TWELTH PACIFIC HEALTH MINISTERS MEETING

28–30 August 2017
Rarotonga, Cook Islands
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

RS/2017/GE/77(COK) English only

MEETING REPORT

TWELTH PACIFIC HEALTH MINISTERS MEETING

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

AND

MINISTRY OF HEALTH, COOK ISLANDS

Co-organized by:

PACIFIC COMMUNITY

Rarotonga, Cook Islands
28–30 August 2017

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
September 2017
NOTE

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

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for participants and observers at the Twelfth Pacific Health Ministers Meeting held in Rarotonga, Cook Islands from 28 to 30 August 2017.
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**Keywords:**
Healthy people programs / Regional health planning / Primary health care / Health promotion / Pacific Islands
The Twelfth Pacific Health Ministers Meeting was held in Rarotonga, Cook Islands from 28 to 30 August 2017. The Government of Cook Islands hosted the meeting. The World Health Organization (WHO) and the Pacific Community provided Secretariat support.

The objectives of the meeting were:

1) to report on the progress made towards the Healthy Islands Monitoring Framework;
2) to discuss and commit to universal health coverage (UHC) on the journey towards Healthy Islands; and
3) to set future strategic direction in health leadership and development in the Pacific.

In the meeting's outcome document, “Cook Islands Mana”: The journey towards Healthy Islands in the Pacific (Annex 1), the ministers agreed that strengthening primary health care and preventive services would be essential to achieve the Healthy Islands vision, to progress towards UHC and to attain the health-related Sustainable Development Goals (SDGs). The Healthy Islands Monitoring Framework, which was endorsed by the ministers is an important tool for monitoring progress towards the Healthy Islands vision, UHC and SDGs.

The outcome document sets out a number of tasks, including:

1) Redefine primary health care to achieve UHC by determining the right services and the right service model with focus on integration of both public health and clinical services with community outreach.
2) Allocate adequate funding to achieve universal coverage of recovery-oriented mental health and social care services.
3) Enhance actions to address childhood obesity based on recommendations of the WHO Commission on Ending Childhood Obesity.
4) Support efforts to strengthen actions to prevent and effectively manage rheumatic heart disease, including through the adoption of a resolution at the World Health Assembly in 2018.
5) Countries and development partners to work collaboratively to further strengthen national and regional health security in line with the Pacific Health Security Coordination Plan and Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) for accelerating national implementation of the International Health Regulations (2005).
6) Include climate change and health as a standing agenda item at future Pacific health ministers meetings.
1. INTRODUCTION

1.1 Meeting organization

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

The Twelfth Pacific Health Ministers Meeting (PHMM) was held in Rarotonga, Cook Islands from 28 to 30 August 2017. The Government of Cook Islands hosted the meeting. The World Health Organization (WHO) and the Pacific Community (SPC) provided Secretariat support.

1.2 Meeting objectives

The meeting objectives were:

1) to report on the progress made towards the Healthy Islands Monitoring Framework;
2) to discuss and commit to universal health coverage (UHC) on the journey towards Healthy Islands; and
3) to set future strategic direction in health leadership and development in the Pacific.

1.3 Participants

Twenty-four Pacific island countries and areas were represented at the meeting; 17 ministers or secretaries of health were in attendance. Three countries and 19 organizations participated as observers, and one special guest was in attendance from the Green Climate Fund (GCF). The list of participants is available in Annex 2, and the programme is in Annex 3.

1.4 Appointment of chairpersons and rapporteurs

Honourable Nandi Tuaine Glassie, Minister for Health, Justice & Parliamentary Services, Ministry of Health, Cook Islands was elected chairperson. He thanked the outgoing chairperson, Honourable Rosy Sofia Akbar, Minister for Health and Medical Services, Fiji. Honourable Dr Emais Roberts of Palau was elected as vice-chairperson. Mr George Kalkau Taleo, Director-General, Ministry of Health, Vanuatu was appointed as English rapporteur. Dr Philippe Biarez, focal point for WHO in the Ministry of Health, French Polynesia was appointed as French rapporteur.
2. PROCEEDINGS

2.1 Opening session

In his welcome address, Honourable Nandi Tuaine Glassie, Minister for Health, Justice & Parliamentary Services, thanked the participants for attending PHMM in Cook Islands and staying committed to the Healthy Islands vision, in the spirit of traditional kinship. The Healthy Islands vision has served as a unifying theme for health protection and health promotion in the Pacific and reflects the comprehensive and integrated approach to health. Experience across the Pacific and globally suggests that the best way to work towards the Healthy Islands vision and UHC will be for Pacific island countries and areas to focus on strengthening primary health care. The Minister introduced the Healthy Islands Monitoring Framework as an approach to ensure that “what gets measured gets managed”. He highlighted the many challenges that Pacific island countries and areas are facing such as noncommunicable diseases (NCDCs), childhood obesity, mental health, emerging diseases and climate change. The Minister emphasized that the health ministers meetings and the ongoing work of health professionals, government ministries and donor partners are helping to realize the Healthy Islands vision in the Pacific.

In his opening remarks, Dr Shin Young-soo, WHO Regional Director for the Western Pacific, thanked the Government of Cook Islands for hosting the meeting and pointed out that it had been 20 years since Pacific health ministers last gathered in Rarotonga. Dr Shin highlighted recent achievements such as the Healthy Islands Monitoring Framework, which was developed after two years of hard work. The Pacific islands are beautiful but vulnerable to the rapid and unpredictable changes in climate and environment. Tropical Cyclone Donna caused destruction in Vanuatu in early 2017, while Tropical Cyclone Winston ravaged Fiji in 2016. Dr Shin emphasized the need to draw attention to the disproportionate impact of climate change in the Pacific region. Fiji’s presidency of the 23rd session of the Conference of the Parties (COP 23) to the United Nations Framework Convention on Climate Change (UNFCCC) in November presents a great opportunity to do that.

