

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

**AGENDA ITEM 3.3.1 – PUBLIC HEALTH DIVISION**

(Paper presented by the Secretariat)

**EXECUTIVE SUMMARY**

1. This paper provides an overview of the work of SPC's Public Health Division (PHD). It is the first time that PHD has presented a report to CRGA since becoming a division on 1 January 2009. PHD was previously the Public Health Programme and was part of the Social Resources Division.
2. PHD continues to deliver outputs in line with its 2004–2009 strategic plan and can identify clear and measurable benefits to PICTs. It is contributing to the achievement of the Millennium Development Goals (MDGs) and the objectives of the Pacific Plan. Early evidence of impact has been demonstrated for some MDGs.
3. PICTs have benefited from a general scaling up of laboratory diagnostic capacity, particularly for STIs, tuberculosis and malaria. Life-prolonging medicine is now available in most countries for those with advanced HIV/AIDS, as are drugs for the prevention of mother to child transmission. Standardised STI training courses have been developed and adopted by all of the major technical agencies that support public health activities. As well, agency work plans, including those of SPC, have been rationalised. Monitoring and evaluation (M&E) and surveillance activities have been strengthened at both the national and regional level, data definitions have been standardised, and important progress has been made in collaboration with WHO in reducing the reporting burden on countries.
4. A significant public health event began developing in April as the first cases of H1N1 influenza were identified in Mexico. This was followed by a global spread of the virus associated with travellers returning from the main affected areas of Mexico and North America, and the subsequent community-level transmission that is now occurring globally, including in many of our Pacific Island countries and territories (PICTs). The PHD communicable disease surveillance and response team continues to play a critical role in providing technical advice, services and capacity building to PICTs to support their response to such events.
5. As a result of new or additional funding progressively mobilised by SPC during 2008 for and on behalf of members, the divisional budget is the highest ever for 2009, enabling PHD to respond more effectively to the needs of the region and to channel additional funds to PICTs for implementing activities.
6. As foreshadowed in the 2008 report, the division has contributed positively towards Pillar 1 of SPC's corporate plan with decentralisation of part of the HIV/STI section to Suva, Fiji, and

Pohnpei, Federated States of Micronesia (FSM), in early 2009. In addition, a number of PHD staff positions have been established in Solomon Islands and Vanuatu to support in-country efforts to implement their national malaria strategies.

7. PHD continues to make efforts to align the delivery of its outputs to national priorities, as elaborated in national and sectoral strategies and joint country strategies. One or more PHD staff have participated in all six joint country strategies that have taken place to date in 2009. The division is making specific efforts to implement the Paris, Accra and Pacific Declarations on Aid Effectiveness and has recently held high-level consultations with the Australian and New Zealand governments, the World Bank and World Health Organization (WHO). PHD is also identifying further opportunities for collaboration with other SPC programmes in cross-cutting areas.
8. This has been a challenging year for the division as it copes with substantial growth in the scope, scale and complexity of initiatives outlined in the 2008 report, e.g. a new stream of funding was released in April 2009 with approximately AUD 9.0 million in grants to 44 applicants being approved by the Pacific HIV Response Fund. The fund is managed through the PHD HIV/STI section.
9. Although significantly increased financial resources have been made available for PICTs to directly implement scaled-up health responses, many countries have struggled to utilise the additional funding. Problems include public sector processes that impact negatively on staff recruitment and retention in critical areas and hamper the flow of funds from central administrations to the provinces/outer islands to support operational costs.
10. Though operating at less than optimal capacity, the Health Management Team (HMT), which was established towards the end of 2008, is playing an important role in strengthening PHD's management and financial functions in support of the growth and decentralisation that has occurred. Tools and systems have been improved this year, but further work remains to be done in this area. An internal review of roles and responsibilities is continuing throughout 2009 in preparation for implementation of the new strategic plan at the beginning of next year.
11. Much effort has gone into the development of the PHD strategic plan for 2010–2014 following endorsement of the broad strategic directions presented at CRGA 38. Consultation with PICTs, key technical partners, the PHD external technical reference group and development partners has resulted in what we believe is an important change in strategy that will make significant contributions to improving health outcomes in PICT communities. The strategic plan will be presented as a separate agenda item under 3.3.2.
12. PHD is mindful of funding streams that are currently due to come to an end in 2010, in particular the funding for the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP). PRIPPP has been at the forefront of the Pacific's response to the current H1N1 influenza pandemic.
13. Despite the size of the health budget overall, there are significant funding gaps for many PICTs in priority areas that are not well addressed by current financing modalities. While overall, improvements in health can be noted across the region, we are losing ground on a number of important health outcome indicators. This situation is likely to be further compounded as a result of the vulnerability of PICT economies to events such as natural disasters and civil unrest, particularly given the current global economic crisis. This question is addressed in more detail in Paper 4.4 that will be presented to Conference.

14. PHD held high-level consultations this year with major development partners<sup>1,2</sup> and stakeholders<sup>3</sup> to improve coordination and harmonisation of activities nationally, regionally and internationally, and continues to advocate strongly on issues of direct relevance to PICTs at international and regional forums.

## RECOMMENDATIONS

15. CRGA is invited to;
- i. note the work and achievements of the Public Health Division (PHD) during 2009;
  - ii. note the substantial increase in funding mobilised for public health activities in member countries;
  - iii. note with concern PHD's continued dependence on project funding and, in association, the lack of continued funding for the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP) beyond mid-2010;
  - iv. note the need for timely recruitment of human resources in PICTs to support a scaled-up response to public health issues.
  - v. provide guidance to the work of the division as considered necessary;

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<sup>1</sup> Consultations with the Global Fund to fight AIDS, Tuberculosis and Malaria, Noumea, June 2009.

<sup>2</sup> High-level consultations between AusAID, NZAID, SPC, WHO and World Bank, Sydney 18 –19 August 2009.

<sup>3</sup> Biennial Pacific Health Ministers' meeting, Madang, PNG, July 2009.

## Purpose

1. This paper summarises the work of PHD in support of PICT priorities in health during the first six months of 2009 and provides details on the division's human and financial resources. It also highlights the sectoral strategic and policy issues that the region is facing. The following annexes provide more detailed information on aspects of this paper:
  - Country activities (Annex 1)
  - Main sectoral meetings and workshops (Annex 2)
  - Significant publications (Annex 3)
  - PHD outputs against strategic plan objectives (Annex 4)
2. Other relevant papers include:
  - PHD strategic plan 2010–2014 (CRGA 39 Paper 3.3.2)
  - Toward a Framework of Priorities in Health – outcomes of mapping of priorities in health (CRGA 39 Paper 5.3)
  - Matching priorities and resource allocations in public health (6<sup>th</sup> Conference Paper 5.3)

## PHD structure

2. PHD was established as a technical division of SPC on 1 January 2009. Its work encompasses communicable and non-communicable diseases, outbreak response, and prevention and advocacy. The division has a staff of 63 and a 2009 revised budget of 27 million CFP units. Most of its growth has occurred on the basis of new Global Fund grants and the Pacific HIV Response Fund. PHD currently has an on-the-ground presence in six member countries<sup>4</sup> and territories, and this may expand further during the remainder of 2009.
3. PHD consists of seven sections as follows:
  - ***Public Health Surveillance and Communicable Disease Control*** – as focal point for the **Pacific Public Health Surveillance Network** (PPHSN), the section works very closely with WHO in targeting communicable diseases, especially outbreak-prone ones, and supports PRIPPP. It has led SPC's contribution to responses to the influenza A (H1N1) pandemic.
  - ***Tuberculosis Control*** – supports PICTS in implementing the regional Stop TB strategy in close collaboration with WHO and US CDCs (Centers for Disease Control and Prevention).
  - ***HIV & STIs*** – responsible for coordinating and monitoring the implementation of the Pacific Regional Strategy on HIV in close collaboration with UNAIDS, PICTs and all stakeholders.

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<sup>4</sup> New Caledonia, Fiji, Fed. States of Micronesia, PNG, Solomon Islands and Vanuatu

- ***Pacific Islands Regional Multi-Country Coordinated Project*** (PIRMCCP) (supported by the Global Fund) – supports PICTs in their fight against tuberculosis, malaria, HIV and STIs, with an emphasis on health systems strengthening.
- ***Healthy Pacific Lifestyle*** – provides an integrated approach to promotion of alcohol and tobacco control, physical activity and good nutrition, and supports the WHO-SPC Pacific Framework for Prevention and Control of Non-communicable diseases (Pacific NCD Framework).
- ***Adolescent Health and Development Project*** – a joint initiative of UNFPA, UNICEF and SPC, the project focuses on health as a key aspect of youth development, with particular emphasis on sexual and reproductive health.
- ***Health Management*** – core functions include co-ordination and strengthening of internal systems and processes across all PHD sections to ensure more effective, timely and efficient delivery of services to PICTs.

### Financial Resources

4. The 2009 (revised) budget for the PHD (Table 1) amounts to 27,131,100 CFP units, made up of 317 500 CFP units (1.1%) in core funding, 991.5 (5.5 %) for programme funding, and the balance of 25 822 000 (95.69%) derived from project funding. This heavy dependence on project funding has influenced both the organisational structure and work practices of staff, with a resulting focus on vertical, disease based approaches, e.g. 66 per cent of all project funding for 2009 is specific to HIV, tuberculosis and malaria.

Table 1: PHD budget for 2009 showing funding sources and amounts for core, project and programme funding.

	AusAID	France	NZAID	ADB	Global Fund	UNFPA	Other	TOTAL
Core								<b>317.5</b>
Programme	241.5	115.0	635.0					<b>991.5</b>
Project	6943.6	253.4	1845.0	1365.5	13925.2	713.4	776.0	<b>25822.1</b>
<b>TOTAL</b>	<b>7185.1</b>	<b>368.4</b>	<b>2480.0</b>	<b>1365.5</b>	<b>13925.2</b>	<b>713.4</b>	<b>776.0</b>	<b>27131.1</b>

5. In recent years, the division has experienced sustained growth in development assistance for health funding in the Pacific through new types of donors and/or modalities and this has impacted on PHD's more normal role of providing technical assistance to countries. New modalities of funding such as the Global Fund, the Pacific HIV Response Fund and the NCD Grant fund have resulted in PHD increasingly acting as a grant manager to channel funds to PICTs, with some consequential blurring of the boundaries between its role as a technical agency and the role of a donor. For 2009, 54 per cent of the PHD total budget is classified as 'grants to countries'. PHD has attempted to manage the situation by ensuring that recipients of funding are given adequate technical support.

### Human resources

6. At the end of June 2009, PHD had a total staff of 63, comprising 48 internationally recruited staff and 15 support staff. Approximately 40 per cent (26) of all staff are Pacific Islanders. There is a good gender balance for internationally recruited staff, with 24 females and 24 males.
7. Thirty per cent (20) of all staff currently work in the area of HIV & STIs, which is a direct reflection of the substantial funding in this area compared to other areas.

## **Highlights of the current year**

### ***Outcome level***

8. The Public Health Division contributes to the ongoing implementation of the 'Healthy Islands' vision articulated by Ministers of Health in Yanuca, 1995, the Vanuatu Commitment of 2007 and the recent Madang Declaration for Action from the July 2009 Ministers of Health meeting in Papua New Guinea. Through various programmes, it contributes directly to the achievement of a number of Millennium Development Goals in the Pacific, the goals of the Pacific Plan and commitments made under the joint country strategy (JCS) approach.
9. The division contributes to achieving MDG 6, Combat HIV/AIDS, malaria and other diseases, and is able to demonstrate impact in this area with the annual incidence rate for malaria showing substantial declines over the past five years in both Solomon Islands and Vanuatu as a result of work undertaken in partnership with the national Vector Borne Control Programmes of both countries as well as with WHO technical staff.
10. PHD continues to implement its 2006–2009 objectives and to show some solid outcomes. The following outcomes are provided as an indication of performance during the period.
11. The recent H1N1 influenza outbreak in the Pacific provided first-hand evidence that most of the PICTs who received capacity building through PRIPPP had acquired sufficient capacity to monitor the influenza pandemic. The pandemic response has been timely in most of the region, showing the benefit of a regional approach to preparedness.
12. The cure rate for tuberculosis (TB) in most PICTs has been maintained above 90% and case detection above 80%, showing that current trends for prevalence and mortality rates are on track to meet the 2010 regional goal. TB case detection has been expanded to vulnerable populations, particularly prisoners and people in outer islands in 11 PICTs under a Global Fund grant in an effort to further reduce TB transmission. However, deaths among TB cases continue to be high, highlighting the fact that patients are presenting when the disease is already at an advanced stage.
13. The malaria annual parasite incidence rate (AIR) per 1,000 population continues to show sustained positive downward trends, with Solomon Islands reporting 82.3/1000 and Vanuatu 14.7/1000 for the year ending December 2008, comparing favourably with December 2006 rates of 152 and 36/1000 respectively. Coverage by long-life insecticide treated nets remains one of the main prevention strategies, with Vanuatu now reporting 70% of all households owning at least one ITN. Since project activities began in 2003, the malaria project has distributed 393,976 nets to the two countries.
14. For the first time, a number of PICTs are now able to diagnose Chlamydia (STI) at their national laboratory following the provision of equipment, consumables and training by the STI

programme within PHD. This is a significant outcome given the high prevalence of Chlamydia amongst the general population. Diagnostic coverage will progressively be expanded to other PICTs either through establishing national laboratory diagnostic capacity or supporting the shipment of specimens to regional laboratories for testing.

