Meeting Report

Ninth Meeting of Ministers of Health for the Pacific Island Countries

Honiara, Solomon Islands
28 June–1 July 2011
REPORT

NINTH MEETING OF MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES

Convened by:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Co-organized by:
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NOTE

The views expressed in this report are those of the participants, consultant and observers at the Meeting and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for the participants and observers at the Ninth Meeting of Ministers of Health for the Pacific Island Countries held in Honiara, Solomon Islands, from 28 June to 1 July 2011.
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SUMMARY

The inaugural Meeting of Ministers of Health for the Pacific Island Countries was convened in Fiji in March 1995. It adopted the Yanuca Declaration, which advanced the concept of "Healthy Islands" as the unifying theme for health promotion and health protection. Seven biennial meetings of the Ministers of Health for the Pacific Island Countries in the ensuing years have further developed a consensus view of health in the Pacific and identified follow-up actions necessary to build Healthy Islands.

The objectives of the Ninth Meeting of Ministers of Health for the Pacific Island Countries were:

1. to review progress made since the Samoa (2005), Vanuatu (2007), and Madang, Papua New Guinea (2009) Commitments;
2. to discuss priority technical health programmes, regional and country plans, and identify actions;
3. to review and determine future strategic directions for health in the Pacific using the Healthy Islands concept as a framework; and
4. to discuss and enhance commitment to addressing the noncommunicable disease (NCD) crisis in the Pacific.

The meeting in Solomon Islands, jointly organized by the World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC), provided an opportunity to improve health in the Pacific through strengthened action and collaboration in priority strategic and technical health areas, as well as to follow up on progress towards commitments made during the previous Samoa, Vanuatu and Madang meetings.

Following the agenda for the meeting, a number of issues of special concern were addressed: health leadership, NCDs, Healthy Islands, national health planning, food security and the Millennium Development Goals (MDGs) 4 and 5.

The draft conclusions and recommendations of the Ninth Meeting of Ministers of Health for the Pacific Island Countries were adopted.

The meeting took note of the willingness of the Government of Samoa to host the next Meeting of Ministers of Health for the Pacific Island Countries in 2013.
1. BACKGROUND

The inaugural Meeting of Ministers of Health for the Pacific Island Countries was convened in Fiji on 6–10 March 1995. The meeting adopted the Yanuca Island Declaration that identified three priority issues: human resources development, health promotion and health protection, and the supply and management of pharmaceuticals and other medical supplies.

A follow-up Meeting of Ministers of Health for the Pacific Island Countries was held in Rarotonga, Cook Islands, on 6–7 August 1997. It adopted the Rarotonga Agreement: Towards Healthy Islands.

A third Meeting of Ministers of Health for the Pacific Island Countries was convened in Koror, Palau, on 17–19 March 1999. The meeting reviewed progress made in the implementation of the Healthy Islands concept and unanimously adopted the Palau Action Statement, summarizing conclusions and recommendations of the meeting. It was agreed that future meetings would be organized jointly by the World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC). The Government of Papua New Guinea offered to host the meeting.

The meeting in Madang, Papua New Guinea, was convened on 12–15 March 2001. It reviewed progress in implementing the Palau Action Statement and ways to strengthen collaboration using the Healthy Islands approach in the following areas: communicable diseases with special reference to surveillance and to the control of tuberculosis and filariasis; noncommunicable diseases (NCDs), in particular diabetes; and human resource development in such areas as distance learning and health management. The meeting adopted the Madang Commitment Towards Healthy Islands. It was agreed to convene the next ministerial meeting in 2003, which the Government of Tonga offered to host.

The meeting in Tonga was convened on 10–13 March 2003. The theme of the meeting was healthy lifestyles and a supportive environment. The subjects covered at the meeting included diabetes and other NCDs; diet, physical activity and health; the Tobacco Free Initiative; mental health; environmental health; and HIV/AIDS in the Pacific. The meeting adopted the Tonga Commitment to Promote Healthy Lifestyles and a Supportive Environment, which contained recommendations as well as clear objectives and indicators to measure progress. It was agreed to convene the next ministerial meeting in 2005, which the Government of Samoa offered to host.

The meeting in Samoa was convened on 14–17 March 2005. The main topics included progress in implementation of the Tonga Commitment, HIV/AIDS and sexually transmitted infections (STI), migration of health personnel, surveillance and outbreak response capacity-building, dengue, the Pacific Open Learning Health Network (POLHN), and the Expanded Programme on Immunization (EPI). The meeting adopted the Samoa Commitment Towards Achieving Healthy Islands. It was agreed to convene the seventh ministerial meeting in 2007, which the Government of Vanuatu offered to host.

The meeting in Vanuatu was convened on 12–15 March 2007. The main topics included regional health strategy; review of progress on the Tonga (2003) and Samoa (2005) Commitments; mental health; NCD prevention and control; the Asia Pacific Strategy for Emerging Diseases (APSED), including the International Health Regulations (2005) and pandemic preparedness; human resources for health, including the Pacific Code of Practice for Recruitment of Health Workers, and the WHO Regional Strategy on Human Resources for Health (2006–2015); HIV/AIDS, including a review of the Pacific Regional Strategy on
HIV/AIDS and progress towards universal access; and food fortification. The meeting adopted the Vanuatu Commitment. It was agreed to convene the eighth ministerial in 2009, which the Government of Papua New Guinea offered to host.

The Eighth Meeting of Ministers of Health for the Pacific Island Countries was held 7–9 July 2009 in Madang, Papua New Guinea. The main topics of the meeting included food security and the Pacific Food Summit; aid effectiveness in the Pacific; climate change; health systems strengthening and primary health care; maternal, child and adolescent health; pooled procurement for improving access to essential medicines in Pacific island countries; NCD prevention and control; APSED and the Pacific Regional Influenza Pandemic Preparedness Project; human resources for health and the Pacific Human Resources for Health Alliance; and the prevention and control of HIV/AIDS and STI. The meeting adopted the Madang Commitment. It was agreed to convene the ninth ministerial meeting in 2011, which the Government of Solomon Islands offered to host.

