, that this vision remains the principle goals in as far as the Pacific Health Sector is concerned.

Honourable ministers and distinguished delegates, the world is undergoing transformation at an alarmingly pace. These changes, spurred on by information technology and improved transportation modes, span virtually every sphere of life including social, economics, politics, religion, culture and traditions, among others.

It would be remiss of us not to discuss the reality that these changes have had, and continue to have, as significant and on-going impacts on the Pacific.

Many of you would already know that developments have had mixed results on our health sector. In the recent years, we have seen investments in health covering the construction of hospitals and health and medical facilities, the training and recruitment of more medical personnel, and the on-going efforts to procure affordable and up-to-date medicines.

But, on the whole, the health status of the Pacific people seems to have stagnated, if not regressed.

The Director-General of the Secretariat of the Pacific Community, Dr. Colin Tukuitonga noted in a study of Pacific people in New Zealand in 2012 that Pacific people had poor health outcomes due to high unemployment, low income and overcrowding. They had a high fertility rate owing to high teenage pregnancy, and they also had higher death rate and lower life expectancy. Furthermore, the

Pacific people were affected by diseases including heart disease – a leading cause of death - diabetes and cancer.

The storyline is essentially the same across the Pacific Islands Countries.

For example, as a long-time advocate for the elimination of HIV and Aids, I have noticed the great need for Pacific Island Countries to address life-threatening diseases like HIV/Aids which has become one of the biggest development and socio-economic issue of our times.

I have also noticed that Pacific Islands Countries have a high level of non-communicable diseases in addition to various social ills. A World Bank Report in 2014 noted that NCDs account for about 75% of all deaths in the Pacific Islands. These include diabetes, heart failures and obesity. And obesity is very much evident in most of our countries – in some countries it is rampant.

A good percentage of our population including the youth – are obese. The cause in most instances is a combination of overeating – the first popular Pacific pastime - and the lack of, or not taking enough exercise to burn off excess calories. This is the second popular Pacific pastime. I will not tell **you** the third popular Pacific pastime. You can work it out yourselves.

As you are all only too aware, overweight people tend to have less energy, are likely to become overheated and breathless during exercises, their ankles are more likely to swell and the joints in their backs and legs are more likely to ache.

In addition, overweight and obese people are more vulnerable to:

- High blood pressure
- High blood cholesterol
- Gallstones
- Varicose veins
- Osteoarthritis
- Coronary heart disease
- Diabetes
- Stroke

The list is endless.

What used to be rare occurrences 20 or so years ago like amputations are now sadly everyday occurrences. Let us be honest with each other, for some of our countries, this is a sorry state of affairs.

In all these, the challenge must be taken on vigorously by Governments in the region as well as by civil society organisations and the private sector. We must work in unison and coordinate our efforts with development partners to help address the numerous health-related issues in the Pacific.

We must also take advantage of regional and international forums covering the wide spectrum of issues in order to keep pace with solutions and pro-active approaches. I have, for instance, attended many international conventions on HIV/AIDS at the Asia-Pacific level, including International Conferences on AIDS around the world and as recently last July in Australia, and in February this year in Thailand. I have often noticed that most Pacific Islands Countries were not represented at the senior level. Hence we miss out on the opportunity to meet one on one **with** the leading scientists and health practitioners and discuss progresses in the field and consider further strategies to control the spread of HIV and AIDS.

My point is that HIV and AIDS, like many NCDs, sexually transmitted diseases, teenage pregnancies, and so forth, are affecting the lives of a growing number of Pacific people. Mainly our youth – the most sexually active, the bulk of our working and education population and the most vulnerable. For us Pacific islanders, this is ground reality.

2015 is the deadline for the Millennium Development Goals – the MDGs – which were set in 2000.

For most of the countries around the world, the achievements of the MDGs have been our aim for some time. I believe that all of us will achieve most of the MDGs. Whether we achieve MDG 6 -



which is to combat HIV/AIDS, malaria and other diseases is the big question. I hate to admit it but sadly Fiji will not achieve MDG 6.

And it is not for the want of trying. Our efforts over the years have been herculean. While we have been successful in certain aspects of our AIDS advocacy, we have not been successful in our persuasion for life style changes which we will now reinvigorate once more.

Ladies and gentlemen, so this meeting is most apt and timely.

I notice, ladies and gentlemen, that you have a full and exciting programme over the next three days but I wish to leave you with a challenge:

As current leaders in the Health Sector you are now responsible for reflecting on what has been achieved in the past 20 years since the inception of the Yanuca Declaration.

In the process of reviewing our progress, you must also help shape and improve the health and wellbeing of all Pacific Islands people. This must be the single most critical outcome of your meeting.

I have every confidence in you, in the same way that your respective Heads of States and Governments and all our Pacific peoples, look up to you to reshape our health sector and ensure that we inch closer to achieving the noble objectives outlined in the declaration. We owe this to our current and future generations.

Additionally, I encourage all leaders at the local, national, and regional levels to take ownership of the health-related issues in the Pacific. Leaders who ignore health issues would do so at the peril of their own people.

Ladies and gentlemen, allow me at this point to express our collective gratitude to the World Health Organisation for its foresight in establishing a Union of Pacific Health Ministers 20 years ago.

We also convey our appreciation to Secretariat of the Pacific Community and Regional Partner Agencies for their tremendous support in the implementation of the programmes and activities derived from the Health Ministers' meetings.

Furthermore, we thank our development partners Australia, New Zealand, France, Japan and the United States of America for their assistance and technical support in these meetings and the associated programmes targeted at achieving the "healthy islands" vision.

We also acknowledge the increasing interest in the Pacific Health Sector from other nations like China, India, Korea, Cuba, Taiwan and the United Arab Emirates, to name but a few.

Thank you all for the keen interest in the development of the Pacific Islands Countries and the support for improvement in health service delivery.

In conclusion, I wish you every success in your deliberations. We look forward eagerly to the outcomes and to a healthy Pacific now and well into the future.

Thank you, vinaka vakalevu, sukria, bahoot dhanyavaad.