### ***Output level***

15. PHD has been actively engaged during 2009 in the prevention, control and management of a range of diseases, including HIV, TB, malaria, pandemic influenza, and non-communicable diseases. It does this through implementing objective 1 of its strategic plan. To be successful, the division and countries need good information for decision making, a skilled health workforce, stronger public health response capacity, and a supportive policy and legislative framework. A summary of outputs is provided below (see Annex 4 for details).
16. In 2009, all programmes within PHD have delivered technical services and training at the country level to support the strengthening of surveillance and M & E systems. Repeat second generation surveillance has been carried out in five PICTs as a follow up to the 2004–2005 initial surveillance covering HIV/STIs in both general and at-risk population groups. SPC information databases and list servers have been used extensively during the current pandemic outbreak. M & E systems have been established, assessed and/or strengthened at both regional and national levels. Increased effort has gone into aligning and agreeing on data definitions and reporting cycles between SPC and WHO as a first step towards rationalising reporting at the country level.
17. Capacity supplementation and training activities have been conducted in many PICTs to strengthen the capability of laboratory services and health workers involved in front line service delivery. Approximately 25 new positions have been recruited at the national level with funding made available through PHD to increase the capacity of PICTs to respond more effectively to HIV, NCDs and malaria.
18. To date in 2009, PHD has delivered 84 training programmes in 13 PICTs and trained 2479 public and community health workers and members of civil society during 5527 person days of training. Training has ranged from specialised technical subjects (such as continuum of care and Chlamydia) through to general health awareness.
19. Increased support for external quality assurance has been provided, enabling national programmes to provide STI testing and HIV clinical monitoring services. An increasing percentage of registered health facilities in Vanuatu are able to test for malaria following the introduction of rapid diagnostic tests (RDTs) made available through a grant supported with technical training. The antiretroviral treatment programme for those with advanced HIV/AIDS is continuing with no reported drop-outs or deaths among adults and children.
20. The TB epidemic control project funded by AusAID has received an extension until September 2012 (at no extra cost), allowing it to expand TB control to five outer islands. In response to the H1N1 influenza pandemic, rapid tests and reagents, personal protection equipment and Tamiflu vaccine have been procured and provided to countries without bilateral arrangements.
21. Nine PICTs have been assisted to develop comprehensive multi-sectoral national NCD strategies, with grants either made or to be made available to support the implementation of the plans.
22. Under objective 2 of its strategic plan, PHD recognises the need to strengthen public health systems overall, not just in relation to specific disease areas. This includes addressing

weaknesses in public health management and planning processes, and contributing to enhancing public health infrastructure to support service delivery to communities.

23. PICTs have been given assistance to develop national legislation and policy frameworks to support implementation of the Pacific NCD Framework. One or more PHD staff have participated in each of the 2009 joint country strategy missions that have occurred this year, with the objective of closely aligning PHD work plans to country priorities.
24. Further to the above, PHD has provided substantial input to the development of SPC's joint country strategies during 2009 for Wallis and Futuna, Samoa, Palau and CNMI and will contribute to the JCS for French Polynesia in October. In addition to better alignment with local country partners, the strategies will ensure better coordination of activities within PHD and with other programmes of SPC. There is a stronger focus on strengthening primary health care and the health system, particularly in terms of human resources and M & E, and on health determinants.
25. Coordination and oversight mechanisms such as the PIRMCCM and the Pacific Regional HIV Response Fund Board have strengthened their governance mechanisms.
26. The division is increasingly focusing on cross-cutting approaches to health development issues. Together with the Land Resources Division, Marine Resource Division and Human Development Programme within SPC, and the Pacific Islands Forum Secretariat, Food and Agricultural Organization, WHO and UNICEF as external agencies, PHD has been an active member of the Food Secure Pacific working group this year and is sponsoring a number of national food summits in preparation for a major multi-sectoral regional Food Summit in 2010. The Summit is expected to lead to a Declaration on Food Security by Forum Leaders next year.
27. Significant financial resources have been made available to PICTs through direct grants. In the first six months of this year, a total of 198.5 million CFP (USD 2.2 million) was disbursed, as detailed in Table 2 below. Some 60% of the total grant value is specific to HIV and STIs. The potential to disburse an even larger amount during the first six months was constrained by lack of progress in negotiating and signing the RCC (rolling continuation channel) malaria grant, which is specific to Solomon Islands and Vanuatu. National absorptive capacity and implementation are also issues for grant management.

Table 2: Value of grants (USD) made direct to PICTs, January–June 2009.

	Global Fund	HIV/AIDS PRSIP	PRIPPP	2-1-22 NCD Programme	Total grants per country
Member country	Total	Total	Total	Total	Total
American Samoa	0	0	0	0	0
Cook Islands	16 832 853	2 698 150	<b>2 755 410</b>	0	<b>22 286 413</b>
Federated States of Micronesia	16 606 195	5 034 222	0	0	<b>21 640 417</b>
Fiji	0	7 336 824	0	0	<b>7 336 824</b>
French Polynesia	0	0	0	0	0
Guam	0	0	0	0	0
Kiribati	9 354 307	4 622 998	0	0	<b>13 977 305</b>
Marshall Islands	20 452 700	2 098 983	0	0	<b>22 551 683</b>
Nauru	4 652 050	0	0	<b>4 044 250</b>	<b>4 652 050</b>
New Caledonia	0	0	0	0	0
Niue	0	377 108	0	0	<b>377 108</b>



Northern Mariana Islands	0	0	0	0	0
Palau	7 582 000	1 909 040	0	0	9 491 040
Papua New Guinea	0	0	0	0	0
Pitcairn Island	0	0	0	0	0
Samoa	6 247 500	0	0	0	6 247 500
Solomon Islands	0	18 133 274	1 960 000	0	20 093 274
Tokelau	0	0	0	0	0
Tonga	6 434 500	8 273 521	0	13 757 997	14 708 021
Tuvalu	4 264 167	0	0	0	4 264 167
Vanuatu	15 457 754	35 503 151	0	5 806 000	50 960 905
Wallis and Futuna	0	0	0	0	0
<b>Total</b>	<b>107 884 026</b>	<b>85 987 270</b>	<b>4 715 410</b>	<b>23 608 247</b>	<b>198 586 706</b>

### Management and partnership highlights

28. The partnership agreement with WHO mentioned in the 2008 report to CRGA has been fully implemented and monitored at the executive level of both organisations this year. Improved coordination and consistency of technical inputs at national level are early outcomes of the success of this developing partnership, as is the increased sharing of resources and genuine collaboration for the common benefit of the region. A similar agreement with UNICEF is being progressively implemented this year.
29. During the first six months of 2009, there have been extensive consultations on the development of PHD's new strategic plan. The plan, which is annexed to this report for consideration by CRGA, signals a shift in strategy that requires the PHD to take a 'whole of health' multi-sectoral approach. In doing so, it builds on SPC's strength as an organisation with the ability to address many of the social determinants of health that lie outside the traditional realm of the health sector.
30. In July, PHD together with WHO co-hosted the Pacific Islands Ministers of Health meeting in Madang. The meeting reflected an understanding and appreciation, on the part of SPC and its partners, of broad Pacific development issues beyond health. Many of the papers presented and recommendations from the meeting recognise the importance of addressing health from a multi-sectoral/multi-dimensional perspective. Feedback from PICTs has been particularly positive.
31. As a division, PHD continues to represent SPC at high-level meetings of the Pacific Human Resources for Health Alliance, the Global Alert and Surveillance network, the International Congress on HIV and AIDS in Asia and the Pacific, and the Pacific Islands Health Officers Association during their annual meetings. The PHD Director serves on the Portfolio and Implementing Working Committee of the Global Fund Board, as well as on other ad-hoc committees of strategic importance to the Pacific.
32. Some decentralisation of services occurred during the first part of 2009, with the relocation of part of the HIV/STI team from Noumea to Suva. This has enabled improved collaboration on a regular basis with key technical partners and regional agencies based in Fiji. Other staff have relocated from Noumea to Pohnpei, FSM, as part of establishing a northern Pacific cluster to work more closely in the subregion.

### Policy issues and strategic context

33. PHD has secured significant levels of funding over the past couple of years that is mostly channeled to countries (54% through direct grants and through technical assistance). Ensuring the effective management and application of this funding is essential to maintaining donors' confidence. However, the growth in PHD financial and human resources (it now has over 60 staff) has not been matched by the structure of programme funding, which is still mostly disease- and project-based, or by parallel growth in corporate support systems. This mismatch creates significant challenges for the development of the division's core functions and systems.
34. Although PICTs have access to significant increases in direct grant funding for implementing activities in countries, in many cases, they are struggling to effectively and efficiently utilise these funds. The difficulties are often due to protracted recruitment processes in filling the additional positions funded through these grants or to changes in key personnel resulting in a loss of leadership and capacity to implement a scaled-up response. **At risk** is up to 14 million CFP units of direct grant funding to countries in 2009 and similar levels for 2010.
35. The recent substantial growth in PHD's budget is characterised, but also distorted, by the fact that a large proportion of funding is being channeled directly to member countries and other organisations for them to implement activities based on agreed work plans. PHD is thus quite different from other SPC divisions in that it acts as a funding channel and a grants manager while also providing technical assistance. Therefore, a major aim of the restructuring of the division is to increase its capacity to manage grants effectively.
36. For many years, PHD has suffered from the *discontinuity and volatility* of its project-based funding. With more than 90 per cent of its 2009 budget being derived from this source, PHD must depend heavily on project funding for the provision of services, including technical assistance, to PICTs. It remains a challenge for PHD to work out ways (within the constraints of donor and country policies) in which a more programmatic approach to health and its determinants in the Pacific can be achieved, with sustainable benefits from funds having wider effects than occurs with projects targeting specific diseases.
37. Essential public health functions such as surveillance, M&E and health promotion are largely funded through project funding, resulting in continued volatility within the PHD in terms of its own core capacity to maintain services to PICTs over the longer term.
38. The future of some projects such as PRIPPP, PREPARE (Pacific Regional Endeavour for the Provision of an Appropriate Response to Epidemics) and the NCD programme beyond 2010 is uncertain and a cause for concern. These projects provide much needed support to regional health systems but are coming to an end with no assurance of continuity of funding. High value projects such as the Global Fund are heavily dependent on grant performance in terms of the scale of continued funding beyond mid-2010. A significant number of PHD technical positions are funded through the Global Fund and ADB – the latter also coming to a close in mid-2010.
39. PHD will transition to a new strategic plan in 2010, and this plan requires a revised organisational structure if it is to be fully implementable. Positions critical to the new structure are either under project funding (which is coming to an end) or unfunded.

## Outlook for 2010 and beyond

40. In 2010, some projects will have a full complement of staff and funding, e.g. 2-1-22 Pacific NCD Programme, while for others such as the ADB Grant 21 project, PRIPPP, etc. 2010 may be their last full year. Although significant improvements can often be demonstrated by the end of a project life cycle, sustainability over the longer term represents a challenge, particularly where projects are required to adapt to multiple changes in counterpart staff at country level due to relatively high staff turnover in a number of PICTs.
41. The requirements for the performance of the grants managed by SPC will increase and the structure of PHD will have to match the expectations of countries and donors for enhanced performance and accountability. The PHD will further reinforce its results-based approach through strengthening M&E functions internally and will look for mechanisms at both regional and country levels to increase country capacities in a sustainable way, e.g. best practices applied successfully in one country will be documented for replication in others.
42. The implementation of the new strategic plan and transition to the new structure will be a key feature of work internally during the first part of 2010. Restricted funding and the termination dates of some staff contracts suggest a phased approach to organisational restructuring rather than a clean sweep. Systems will be further developed or modified, and a revised performance framework put in place in January 2010 to ensure high standards are achieved, not only in terms of quantity and delivery of services, but also in terms of the sustainability of our outputs.
43. To be able to respond in a more holistic manner to country health priorities, PHD together with donor partners will need to address three key issues relating to the volatility, predictability and flexibility of funding. Some early discussions on this issue were held recently with AusAID, NZAID and the World Bank.
44. PHD will aim towards consolidated partnership between the technical support and assistance at the regional level and the implementing countries, as well as with stakeholders, both in terms of implementing and expanding existing programmes but also when developing new proposals to address issues identified by countries or through studies like the Framework of Priorities for Health in the Pacific.
45. HIV prevalence in most PICTs remains low. However, PHD is concerned that despite prevention, awareness and behavioural change activities being implemented across the region over a number of years, rates of sexually transmitted infections remain as high as they were in 2004 during the first second generation surveillance, indicating either that the strategies are not achieving the intended outcome or reaching the most vulnerable and at risk populations, or that the strategies have been effective only to the extent of retaining STI rates at current levels. A comprehensive external review of prevention strategies is being commissioned in order to inform and shape future activities in this area.
46. The implementation of a **multi-sectoral approach** poses real challenges in all PICTs and within SPC. A programmatic approach to addressing this priority for action in the long term is to be implemented. This is particularly important to progressing the implementation of the PHD's strategic plan as well as core programmes such as the Pacific NCD Framework and PRIPPP.
47. Opportunities for engagement in important areas or for taking on a more strategic role (such as in leading the Food Security Summit) are hampered by not having enough funding to mobilise the resources required. Constraining factors such as this need to be resolved if SPC is to

maintain its effectiveness and ability to take on leadership roles, as mandated under the Pacific Plan and other frameworks.

