SPC
Secretariat
of the Pacific
Community

HEALTHY ISLANDS – HEALTHY PEOPLE

SPC Public Health Division Strategy

2013–2022

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Cook Islands rugby league sides clash during a weekend match.

Contents

A seafarer spends time with his daughters after dinner at their home in Lautoka, Fiji. Family life has improved immeasurably since he attended a Reproductive and Family Health Association of Fiji workshop for seafarers' families with his wife and eldest daughter.

Acronyms

CPHFs	Core public health functions
KDOs	Key development outcomes
NCDs	Non-communicable diseases
PHD	Public Health Division
PICTs	Pacific Island countries and territories
PPHSN	Pacific Public Health Surveillance Network
RPGs	Regional public goods
SPC	Secretariat of the Pacific Community
STEG	SPC Scientific and Technical Expert Group
STIs	Sexually transmitted infections

Young people play soccer on Bonriki International Airport's runway between flights in Tarawa, Kiribati.

Executive Summary

Healthy Islands – Healthy People *is the strategic plan of the Public Health Division (PHD) of the Secretariat of the Pacific Community (SPC) for the decade 2013–2022. It outlines PHD's strategic direction, priorities and outcomes and how it intends to achieve them. The PHD Strategic Plan contributes to and is aligned to SPC's Corporate Strategic Plan 2013–2015. The strategy is influenced by the Healthy Islands Vision[1] and responds to the contemporary issues facing the health sector and developments outside the health sector that impact population health and well-being in the region.*

The health status of Pacific people is generally good by global standards, but significant preventable mortality and morbidity remain, and considerable health inequalities exist within and between Pacific Island countries and territories (PICTs). PHD will focus primarily on improving population health rather than clinical services directed at individuals. The strategy is designed to communicate PHD's contribution to strengthening public health capabilities in PICTs for the purposes of improving population health and reducing inequalities within and between island nations. The division will re-focus on core public health activities to strengthen PICTs' ability to respond effectively to local public health threats. In addition, it will adjust its role in grant management to ensure that existing commitments are met; however, in the medium term, PHD will move towards a much reduced grant management role.

In adjusting its focus, PHD has revised its approach away from a vertical, single disease and/or risk factor approach towards a focus on core functions based on its mandate, comparative advantages and available resources. It will concentrate on providing high-quality evidence-based advice and support to PICTs in order to build, supplement and/or substitute public health capacity based on the best available evidence. Working with PICTs to strengthen their core public health functions remains the priority. In addition, PHD will provide a range of regional public goods (RPGs) for the region as agreed with PICTs and development partners. RPGs are public goods most effectively and efficiently delivered by one organisation for the region, e.g. surveillance.

In order to deliver effectively on these intentions, the division will be reorganised into two programmes and eight teams. The Research, Evidence and Information Programme will be primarily responsible for the collection, collation and dissemination of evidence and information for policy and action as well as oversight over an operational research agenda that responds to priority questions for the region. The Policy, Planning and Regulation Programme will be responsible for working with PICTs to translate evidence and information into robust policies and services on the ground. An important aspect of the policy work is to assist countries with information and advice on the economic aspects of health interventions to enable them to better prioritise existing demands. It is clear that there are limited resources in most PICTs, and the aim is to allocate existing resources more efficiently, rather than adding new demands on health systems. PHD will support PICTs to obtain the best value from existing resources and assist them to apply an evidence-based approach to resource allocation and priority setting decisions.

1. 1995 First Ministers of Health Meeting, Fiji.

PHD will establish a 'core team' of specialist staff within SPC based on the mandate, core functions and priorities of the division. This will enable PHD to build capacity in-house from which technical assistance can be deployed to PICTs as needed, rather than following the ad hoc practices of the past. Building the core team will take time, but it is important for PHD to have a critical mass of high-quality technical staff available within SPC, rather than relying on external parties. The core team will be funded from core funds, rather than project funds. Core funding will ensure the recruitment and retention of high-quality staff. The core team will be supplemented by the location of senior public health staff in strategic locations around the region for extended periods. A review of travel and meetings has been completed and PHD will seek new ways of working effectively with PICTs with a view to reducing the number of meetings and the cost of travel. Overall, the aim is to obtain the best value from existing resources while delivering on a smaller number of carefully selected priorities.

The strategy is influenced by the Healthy Islands Vision and responds to the contemporary issues facing the health sector and developments outside the health sector that impact population health and well-being in the region.

An important aspect of the PHD strategy is improving the accountability arrangements that exist at various levels in the region. The division will work with PICTs to design and develop acceptable tools for improving accountability for decisions taken at various levels in the health system. Effective accountability will assist PICTs to make progress on strategic issues that have been endorsed by Pacific Leaders and Ministers of Health. Accountability will also enable better monitoring and evaluation of programmes and projects and support improved awareness by development partners and the general public of how public funds have been spent. Improved accountability will strengthen roles and responsibilities at national and regional levels.
PHD will also seek to play a leading role in improving governance and public health leadership in the region, including better linkages with the Pacific Island Forum Leaders and other agencies that influence health. Improved governance and stronger links with sectors that influence health will assist in improving population health outcomes and reducing inequalities in health.

Young women after training session Va'a in new Caledonia

Mwokilese children dance during the 2013 Culture Day celebrations in the Federated States of Micronesia (FSM).
Mwokil is a small island near Pohnpei, FSM.

Introduction

Healthy Islands – Healthy People *is the strategic plan of the Public Health Division (PHD) of the Secretariat of the Pacific Community (SPC) for the decade 2013–2022. It outlines PHD's strategic direction, priorities and outcomes and how it intends to achieve the stated outcomes. The PHD Strategic Plan contributes to and is aligned to SPC's Corporate Strategic Plan 2013–2015. The strategy is influenced by the Healthy Islands Vision[2] and responds to the contemporary issues facing the health sector in the region. The plan will inform the five-year and annual divisional work plans, including human resource requirements, funding and communication plans.*

Pacific health context

The health status of most people in the region is good by global standards, although several Pacific Island countries and territories (PICTs) are unlikely to meet the health-related Millennium Development Goals (MDGs) by 2015.[3] In addition, gains in life expectancy have stalled or deteriorated in some PICTS. Chronic non-communicable diseases (NCDs) and related risk factors have become the most common cause of death, disease and disability in many PICTs. NCDs cause considerable social and economic costs to Pacific individuals, families and nations and are a major threat to their development potential. The prevalence of risk factors for NCDs, such as smoking, unhealthy diets and obesity, are among the highest in the world.

While NCDs have become the major cause of death and disease in all PICTs, some island states continue to suffer from infectious diseases such as malaria and tuberculosis and childhood diseases attributable mainly to poor environmental conditions. In many PICTs, injury is also rapidly rising as an additional cause of death and disability, mainly as a result of motor vehicle crashes, often linked to alcohol consumption. The 'triple burden' of NCDs, infectious diseases and injury is particularly important in Melanesian and Micronesian PICTs, while NCDs are particularly prevalent in Polynesia.

The region is home to about 10 million people, with 90% living in Melanesian countries.[4] The majority of the population is under the age of 25 years. High population growth and limited employment opportunities present social challenges in some urban centres in the region. HIV/AIDS remains a risk in a small number of PICTs. STIs are 'hyper-endemic' in the region, with the prevalence being one of the highest reported anywhere in the world and – it is thought – many more unrecognised and untreated cases. Children continue to suffer unacceptably high rates of respiratory infections and diarrhoeal diseases as a consequence of the socio-economic conditions under which they live. Infant mortality rates and under-5 mortality rates remain high to very high in Melanesian and Micronesian countries. Environmental changes brought about by climate change are likely to compound existing environmental health concerns and lead to a resurgence of endemic diseases such as dengue fever.

Good health is largely determined by the political, socio-economic, cultural and environmental conditions in which people live, work and play. Health services make a modest contribution

2. 1995 First Ministers of Health Meeting, Fiji.
3. 2011 Pacific MDG Regional Tracking Report, Pacific Islands Forum Secretariat.
4. SPC Statistics for Development Division.

to good health compared to the influence presented by the socio-economic determinants of health. Most of the PICT economies are static or in decline and many island states are heavily reliant on development assistance and remittances from the diaspora in the Pacific Rim countries. Population health status is closely aligned to the socio-economic circumstances of each country. In recent years, the socio-economic circumstances in several PICTs have deteriorated and life expectancy is reported to have stalled in some PICTs.

The burden of preventable disease in most PICTs is substantial, and health care systems are struggling to meet rising health care demands caused by the growth and ageing of PICT populations. Health care services are funded and delivered mainly by governments in most PICTs. A small private health sector exists in a limited number of PICTs. While health care services are free to users in most PICTs, it is clear that current funding arrangements are not sustainable given the rising health care costs and growing populations. It is already evident that current health expenditures in many PICTs are insufficient to meet health care demands. Out of pocket expenses are common and part charges are applied to several services in many PICTs. Shortages of medical and diagnostic supplies are frequent and migration of skilled health workers is attributable to unsatisfactory working conditions and lack of professional development opportunities. Heavy reliance on off-island referral services for tertiary care services is common; for example in Marshall Islands and Federated States of Micronesia off-island referrals constituted the major outlay in healthcare expenditures. Collectively, these observations are indicative of chronic under-funding of health care services in the region. The regulatory, legislative and policy capability in most PICTs require support in order to respond systematically to public health threats, rather than the current ad hoc and reactive approaches found in many places. Furthermore, better health system performance information and accountability arrangements are needed.

It is generally accepted that countries should spend at least 5% of GDP on health in order to meet basic health care needs. Several PICTs currently spend less than the threshold and the consequences are clear, including high maternal mortality, low immunisation coverage and low patient to health worker ratios. A major advantage of health systems in most PICTs is health service delivery at the primary health care level; however, despite this advantage, funding is oriented towards disease priorities rather than overall systems. The provision of public (population) health services is highly variable and generally poorly supported in comparison to clinical services. Most health systems in the region have yet to reorient service provision towards effective health promotion and prevention, early intervention and treatment that is better aligned to meet current and future health problems.