## Annex 4. Ministerial programme

### Programme

Site 1: Cuvu District School		
09:00	Depart Shangri-La's Fijian Resort & Spa lobby	
09:10	Arrive at Cuvu District School	
09:15	Greetings and welcome	Mr Petaia Natasiwai, Headmaster, Cuvu District School
09:25	Presentation: Health promoting school activities at Cuvu District School	Mr Aisake Drekeni, Health Promoting School Focal Point, Cuvu District School
09:35	Vote of thanks	One of the health ministers
09:45	School tour, cultural item and refreshments	
10:00	Depart for Lomawai Health Centre	
Site 2: Lomawai Health Centre		
10:30	Arrive at Lomawai Health Centre	
10:40	Presentation: Application of the Package of Essential NCD interventions (PEN) at Lomawai Health Centre	Dr Alvis Zibrán, Medical Officer, Lomawai Health Centre
10:55	Group therapy demonstrations and brief discussion <ul style="list-style-type: none"> <li>• Tobacco cessation counselling</li> <li>• Nutrition and cooking demonstration</li> <li>• Physical activity promotion</li> </ul>	Lomawai Health Centre staff
11:15	Vote of thanks	One of the health ministers
11:20	Clinic tour and refreshments	
11:30	Depart for Nabila Village	
Site 3: Nabila Village		
12:05	Arrive at Nabila Village Welcome	
12:10	Presentation: journey towards a tobacco-free village	Mr Osea Turuva, Nabila Village leader
12:20	Presentation: Health and medical service in Nabila Village Question and answer session	Ms Merewai Molilevu, Community Health Worker, Nabila Village
12:35	Vote of thanks	One of the health ministers
12:45	Tour of the village	
13:00	Lunch and entertainment	
14:00	Depart for Yanuca Island	

**Map of Ministerial Field Visit Sites**



<b>From</b>	<b>Site</b>	<b>Distance</b>	<b>Travel Time</b>
Yanuca Island	Cuvu District School	3km	5 minutes
Cuvu District School	Lomawai Health Centre	25km	30 minutes
Lomawai Health Centre	Nabila village	25.1 km	35 minutes
Nabila village	Yanuca Island	45.5km	40 minutes

## Site 1: Cuvu District School

### *Health Promoting Schools of Fiji*

#### **Background**

Fiji has approximately 420 000 students across 720 primary schools and 169 secondary schools. The national health promoting schools (HPS) programme has been rolled out across 77 primary and seven secondary schools. The programme focuses on working with local communities and schools to improve school health policies and programmes. The average student spends more than half of his or her day in school. As such, schools are an ideal setting for educating children on healthy lifestyles and creating an enabling environment for healthy living. In this way, the HPS programme contributes towards the achievement of the Healthy Islands vision by cultivating an environment in which children are nurtured in body and mind.

The HPS programme is a collaborative effort between the Ministry of Education and the Ministry of Health and Medical Services. The HPS programme is also supported by the National Food and Nutrition Centre, through development of school nutrition policies and canteen guidelines.

#### **Cuvu District School**

Cuvu District School has successfully integrated HPS activities into the curriculum and school routine. For example, teachers discuss healthy eating habits and have introduced healthy morning tea once a week. The school canteen now stocks healthy foods, in place of unhealthy food products, and continues to make profits.

The range of available physical activities now includes skipping, hula hoop, aerobics and games. This has encouraged more children to take part in physical activities.

School attendance rates and academic performance have also improved since the introduction of the HPS programme.

#### **Basic information**

- Year of establishment: **1951**
- Classes: **Year 1 – Year 8**
- Number of students: **245**
- Number of teachers: **11**



*Cuvu District School*

#### **Proposed discussion points**

- Improvements in nutrition, physical activity and NCD prevention activities positively impact child health and academic performance.
- How can school-based health services, e.g immunization, rheumatic heart disease screening and deworming be adapted to also address NCD prevention?
- Teachers and parents as role models and promoters of healthy environments.
- HPS builds healthy public policy and creates supportive environments, but how can this health promotion reach beyond school grounds to strengthen community actions?

## Site 2: Lomawai Health Centre

### *NCD prevention and management in primary health care*

#### Background

Health services and medicines are provided free of charge at public health facilities around the country. The Ministry of Health and Medical Services has four administrative divisional offices: Central and Eastern (often combined) in Suva, Western in Lautoka, and Northern in Labasa.

**Table 1. Levels and types of health services in Fiji**

Level of service	Type of service
Community health workers (more than 1400)	Community health workers (CHWs) are volunteers that are selected and supported by the communities where they work. CHWs advocate good health in the community, facilitate basic first aid and referral to health facilities. The Ministry of Health and Medical Services provides training, supervision and assistance.
Nursing stations (105)	Managed by a single nurse who conducts outreach visits to communities in a designated catchment area. Services include: population health monitoring, maternal and child clinics, general outpatient, school health, family health, reproductive health and home care.
Health centres (3 levels –A,B,C) (80)	Managed by a medical officer or nurse practitioner and nurses. Health centres are the first level of referral from a nursing station. Services include: 24 hours on-call services, population health monitoring, maternal and child clinics, general and special outpatient, family health, reproductive health and home care. Health centres vary in services according to the population and geographical location. Larger urban health centres have a pharmacy, laboratory, radiology unit, dental unit with environmental health officers, dieticians and nurses.
Sub-divisional hospitals (17)	Managed by senior medical officers in a hospital setting and include allied health workers, midwives and registered nurses. They provide primary health and acute care, including: accident and emergency services, general inpatient care, routine obstetrics, dental services, basic diagnostic services (laboratory and radiology) and facilitate the provision of outreach services to the nursing stations within the sub-division.
Divisional hospitals (3)	There are three divisional hospitals that provide a broad range of specialist services including, but not limited to: accident and emergency, medical, surgical, orthopaedic, ophthalmology, obstetrics, gynaecology and paediatrics services. More advanced services include: critical care (intensive care/high dependency and coronary), laboratory, oral surgery and dental, radiology, acute psychiatric admissions, chemotherapy and palliative care.
Specialist hospitals	St Giles Psychiatric Hospital and PJ Twomey Hospital (leprosy, TB and skin conditions)

The Package of Essential NCD interventions (PEN) was introduced in Fiji in 2012 and implemented as part of a comprehensive NCD prevention and management programme. Fiji has implemented NCD prevention and management services at the primary health care level in 19 health centres across the country. There are Special Outpatient Departments (SOPDs) for NCD management in 11 health centres in the Central division, two in the Western division and six in the Northern division. Health professionals in participating centres are also using the clinical protocols adapted for use in Fiji to manage NCD clients.

