

Heads of Health Meeting

Réunion des directeurs de la santé

Denarau, Fiji, 18–19 April 2018

Key Decision Points

1. WHO appointment

Heads of Health (HOH) congratulated Ms Elizabeth Iro, former Secretary of Health, Cook Islands, and former HOH Chair, on her appointment as Chief Nursing Officer, World Health Organization (WHO) based in Geneva and agreed to write a letter of congratulations from HOH.

2. Review of progress on decisions of HOH and Pacific Health Ministers meetings in 2017

2.1 HOH noted the progress reported on issues covered in the 2017 meetings of HOH and Pacific Health Ministers, including Universal Health Coverage (UHC); the Healthy Islands Monitoring Framework; Human Resources for Health; non-communicable diseases (NCDs) including childhood obesity; and the NCD roadmap, e.g. eight PICTs have increased tax on tobacco and others are moving towards meeting the target.

Review of terms of reference (TOR) for Heads of Health

2.2. HOH:

- i. noted that the TOR for HOH required updating due to changes in the regional context including the renewed emphasis on the Healthy Islands Vision, implementation of the Framework for Pacific Regionalism, and inclusion of the Pacific Islands Health Officers' Association (PIHOA) as a key partner with the Pacific Community (SPC) and WHO in the HOH secretariat;
- ii. agreed to the changes tabled by the working group that reviewed the TOR during the meeting (the revised TOR are attached as Annex 1).

3. Universal Health Coverage (UHC) / Primary Health Care (PHC)

HOH:

- i. noted the findings of the regional overview of the role delineation policy;

- ii. agreed on the benefits of a role delineation policy for planning provision of essential health services and allocation of resources as part of progressing towards UHC;
- iii. expressed interest in Solomon Islands' case study of its implementation of a role delineation policy, which is driving the reform of its health system, and the challenges of matching human resources for health with the needs of rural and remote populations;
- iv. agreed that future HOH meetings will include monitoring of country implementation of role delineation policies.

4. Monitoring and reporting

4.1 Healthy Islands Monitoring Framework – Consideration of indicators

HOH:

- i. agreed to maintain the indicator for antenatal care at a minimum of four antenatal visits (with the first visit ideally to occur in the first trimester, and countries to consider moving towards a target of eight visits as resources permit);
- ii. agreed to the change in the indicator for HPV vaccination (females < 15 years who have had two doses of HPV vaccine), with several countries indicating consideration of vaccinating males < 15 years;
- iii. agreed to the changes in the wording of the indicators for water supply and sanitation (Population using **safely managed** water services, and Population using **safely managed** sanitation services);
- iv. tasked the technical secretariat with revising the framework accordingly and continuing to improve reporting methods for the 2019 reporting period and beyond.

4.2. Electronic health information systems strengthening

HOH:

- i. acknowledged the findings of an assessment of electronic health information systems (eHIS) in Pacific Island countries;
- ii. noted that countries use a variety of methods to assign identification to patients and that many systems are fragmented and unable to share data across the health system;
- iii. recognised that development of eHIS must be done in accordance with the legal frameworks for privacy and security that exist in all countries;

- iv. emphasised the need for careful assessment of the suitability of eHIS technology for country contexts and end user/healthcare worker needs, noting that some countries are implementing biometric solutions and can share their experiences;
- v. agreed that common challenges for development of eHIS, such as unique identifiers and appropriate tools or software, can be more efficiently addressed at the regional level, with advice and support from regional organisations helping to manage limited country capacity.

5. Human resources for health

5.1 Recommendations of the meetings of Regional Medical Councils and Directors of Clinical Services

HOH:

- i. endorsed the recommendations of the meetings of Regional Medical Councils and Directors of Clinical Services, which were held on 16 and 17 April respectively (the recommendations are attached);
- ii. approved the establishment of a regional mechanism to support national frameworks for registration of health practitioners
- iii. approved the proposal to establish the Pacific Cancer Registry hub through the Global Initiative for Cancer Registry Development, facilitated by the International Agency for Research on Cancer and supported by partners including Australia, New Zealand, SPC and WHO;
- iv. agreed that further consideration should be given to the necessary investments for implementation of the Pacific Cancer Registry hub.