48. Overall strategic management and direction of the division will be provided by the Director throughout 2010 and onwards, supported by a small core team of advisors, the PHD Manager and health management team.

**AGENDA ITEM 3.3.1 – ANNEX 1  
REPORT OF MAJOR COUNTRY ACTIVITIES**

Country/ territory	Completed, ongoing and planned activities	Part of JCS <sup>5</sup>	Indicative cost
<b>Regional</b>	<ul style="list-style-type: none"> <li>• HIV/STI prevention campaign for Pacific Youth Festival including production of campaign materials</li> <li>• Mapping of peer education and strategy development</li> <li>• Production and distribution of 2009 seafarers diaries</li> <li>• Support to UNFPA for safe sex kits</li> </ul>		
<b>American Samoa</b>	<u>PHS CDC</u> <ul style="list-style-type: none"> <li>• Briefings on emergency and influenza preparedness</li> <li>• Launch and implementation of lab-based influenza surveillance project.</li> <li>• Influenza IFA reagents</li> </ul> <u>HPL</u> <ul style="list-style-type: none"> <li>• JCS visit &amp; initiate NCD planning process</li> </ul>	-  -  -	<ul style="list-style-type: none"> <li>• 230,000 XPF</li> <li>• 13,113 XPF (+ 364,000 XPF)</li> <li>• 177,208 XPF</li> <li>• 215,063 XPF</li> </ul>
<b>CNMI</b>	<u>PHS CDC</u> <ul style="list-style-type: none"> <li>• Influenza rapid test kits</li> <li>• Microscope Leica</li> <li>• Influenza IFA reagents</li> </ul>	✓ ✓ ✓	<ul style="list-style-type: none"> <li>• 77,000 XPF</li> <li>• 742,783 XPF</li> <li>• 67,026 XPF</li> </ul>
<b>Cook Islands</b>	<u>HPL</u> <ul style="list-style-type: none"> <li>• Diet nutrition &amp; lifestyle workshop</li> </ul> <u>PHS CDC</u> <ul style="list-style-type: none"> <li>• Training in field epidemiology and IHR compliance</li> <li>• Small grants scheme</li> <li>• Expert contribution to PacSurv surveillance system implementation</li> <li>• Follow-up visit of lab-based influenza surveillance</li> <li>• Influenza rapid test kits</li> <li>• Dengue tests kits</li> <li>• PPE</li> <li>• Funding support for specimen shipping</li> </ul> <u>HIV &amp; STIs</u> <ul style="list-style-type: none"> <li>• Second generation surveillance (SGS) survey report completed. Assistance with contracting and implementing special behavioural survey.</li> <li>• Mapping of peer education and strategy</li> </ul>	✓  ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓  ✓	<ul style="list-style-type: none"> <li>• 143,122 XPF</li> <li>• 265,600 XPF</li> <li>• 2,755.410 XPF</li> <li>• 370,130 XPF</li> <li>• 293,260 XPF</li> <li>• 77,000 XPF</li> <li>• 30,703 XPF</li> <li>• 348,460 XPF</li> <li>• 84,000 XPF</li> <li>• 754,460 XPF</li> </ul>

<sup>5</sup> ✓ = yes; - = no; blank = no JCS yet.

	<p>development</p> <ul style="list-style-type: none"> <li>• Provision of safe sex kits via UNFPA</li> <li>• Provision of STI medical equipment</li> <li>• Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STIs</li> <li>• Capacity building to strengthen the knowledge and skills of health work force on counselling, voluntary non-remunerated blood donor recruitment (VNRBDR), STI case management and HIV continuum of care concepts</li> <li>• Regional procurement and supply of antiretroviral (ARV) drugs, STI medicines, laboratory consumables for HIV and STI testing, and condoms</li> <li>• Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>• Project design and management training</li> <li>• Youth peer education project (CI Red Cross)</li> <li>• VCCT program (CI Red Cross)</li> <li>• South Pacific Mini Games – safe games campaign</li> </ul> <p><u>AHD</u></p> <ul style="list-style-type: none"> <li>• Life skills workshop with Red Cross for youth peer education training</li> <li>• Youth Friendly Services Clinic was to be officially opened, 4 June.</li> <li>• Plans for monthly Program Coordinating Committee Meeting for regular updates and close monitoring of AHD / RH activities</li> </ul>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<ul style="list-style-type: none"> <li>• 6,032,195 XPF (collectively)</li> <li>• 117,725 XPF</li> <li>• 138,040 XPF</li> <li>• 754,460 XPF</li> <li>• 1,676,200 XPF</li> <li>• 170,000 XPF</li> <li>• 297,500 XPF</li> <li>• 85,000 XPF</li> </ul>
<p><b>Fiji</b></p>	<p><u>HPL</u></p> <ul style="list-style-type: none"> <li>• Diet nutrition &amp; lifestyle workshop</li> <li>• Oceania foods training course</li> </ul> <p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>• Small grant scheme development activities</li> <li>• Direct representation in national taskforce of Fiji</li> <li>• Follow up on influenza lab-based surveillance in Fiji</li> <li>• DDM: Computing for public health practice course</li> <li>• Contribution to Fiji national lab meeting</li> <li>• Procurement of Tamiflu</li> <li>• Funding support for specimen shipping</li> <li>• PPE</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>• Steppingstones Project (FSPI)</li> <li>• NAC Grants Program</li> <li>• <b>VCCT</b> project (PC&amp;SS)</li> <li>• Sexual health &amp; advocacy project (PC&amp;SS)</li> </ul> <p><u>AHD</u></p> <ul style="list-style-type: none"> <li>• Town area: 4 school visits as part of MOH</li> </ul>		<ul style="list-style-type: none"> <li>• 56,280 XPF</li> <li>• 1,086,736 XPF</li> <li>• In-country resources</li> <li>• 125,560 XPF</li> <li>• 397,200 XPF</li> <li>• In-country res.</li> <li>• 798,000 XPF</li> <li>• 84,000 XPF</li> <li>• 5,965,050 XPF</li> <li>• 3,639,530 XPF</li> <li>• 455,770 XPF</li> <li>• 1,176,400 XPF</li> <li>• 2,034,390 XPF</li> <li>• 218,025 XPF</li> </ul>

	<p>school team – to share information on sexual / reproductive health, Classes 7&amp;*, 351 altogether.</p> <ul style="list-style-type: none"> <li>• Suburban community outreach: Awareness program for the youth of Naulu –by a Team of RN and peer educators.</li> <li>• Central Division: Peer education training for students of Fiji STA High School.</li> <li>• Youth Friendly Services from the Suva based clinic.</li> <li>• 3-day peer educator refresher training, April 2009, to evaluate the peer educators’ program, develop the PE workplan, and build on capacity and skills, especially interpersonal skills, and proposal writing skills.</li> <li>• Youth Day for Central Division, March 2009. Focus was on character / skills building, and empowering youth by interactive sessions on knowledge of sexual and reproductive health.</li> <li>• Tailevu North: School based life skills training – at Ratu Kadavulevu School, in which 40 students participated. Western Division: Opening of Youth Friendly Services Clinic and YFS workshop for Young People, Tavua, June 2009</li> <li>• Central Division: World Population Day, July 2009 – with involvement of Young people from high schools, and tertiary institutions in debates and talent quest with the theme of “Reduce Poverty: Educate &amp; Empower Girls. Venue was Fiji School of Nursing Campus.</li> <li>• Western Division: Opening of Youth Friendly Services Clinic and YES workshop for young people, Tavua, June 2009</li> <li>• Central Division: Opening of YFS Clinic at Fiji School of Nursing, Tamavua Campus, Suva.</li> <li>• Northern Division: Workshop on youth friendly services &amp; most at risk young people – introducing the concept, evaluating the current clinics and developing work plans for further advocacy and implementation in these areas.</li> <li>• Central Division: Youth peer education of student nurses through the Fiji School of Nursing.</li> <li>• YFS Clinic Suva - ongoing workshops for young people from old school pupils associations, and other youth groups on sexual/reproductive health.</li> </ul>		<ul style="list-style-type: none"> <li>• 218,025 XPF</li> <li>• 218,025 XPF</li> <li>• 70,890 XPF</li> <li>• 218,025 XPF</li> <li>• 70,890 XPF</li> <li>• 212,500 XPF</li> <li>• 1,275,000 XPF</li> <li>• 70,890 XPF</li> <li>• 70,890 XPF</li> <li>• 70,890 XPF</li> <li>• 218,025 XPF</li> <li>• 70,890 XPF</li> </ul>
<p><b>FSM National</b></p>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>• Support for procurement systems strengthening</li> <li>• Basic PPE in-country (in the 4 states) to assist in rapid containment of disease outbreaks</li> </ul>	<p>✓</p> <p>✓</p>	<ul style="list-style-type: none"> <li>• 56,280 XPF</li> <li>• 257,490 XPF</li> </ul>





	<p>program with Health Promotion and Awareness Committee. Health messages aired on local TV.</p> <ul style="list-style-type: none"> <li>• 29 youth friendly services providers underwent on-the-spot AHD training in January.</li> <li>• Clinic improvement program went very well. MYC has been renovated with gym and music facilities. NHMS renovation is due to be completed and to be operated by a health assistant to support peer educators in the clinic. School based clinics in 2 sites in Pohnpei State still need to be established and staff training/awareness for school management and students need to be planned and implemented.</li> <li>• AHD data registry is completed and awaits PC for work to start on improving monthly reporting.</li> <li>• National coordination in progress. First AHD program monthly meeting and YAD meetings held.</li> <li>• In Chuuk State: School-based clinic in Chuuk High School to be implemented. Ms Eleanor Sos has sent request for funds and a plan of the clinic. AHD Team to review budget request and quotation before processing funds.</li> </ul>		<ul style="list-style-type: none"> <li>• 340,000 XPF</li> <li>• 148,750 XPF</li> <li>• 255,000 XPF</li> <li>• 85,000 XPF</li> <li>• 85,000 XPF</li> <li>• 786,250 XPF</li> </ul>
<b>French Polynesia</b>	Nil in reporting period		
<b>Guam</b>	<p>PHS CDC</p> <ul style="list-style-type: none"> <li>• Subregional GSS workshop (participants from American Samoa, CNMI, FSM, Nauru, Palau &amp; RMI)</li> <li>• Review of procurement stockpile management</li> <li>• Follow up laboratory visit.</li> <li>• Influenza IFA reagents</li> </ul>		<ul style="list-style-type: none"> <li>• 6,035,000 XPF</li> <li>• 257,490 XPF</li> <li>• 142,681 XPF</li> <li>• 105,372 XPF</li> </ul>

<b>Kiribati</b>	<u>PHS CDC</u>		
	• Launch and implementation of lab-based influenza surveillance project	✓	• 296,350 XPF
	• Influenza IFA reagents	✓	• 126,899 XPF
	• PPE	-	• 1,097,880 XPF
	• Procurement of Tamiflu	-	• 798,000 XPF
	• Funding support for specimen shipping	✓	• 84,000 XPF
	<u>TB</u>		
	• Quality TB control project	✓	• 25,339,378 XPF
	• In-country TB workshop covering:	-	
	○ Infection control		• 341,600 XPF
	○ TB/HIV		
	○ General TB		
	• GF grant implementation monitoring and evaluation	-	• 275,000 XPF
	• Evaluation of contact tracing	-	
	• Establish link between public health nurses and TB programme to increase community reach	✓	
<u>HIV &amp; STIs</u>			
• Assistance with SGS survey	✓	• 848,890 XPF (collectively)	
• Evaluation of the SGS process and dissemination of results			
• In country assistance with strengthening HIV / STI surveillance systems	✓		
• BCC training and production of IEC materials	✓		
• Provision of safe sex kits via UNFPA	✓		
• Stepping stones national level training support	✓		
• Mapping of peer education and strategy development	✓		
• STI comprehensive case management training national level roll out	✓		
• Provision of STI medical equipment	✓		
• Strengthening national M&E systems to monitor and evaluate NSP for HIV and STI			
• Capacity building to strengthen knowledge and skills of health work force on counselling, voluntary non-remunerated blood donor recruitment, STI case management and HIV continuum of care concepts	✓	• 5,692,195 XPF (collectively)	
• Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms	✓		
• Strengthening laboratory services or capacities for HIV and STI testing and monitoring	✓		
<u>Pacific Islands HIV &amp; STI Response Fund</u>			
• Project design and management training			
• Continuum of care project (MOH)	✓		
• HIV/AIDS prevention education for community (KANGO)			
	✓	• 13,650 XPF	
		• 672,605 XPF	
		• 2,877,930 XPF	