## Lomawai Health Centre

Lomawai Health Centre is one of the six medical areas in the Nadroga/Navosa sub-division, in the Western division. The centre serves a population of approximately 10 500 across 15 villages, 23 settlements, 6 kindergartens, 10 primary schools, 2 secondary schools and 1 nursing station. The centre has 1 medical officer, 3 staff nurses and 1 caretaker. Lomawai health centre is implementing PEN.



*Lomawai Health Centre*

**Table 2. Number of NCD patients registered with Lomawai Health Centre, 2014**

	Diabetes	Hypertension	Dual	Rheumatic heart disease
Total	174	305	122	20

### Services available

Lomawai Health Centre is a rural health centre that provides the following health services:

- General outpatient care
- Acute care for emergencies
- Maternal and child health services
- Antenatal care, deliveries and postnatal care
- Family planning services
- Primary health care programmes
- NCD services e.g. monthly clinics, screening and foot care.
- School health programmes
- Rest and recovery (4 beds for ambulatory care)

### Proposed discussion points

- How NCD prevention and management at the primary health care level reflects universal health coverage.
- Experiences with implementing PEN at the primary health care level.
- Challenges and success stories in delivering essential primary health care services at the health centre level.

### Site 3: Nabila Village

#### *Communities taking the lead in health promotion*

#### **Background<sup>1</sup>**

A survey conducted in Nabila in 1990 revealed high rates of hypertension in the community of 300 people. Tobacco users were spending up to 25% of their income on cigarettes. This was a significant financial drain on the community's resources. The survey ignited action within the community.

The village elders decided to take a stand to protect and promote community health by adopting a tobacco free policy in the village. At a traditional ceremony the elders convinced their community to be healthy and tobacco free. The village spokesperson said that monetary savings (from not buying cigarettes) would be used to build a community centre. A surfer's medical team also donated funds, matched by contributions from the village, to build the community centre. The villagers agreed on the proposals. To ensure the effectiveness of their resolution, the elders agreed to a formal tabu (prohibition) on smoking.



*Nabila Village Hall*

Nabila village became the first tobacco free village in Fiji and, subsequently, Nabila received the World No Tobacco Day Award from the World Health Organization in 2006. Now, neighbouring villages have adopted similar tobacco free initiatives.

#### **Nabila Village today**

To ensure people-centered services, a community health worker is employed by the Ministry of Health and Medical Services. She provides health services in the community and operates the dispensary, conducts home visits, and arranges the referral of cases to the hospital.

No tobacco is sold in Nabila, there is no smoking in public or private and the formal tabu on smoking is adhered to by all villagers and guests.

Nabila Village has expanded its efforts to prevent NCDs by encouraging physical activity through community volleyball, touch rugby and walking, as well as ensuring healthy food options through home gardens.

#### **Proposed discussion points**

- Importance of leadership and community commitment towards health
- How to foster whole-of-community participation.
- Role of village health workers in Fiji.
- Challenges and success stories in promoting health in the village.

<sup>1</sup> Groth Marnat G, Leslie S, Renneker M. Tobacco Control in a traditional Fijian Village. *Soc Sci Med.* August 1996; 43(4): 473–477.

## **Annex 5. Transcripts of closing remarks**

### **Closing remarks by Dr Shin Young-soo, WHO Regional Director for the Western Pacific**

17 April 2015 — Yanuca, Fiji

- The Honourable Prime Minister, Josaia Voreqe Bainimarama;
- Honourable Ministers of Health for Pacific Island Countries and Areas and beyond;
- Directors and Permanent Secretaries of Health;
- Director General of SPC, colleagues from SPC and other partners
- Distinguished representatives of partner agencies;
- Ladies and gentlemen:

Good afternoon.

It is a special honour to have His Excellency the Honourable Prime Minister with us for the closure of this meeting. Thank you for taking the time to join us this afternoon.

I am pleased to be able to express my appreciation for the work of our Fijian colleagues in organizing and carrying out this meeting.

When you search "**Fijian hospitality**" on Google, you get almost a quarter of a million results. Based on our experiences this week, that number is not high enough!

From the moment we got off the plane in Nadi, we have felt the warmth of your welcome. We have been treated like honoured guests, cared for every moment — from the field visit to the attention to details in organizing the conference.

You have heard it many times this week. But I still want to stress the importance of this historic meeting we are concluding- marking the 20-year anniversary of the Healthy Islands vision for the development of Pacific communities.

I would like to take a few minutes to share some points from our meeting that I believe are important to ensure that future generations enjoy the rewards of our collective efforts.

First, you recommitted to the Healthy Islands Vision of the 1995 Yanuca declaration as a unifying theme to guide health development in the Pacific.

I am proud that WHO was part of the first meeting of the Pacific Health Ministers in 1995 in Yanuca Island and I would like to assure you that the World Health Organization remains committed to support you.

Second, I totally agree that strong ministerial leadership and intersectoral action are needed to realise the vision of Healthy Islands. Health is a whole of society effort and strengthened legislation is particularly crucial for protecting and improving the health of the community.

Third, I am pleased to see Pacific Health Ministers reaffirm the importance to articulate a governance and accountability framework, and to monitor progress and achievements towards the Healthy Island vision.

I support the plan to use existing indicators and targets already developed at the country level. In addition I am pleased to see your continued commitment to regional and international agreements such as Tobacco Free Pacific by 2025, and the International Health Regulations.

Fourth, community empowerment is the pride of Pacific Islands. We saw in the field yesterday the power of community participation and ownership. Community-led initiatives will also be central to the achievement of the Healthy Islands Vision.



Lastly, I am very pleased to announce that the Honourable Jone Usamate, Minister of Health of Fiji will speak on behalf of the Pacific countries and areas at the upcoming World Health Assembly in May in Geneva. And the Honourable Michael Malabag, Minister of Health of Papua New Guinea will take the important role of chairing Committee B at the World Health Assembly

As we have discussed, we share many challenges. Going forward, I would like us to share more solutions that bring us closer to the healthy islands vision.

All of these solutions start with you, the Pacific ministers. Your strong leadership makes everything possible.