The health development space in the region is crowded and the quality of technical assistance provided to PICTs is highly variable. Furthermore, despite considerable investment in capacity building and skill development, health systems are not well managed and system performance is largely unknown in most PICTs. While health care coverage in the region is good by global standards, coverage of essential services is patchy, and many PICTs are unable to provide health care to all of their citizens consistently. Information systems and analytical capacity are weak and there are few data on results and outcomes. Financial management capability is limited and managers are often unable to correlate resource allocation with health outcomes. The administrative, regulatory and policy capacity in most health ministries is weak and service development is reactive rather than planned. It is clear that health systems need further support to ensure that financial and available human resources are well managed and results can be monitored and measured.

PHD strategy

Vision	**Our vision for the region** is Healthy Islands – Healthy People **Our vision for the Public Health Division:** The premier provider of public health expertise to SPC members.
Mission	Our mission is to: 1. Provide high-quality scientific and technical assistance to support PICTs to deliver core essential public health functions. 2. Provide high-quality regional public goods.
Principles	The Public Health Division….. • Ensures accountability in all our work and promotes accountability for public health actions in the region. • Advances the evidence-base and knowledge sharing of public health in the Pacific. • Responds to the needs of our members with a focus on equity of services. • Capitalises on the multi-sectoral components of SPC and strives to build and maintain strong partnerships for health. • Ensures our work is in line with aid effectiveness principles.
Values	Our core values define the identity of the Public Health Division, what we stand for and how we work. • **One team** – PHD is committed to working as one team to provide the best support possible to our country members. This includes embracing a multi-sectoral approach and collaborating with others where possible and appropriate. • **Cultural competency** – Staff at PHD respect and value the unique cultures of our members and colleagues. • **Integrity** – PHD is accountable to SPC members. We strive to maintain the highest standards of professional, scientific and personal integrity. • **Trust** – We as a team trust in one another to deliver professional, accurate and high-quality assistance to PICTs and endeavour through our work to earn the trust of member countries and partners. • **Respect** – PHD places strong value on respecting diversity and differences amongst team members, partners, stakeholders and all those with whom we work. • **Non-discrimination** – PHD practices a policy of non-discrimination. We are committed to promoting gender equality, cultural diversity and human rights for all. • **Open to learning** – PHD strives to continually learn from the countries we work with, our regional partners and the global stage to enhance and maximise the impact of our work

SPC key development outcomes

PHD contributes to the achievement of the key development outcomes (KDOs) outlined in the SPC Corporate Plan 2013–2015. The primary focus of the SPC Corporate Plan is to help Pacific Island communities achieve their development goals. SPC members have identified the following KDOs:

- KDO 1: Sustainable economic development
- KDO 2: Sustainable human and social development
- KDO 3: Sustainable natural resource and environmental management and development

PHD activities contribute directly and indirectly to the first two KDOs, sustainable economic development and sustainable human and social development. Good health is an important resource for personal, community and national development and a necessary prerequisite for sustainable economic development and income generation. Effective investment in public health is an investment in economic development and wealth creation.

Several studies have shown that wealthy, educated populations also tend to be healthier. Hence, the broader work of SPC in supporting livelihoods and education will also deliver results relevant to healthy societies. SPC will explore ways to maximise these opportunities and develop a whole of organisation approach during the period of this plan. SPC is uniquely placed to promote a multi-sectoral approach to health development through actions in sectors in which it works e.g. agriculture, fisheries, education, training and human development.

PHD strategic focus

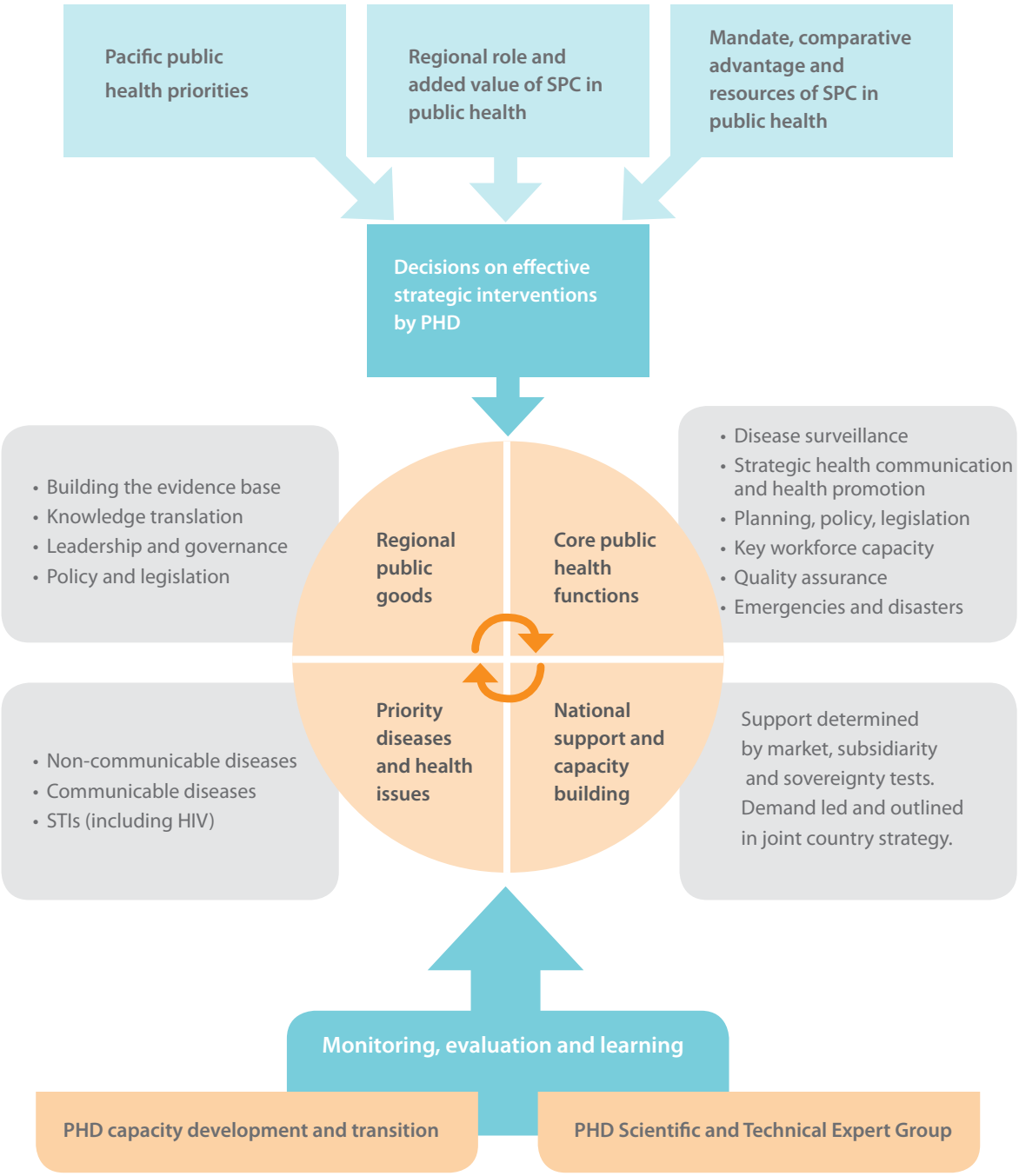
The primary goal for all PHD activities is to promote population health and well-being, prevent disease and injury, restore health and reduce inequalities in health. PHD is primarily concerned with improving and protecting public (population) health, rather than individual treatment services. An assumption of this strategy is that clinical activities directed at individual health and well-being will, during the life of this strategy, be better provided nationally or by other supra-national providers. Effective health promotion and disease prevention services reduce the need for costly clinical interventions.

The logic underpinning this plan is that understanding Pacific public health priorities, together with SPC's regional role and added value, and PHD's mandate, comparative advantage and resources provide the foundations of SPC's capabilities and the shape of the strategy.

PHD objectives are to provide scientific and technical support to PICTs in order for them to protect and promote population health in their countries. This support is provided in a number of ways depending on the needs of different PICTs (Appendix 1). Based on the needs of the PICTs and PHD capability, the focus of the strategy is on two main areas. These are:

1. Build national capacity to deliver core public health functions (and/or supplement or substitute capacity in small island developing states)
2. Provide selected regional public goods (RPGs) in health– Underpinning and supporting these areas are the key functions of monitoring, evaluation and learning. This is supported by the capacity being developed in PHD as it transitions its structure, skills and resources to better support the new strategic focus. The SPC Public Health Scientific and Technical Expert Group (STEG) provides advice and guidance to enrich and strengthen PHD with specialist experience and innovative perspectives. A diagram illustrating this strategy follows;

PHD strategy



Building capacity in PICTs to provide core public health functions

Core public health functions

The following functions form the core public health functions (CPHFs) for all PICTs as part of their responsibility to promote, protect and improve the health status of their populations. Not only does delivery of effective CPHFs at the local level benefit local populations, but these interventions also have important flow-on benefits (externalities) for the region and globally. The list of CPHFs is a guide for the PICTs, and the way these functions are delivered depends on local priorities, availability of human and financial resources, and existing agreements with other partners working in the health sector.

PHD will provide technical assistance and support to PICTs to strengthen and build capacity to deliver CPHFs at the country level. In addition, SPC will provide some of the CPHFs as part of its role in the delivery of regional public goods (RPGs) in the region in support of national activities. For small island states, SPC expects to provide support on an ongoing basis to supplement and/or substitute capacity as needed.