Dr Colin Tukuitonga, Director-General, SPC, thanked the Ministry of Health and Cook Islands Government for the warm welcome and hospitality. He highlighted that collaboration among partners in the Pacific, including WHO, has improved in recent years. He reiterated SPC’s commitment to working with all countries and areas to improve health in the Pacific region.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, addressed the participants through a video-recorded speech. He stressed the important agenda of the meeting, in particular the focus on UHC as a means to reach the SDGs. The SDGs feature one goal devoted explicitly to health, but health either contributes to, or benefits from, almost all the other goals. Some of the biggest health gains will come from improvements outside the health sector. The Director-General confirmed his commitment to the Pacific island countries and areas by announcing a special initiative for climate change and health in small-island nations.

His Excellency Honourable Henry Puna, Prime Minister, Cook Islands, started his keynote address by welcoming the health ministers, participants and Secretariat members, and by expressing the Government’s pleasure in hosting the PHMM after 20 years. Pacific island countries and areas have seen great improvements, but many challenges such as NCDs and climate change are affecting the health and well-being of people. The Prime Minister stated that the Healthy Islands vision has served the countries well. He also highlighted the importance of
the meeting agenda in trying to find solutions and ways forward to address health issues common to the Pacific island countries and areas, and the links between health and development in Cook Islands and the Pacific.

2.2 Healthy Islands Monitoring Framework

The Healthy Islands Monitoring Framework was developed over two years at the request of health ministers at the Eleventh PHMM in April 2015. The framework comprises 48 mandatory indicators and is divided into core and complementary indicators. Where possible, indicator definitions have been sourced from global and regional frameworks to ensure harmonization and adherence to international standards, notably Sustainable Development Goals and Universal Health Coverage: Regional Monitoring Framework, the UHC action framework for the Western Pacific Region, the SDG Pacific Headline Indicators and the Pacific Monitoring Alliance for NCD Action (MANA) dashboard for NCDs.

The ministers welcomed the Healthy Islands Monitoring Framework as a helpful tool for monitoring progress and for planning and implementing health services. It will also be of interest to communities and to organizations beyond the health sector.

2.2.1 Issues

A number of indicators are without baseline data because some countries do not have such data and global modelled estimations are not available.

Variances in the scope and purpose of national data collection can result in differences among available data and can affect comparability across countries and areas.

The utilization of the Healthy Islands Monitoring Framework will vary according to the size and characteristics of the country. Larger countries such as Papua New Guinea may need data disaggregated by district or provincial level to make the indicators more useful.

It is recognized that many determinants of health can be addressed only through other sectors and may not be captured by the Healthy Islands Monitoring Framework.

2.2.2 Outcome

The Pacific health ministers endorsed the proposed Healthy Islands Monitoring Framework and the first progress report.

2.2.3 Commitments for action

1) Monitor the implementation of the Framework, report on progress at the PHMM in 2019, and suggest amendments if necessary.
2) Actively participate in validating and reporting on indicators every two years as per the Framework, with technical support from development partners when required.
3) Use health data to inform and engage local communities to address and solve health problems.

2.3 Implementation of the Healthy Islands Monitoring Framework: health information systems

Strong national health information systems are instrumental in implementing the Healthy Islands Monitoring Framework and making evidence-based policy decisions. Three countries
made presentations on their health information systems, followed by discussion.

2.3.1 Issues

Major data gaps exist in some Pacific island countries because of limited functionality of key data sources such as routine health information systems, health surveys, vital statistics and disease surveillance systems.

In some countries, there is limited capacity in analysing data, and information is not always translated into action.

There is also a lack of disaggregated information and generally limited capacity in countries to undertake an equity-focused analysis.

2.3.2 Commitments for action

1) Strengthen regional networks such as the Pacific Health Information Network and the Brisbane Accord Group to share best practices, enhance standardized training packages and build better regional support systems.
2) Ensure well-functioning, high-quality data sources for generating key population health indicators including routine information systems, health surveys and civil registration and vital statistics.
3) Reinforce equity-oriented health information systems with more disaggregated data across age, sex, geography, household income levels and other characteristics appropriate to the country context.
4) Use data for management of health service delivery, annual operational planning and evidence-based policy decisions.
5) Take leadership in formulating the health information system country action plan and its implementation.

2.4 Universal health coverage on the journey towards Healthy Islands in the Pacific

UHC is based on the principle that all individuals and communities should have access to good-quality essential health services and preventive health interventions without suffering financial hardship. It is the main platform for achieving the health-related SDGs and therefore the best pathway for countries to progress towards the Healthy Islands vision. Regional and global experience suggests that the best foundation for achieving the Healthy Islands vision and UHC for most Pacific island countries will be a focus on strengthening primary health care and population-based prevention services.

Four countries made presentations on practices being used to achieve UHC, followed by discussion.

2.4.1 Issues

Health ministries need to identify and use the right health service delivery model at the primary health care level, with a particular focus on integration of both public health and clinical services with community outreach, and improving coverage of integrated people-centred services.

Achieving UHC requires improving managerial and administrative capacity in planning and budgeting, including in district hospitals and health centres, and ensuring that resources reach these facilities.
Health budgets have not always addressed the impact of demographic and environmental changes and population growth. Health ministries need to work with public service commissions and treasuries to ensure that gaps in meeting standards set for services are translated into resources for budget and staffing.

