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The Tenth Pacific Health Ministers Meeting was hosted by the Government of the Independent State of Samoa. Since their inaugural meeting in 1995 in Yanuca, Fiji, Pacific Ministers of Health have met every two years to discuss public health issues that concern all our island states and to agree on common approaches so that together we have a greater impact than any of us would have alone.

We all believe that the Healthy Islands vision is as relevant today as it was when we first developed it in 1995. However, the noncommunicable disease (NCD) crisis—declared in the Pacific in 2011 following our meeting in Honiara, Solomon Islands—is a major obstacle to realizing that vision. We acknowledge the challenges in controlling and halting this crisis, and we realize it requires long-term investment to achieve a lasting impact. While understanding the enormity of our task, it is encouraging to see our resolve has not lessened. We identified many actions—from declaring a goal of a Tobacco Free Pacific to developing regional and national multisectoral NCD accountability mechanisms—that will start to turn the tide of the NCD crisis. We can control this crisis with the continued support of both our health development partners, including the governments of Australia, Japan and New Zealand, and the technical agencies that have helped countries take meaningful action.

Pacific Ministers addressed many other topics at their July 2013 meeting in Apia, Samoa, following up on the priorities set in Honiara. Such an approach in the agenda has helped build continuity and allowed us to take a more in-depth look over time at such issues as human resources for health, health information systems, the social determinants of health, mental health, outbreak response and neglected tropical diseases.

Ministers also considered the health agenda in the post-2015 development context.¹ In addition to maintaining the inclusion of Millennium Development

¹ This discussion was based on A new global partnership: eradicate poverty and transform economies through sustainable development. The report of the high-level panel of eminent persons on the post-2015 development agenda.
Goals 4, 5, and 6 they supported the inclusion of NCDs and neglected tropical diseases in the United Nations’ proposed goals and targets for the post-2015 agenda and highlighted the need to include mental health.

The meeting followed the new format for the Pacific Health Ministers Meeting first employed in Honiara in 2011. However, the Apia meeting was the first to incorporate a closed session for ministerial discussion. The Ministers appreciated this opportunity to discuss strategic matters among themselves, and we hope to continue to be innovative in organizing these biennial meetings in order to better support country needs.

The Government of the Independent State of Samoa, the Secretariat of the Pacific Community and the World Health Organization are pleased to present the outcomes of the Tenth Pacific Health Ministers Meeting in this document. The success of the meeting was due to the leadership of the Ministry of Health, Samoa, and the excellent preparations by the staff, as well as the active engagement of all the Pacific Ministers of Health. The organizing committee acknowledges the generous support of the Government of Japan for the Apia meeting.

We look forward to meeting again in 2015 to celebrate 20 years of the Healthy Islands vision and to review progress made on the recommendations we agreed upon in Apia.

Dr Shin Young-soo, MD, Ph.D.
WHO Regional Director for the Western Pacific

Honourable Tuitama Leao Talalelei Tuitama
Minister of Health, Independent State of Samoa

Dr Jimmie Rodgers
Director-General, Secretariat of the Pacific Community
EXECUTIVE SUMMARY

The first meeting of Pacific Health Ministers was convened in Yanuca, Fiji, in 1995. Subsequent biennial meetings have further addressed key health issues in the Pacific. The Tenth Pacific Health Ministers Meeting, jointly organized by the Ministry of Health of the Independent State of Samoa, the Secretariat of the Pacific Community [SPC] and World Health Organization (WHO) was convened 2–4 July 2013 in Apia, Samoa. Forty representatives, including 11 ministers, from 19 Pacific island countries and areas participated in the meeting. Additionally, representatives from more than 15 United Nations offices, specialized agencies, and other development partners and donors were in attendance.

Ministers of Health for the Pacific island countries and territories reaffirmed their support for the vision of Healthy Islands, enunciated in the 1995 Yanuca Island Declaration, as the unifying theme for health development in the region. Ministers supported the need to refocus the vision from healthy settings to people-centred actions. There was agreement on the need to take effective action at the national level to promote further the Healthy Islands vision.