Proposed CPHFs for the Pacific region are:

1. Surveillance, operational research, investigation and control of the hazards, risks and threats to public health, needs assessment and analysis of health status to identify and solve community health problems;
2. Health Promotion, strategic health communication, community partnerships;
3. Develop policies and institutional capacity for public health planning and the strengthening of public health legislation, regulation and enforcement capacity to protect health and ensure safety;
4. Human resources development and training in public health and assure competent public health workforce;
5. Accountability and quality assurance in population based health services, programmes and projects, including monitoring and evaluation;
6. Reduction of the impact of emergencies and disasters on health.

PHD priority conditions and health issues

We recognise that there are specific diseases and risk factors that create a high burden of disease in the region (NCDs) and where we have/can build the ability to provide high-quality scientific and technical assistance to our members. We are mindful of the number of other contributors working in the health sector and the need to avoid duplication of effort. We have selected priority areas where we can add the most value, with a particular focus on the provision of regional public goods and appropriate support in-country. For example, RPGs include surveillance, research and the development of regional policies, norms and standards as appropriate. In addition, we will develop appropriate and respectful partnerships with

others who share our goals and objectives. The health sector in the region is crowded and it is important for PHD to focus on those areas where it can add the most value.

We have identified the following priority areas as the focus of our work during the plan period:

1. NCD prevention and control, including the major risk factors
1. Communicable disease surveillance and response
1. STI prevention and control, including HIV/AIDS

These priorities have been selected primarily on the basis of the burden of disease in the region, the expressed need of PICTs for assistance and SPC's capacity and capability. PHD will provide the necessary technical assistance as agreed with individual PICTs based on their needs. Details of planned activities for these priority conditions can be found in Appendix 2.It is important to note that while these priority health issues have been identified, PHD will also endeavour to provide key functions such as surveillance, policy, regulation and others that can be applied to any of the health problems in various PICTs.

SPC has considered other regional priorities such as oral health and agreed that it does not have the capacity or the resources to engage in these areas at this time.

Regional public goods

Regional public goods are a key feature of this strategic plan, but the term can have different meanings and implications. In mid-2013, at the time this strategy was being finalised, the concept of a regional public goods approach was of significant interest to SPC and its metropolitan members. Therefore, SPC convened a small working group with these members to develop the concept and make practical recommendations for SPC. It is anticipated that the approach will continue to be refined over the plan period.

This short description of the way SPC understands regional public goods in a Pacific public heath context is provided to clarify what SPC means, at the time of the development of this plan, by a regional public goods approach in SPC's delivery of public health interventions in the Pacific.

As described earlier, SPC PHD uses the term regional public goods to denote **public health services that are most effectively and efficiently provided through cooperation and collective action by two or more countries, realising economies of scale and/or better results.** SPC PHD provides, coordinates and builds expertise, specialist resources and technical assistance which would be more expensive and less impactful if provided by single countries.

Strictly speaking, 'public goods' comprise a set of goods and services with very specific characteristics defined by economic theory. The current discussion in SPC and with its members on 'regional public goods' is really about 'services supplied through regional collective action'. Hence, the definition above is a wider and looser definition of public goods than that which would be derived from the classical economic theory.

Elenoa Tuidama* with her daughters during dinner at their home in Lautoka, Fiji. Mrs Tuidama attended a Reproductive and Family Health Association of Fiji workshop for seafarers' families with her husband Iliesa.* With a history of incarceration, Iliesa says the workshop helped him prioritise his marriage and family. His wife and daughters report that family life has improved immeasurably since the workshop. (*Names have been changed)

Based on the above definition of RPGs and consistent with SPC mandate, PHD will focus on the delivery of the following goods:

Core area 1: Building the evidence base
This core area includes carrying out research directly, and commissioning new research from academic partners in the region. Initially the focus will be on areas where SPC has a strong track record and existing capacity, namely surveillance. An example is operational research aimed at improving the delivery of surveillance programmes across the region, under the auspices of the Pacific Public Health Surveillance Network (PPHSN).

Core area 2: Knowledge translation
PHD will serve as a repository of evidence and good practice on public health in the region, accessible to countries and partners. Building on PHD's work in strategic health communication, the initial focus will be on NCD prevention and control. Examples of activities include collecting and synthesising global evidence on 'what works' in health promotion for NCDs, and adapting for the Pacific and developing good practice tools/guidelines for lifestyle modification and behaviour change health promotion campaigns. PHD will support cross-country learning by facilitating the sharing of success stories. SPC also plays a crucial role in translating the global MDGs and the subsequent Sustainable Development Goals (SDGs) to the Pacific region.

Core area 3: Leadership and governance
The identification and delivery of RPGs in the Pacific needs to be overseen and coordinated by PICTs themselves. To this end, efforts are underway to strengthen regional health governance in the Pacific. Through this core area, SPC will work alongside other regional partners to support reform of the regional health architecture in the Pacific, ensuring a strong focus on public health in these negotiations. Strengthened leadership for public health is a critical aspect, and a prerequisite, of better governance. Conversely, better governance is required to provide the enabling environment for leaders to exercise their skills. Thus, while improved leadership and management skills will primarily benefit the countries where the individuals work, they can also be considered a regional public good in that – alongside better governance – they should lead to a higher standard of public health programmes, with benefits for the region as a whole.

Core area 4: Policy and legislation
SPC is a development agency with programmes in many of the areas that influence population health, notably food security/agriculture, fisheries, trade, education and the environment. Further, the SPC Corporate Strategy identifies the control of NCDs as a multi-sectoral priority for the agency. PHD will leverage these cross-sectoral links and the agency-wide commitment to support the development, review, implementation and monitoring of legislation and policies in sectors that benefit public health. The regional public good aspects of this work relate to minimum standards (for example, in development of tobacco and alcohol control measures), a common approach to monitoring, cross-country learning and serving as a centre of regional expertise. Activities in this core area will include an 'NCD scorecard' which monitors countries' adherence to the commitments they have made in NCD control, for example the UN High Level Meeting on NCDs and regional ministerial meetings.

Centre of excellence

PHD will build its expertise in a few areas where it has the mandate, resources and skill set to deliver high-quality world class outputs. The flagship PPHSN is a logical choice for developing a regional centre of excellence for surveillance, operations research and response. PPHSN also provides a strong foundation for developing an integrated approach to regional surveillance for communicable diseases, NCDs and injuries.

PHD structure and core functions

The health challenges in the region are significant, and SPC as a Pacific-based intergovernmental agency is uniquely placed to respond to these needs. SPC's focus is on helping PICTs achieve their development goals. While it has a unique position and mandate, it does not have the capacity or the capability to contribute to overcoming all the challenges in the health sector. In this respect, PHD has considered a number of other priorities that are not well supported in the region, such as mental health and suicide, child health and oral health. Due to limited resources, and the specialised skills required to engage in these areas, PHD has limited its involvement to areas where it has capacity and capability to provide high-quality technical assistance and advice.

In light of its limited capacity and resource limitations, PHD will adopt a 'functional' approach to its work, rather than the vertical, single disease or risk factor approach of the past. In this respect, PHD will build a focus on 'core functions' based on its strategic priorities.

PHD structure

A key aspect of this strategy is the establishment of two programmes based on the core functions of the division. The two programmes will be made up of eight teams, consisting of no less than five team members with a common focus. The proposed public health programmes and core functions are:

1. Research, Evidence and Information Programme
    - Surveillance and operational research
    - Health information systems
    - Laboratory strengthening and quality assurance
    - Preparedness and response
2. Policy, Planning and Regulation Programme
    - Policy, planning, regulation and legislation, including health economics
    - Strategic health communication/health promotion, including M&E
    - Technical advisory services
    - Country presence in selected locations

Core functions and objectives

Based on the three strategic focus areas described in the previous section, the following are the PHD core functions and medium term objectives.

Research, Evidence and Information Programme

The overall aim of the Research, Evidence and Information Programme is to generate and disseminate high-quality information and build the evidence base to inform/enable PICTs to provide effective core public health functions (CPHFs) nationally. In addition, PHD will provide a range of RPGs that fall under SPC priorities. Specific core function objectives are:

1. *Surveillance and operational research*
   To expand the scope of PPHSN to provide an integrated source of regional surveillance services and implement the priorities identified in the operational research agenda for communicable and non-communicable diseases.
2. *Health information systems*
   To provide technical advice and support to PICTs on data and information management and health information systems in support of research, evidence and information for policy. Assist with the management of databases and enable PICTs to manage data and information for policy and planning. PHD will continue to work collaboratively with the Statistics for Development Division on data management and health information systems in health.
3. *Laboratory strengthening and quality assurance*
   To strengthen the capacity and capability of PICT public health laboratories and ensure that the services provided meet international good practice guidelines for laboratory services through a range of activities, including the establishment of four reference laboratories in selected locations in the region.
4. *Preparedness and response*
   To enable PICTs to monitor and respond effectively to public health threats within their jurisdictions and contribute effectively to the regional surveillance system (PPHSN) in a timely manner.

Policy, Planning and Regulation Programme

The overall aim of the Policy, Planning and Regulation Programme is to build the capacity of PICTs to provide appropriate policy development, planning and regulatory capabilities in order to respond effectively to national public health priorities. This includes health economics, public health law, strategic health communication/health promotion, governance and leadership for public health.

1. Policy, planning and regulation

   To provide technical assistance to PICTs to build their policy development, planning and regulatory capabilities at country level and ensure the provision of appropriate tools and good practice models.

2. Strategic health communications/health promotion

   To provide tools and guidelines for effective strategic health communication and health promotion practice and coordinate the dissemination of good practice models.

3. Performance and accountability

   To develop the SPC Accountability Framework for the region that PICTs and other stakeholders can adapt for local use, and provide technical assistance in this area to PICTs on request. A core component of this work is to assist PICTs with monitoring and evaluation of programmes and projects on request.

4. Governance and leadership for public health

   To facilitate the provision of appropriate leadership development for public health leaders for improved governance and leadership in the region, and to contribute to the development of improved governance for regional health development in the region.