2. OBJECTIVES

The objectives of the meeting were:

(1) to review progress made since the Samoa (2005), Vanuatu (2007) and Madang, Papua New Guinea (2009) Commitments;

(2) to discuss priority technical health programmes, regional and country plans, and identify actions;

(3) to review and determine future strategic directions for health in the Pacific using the Healthy Islands concept as a framework; and

(4) to discuss and enhance commitment to addressing the NCD crisis in the Pacific.

3. MEETING

SESSION 1: OPENING

The Ninth Meeting of Ministers of Health for the Pacific Island Countries, which was jointly organized by WHO and SPC, was held from 28 June to 30 June 2011 in Honiara, Solomon Islands. The meeting was organized as a follow-up to the ministerial meeting in Papua New Guinea in 2009.

The opening ceremony was held on 28 June 2011 at the Forum Fisheries Agency Regional Conference Centre, Honiara, with Sir Danny Philip, Prime Minister, in attendance.

Charles Sigoto, Minister for Health and Medical Services, Solomon Islands, delivered his opening remarks as chairperson of the opening ceremony. He welcomed all participants and guests. He noted that the meeting demonstrated a clear commitment to advancing the health of Pacific peoples. He welcomed the two hosting agencies, WHO and SPC. He drew parallels between the Battle of Guadalcanal, which halted the advancement of Axis troops in World War II, to the battle to eliminate malaria and stop its advancement from Solomon Islands to other Pacific nations. He thanked Dr Shin Young-soo, WHO Regional Director for the Western Pacific, for his high commitment to Solomon Islands and the other Pacific island countries and areas. He thanked Dr Jimmie Rodgers, SPC Director-General, for his significant input and
continuous support to health and other sectors. He welcomed and thanked other development partners, such as the Australian Agency for International Development (AusAID), The New Zealand Aid Programme (NZ Aid) and many others. He committed to health reforms to improve services, particularly to those in remote areas. He referenced the “Blue Continent” and the health challenges faced in its unique geography, and concluded by wishing everyone a successful meeting (see Annex 1).

Dr Shin in his opening remarks on behalf of WHO welcomed the participants and expressed his sincere thanks to the Government of Solomon Islands for hosting the meeting, particularly Prime Minister Philip and Minister of Health Sigoto. He thanked SPC for its contributions. He highlighted progress on several health fronts, including primary health care, health sector coordination, malaria elimination, NCDs, food security, and the positioning of the Blue Continent as a leader in the response to the NCD epidemic. Dr Shin also emphasized the revitalization of Healthy Islands and the issue of communicable diseases, drawing attention to implementation of the International Health Regulations (2005) and APSED (2010), as well as the development of the new Pacific Syndromic Surveillance System. He expressed his commitment to the Pacific, as demonstrated through the establishment of WHO’s new Division of Pacific Technical Support, its establishment of a new Country Liaison Office for Northern Micronesia, and his commitment to combat neglected tropical diseases such as leprosy, lymphatic filariasis and yaws. He commented on the new Open Forum format of this year’s meeting, which will give Ministers an opportunity to table topics not on the prepared agenda. He made a call to scale up work to combat the NCD epidemic. He noted that progress had been made towards Millennium Development Goals 4 (reduce child mortality) and 5 (improve maternal health), but said that progress had been uneven. Finally, he reminded the audience of his commitment to the health of the people of the Pacific and his confidence that solid progress would continue to be achieved (see Annex 2).

In his opening address on behalf of SPC, its Director-General, Dr Rodgers, acknowledged the reduction in malaria. He thanked the Government of Solomon Islands for hosting the meeting. He paid tribute to the Pacific Ministers of Health and challenged them to chart the way forward in improving health. He also acknowledged the support of development partners. He referred to the great health challenges faced over the recent years, many of which had origins outside the health sector, including rising petroleum prices that affect health services, rising food prices that threaten food security, climate change, and the impact of the global economic crisis and natural disasters. These challenges require multisectoral responses. He referenced health problems such as SARS and avian influenza, NCDs and the lead-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, the need to address health workforce development and retention, and data for decision-making. He called upon the Ministers to set the agenda to address health challenges and to think outside the box—particularly through the Open Forum mechanism. He called for a paradigm shift from “health priorities” to “priorities that impact on health”—addressing the upstream determinants of health that fall under the jurisdiction of other ministries. He closed by asking the question: “How do we wish to see our countries 50 years from now?” (See Annex 3).

The keynote address was delivered by Sir Danny Philip, Prime Minister of Solomon Islands. He welcomed the visiting dignitaries to Solomon Islands and expressed his gratitude for selecting the country and city as the venue for the meeting. He referenced the difficult past of Solomon Islands and its struggle to sustain a healthy, cohesive society in such a diverse country. He thanked WHO for support, particularly for giving the Pacific a voice in the battle against NCDs. He thanked SPC for not only technical assistance but for its mobilization of substantial financial resources, for example in the fight against malaria. He concluded by committing his Government to fully supporting the objectives of the meeting and said he looked forward to its outcomes (see Annex 4).
The plenary session of the meeting was convened after the opening ceremony.

The following were elected as officers of the meeting:

- Charles Sigoto, Minister for Health and Medical Services of Solomon Islands, as Chairperson.
- Dr Leao Tuitama, Minister of Health of Samoa, and Dr Mathew Batsiua, Minister of Health of Nauru, as Vice-Chairpersons.
- Dr Neil Sharma, Minister of Health of Fiji, as Rapporteur.

The provisional agenda of the meeting was approved (see Annex 6).

The list of participants is attached as Annex 7.

SESSION 2: REVIEW OF PROGRESS SINCE THE PREVIOUS MEETING, MADANG, PAPUA NEW GUINEA (2009)

2.1 Background

Ten themes were discussed during the Eighth Meeting of the Ministers of Health for the Pacific Island Countries in Madang, Papua New Guinea, in July 2009:

1. food security
2. climate change
3. aid effectiveness
4. APSED and the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP)
5. maternal and child health
6. pooled procurement
7. health systems strengthening and primary health care
8. human resources for health
9. noncommunicable diseases
10. HIV/AIDS and STI.

There were 127 recommendations under those 10 themes.