With the clear actions you have established, we are moving ahead with a strong tailwind.

On behalf of WHO, I am proud to stand shoulder-to-shoulder with you and other development partners in putting these decisions into effect in your countries.

I wish you all a safe journey home.

Vanuinui vinaka e nomu volau.

### **Closing remarks by Dr Colin Tukuitonga, Director General of the Secretariat of the Pacific Community**

Ni sa bula vinaka. Bonsoir.

Honourable Josaia Voreqe Bainimarama, Prime Minister of the Republic of Fiji – Sir, let me express our appreciation for your presence with us this evening and at the closing ceremony of the 11th Pacific Health Ministers Meeting.

My colleague, Dr Shin Young-soo, Regional Director for the Western Pacific – it is a pleasure to have spent the last few days with you.

UN agency representatives, development partners, Ministers of Health, chief delegates, ladies and gentlemen,

I wish to say vinaka vakalevu to the Minister of Health for Fiji, the Honourable Jone Usamate. Sir, you claim today to be half a health person. I think you are 110% a health person. Your able guidance and stewardship of this meeting have been nothing less than exemplary. Let me warn you though, the health sector is a difficult sector; it is a very difficult sector. Expectations are high and resources are always limited. It's been a busy few days for us all. There have been some very good discussions but also we've been treated to some fine hospitality. Indeed, some talented singers from the World Health Organization are masquerading as disease specialists; I think you should seriously think about a career in the music industry.

Consensus informs us that the 'Healthy Islands' vision of course remains relevant – it's fantastic, it's aspirational. It was set up by our colleagues and predecessors some 20 years ago and continues to serve as a unifying and unique platform for all of us here in the region to pursue health programmes. But if there is a word that I would use to describe what we need to do next, it is **implementation, implementation, implementation**. There is nothing wrong with the vision but we could do better. The challenges we face in our health systems are many but they are not insurmountable.

Critical to our regional and national abilities to address these challenges – while revisiting the roles of the three components in the report from Professor Matheson – is the responsibility on Ministers. I think there is an equally important responsibility on development partners, and of course there is a responsibility on Heads of Health and ourselves and it's useful to reflect on what we've set forward in those terms. Our united efforts to place non-communicable diseases on the global agenda demonstrate

the collective clout that we have at our disposal if we work together. That's why I dropped into the conversation the idea that perhaps a regional approach to plain packaging of cigarettes might be doable. If we work alone we will get picked off by the powerful tobacco industry, but if we band together, we may be surprised by what we can achieve.

The outcome document clearly provides a pathway. I think the critical issues are rationalizing and making more effective the governance arrangements that we have. That's an important area we need to consider. How is the Heads of Health conversation communicated to Ministers and what is the best use of precious and limited ministerial time? There is a conversation to be had amongst us all about how we get better at the leadership and governance level.

We agreed on very critical issues around core indicators because 'what gets measured gets done' as the saying goes, and we have already articulated for ourselves the number of indicators. But as I said earlier, perhaps we've been a level short in making impact on the ground on what those indicators are. A Tobacco Free Pacific by 2025 comes to mind. The IHR expectations of the Regional Director also come to mind. We have already established for ourselves some very useful pointers as to what we can do to be more effective.

National priorities of course need to inform and support development priorities as you have articulated in your own country reports. There must be concerted efforts to strengthen and build the alliances with government, with the private sector, with civil society and communities because, as has been said many times, if we continue to work just within the health sector, our contribution will be modest, but if we harness the power of communities and others, our achievements will be significant.

Let's be courageous. Let's pick one, two or three of those priorities and make them happen and let's come together again in two years and share what we have achieved. It's equally important that we share what we have not achieved. We can learn as much from what we have not achieved as from what we have achieved and sometimes we are a little shy about sharing what has not been successful.

I wish you all safe journeys home to your respective countries, perhaps energised and enthused by the conversations you've had with your colleagues this week. There is no doubt in my mind that health challenges are among the most important and significant challenges we face as a region. Your organisation, the Secretariat of the Pacific Community – SPC – remains committed to working with you all to improve the health of our people and this region as we embark on the next 20 years and beyond.

I learnt the other day from the Hon. Usamate that Yanuca means 'small island'. I would like to suggest that perhaps it's a small island but it has a big heart and I will continue to refer to Yanuca as the spiritual home of 'Healthy Islands'.

Vinaka vakalevu and thank you everyone.

**Closing remarks by Honourable J.V. Bainimarama, CF(Mil),OSt.J, MSD, jssc, psc, Prime Minister of Fiji and Minister for iTaukei Affairs and Sugar Industry**

Honourable Ministers of Health of the Pacific;  
Chief Delegates of the Various Health Ministries around the Region;

The Regional Director for the Western Pacific of the World Health Organization;

The Director-General of the Secretariat of the Pacific Community;

Donor Partners and Agencies;  
Distinguished Guests;  
Ladies and Gentlemen.

Bula vinaka and a very good afternoon to you all.

I'm delighted to officially close the 11<sup>th</sup> Pacific Health Ministers Meeting Fiji 2015. We are honoured by your presence in our country and I hope that your gathering has been a success and that you have also enjoyed our Fijian hospitality.

The health of all Pacific peoples is a prime development priority for all of us and regional governments generally are highly focussed on this issue.

Sadly, while we have made great strides in certain areas in recent years in delivering better health outcomes to our people, we are still falling way short of the mark on the issue of Non-Communicable Diseases (NCDs).

It is a tragedy that while we often live in pristine surroundings, breathe some of the cleanest air in the world and also have ample means to eat well because we are surrounded by an ocean teeming with life, the health of many of our people is so deplorable.

It ought to be a cause of regional shame that the Pacific now has - on a per-capita basis - the highest incidence of NCDs in the world.

We can preach to our people all we like about why they are suffering so grievously from preventable diseases such as heart disease, hypertension and diabetes. We can point to the extraordinary level of amputations in our hospitals directly caused by NCDs. But it all comes down ultimately - in so many instances - to an issue of personal responsibility.

It pains me as leader of one of the larger Pacific nations that far too many Fijians are failing to heed our pleas to adopt better lifestyles. And I know that all of you will share that pain and especially those countries where the diets and lifestyles of the people are even worse than ours.