The draft PHD organogram is attached as Appendix 3.

PHD will work with academic institutions and specialist colleges in Australia, New Zealand and the UK to create opportunities for public health practitioners in the region to gain specialist qualifications in public health appropriate for the region, including better opportunities for professional development. Agreement in principle has been reached with specialist colleges for support to the region.

Grant Management Unit

PHD currently manages the Global Fund and Response Fund grants through the Grant Management Unit. SPC plans to establish a general grant management facility for all relevant SPC grants under the management of the Deputy Director-General (Programmes), including Global Fund and Response Fund grants, if any. Therefore, grant management does not form part of the strategic plans for PHD.

How PHD adds value

PHD adds value in the following ways:

1. **Providing services in a range of sectors that contribute to good health e.g. fisheries, agriculture, trade and education.** PHD is uniquely located to promote good health in the region through multi-sectoral actions and partnerships with most divisions within SPC. PHD is developing a multi-sectoral action plan for SPC to contribute to health improvements through actions taken by other sectors such as promoting consumption of fresh fish and locally grown crops.
2. **Providing cost-effective specialist services through economies of scale.** PHD facilitates and coordinates the delivery of services where they can be provided more cost effectively through a regional approach or add value to individual national efforts, or both. In public health this is particularly critical in smaller island countries and territories. PHD expects to accomplish this through provision of regional public goods in public health and also providing specific support for national CPHFs where requested and where it is efficient and effective to do so.

   For the purpose of clarification in this strategy, SPC PHD uses the term Regional Public Goods to denote public health services that are most effectively and efficiently provided through cooperation by two or more countries, realising economies of scale. PHD provides, coordinates and builds expertise, specialist resources and technical assistance that would

be more expensive and less impactful if provided by single countries. An example is the Pacific Public Health Surveillance Network (PPHSN), where countries work together to address disease outbreaks and PHD provides resources, training, advice, laboratory coordination and communication.

3. **Supporting the sustainable management of shared natural resources and the environment.** While PHD is not directly involved in work in this area, it is in a unique position to collaborate with other SPC work such as in land and fisheries to ensure crops and fisheries support nutrition and health, assisting with the prevention of NCDs and assuring food security.
4. **Promoting region-wide norms and standards,** as well as supporting the collection and monitoring of high-quality regional data and statistics in health and using these to support PICTs with evidence-based decision-making and prioritisation of resources.
5. **Facilitating transboundary coordination,** south–south cooperation and regional alignment of skills and resources around specific issues, e.g. PPHSN and coordination of Health Ministers and Secretaries/Directors of Health meetings.
6. **Piloting initiatives** where a regional approach can provide impetus and wider expertise e.g. operational research focusing on selected arbovirus infections (dengue, chikungunya, Ross River fever, West Nile/Kunjin, Japanese encephalitis) aimed at assessing the feasibility of a broad arbovirus surveillance system to gain better understanding of these diseases and their ecology.

   Influencing global agendas relevant to the Pacific to position PICTs by providing PICT representatives at the UN, WHO and other agencies with evidence derived from SPC's public health experience and from implementing technical programmes in the Pacific context. PHD is also facilitating appropriate recognition of Pacific regional issues in the Post-2015 development agenda.

Further details of SPC's comparative advantages in public health can be found in Appendix 4.

How PHD will work

Joint country strategies

The joint country strategies (JCSs) are the platform for SPC's service delivery to PICT members. A JCS presents the totality of SPC's support to the member across all of SPC's technical and scientific programmes in one document. Each JCS presents agreed outputs and results that the SPC programmes are expected to deliver in each PICT. PHD intends to use the JCSs as the primary tool for communicating public health priorities agreed with each PICT. PHD work plans will be closely linked to JCSs.

PHD intends to strengthen its work with/in PICTs through:

i. establishment of a core team of experts/specialist staff consistent with PHD core functions, with a focus on essential skills needed to deliver technical assistance;

ii. location of experienced SPC technical staff in selected PICTs to work with local counterparts on priority areas;

iii. review of meetings and travel schedule; and

iv. establishment of the SPC Public Health Scientific and Technical Expert Group.

PHD Core Public Health Team

SPC has limited in-house capacity and capability to respond to country needs. It has previously relied on engaging technical staff on an ad hoc basis from external sources depending on funding availability and stakeholder requests. This approach does not build long-term capability within SPC, and a number of reviews have raised concerns about the quality of technical assistance provided to countries. PHD proposes to establish a 'core team' of senior and experienced technical and scientific staff positions funded from core funds. This arrangement will improve the quality of technical advice from SPC, ensure continuity and consistency of advice and avoid the frequent turnover of key staff. PHD intends to deploy appropriate members of the core team as the primary means of providing technical assistance to PICTs. The core team consists of people with skills, experience and qualifications consistent with PHD core functions and priorities.

Enhanced PHD in-country presence

The Core Public Health Team will be based at SPC's Head Office in Noumea, New Caledonia. The team will be supported in country by the presence of senior public health practitioners to assist with local capacity building with respect to CPHFs in strategic locations around the region. They will be members of SPC staff in order to be able to obtain support from SPC colleagues, but they will be based in local ministries of health. They will be in place for extended periods, e.g. 2–3 years. Initially, practitioners will be placed in Solomon Islands (will also cover Vanuatu), Kiribati and the SPC Northern Pacific Regional Office in Pohnpei, Federated States of Micronesia to cover the US-affiliated PICTs. These locations were chosen in view of population size, limited capacity and good potential for local capacity after SPC intervention.

Review of meeting and travel schedule

PICTs are scattered across the largest body of water in the world. In order to deliver workplans agreed with PICTs, SPC staff members need to travel and convene meetings with appropriate audiences. As part of our commitment to aid effectiveness and to ensure maximum efficiency and effectiveness, PHD has reviewed the division's meeting and travel schedules. The aim of the review is to assess how best to deliver more effective technical support at lower cost.

SPC Public Health Scientific and Technical Expert Group

A Public Health Scientific and Technical Expert Group (STEG) has been established to assist PHD to generate innovative approaches to local problem solving using international and regional proven strategies and methodologies. STEG will meet face to face twice a year and have continuing interactions electronically between meetings. The group will consist of internationally recognised public health experts, leaders and academics as well as selected health leaders from PICTs. The group will guide PHD with the development of its strategic direction and priorities for strengthening public health functions in the region.

Partnerships

PHD will continue to maintain and form strong partnerships and collaborate with other stakeholders, including other regional technical assistance partners, civil society organisations, community and faith-based groups, UN agencies and donors, to deliver a coordinated and appropriate response. The relationship with WHO is most important to PHD and better clarity of roles is needed. Agreement in principle has been reached with WHO on the 'division of labour' between the two organisations.

Leadership

Public health practice in the region lacks the political and financial support that is needed. Despite the potential improvements to population health and savings to PICTs, public health remains poorly funded in most jurisdictions. Stronger professional leadership, support for professional development in and communities of practice in public health will lift the status of the discipline. PHD will assist in facilitating leadership and professional development for public health practitioners in the region.

Pacific Health Report

There is no reliable and authoritative source of information on the progress being made in population health in the region. PHD will facilitate the production of the Pacific Health Report in conjunction with SPC's Statistics for Development Division. The report is an important information sharing and advocacy tool to be produced every five years.

Lifting standards of practice in public health

PHD will facilitate a process whereby public health practitioners can gain specialist qualifications and experience in public health appropriate for the region as part of the process to improve standards of public health practice.

Monitoring and evaluation framework

The results framework on the next page provides an overview of PHD's strategic focus and programme logic, i.e. how the vision and long-term goal (impact) drives the objectives (medium-term outcomes) of the division, which then determines the specific outcomes of the two programmes in the shorter term.

PHD results framework (logic model): High-level overview

Intended long-term impact (10 years)

PHD vision: Healthy Islands – Healthy People
Improved Pacific health outcomes as measured by reduced prevalence of priority conditions e.g. NCDs, STIs; reduced gender disparities; improved life expectancy

Intended medium-term outcomes (5–7 years)
Improved PICT core public health functions

Intended shorter-term outcomes (3–5 years)

Research, Evidence and Information Programme
PICTs have access to high-quality information and evidence to inform policy and the delivery of core public health functions

Surveillance and operational research	Health information systems	Laboratory strengthening and quality assurance	Preparedness and response
Expanded scope of PPHSN to provide integrated regional surveillance Priorities in operational research agenda implemented	Strengthened data and information management systems to support research and policy	Strengthened capacity of PICT public health laboratories to deliver services that meet international guidelines and standards	Improved capacity of PICTs to monitor and respond effectively to public health threats and contribute to regional surveillance

Policy, Planning and Regulation Programme
PICTs develop public health policies, plans and regulations that respond effectively to national priorities

Policy, planning and regulation	Strategic health communications/ health promotion	Monitoring and evaluation	Governance and leadership
Enhanced PICT capacity in developing policies, plans, regulations for local priorities	Enhanced PICT capacity for effective strategic health communication and health promotion	Improved PICT capacity for monitoring and evaluation of public health programmes and improved accountability at various levels	Improved governance and leadership capacity for public health