Several outstanding challenges related to those recommendations remain to be addressed in the Pacific. They include (1) addressing the double burden of diseases and especially the NCD epidemic, (2) issues beyond the health sector, (3) preparedness for the impact of climate change, (4) health financing in the Pacific, (5) the crowded public health arena, (6) implementing Pacific-specific solutions, and (7) aid effectiveness.
2.2 Presentations and discussion

Pacific Island Countries and Areas (PICs) reported on progress and remaining challenges related to the Madang recommendations.

(1) Food security progress included the advancement of draft food regulations and “go-local” projects; challenges included the limited legal assistance available in countries.

(2) Climate change progress included assessments of climate change health vulnerability, and challenges included improving multisectoral responses. The Pacific Syndromic Surveillance System was cited as an example of progress in the implementation of APSED and International Health Regulations (IHR 2005).

(3) The battle against NCD epidemic received support from the 2-1-22 NCD Programme and improved primary care services, including prevention. But assurances are needed that the programme will be sustained. (The 2-1-22 NCD Programme refers to two organizations [WHO and SPC], one unified team, and 22 Pacific island countries and areas.)

(4) Improvements in human rights legislation and HIV/AIDS and STI strategies were cited, but impediments to progress continue to exist, including the criminalization of sex work and homosexuality in much of the Pacific.

(5) Drug management progress included the implementation of a medicine procurement and price survey, as well as the greater availability of essential medicines. But the increased availability and efficiency in procurement have created the need for improved management.

(6) In maternal and child health, family planning had been promoted, for example in Kiribati, but limited access to skilled birth attendants remains a problem in many countries and areas.

(7) Human resources for health made strides in professional standards and licensure, as well as quality assurance, but the inequitable distribution of health staff, attrition, low academic standards in pre-health training, and limited budgets continue to present challenges.

(8) Aid effectiveness was advanced through the Paris Declaration Survey, health sector coordination mechanisms and national health accounts, but challenges remain in improving country ownership and leadership capacity and in meeting the need for accountants and economists in the health sector.

(9) The revitalization of Healthy Islands and primary health care (PHC), for example through the Vanuatu Primary Health Care Strategy, helped strengthen health systems, but the lack of available human resources continued to present challenges.

WHO and SPC also made a presentation on progress on the Madang recommendations, citing progress in five domains:

(1) multisectoral action, including food security, “One Health”, Healthy Islands, PHC and NCDs;
policies, strategies and plans, including support to developing national health strategic plans, national laboratory plans, national health accounts, medicines policies, and the Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care;

capacity-building, including expansion of the Pacific Open Learning Health Net (POLHN), implementation of APSED (2010) and IHR (2005), immunization, Pacific Human Resources for Health Alliance (PHRHA) activities;

responding to the challenges of NCDs, climate change, and the H1N1 pandemic; and

partnership and cooperation, including increased agency alignment to national priorities, improved health sector coordination mechanisms, increased cooperation among agencies, the Paris Declaration Survey, and PHRHA, as well as the creation of the WHO Division of Pacific Technical Support and the opening of the new WHO Country Liaison Office for Northern Micronesia.

Challenges encountered by WHO and SPC since Madang were reported. Challenges included:

the continued variation of life expectancy across the Pacific, which is largely a result of social determinants of health and must be addressed by a multisectoral approach;

the NCD crisis, and its high cost for health systems;

climate change, which may impact vulnerable coastal health services and leads to a greater impact from natural disasters;

health systems and human resources for health, including capacity challenges and their impact on implementation and delivery of services, as well as lack of data for decision-making;

health financing, including predictability, volatility, flexibility, sustainability, and variability in health expenditures across the Pacific;

health leadership, hampered by too many meetings and high demands on resources; and

aid effectiveness, where there is still a need for improved coordination and country focus, as well as a reduction of the reporting burden.

Delegates made statements reflecting on the progress since Madang. Delegates commended development partners for giving a voice to the Pacific and facilitating the participation of the Ministers, while noting a continued need to improve harmonization and alignment in development.
SESSION 3: MINISTERIAL OPEN FORUM

3.1 Background

This session was a new addition to the Meeting of Ministers of Health for the Pacific Island Countries, allowing Ministers to table priority regional issues relating to health for ministerial deliberation and discussion. As such, there was no prepared agenda. Issues brought to the table were meant to be of strategic importance to the region, and requiring ministerial consideration on how they should be prioritized and addressed. Following the identification of issues by Ministers, country delegates, development partners and technical agencies were given an opportunity to propose priority issues to be included for discussion by the Ministers. Separately, a drafting group was formed for developing an Honiara Communiqué on the Pacific NCD Crisis that would be transmitted to the upcoming meeting of the Pacific Island Forum Leaders in August, and also would provide input for the drafting of the outcome document of the upcoming High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases.

3.2 Discussion

The session was led by the Chairperson and was facilitated by Dr Shin and Dr Rodgers. In the first segment of the session, Ministers and other participants were invited to identify priority issues they wished to see discussed. Forty issues were identified. These were consolidated into 10 dominant themes: (1) mental health, (2) social determinants of health, (3) clinical care and clinical governance, (4) diseases, including emerging and neglected diseases, (5) disaster risk management, (6) health information systems (HIS), evidence, epidemiology and statistics, (7) human resources for health, (8) laboratories, (9) health-care financing, health leadership and governance, and (10) new technologies.

There was debate over which issues should be discussed in detail during the technical working session the following day. It was agreed that each Minister would rank the top three issues and the tally would be used to prioritize the discussions.

The session was concluded on the morning of the second day. The results of the prioritization exercise were reported. After prioritization, the highest-ranking issues by far were (1) human resources for health, (2) mental health, (3) social determinants of health, and (4) HIS, evidence, statistics and surveillance. It was decided that each of these issues four issues would be developed into a position paper during the technical sessions. It was further decided that a fifth group would address the remaining six of the original 10 issues, with the goal of describing the way forward rather than developing specific recommendations for each issue. The outcome of the five areas is discussed in Session 8.

A brief update from the drafting group on the Honiara Communiqué on the Pacific NCD Crisis followed these discussions.