For our part, Fiji is doing everything we can to improve the health outcomes of our people by opening new hospitals, new healthcare centres and new clinics across our islands and especially in those rural and maritime areas that have been neglected over the years. In the 2015 Budget, we also introduced free medicine for any Fijian with a household income of less than \$20,000 a year.

We have medical personnel receiving education and training not only locally but as far afield as Cuba, India, Turkey, Malaysia and Thailand - to name just a few.

We have also increased taxes on tobacco and alcohol - two factors that are driving the poor health outcomes of our people. And we've reduced the tax on imported fruit and vegetables to encourage more consumption of these foods.

Yet for all that, we cannot regulate the diets of our people by making it illegal to eat badly. And that is why we must redouble our efforts through public education and awareness and especially starting with the very young.

Last month, I had the great pleasure to introduce a major initiative that we hope will encourage a lifetime of good eating on the part of ordinary Fijians. Every Fijian child in Year One of Primary School is getting a free allocation of milk and Weet-Bix every day of the school year.

I have specifically chosen to launch this programme personally in schools across Fiji to reinforce a crucial message : That these Year One students should use their milk and Weet-Bix and the protein and fibre that comes from them to embark on a lifetime of eating properly. Choosing fruit instead of sweets. Choosing fresh fish instead of canned fish or meat. And choosing the fresh vegetables that grow in such abundance in our fertile island gardens but which so many people ignore for frozen foreign vegetables in our supermarkets.

We are also using the launch of our Free Milk and Weet-Bix Initiative to underline the importance of exercise. And I am pointedly telling these young people : Don't grow up to be like older Fijians who haven't looked after themselves properly and are now paying the price.

Honourable Ministers,

I call on you all individually and collectively to keep hammering home this message to our young people across the region. They have so much to live for, especially in those countries like Fiji where they are now getting free education and the opportunity to have more fulfilling lives.

But far too many of them are slowly killing themselves, robbing themselves of healthy and happy futures, and robbing us of the human resources we need as nations to prosper.

Just as I urge our Health Ministry in Fiji to concentrate more on NCDs, I urge you all to take this message back to your own governments and citizens.

Honourable Ministers, Ladies and Gentlemen,

Thank you again for the opportunity to close your important meeting.

On behalf of every Fijian, thank you for coming. And I now have great pleasure to declare the 11<sup>th</sup> Pacific Minister Health Ministers Meeting closed and wish you all a safe journey home.

Vinaka vakalevu, thank you.

#### **Closing remarks by Hon. Jone Usamate, Minister for Health and Medical Services**

Hon. Ministers for Health and Chief Delegates

The Hon. Prime Minister for Fiji – Retired Rear Admiral Josaia Voreqe Bainimarama

The Regional Director World Health Organisation – Dr. Shin Young – soo

The Director General Secretariat of the Pacific Community – Dr. Colin Tukitonga

Development Partners and International Agencies

Distinguished Guests

I wish to first thank our Hon. Ministers and Chief Delegates for your full participation and engagement in this 11<sup>th</sup> Pacific Health Ministers Meeting. This meeting has one of the largest participation by Pacific Health Ministers and this indicates your commitment and faith in the Healthy Islands vision. I must also thank our major supporting Agencies – World Health Organisation and the Secretariat of the Pacific Community including our development partners who continue to provide support and assistance with the health programs and Health Systems development in Pacific Island countries.

We look forward to your continued guidance and support in achieving the aspirations and objectives of the Pacific Health Leaders and the people of the Pacific in this new 2015 Yanuca Declaration.

We will continue to seek your support and guidance in working with our Health Ministries in ensuring that what the Pacific Leaders have decided for the future is executed effectively and with greater efficiency.

Last and not least, I have to thank our Honourable Prime Minister for Fiji, Retired Admiral Josaia Voreqe Bainimarama for gracing this forum and sharing the commitment of the Government of Fiji towards the vision of “Healthy Islands”.

Vinaka Vakalevu

# Introduction

We are pleased to present the 2015 Yanuca Island Declaration, detailing the decisions and agreements made by the Pacific ministers of health in 2015 at the Eleventh Pacific Health Ministers Meeting on Yanuca Island, Fiji.

Twenty years ago, the first Ministerial Conference on Health for the Pacific Island Countries was also convened on Yanuca Island. The meeting was held in response to rapidly changing social and economic conditions affecting the quality of life and health in the Pacific.

At that first meeting, ministers adopted the vision of Healthy Islands as the unifying theme for health promotion and health protection.

Since that time, nine biennial meetings of Pacific health ministers have been held, most recently in July 2013 in Apia, Samoa. In addition, an ad hoc meeting of the Pacific health ministers was also convened in July 2014 in Honiara, Solomon Islands, in conjunction with the Joint Economic and Health Ministers Meeting.

The Government of the Republic of Fiji graciously hosted the Eleventh Pacific Health Ministers Meeting with support from the Secretariat of the Pacific Community and WHO. The meeting has provided an opportunity to reflect on the Healthy Islands journey and examine achievements, challenges and the way forward.

The vision remains as relevant and powerful now as it was during that first meeting of ministers on Yanuca Island in March 1995.



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



Honourable Jone Usamate  
Minister of Health  
and Medical Services,  
Republic of Fiji



Dr Colin Tukuitonga  
Director-General of  
the Secretariat of the  
Pacific Community

## **2015 Yanuca Island Declaration on health in Pacific Island countries and territories**

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We, the Ministers and representatives of 19<sup>1</sup> Pacific island governments, assembled on Yanuca Island, Fiji, from 15 to 17 April 2015, reaffirmed our commitment to the Healthy Islands vision as a unifying theme to guide health development and to chart the way forward towards the realization of the vision.

Healthy Islands are places where:

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride; and
- the ocean which sustains us is protected.<sup>2</sup>

The vision provides a rallying point that speaks to our Pacific spirit. Family and community values, the foundation of the Pacific culture, are our strength and should be nurtured.

### **We, Ministers:**

**Confirm** that over the past 20 years the Healthy Islands vision has served the Pacific, having been adapted and applied to different country contexts. New approaches were introduced, such as health-promoting villages and schools, and working with other sectors. Progress has been observed in infectious disease control, with reductions in chronic hepatitis B infection rates, especially among children, and the maintenance of polio-free status despite threats of its importation. This progress has contributed to significant improvements in child survival across the region. Many countries have also reported improvements in life expectancy. However these gains have not been consistent across all countries. In addition, a significant gap persists between the Pacific and the rest of the world.