Priority topics as identified by the Ministers for discussion included the Pacific noncommunicable disease (NCD) response, improving data for policy by strengthening health information and vital statistics, the Pacific mental health response, action on the social determinants of health in the Pacific islands, neglected tropical diseases, outbreak surveillance and response priorities for mitigating the health impact of disasters, and health workforce development in the Pacific.
As a result of the ministerial dialogue session, Ministers endorsed the Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda, which reaffirms their commitment to the Healthy Islands vision. Furthermore, the Apia Communiqué generally supports the goals set out in the recently released Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda,² specifically the retention of the current health-related Millennium Development Goals (4, 5 and 6) and the inclusion of NCDs, neglected tropical diseases and access to infrastructure, such as transportation and information communication technology. Mental health needs to be added as a goal or target.

Through the Apia Communiqué, the Ministers reiterated their political commitment to address the NCD crisis by promoting multisectoral action; adopting goals such as Tobacco Free Pacific by 2025; developing targets for recommended levels of fat, sugar and salt in food and beverages; supporting implementation of interventions that promote health promotion in primary health care; and developing accountability mechanisms for NCD surveillance.

SUMMARIES AND RECOMMENDATIONS ON MEETING TOPICS

The priorities identified by Ministers for deliberation were selected from among the priority health issues identified during the open forum at the Ninth Meeting of Ministers of Health for the Pacific Island Countries in Honiara, Solomon Islands, in 2011.

Priorities included the Pacific noncommunicable disease response, improving data for policy by strengthening health information and vital statistics, the Pacific mental health response, action on the social determinants of health in the Pacific islands, neglected tropical diseases, outbreak surveillance and response priorities for mitigating the health impact of disasters, and health workforce development in the Pacific.

This outcome document highlights the context, progress and issues, as well as recommendations for each priority.

1. The Pacific noncommunicable disease crisis response: Towards Healthy Islands

Noncommunicable diseases (NCDs) are one of the major barriers to achieving the Healthy Islands vision. NCDs—namely cardiovascular disease, diabetes mellitus, chronic respiratory disease and cancer—account for approximately 75% of deaths in the Pacific island countries and territories (PICTs) and most premature deaths. Although not measured systematically, PICTs also report a high prevalence of disabilities due to NCDs. NCDs can be prevented and cost-effective treatments have been identified.

It is important to establish and maintain multisectoral mechanisms dedicated to NCD prevention and control. Many PICTs have made progress on tobacco control and prevention by updating tobacco control laws in compliance with the WHO Framework Convention on Tobacco Control. There has been a major focus on salt reduction, in addition to the promotion of fruit and vegetable consumption.
Specific national plans incorporating salt reduction have been initiated in 13 PICTs. Ten PICTs have begun implementing the Package of Essential NCD Interventions (PEN) for Primary Health Care in Low-resource Settings, with five already moving from the feasibility phase to the national roll-out phase.

The Health Information Systems Knowledge Hub (HIS Hub) provides support for improvement of cause-of-death certification by medical personnel. This should result in improved vital registration processes and improved quality of death certification practices, leading to improved quality of mortality data needed for NCD monitoring.

The challenges to NCD prevention and control include the absence of effective institutional mechanisms for country implementation in many PICTs, limited human resources with appropriate skill sets dedicated to driving the necessary actions to tackle the NCD crisis and the need for sustainable funding mechanisms to support NCD mitigation efforts.

**Recommendations**

To address the NCD challenge, the following actions are recommended:

a) Increase political commitment, investment, capacity and multisectoral action for NCDs, with a “whole-of-society” approach.

b) Adopt the goal of a Tobacco Free Pacific by 2025 (less than 5% adult tobacco use prevalence).

c) Develop targets for recommended levels of fat, sugar and salt in food and beverages for the Pacific region.

d) Implement the Package of Essential NCD Interventions (PEN) for Primary Health Care in Low-resource Settings or other similar interventions focusing on health promotion and primary health care.

e) Develop regional and national NCD accountability mechanisms to monitor, review and propose remedial action to ensure progress towards the NCD goals and targets. This should include the planned regional platform of support.
2. Improving data for policy: Strengthening health information and vital statistics

Strengthening health information systems (HIS) and civil registration and vital statistics (CRVS) was recognized at the 2011 meeting in Honiara as a priority. The 2011 meeting highlighted the importance of reliable and timely health, mortality and cause-of-death data, as well as the importance of strong HIS and CRVS systems in monitoring health outcomes, such as the impact of NCDs, and in understanding the health status of the population. The meeting also emphasized the importance of setting health priorities and effectively allocating resources to address these health priorities, evaluating health system responses and performance and monitoring accountability, and encouraging a culture of information use and planning based on evidence.