SESSION 4: STRENGTHENING HEALTH LEADERSHIP AND MULTISECTORAL ACTION TO ADDRESS NONCOMMUNICABLE DISEASES (NCDs)

4.1 Background

Pacific island countries and areas (PICs) are in crisis due to the rapid build-up of an overwhelming NCD epidemic. The burden of NCDs in the WHO Western Pacific Region is among the highest in the world, and it adversely impacts the social development and the economic aspirations of PICs, with devastating implications for their people. In 2007, a Pacific
Framework for the Prevention and Control of Noncommunicable Diseases was developed and a four-year comprehensive programme of support, funded by the Australian and New Zealand governments, was established in partnership with WHO, SPC and the 22 PICs. This joint effort, called the 2-1-22 Pacific NCD Programme, has undertaken a considerable amount of work that is beginning to impact health status in some countries.

There is a need to scale up the support for NCD prevention and control in the Pacific, and the review of the current 2-1-22 Pacific NCD Programme should inform the development of a more aggressive action plan. Sustaining political commitment, scaling up of multisectoral efforts and the strengthening of health systems are obvious areas of focus.

The upcoming High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases presents opportunities for sustained advocacy at national, regional and global levels. The February 2011 Nadi Statement on the NCD Crisis in Pacific Island Countries and Areas and proposed Honiara Communiqué on the Pacific NCD Crisis will allow leaders in the Pacific to carry the voice of their people to the meeting so that global initiatives reflect needs and concerns of the Pacific.

4.2 Presentations

The first presentation reported that NCDs are the greatest health problem facing the Pacific. Specific issues include diabetes, cardiovascular disease, tobacco use and obesity. The high burden of NCD-related disease was reported. The Pacific Framework for the Prevention and Control of Noncommunicable Diseases paves the way forward with macroeconomic decisions, policy recommendations, and lifestyle and clinical interventions.

Thus far, 15 PICs have competed the first round of NCD STEPS, and 12 new national NCD plans have been developed and are operational. All 22 PICs have implemented NCD programmes, and evaluations are ongoing in 11 PICs.

There are strong signs of an impact on the local level, with improved body mass index measures for schoolchildren in the Cook Islands, some improvement in risk profiles for workers in Vanuatu. Good mortality data are being generated in the Pacific, and there have been reductions of daily tobacco use among youth. On the other hand, several indicators are worsening.

Concerns included the continuing lack of a sense of urgency among some stakeholders; fragmentation of efforts and the further need for coordination at the local, regional and donor levels; the need for whole-of-society mobilization; and the urgency for health systems strengthening for NCD prevention and control.

In conclusion, NCDs are at a crisis stage and will continue to be a long-lasting problem. Thus far, the collective response does not match the magnitude of the problem.

A presentation detailed political commitment for combating NCDs, summarizing the declarations made at Moscow, Nadi and Seoul, and also at the World Health Assembly. It was noted again that there is a lack of a sense of urgency. Four factors support the calls for urgency in dealing with the NCD crisis. They are (1) the data supporting the high level of morbidity, mortality and cost of NCDs, (2) genetic studies suggesting that people in the Pacific may have a genetic predisposition to weight gain, (3) the transition from a traditional to modern lifestyle, and (4) the possibility that several Pacific societies had collapsed in the past due to overexploitation of limited resources, as is occurring once again.
The presenter called upon the participants to advocate for the highest-level political commitment and for the engagement of the whole of society.

The final presentation gave an update on the preparation for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases. It was reported that the meeting, which will be held at the United Nations in New York, will address the worldwide NCD crisis worldwide, particularly the development impact. This will be the first heads-of-state meeting on NCDs. It will generate global momentum and commitment, include NCDs as part of the global development agenda and related investment decisions, and establish a mechanism for sustainable health financing for NCD control. WHO’s role has involved coordination of several NCD consultations in the lead-up to the UN summit and the production of three reports, as well as many other preparatory activities. The Honiara Communiqué on the Pacific NCD Crisis will be a key input for the New York meeting.

The presentation outlined the ongoing preparatory activities, including the current status of the drafting of the outcome document.

Action points include:

(1) countries to participate in the draft outcome document through their UN Missions;
(2) develop the Honiara Communiqué on the Pacific NCD Crisis, which will be forwarded to the August meeting of Pacific Islands Forum Leaders;
(3) facilitate participation of heads of states and government; and
(4) review situation and identify next steps to address the NCD crisis in PICs.

Significance for PICs is an opportunity to get the attention of leaders and advocacy, so we can work together for a region free of avoidable NCD deaths.

4.3 Discussion

Several delegates shared their thoughts about how to improve NCD control in the Pacific. Countries emphasized the need to strengthen health systems as a way to address NCD-related issues and to strengthen initiatives such as Healthy Islands and the 2-1-22NCD Programme. Because much of health is determined outside the health sector, any approaches would also need to be multisectoral.

It was noted that there should be more use of evidence-based, cost-effective interventions, such as taxation on harmful goods, which have proven effective in resource-limited settings. Interventions should also target the youth.

Countries shared their progress on combating NCDs, such as implementation of new NCD strategies and declaration of a NCD state of emergency.

Several delegates raised questions about the exact goal of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases. It was also emphasized that the upcoming meeting of the Pacific Islands Leaders Forum would be an important opportunity to explicitly raise the NCD issues.

WHO took note of all of the issues raised. It was noted that the 2-1-22 NCD Programme has been instrumental and there were hopes it will be sustained. It was emphasized that fact-
finding was not enough; time-limited and results-based targets needed to be set. Participants were requested to communicate with their heads of state and diplomatic corps and to develop innovative multisectoral mechanisms. A focus on youth, engaging industry and emphasizing the importance of investment in NCD research and evidence was stressed. Increased attention to NCDs need not consume a large amount of additional resources, for instance political commitment could be increased without cost.

SPC concluded by giving guidance to the communiqué drafting committee, particularly regard to the goals of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases. Ministers were requested to itemize which aspects of the NCD problem they are already dealing with and where additional assistance might be needed. The importance of identifying “champions” at the Pacific Islands Forum Leaders meeting—not only the Forum Chairperson, but also among the delegates—was emphasized.

4.4 Conclusions and Actions

At the conclusion of the discussion, the delegates unanimously endorsed the proposed actions outlined in the position paper.