2.4.2 Commitments for action

1) Strengthen political will for action by ensuring that political leaders and the public understand why and how their country should improve health services delivery to achieve UHC and the Healthy Islands vision.
2) Increase the share of resources allocated to lower-level health facilities and community-based services.
3) Determine the right services and the right service model to achieve UHC by redefining primary health care, including:
   a) Decide what kind of public health and clinical services need to be delivered – having service models that are organized around the needs of individuals, families and communities.
   b) Determine the skillset and categories of health workers required, including clinical, public health and management training needs and opportunities for professional development.
   c) Ensure and monitor the availability of affordable medicines, vaccines and essential diagnostics according to functions defined at primary health care level.
   d) Monitor health systems performance using the health information system and user experience surveys.
4) Plan and budget resources for UHC:
   a) Develop one health sector annual plan and one budget, inclusive of the support from development partners and donors.
   b) Reinforce a fit-for-purpose financial management system to ensure resources reach lower-level health facilities.
   c) Improve the efficiency of resource use in secondary and tertiary care.

2.5 Health workforce development in the Pacific

Despite previous efforts, there are persistent and avoidable variations in the availability, capacity and performance of health workers in Pacific island countries, resulting in uneven quality and coverage of health services. This suggests that there is a need for renewed commitment to addressing health workforce challenges, and recognizing them as key elements in strengthening health systems to achieve UHC and the Healthy Islands vision.

2.5.1 Issues

Workforce distribution and competencies are not necessarily matching the needs of the population, recruitment and retention strategy, remuneration, and training and education plans. Workforce planning, regulation and management remain inadequate and need to be more in line with actual workforce requirements.

Education delivered to health professionals in Pacific island countries varies widely, with more than 250 individual courses with varying levels of curriculum standards, academic support, education and teaching materials, raising concerns regarding their quality and relevance.
2.5.2 Commitment for action

1) Ensure a more fit-for-purpose health workforce and more equitable distribution of health workers, especially for strengthening primary health care.
2) Strengthen health workforce management and improve health workforce data.
3) Ensure continuing professional development for the health workforce.
4) Task Pacific heads of health to explore the most appropriate regional coordination mechanism to address health workforce issues, including clinical workforce issues that require regional governance.

2.6 Rheumatic heart disease

Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are preventable and rare in most developed countries, but rates in the Pacific are among the highest in the world. Efforts to combat and control RHD have been in place in some Pacific island countries for more than a decade, and many have been implemented through vertical approaches. The 141st session of the WHO Executive Board adopted a resolution on ARF and RHD and recommended that the Seventy-first World Health Assembly consider adopting a draft resolution in 2018.

2.6.1 Issues

Long-term efforts to remove social and environmental conditions that increase the risk of ARF, e.g. overcrowding and poor housing quality, and improve access to primary health care for the management of children with sore throats are crucial.

Access to prevention and treatment services for group A streptococcus (GAS), ARF and RHD at the primary health care level is related to broader issues relevant to UHC.

Some Pacific island countries have received funding support to provide accelerated training and RHD control activities through short-term projects, but such vertical programmes have had limited integration into national public health programmes and budgets to date.

2.6.2 Commitments for action

1) Ensure that ARF and RHD are considered in service planning, especially through primary health care.
2) Adopt or strengthen national clinical guidelines for the effective prevention and management of ARF and RHD.
3) Include ARF and RHD in national health strategic plans with appropriate timed and quantified targets for measuring progress.
4) Integrate ARF and RHD into the national health information system to ensure timely and reliable data on the RHD burden, and for effective monitoring of all identified cases and treatments.
5) Support efforts to build a global consensus on action to address RHD, including through the adoption of a World Health Assembly resolution in 2018.

2.7 NCDs including childhood obesity

Global and regional agreements and commitments provide the context for responding to the following: Pacific NCD crisis, as addressed at the United Nations High Level Meeting on Prevention and Control of NCDs in 2011; WHO mortality reduction targets and voluntary
targets for risk factors and health systems to be achieved by 2025; the four time-bound NCD targets agreed by Member States in 2014; SDG target 3.4 on reducing premature NCD mortality by 30% by 2030 and accelerating implementation of the WHO Framework Convention on Tobacco Control (FCTC); the Pacific NCD Roadmap; the recommendations of the WHO Commission on Ending Childhood Obesity; and the recommendations of the Pacific NCD Summit held in Tonga in 2016.

While some Pacific island countries have seen progress in controlling tobacco use and improving physical activity levels in the last decade, the burden of NCDs including childhood obesity is static or worsening.

2.7.1 Issues

Childhood obesity is a growing problem in Pacific island countries and has risks for the long-term health and development of children. Paucity of data, especially in younger children, can hinder efforts to effectively target prevention efforts.

In 2013, the Pacific health ministers agreed on the goal of a “Tobacco Free Pacific by 2025”. While all Pacific island countries have actively adopted measures to reduce tobacco use, progress towards this goal has not been sufficient, and the Pacific as whole is not on track to achieve the goal. Strengthening taxation-based measures and other key evidence-based interventions to reduce tobacco use and to improve diets and reduce alcohol consumption remain significant challenges in most Pacific island countries.

While the adaptation and adoption of the WHO Package of Essential Noncommunicable Disease Interventions (PEN) protocols at the national level is well advanced, challenges remain in ensuring consistency of service delivery and improving the implementation of clinical guidelines.

Surveillance and monitoring of NCDs is generally improving; however, there is a heavy reliance on periodic surveys to provide key data.

2.7.2 Outcomes

1) The Pacific health ministers endorsed the final report from the Pacific NCD Summit that includes key outcome statements and a commitment to timelines for Pacific NCD Roadmap implementation at the national level.
2) The ministers endorsed the concept note on a proposed Pacific legislative framework on NCDs that would harness the power of Pacific voices through collective approaches to tackle the Pacific NCD crisis.
3) The ministers endorsed the revised MANA dashboard data dictionary for monitoring the progress of NCD-related actions to strengthen NCD accountability.