**Recognize** that the Pacific is facing mounting health challenges. An increasing population and ageing populations will further increase demands on our health systems. New diseases, such as chikungunya, are emerging, while tuberculosis, malaria, measles and diarrhoea continue to threaten health. There are further gains in child survival and life expectancy to be made. Noncommunicable diseases, such as diabetes, are rising to levels higher than in the rest of the world, shortening the lives of the adult population. The real and potential impacts of climate variability on health and health systems represent an immediate challenge in the Pacific.

**Stress** that factors outside of the health sector also impact health. The frequency and severity of natural disasters, economic volatility and the wide availability of tobacco, alcohol and poor-quality food are but a few examples. However, the increasing availability of goods and services, the promise of new technologies, and improved transport and communications can make a positive contribution. The increased complexity of health and health services will require concerted whole-of-government and whole-of-society efforts.

**Emphasize** that business as usual is no longer acceptable.

### **Pledge to:**

1. Exercise our ministerial leadership to actively engage country leadership in implementing the Healthy Islands vision. Multisectoral action and legislation are required to address health challenges. Promoting this declaration across ministries and at the highest levels in country can be one concrete step.

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<sup>1</sup> See Annex 2 for a list of heads of delegations.

<sup>2</sup> The first four statements were agreed at the 1995 Health Ministers meeting at Yanuca Island, Fiji; the last statement concerning the ocean was added after the 1999 Health Ministers meeting in Palau.

2. Articulate a governance and accountability framework for work to be carried out at the Pacific level, as well as mechanisms for priority setting. This includes tasking the Heads of Health to lead implementation with the support of development partners, aligned with national priorities and based on sound evidence and best practices, including the rich experience of the Pacific.
3. Monitor progress and achievements towards the Healthy Islands vision. This requires a reporting system with operational targets and indicators based on existing indicators and frameworks, developed at the country level and supported by robust country health information systems.
4. Foster a community empowerment and engagement approach in programme delivery, led by those who best understand how to support their communities.
5. Ensure the Pacific voice is heard in global forums, so that our experience may guide others and our specific concerns are addressed, including through novel funding sources.

Specific recommendations and actions agreed at the Eleventh Pacific Health Ministers Meeting are detailed in Annex 1.

## Annex 1. Proposed recommendations from the working groups

### *Strengthening leadership, governance and accountability*

<b>Proposed future directions:</b>	
<b>1. Strengthen Pacific leadership, governance and accountability:</b>	<ul style="list-style-type: none"> <li>• Focus the role of the Pacific Health Ministers Meeting on setting priorities, targets and indicators, and on monitoring and tracking progress, including reporting and accountability. These will be influenced by other factors, such as country situation and size; therefore, progress may differ between countries.</li> <li>• Build on agreed regional and international frameworks, such as the Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway, Millennium Development Goals and proposed Sustainable Development Goals.</li> <li>• Ensure a clear mechanism and reporting pathway between the Heads of Health and the Ministers of Health. This mechanism should be formalized (for example, with clear terms of reference), using existing working groups and subcommittees, under the Heads of Health.</li> <li>• Enact and/or update national health laws and regulations as necessary, and include appropriate enforcement measures.</li> <li>• Share country experiences among health leaders and managers.</li> </ul>
<b>2. Improve the quality of data and evidence for policy- and decision-making, resource allocation and progress tracking:</b>	<ul style="list-style-type: none"> <li>• Develop appropriate and sustainable digital civil registration and vital statistics and health information systems, with national oversight mechanisms and supportive regulation and processes. These include: <ul style="list-style-type: none"> <li>○ a core data set on leadership, governance and accountability (at country and Pacific levels);</li> <li>○ improving the quality and timely use of health data, and building on relevant initiatives; and</li> <li>○ developing evidence-based technical policy briefs, fact sheets and dashboards.</li> </ul> </li> <li>• Indicators should be based on existing national indicators.</li> <li>• Consider developing shared indicators at the Pacific level and where appropriate report on health system effectiveness. This may include: <ul style="list-style-type: none"> <li>○ programme outcomes, such as maternal and child health, and immunization;</li> <li>○ legislative and policy measures:</li> <li>○ drafting/review of appropriate laws (for example, banning fizzy drinks, tobacco control, public health); and</li> <li>○ financing, human resources for health to name a few.</li> </ul> </li> </ul>
<b>3. Improve national leadership capacity, working across sectors and ensuring coherence and integration:</b>	<ul style="list-style-type: none"> <li>• Develop and improve leadership and management capacity, including dialogue with other sectors.</li> <li>• Ensure that health remains a national development priority across sectors, through advocacy and dialogue with other sectors, for mutual benefit.</li> <li>• Deploy and retain competent managers in critical services and programmes.</li> <li>• Engage the public and other stakeholders in health policy and planning.</li> </ul>
<b>4. Make aid effectiveness a reality:</b>	<ul style="list-style-type: none"> <li>• Ministers may encourage international agencies and development partners to align their support to regional and national priorities, and national health policies, strategies and plans (NHPSPs).</li> <li>• Improve the quality and relevance of NHPSPs.</li> </ul>