	<p><u>AHD</u></p> <ul style="list-style-type: none"> <li>• Meeting on draft peer education strategy attracted wide representation from stakeholders including NGOs and FBOs in January 2009,</li> <li>• AHD YFS now has a place at the King George VI School-based clinic in Bikenibeu village with a nurse providing medical and SRH services. Two peer educators (a male and a female) are also engaged to work with the PH nurse. AHD –ASRH sessions are also arranged for Forms 4 and 5.</li> <li>• SRH services together with youth leisure and physical exercises continued from AHD Hospital based centre at Betio and Maneaba.</li> <li>• Program coordinating committee continued to meet. Kiribati has good PCC (Project Coordinating Committee) meetings, which helps to expand AHD activities into PHC clinics.</li> <li>• Community based peer education training held in February.</li> <li>• Condom promotion and distribution using 9 volunteer peer educators during one-one sessions with young and older adults 30-45 years old in Betio and South Tarawa.</li> <li>• AHD drama group in action in four communities so far.</li> <li>• AHD team in Kiribati to develop roll-out plan to increase coverage to outer islands and rural areas.</li> <li>• Kiribati is one of 4 countries to be engaged in the PRSIP-funded AHD initiative. The project focuses on peer education, family life education in schools, and youth-friendly services.</li> <li>• 2-day advocacy workshop for primary &amp; junior secondary teachers</li> <li>• 2-day AHD youth policy workshop at Teuanete Boardroom, Tabono</li> <li>• Five 1-day workshops with different groups of at-risk young people.</li> <li>• AHD radio program over 2 months (May-June)</li> <li>• Monthly condom promotional &amp; distribution activities – April-June.</li> <li>• Advocacy workshops for media personnel, women’s leaders &amp; science lecturers (4 from KTC)</li> <li>• Monthly meetings of the Kiribati National Peer Education Committee (while awaiting FLE establishment)</li> <li>• ASRH information sharing through drama – covered 10 schools during the 2<sup>nd</sup> quarter; assess the impact of ASRH drama in Betio and South Tarawa.</li> </ul> <p>10 Youth Friendly Services – detailed reporting of the utilisation by type of service for May and for June, with marked increases in attendants following community awareness promotions of the services offered here for YP.</p>	<ul style="list-style-type: none"> <li>• 212,500 XPF</li> <li>• 194,480 XPF</li> <li>• 127,500 XPF</li> <li>• 63,750 XPF</li> <li>• 212500 XPF</li> <li>• 106,250 XPF</li> <li>• 35,700 XPF</li> <li>• 35,700 XPF</li> <li>• 106,250 XPF</li> <li>• 212,500 XPF</li> <li>• 35,700 XPF</li> <li>• 35,700 XPF</li> <li>• 35,700 XPF</li> <li>• 63,750 XPF</li> <li>• 35,700 XPF</li> </ul>
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	<ul style="list-style-type: none"> <li>Youth friendly services gained marked increase in attendance following community awareness promotion of services</li> </ul>		<ul style="list-style-type: none"> <li>194,480 XPF</li> </ul>
<b>Nauru</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Small grants scheme development ✓</li> <li>Small grants for an awareness programme for avian and pandemic influenza ✓</li> <li>Influenza rapid test kits ✓</li> <li>PPE ✓</li> <li>Procurement of Tamiflu ✓</li> <li>Funding support for specimen shipping ✓</li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>Mapping of peer education and strategy development ✓</li> <li>Provision of STI medical equipment ✓</li> <li>Funding for STI referral testing (Jan – March) ✓</li> <li>Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI ✓</li> <li>Capacity building to strengthen knowledge and skills of health work force on counselling, STI case management and HIV continuum of care concepts ✓</li> <li>Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms ✓</li> <li>Strengthening laboratory services or capacities for HIV and STI testing and monitoring ✓</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>Large country grant to support implementation of National NCD Plan ✓</li> <li>TA assistance in country to finalise large country grant ✓</li> </ul>		<ul style="list-style-type: none"> <li>77,000 XPF</li> <li>1,540,000 XPF</li> <li>255,360 XPF</li> <li>182,000 XPF</li> <li>84,000 XPF</li> <li>1,004,105 XPF</li> <li>3,191,920 XPF (collectively)</li> <li>4,044,250 XPF</li> <li>326,230 XPF</li> </ul>
<b>New Caledonia</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Small grants scheme implementation</li> </ul> <p><u>TB</u></p> <ul style="list-style-type: none"> <li>DOTs strategy strengthening – 24 to 25 June 09 covering the following major topics: <ul style="list-style-type: none"> <li>Contact tracing</li> <li>Case management</li> </ul> </li> <li>Revision of TB manual</li> </ul>		<ul style="list-style-type: none"> <li>2,800,000 XPF</li> <li>95,000 XPF</li> </ul>
<b>Niue</b>	<p><u>HPL</u></p> <ul style="list-style-type: none"> <li>Diet nutrition &amp; lifestyle workshop ✓</li> <li>TA in country for large country grant &amp; finalisation of Niue Moui Olaola plan</li> </ul> <p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Funding support for specimen shipping -</li> <li>Influenza rapid tests kits -</li> <li>Dengue rapid tests kits -</li> <li>PPE -</li> </ul> <p><u>HIV &amp; STIs</u></p>		<ul style="list-style-type: none"> <li>451,710 XPF</li> <li>215,063 XPF</li> <li>84,000 XPF</li> <li>77,000 XPF</li> <li>100,800 XPF</li> <li>145,390 XPF</li> </ul>

	<ul style="list-style-type: none"> <li>Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI</li> <li>Capacity building to strengthen knowledge and skills of health work force on counselling, STI case management and HIV continuum of care concepts</li> <li>Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms</li> <li>Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>BCC training</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>3,191,920 XPF (collectively)</li> </ul> <p>375,445 XPF</p>
<b>Palau</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Small grants for an awareness programme for avian and pandemic influenza (Ministry of Agriculture lead)</li> <li>Review of procurement stockpile management</li> <li>Follow up laboratory visit of lab-based influenza surveillance</li> <li>Influenza IFA reagents</li> <li>Palau JCS and consultation regarding dengue vector control and private sector participation.</li> <li>Funding support for specimen shipping</li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI</li> <li>Capacity building to strengthen knowledge and skills of health work force on counselling, STI case management and HIV continuum of care concepts</li> <li>Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms</li> <li>Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>Women in the entertainment industry project (DOH)</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>NCD planning workshop</li> <li>JCS visit &amp; NCD TA</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>2,100,000 XPF</li> <li>257,490 XPF</li> <li>142,681 XPF</li> <li>193,196 XPF</li> <li>445,400 XPF</li> <li>84,000 XPF</li> <li>3,932,695 XPF (collectively)</li> <li>1,207,595 XPF</li> <li>492,120 XPF</li> <li>428,560 XPF</li> </ul>
<b>Pitcairn Islands</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>PPE</li> </ul>	- <sup>6</sup>	<ul style="list-style-type: none"> <li>224,000 XPF</li> </ul>
<b>PNG</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Facilitate and provide secretariat for national pandemic influenza taskforce</li> <li>Follow-up visit of lab-based influenza surveillance</li> <li>Influenza IFA reagents</li> </ul>		<ul style="list-style-type: none"> <li>In-country resources</li> <li>749,650 XPF</li> <li>305,728 XPF</li> </ul>

<sup>6</sup> Only advice on equipment was planned.

	<ul style="list-style-type: none"> <li>• Procurement of Tamiflu</li> <li>• Funding support for specimen shipping</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>• Diet nutrition &amp; lifestyle workshop</li> </ul>		<ul style="list-style-type: none"> <li>• 1,568,000 XPF</li> <li>• 102,000 XPF</li> <li>• 495,600 XPF</li> </ul>
<b>RMI</b>	<p><u>TB</u></p> <ul style="list-style-type: none"> <li>• Joint review of national TB programme with WHO and CDC covering the following major areas: <ul style="list-style-type: none"> <li>○ Laboratory issues</li> <li>○ Programme</li> <li>○ Clinical aspects</li> </ul> </li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>• Assistance with SGS survey ✓</li> <li>• Provision of STI medical equipment ✓</li> <li>• Provision of safe sex kits via UNFPA ✓</li> <li>• Mapping of peer education and strategy development ✓</li> <li>• Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI ✓</li> <li>• Capacity building to strengthen knowledge and skills of health work force on counselling, STI case management and HIV continuum of care concepts ✓</li> <li>• Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms ✓</li> <li>• Strengthening laboratory services or capacities for HIV and STI testing and monitoring ✓</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>• After dark project (youth to youth) ✓</li> </ul> <p><u>AHD</u></p> <ul style="list-style-type: none"> <li>• AHD peer group completed a focus group for out and in-school youth in Majuro – 155 were reached ✓</li> <li>• Program managers for Majuro and Ebeye boosted the implementation of AHD field activities</li> <li>• Further human resource boost for Majuro with 4 peer educator trainers in place and 3 in Ebeye</li> <li>• Program coordinating committee meeting</li> </ul>	-	<ul style="list-style-type: none"> <li>• 160,000 XPF</li> <li>• 742,900 XPF</li> <li>• 3,932,695 XPF (collectively)</li> <li>• 2,089,895 XPF</li> <li>• 297,500 XPF</li> <li>• 19,125 XPF</li> <li>• 297,500 XPF</li> <li>• 19,125 XPF</li> </ul>
<b>Samoa</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>• Follow-up visit of lab-based influenza surveillance</li> <li>• Procurement of Tamiflu</li> <li>• Funding support for specimen shipping</li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>• Assistance with SGS survey ✓</li> <li>• BCC training and production of IEC materials ✓</li> </ul>		<ul style="list-style-type: none"> <li>• 368,048 XPF</li> <li>• 798,000 XPF</li> <li>• 84,000 XPF</li> <li>• 670,140 XPF</li> </ul>

	<ul style="list-style-type: none"> <li>• Provision of safe sex kits via UNFPA</li> <li>• Mapping of peer education and strategy development</li> <li>• Provision of STI medical equipment</li> <li>• Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI</li> <li>• Capacity building to strengthen knowledge and skills of health work force on counselling, voluntary non-remunerated blood donor recruitment, STI case management and HIV continuum of care concepts</li> <li>• Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms</li> <li>• Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>• Oceania foods training course</li> </ul> <p><u>AHD</u></p> <p>No activities yet for this year. Samoa has selected an AHD Coordinator and requested (informally) AHD support for salary – the official process of appointment as a National AHD Coordinator is not yet completed.</p>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>• 6,610,195 XPF (collectively)</li> <li>• 549,500 XPF</li> </ul>
<p><b>Solomon Islands</b></p>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>• Small grants scheme implementation for an awareness programme for avian influenza (Ministry of Agriculture lead)</li> <li>• In-country assistance for H1N1 response &amp; follow-up of lab-based influenza surveillance</li> <li>• Influenza IFA reagents</li> <li>• Procurement of Tamiflu</li> <li>• Funding support for specimen shipping</li> <li>• PPE</li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>• SGS survey report completed.</li> <li>• Ongoing implementation of condom social marketing program with MSIP</li> <li>• Provision of safe sex kits via UNFPA</li> <li>• STI comprehensive case management training national level roll out</li> <li>• Provision of STI medical equipment</li> <li>• Mapping of peer education and strategy development</li> <li>• Seafarers Drop-in Centre</li> <li>• Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing</li> <li>• Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>• Capacity development organisation grant</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>• 1,960,000 XPF</li> <li>• 634,755 XPF</li> <li>• 334,116 XPF</li> <li>• 798,000 XPF</li> <li>• 84,000 XPF</li> <li>• 3,899,980 XPF</li> <li>• 10,965,000 XPF (collectively)</li> <li>• 3,256,605 XPF (collectively)</li> </ul>

	<p>(Oxfam SI)</p> <ul style="list-style-type: none"> <li>Project design and management training</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>Oceania foods training course</li> </ul> <p><u>AHD</u></p> <ul style="list-style-type: none"> <li>National training for Health Promotion Officers in ASRH and YFS in Honiara, which led to active involvement of HP officers in RH work, and closer working relationships with National AHD Team</li> <li>MOU signed with Solomon Islands College of Higher Education (SICHE) to roll out Youth Friendly Services Clinic on the campus.</li> <li>AHD training for nurses continued in the provinces as part of integration of AHD and YFS with the RH programs.</li> <li>Some work has begun in developing a FLE initiative.</li> <li>YFS initiative has improved access of youth to SIPPA clinic.</li> <li>AHD provincial visits and training continued.</li> <li>Program coordinating committee met.</li> <li>SICHE Clinic work began. SPC AHD Team to sort out funds by reprogramming and keep local team informed of funding disbursements.</li> <li>Roll-out plan for outer provinces to be developed – will include discussion with Save the Children and UNICEF on areas of focus</li> <li>SIPPA undertook a review of the radio program on SRH funded by AHD – review report still to be submitted to SPC.</li> </ul>		<ul style="list-style-type: none"> <li>3,748,670 XPF</li> <li>37,315 XPF</li> <li>1,368,662 XPF</li> <li>2,932,500 XPF</li> <li>212,500 XPF</li> <li>361,250 XPF</li> <li>425,000 XPF</li> <li>85,000 XPF</li> </ul>
<b>Tokelau</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Development of action plan for pandemic preparedness</li> <li>Review of laboratory capacity for influenza surveillance</li> <li>Influenza rapid test kits</li> <li>PPE</li> <li>Funding support for specimen shipping</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>Diet nutrition &amp; lifestyle workshop</li> </ul>	<p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>✓</p>	<ul style="list-style-type: none"> <li>230,000 XPF</li> <li>Nil</li> <li>77,000 XPF</li> <li>161,070 XPF</li> <li>84,000 XPF</li> <li>174,930 XPF</li> </ul>
<b>Tonga</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Small grants scheme application development</li> <li>Follow-up visit of lab-based influenza surveillance</li> <li>Influenza IFA reagents</li> <li>Procurement of Tamiflu</li> <li>Funding support for specimen shipping</li> <li>PPE</li> </ul> <p><u>TB</u></p> <ul style="list-style-type: none"> <li>Conduct of monitoring, evaluation systems strengthening assessment</li> <li>On site training</li> </ul>		<ul style="list-style-type: none"> <li>Nil</li> <li>350,060 XPF</li> <li>193,196 XPF</li> <li>798,000 XPF</li> <li>84,000 XPF</li> <li>1,546,300 XPF</li> <li>220,000 XPF</li> </ul>