2.7.3 Commitments for action

1) Enhance actions to address childhood obesity based on recommendations of the WHO Commission on Ending Childhood Obesity, including setting national targets and enhancing monitoring systems, while considering the double burden of malnutrition and obesity and avoiding stigmatizing overweight children.
2) Take measures to advance the implementation of WHO FCTC to accelerate progress towards a Tobacco Free Pacific by 2025, including the prevention of tobacco industry interference through tobacco control laws, public service codes of conduct and other related policies.
3) Enhance the implementation of the Pacific NCD Roadmap by strengthening multisectoral NCD coordination and fiscal measures to reduce tobacco and alcohol consumption and improve diets, and by directing some of the additional funds into health improvement.

4) Improve the management of NCDs through the increased use of PEN (or other similar protocols), with an emphasis on equitable and consistent service delivery to all population subgroups.

5) Amplify the Pacific’s voice on NCDs at relevant global forums.

2.8 Mental health

The Pacific Islands Mental Health Network (PIMHnet) was launched in 2007 and has contributed to strengthened mental health services in Pacific island countries. Most countries have endorsed mental health policies and increased the number of specialized and primary health staff trained in mental health. However, significant gaps remain, and overall, mental health systems continue to need strengthening.

2.8.1 Issues

Government spending on mental health remains very low.

Although several countries have begun to decentralize mental health care, most mental health care is still based on services provided in hospitals in the capital cities. Most Pacific island countries lack services for people with alcohol and substance use disorders.

Response and preparedness to natural disasters has been focused mainly on physical needs, and there has been insufficient attention to psychosocial impacts and needs.

Lack of understanding about mental health, and the stigmatization and discrimination towards people with mental disorders, are hindering communities’ efforts to provide effective support.

2.8.2 Commitments for action

1) Allocate adequate funding to achieve universal coverage of recovery-oriented mental health and social care services.

2) Increase variety of health staff and other personnel trained in mental health at specialized, primary and community levels to deliver evidence-based, culturally appropriate and human rights-oriented services.

3) Strengthen emergency preparedness for mental health and psychosocial support.

4) Spearhead a multisectoral strategy for promoting mental health and preventing mental and substance use disorders and suicide, reducing stigmatization and discrimination and protecting human rights of the people with mental disorders.

5) Create enabling environments by mobilizing community resources and networks and empower people with mental disorders and their family members, friends and communities in support of people living with mental health conditions.

2.9 Strengthening regional health security: emerging diseases and disaster preparedness and response

As health is a major concern in almost all emergency situations, there are high expectations for health systems to respond quickly and effectively to mitigate the health and socioeconomic consequences resulting from emergencies. Across the Pacific region, significant progress has been made in achieving the IHR core capacities of public health legislation, coordination, surveillance, response, risk communication and laboratory services. Ongoing challenges, many
of which are related to health system strengthening, include a sustainable public health workforce, information management systems, policies and plans, and secure funding; they also affect preparedness for and response to outbreaks and disaster hazards, and health system resilience and adaptation to climate change.

The draft Pacific Health Security Coordination Plan 2017 to 2022 has four areas of action for accelerated implementation of national IHR core capacities and regional health security strengthening through APSED III. The Plan reaffirms national leadership and coordination of health security while ensuring investments in regionally delivered public goods, including strengthened coordination, communication and information sharing, national and regional health security priorities requiring collective action such as Pacific regional preparedness, alert and response capacities, and sharing lessons learnt in delivering partner support to strengthen national-level IHR capacities.

2.9.1 Issues

All Pacific island countries and areas are vulnerable to emerging infectious diseases, including pandemics, and to natural hazards, especially extreme weather events, some of which are expected to increase in severity or frequency because of climate change.

Given the very small population size of some Pacific nations, there are significant opportunity costs in replicating some capacities for health security, such as specialized laboratory technologies and stockpiling for medical countermeasures, in all Pacific island countries.

The draft Pacific Health Security Coordination Plan documents a voluntary agreement to work together in a more coordinated and coherent way to achieve national and regional health security. Its success requires the high-level commitment of national authorities and partners to collective action that is transparent and adaptive to individual country needs and priorities.

2.9.2 Outcome

The ministers endorsed the draft Pacific Health Security Coordination Plan for accelerating national IHR implementation.

2.9.3 Commitment for action

Countries and development partners to work collaboratively to further strengthen national and regional health security in line with the Pacific Health Security Coordination Plan.

2.10 Climate change and health

Pacific island countries and areas are among the most vulnerable to climate change. Increasingly rapid and unpredictable climate change has raised sea levels and increased the frequency and strength of extreme weather events in Pacific island countries, destroying life and property and increasing disease risks. Healthy ecosystems are part of the region's social and cultural heritage and identity, and this fragile ecological balance is being seriously threatened by climate change. Apart from the threat to physical health and survival, the vulnerability of ecological systems also increases psychosocial risks. Uncertainty about the future causes anxiety and depression. Developing and nurturing resilient health systems is central to addressing the health impacts of climate change.

Pacific health leaders have called for a massive scale-up of efforts to mitigate the adverse impacts of climate change on human health. The meeting provided updates on existing works
on climate change and health and updates on international and bilateral funding mechanisms. The meeting also provided updates on COP 23 in Bonn, Germany under the Fijian presidency, and the plans for a Health Action Day there.

A guest speaker made a special presentation to the delegates on how to work with the Green Climate Fund (GFC), creating awareness of GCF and the opportunities potentially available to all stakeholders.

2.10.1 Issues

While recognizing the importance of strengthening the climate resilience of health systems, there is a need for stronger action on mitigating the causes of climate change.

Additional financial investments will be required to operationalize the climate change and health agenda.

Accessing funds to support work in this area in the Pacific region remains a challenge, and navigating the processes for accessing international and bilateral funds is complex. There is a strong call for simplifying the process for accessing financial mechanisms.

The WHO Director-General’s special initiative on climate change and health should provide country-specific evidence and progress tracking by expanding the coverage of the climate and health country profiles of WHO/UNFCCC to all small island developing states (SIDS) and least developed countries.