SESSION 5: HEALTHY ISLANDS: FRAMEWORK OF ACTION FOR REVITALIZATION OF HEALTHY ISLANDS IN THE PACIFIC

5.1 Revitalization of Healthy Islands

5.1.1 Background on Revitalization of Healthy Islands

The inaugural Meeting of Ministers of Health for the Pacific Island Countries was held in Fiji in 1995 and resulted in the Yanuca Declaration, with its vision of Healthy Islands. That vision defined Healthy Islands as a "place where children are nurtured in body and mind, environments invite learning and leisure, people work and age with dignity, ecological balance is a source of pride, and the oceans that sustain us are protected". Over the past 16 years, the Healthy Islands vision has been a unifying and overarching framework for achieving better health in the Pacific.

The expansion of activities in support of Healthy Islands was reinforced in subsequent biennial Meetings of Ministers of Health for the Pacific Island Countries. The 2005 meeting in Samoa emphasized theme of Achieving Healthy Islands. The Vanuatu Commitment in 2007 urged whole-of-government and whole-of-society approaches. In 2009 in Madang, Papua New Guinea, there was a call to renew the commitment to the vision of Healthy Islands and primary health care in line with principles contained in the Declaration of Alma-Ata that emerged from the 1978 International Conference on Primary Health Care.

The most recent round of consultations in the Western Pacific Region began with a Meeting on Revitalization of Healthy Islands and Building Capacity on 20 September 2009 in Hong Kong (China) prior to the sixty-first session of the WHO Regional Committee for the Western Pacific. The meeting recognized the need to acknowledge and build on steps already taken on Healthy Islands in countries, thus avoiding the temptation to "reinvent the wheel". Hence, a Healthy Islands Recognition programme was developed by WHO. In addition, regular networking meetings were recommended, and the first one was held prior to the Fifty-fourth World Health Assembly in May 2010. During that networking meeting, the Healthy Islands Recognition programme was considered and endorsed by Pacific Health Ministers and other participants. The meeting also recommended that a steering group be established to draft a
Framework for Revitalization, with the first steering group meeting held 3–5 February 2011 in Nadi, Fiji. The steering group membership includes country experts from 15 PICs, plus technical experts from regional health partners.

5.1.2 Presentation and Discussion on Revitalization of Healthy Islands

The first presentation introduced the Framework of Action on Revitalization of Healthy Islands. It began with the origins of Healthy Islands in the 1995 Yanuca Island Declaration on Health in the Pacific in the 21st Century. Much progress has been made in the Pacific since then, but progress now seems to have stalled. However, the vision remains relevant and appropriate. It was noted that experience has been gained, but there is a continuing need for a whole-of-society response and consideration of evolving issues such as climate change, globalization and a change of lifestyles.

The Madang meeting in 2009 called for revitalization of Healthy Islands. This was followed by several consultations on how to revitalize Healthy Islands. Delegates agreed that there needs to be a framework that encompasses a bottom-up approach that moves from a biomedical to an environmental model of public health and places greater emphasis on health promotion and protection. Further progress must be based upon steps already taken. It is important to link Healthy Islands and primary health care. A Healthy Islands Recognition Programme was developed to promote best practices.

The draft Framework of Action has the following strategies (1) strengthening advocacy, healthy policy and leadership, (2) prioritizing country actions following community- and sector-wide consultations, (3) enhancing multisectoral planning, (4) partnerships and networking, (5) strengthening health systems based on primary health care, and (6) improving information for action.

5.1.3 Conclusion and Actions

At the conclusion of the session, the Chairperson called for the Ministers to endorse the Framework. The Framework was endorsed.

5.2 Healthy Islands Recognition

5.2.1 Background — Healthy Islands Recognition

Over the past 16 years, many initiatives have been launched in an effort to realize the Healthy Islands vision. Some of these initiatives have been more successful than others. In May 2010, at the First Healthy Islands Forum, held in Geneva prior to the Fifty-fourth World Health Assembly, Pacific Health Ministers agreed to establish the "WHO Healthy Islands Recognition Programme". The WHO Healthy Islands Recognitions are intended to encourage Pacific island countries and areas, as well as communities, to continue to innovate and demonstrate effective and efficient ways of promoting and protecting the health of their people. A call for nominations for the recognition of Best Practices and Best Proposals was issued in September 2010. The Steering Group on Healthy Islands met in Nadi, Fiji, in February 2011 and formed a Recognition Committee made up of four public health experts: two from the Pacific and two from outside the region. These experts were tasked with vetting the nominations and forwarding recommendations to the WHO Regional Director for the Western Pacific.
5.2.2 Presentations — Healthy Islands Recognition

Winners were announced by WHO. It was hoped that these recognitions would inspire others to adopt best practices, to apply for recognition, and to consider national recognition programmes. The winners for Best Practices were Vanuatu’s “NCD Elimination in Aniwa and Aneityum” and Palau’s “Healthy Workplace in Palau” initiatives. The winners for Best Proposal were Fiji’s “Hi Five Quality Circles for Healthy Pacific Islands” and “Adopt a Healthy Community Approach for a Health and Clean Chuuk” by the Federated States of Micronesia.

Winners reported on their plans to use the recognition funds to further their programmes.

SESSION 6: PARALLEL SESSIONS: MINISTERIAL SESSION AND TECHNICAL SESSION

6.1 Ministerial Session

The Pacific Ministers of Health, the WHO Regional Director and SPC Director-General, and key government ministries and partners in Solomon Islands participated in a field visit to Good Samaritan Hospital.

6.2 Technical Session

The five groups (four key topics, plus one broad subject area, all identified by the Ministers) were facilitated and supported by technical staff. Each technical group deliberated for 90 minutes. After deliberations, the groups reconvened in a plenary session. At the conclusion, each group returned with a presentation on the results of their deliberations. Afterwards, position papers were drafted based on these presentations.

SESSION 7: PRIORITY ISSUES RAISED BY THE MINISTERS FOR IN-DEPTH DISCUSSION

7.1 Improving Performance: Strengthening National Health Planning and Monitoring and Evaluation

7.1.1 Background

There is a renewed focus on the need for robust national health policies, strategies and plans (NHPSP). Several major donors see robust NHPSPs as a key part of their investment decisions in the health sector and for improving their aid effectiveness, the latter being critical in the Pacific due to limited institutional and support capacity in most countries.