## *Nurturing children in body and mind*

<b>Proposed future directions:</b>	
<b>1. Strengthen service provision to ensure child health, including provision of prenatal and maternal care:</b>	<ul style="list-style-type: none"> <li>• Undertake national “continuum of care” assessments.</li> <li>• Ensure strong perinatal services and enhanced emergency obstetric and newborn care.</li> <li>• Ensure the availability and accessibility of family planning services.</li> <li>• Reduce teenage pregnancies.</li> <li>• Eliminate congenital syphilis and prevent parent-to-child transmission of HIV.</li> <li>• Consider rational introduction of new vaccines and strengthen effective vaccine management.</li> <li>• Agree on a core set of indicators and strengthen data management.</li> <li>• Engage in priority programme partnerships to work towards agreed results-based outcomes.</li> <li>• Integrate the Expanded Programme on Immunization (EPI) with other programmes, such as the Package of Essential Noncommunicable Disease Interventions for Primary Health Care (PEN).</li> </ul>
<b>2. Build on success stories in programme implementation and health outcomes:</b>	<ul style="list-style-type: none"> <li>• Strengthen nutrition, including revitalizing the Baby-friendly Hospital Initiative (BFHI); target full accreditation of hospitals.</li> <li>• Share best practices on programme delivery.</li> <li>• Strengthen, maintain and further develop EPI.</li> <li>• Conduct in-depth studies or use monitoring tools for inequitably delivered activities.</li> </ul>
<b>3. Strengthen Integrated Management of Childhood Illness and early child development monitoring:</b>	<ul style="list-style-type: none"> <li>• Review and strengthen child development monitoring.</li> <li>• Incorporate monitoring milestones in patient information systems.</li> <li>• Encourage national ownership of Integrated Management of Childhood Illness (IMCI), with regional support.</li> <li>• Incorporate IMCI fundamentals in primary health care settings.</li> <li>• Develop a body mass index monitoring system for school and pre-school children.</li> <li>• Raise the profile of nutrition by including nutrition activities in maternal and child health clinics.</li> <li>• Improve breastfeeding and complementary feeding practices.</li> </ul>
<b>4. Ensure a holistic, life-course approach to protecting and nurturing children:</b>	<ul style="list-style-type: none"> <li>• Adopt a holistic approach in national strategy development.</li> <li>• Develop or strengthen legislative protection for children, including adolescents.</li> <li>• Support “continuum of care” and “life-course” approaches that involve the family and include the strong involvement of fathers in nurturing children.</li> </ul>
<b>Ministers may also consider:</b>	<ul style="list-style-type: none"> <li>• Garnering government commitment for nurturing children in body and mind, including ensuring adequate financial resources.</li> <li>• Supporting the family’s role in child health and protection.</li> <li>• Adopting a “continuum of care” approach and ensuring a holistic approach, from “womb to tomb”.</li> <li>• Pursuing a holistic approach to child health in national strategy development.</li> <li>• Formalizing a strong partnership between ministries of health and education.</li> <li>• Developing or strengthening legislative protection for children and adolescents.</li> </ul>

*Reducing avoidable disease burden and premature deaths*

<b>Proposed future directions:</b>	
<b>Overarching actions:</b>	<ul style="list-style-type: none"> <li>• Undertake multisectoral action and “health in all policies” approaches:               <ul style="list-style-type: none"> <li>○ National mechanisms for implementing win-win solutions.</li> </ul> </li> <li>• Expand health promotion and protection beyond health education through policies, legislation and fiscal interventions.</li> <li>• Commit to integrated, people-centred health service delivery through a defined package of services based on universal health coverage principles.</li> <li>• Develop reliable and timely data on key indicators:               <ul style="list-style-type: none"> <li>○ A small set of indicators, with periodic data collection and timely reporting.</li> <li>○ Continue to improve civil registration and vital statistics.</li> </ul> </li> </ul>
<b>Cross-cutting issues:</b>	<ul style="list-style-type: none"> <li>• Capacity-building.</li> <li>• Risk communication and health promotion.</li> </ul>
<b>1. Foster and lead multisectoral action and health-in-all-policies approaches:</b>	<ul style="list-style-type: none"> <li>• Poverty reduction, planned urbanization and reducing inequities can lead to improved health outcomes.</li> <li>• Consider national mechanisms to achieve “health in all policies”.</li> <li>• Policy actions should be based on regional experience and best practices, but should be community-driven and have community ownership.</li> <li>• Actions in the NCD roadmap can guide multisectoral action:               <ul style="list-style-type: none"> <li>○ For example, increasing taxes on tobacco helps to reduce demand for tobacco and to increase revenue.</li> </ul> </li> <li>• Prioritize and protect access to essential medicines.</li> <li>• Build on the Yanuca Island Declaration.</li> <li>• Use strong community actions to develop national and political support, and develop community leadership.</li> </ul>
<b>2. Expand health promotion and protection beyond health education:</b>	<ul style="list-style-type: none"> <li>• Build healthy public policy through: legislation, fiscal measures, taxation and organizational changes.</li> <li>• Introduce food and medicine labelling requirements in national legislation where none exists, including regional advocacy and support for implementation.</li> <li>• Prepare to respond to disease outbreaks and to manage the ongoing risk of epidemic-prone diseases through robust, all-hazards preparedness plans and disease-specific strategies, including at the health-facility level.</li> <li>• Strengthen infectious disease surveillance and response, such as malaria, tuberculosis and dengue fever.</li> <li>• Strengthen opportunities for community participation and contributions to health, and improve access to information.</li> <li>• Ensure that planning and actions are led by the community.</li> </ul>
<b>3. Develop integrated, people-centred health service delivery:</b>	<ul style="list-style-type: none"> <li>• Define a service delivery package for the level of primary health care to meet population needs, and ensure adequate facilities and well-trained staff:</li> <li>• Consider equitable access, especially for remote and rural populations.</li> <li>• Sustain referral facilities as part of integrated care to treat critical patients. Funding is crucial and should ultimately become part of national budgets.</li> <li>• Involve communities in managing health facilities.</li> <li>• Build on gains from vertical programmes, with long-term plans for support.</li> <li>• Develop partnerships that can aid service delivery.</li> </ul>
<b>4. Ensure reliable and timely data on key health indicators:</b>	<ul style="list-style-type: none"> <li>• Develop and use population-based data on mortality, diseases and risk factors:               <ul style="list-style-type: none"> <li>○ Globally-agreed targets and indicators are available for many diseases and risk factors. They can be prioritized and adapted to the Pacific context.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Maintain a focus on improving data on morbidity and mortality and cause of death, and on strengthening health information systems, including leadership, collaboration, technical support, local technical capacity and regular reporting.</li> <li>○ Consider using a colour-coded dashboard to assess progress on an annual basis.</li> <li>○ Under the Monitoring Alliance for Noncommunicable Disease Action (MANA), a dashboard is being developed for NCD prevention and control: a similar approach could be developed for other areas.</li> </ul> <ul style="list-style-type: none"> <li>● Strengthen the Pacific Public Health Surveillance Network (PPHSN) for communicable disease surveillance.</li> </ul>
<b>Ministers may also consider:</b>	<ul style="list-style-type: none"> <li>● Becoming champions for action and taking the lead.</li> <li>● Pursuing “health in all policies” (building on Healthy Islands).</li> <li>● Reviewing the distribution of budgets to reflect the need for a greater focus on preventive work.</li> <li>● Maximizing opportunities for high-level regional meetings (such as the joint finance and health ministers meeting in 2014) with legislative leaders and ministers of health (such as a health policy summit).</li> <li>● Supporting and encouraging the development of communities’ core aspects: family, faith, traditional values and farming.</li> <li>● Ensuring that programmes and plans are community-led.</li> <li>● Ensuring that Healthy Islands concepts are brought to the Regional Committee for the Western Pacific, World Health Assembly and other Pacific, United Nations and international forums.</li> <li>● Endorsing the use of existing indicators to monitor actions.</li> </ul>