	<p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>• SGS survey report completed. ✓</li> <li>• Evaluation of SGS process and dissemination of results ✓</li> <li>• In country assistance with strengthening HIV / STI surveillance systems ✓</li> <li>• BCC training and production of IEC materials ✓</li> <li>• Provision of safe sex kits via UNFPA ✓</li> <li>• Provision of STI medical equipment ✓</li> <li>• Mapping of peer education and strategy development ✓</li> <li>• Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI</li> <li>• Capacity building to strengthen knowledge and skills of health work force on counselling, STI case management and HIV continuum of care concepts ✓</li> <li>• Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing ✓</li> <li>• Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u> ✓</p> <ul style="list-style-type: none"> <li>• Capacity development organisation grant (TFHA) ✓</li> <li>• NAC grants program</li> <li>• Youth and HIV/AIDS awareness project (TNYC)</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>• Diet nutrition &amp; lifestyle workshop</li> <li>• TA – Large country grant for establishment of Health Promotion Foundation ✓</li> </ul> <p><u>AHD</u> ✓</p> <ul style="list-style-type: none"> <li>• FLE concept paper presented to CDU on 14 April. ✓</li> <li>• Stakeholder meeting held 14 May 2009 agreed to proceed with development of national AHD advocacy kit. ✓</li> <li>• Participation of Free Church of Tonga’s church leaders in Nuku’alofa District; their youth leaders met on 1 May to establish social partners and allies to assess need to raise awareness regarding ARH issues.</li> <li>• Peer education training in schools in progress with support from Tonga Principals Association, which paved way for community peer education during national intercollegiate sports competition (15-17 April), and referrals made to the TFHA clinic.</li> <li>• Followed by further peer education skills training for nurses of yr 1 and 2, Queens Salote Nursing School.</li> <li>• Mass media programs continued with radio talkback shows and plans for TV programs in</li> </ul>		<ul style="list-style-type: none"> <li>• 1,122,765 XPF</li> <li>• 5,291,420 XPF (collectively)</li> <li>• 4,179,110 XPF</li> <li>• 1,749,470 XPF</li> <li>• 2,309,195 XPF</li> <li>• 146,580 XPF</li> <li>• 13,757,997 XPF</li> <li>• 127,500 XPF</li> <li>• 127,500 XPF</li> <li>• 297,500 XPF</li> <li>• 148,750 XPF</li> </ul>
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	<p>progress.</p> <ul style="list-style-type: none"> <li>Huge AHD publicity during World Population Day in Ha'apai Islands to mark establishment of new youth centre/clinic.</li> </ul>		<ul style="list-style-type: none"> <li>148,750 XPF</li> <li>340,000 XPF</li> </ul>
<b>Tuvalu</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>Pandemic preparedness plan testing feedback ✓</li> <li>H1N1 updates ✓</li> <li>Influenza rapid test kits ✓</li> <li>PPE ✓</li> <li>Procurement of Tamiflu ✓</li> <li>Funding support for specimen shipping -</li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>Evaluation of SGS process and dissemination of results ✓</li> <li>Development of M&amp;E framework for the NSP ✓</li> <li>BCC training and production of IEC materials ✓</li> <li>Provision of safe sex kits via UNFPA ✓</li> <li>Mapping of peer education and strategy development ✓</li> <li>Seafarers Drop-in Centre ✓</li> <li>Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI ✓</li> <li>Capacity building to strengthen knowledge and skills of health work force on counselling, STI case management and HIV continuum of care concepts ✓</li> <li>Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms ✓</li> <li>Strengthening laboratory services or capacities for HIV and STI testing and monitoring ✓</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>BCC training workshop, NCD &amp; HIV/STI ✓</li> </ul> <p><u>AHD</u></p> <ul style="list-style-type: none"> <li>First stakeholders' meeting on 2 March 2009: ✓</li> <li>First youth workshop for the year on 8 March, 2009: 50 young people participated, reducing the problems of alcohol abuse, tobacco smoking and teenage pregnancy. ✓</li> <li>3-day workshop on 11-13 March 2009 on AHD/reproductive health rights: main output was expression of support for strengthening of ASRH, especially in relation to AHD/RH and the law. ✓</li> <li>2-day workshop for TuFHA Youth Group "Kilogatasi" on 18-19 March 2009. Included development of IEC materials on ASRH issues ✓</li> </ul>		<ul style="list-style-type: none"> <li>130,095 XPF</li> <li>Nil</li> <li>77,000 XPF</li> <li>296,100 XPF</li> <li>182,000 XPF</li> <li>84,000 XPF</li> <li>1,439,135 XPF</li> <li>4,544,695 XPF</li> <li>428,560 XPF</li> <li>42,500 XPF</li> <li>106,250 XPF</li> <li>212,500 XPF</li> <li>106,250 XPF</li> </ul>
<b>Vanuatu</b>	<p><u>PHS CDC</u></p> <ul style="list-style-type: none"> <li>In-country assistance for H1N1 response</li> <li>Influenza lab-based surveillance project – launch &amp; implementation of project</li> </ul>		<ul style="list-style-type: none"> <li>244,083 XPF</li> <li>307,900 XPF</li> </ul>

	<ul style="list-style-type: none"> <li>• Microscope</li> <li>• Influenza IFA reagents</li> <li>• Procurement of Tamiflu</li> <li>• Influenza rapid test kits</li> <li>• PPE</li> <li>• Funding support for specimen shipping</li> </ul> <p><u>TB</u></p> <ul style="list-style-type: none"> <li>• TB contact tracing workshop - 30 March to 1 April 09</li> <li>• Monitoring and evaluation workshop</li> <li>• General TB training</li> </ul> <p><u>HIV &amp; STIs</u></p> <ul style="list-style-type: none"> <li>• SGS survey report completed.</li> <li>• Evaluation of SGS process and dissemination of results</li> <li>• In country assistance with strengthening HIV / STI surveillance systems</li> <li>• Production of IEC materials to support BCC program</li> <li>• Provision of safe sex kits via UNFPA</li> <li>• Ongoing implementation of the condom social marketing program with MSIP</li> <li>• Love Patrol, Series 3 development and commencement of filming</li> <li>• Seafarers Drop-in Centre</li> <li>• Provision of laboratory equipment (BD Probetec) for STI testing</li> <li>• Strengthening national M&amp;E systems to monitor and evaluate NSP for HIV and STI</li> <li>• Capacity building to strengthen knowledge and skills of health work force on legal literacy, counselling, STI case management and HIV continuum of care concepts</li> <li>• Regional procurement and supply of ARV, STI medicines, laboratory consumables for HIV and STI testing, and condoms</li> <li>• Strengthening laboratory services or capacities for HIV and STI testing and monitoring</li> </ul> <p><u>Pacific Islands HIV &amp; STI Response Fund</u></p> <ul style="list-style-type: none"> <li>• Capacity development organisation grant (Wan Smol Bag)</li> <li>• Peer education for sex workers (wan Smol Bag)</li> </ul> <p><u>HPL</u></p> <ul style="list-style-type: none"> <li>• TA – large country grant to support implementation of national NCD plan</li> <li>• Oceania foods training course</li> <li>• TA in country to finalise large country grant</li> <li>• NCD plan consultation</li> </ul> <p><u>AHD</u></p> <ul style="list-style-type: none"> <li>• First draft of peer education manual pre-tested and reviewed. Further training and pre-testing by NGOs will continue before finalisation.</li> </ul>	<ul style="list-style-type: none"> <li>• 742,783 XPF</li> <li>• 187,043 XPF</li> <li>• 798,000 XPF</li> <li>• 138,600 XPF</li> <li>• 2,779,490 XPF</li> <li>• 84,000 XPF</li> <li>• 460,000 XPF</li> <li>• 24,712,475 XPF</li> <li>• 4,204,695 XPF (collectively)</li> <li>• 1,711,305 XPF</li> <li>• 2,381,275 XPF</li> <li>• 5,806,000 XPF</li> <li>• 1,003,800 XPF</li> <li>• 620,470 XPF</li> <li>• 113,770 XPF</li> </ul>
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	<ul style="list-style-type: none"> <li>• 30 peer educators and community youth given access to AHD information.</li> <li>• 45 community youth in the rural area reached and given access to AHD information.</li> </ul>		<ul style="list-style-type: none"> <li>• 403,750 XPF</li> <li>• 297,500 XPF</li> <li>• 722,500 XPF</li> </ul>
<b>Wallis and Futuna</b>	<u>PHS CDC</u> <ul style="list-style-type: none"> <li>• Influenza rapid test kits</li> </ul> <u>HPL</u> <ul style="list-style-type: none"> <li>• TA – Healthy lifestyle and diabetes project</li> </ul>	✓  ✓	<ul style="list-style-type: none"> <li>• 138,600 XPF</li> <li>• 254,000 XPF</li> </ul>

ANNEX 2

Summary of main sectoral meetings and workshops – January-June 2009

PHD	
	<p style="text-align: center;"><b>SPC/WHO Pacific Islands Ministers of Health Meeting Madang, PNG, 7–9 July</b></p> <p>The meeting normally planned for March was postponed, but required preparatory work with WHO during the first half of the year. The <u>purpose</u> of the biennial meeting is to review progress towards the Tonga, Samoa and Vanuatu Commitments made by Ministers of Health. The <u>outcomes</u> of the meeting will be summarised in the Madang Commitment. Ministers strengthened their commitment to tackle important regional strategic issues including food security, aid effectiveness, climate change and health systems strengthening. In addition, ministers considered the need to strengthen responses to technical issues including maternal, child and adolescent health and HIV. Discussion on multisectoral approaches in health and the adoption of the recommendations from the ‘Framework of Priorities for Health in the Pacific’ study were highlights of the meeting.</p>
	<p style="text-align: center;"><b>Pacific Science Inter Congress Papeete, French Polynesia, 2-6 April</b></p> <p>The Congress was attended by over 1000 participants, guests, and members of the press. The conference consisted of 37 symposia, which attracted over 881 scientists including 248 students from 49 countries. One of the purposes of the Inter-Congress is to encourage scientists from different disciplines and regions to collaborate on areas of scientific research that support sustainable development. Dr Axel Wiegandt presented 4 oral presentations and 2 posters on behalf of PHD as a whole.</p>
<p style="text-align: center;"><b>Sections/ projects/programmes</b></p>	
<p><b>Surveillance PHS &amp; CDC section</b></p>	<p style="text-align: center;"><b>SPC/PHS &amp; WHO/CSR Inter-agency Meeting: Strengthening Pacific health security and harmonisation of programmes</b></p> <p>Under the 2009 WHO-SPC MoU, Noumea 23–25 Feb 09. The following objectives were addressed:</p> <ol style="list-style-type: none"> <li>1. Develop a common approach to system and capacity building for early warning in the Pacific</li> <li>2. Develop joint work plans for providing training in the following areas:             <ol style="list-style-type: none"> <li>a. Syndromic surveillance</li> <li>b. Outbreak response</li> <li>c. Risk communications</li> </ol> </li> <li>3. Agreement on areas for harmonisation of key Pacific health security initiatives: <b>PRIPPP</b>, APSED and IHR</li> <li>4. Re-confirm roles in data sharing, risk assessment and response coordination and develop standard operating procedures</li> <li>5. Agree on objectives, key activities and key logistics for next PPHSN meeting and draft agenda</li> </ol>
	<p style="text-align: center;"><b>WHO Global Salmonella Surveillance – Level 1 training course for the Northern Pacific, Guam, 23–27 Feb. 2009</b></p> <p>Organised by SPC in partnership with CDC, PIHOA and WHO. The following objectives were addressed:</p> <ol style="list-style-type: none"> <li>1. To improve Salmonella Typhi isolation capacity (detection) to address the issue of typhoid fever outbreaks;</li> <li>2. To develop and strengthen Salmonella typing capacity, thus</li> </ol>