PICTs are, however, still often forced to rely on partial or estimated data to inform planning, policy and resource allocation decisions. Ongoing attention to developing strong HIS and CRVS systems must therefore remain a priority in the region.

Key achievements in improving HIS and CRVS among PICTs included the formation of HIS and national CRVS committees to improve collaboration and coordinate system improvements, comprehensive system assessments, development of strategic HIS plans, updated policies, capacity-building through in-country training and workshops, and developing resources to improve data collection. Much of this work is supported by the Pacific Health Information Network (PHIN) and other partners.

Challenges with HIS and CRVS include linking up different information sources and systems to share data due to the multisectoral nature of the data collection; poor coverage of and access to registration for births, deaths and causes of death in some PICTs; poor cause of death certification practices; and the need to build human capacity within the system.
To further improve HIS and CRVS, PICTs highlighted need to strengthen relationships between information (data) collectors and information users, to build a stronger demand for data in decision-making, and to strengthen collaboration across and within government agencies. Opportunities presented by information technology to improve systems, when used to support sound reporting structures and practices were also highlighted.

**Recommendations**

To strengthen and improve data quality from HIS and CRVS systems, countries need to take the following actions, unless already in place:

a) Establish a multisectoral coordination mechanism or mechanisms to improve HIS and CRVS systems.

b) Undertake an assessment of the key challenges and issues for generating reliable timely data.

c) Develop and share detailed improvement plans for HIS and CRVS that include locally agreed targets for improving HIS and CRVS data that are measurable and provide accountability for progress, such as improvement of the completeness of birth and death registration and improvement of the reliability and completeness of health data, in particular cause-of-death data, with a minimum two-year reporting period on results of analysis and trend data.

d) Invest in building human resource capacity for HIS and CRVS in areas such as data analysis and interpretation of vital statistics to inform policy development and planning.
3. Towards Healthy Islands: Pacific mental health response

Mental health was identified as a top health priority at the 2011 meeting in Honiara, and most countries still highlight this as a critical unmet need.

There are encouraging examples of progress in the PICTs. For example, eight PICTs developed draft mental health policies and/or plans and established a mental health committee or other coordinating mechanisms; eight completed mental health country profiles; five PICTs joined a project on monitoring and intervention of suicide behaviours; and a mental health component was included in NCD, school and other surveys in some PICTs.

Some countries have developed and implemented mental health human resource plans. In addition, community-based mental health services have been established in Cook Islands, Fiji, Kiribati, Solomon Islands and Vanuatu. Mental health units within general hospitals and health centres, including stress management wards, and community counselling centres serviced by nongovernmental organizations have been established. Also, mental health is now included as part of health service outreach activities in a few PICTs. Training of health staff in primary care centres to deliver mental health interventions has taken place in a few PICTs, as well.

There are major challenges to a better mental health response. First, mental health remains a low priority in health systems and is not sufficiently resourced and funded in budgets. Secondly, there are often no links between mental health and cross-cutting issues, such as human rights, gender, substance abuse, suicide, violence, trauma, NCD, maternal/child/adolescent health, health across the life-cycle, HIV and sexually transmitted infections, sexual and reproductive health, and other medical co-morbidities. Finally, there is a lack of mental health awareness, advocacy, promotion and early prevention interventions, as well as a large treatment gap in undiagnosed and untreated mental health conditions.
Recommendations
To address the issues impeding progress with mental health, the following are recommended:

a) Strengthen national and regional leadership to drive the mental health agenda, support legislation and policy, and combat stigma.

b) Strengthen the evidence base on the burden of mental disorders utilizing tools and methodologies that are appropriate for the Pacific context and tailored to country needs.

c) Develop and strengthen comprehensive education and training for human resources in the region for a full range of mental health care services that respond to the various levels of need.

d) Integrate mental health into general health and community-based services.

e) Strengthen the existing network and multisectoral partnership mechanisms to promote capacity-building and coordination.

f) Expand mental health service delivery utilizing existing infrastructure and tailor services to meet diverse population needs.

g) Address prevention, social determinants and risk factors and promote mental health as part of holistic well-being.