2.10.2 Outcomes

The Pacific health ministers welcomed the WHO Director-General’s special initiative on climate change and health in SIDS, to protect the people of island states from climate risks, and to amplify the voices of the most vulnerable.

The WHO Director-General is requested to consider convening a global conference on SIDS, with a special focus on health and climate change.

The Pacific health ministers urged WHO to accelerate the process of its accreditation (ie WHO’s accreditation) in the Green Climate Fund, other UNFCCC financial mechanisms and/or any relevant financial mechanisms, recognizing the leadership role WHO can play in the health response to climate change.

The Pacific health ministers will strongly support the Government of Fiji as COP23 Presidency of the UNFCCC. They will also support WHO to assemble and present the evidence necessary at the Health Action Day to mobilize support in SIDS and elsewhere, to ensure a decision on health as an outcome of COP 23, and to assume the health leadership role in tackling the underlying causes of climate change.

The Pacific health ministers proposed that climate change and health should be included as a standing agenda item at future Pacific health ministers meetings.
2.11 Ministerial programme

The ministers of health and chief delegates visited Rarotonga Hospital and Highland Paradise. The purpose of these site visits was to highlight ways to mitigate the increasing burden of NCDs, emerging infectious diseases and disasters by using modern technology to improve primary health care services in the Cook Islands. More information on the ministerial programme can be found in Annex 4.

2.12 Support from partners

This was not a special topic on the agenda, but the meeting agreed on the following statement:

Development partners continue to make important contributions towards improving the health of Pacific islanders and strengthening country health systems and capacities. Results of these contributions are greatest when they are focused on country needs and undertaken with full ownership of and engagement with national counterparts and with strong coordination among partners. The support of development partners is also important to enable sharing of lessons and best practices, as well as ensuring advocacy for issues of importance to Pacific populations and the engagement of Pacific island countries at subregional, regional and global levels.

Development partners are requested to:

1) Ensure that technical and financial support for individual countries is based on country needs and aligned with country plans and strategies, and where relevant, taking into account regional priorities.
2) Continue to support each country to build capacities and sustainably strengthen health systems and institutions, with a particular focus on primary health care.
3) Ensure all support is well coordinated between development partners and governments, as well as between partners themselves.
4) Continue to further strengthen subregional networks, international collaboration and networking, and to support the collecting, analysing and sharing of lessons and best practices of relevance to the Pacific.
5) Advocate at regional and global levels for priority issues that are important for the Pacific.
6) Continue to share timely information on changing institutional priorities and new sources of funding that may be of relevance to health institutions in the Pacific.
7) Support integration of efforts to address health challenges within existing health services and plans, rather than establishment of new, vertical programmes.

2.13 Discussion on the draft outcome document

The delegates endorsed the draft outcome document including all the commitments for action.

French Polynesia and Tuvalu offered to host the next PHMM in 2019. The Secretariat will look into the logistical and cost issues and will discuss them further at the forthcoming session of the WHO Regional Committee for the Western Pacific.
3. CLOSING

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, congratulated the Minister of Health and the Government of Cook Islands for the excellent organization and wonderful hospitality. By endorsing the Healthy Islands Monitoring Framework, another important step has been taken towards realizing the Healthy Islands vision. The UHC session was a powerful demonstration of how the overall goal, while shared, must be achieved by each country forging its own path. The Regional Director highlighted that rheumatic heart disease is a complex issue, but he was very pleased to see this region spearheading the push to get this issue on the global health agenda. He appreciated the presentation on working with the Green Climate Fund, and reiterated that WHO is fully committed to supporting small island states, and specifically Pacific island countries, to respond to climate change, as also expressed by the WHO Director-General in his video-recording to the meeting.

In his closing remarks, Dr Colin Tukuitonga, Director-General, SPC, also congratulated the Government of Cook Islands for successfully organizing the meeting. The Healthy Islands Monitoring Framework provides an opportunity to track the progress towards the Healthy Islands vision. The Director-General stressed the need to work beyond the health sector with involvement of the communities to achieve UHC. SPC will continue to work with Pacific countries, WHO and other partners for the well-being of the Pacific people.

Honourable Nandi Tuaine Glassie, Minister for Health, Justice & Parliamentary Services, Cook Islands thanked all the participants and shared his hope that they experienced some of the Kia Orana magic! He emphasized that Pacific countries are recognizing that strengthening primary health care is essential in order to progress towards UHC, given the increasing complexity of delivering health services. The Minister extended his appreciation to all parties who made this meeting possible, including sponsors. He declared the meeting closed.
Annex 1 “Cook Islands Mana”: The journey towards Healthy Islands in the Pacific

Twelfth Pacific Health Ministers Meeting  
30 August 2017

Ministers agreed that strengthening primary health care and preventive services would be essential to achieve the Healthy Island vision, progress towards universal health coverage (UHC) and attain the health-related Sustainable Development Goals (SDGs). The increasing complexity of delivering health services requires well-functioning and adequately resourced primary health care. This necessitates integration of both public health and clinical services with community outreach, and improving coverage of people-centred services.

Ministers are committed to ensuring that political leaders and the public understand why and how their own country needs to improve health services and primary health care. Accomplishing universal health coverage and the Healthy Islands vision will entail mobilizing adequate resources and prioritizing health within a sustainable macroeconomic, social and environmental framework.

Ministers reaffirmed that addressing health security risks, including disease outbreaks and disasters, and also addressing the NCD epidemic, are priorities that require strong primary health care systems that include both public health and clinical services. It is therefore necessary to increase the share of human and financial resources allocated to lower level health facilities and community-based services.

There was agreement that the Healthy Islands Monitoring Framework developed since the last meeting in 2015 is an important tool for monitoring progress and achievements towards the Healthy Islands Vision. It functions as a governance and accountability framework as well as a mechanism for priority setting and a tool for political decision-making. The framework can also be used for monitoring progress towards achieving the relevant SDGs.