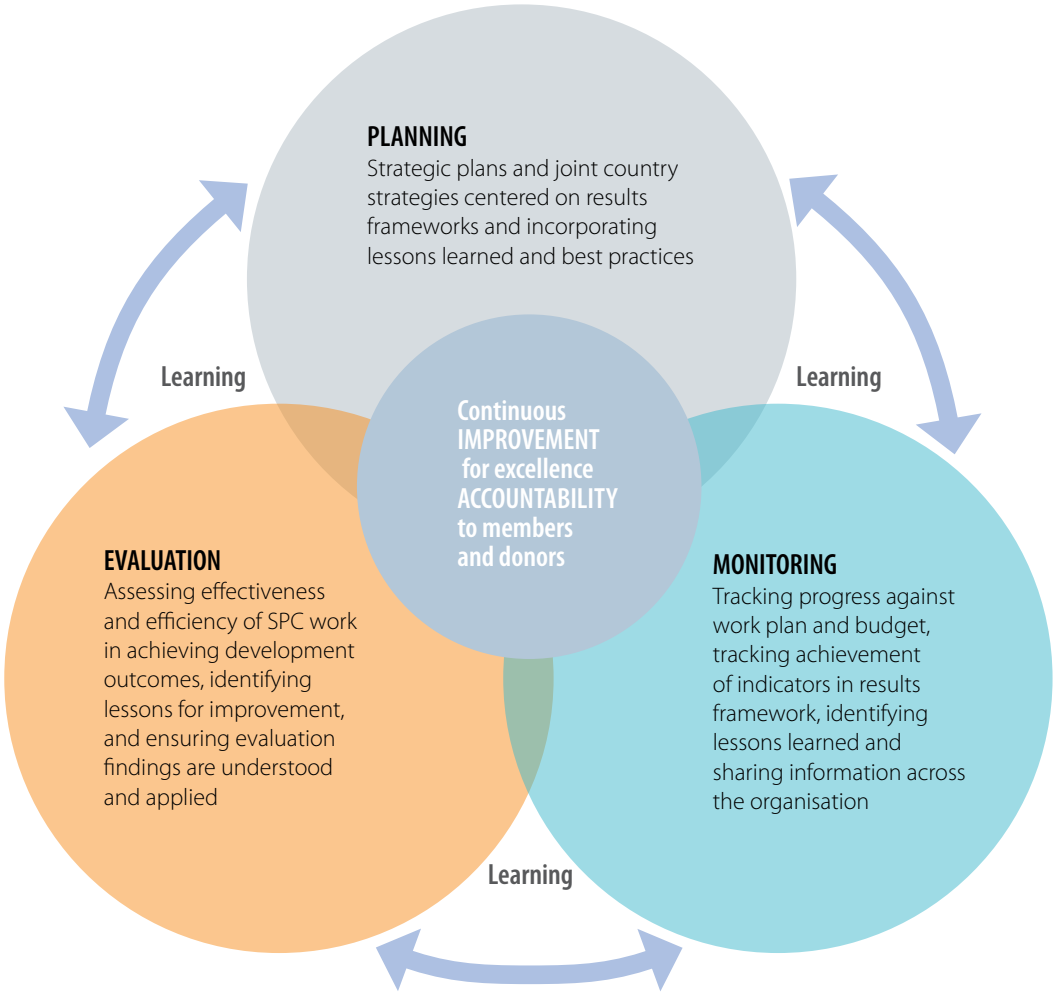
Key PHD activities
(outputs to be specified in five-year workplans)

Technical assistance, training, research and information dissemination focusing on particular functions or disease areas as appropriate

Monitoring, evaluation and learning for results

PHD is committed to achieving sustainable development outcomes through enhancing its results focus in the areas of planning, monitoring, evaluation, learning and reporting. This commitment focuses on learning for excellence as well as accountability to members and development partners. To achieve these aims, PHD is aligned to SPC's comprehensive framework, which enhances the division's ability to monitor and evaluate its performance. Through this framework, PHD seeks to understand the extent to which its services contribute effectively to development outcomes for members.

We recognise that attribution is difficult to assess as the link between PHD outputs and outcomes and impacts is not a simple linear cause-and-effect relationship. Many external factors influence these relationships, including political, economic, socio-cultural, and environmental factors, and actions of national governments and other development partners. Evaluations will be conducted to better understand PHD's contribution towards these outcomes and the impact of external factors, and to identify lessons for improvement.



The PHD strategy is supported by a results framework that presents key indicators for measuring results, along with baselines and targets (page 22). Underpinning this high-level divisional results framework are more detailed results frameworks developed in each joint country strategy to tailor results to each member's national development strategy.

Over the next two years, PHD will begin implementation of the new SPC integrated reporting information system (IRIS) system, which will enable improved tracking of PHD's outputs and estimated total costs by PICT, by funding source, by project or by technical programme. This monitoring information from IRIS focuses mainly on the 'what' and 'who' of performance. It provides basic information making it possible to conduct evaluations that examine the 'how', 'why' and 'so what' by gathering additional information, often using a combination of quantitative and qualitative methods (e.g. stakeholder feedback from interviews, surveys and focus groups).

Detailed results framework: How we will measure success

The table below presents a detailed results framework supporting this strategic plan. Indicators are specified for each outcome, along with baselines and medium-term targets for 2017. In addition to reporting on indicators, there will be a regular process of internal review and reflection on programme quality, context, logic and underpinning assumptions with the aim of continual improvement and refinement of PHD work. At the halfway point of this strategic plan period (i.e. end of 2017), a mid-term review will be conducted to assess progress in achieving objectives set out in this plan, and make refinements as needed for the second half of the plan period. A results framework with targets for this second period will be developed accordingly.

Intended outcomes targeted by PHD	Indicators of performance	Baseline	Target (end of 2017)	Data source
Research, Evidence and Information Programme PICTs have access to high-quality information and evidence to inform policy and the delivery of core public health functions				
Scope of PPHSN expanded through enhanced capacity for integrated regional surveillance	Enhanced capacity at national and regional levels as measured by increase in number of specialised field epidemiologists trained in core public health services	Appropriate training in core public health services and field epidemiology non-existent in 2013	Two cohorts (number of persons to be determined by a field epidemiology training programme feasibility study currently running) of specialised field epidemiologists qualified from Fiji National University	Division training records and Fiji National University (FNU) degrees
	Improved national/ regional surveillance systems for the PPHSN target diseases, emerging infectious diseases and public health emergencies, in collaboration with PPHSN partners	Weekly syndromic surveillance reports with often inadequate response	Alerts timely and adequately responded to nationally and regionally	Annual monitoring reports, and evaluation every 2–3 years
Enhanced evidence-based service delivery through operational research	Operational research (OR agenda endorsed regionally with regular publication of research in peer-reviewed journals	No operational research agenda to date, and around 1 peer-reviewed publication per year	5 OR projects running and 5 agenda-related papers published per year	Division annual report and peer-reviewed publications

Intended outcomes targeted by PHD	Indicators of performance	Baseline	Target (end of 2017)	Data source
Improved health information systems	Mid-level technicians (EpiTechs) enrolled and receiving training to enhance capacity at national level, focusing on integrating disease surveillance and public health programme data and essential public health services	0 programmes addressing this issue at country level	2 cohorts (10*2 individuals) of EpiTechs have participated in training and field projects and received certificates from FNU	Division training records and FNU certificates
	Complete and high-quality national and regional national NMDI (national minimum development indicator) databases	Incomplete regional database and 0 national databases	>=10 PICTs with national and corresponding regional databases	Regional and national NMDI databases
Capacity of PICT public health laboratories strengthened and meeting regional and/or international standards	Number of PICTs with national level 1 laboratories strengthened with Laboratory Quality Management System (LQMS) to test PPHSN target diseases	18 PICTs at varying levels of capacity	18 PICTs fully functional with LQMS and meeting regional and/or international standards	Annual monitoring reports, and evaluation every 2–3 years
	Number of level 2 regional referral laboratories fully functional testing PPHSN target diseases	Two L2 labs are functional and meeting regional or international standards	Four L2 labs fully functional and meeting regional and/or international standards in testing PPHSN target diseases and also contributing to laboratory research in the Pacific	Annual monitoring reports, and evaluation every 2-3 years
Preparedness and response	National outbreak/disaster preparedness and response action plans developed or updated	Unknown amount of plans developed and 0 plans updated and aligned to PPHSN regional plan	>= 15 PICTs	
	Number of national EpiNet teams (multi-disciplinary national/territorial outbreak response) trained and working across disciplines (clinic, lab and epidemiology) in investigating, reporting and diagnosing suspected public health events	National EpiNet teams untrained for over 5 years	All 22 national EpiNet teams trained and reporting results of investigation on public health events	Division training records

Intended outcomes targeted by PHD	Indicators of performance	Baseline	Target (end of 2017)	Data source
Policy, Planning and Regulation Programme PICTs develop public health policies, plans and regulations that respond effectively to national priorities				
Policy, planning and regulation	Number of PICTs with increased legislative compliance with the WHO Framework Convention on Tobacco Control (FCTC) as a result of SPC legislative and policy assistance	PICTs at varying low levels of compliance	All 14 Pacific Island countries to have legislation that complies with the relevant articles of FCTC All 14 Pacific Island countries consider going beyond FCTC and adopting additional guidelines and recommendations	Annual monitoring reports, and evaluation every 3 years
	Number of PICTs that have developed and are implementing fully costed national strategic plans for responding to HIV/STIs including sexual and reproductive health (with monitoring and evaluation framework in place)		16 PICTs	Annual monitoring reports, and evaluation every 5 years
	Number of PICTs fully implementing the recommended comprehensive STI control and prevention strategy for the Pacific	10 PICTs	16 PICTs	Annual monitoring reports, and evaluation every 5 years
	Number of PICTs with improved policies and legislation that addresses the socio-economic determinants of NCDs (e.g. legislation on alcohol, and imports of fatty, salty, and sugary foods; education, and exercise and healthy living)	4–5 PICTs	15 PICTs to demonstrate adoption of new policies/and or legislation that addresses risk factors and socio-economic determinants of NCDs	Annual monitoring reports, and evaluation every 3 years
Strategic health communications/ health promotion PICTs have improved capacity for effective strategic health communication and promotion	Number of health promotion practitioners successfully completing diploma course in strategic health communication	Diploma course non-existent	Two cohorts of health promotion practitioners successfully completed SHC diploma	FNU diplomas issued

Intended outcomes targeted by PHD	Indicators of performance	Baseline	Target (end of 2017)	Data source
	Number of PICTs that have health promotion plans/policies as part of national plans	10	22	Annual monitoring reports, and evaluation every 3 years
	Number of PICTs that implement targeted evidence-based strategic health communication/ health promotion campaigns that meet regional SHC standards; and are designed from the outset in a way that addresses gender and human rights	4	18	Annual monitoring reports, and evaluation every 5 years
	Inclusion of Health in All Policies (HiAP) as per ministers' recommendations from Samoa meeting	None	Target 3 PICTs per year to have high-level strategy that incorporates HiAP	Annual Ministry of Health reports
Monitoring and evaluation Improved monitoring and evaluation of the results of PHD programmes	Extent to which monitoring and evaluation of PHD programmes is conducted to assess effectiveness and efficiency, and identify opportunities for improvement	Monitoring and evaluation framework developed by end of 2013	Evaluation of PHD programmes completed in 2015 and 2017 with findings and recommendations communicated and incorporated into programme planning	Evaluation report
	Improved PICT capacity in monitoring and evaluation of national health programmes			
Improve governance and leadership for public health development in the region	Better alignment of regional and national health development priorities; more streamlined governance and coordination processes		To be determined at 1st Annual Heads of Health meeting in April 2014 (to be convened by PHD)	Tbd

Appendix 1. How SPC sets priorities

Setting work priorities

SPC works in areas where it can add value with a regional approach. Within these areas, SPC uses the following principles and tests to determine priorities.