4. Action on the social determinants of health in the Pacific Islands

The social determinants of health (SDH) are the conditions in which we are born, grow, live, work and age. As such, they are impacted by a variety of sectors beyond the scope of health. The Commission on Social Determinants of Health in 2008 provided overarching recommendations to achieve health equity. Those recommendations called for improving daily living conditions; tackling the inequitable distribution of power, money and resources; and measuring and understanding the problem, as well as assessing the impact of action. Social determinants of health were identified as a top health priority at the Ninth Meeting of Ministers of Health for the Pacific Island Countries in 2011.
The framework for revitalizing Healthy Islands is basically a SDH framework and has been reaffirmed by the Pacific Health Ministers. The Urban HEART (Health Equity Assessment and Response Tool) has been developed to measure and take action on equity issues. The adaptation for the Pacific, called Island HEART, guides local policy-makers and communities on appropriate actions to address health inequities, provides a standardized procedure of gathering relevant evidence and guides planning for action at the country level.

Key challenges for taking action on SDH in the Pacific include building human resource and institutional capacity of the health sector for cross-sectoral work and establishing mechanisms for multisectoral implementation and accountability at the country level.

A two-pronged approach to acting on SDH in the Pacific includes a health-in-all-policies approach to reduce health inequities through actions addressing the upstream social determinants of health that require whole-of-government and whole-of-society action, as well as and prioritizing NCDs as an entry point and as a programmatic approach to reduce health inequities.

**Recommendations**

To address the issues limiting progress on the social determinants of health, the following actions are recommended:

a) Sustain national high-level advocacy with a focus on a health-in-all-policies approach and NCDs using appropriate tools or guidance, such as the Helsinki Statement on Health in All Policies.

b) Build and strengthen the communication and advocacy capacity of ministries of health to work across sectors, with regional support, through:

1) facilitation of networking in a community of practice using the “Pacific Way”, and

2) development and utilization of appropriate tools and data to measure and address social determinants, such as Island HEART.
5. Neglected tropical diseases

Neglected tropical diseases (NTDs) are a group of diseases that are mostly prevalent in tropical or subtropical climates. Priority NTDs in the Pacific are lymphatic filariasis, soil-transmitted helminthiases and leprosy. Yaws and blinding trachoma are also endemic in certain areas of the Pacific. Most of these NTDs can be controlled or eliminated through preventive measures, such as mass drug administration against lymphatic filariasis or individual case management for leprosy. The epidemiology of NTDs is variable, so programmes need strategies adapted to local health systems and environmental conditions.

Over the past decade, several countries in the Pacific have moved towards elimination of NTDs, especially lymphatic filariasis. In 1999, there were 16 countries endemic for lymphatic filariasis, but only 12 in 2013. Key elements of this success include strong political commitment from governments and increased technical expertise in programme management via a well-established regional network, such as the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF). There is a vital need to sustain momentum by increasing monitoring and evaluation of programme progress to ensure lymphatic filariasis remains under control.

The burden of other NTDs requires better assessment and national strategies to determine the need for elimination or control. There is a need to scale up evidence-based interventions based on the available epidemiologic profile of the disease.
Recommendations
To sustain progress and further address the issues challenging NTDs, the following are recommended:

a) Review and reassess the current NTD situation and identify new country-specific NTDs priorities, as relevant.

b) Develop a Pacific NTD strategy or framework as per technical guidelines for the country programmes.

c) Renew the commitment of countries to tackling NTDs and consider the implementation of the plan in the context of health system strengthening and community health strengthening.

6. Outbreak surveillance and response priorities for mitigating the health impact of disasters

From January to June 2013, five major natural disasters occurred in PICTs. Climate change and related extreme weather events continue to exacerbate the impact of disasters in Pacific communities. Disasters can increase the risk of disease outbreaks, particularly after floods or population displacements, both of which are regular consequences of disasters in the Pacific. The poor and most vulnerable populations bear the greatest burden of the severe health and non-health consequences of disasters.

Some PICTs have policies and plans to coordinate between disaster management systems and health systems. A few PICTs have carried out tabletop and full-scale disaster exercises to test some of their public health emergency capacities. More recently, a few PICTs have conducted disease outbreak risk assessments to determine the risk of post-disaster epidemics and which, if any, diseases pose the greatest threat.
Regional initiatives such as Pacific Public Health Surveillance Network (PPHSN), Pacific Humanitarian Team (PHT) and the Pacific Guidelines for Emerging Diseases (PAGED) serve as coordinating mechanisms to build capacity and provide expertise in outbreak surveillance and response across the Pacific, prepare PICTs to respond to disasters, and provide an aligned framework to guide the PIC response to public health emergencies, respectively.