5.2 Healthcare workforce training - Updates from Fiji National University (FNU) and University of Fiji School of Medicine

- i. acknowledged updates on the current programmes and curriculum developments of the FNU College of Medicine, Nursing and Health Sciences, and of the University of Fiji School of Medicine;
- ii. welcomed the establishment of the post of Associate Dean Regional at the FNU College of Medicine, Nursing and Health Sciences to better provide for the healthcare workforce needs of Pacific Island countries, and to support regional students enrolled in FNU's health programmes.

5.3 State of the Pacific Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Workforce

HOH noted with interest the preliminary findings of UNFPA's assessment of the current RMNCAH workforce and projection of future needs, and looked forward to the conclusions and recommendations of the completed study.

6. Health security

6.1 International Health Regulations (IHR)/Pacific Health Security Coordination Plan (PaHSeC)

HOH:

- i. noted the global developments pertaining to the five-year global strategic plan to improve public health preparedness and response, the changes to the State Party Annual Report, and the global momentum to implement all four components of the IHR Monitoring and Evaluation Framework, including Joint External Evaluation (JEE);
- ii. agreed to continue annual self-assessments of IHR core capacity implementation, including review of the level of national resource allocation to health security, to inform national IHR implementation plans;
- iii. agreed to actively encourage and support implementation of After Action Reviews (AAR) of outbreak and other emergency responses, and simulation exercises, on an annual basis;
- iv. noted the progress made in the inception phase of the Pacific Health Security Coordination Plan, 2017–2022 (PaHSeC), and the opportunities for funding national and regional IHR/health security strengthening activities under PaHSeC.

6.2 Pacific Public Health Surveillance Network (PPHSN) update

HOH:

- i. noted that the process for requesting assistance from the Global Outbreak Alert and Response Network (GOARN) should be made through WHO;
- ii. noted that SPC will be the umbrella organisation for submitting Pacific CVs for provision of international assistance through GOARN;
- iii. noted that the Agence Française de Développement (AFD)-SPC funding of EUR 3 million for the PPHSN strengthening project is partial, with supplementary funding to be provided by PPHSN partners and Pacific Island countries;
- iv. acknowledged the need to provide continued resources to maintain laboratory accreditation, should specific countries opt for full accreditation;

- v. agreed to send a communique requesting FNU to review the current Postgraduate Certificate in Field Epidemiology programme document to make all five courses annualised, implemented over two years;
- vi. agreed to make a special request to FNU, via the Ministry of Health and Ministry of Education, for some flexibility to be granted in terms of enrolment requirements and timing of delivery of courses in the Data for Decision-Making (DDM)/Strengthening Health Interventions in the Pacific (SHIP) Programme.

7. Non-communicable diseases (NCDs)

7.1 Impact of fiscal measures – Preliminary results from Tonga on taxation increases

HOH:

- i. noted the preliminary findings from the analytic work ‘Improving the use of taxation policy on tobacco, alcohol, unhealthy food and beverages as a response to the NCD crisis in the Pacific: A country base study in Tonga’;
- ii. agreed to strengthen efforts to monitor the implementation and impacts of NCD tax policy interventions, particularly in countries that have raised NCD tax significantly in recent years, to ensure that the policy serves not just as a revenue generation tool for the government, but rather as a tool to enable people to adopt healthier lifestyles, leading to healthier populations and contributing to a healthy economy;
- iii. agreed to use evidence to improve the design of NCD tax policy interventions.

7.2 Pacific Monitoring Alliance for Noncommunicable Disease Action (MANA) – update on progress

HOH:

- i. noted the update on MANA activities in the past year and key findings of the report ‘Status of NCD policy and legislation in Pacific Island countries and territories, 2018’;
- ii. agreed on the value of using the Pacific NCD Dashboard, at the national level, to identify national priority areas for action and to track progress on NCD policy and legislation;
- iii. agreed to use the Pacific NCD Dashboard, at the regional level, as a mutual accountability mechanism to monitor country progress on NCD action, and to provide updates at each meeting of Heads of Health and Pacific Health Ministers.