Key principles guiding SPC's prioritisation process:

- The priorities of our members determine our direction.
- We are committed to helping PICTs achieve the Millennium Development Goals.
- We focus on providing key services in areas where SPC has a comparative advantage, and where PICTs have limited or no capacity.
- We focus on services that add value to national development goals across the priority sectors SPC works in.

Tests of regionalism – guiding whether the service is best provided by a regional organisation:

- *Market test*, to determine if the market is providing a service well (if so, involvement by national governments and/or regional bodies should be minimal).
- *Subsidiarity* test, to determine if national or local governments provide the service well (if so, involvement by regional bodies should be minimal).
- *Sovereignty* test, to ascertain if the proposed regional initiative increases the effective sovereignty of national governments, acknowledging that regional initiatives shift the management of services to regional bodies but do not shift policy-making, which is a national priority. Where it is agreed by national governments that sovereignty should be shared through a regional approach, this should be clearly articulated.

Modes of delivery

SPC uses various **modes of service delivery** to respond to different contexts in planning and executing regional services. Broadly, these include:

- Fully fledged regional programmes involving all PICTs;
- Programmes addressing specific priorities common to a smaller subgroup or subregion of PICTs, such as small island states; and
- Implementation of initiatives funded under bilateral arrangements where the recipient member does not have the capacity to manage the initiative and requests that SPC manage the project on its behalf.

The key outcome expected from all PHD activities is to enable PICTs to provide high-quality public health services through strengthening core public health functions. The level of support from PHD will vary by PICT and the context in which the assistance is provided. For the most part, small island developing states are likely to receive more assistance from PHD than larger PICTs, simply because their of capacity limitations.

PHD seeks to achieve these goals and outcomes by providing evidence-based scientific and technical advice and assistance to PICTs and other stakeholders. PHD activities are aligned to

SPC's 'core business' of capacity building, capacity supplementation and capacity substitution, and regional coordination (see definitions below).[5] Regional coordination and communication is particularly important in the health sector given the large number of stakeholders involved and the fact that the major determinants of health lie outside the health sector. An important part of the internal work involves developing a joint approach with relevant SPC programmes that contribute to good health, e.g. fisheries, agriculture, education. Furthermore, a fundamental role of PHD is to carry out cross-country coordination of RPGs.

Capacity building – The main aim of SPC's capacity building work is to develop more skilled human resources in the Pacific region through training and associated measures such as advice on training curriculums. Other interventions include designing and advising on the implementation and application of sustainable policies and procedures at legislative, regulatory and operational levels.

Capacity supplementation and substitution – Many PICTs do not have a large enough population base or the financial resources needed to develop and sustain the full range of skills required to provide effective public services to their people. Regional organisations, including SPC, supplement national capacities by directly providing, or facilitating access to, specialised expertise at regional or international levels. In instances where member PICTs have no national capacity to address key priority issues or where it does not make economic sense to establish such capacity, the provision of regional services to address such priorities on a long-term basis comprises capacity substitution.

Regional coordination functions – Many issues transcend national boundaries and require a high degree of regional and international coordination and support to ensure optimal outcomes. Also in this category are activities relating to sharing and dissemination of information in the region.

How SPC adds value

SPC's added value comes from its position of understanding the needs of small island states and its responsiveness and ability to tailor services to meet those needs. SPC adds value to development in the region, subregional groups, and individual members in the following ways:

SPC aims to be an innovative development resource for the Pacific and is using four complementary approaches to achieve this. The approaches are intended to help the whole of SPC's impact be 'greater than the sum of its parts' in supporting PICTs to achieve their development goals.

Key development outcomes

Strengthening, supplementing or substituting sector capacity and expertise
- increasing expertise and capacity in priority sectors
- Supplementing or fully providing (substituting) vital regional and national services where asked to by PICTs

Supporting multi-sector approaches
- Facilitating multi-sector activities and forums to enhance development outcomes (eg. a sustainable fishing industry improves food security)
- Prioritising comprehensive approaches in areas such as climate change, disaster risk reduction and gender equality

Leveraging networks, reputation and cross-sector skills
- Establishing, improving or leading regional frameworks, standards and forums where these have the potential for positive impact
- Enabling island communities to access and use technical or scientific knowledge and facilitation skills to benefit their development

Enhancing development and aid effectiveness
- Reinforcing island member's ownership of SPC's work and its alignment with member priorities
- Furthering the focus on results and evidence as the basis for decision-making
- Taking the political, geo-political, socio-cultural and economic context into account in facilitating change in development approaches

Sustainable Economic Development

Sustainable Human and Social Development

Sustainable Natural Resources and Environmental Development and Management

5. SPC Corporate Plan 2013–2015

Appendix 2. Priority health issues

NCD prevention and control

Pacific leaders and health care workers have declared that the Pacific region is facing an NCD 'crisis'. Heart disease, diabetes, cancers and associated risk factors have become the largest preventable cause of death, disease and disability in the region. Overweight and obesity prevalence rates are among the highest in the world. Furthermore, despite substantial investment by PICTs and development partners, NCDs continue to cause considerable social and economic costs to individuals, communities and nations. Today NCDs are the leading cause of death amongst women globally.[6] Death and disability amongst women also places excessive burdens on families, particularly where the mother is the primary care giver. PHD plans to explore the relationship between gender and NCDs in the Pacific and identify interventions to address gender disparities related to NCDs. NCDs are now regarded as an important barrier to economic development.

PHD consulted with an NCD expert panel to identify priority areas in which we could provide the most effective contribution. The contribution from the SPC NCD Expert Reference Group will be supplemented by SPC's own planning information and experience. The fundamental aim is to support PICTs to develop and implement proven, cost-effective interventions for the prevention and control of NCDs. We have selected priorities and areas of work where SPC can provide the most value. We plan to contribute to the Pacific Ministers of Health expectations outlined in the Apia Communique on Healthy Islands, NCDs and the Post-2015 Development Agenda. In particular, PHD will support PICTs to work towards the Tobacco Free Oceania goal adopted by the ministers.

The following priority areas and actions have been identified for SPC activities over the plan period:

Priority area 1: Knowledge production, dissemination and use

- Build on current SPC capacity and capability for surveillance by developing an integrated approach to surveillance of communicable and non-communicable diseases and risk factors.
- Strengthen regional and country-level NCD surveillance and conduct operational research into NCDs in order to inform and develop strong evidence-based policies, plans and interventions.
- Contribute to the development of the proposed Pacific Monitoring Alliance on NCD Action (Pacific MANA) with relevant partners to ensure responsiveness to country needs and as an example of a regional public good.

Priority area 2: Leadership

- Further support the integration of NCDs in the post-2015 sustainable development and climate change agendas.
- Strengthen the position of NCDs in the SPC joint country strategies (JCSs), and focus on building capacity of senior public health leaders.
- Build public health law capacity (within SPC and through networks).

6. The NCD Alliance http://www.ncdalliance.org/women

Priority area 3: Strengthen the Pacific NCD constituency

- Strengthen the capacity and capability of PICTs to implement evidence-based and targeted strategic health communication campaigns to reduce NCD risk behaviours and promote life-long health.

Priority area 4: Coordinated engagement

- Effectively engage, build and support the capacity of communities, including national and regional faith-based organisations, to advance NCD programmes.

Priority area 5: Multi-sectoral action on NCDs

- Lead action on plain packaging in PICTs (in the context of accelerated implementation of the Framework Convention on Tobacco Control) and continue to lead on tobacco industry interference (Article 5.3 of the convention). Contribute to the achievement of the regional Tobacco-Free Pacific goal by 2025.
- Strengthen implementation of the NCD component of the Pacific food security framework, including reducing salt consumption.
- Assist countries with the development of comprehensive alcohol plans and ensure implementation of key best practice initiatives to prevent and control the harmful use of alcohol.

Priority area 6: Accountability

- Lead discussions on establishing a simple accountability mechanism for Pacific commitments on NCDs, and enable PICTs to develop and use informative accountability measures.
- Develop and disseminate an 'NCD scorecard'.