Besides content, the process of developing an NHPSP is important. Sound NHPSP processes assist in setting priorities within a health system, attract both internal and external resources, and serve as a means to increase the coherence of the health sector and to decrease fragmentation.

National ownership of the NHPSP process must be maintained without compromising quality. Most Pacific island countries and areas need to build and/or strengthen individual and institutional capacity to lead and manage the NHPSP process.
7.1.2 Presentation

There is a consensus that an effective and robust national health planning process is necessary to achieve the MDGs and health outcomes.

WHO has resolved to support Member States in strengthening their NHPSPs. It is important that NHPSPs extend beyond the health sector to encompass the broader public health agenda.

Benefits from a strong NHPSP for countries include enhanced ownership and leadership, as well as the facilitation of dialogue. For development partners, the plans make it easier to align support and improve aid effectiveness, facilitating a move towards sectoral or general budget support. Robust NHPSPs also support mutual accountability for all parties.

The elements of a robust NHPSP include five elements:

1. A sound NHP process, including situation analysis, consultative priority setting, high-level endorsement, feedback and re-planning, alignment with broader development priorities, and country ownership and implementation;
2. Realism, including being led by people who will implement the plans, fitting the plans within resources, and maintaining flexibility;
3. Comprehensive, balanced and coherent content, which aligns visions, values and goals, and is people-centred;
4. Links with medium-term and subnational plans and other relevant plans; and
5. Links with individual health programmes.

Frameworks and tools available for developing NHPSPs include the Joint Assessment of National Strategies (JANS), MacroHealth and others.

Challenges include limited information and evidence, inconsistent terminologies, fragmentation, insufficient country ownership and leadership, engaging multiple stakeholders with diverse mandates, overambitious approaches, and implementation challenges.

Next steps involve moving towards recognized best practices, building and strengthening national capacity in developing NHPSPs, developing effective coordination mechanisms and working arrangements, peer review and possibly modifying the JANS tool to fit the Pacific situation.

7.1.3 Discussion

Several countries reported their current work on NHPSPs. Both preplanning and post-implementation monitoring and evaluation are critical. Keys included gathering evidence, benchmarking performance, consulting with stakeholders, obtaining buy-in from government, and assuring cost-effectiveness and sustainability. Also, there should be clear links between NHPSPs and overall development plans, as well as other sector-specific plans.

Several countries also stressed the importance in defragmentation of donor funding so that broad health system strengthening could take place instead of vertical approaches. Solomon Islands reported on the success of its sector-wide approach (SWAP).
WHO emphasized that ownership and realistic planning were important.

7.1.4 Conclusions and Actions

Several key points emerged from the discussion on NHPSPs:

(1) both process and results are important, with national ownership critical,
(2) there must be effective evidence-based planning, tied to budgeting,
(3) cost-effective interventions should be chosen,
(4) performance should be benchmarked,
(5) capacity-building for planning is critical at the national and subnational levels, and
(6) tools and guidelines need to be appropriate to the countries.

Support will be provided by WHO and the Pacific Senior Health Officials Network.

Ways forward include:

(1) moving towards best practices
(2) strengthening national capacity, and
(3) effective coordination mechanisms to facilitate stakeholder buy-in.

At the conclusion of the discussion, the delegates unanimously endorsed the proposed actions outlined in the position paper.

7.2. Strengthening Food Security in the Pacific: Pacific Food Summit and Beyond

7.2.1 Background

The Seventh Meeting of Ministers of Health for the Pacific Island Countries in Vanuatu in 2007 called for a whole-of-society approach to address noncommunicable diseases and malnutrition. The Eighth Meeting in Madang, Papua New Guinea, in 2009 supported the need for national food summits and endorsed the convening of the Pacific Food Summit in 2010. Pacific Islands Forum Leaders, in their meeting in Niue in 2008, acknowledged the importance of food security as a national and regional development issue and “committed their governments to immediate action to address food security issues nationally and, where possible, regionally through a range of measures across key sectors such as agriculture, fisheries, trade and transport”. Ministers of Agriculture at their meetings in 2008 and 2009 and Ministers of Trade in 2009 reaffirmed the importance of addressing food security—particularly in view of the threats posed by increased fuel prices and the global economic crisis—to the health, livelihood and well-being of Pacific populations. The global financial crisis, rising consumer price indices, changes in dietary patterns including an increasing reliance on imported and processed foods, population growth, urbanization, lack of access to arable land, changing climate patterns, rising unemployment and poverty were all considered to be factors impacting food security.

In 2009, a multi-agency partnership comprising the Food and Agricultural Organization of the United Nations (FAO), the Global Health Institute at the Centre for Health Innovation and
Partnership (Sydney West Area Health Service), the Pacific Islands Forum Secretariat (PIFS), SPC, United Nations Children's Fund (UNICEF) and WHO formed the Food Secure Pacific Working Group. Under WHO leadership, the working group coordinated the development of the Pacific approach to food security called the Framework for Action on Food Security in the Pacific. The Framework was endorsed by the Pacific Food Summit (21–23 April) and the 41st meeting of the Pacific Islands Forum Leaders (4–5 August) in Vanuatu in 2010.

7.2.2 Presentation

The presentation noted that “food security is everybody’s business”. It gave an overview of the background to the Framework for Action on Food Security. Food security includes availability, access, stability and food utilization. There must be access to nutritious and safe food.

Food security is a multisectoral issue; there are countless factors influencing food security, such as climate, agriculture, energy, household income, education, etc.

The presentation reported on the outcomes of the Food Summit. Actions to be taken at the national level include developing and strengthening national implementation plans, implementing and strengthening a multisectoral approach, and identifying national champions or advocates. Actions at the regional level include regional leadership and coordination.