	<p>improving laboratory surveillance for non-Typhi Salmonella;</p> <p>3. To develop and enhance rapid investigation and response capacity of EpiNet teams (outbreak response teams or communicable disease control taskforces) in general, and against Salmonella in particular, including strengthening teamwork and addressing system issues;</p> <p>4. To update participants on progress in LabNet development, current situation of lab testing, especially lab-based surveillance, and LabNet issues for some PPHSN priority diseases, especially in the following PICTs: American Samoa, CNMI, Guam, FSM, Palau, RMI and Nauru.</p>
<p><b>TB Control team</b></p>	<p style="text-align: center;"><b>SPC/WHO planning meeting</b> <b>Noumea, New Caledonia, 13–15 January, 2009</b></p> <p>The <u>purpose</u> of the meeting was to bring together the TB professional staff from SPC and WHO to discuss workplans for 2009 and to further strengthen a collaborative working relationship between the TB professional staff in the two agencies, thereby ensure that the principles as outlined in the Memorandum of Understanding between the two organizations were honored.</p> <p>The <u>outcome</u> of the meeting was a series of action points which included plans for harmonization of WHO and SPC's TB data collection processes, development of an MDR-TB Framework, the identification of priority countries for programmatic reviews, and a detailed analysis of the implementation of WHO and SPC's Global Fund TB workplans.</p>
	<p style="text-align: center;"><b>TB monitoring and evaluation systems strengthening assessment</b> <b>Nukualofa, Tonga, 24-25 Feb. 2009</b> <b>Apia, Samoa, 2–4 March 2009</b></p> <p>The <u>purpose</u> of the visits (which were conducted as part of Joint Country Strategy visits) was to complete the monitoring and evaluation systems strengthening assessment for the National TB Programmes in Tonga and Samoa.</p> <p>The <u>outcome</u> of the workshops was a draft costed action plan that identifies and costs measures designed to strengthen M&amp;E in Tonga and Samoa, in particular for the National TB Programme.</p>
	<p style="text-align: center;"><b>TB contact tracing workshop</b> <b>TB monitoring and evaluation systems strengthening assessment</b> <b>TB monitoring and evaluation guideline workshop</b> <b>Port Vila, Vanuatu, 30 March–3 April</b></p> <p>The <u>purpose</u> of the visit to Vanuatu was threefold:</p> <ul style="list-style-type: none"> <li>• To conduct a three-day contact tracing workshop</li> <li>• To conduct a review of the regional monitoring and evaluation guideline (conducted by Dr Rick Stapledon, TB consultant from Australia)</li> <li>• To complete Checklist 111 (questionnaires 1 and 3) of the monitoring and evaluation systems strengthening (M&amp;ESS) assessment.</li> </ul> <p>The <u>outcomes</u> of the workshops and M&amp;ESS assessment were a draft costed action plan that identifies and costs measures designed to strengthen M&amp;E in Vanuatu, in particular for the national TB programme, an implementation plan for contact tracing in Vanuatu and feedback on the draft regional TB monitoring and evaluation guideline.</p>
	<p style="text-align: center;"><b>TB monitoring and evaluation guideline workshop</b> <b>Review of TB and MDR TB situation in Chuuk</b> <b>Stop TB patient kit training</b> <b>Chuuk, Federated States of Micronesia, 6–10 April</b></p>

	<p>The <u>purpose</u> of the visit to Chuuk was threefold:</p> <ol style="list-style-type: none"> <li>1. To review the TB and MDR-TB situation in Chuuk</li> <li>2. To conduct training on the introduction of Stop TB patient kits</li> <li>3. To review the regional TB monitoring and evaluation guideline</li> </ol> <p>The outcomes of the workshop, review and training included feedback on the draft regional TB monitoring and evaluation guideline, a series of recommendations to the national TB programme on the use of the Stop TB patient kits and a series of practical recommendations on the implementation and further strengthening of DOTS for the state TB programme in Chuuk.</p>
	<p style="text-align: center;"><b>Review of Marshall Islands national TB programme Ebeye and Majuro, Marshall Islands, 13–17 April</b></p> <p>The review was a multi-agency exercise with experts from CDC, WHO, SPC and the Commonwealth of the Northern Mariana Islands national TB programme in attendance.</p> <p>The <u>purpose</u> of the visit was to review the national TB programme to:</p> <ul style="list-style-type: none"> <li>• assess the TB and MDR-TB situation in Majuro and Ebeye,</li> <li>• work with Ministry of Health and other stakeholders to identify gaps and provide solutions</li> <li>• improve and enhance the national TB programme.</li> </ul> <p>The review was recommended by CDC and SPC after joint training was conducted in Majuro in August, 2008.</p> <p>The <u>outcomes</u> of the review include a comprehensive report that recognises the progress made and presents a series of recommendations to the Marshall Islands Ministry of Health.</p>
	<p style="text-align: center;"><b>Review of QTBECC project and contact tracing programme TB monitoring and evaluation systems strengthening assessment Tarawa, Kiribati, 21 April – 7 May 2009</b></p> <p>The <u>purpose</u> of the visit was to review progress on the QTBECC project (including planning for the development of QTBECC phase two proposals), conduct an audit of the TB contact tracing programme, complete the TB monitoring and evaluation systems strengthening tool, conduct a national DOTS workshop and undertake an assessment of implementation of the Global Fund Round 7 workplan. During the visit, a formal review of the QTBECC project was undertaken by an Australian consultant and the TB Medical Officer from the WHO WPRO (Fiji) office.</p> <p>The <u>outcomes</u> of the visit included the following: a draft of the monitoring and evaluation systems strengthening assessment, 38 people were trained or retrained in aspects of TB management (using the DOTS strategy), and a series of recommendations was made.</p>
	<p style="text-align: center;"><b>Pacific TB HIV managers' meeting Nadi, Fiji Islands, 23–26 May 2009</b></p> <p>The objectives of the meeting were to:</p> <ol style="list-style-type: none"> <li>1. Review progress, identify constraints, and develop approaches to accelerate the implementation of Stop TB work plans, including those supported through Global Fund Round 7 grants;</li> <li>2. Identify specific TB-HIV collaborative activities in line with the <i>Revised framework to address TB-HIV co-infection in the Western Pacific Region</i>;</li> <li>3. Review and endorse a regional MDR-TB framework;</li> <li>4. Review regional monitoring and evaluation and contact tracing guidelines;</li> <li>5. Determine technical assistance needs, including for MDR-TB, TB-HIV co-infection and drug management.</li> </ol>

	<p>The <u>outcome</u> of the meeting was a set of conclusions and recommendations that covered areas such as drug procurement, laboratory strengthening, addressing the challenge of MDR-TB, implementing TB-HIV collaborative activities and monitoring and evaluation for national TB programmes.</p>
	<p style="text-align: center;"><b>TB DOTS workshop for New Caledonia national TB programme Noumea, New Caledonia, 24–25 June 2009</b></p> <p>The <u>aim</u> of the workshop was to further strengthen the national TB programme (using the DOTS strategy) in New Caledonia. The <u>outcomes</u> were a strengthened DOTs programme and NC TB control network.</p>
<b>HIV &amp; STIs</b>	
	<p style="text-align: center;"><b>WHO/SPC facilitated meeting of focal persons for the prevention and control of STIs and HIV in PICTs Nadi, Fiji, 20–22 May 2009</b></p> <p>Objectives of the meeting:</p> <ol style="list-style-type: none"> <li>1. To update information on the HIV and STI situation and response in PICTs and areas, and note progress made since the last meeting;</li> <li>2. To identify challenges and future steps for: <ol style="list-style-type: none"> <li>a. scaling up HIV and STI prevention, care, treatment and support in the health sector;</li> <li>b. monitoring and reporting on the health sector's response towards universal access; and</li> <li>c. country support needed to strengthen HIV and STI prevention, care, treatment and support in PICTs and areas.</li> </ol> </li> </ol> <p>The conclusions and recommendations of the meeting were presented to the health ministers' meeting in Madang, PNG.</p>
	<p style="text-align: center;"><b>Roll out STI case management training at the national level in FSM, and Tuvalu, 20–24 June 2009</b></p> <p>Comprehensive STI training was conducted in Chuuk in a joint effort by SPC, CDC and UNFPA. Nine modules of comprehensive STI case management were covered at the training. Due to time constraints, we were not able to follow the TOT training guide (participants need to read all training material). There were a total of 35 participants (20 from Chuuk, 3 from FSM, 3 from Korea, 7 from Pohnpei, and 2 from Yap). Health educators and health assistants also attended.</p> <p>Training in Kiribati was conducted from 20 to 24 June. Clinical training was provided to health care workers; nine modules of comprehensive STI case management were covered. In-country training costs were supported by OSSHHM.</p>
	<p style="text-align: center;"><b>Response Fund Committee meeting Suva, Fiji, 21–23 April 2009</b></p> <p>The Response Fund Committee provides oversight to the Pacific HIV &amp; STI Response Fund.</p> <p>The committee met in April to review and endorse the recommendation of the IGAP and TAG on competitive grant and PRSIP support grant proposals to access the Response Fund.</p> <p>24 Competitive grant proposals and 20 PRSIP support grant proposals were approved, totalling AUD 9 million. The funds were made available to regional and national organisations through the PRSIP support grant stream and competitive grant stream respectively.</p>



	<p style="text-align: center;"><b>Training in Stepping Stones Kiribati, 2–13 March 2009</b></p> <p>Stepping Stone training in Kiribati involved 33 participants (18 females and 15 males) including SS facilitators. Most participants had themselves previously participated in an SS program in their community and were keen to become facilitators. During the training the I-Kiribati version of the SS manual was piloted and feedback obtained. As a result of the training, an SS advisory group /committee is to be established, composed of a core team + experienced community-based facilitators. Stage 1 SS expansion in KI will be in North Tarawa followed by Stage 2 SS roll-out in 1 or 2 outer islands.</p>
<b>Adolescent Health and Development</b>	
	<p style="text-align: center;"><b>Meeting of the National Programme Coordinating Committees in Kiribati and Solomon Islands, 14–15 January and 27 March, and stakeholders meetings in Tuvalu</b></p> <p><u>Purpose:</u> Review progress and establish ASRH work plans at the national level <u>Outcome:</u> Harmonisation of ASRH work plans at the national level</p>
	<p style="text-align: center;"><b>Advocacy meetings and workshops in several countries</b></p> <p>Meetings and workshops included church leaders and community stakeholders in Tonga, community youth groups, media personnel, women leaders, school teachers in Kiribati, community youth groups in Tuvalu, etc. <u>Purpose:</u> To increase knowledge and awareness of different groups in the community and support joint activities. As a result, plans were made to extend these types of workshops to all levels in the community; areas for joint activities include World Population Day and International Youth Day. Meetings foster more organised approach to communities and target groups.</p>
	<p style="text-align: center;"><b>Training workshops in several countries</b></p> <p>Training workshops included service providers for youth friendly services in FSM, youth in Vanuatu and Fiji, health workforce in the Solomon Islands, women's group in RMI, out of school youth in Tuvalu, etc. <u>Purpose:</u> To improve young people's knowledge, self esteem and psychosocial and interpersonal skills. <u>Outcome:</u> Demonstrated improvement in knowledge and awareness of basic SRH developmental changes and needs of young people, as well as the core components of skills for healthy and positive living. Also an improved awareness of the common problems faced by youth of Fiji and the Pacific.</p>
<b>Multi-country Pacific grants supported by the Global Fund</b>	
	<p style="text-align: center;"><b>Launch – <i>Friends of the Global Fund Pacific</i> Sydney, Australia, 23–24 February 2009</b></p> <p>With significant backing from the Lowy Institute and other key partners, Sydney saw the launch of the fifth not for profit organization focused on raising the profile of, and funding for, the Global Fund to fight AIDS, Tuberculosis and Malaria. The Global Fund will channel more than USD 50 million to 12 PICTs over the 2009–2014 period, based on funding proposals developed by the PICTs.</p> <p>The purpose of <i>Friends of the Global Fund Pacific</i> is to expand and develop regional awareness of the serious threat posed to the development of the Pacific region by the spread of HIV, tuberculosis and malaria; and to</p>

	<p>enhance and support the Global Fund’s commitment to generating the major new resources necessary to turn the tide in the global and regional fight against the three diseases.</p> <p>SPC’s presence was notable during the round table on day 2 of the launch event. SPC highlighted key achievements in PICT responses to malaria, STI and HIV prevention, and TB, and advocated for increased funding and regional co-operation and coordination amongst the high-level stakeholders present, including the Australian Parliamentary Secretary for Pacific Affairs, AusAID senior personnel, and the Executive Director and Deputy Director of the Global Fund.</p>
	<p style="text-align: center;"><b>Executive Committee Meeting Pacific Islands Regional Multi-country Coordinating Mechanism (PIRMCCM) Suva, Fiji Islands, 20–21 April 2009</b></p> <p>Performing the role of Secretariat (on a no-fee for service basis), SPC supported the executive members of the PIRMCCM in their strategic review of the constitution and operational framework for the PIRMCCM.</p> <p>The PIRMCCM’s role is to provide oversight of SPC’s management and use of Global Fund grant resources, with a specific focus on ensuring transparent use of funds by the 12 participating PICTs.</p> <p>A key outcome of the PIRMCCM executive session included a strengthened focus on national country ownership for the planning of comprehensive national responses to the three preventable diseases of HIV, TB and malaria. The meeting also provided SPC with the opportunity to provide country-focused technical assistance on strategies to strengthen internal governance systems and comprehensive, uniform policy reform.</p> <p>The PIRMCCM’s evolution into a self-managing regional coordinating body for the oversight of efficient, cost-effective multi-country responses to HIV, TB and malaria is likely to be evident from as early as December 2009.</p>
	<p style="text-align: center;"><b>Fourth Malaria Reference Group Meeting Tanna Island, Vanuatu, 4–7 May 2009</b></p> <p>The Fourth Malaria Reference Group meeting was held in Tanna Island, Vanuatu, to evaluate and provide technical guidance to Vanuatu and Solomon Islands regarding their efforts to move towards elimination status in one province.</p> <p>Significantly, Global Fund funding channeled since 2002 from SPC to the national malaria programs of Vanuatu and the Solomon Islands has helped both countries to demonstrate readiness for this important next step towards malaria-free status.</p> <p>The outcome of the visit was an agreed framework for priorities for funding for 2009–2011, with a particular focus on ensuring strengthened collaboration between AusAID, and the Pacific Islands Malaria Initiative Support Centre (PacMISC).</p>
	<p style="text-align: center;"><b>Joint meeting between partners and the Ministry of Health and Medical Services, Solomon Islands Honiara, Solomon Islands, 11-12 May 2009</b></p> <p>The joint partners meeting, together with an annual performance review,</p>