Communicable disease surveillance and response

In the 21st century, in addition to the burden of childhood diseases, tuberculosis, malaria and STIs, outbreak-prone and emerging infectious diseases (EIDs) pose a growing threat to the health of PICT societies, which are highly dependent on imported goods, tourism and inter-island travel. In the age of globalised real-time economic and financial exchanges and increasing mass tourism, millions of tonnes of goods and millions of passengers travel every week across and between continents. Air traffic increases every year around the world, and is especially booming in the Asia-Pacific region. In light of the SARS epidemic and pandemic influenza, researchers have found that aircraft are the key determinant of EIDs' dissemination at the global level, and that every person is potentially no more than 24 hours away from being affected by any epidemic happening somewhere in the world. This reality is particularly applicable to Pacific people, who not only travel the world, but also maintain and further develop inter-island socio-economic networks that have been in existence for many years. The Pacific Island region has been the site of epidemics of dengue fever every year for the past 40 years in at least one country or territory. Alarmingly, 2012 was the first time ever that all four serotypes of dengue viruses were circulating simultaneously in our region. During the 2009 influenza pandemic, notifications showed that the Pacific had some of the world's highest mortality rates, mostly linked to risk factors such as obesity and asthma. In 2011, the chikungunya virus emerged for the first time ever in the region, in New Caledonia, causing

Betty Fa'amauri, a lab technician at Honiara's National Referral Hospital in Solomon Islands prepares samples for HIV testing.

very high levels of concern although the outbreak was relatively small. In 2012, the same virus emerged in Papua New Guinea, causing an ongoing epidemic of thousands of cases that threatens the region.

The International Health Regulations (IHR) are managed by WHO to enhance public health security. In 2005, the IHR were revised and are now based on a set of core capacities aimed at enabling every operational stage of communicable disease surveillance and response. All WHO member states were to comply with IHR requirements by July 2012. However, at that date, 7 of the 13 Pacific Island member states requested a two-year extension to meet that requirement. Most of the SPC member states and territories had to call on the services of the Pacific Public Health Surveillance Network (PPHSN) to be able to comply with IHR requirements.

PPHSN has been building capacity and providing expertise in communicable disease surveillance and response across the Pacific for almost 20 years and is widely recognised in the region and around the world. Since the network was founded in 1996 under the auspices of SPC and WHO, SPC has been the focal point of the PPHSN Coordinating-Body. Together with PICTs and partners, SPC is committed to maintaining and building on the successes of PPHSN. Priority activities for the plan period are focused mainly on the provision of regional services, including the following.

Priority area 1: Build national and regional capacity and capability in field epidemiology and core public health interventions

- Build national and regional capacity and capability in field epidemiology and core public health interventions.

Priority area 2: Strengthen national and regional surveillance and response capability

- Strengthen national and regional capacity for surveillance and response to the PPHSN priority target diseases (i.e. dengue fever, measles, rubella, influenza, leptospirosis, typhoid fever, cholera and HIV/STIs), tuberculosis, other emerging diseases and disease outbreaks.

Priority area 3: Expand PPHSN and develop shared operational research agenda

- Increase and share knowledge on the PPHSN priority target diseases and prevalent public health issues through the development of a shared operational research agenda.
- Maintain and improve regional coordination of PPHSN services through the strengthening of the PPHSN Coordinating Body focal point core functions and resources.

Priority area 4: Strengthen public health laboratory services

- Strengthen public health laboratory services in PICTs through further development of LabNet services.

In order to progress these priority areas, SPC will engage in a range of research, training and development and capacity building activities, including:

- Assist PICTs in developing specific surveillance and response plans for each PPHSN priority target disease, EIDs and public health emergencies, focusing on early detection and warning, investigation, and outbreak containment.
- Map areas and populations exposed to mixed disasters, and develop/harmonise post-disaster assessment and surveillance systems.

Develop an integrated mass gathering web-based syndromic surveillance system and user interfaces (i.e. integrating case-based syndromic records with laboratory diagnosis at all three levels of LabNet labs, including an analysis module with graphic and mapping tools), roll the system out in PICTs hosting such mass gathering events and train PICT counterparts to use and maintain the system, in collaboration with SPC's Statistics for Development Division.

- Contribute to regional working groups on NCDs surveillance methods and coordinate pilot implementation of innovative methods in partnership with PPHSN members and other technical bodies.
- Regularly assess national and regional operational research needs, in partnership with PPHSN members and other regional technical bodies; conduct appropriate studies and disseminate the acquired knowledge to targeted audiences across the region to inform the decision-making process.
- Develop operational research projects focusing on selected arbovirus infections (e.g. dengue, chikungunya, Ross River fever, West Nile/Kunjin, Japanese encephalitis) aiming at assessing the feasibility of a broad arbovirus surveillance system and gaining better understanding of these diseases and their ecology.
- Assess health technology and methods such as was done for the LabNet Technical Working Body regarding technological tools for biological diagnosis, ethical issues, surveys, public health intervention methods such as treatments, and vector control tools and/or strategies.
- Build public health laboratory capacity at the national level and at regional L2 referral laboratories for the diagnosis of PPHSN priority target diseases (along with proper referral or differential diagnosis capacity) and food and water testing.
- Develop a food and water testing training curriculum for laboratory technicians and offer delivery mechanisms and/or institutions in partnership with LabNet Technical Working Body members.
- Increase LabNet coordination at L2 regional level by deploying PHD laboratory specialists at Fiji's Mataika House and Guam's Public Health Laboratory for a duration of three years, including the training of relevant counterparts for sustainability beyond the three-year period.
- Develop field training attachment opportunities in all four LabNet L2 referral laboratories (i.e. Guam Public Health Laboratory, Institut Louis Malardé in French Polynesia, Institut Pasteur de Nouvelle-Calédonie, and Mataika House in Fiji) and ensure bridging training schemes with appropriate regional training institutions for laboratory technicians and specialists.
- Develop a training programme covering the continuum of field-based epidemiology and public health intervention – from basic (reporting nurses/clinicians) to mid-level technicians (EpiTechs) to specialised Epidemiologists – for EpiNet National Teams and other PICT public health professionals, in partnership with WHO, Fiji National University, the Pacific Island Health Officers Association, and the US Centers for Disease Control and Prevention.

STIs (including HIV) prevention and control

The Pacific is experiencing a low-level epidemic[7] of HIV across all countries (apart from Papua New Guinea) and population subgroups. Five PICTs (Cook Islands, Nauru, Niue, Pitcairn and Tokelau) currently have no people living with HIV. The estimated prevalence[8] among adults aged between 15 and 49 years in the 16 PICTs that reported people living with HIV at the end of December 2012 is less than 0.1 %. The primary mode of HIV transmission is through unprotected sexual contact, with 52% by heterosexual contact and 27% by male to male sexual contact. However, other sexually transmitted infections (STIs) are still a major public health problem in the region. Roll out of a comprehensive STI prevention and control strategy has resulted in some positive impacts, and it is critical that this work be continued. Addressing other STIs is one of the preventative measures for prevention of HIV transmission.

Despite the early evidence of positive impacts in reduction of chlamydia prevalence rates in a number of countries, there is still a need for these strategies to be adjusted and expanded to subnational service delivery levels. There is also a need to build upon this success and continue to reduce rates of STIs in all PICTs. Emphasis will also be placed on the elimination of congenital syphilis as one of the main priorities as per the global recommendations and as a risk factor in HIV transmission. Furthermore, globally, there has been a shift towards integration of STI/HIV services into broader sexual and reproductive health programmes, which SPC embraces as a priority for the Pacific.

In 2012, a mid-term review was conducted on the implementation of the regional strategy on HIV and STIs. The following key recommendations were made:

- The epidemiology of the HIV epidemic in the Pacific and its potential needs to be clarified to inform future responses at regional and country level.
- Greater attention to STI prevention is needed at country level and efforts to correct this should be considered in the time remaining under the strategy.
- Future strategies to address HIV and other STIs regionally should be based upon a fully developed HIV and STI Prevention Strategy, with strong emphasis on strategic health communication.
- Strategies should be developed to link the Pacific HIV, STI, gender, and sexual and reproductive health social research with policy-makers and behaviour change communication practitioners to assist them to use it to inform policy and programming.
- Future strategies and regional and national work on HIV/STI/sexual and reproductive health should have explicit gender-based analyses with accompanying strategies and accountability frameworks.

In March 2013, further consultations were conducted with 17 PICTs, and these clearly articulated the importance of integrating STI and HIV services with broader sexual and reproductive health services such as antenatal care.

7. The term 'low-level epidemic' is used for epidemics where HIV prevalence has not consistently exceeded 1% in the general population nationally, nor 5% in any subpopulation.
8. Estimated prevalence in this sentence is determined by dividing the number of people living with HIV at the end of 2012 by the population of those 15–49 years old.

PHD plans to strengthen its work in the prevention and control of STIs, including HIV/AIDS. Future priorities include the following.

Priority area 1: Increase understanding of the STI and HIV epidemic and its social determinants in the Pacific region

- Regionally:
  - Adapt and design study/survey tools and instruments to conduct integrated active surveillance.
  - Collate and synthesise regional STI/HIV data to inform policy-makers and relevant stakeholders.
  - Undertake regular monitoring and dissemination of the regional data trend on STIs including HIV collected through various health information systems and surveys.
- Nationally:
  - Provide technical assistance to support PICTs to develop quality surveillance systems and link STI/HIV surveillance systems to national health information systems where appropriate.

Priority area 2: Strengthen policy development and strategic planning for a coordinated multi-sectoral response to HIV and other STIs

- Regionally:
  - Coordinate multi-sectoral responses to STIs and HIV with other stakeholders.
  - Provide routine feedback to PICTs for decision-making on national response to HIV and AIDS.
  - Provide support to countries developing and implementing national strategic plans.
- Nationally:
  - Provide technical support to PICTs to develop evidence-based plans, policies and guidelines required for an effective HIV and STI response that is integrated with broader sexual and reproductive health services in the context of country-specific health care delivery systems.