There had been early progress in several areas of food security, including (1) regional high-level meetings where different ministries came together to discuss cross-cutting issues, (2) the establishment of a Food Industry Forum, (3) regulatory frameworks, including food legislation, safety standards and bio-security regulations, (4) enhanced production, such as through climate-ready crops and home gardening initiatives, (5) protection, including a global strategy for infant and young child feeding, Baby-Friendly Hospital initiatives, and actions against the marketing of breast milk substitutes, (6) empowerment, including social marketing to promote local foods, (7) food safety information, including the development of food security indicators, and (8) enabling factors, such as land reform systems, subregional shipping services, and rural connectivity and electrification.

Key messages include (1) food security is an increasing challenge, (2) PICs have different capacities and resources are not evenly distributed, (3) some PICs are almost totally reliant on imported food, (4) the private sector is limited in many PICs, (5) all PICs have high nutrient deficiencies, which can be helped by food fortification, and (6) the role of food industry and private sector is crucial.

Ministers and senior officials should (1) advocate for the establishment or strengthening of Cabinet subcommittees on food security, (2) advocate for strengthening high-level national coordination mechanisms for food security, (3) spearhead the development of costed multisectoral national food safety implementation plans, (4) support development of monitoring and evaluation mechanisms, and (5) support resource mobilization to implement the Framework at national and regional levels.

7.2.3 Discussion

Countries emphasized that food security is a multisectoral issue. The health sector has a large role to play, particularly in assuring that food is safe and nutritious. Several countries had implemented national food safety legislation and now face the challenge of implementing the laws.
Many countries in the Pacific are struggling with increasing local production, particularly because of poor soil. Several countries emphasized that challenges in transportation and the need to accelerate the work in this area.

In the Pacific, in particular, climate change compounds food security issues.

The WHO Regional Director commended SPC for addressing multiple aspects of food security. He stressed the need for high-level commitment at the country level.

7.2.4 Conclusions and Actions

Five key issues emerged from the discussion on food security:

1. food production, including quality of soil and salt-resistant seeds;
2. food quality, striving for low fat, low salt, and low sugar foods;
3. health aspects of food security;
4. transportation issues, stressing that one size may not fit all, though progress has been made in subregional shipping arrangements; and
5. legislative and regulatory frameworks can make a significant difference at the national level.

At the conclusion of the discussion, the delegates unanimously endorsed the proposed actions outlined in the position paper.

7.3 Achieving MDGs 4 and 5: Pacific Strategy for Scaling Up Action on Women's and Children's Health

7.3.1 Background

Improving the health of women and children is a priority for PICs. An overall decline in child and maternal mortality in the Pacific in the last decade demonstrates that progress is being made. However, this decline represents only a fraction of the progress necessary to meet the MDG targets. Progress is uneven across the region, with significant improvements in some countries but slow progress in others. Coverage in a number of critical interventions has been slow and erratic. Effective interventions in maternal and child health often reach only a fraction of the Pacific population. Overall, the Pacific region is not likely to achieve the targets for MDGs 4 (reduce child mortality) and 5 (improve maternal health) by the 2015 deadline.

The capacity of national health systems is inadequate to meet countrywide needs. Health systems issues, including persistently low investment, have been attributed to the slow progress. Unclear policies and strategic direction, shortfalls in the delivery of essential interventions, and challenges in tracking results make it difficult for countries to achieve sustained progress in reproductive, maternal, newborn, and child and adolescent health.

To accelerate progress, there is a need to analyse the reasons for slow improvement, address the bottlenecks and gaps, and redirect resources where needs are greatest.
7.3.2 Presentation

A presentation was made on the status of the Pacific with respect to MDGs 4 and 5, and offered recommendations to scale up action to reach the targets.

Acceleration is needed to attain MDGs 4 and 5. In under-5 mortality, Cook Islands and Samoa have had dramatic decreases and are on target. Many other countries have had declines but are not likely to reach the target. Fiji, Nauru, Palau, Tonga and Vanuatu have actually reported increased under-5 mortality, possibly as a result of better reporting.

Data on maternal mortality are difficult to obtain. It was reported that Papua New Guinea began with high maternal mortality, and then has either seen that number double or at best stagnate, depending on the data used. It was noted that in many Pacific countries with small populations, there are small numbers of maternal deaths so rates change dramatically with each recorded death.

With respect to the coverage of Maternal, Newborn and Child Health (MNCH) interventions, most indicators are high, but contraceptive use is only 25%–30% and access to emergency obstetric care is less than 50%.

In summary, there has been progress, particularly in MDG 4. But the Pacific is unlikely to achieve MDG 5 targets in some countries, even if efforts are doubled or tripled.

The presentation then introduced the Partnership for Maternal, Newborn and Child Health, which is composed of multilateral organizations, governments, academics, professional associations, the private sector, donors, foundations and nongovernmental organizations. A global strategy to address MNCH has been developed, with 19 commitments in the areas of finance, policy and service delivery.

It was noted that health systems costs are very high in MNCH, requiring intersectoral linkages. Other issues include the inefficient use of money and health workforce shortages. It was stressed that there is a link between NCDs on one hand and reproductive health and MNCH on the other. These are not mutually exclusive issues and the solutions are similar, including health system strengthening, intersectoral collaboration, prevention and a focus on the young.

Challenges in the Pacific include gaining support for subnational planning and implementation; health systems issues such as human resources, under-equipped health facilities and resources and referral systems; the lack of evidence-based policy due to a lack of data; and inadequate funding or inefficient use of available resources. The key point is the right people are needed in the right place, with the right resources, doing the right things, and getting the right results.

The presenter raised the following points for discussion: What is needed in the region to accelerate progress? How do we improve the evidence and measure results? And what is the Pacific’s role in the United Nations Secretary-General’s Strategy on Women’s and Children’s Health?

7.3.3 Discussion

Countries recognized the primary importance of the health of mothers and children. Much has been done, particularly in immunization, but much more remains to be done. Geographic and logistic challenges are major issues in the Pacific. Low utilization of family planning remains a challenge.
Several countries strengthened training for and the use of traditional birth attendants (TBAs). Other countries also emphasized the challenge of using the maternal mortality ratio as an indicator for maternal and child health given the extremely small numbers involved.