	<p>provided the Solomon Islands Government with an opportunity to review the performance of the health sector and the operational status of the Sector Wide Approach emerging in the Solomon Islands, and explore strengthened partnerships with key regional bodies and funding partners.</p> <p>SPC participated in the meeting in two capacities: (1) as a regional intergovernmental partner, through the work of the recently established SPC national office in Solomon Islands, and (2) as a key financing partner of, largely, malaria prevention work. SPC's existing joint country strategy with Solomon Islands provided a clear cross-cutting framework for reference and evaluation.</p> <p>SPC's participation also provided an opportunity to support the development of a strengthened donor coordinating body, to more fully support the governance, performance and improved service delivery outcomes that underlie the objectives of government initiatives in the health sector.</p>
<b>Healthy Pacific Lifestyle</b>	
	<b>National NCD Plan Development: Provision of in-country technical advice and assistance in development and implementation of national NCD Plans</b>
	<b>Nauru, 26-31 January</b> In-country assistance providing advice on aligning National NCD Plan with Pacific NCD Framework. Led discussion and negotiation of large country grant and letter of agreement (LOA).
	<b>Palau, 3-6 March</b> In-country assistance providing advice on aligning National NCD Plan with Pacific NCD Framework. Led discussion and negotiation of large country grant and LOA. Assistance with revision of National NCD Plan.
	<b>Vanuatu, 24-27 March &amp; 2-4 June</b> In-country assistance providing advice on development of templates for management of large grant. Assisted in finalising a costed work plan based on available grant. Meeting with local AusAID official to share information on Vanuatu National NCD Plan, implementation and finance. High-level discussion and negotiation of large country grant and LOA. 2-4 June: NCD Plan consultation meeting with stakeholders, finalising revision of National NCD Plan.
	<b>Marshall Islands, 30 March – 3 April</b> In-country assistance providing advice on aligning National NCD Plan with Pacific NCD Framework. Led discussion and negotiation of large country grant and LOA.
	<b>Wallis and Futuna, 19-24 April</b> In-country assistance on progressing community-based diabetes prevention project (ongoing). Provided technical assistance and took part in chronic disease and risk factor survey.
	<b>Niue, 27 April - 2 May</b> In-country assistance to provide advice on aligning National NCD Plan with Pacific NCD Framework. Led discussion and negotiation of large country grant and LOA
	<b>Tuvalu, 1-8 May</b> In-country assistance to provide advice on aligning National NCD Plan with Pacific NCD Framework. Led discussion and negotiation of large country

	grant and LOA. Assisted in conducting training workshop on social marketing-BCC HIV/NCD combined training workshop.

## ANNEX 3

### SIGNIFICANT PUBLICATIONS

PHD - HMT	
General articles	1. <i>'Health challenges in the Pacific', 'Enjeux sanitaires et priorités de santé dans le Pacifique' - Revue de la Fédération Hospitalière de France, March 2009</i>
	2. <i>Climate change and health: a Pacific perspective (written under the direction of Dr Jimmie Rodgers). Chapter for Commonwealth Ministers of Health book, May 2009</i>
	3. <i>Framework of Priorities for Health in the Pacific – synthesis report and three pilot country national reports (Solomon Islands, Palau, Nauru,) Dr Rob Condon et al., July 2009</i>
Surveillance activities	
PHS & CDC team	
General articles	1. <i>Contribution (Fiji and Niue reports) to 'Simulation exercises on influenza pandemic responses in the Asia-Pacific region', UNSIC 2008</i>
	2. <i>Contribution to article in OCO Bulletin from the New Zealand Customs Service</i>
	3. <i>Article published in Islands Business Magazine: Pandemic Influenza – What about my business and work? – July 2009</i>
Surveillance bulletin	4. <i>Inform'ACTION (issue 30) – bilingual bulletin of the Pacific Public Health Surveillance Network (PPHSN). Produced by SPC and contains news, articles and information about public health surveillance and response activities in Pacific Island countries and territories. ISSN 1029-3396</i>
Regional guidelines	5. <i>Public health surveillance network infection control prevention and control guidelines – 2009 (in press)</i>
	6. <i>Personal protective equipment information manual – 2009. ISBN 978-982-00-0319-4</i>
	7. <i>Travel restrictions for Pacific Island countries? (PacNet-restricted)</i>
National Plans	8. <i>Tokelau work plan for national emergency – pandemic influenza. – Feb 2009 (pending country approval).</i>
	9. <i>Review &amp; update of Cook Islands influenza pandemic action plan 2009 -2012. May 2009.</i>
Poster	10. <i>Infection control posters (2008):</i> <ul style="list-style-type: none"> <li>- "Wash your hands"</li> <li>- "Sequence for putting on personal protective equipment (PPE)"</li> <li>- "Sequence for removing personal protective equipment (PPE)"</li> <li>- "Infection control systems in health care facilities"</li> </ul>
	11. <i>"Cover your cough and sneeze" poster – 2009</i>
Scientific presentations/papers	12. <i>PacNet: An early warning system to prevent and control outbreaks of infectious diseases in the Pacific Islands</i>
TB	
Surveillance report	1. <i>Tuberculosis trends in Pacific island countries and territories; 2000-2006. December 2008 Report: ISBN:978-982-00-0301-9</i>
	2. <i>Tuberculosis surveillance report, 2009 (in prep.)</i>
HIV & STIs	

Surveillance	<ol style="list-style-type: none"> <li>1. <i>Access to condoms and their use among young people in Vanuatu</i> The National Centre in HIV Social Research at the University of New South Wales (UNSW) conducted a qualitative study of issues related to access to condoms and their use among young people in Vanuatu.</li> <li>2. <i>Second generation HIV &amp; STI survey reports</i> Reports on surveys from 10 PICTs available on SPC's website, 7 in English, 3 in French (2 with English translations). Most PICT surveys are of antenatal women and youth populations, but some surveys covered seafarers, police, etc.</li> <li>3. <i>2007 &amp; 2008 HIV and AIDS regional case data and epidemiological update</i> Tables and graphs of new and cumulative HIV and AIDS cases in each PICT available on SPC's website.</li> </ol>
<b>TB Section</b>	
National guidelines	<p><i>Six guidelines published and updated:</i></p> <ol style="list-style-type: none"> <li>3. <i>Guidelines for the control of TB in Niue: ISBN:982-00-0089-0</i></li> <li>4. <i>Guidelines for the control of TB in Kiribati: ISBN: 978-982-00-0246-3</i></li> <li>5. <i>Guidelines for the control of TB in Tonga: ISBN: 978-982-00-0224-1</i></li> <li>6. <i>Guidelines for the control of TB in Wallis and Futuna: ISBN: 982-00-0047-5</i></li> <li>7. <i>Guidelines for the control of TB in Samoa and Tokelau (pending country endorsement)</i></li> <li>8. <i>Guidelines for the control of TB in Cook islands (pending country endorsement)</i></li> </ol>
Regional guidelines	<ol style="list-style-type: none"> <li>9. <i>Monitoring and evaluation of TB programmes in PICTs (in prep.)</i></li> <li>10. <i>TB contact tracing guidelines for small Pacific Island countries and territories (in prep.)</i></li> <li>11. <i>MDR-TB framework for Pacific Island countries and territories (in prep.)</i></li> </ol>
Scientific presentations/papers	<ol style="list-style-type: none"> <li>12. <i>TB molecular epidemiology study in Kiribati – abstract (Melbourne)</i></li> <li>13. <i>TB and diabetes study design (in prep.)</i></li> <li>14. <i>Contact tracing in Kiribati (11<sup>th</sup> Pacific inter-science congress)</i></li> <li>15. <i>DOT model in Kiribati (11<sup>th</sup> Pacific inter-science congress)</i></li> <li>16. <i>MDR-TB management (11<sup>th</sup> Pacific inter-science congress)</i></li> <li>17. <i>TB/HIV collaborative activities (11<sup>th</sup> Pacific inter-science congress)</i></li> </ol>
<b>HIV &amp; STI Section</b>	
<b>Cluster</b>	<b>Title / Description of Publication</b>
Section level	<ol style="list-style-type: none"> <li>4. <i>The Pacific Regional Strategy on HIV and other STIs for 2009–2013</i></li> <li>5. <i>Background and description of the current strategy for HIV and STIs</i></li> </ol>
	<ol style="list-style-type: none"> <li>6. <i>Who's where: A directory of Pacific HIV and STI organisations / Répertoire océanien du VIH et des autres IST / Secretariat of the Pacific Community</i></li> </ol>

	Available in print and online
	<p>7. <i>PASA Volume 34</i></p> <p>8. <i>Pacific AIDS Alert Bulletin No. 34, August 2009</i></p> <p>9. <i>Approximately 20 articles published on current HIV &amp; STI practices and issues in the Pacific</i></p>
Prevention	<p>10. <i>Seafarers Diary 2009</i> Diaries contain HIV / STI and related health prevention information.</p>
	<p>11. <i>HIV / AIDS Prevention and capacity development in the Pacific: Peer education and support program mapping consultancy</i> Assessment of national programs and/or organisations utilising peer education methodology to work with identified HIV vulnerable populations in the Pacific region. Individual reports were also published for the 10 Grant 21 countries.</p>
	<p>12. <i>Love Patrol community resource</i> Follow-up activities &amp; workshops for communities on the themes from the Love Patrol series. (SPC and Wan smol bag)</p>
	<p>13. <i>A monitoring and evaluation toolkit for community-based Stepping Stones programs in the Pacific</i> A practical guide on how to gather information on individual and community change that has happened as a result of the Stepping Stones project (SPC and FSPI)</p>
Clinical Support	<p>14. <i>Assessment of HIV counselling and testing services against draft minimum standards in Pacific countries and territories supported by the Global Fund to fight AIDS, Tuberculosis and Malaria</i> The study looked at counselling and testing services (what and where) currently operating in 11 Pacific Island countries and assessed them against draft minimum standards of service.</p>
	<p>15. <i>Recommendation for HIV medicine and sexual health care in Pacific small island countries and territories</i> SPC in collaboration with OSSHHM</p>
	<p>16. <i>HIV counselling flipchart</i> SPC in collaboration with OSSHHM</p>
	<p>17. <i>Access to antiretroviral drugs in Pacific Island countries and territories</i> Information on access to antiretroviral (ARV) drugs; summarises existing international and regional guidelines.</p>
HPL Section	
	<i>NAURU NCD action plan 2007-2012.</i>
AHD Section	
Section level	Adolescent Health & Development (AHD) Pacific regional strategy, 2009-2012
Scientific paper	A pre-intervention study on the implementation of school-based family life education, Fiji School of Medicine, March 2008, edited and published in 2009