Common limitations among PICTs with regards to outbreak surveillance and response and mitigating the health impacts of disasters include limited baseline data for the main outbreak-prone diseases in PICTs, the lack of operational plans for post-disaster risk assessment and early warning surveillance and response systems, limited understanding of the consequences of climate change on outbreak-prone diseases, limited human resource capacity and the lack of links to national disaster management offices to ministries of health.

**Recommendations**

To address the issues challenging outbreak surveillance and response and mitigating the health impacts of disasters, the following are recommended:

1. Strengthen existing syndromic/disease surveillance systems and integrate them into routine HIS.
2. Implement operational research to provide evidence on the epidemiology of important outbreak-prone diseases in relation to the natural disasters and climate change.
4. Initiate and support human resource capacity-building in field epidemiology.
5. Support improved coordination between regional disaster and public health organizations and networks.
7. Health workforce development in the Pacific

Several PICTs have health-worker-to-population ratios below the WHO-recommended minimum threshold of 2.3 per 1000. Many also face strong external labour market forces that make it difficult to balance health workforce demand, supply and affordability with existing and emerging population health needs. The imminent return of larger-than-usual numbers of newly graduated foreign-trained medical graduates will place further demands on workforce planning and health budgets in at least five PICTs.

Countries and their partners are currently undertaking analytical work to update country human resources for health (HRH) profiles, review evidence-based policy options and develop national HRH plans. The formation of task forces to address the integration of new medical graduates is also having a catalytic effect on broader HRH planning and decision-making.

More dramatic steps need to be taken to address HRH as a major constraint on the ability of countries to deliver better health services. There is a need to ensure that appropriate staff is deployed where needed. This is an opportunity for countries and development partners to forge solutions that transcend national borders and promote multisectoral engagement, collaboration, coordination and partnerships.

Recommendations

To strengthen health workforce development in the Pacific, the following actions are recommended:

a) Advocate for and establish, if these tasks have not been addressed, high-level of prioritization of HRH in health systems, the engagement of key sectors, the active management of national health workforce plans, and bilateral memorandums of understanding to manage rotation of skilled human resources.

b) Explore innovative approaches to achieve the necessary investment and financing structures for the national health workforce plan.
c) Promote increased involvement of nursing in national and regional health governance structures.

d) For those countries expecting to receive foreign-trained medical graduates (FTMGs), analyse policy options and plan for integration, develop competency-based assessment tools, and maintain supportive dialogue with postgraduate training institutions and collaboration among countries.

e) Maintain and review Pacific Human Resources for Health Alliance (PHRHA) objectives and functions to address policy priorities at the regional and subregional (or multi-country) level and revitalize the technical working group to help connect countries and provide technical assistance.

f) Maintain dialogue with evolving approaches on accreditation of education and regulation of practice.

g) Request heads of Pacific health training institutions in PICTs to convene a regular meeting to discuss and review curricula to be aligned with prevailing national and regional strategic priorities and discuss other matters of mutual concern and have them to report back to the Pacific Health Ministers Meeting.

8. Ministerial round table

As a result of the ministerial dialogue session, Ministers endorsed the Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda (see Annex), which reaffirms their commitment to the Healthy Islands vision. Furthermore, the Apia Communiqué generally supports the goals set out in the recently released Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, specifically the retention of the current health-related Millennium Development Goals (4, 5 and 6) and the inclusion of NCDs, neglected tropical diseases and access to infrastructure, such as transportation and information communication technology. Mental health needs to be added as a goal or target.
Through the *Apia Communiqué*, the Ministers reiterated their political commitment to address the NCD crisis by promoting multisectoral action by adopting goals such as a Tobacco Free Pacific by 2025; developing targets for recommended levels of fat, sugar and salt in food and beverages; supporting implementation of interventions that promote health promotion in primary health care; and developing accountability mechanisms for NCD surveillance.

In addition, Ministers considered the changes in health architecture needed to ensure results can be delivered in the most efficient and effective way. Ministers endorsed the need for:

- Developing an overarching framework for health development in the Pacific.

- An annual meeting of directors and secretaries of health to discuss strategic health issues, policies and implementation of decisions by the biennial Pacific Health Ministers Meeting and to provide timely advice to ministers (terms of reference are to be developed).

- Stronger links between the Pacific Health Ministers Meeting and the Pacific Island Forum Secretariat, leading to more direct access to Forum leaders.
ANNEX

4 July 2013

Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda

Tenth Pacific Health Ministers Meeting

Pacific island countries ministers of health reaffirmed their support for the vision of Healthy Islands\(^3\) (Yanuca Island Declaration) adopted in 1995 as the unifying statement for health development in the region. Ministers supported the need to refocus the vision from healthy settings to people-centred actions. There was agreement on the need to take effective actions at the national level to give effect to the Healthy Islands vision.