It was recognized that implementation of the Healthy Islands Monitoring Framework depends on improvements in health information systems (HIS). There is a need for continued support by development partners for strengthening HIS overall, including digitalization and building of national capacity in data management and analysis.

Ministers recognize the robust commitment over the last ten years for the prevention and control of NCDs in Pacific Island countries and territories, but realize that greater emphasis is needed on multisectoral approaches. Continued efforts towards tobacco control and effective clinical management of NCDs are critical. Of special concern to Ministers is the growing burden of childhood obesity which highlights the need for multiple, sustained and cross-sectoral actions to effectively reduce and prevent childhood obesity. Given the rapidly increasing burden of NCDs in the Pacific, it is crucial that the Pacific Island countries’ voices are heard on this issue in global fora.

There was agreement that more attention is needed on the prevention and control of rheumatic heart disease (RHD) in the Pacific countries given the current heavy burden,
and on integrating RHD control into existing health service delivery. Given that some Pacific countries bear the world’s highest burden of RHD, Ministers agreed that countries from the region should continue to spearhead efforts to place this issue on the global health agenda – including through a proposed resolution for consideration at the 2018 World Health Assembly.

Mental health services in Pacific Island Countries and Territories are inadequate despite improvements, leaving a large service delivery gap, alongside on-going issues of stigma and discrimination against people with mental disorders. Strengthening of mental health and social care, particularly at the community level, is of utmost importance.

Ministers endorsed the draft Pacific Health Security Coordination Plan and perceive this plan as a key step for collective action and funding towards sustainable regional health security. The plan will guide countries and partners in coordinating implementation of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) as the updated roadmap for accelerated IHR core capacity implementation in the region, linked to disaster risk reduction and climate resilience initiatives where appropriate, and to objectively measure their progress in this area. The support provided by the Pacific Heads of Health and the other partner agencies was recognized and appreciated. The plan incorporates implementation approaches that are consistent with integration of health security and health system strengthening, with benefits to both programmes. The Ministers acknowledged that strengthening health security, disaster preparedness and response and climate resilience remains a top priority for all Pacific Island Countries.

Pacific Health Ministers called for greater efforts and increased investments to mitigate the adverse impacts of climate change on human health in line with the 2015 Yanuca Island Declaration. Developing and nurturing resilient health systems is central to address the health impacts of climate change. The Pacific Health Ministers welcome the newly elected WHO Director-General’s special initiative on climate change and health in Small Island Developing States (SIDS). The countries will continue their cooperation on climate change at regional and global level, including looking for opportunities for the Pacific to access international and bilateral funds, and support the Health Action Day agenda at the UNFCCC COP-23 meeting under the Presidency of Fiji. The Pacific Health Ministers propose that climate change and health is included as a standing agenda item at future Pacific Health Ministers Meetings.

Pacific Health Ministers acknowledged and appreciated the contributions of development partners towards improving the health of Pacific island peoples and strengthening country health systems. The Ministers reiterated the need for strong coordination and collaboration between partners and governments as well as between development partners themselves. Technical and financial support, based on the needs of individual countries, continues to be important to ensure all countries can build capacities and strengthen their health systems. The Ministers also recognised that both countries themselves and development partners have an important responsibility in advocating for priority issues that were important for the Pacific at regional and global levels.

The commitments for action from this meeting are addressed to Ministers of Health and Heads of Health, and the progress will be assessed at the next Heads of Health and Ministers of Health meetings.
Ministers will share the recommendations from the 12th PHMM at the forthcoming Pacific Island Forum.
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<th>Position</th>
<th>Contact Information</th>
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</thead>
</table>
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ANNOTATED AGENDA

Day 0: Sunday, 27 August

Arrival of participants

13:00–20:00 Pre-registration
Venue: Edgewater Resort, Executive Meeting Room

16:00–17:00 Secretariat meeting
Venue: Edgewater Resort, Main Conference Room

Day 1: Monday, 28 August

07:00–8.30 Registration
Venue: National Auditorium

8:30 –10:30 Opening ceremony
Traditional welcome, Turou and Cook Islands national anthem
Venue: National Auditorium
Dress Code: Kia Orana/island style wear or official attire

Master of Ceremonies: Honourable Niki Rattle
Speaker of Parliament

Invocation: Pastor Tevai Matapo
Chairman, Religious Advisory Council, Cook Islands
Welcome address: *Honourable Nandi Tuaine Glassie*
Minister for Health, Justice and Parliamentary Services, Cook Islands

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

*Dr Colin Tukuitonga*
Director General, Pacific Community (SPC)

*Dr Tedros Adhanom Ghebreyesus*
WHO Director General (TBC/video speech)

Keynote address and meeting declared open: *Honourable Henry Puna*
Prime Minister, Cook Islands

Entertainment: *Apii Avarua*

Closing prayer: *Pastor Tevai Matapo*
Chairman, Religious Advisory Council, Cook Islands

10:30–10:45 Photo session
Venue: National Auditorium

10:45–11:15 Morning tea

11:15–11:30 Opening session
Venue: National Auditorium

*Master of Ceremonies:*
*Dr Tearikivao Maoate*
Cook Islands Health Advisor

Election of office bearers and address by outgoing chair
(the outgoing chair hands over duties to the incoming chair)

*Honourable Rosy Sofia Akbar*
Minister for Health and Medical Services, Fiji
(outgoing chair)

*Honourable Nandi Tuaine Glassie*
Minister for Health, Justice and Parliamentary Services, Cook Islands