**AGENDA ITEM 3.3.1 – ANNEX 4**  
**REPORT OF OUTPUTS AGAINST STRATEGIC PLAN OBJECTIVES**

<p><b>Objective 1: Prevent, control and manage communicable and non-communicable diseases</b></p> <p><b>Outcome</b></p>
<p><b>Output 1: <i>Improved collection and collation of and access to information/evidence for decision making</i></b></p>
<ul style="list-style-type: none"> <li>➤ PacNet and PacNet-restricted lists have been extremely active due to the pandemic influenza A (H1N1) 2009. Membership of PacNet-restricted has been updated to include all IHR focal persons.</li> <li>➤ SPC information database and PPHSN have been used for sharing country reports and weekly regional information on influenza.</li> <li>➤ Integrated surveillance activities &amp; EWAR system improved through standardisation of syndromic and event-based surveillance implemented with WHO.</li> <li>➤ Lab-based surveillance, incl. influenza has been improved through PRIPPP and PPHSN activities. Approaches to lab-based surveillance are now better linked to syndromic and event-based surveillance, but the influenza pandemic has illustrated some of the difficulties PICTs have with specimen referral. This has been addressed but requires more work and support.</li> <li>➤ A trial of the new PacSurv surveillance system has been started in Cook Islands, using syndromic surveillance. If successful, this system will be proposed to other PICTs.</li> <li>➤ Completion and publication of five grant country second generation survey (SGS) reports (Cook Islands, Solomon Islands, Tonga, Tuvalu and Vanuatu) and assistance provided to FSM, with consultation before approval ongoing in Kiribati and Samoa.</li> <li>➤ Preparation, piloting and implementation of SGS process evaluation.</li> <li>➤ Commencement of systematic dissemination of SGS report findings.</li> <li>➤ Assessment of in-country TB and HIV/STI monitoring and evaluation systems (M&amp;E)<sup>7</sup> were undertaken in 11 PICTs (Cook Islands, FSM, Kiribati, Nauru, Niue, Palau, Samoa, RMI, Tonga, Tuvalu, Vanuatu) to: <ul style="list-style-type: none"> <li>○ better harmonise national M&amp;E frameworks with donor information needs;</li> <li>○ identify gaps in existing M&amp;E procedures and practices; and</li> <li>○ ensure that indicators have clear data sources and methods of analysis.</li> </ul> </li> <li>➤ Regional information sharing and networking on NCDs was supported by the Pacific NCD Framework</li> <li>➤ NCD M&amp;E and surveillance systems for the Pacific NCD Framework strengthened at the regional level with the recruitment of an M&amp;E specialist, and nationally in 5 countries (Nauru, Tonga, Vanuatu, Niue and Cook Islands).</li> <li>➤ Framework to monitor and assess regional progress in addressing NCDs established.</li> <li>➤ Data on NCDs available to inform national planning.</li> <li>➤ NCD surveillance systems established.</li> <li>➤ NCD research priorities identified and supported.</li> <li>➤ A TB list server – a patient management support network linking national TB managers and staff to international TB experts and moderated by SPC’s TB section – is now available to all PICTs. The server will assist NTP managers in the management of difficult TB cases, including MDR-TB, TB/HIV and TB/diabetes.</li> <li>➤ Communication and social marketing strategies and tools to promote healthy lifestyles developed.</li> <li>➤ Information campaigns to address the influenza pandemic in many PICTs developed and put in place. At the same time, SPC, UNICEF and WHO initiated a joint initiative to support risk communication at country level.</li> </ul>

<sup>7</sup> A regional guideline was developed in conjunction with these assessments, to improve consistency in monitoring of National TB Programs.



**Objective 1: Prevent, control and manage communicable and non-communicable diseases**  
**Outcome**

- PHD contributed to the production of multisectoral papers and publications addressing climate change, food security, maternal and child health, etc.
- Data sharing agreement – final draft version is ready and discussions are under way before its presentation to countries.

**Output 2: *Higher skilled health workforce*** (please refer to Annex 1: Training activities)

- Capacity building activities were conducted to further strengthen the knowledge and skills of the Pacific health work force for improved service delivery in HIV, TB and malaria.
- Data for Decision-Making (DDM) training was accepted and accredited by the Fiji School of Medicine.
- DDM training continued – all courses were finalised in Solomon Islands and trainees have been working on their projects, while courses are underway in Fiji, with some delays due to the pandemic; 23 participants from Solomon Islands and 21 from Fiji are enrolled in the programme.
- Epidemiology/lab regional training (Global Salmonella Surveillance training with CDC): WHO Level I training course for the Northern Pacific was held in Guam with 26 trainees (based on one microbiology laboratory technician and one epidemiology or public health practitioner involved in outbreak investigations funded for each PICT) from 7 PICTs (American Samoa, CNMI, FSM (state level), Guam, Nauru, Palau and RMI).
- In-country lab training delivered during country visits (American Samoa, Cook Islands, Kiribati, Palau, PNG, Samoa, Solomon Islands, Tonga and Vanuatu) on lab-based surveillance and microbiology in general.
- Support for country gap analysis, capacity building and planning and testing related to pandemic influenza preparedness (PIP) in several countries.
- Increased national human resource capacities in PICTs as a response to the growing risk of HIV and STI infections; 18 in-country new national staff recruited to support national HIV and STI programs in the areas of implementation, administration, finance, monitoring and management.
- Final draft version of regional infection control guidelines developed by PRIPPP is available on-line; final version will be published in the 2nd semester—delays are due to pandemic.
- As part of round 7 grants implementation, capacity building activities were conducted in 11 countries for HIV (Cook Islands, FSM, Kiribati, Nauru, Niue, Palau, Samoa, RMI, Tonga, Tuvalu, Vanuatu) on M&E, knowledge and skills in counseling, STI case management and HIV continuum of care concepts for improved service delivery; and for TB (TB contact tracing workshop in Vanuatu; infection control, TB/HIV, and general TB management in Kiribati; MDR-TB in FSM, etc.).
- Recruitment of SPC's malaria grants coordinator, strategically based in-country (Solomon Islands) to provide capacity-building.
- NCD Framework LoAs have supported the recruitment of 5 national NCD coordinators in Nauru, Tonga, Vanuatu, Niue and Cook.
- Workforce planning and capacity assessment needs for NCDs undertaken during JCS visits. Planned targeted training workshops were included as key JCS activities to be provided where appropriate.
- Targeted training provided to meet identified capacity needs in NCDs: Oceania Foods training course on food composition was provided in collaboration with Sydney University to 9 participants from Solomon Islands, Fiji, Vanuatu, Samoa and FSM. In addition, a workshop on diet, nutrition and lifestyle was provided for 18 participants from Fiji, Cook Islands, Tonga, Niue, Tokelau and PNG in collaboration with WHO and JICA and supported by FAO and UNICEF.
- Regional information sharing and networking on NCDs supported.
- AHD team continues to maintain a coordinating and supportive role in assisting country coordinators to implement their 2009 work plans. Average implementation rates for the first two quarters are around 70%. AHD team is assisting countries with lower performance (Cook Islands and Samoa).

**Objective 1: Prevent, control and manage communicable and non-communicable diseases**  
**Outcome**

- The creation of the “Info share web network” with all AHD coordinators in the 10 countries is a milestone in sharing good practices and related operational experiences.

**Output 3: Stronger public health response capacity**

**Service delivery**

- National laboratories were strengthened in 11 PICTs through capacity building activities and increased support for external quality assurance, enabling national programmes to provide STI testing and HIV clinical monitoring services (Cook Islands, FSM, Kiribati, Nauru, Niue, Palau, Samoa, RMI, Tonga, Tuvalu and Vanuatu).
- Treatments: in HIV, the anti-retroviral therapy (ART) programme, supported through Global Fund grants, is continuing with no reported dropouts or deaths among adults and children with advanced HIV infection. The ART program also covers prevention of mother to child transmission (PMTCT) and post-exposure prophylaxis (PEP). The STI treatment programme is supported to provide better treatment for Chlamydia and gonorrhoea, especially among pregnant women testing positive for STIs.
- Core national TB programme (NTP) functions have begun to expand to include a suite of activities targeting defined vulnerable groups. In the current programme year, in selected PICTs, these have included:
  - screening prisoners for active TB in four PICTs;
  - screening remote island populations for TB in two PICTs;
  - scaling up of routine TB/HIV co-infection screening in four PICTs
- Extension of the ongoing Kiribati Quality TB epidemic control project funded by AusAID was approved for a further 3 years, from October 1 to September 30 2012. The project will expand TB control to five outer islands with an increasing TB burden. It will also focus on development of new multi-sectoral interventions targeting high-risk communities and groups.
- Clinical interventions targeting prevention of NCDs were supported and implemented in a number of countries with priority given to large grant recipients. In collaboration with WHO, technical assistance was provided to PICTs to develop chronic disease management guidelines, particularly for management of type 2 diabetes.
- On STIs:
  - STI comprehensive case management training – national level roll out
  - Procurement and distribution of STI equipment
  - Evaluation of the Tonga STI testing and treatment program
  - Ongoing production of STI prevention materials
- Follow up in Kiribati, Vanuatu, Tuvalu and Solomon Islands of Seafarers Centres for HIV & STIs.

**Medical products, vaccines and technologies**

- Continuing financial support for the regional procurement mechanism provided by Fiji Pharmaceutical and Biomedical Services (FPBS) ensures that regional supplies of ARV and STI medicines remain adequate, although capacity strengthening efforts will be implemented to guarantee uninterrupted supply.
- In reaction to the pandemic, the PHS section, with the help of PRIPPP, has activated procurement and logistical support and provided countries without bilateral arrangements with the following:
  - Rapid tests and IFA reagents
  - Financial support for specimen referral
  - Tamiflu, and
  - PPE.

**Objective 1: Prevent, control and manage communicable and non-communicable diseases**  
**Outcome**

- Condom distribution is a key prevention strategy against the spread of HIV and STIs in the Pacific. The current regional supply of condoms and lubricants is considered adequate, although in-country forecasting and distribution remain challenges. There are opportunities to expand the reach of existing condom programs to more hard to reach groups.

**Output 4: *Improved policy/legislative frameworks for implementation and enforcement***

- Comprehensive multi-sectoral national NCD strategies supported in nine countries: Cook Islands, FSM, Marshall Islands, Nauru, Niue, Palau, Solomon Islands, Tuvalu and Vanuatu. Alternative delivery mechanisms to implement NCD plans were assessed and supported. RMI and Nauru have finalised and published their national NCD plans. Solomon Islands plan is ready to be endorsed before printing. TA was provided to Niue to finalise its Moui Olaola plan.
- LOA signed and funds given to Nauru, Tonga and Vanuatu to implement key priorities identified in their national NCD plans; technical support focusing on implementation provided to 2 countries (Cook Islands and Niue).
- SPC corporate pandemic influenza preparedness plan was endorsed by the executive as soon as the pandemic started. A plan of action was agreed on and implemented by most stakeholders and could serve as a model for other organisations.
- National legislative and policy frameworks are in place to support the Pacific NCD Framework implementation, with all recipient countries of large grants being assisted to put necessary legislation in place.

49. The table below describes outputs achieved under objective 2 of the current PHD strategic plan.

**Objective 2: Enhance public health systems including management and infrastructure**

**Output 5: *Stronger public health management, planning and governance systems***

➤ **Governance and leadership**

- For Global Fund activities, a sub-set of national country coordinating mechanisms (CCMs) received a modest financial contribution to improve their ability to ensure transparent oversight of grant funds within their countries.
- The influenza pandemic forced many countries to progress more seriously with multi-sectoral coordination and collaboration at national level in relation to pandemic preparedness planning. Good progress was made in some PICTs.
- Participation of PHD teams in joint country strategy missions (5 in 2009) enabled face-to-face discussion with country partners and has contributed to provision of more focused support for national disease programmes.
- HIV & STIs: Increased coordination among ADB, NZAID, the new AusAID & NZAID ‘Response Fund’ and PMCP ensured that available resources were used on a rational basis to support initiatives such as procurement of health equipment, laboratory consumables and reagents and provision of funds for sending specimens to reference laboratories in the region.
- Provided guidance to Tonga on likely revenue yield from taxation of cigarettes and alcohol in Tonga. A draft policy document is being prepared to assess feasible taxation levels. It is anticipated that additional revenue will go towards supporting the Tonga Health Promotion Foundation.
- There has been a substantial increase in the number of collaborative approaches between sections of PHD and other SPC programmes in an effort to develop a more coordinated and integrated approach to supporting country systems, e.g. (1) development of a concept paper for laboratory support and joint team visits/approaches, (2) joint organisation of workshops/training in health promotion or peer education, and coordinated participation in the development (with UN agencies) of a strategic health communication paper and testing, and (3) better harmonisation of national M&E frameworks with donor information needs.

**Partnerships**

**Objective 2: Enhance public health systems including management and infrastructure**

- An important meeting was held in November 2008 between WHO and SPC to standardise approaches for preparations for pandemic influenza (the potential threat considered was bird flu) and regional approaches to dengue.
- Support for country risk communication on pandemic influenza was provided, and a joint initiative was initiated between SPC, UNICEF and WHO.
- HIV & STIs: Increased coordination among ADB, NZAID, the new AusAID and NZAID 'Response Fund' and the Global Fund Pacific multi-country coordinated project (PMCP) ensured that available resources were used on a rational basis to support initiatives relating to procurement and provision of funds for assessing reference laboratory services.
- Development of the strategic health communication (SHC) concept paper and testing in countries with UN agencies.
- PHD participation in multi-partner steering committees, e.g. (1) AHD project monitoring continued through 2-monthly project management committee with UNICEF and UNFPA to oversee activities at the regional level in collaboration with UN partners; (2) PHRHA steering committee.

**Output 6: *Enhanced infrastructure to support effective public health practice***

- Grant funding was proactively re-programmed to deliver urgent response funds to Solomon Islands for post-flooding operations
- A number of activities to support youth-friendly services were undertaken:
  - Fiji School of Nursing opened its youth clinic in July
  - SICHE (Solomon Islands College of Higher Education) is establishing an institution-based youth clinic.
  - Chuuk State in FSM is currently establishing its school-based clinic.
  - USP is moving towards mainstreaming youth peer education and SRH services
  - Fiji School of Medicine has plans for improving student counselling and strengthening student-responsive SRH services at the Oxfam Clinic.
- In NCDs: Administration of grants to support national NCD activities was strengthened and both large and small grant mechanisms are now in operation; five out of nine countries have already received large grants and 12 of 15 applicants have received small grants.