The noncommunicable disease (NCD) crisis in the Pacific was recognized in the Honiara Communiqué from the Ninth Meeting of Ministers of Health for the Pacific Island Countries in June 2011 and declared shortly thereafter by the Pacific Islands Forum leaders.

Ministers expressed continuing concern about the negative impact of NCDs on individuals, their families, communities and nations. They noted the progress in some Pacific island countries. Most countries have advanced implementation of the Framework Convention on Tobacco Control and have used increased tobacco taxes to increase funding for health promotion and disease prevention, among other priorities.

\(^3\) The Healthy Islands vision aspires to a place where (1) children are nurtured in body and mind (2) environments invite learning and leisure (3) people work and age with dignity (4) ecological balance is a source of pride (5) the oceans that sustain us are protected.
Ministers agreed on the importance of effective multisectoral actions to prevent and control NCDs and adopted the goal: Healthy Islands free from avoidable NCDs. The Healthy Islands vision provides an appropriate vehicle for advancing multisectoral actions at the national level.

Lessons learnt in dealing with NCDs suggest that we should focus on a small number of prioritized, evidence-based, culturally appropriate, and cost-effective interventions. Greater attention is required to improve information systems to improve reporting and data on health trends and causes of death. This development would enable countries and areas to monitor progress towards the global mortality reduction goals and targets, as part of a strengthened health accountability system.

Ministers noted the importance and opportunity provided by the release of the Report of the High-Level Panel of Eminent Persons on the Post-2015 Development. The goals in the report cover a wide range of issues, and include targets focusing on an ongoing commitment to the Millennium Development Goals (MDGs), specifically reproductive, maternal, newborn and child health (RMNCH), HIV/AIDS, tuberculosis and malaria and new targets on NCDs, neglected tropical diseases (NTDs), and strengthened access to infrastructure such as transportation and communication technology. Ministers also noted the importance of linking MDGs 4, 5 and 6 with the new NCD target.

Ministers noted with concern the lack of recognition of NCDs and mental health as separate goals and urged that they be given due recognition in their own right as opposed to being added to a list of diseases as targets. Ministers agreed on the need to include NCDs and mental health as specific goals in the post-2015 development agenda.

Pacific island health ministers recognize a shift in the Healthy Islands vision from healthy settings to healthy people and underscore the need to tackle NCDs to achieve the Healthy Islands vision. In light of ongoing consultations to develop the post-2015 development agenda, the ministers affirm the need for the following:

- While sustaining efforts and gains to achieve the MDGs — particularly MDGs 4, 5 and 6—accelerated action is needed by building on successes and focusing on scaling up interventions in RMNCH, especially for vulnerable people.

- Working with appropriate ministries (e.g., foreign affairs), ensure the health goal and targets, in particular the NTD, RMNCH and MDG-6, are retained in the post-2015 development agenda. Additional goals related to NCDs and mental health are given proper emphasis in the post-2015 development agenda for it to have relevance in the Pacific context.

- Strengthened coordination of health and development work in the Pacific to ensure the best use of funds and expertise. This includes strengthening the links between Pacific Ministers of Health and the Pacific Islands Forum Leaders with the support from WHO/SPC in collaboration with the Pacific Islands Forum Secretariat as needed.

Related specifically to NCDs:

- The growing high-level political commitment to tackle the root causes of NCDs must be translated into multisectoral action, capacity-building and investment in NCD prevention and control at the country level.

- Adoption of the Tobacco-Free Pacific Goal by 2025 with an adult tobacco use prevalence of less than 5% in each country.
• Development of targets for recommended levels of fat, sugar and salt in food and beverages for the Pacific region. This would enable Pacific countries to institute fiscal and regulatory measures for local and imported processed foods and beverages. The development of legislation to protect children from marketing of products high in salt, fat and sugar is also required.

• A phased implementation of the Package of Essential NCD Interventions (PEN) or other similar interventions focusing on health promotion and primary health care.

• Development of regional and national NCD accountability mechanisms to monitor, review and propose remedial action to ensure progress towards the NCD goals and targets. Accountability mechanisms will build on existing monitoring and surveillance input, including the proposed platform for coordinated support.