11:30–13:00 Lunch
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>13:00–14:00</td>
<td><strong>Session 1: Progress of the Healthy Islands Monitoring Framework</strong></td>
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<td></td>
<td>Chairperson:</td>
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<td></td>
<td><strong>Honourable Nandi Tuaine Glassie</strong></td>
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<tr>
<td></td>
<td>Minister for Health, Justice and Parliamentary Services, Cook Islands</td>
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<tr>
<td>13:00–13:20</td>
<td>Report on the progress of the</td>
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<tr>
<td></td>
<td><strong>Mr Philip Davies</strong></td>
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<td>Healthy Islands Monitoring</td>
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<td>Framework</td>
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<td></td>
<td>Permanent Secretary, Ministry of Health and Medical Services, Fiji</td>
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<tr>
<td>13:20–14:00</td>
<td>Plenary discussion</td>
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<td>14:00–14:20</td>
<td>Afternoon tea</td>
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<td>14:20–16:00</td>
<td><strong>Session 2: Universal health coverage on the journey towards Healthy Islands</strong></td>
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<td>Chairperson:</td>
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<td><strong>Honourable Nandi Tuaine Glassie</strong></td>
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<tr>
<td></td>
<td>Minister for Health, Justice and Parliamentary Services, Cook Islands</td>
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<tr>
<td>14:20–14:40</td>
<td>Plenary presentation</td>
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<td></td>
<td><strong>Elizabeth Iro</strong></td>
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<td>Secretary of Health, Ministry of Health, Cook Islands</td>
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<tr>
<td>14:40–14:55</td>
<td>Cook Islands: GP Fellowship Programme</td>
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<td></td>
<td><strong>Elizabeth Iro</strong></td>
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<td></td>
<td>Secretary of Health, Ministry of Health, Cook Islands</td>
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<tr>
<td>14:55–15:10</td>
<td>Solomon Islands: Role delineation policy</td>
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<td></td>
<td><strong>Dr Tenneth Dalipada</strong></td>
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<td></td>
<td>Permanent Secretary, Ministry of Health, Solomon Islands</td>
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<tr>
<td>15:10–15:25</td>
<td>Tuvalu: Foreign-trained medical graduates</td>
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<td></td>
<td><strong>Dr Nese Conway</strong></td>
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<td></td>
<td>Director of Health, Tuvalu</td>
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<tr>
<td>15:25–15:40</td>
<td>Republic of the Marshall Islands: Community based integrated health services delivery</td>
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<td></td>
<td><strong>Dr Jake Nasa</strong></td>
</tr>
<tr>
<td></td>
<td>Chief of Staff, Ebeye Hospital, Ministry of Health, Republic of the Marshall Islands</td>
</tr>
<tr>
<td>15:40–16:00</td>
<td>Plenary discussion</td>
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<tr>
<td>16:00–17:30</td>
<td><strong>Session 3: Closed meeting for Ministers/Chief Delegates</strong></td>
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<td>Venue: National Auditorium</td>
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### Country presentations: Promising practices

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>17:15–18:15</td>
<td><strong>Drafting group on outcome document (first meeting)</strong></td>
</tr>
</tbody>
</table>
19:00 Dinner hosted by the Government of the Cook Islands  
Venue: Edgewater Hotel, Mal’s Restaurant and Bar  
Dress code: Kia Orana/island style  

Master of Ceremonies:  
Dr Tearikivao Maoate, Cook Islands Health Advisor

Day 2: Tuesday, 29 August

09:00–15:00 Field visit by ministers/chief delegates (see separate programme)

Session 4: Technical discussions

09:00–10:15 Session 4.1: Implementation of the Healthy Islands Monitoring Framework: Health information systems  
Chairperson: Elizabeth Iro  
Secretary of Health, Ministry of Health, Cook Islands

09:00–09:15 Plenary presentation: Dr Kunhee Park  
Acting Team Coordinator, Pacific Health Systems and Policy, WHO

Country presentations: Lessons learned

09:15–09:30 Fiji: Patient Information System  
Mr Philip Davies  
Permanent Secretary, Ministry of Health and Medical Services, Fiji

09:30–09:45 Vanuatu: District Health Information System (DHIS)  
Mr George Kalkau Taleo  
Director General, Ministry of Health, Vanuatu

09:45–10:00 Tonga: Snake and ladder: Evolution of health information system in Tonga  
Dr Siale Akaoula  
Chief Executive Officer, Ministry of Health, Tonga

10:00–10:15 Plenary discussion and wrap-up

10:15–10:40 Morning tea

10:40–11:30 Session 4.2: Rheumatic heart disease

Chairperson: Elizabeth Iro  
Secretary of Health, Ministry of Health, Cook Islands

10:40–11:00 Plenary presentation: Dr Wendy Snowdon  
Team Coordinator, Pacific NCD and
11:00–11:30  Plenary discussion and wrap-up

**11:30–12:30  Session 4.3: Health workforce development in the Pacific**

Chairperson: **Elizabeth Iro**
Secretary of Health, Ministry of Health, Cook Islands

11:30–12:00  Plenary presentation:

**Dr Kunhee Park**
Acting Team Coordinator, Pacific Health Systems and Policy, WHO

**Dr Berlin Kafoa**
Team Leader, Pacific Regional Clinical Service Workforce Improvement Programme, SPC

12:00–12:30  Plenary discussion and wrap-up

12:30–14:00  Lunch

**14:00–15:00  Session 4.4: Noncommunicable diseases including childhood obesity**

Chairperson: **Elizabeth Iro**
Secretary of Health, Ministry of Health, Cook Islands

14:00–14:30  Plenary presentation:

**Dr Wendy Snowdon**
Team Coordinator, Pacific NCD and Health through the life-course, WHO

**Dr Si Thu Win Tin**
Team Leader, NCD, SPC

14:30–15:00  Plenary discussion and wrap-up

15:00–15:20  Afternoon tea

**15:20–16:10  Session 4.5: Mental health**

Chairperson: **Elizabeth Iro**
Secretary of Health, Ministry of Health, Cook Islands

15:20–15:40  Plenary presentation:

**Dr Yutaro Setoya**
Technical Officer, Mental Health, WHO

15:40–16:10  Plenary discussion and wrap-up
<table>
<thead>
<tr>
<th>Time</th>
<th>Session 4.6: Emerging diseases and disaster preparedness and response</th>
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</thead>
</table>
| 16:10–17:00  | Chairperson: *Elizabeth Iro*  
Secretary of Health, Ministry of Health, Cook Islands |
| 16:10–16:30  | Plenary presentation: *Dr Angela Merianos*  
Team Coordinator, Pacific Health Security, Communicable Diseases and Climate Change, WHO |
| 16:30–17:00  | Plenary discussion and wrap-up |

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<thead>
<tr>
<th>Time</th>
<th>Drafting group on outcome document (second meeting)</th>
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<tbody>
<tr>
<td>17:00–18:00</td>
<td>Drafting group on outcome document (second meeting)</td>
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</tbody>
</table>

| Time          | Dinner hosted by WHO with awards (Healthy Islands, Lymphatic Filariasis, and World No Tobacco Day)  
Venue: Nautilus Resort  
Dress code: Kia Orana/island style |

| Time          | Master of Ceremonies:  
Dr Corinne Capuano  
WHO Representative, South Pacific/Director, Pacific Technical Support |

**Day 3: Wednesday, 30 August**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 5: Climate change and health</th>
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</thead>
</table>
| 09:00–10:35  | Chairperson: *Honourable Nandi Tuaine Glassie*  
Minister for Health, Justice and Parliamentary Services, Cook Islands |
| 09:00–09:20  | Progress made on climate change and health: Challenges and gaps, and resources to support climate change and health in the Pacific  
*Dr Nasir Hassan*  
Environmental Specialist, Pacific Health Systems and Policy, WHO |
| 09:20–09:50  | United Nations Framework Convention on Climate Change (UNFCCC) funding systems, mechanisms and processes  
*Diane McFadzien*  
Country Dialogue Specialist, Country Programming Division, Green Climate Fund |
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:50–10:05</td>
<td>Progress of COP-23 and the Health Action Day agenda in COP-23</td>
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<tr>
<td></td>
<td>Mr Philip Davies</td>
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<td></td>
<td>Permanent Secretary, Ministry of Health and Medical Services, Fiji</td>
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<tr>
<td>10:05–11:35</td>
<td>Plenary discussion and wrap-up</td>
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<tr>
<td>10:35–11:00</td>
<td>Morning tea</td>
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<tr>
<td>11:00–12:00</td>
<td>Session 6: Report back from session 4 and ministers’ decisions and commitments</td>
</tr>
<tr>
<td>12:00–13:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30–13:30</td>
<td>Drafting group on outcome document (third meeting)</td>
</tr>
<tr>
<td>13:30–15:30</td>
<td>Session 7: Finalize the meeting outcome document</td>
</tr>
<tr>
<td>15:30–15:50</td>
<td>Afternoon tea</td>
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<tr>
<td>15:50–16:30</td>
<td>Closing ceremony</td>
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<td></td>
<td>Closing remarks:</td>
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<tr>
<td></td>
<td>Dr Shin Young-soo</td>
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<td>Regional Director for the Western Pacific, WHO</td>
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<td></td>
<td>Dr Colin Tukuitonga</td>
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<td>Director General, the Pacific Community, SPC</td>
</tr>
<tr>
<td></td>
<td>Closing remarks by chair:</td>
</tr>
<tr>
<td></td>
<td>Honourable Nandi Tuaine Glassie</td>
</tr>
<tr>
<td></td>
<td>Minister for Health, Justice and Parliamentary Services, Cook Islands</td>
</tr>
<tr>
<td>18:00</td>
<td>Dinner hosted by SPC</td>
</tr>
<tr>
<td></td>
<td>Venue: Te Vara Nui restaurant</td>
</tr>
<tr>
<td></td>
<td>Dress code: Kia Orana/island style</td>
</tr>
<tr>
<td></td>
<td>Master of Ceremonies:</td>
</tr>
<tr>
<td></td>
<td>Dr Paula Vivili</td>
</tr>
<tr>
<td></td>
<td>Director, Public Health Division, SPC</td>
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</tbody>
</table>
Annex 4. Ministerial programme

MINISTERIAL PROGRAMME

FIELD VISITS: Rarotonga Hospital and Highland Paradise

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>08.30</td>
<td>Pick up Ministers/Chief delegates from Hotel</td>
</tr>
<tr>
<td>09.00</td>
<td>Traditional Welcome and Turou</td>
</tr>
<tr>
<td>09.10</td>
<td>All Guests seated in Nursing School</td>
</tr>
<tr>
<td>09.15</td>
<td>Opening Prayer</td>
</tr>
<tr>
<td>09.20</td>
<td>Welcome Address by CMO, Dr Yin May</td>
</tr>
<tr>
<td>09.30</td>
<td>Workforce development in collaboration with University of Otago/Royal New Zealand College of General Practice</td>
</tr>
<tr>
<td>09.45</td>
<td>Learning through modern technology “ZOOM”</td>
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<tr>
<td>10.00</td>
<td>Health Information Systems (Medtech 32)</td>
</tr>
<tr>
<td>10.30</td>
<td>“Leave your mark, Plant a tree”</td>
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<tr>
<td></td>
<td>Refreshments</td>
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<tr>
<td>11.00</td>
<td>Depart Hospital to Highland Paradise</td>
</tr>
<tr>
<td>11.20</td>
<td>Welcome onto Highland Paradise</td>
</tr>
<tr>
<td>11.30</td>
<td>Tour of Highland Paradise Learning Centre</td>
</tr>
<tr>
<td>12.30</td>
<td>Lunch</td>
</tr>
<tr>
<td>14.30</td>
<td>Depart Highland Paradise to hotel</td>
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</tbody>
</table>