Priority area 3: Strengthen and maintain targeted strategic health communication interventions for prevention and control of STIs and HIV

- Regionally:
  - Develop a regional strategic health communication online resource hub and community of best practice to uncover, document and disseminate evidence-based best practice adapted to the Pacific context (guidelines and tools).
  - Develop sustainable regional strategic health communication capacity through accredited (diploma and degree-level) strategic health communication courses for nurses, social workers and risk reduction counsellors in partnership with Fiji School of Medicine.
- Nationally:
  - Provided technical support to strengthen capacity and capabilities of health promotion staff to implement, monitor and evaluate evidence-based and targeted strategic health communication campaigns to increase awareness of high local rates of STIs (symptoms,

long-term consequences, availability of testing and treatment) and promote both preventive (condom use, partner reduction) and health care seeking behaviours through behaviour change interventions.

Provide technical assistance to strengthen capacity linkages between health promotion, surveillance and lab staff to ensure that STI and HIV prevention campaigns are informed by routine and behavioural surveillance.

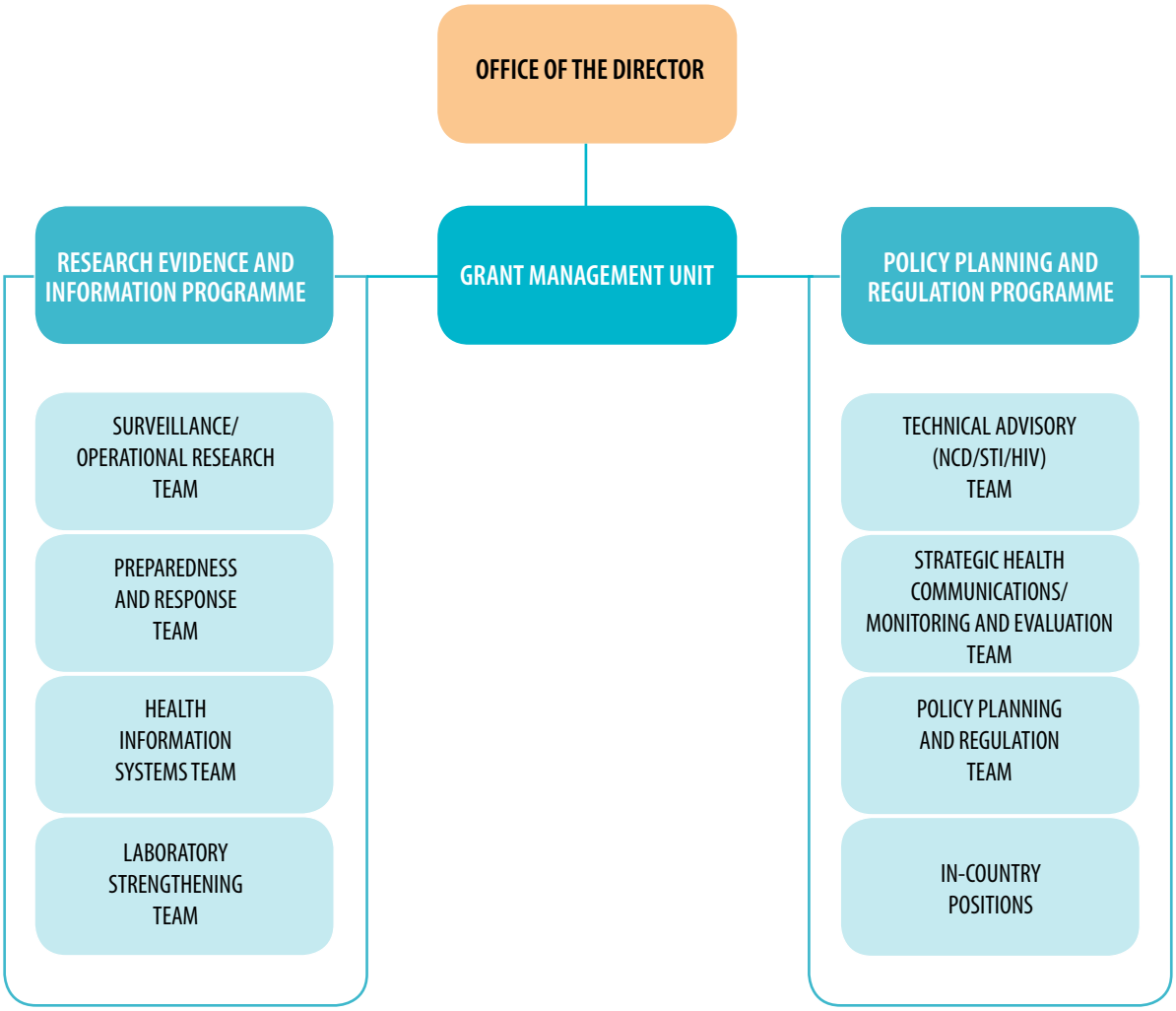
Priority area 4: Strengthen laboratory capacity for testing and health service delivery

- Regionally:
  - Adapt Laboratory Quality Management Systems in line with the WHO Asia Pacific Strategy 2010–2015 and harmonised with overall laboratory capacity strengthening.
  - Adapt and update international policies and protocols in place. Training of trainers.
- Nationally:
  - Provide technical support to PICTs or scale up laboratory-based testing.
  - Provide technical support to build capacity of PICTs to provide high-quality comprehensive syndromic management for symptomatic STIs.
  - Provide intensive technical support and assistance to PICTs in priority laboratory needs through training to ensure knowledge and skill transfer to national laboratory technicians.

Priority area 5: Strengthen prevention and control of STIs, including HIV, among young people through child and adolescent health and development services; and link to broader sexual and reproductive health programs within the context of country-specific health care delivery systems

- Regionally:
  - Develop guidelines and strategic framework for integrating and/or linking STIs/HIV into broader sexual and reproductive health services and programmes within the context of country-specific health care delivery systems.
  - Collaborate with development partners such as the United Nations Population Fund (UNFPA), International Planned Parenthood Federation (IPPF) and the United Nations Children's Fund (UNICEF) to deliver sexual and reproductive health and youth-based interventions.

Appendix 3. PHD organisational chart



Appendix 4. SPC's comparative advantages in public health

SPC PHD has a number of strategic advantages that can be applied to improving the capacity of PICTs to delivery public health functions. These include:

- Located in the Pacific, SPC is the largest and oldest regional organisation providing scientific and technical services and support to the Pacific region. It is owned by and accountable directly to all 22 PICTs, who set SPC's agenda.
- SPC enjoys excellent working relationships with in-country counterparts and operates with special understanding of the Pacific cultural context. SPC employs many Pacific Island staff members with local contextual knowledge.
- SPC works with all PICTs; it is the primary agency working with both the US-affiliated PICTs and the French territories.
- SPC is a multi-disciplinary organisation working in a broad range of fields. PHD works together with the agriculture, fisheries, land resources, youth, culture, gender, statistics, economics, geoscience and education programmes. Multi-sector systems are already in place and provide ideal opportunities for mainstreaming health outcomes by working with the different sectors serving the same communities. Multi-sector projects in areas such as climate change and food security are already demonstrating the added value of working across these areas, and there are great opportunities to tackle issues such as NCDs with this approach. For example, PHD can connect with programmes in fisheries, land resources, youth and education to address causes of NCDs.

Health experience, mandate and approach:

- PICTs have given SPC an operational mandate to work in the health area (including reporting on the Pacific Plan and MDGs) with specific regional responsibilities as the lead technical agency for the Pacific region on public health matters.
- SPC is 'demand driven', with a strong record of providing high-quality technical advice and evidence-based programmes in health. SPC does not have a blueprint for health in PICTs; it recognises that all contexts are different and is guided by country demands and circumstances.
- SPC has an implementation focus, enriched by experience assisting many PICTs to develop, prioritise, implement and evaluate a range of public health plans.
- SPC has extensive experience in grant management and can act as focal point for regional funding mechanisms through its Grant Management Unit (GMU).
- SPC has alternative channels in which to work with PICTs. In addition to health, which is the primary point of contact for PHD's work, it also has channels to PICT foreign affairs, education, agriculture, sport, youth, treasury /trade and fisheries ministries and departments.
- SPC builds links with the agencies making up the Council of Regional Organisations in the Pacific (CROP) as well as private sector, civil society and academic organisations, and has a key role in promoting the importance of collaborating in public health.

- SPC is engaged in work addressing the upstream determinants of health, such as trade policy and equitable growth. Through its regional mechanisms, SPC advocates for key public health issues and compliance with international treaties and global strategies, as well as being a strong advocate regionally. This includes supporting PICT interests in trade negotiations (e.g. PICTA/PACER+) and relevant international fora with evidence and technical advice.
- SPC partners with other health and non-health players and leads, facilitates and participates in a number of regional networks. SPC has partnerships with a wide range of other bodies, including private organisations, academic institutions (e.g. Massey University [SHORE], University of Sydney, University of New South Wales, La Trobe, University of Queensland, University of Washington), International organisations (e.g. WDF, WHO, CDC) and regional networks such as PIHOA.

Specific health expertise and capacity:

- SPC has strong expertise in a range of public health issues, including disease surveillance and response, operational research, policy and planning, data management and health information systems.
- SPC compliments this with expertise in specific disease areas such as influenza preparedness, STIs/HIV/AIDS, TB, malaria and NCDs.
- SPC has valued expertise in health planning including health policy, legislation and enforcement and ensuring well designed, effective, evidence-based interventions are implemented at country level. SPC also has expertise in developing accountability frameworks to monitor and evaluate the plans.
- SPC has specialist skills in realising economies of scale through information sharing, 'fast track' learning and programme implementation (including model legislation) on best buys/ evidence-based strategies.
- SPC has taken the lead in the area of developing a comprehensive research agenda in public health. It has already worked with range of research groups/academic institutions (e.g. University of Queensland, University of New South Wales, Universities on the Pacific rim, C-POND-Deakin) in developing and implementing aspects of a research agenda for the Pacific.
- SPC has a reputation for capacity building, has provided high-quality resources and training materials, and has extensive experience in undertaking training at regional, subregional, multi-country and country levels.

A zumba class in Rarotonga, Cook Islands. Regular exercise is essential for good health.