*Promoting ecological balance*

<b>Proposed future directions:</b>	
<b>1. Scale-up capacity to address environmental health risks to sustain and enhance ecological balance:</b>	<ul style="list-style-type: none"> <li>● Scale-up the use of environmental health risk assessments to build evidence for policy development.</li> <li>● Develop multisectoral actions to address national climate change health adaptation plans.</li> <li>● Create innovative approaches to tourism that do not disturb ecological balance (e.g. ecotourism).</li> <li>● “Build back better” initiatives, including interventions to address the psychosocial needs of communities.</li> <li>● Ensure that health facilities are resilient to climate change impacts through retrofitting and relocation.</li> <li>● Prevent exposure to toxic and hazardous materials, especially asbestos and pesticides.</li> </ul>
<b>2. Strengthen capacity for disaster risk management for health:</b>	<ul style="list-style-type: none"> <li>● The meeting noted the endorsement of the Strategy for Climate and Disaster Resilient Development in the Pacific (SRDP), which was adopted by the Secretariat of the Pacific Community's Committee of Representatives of Governments and Administrations (CRGA) and the Secretariat of the Pacific Regional Environment Programme (SPREP) Meeting of Officials board in 2014, for submission to forum leaders in 2015.</li> <li>● Develop, update and implement national action plans on disaster risk management for health that include prevention, preparedness, response and recovery.</li> <li>● Build comprehensive health surveillance and early warning systems for early response and recovery to reduce disaster-related health impacts.</li> </ul>

	<ul style="list-style-type: none"> <li>• Make healthcare facilities (including health records) safe to ensure uninterrupted service delivery during disasters.</li> </ul>
<b>3. Take action to ensure universal access to safe water and sanitation:</b>	<ul style="list-style-type: none"> <li>• Engage stakeholders in different settings – households, schools and health facilities – to implement programmes for water and sanitation, including the elimination of open defecation.</li> <li>• Promote integrated community management of water, land, forest and coastal resources.</li> <li>• Implement drinking-water security and safety plans in rural communities and outer islands.</li> </ul>
<b>Ministers may also consider:</b>	<ul style="list-style-type: none"> <li>• Adapting department structures to include: <ul style="list-style-type: none"> <li>○ integrating units for effectiveness and efficiency;</li> <li>○ revitalizing environmental health units; and</li> <li>○ recognizing the critical role of environmental health officers beyond minimum legal mandates.</li> </ul> </li> <li>• Training environmental health officers to ensure they have the right skill sets, including: <ul style="list-style-type: none"> <li>• risk assessment to communicate with leadership using evidence and data;</li> <li>• risk management to be able to resolve environmental health problems; and</li> <li>• the ability to move from health inspection to covering disaster and climate change resilience.</li> </ul> </li> <li>• Building the capacity of local training institutions and networking.</li> <li>• Setting up a subregional training centre for the next generation of environmental health officers. The training supported by the World Health Organization in the 1990s is a good example.</li> <li>• Coordination, as follows: <ul style="list-style-type: none"> <li>○ The health sector should lead health-related issues in cabinet discussions.</li> <li>○ Health should be well represented in the national climate change adaptation plan.</li> <li>○ Ministries of health should coordinate the health aspects of humanitarian response.</li> </ul> </li> <li>• Integration, including: <ul style="list-style-type: none"> <li>○ multiple responsibilities within one unit for small countries; for example, an environmental health unit covering climate change and disaster risk management;</li> <li>○ within agencies; and</li> <li>○ water, sanitation and hygiene as a single package.</li> </ul> </li> <li>• Implementing guiding indicators, including: <ul style="list-style-type: none"> <li>○ disease indicators for monitoring impacts and effectiveness; and</li> <li>○ process indicators.</li> </ul> </li> <li>• Establishing frameworks, including: <ul style="list-style-type: none"> <li>○ having procedures in place;</li> <li>○ having a plan and testing it;</li> <li>○ undertaking risk assessment;</li> <li>○ developing a risk register to prioritize preparedness;</li> <li>○ establishing an early warning system; and</li> <li>○ learning from experiences.</li> </ul> </li> <li>• Accessibility and policy, including: <ul style="list-style-type: none"> <li>○ water supply: urban versus rural;</li> <li>○ traditional lands; and</li> <li>○ ensuring that populations around urban areas are not neglected.</li> </ul> </li> </ul>
<b>Funding issues:</b>	<ul style="list-style-type: none"> <li>• The Green Climate Fund (GCF) and other global funds cover health. SPREP and the United Nations Development Programme were recently accredited to</li> </ul>

	<p>assist Pacific island countries and territories to access funds.</p> <ul style="list-style-type: none"> <li>• Responsibilities are often assigned to the health sector without associated funding and appropriate support.</li> <li>• National government funding: <ul style="list-style-type: none"> <li>○ Ministries of health must assign emergency funds for disasters.</li> <li>○ Donors show interest in supporting disaster preparedness: ministries must tap into that interest.</li> <li>○ Need to have a multi-year plan to spread out larger investments; for example, the hospital safety assessment in Solomon Islands.</li> </ul> </li> <li>• Need to tap into the significant funding available for climate change: <ul style="list-style-type: none"> <li>○ Globally, US\$ 100 billion will be available by 2020.</li> <li>○ Only 1% went to the health sector by 2012.</li> <li>○ The World Health Organization and the Secretariat of the Pacific Community can assist in preparing proposals to donors.</li> </ul> </li> </ul>
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