7.3 Regional legislative framework for NCDs

HOH:

- i. considered three proposed options for the next steps in progressing work on a Pacific legislative framework for NCDs;
- ii. agreed the secretariat should proceed with developing Option 1 – A framework that incorporates all the legislative measures deemed appropriate to address NCDs, noting that because Pacific Island countries and territories are at different stages, a stepwise approach will be suggested for implementation;
- iii. noted that the results of this work will be reported back to the meetings of Heads of Health and Pacific Health Ministers in 2019 for further discussion and a final decision.

7.4 Pacific Ending Childhood Obesity (ECHO) network

HOH:

- i. endorsed the establishment of the ECHO network and the proposed governance mechanism;
- ii. supported the identified priorities of physical activity, fiscal measures and restriction of marketing of foods and non-alcoholic beverages to children as starting collective policy actions of the network;
- iii. noted the application submitted to the Pacific Islands Forum Secretariat Regional Policy Consultation titled 'Protecting our future generations from NCDs – Pacific Ending Childhood Obesity (ECHO)', which is aimed at prioritising ECHO at the regional level.

7.5 Pacific NCD Roadmap – progress update

HOH:

- i. recognised that while considerable action has been taken in relation to the NCD Roadmap, it is insufficient to effectively control the NCD crisis and further action is needed to accelerate implementation;
- ii. committed to timelines at the national level to implement the key recommendations of the NCD Roadmap, including quantified and measurable targets to achieve the roadmap priorities;
- iii. agreed that effectively tackling NCDs will require greater resources, and committed to exploring ways to increase funds to better align the level of funding to the NCD burden;

- iv. noted the opportunity for the Pacific voice to be heard at the Third UN High-Level Meeting on NCDs (27 September 2018).

7.6 Stunting the other half

HOH recognised the importance of:

- i. assuming a leadership role in advocating for coordinated, multisectoral action to tackle stunting;
- ii. integrating all forms of malnutrition, including stunting, into national nutrition and dietary policies and re-evaluating options to increase investment to stop stunting such as improving health sector performance and efficiency;
- iii. ensuring national surveys routinely collect data on all forms of undernutrition including stunting and micronutrient deficiencies, especially anaemia;
- iv. raising awareness among people on stunting, heightening understanding, causes, consequence and actions to be taken in the home to stop it.

9. Climate change and health

HOH agreed to continue supporting the fast-track process for the launching of the Pacific Action Plan on Climate Change at the 71st World Health Assembly (WHA71) in May 2018.

10. Mental health

HOH:

- i. acknowledged the commitments made at the 12th Pacific Health Ministers Meeting on mental health;
- ii. recognised that national efforts are needed to ensure adequate funding for mental health;
- iii. agreed to include mental health personnel in national human resource planning and to continue to increase the range of health staff and other personnel trained in mental health;
- iv. recognised the importance of having in place a multisectoral strategy for promoting mental health and preventing mental and substance use disorders and suicide;
- v. agreed that mental health should be integrated in NCD, climate change and disaster risk management programmes;

- vi. agreed on the need to include provision of mental health and psychosocial support in national emergency/disaster planning and responses.

11. Areas of priority for the secretariat

HOH agreed on the following priorities:

- i. Development of a comprehensive immunisation schedule in the region that includes MMR (measles, mumps and rubella), and HPV, rotavirus, pneumococcal, and meningococcal vaccination, with assessment of costs and possible funding; and
- ii. Exploration of procurement options, such as bulk buying, to enable countries to purchase high-quality vaccines more cheaply.
- iii. Development of the health workforce in terms of the match between country needs and the programmes and training provided by regional institutions.

12. Condolences

The meeting expressed great sadness at the passing of Dr Burentau Teriboriki, Kiribati's Director of Hospital Services, observing a minute of silence in his memory, and extended deep sympathy to his family and to Kiribati.