The WHO Regional Director emphasized WHO’s commitment to the MDGs. He explained that in some countries great achievements had already been realized, which is why additional gains may be very difficult. He pointed out that compared to many places around the world, the Pacific actually had highly developed infrastructure. The challenge of accessibility to referral care is a reality, which is why strengthening primary health care is so important.

7.3.4 Conclusions and actions

Five key issues emerged from the discussion on MDGs 4 and 5:

1. Annual maternal deaths of 1000 or more do not make news—we need to go beyond the figures and personalize the issues.

2. Solutions must be local.

3. There is a need to reintroduce technologies that work, such as the partogram.

4. Countries should be practical, using available resources, such as TBAs.

5. It is important to make the Pacific experience visible to others because some of our solutions are highly relevant to others.

Recommended actions include:

1. evidence-based approaches,

2. health systems approaches,

3. country-specific approaches because the situation is very different in each country, and

4. countries should make use of sectoral coordination mechanisms, for instance, health sector coordination groups could include MNCH as a sub-sectoral group because MNCH is the best indicator of health sector development.

SESSION 8: PRIORITY ISSUES FOR FURTHER DISCUSSION RAISED BY THE MINISTERS DURING THE MINISTERIAL OPEN FORUM

8.1 Feedback from the Mental Health Technical Working Group

8.1.1 Presentation by the technical group

It was noted that there were few data on the burden of mental health in the Pacific. No substantial progress in mental health care had occurred in the Pacific, while there were increasing trends of substance abuse, addictive behaviours, depression and suicide in many countries. For too long, mental health services have been isolated from and overlooked by health systems.

Why is it important to address this now? Because it is a neglected community epidemic, responsible for high disability-adjusted life years (DALYS), and there is a growing youth
population with limited economic opportunity. There is a need for multisectoral efforts to address mental health.

The immediate consequence of not addressing mental health is the high morbidity burden. In the medium term there will be high cost and high morbidity and mortality. In the long term, not addressing mental health will result in lost productivity and economic stagnation.

Recommended actions include:

At the regional level:

1. Technical partners need to strengthen technical support.

2. There is a need to strengthen and increase the scope of the Pacific Islands Mental Health Network (PIMHnet).

3. There is a need to integrate mental health into existing frameworks like Pacific Human Resources for Health Network (PHRHA).

4. Regional academic institutions should consider capacity strengthening for mental health.

At the national level, countries should:

1. Strengthen the information base to inform decision-making, for example with the Assessment Instrument for Mental Health Systems;

2. Include mental health in costed national health plans;

3. Ensure proper integration of mental health in health systems;

4. Invest in human resources for mental health; and

5. Harness multisectoral action and networks.

Development partners should increase support and resources for mental health through regional and bilateral mechanisms.

8.1.2 Discussion

Countries noted that progress has been made in mental health, but that PIMHNET in particular needed to be strengthened. Laws also need to be strengthened and made more human-rights-based. De-stigmatization is an ongoing challenge.

The revised paper, incorporating the above feedback is attached as Annex 5.

8.1.3 Conclusion and actions

At the conclusion of the discussion, the proposed actions were endorsed as amended.

8.2 Feedback from the Social Determinants of Health Technical Working Group
8.2.1 Presentation

Social determinants were defined. Social determinants are shaped by the distribution of money, power and resources. They are the chief driver of health inequities.

The concern is that poor health outcomes are occurring, but that many health determinants lie outside the purview of health ministries. Thus, we need higher-level commitments.

There is a need to act now because we have poor health outcomes despite strong health efforts. There also is a wider awareness and acceptance of the role of social determinants.

Regional actions needed include:

(1) development of an appropriate framework to address social determinants,

(2) support in gathering evidence,

(3) development of advocacy tools (WHO and SPC),

(4) holding of appropriate meetings and training, and

(5) assisting national governments to link with international events.

Donors should:

(1) consider participating in coordination mechanisms such as SWAP

(2) have a multisectoral focus

(3) organize a working group within the Healthy Islands framework.

Countries should:

(1) adopt multisectoral approaches to national development plans;

(2) develop and present evidence and information on social determinants of health as ammunition for advocacy;

(3) develop healthy public policies under the Healthy Islands framework;

(4) have their heads of state convene parliamentary Healthy Islands groups;

(5) establish national focal points and potentially a central agency to take the lead on social determinants issues; and

(6) make use of approaches such as alignment of existing frameworks, plans and mechanisms using a multisectoral approach.

8.2.2 Discussion

One country noted that the need for multisectoral action, which was dropped from this topic and needs to be re-entered into the final version of the position paper.

The revised paper, incorporating the above feedback is attached in Annex 5.
8.2.3 Conclusions and actions

At the conclusion of the discussion, the proposed actions were endorsed as amended.

8.3 Feedback from the Health Information Systems, Evidence, Statistics and Surveillance Technical Working Group

8.3.1 Presentation

The presenters began by pointing out that vital statistics and surveillance are critical to planning. While there is an expected benefit from Electronic Medical Records (EMR) and other technology for scattered islands, there is a fundamental need to strengthen human capacity to collect, analyse and use health information.

It is important not to neglect the role of information and communications technology and infrastructure in forming the basis for health information development.

Different countries have very different capacities and organizational structures, so there is unlikely to be a one-size-fits-all approach.

The presenter stressed the need for different sectors to harmonize their data so that they can interface.

If this issue is not addressed now, the lack of accurate and timely information will impact such areas as evidence-based policy decision-making, the selection of priorities, the efficient allocation of resources, monitoring progress, and detecting and responding to health emergencies.

Regional actions needed include:

(1) building effective training programmes for all levels of the health workforce in data management, surveillance and epidemiology;

(2) harmonization and development of data standards;

(3) learning from successes and failures;

(4) strengthening regional surveillance and response, through APSED, IHR (2005) and STEPS surveys; and

(5) improving civil registration.

Development partners should:

(1) utilize and strengthen health information and harmonize data collection mechanisms to empower countries to better use their own data;

(2) build effective data management and field epidemiology training programmes; and

(3) improve communications between countries, such as in the areas of IHR and health statistics.
Countries should:

(1) create a culture of information,
(2) demand better quality information and evidence for policy decisions,
(3) strengthen human resource capacity, including core data competencies at all levels,
(4) advocate for improved civil and vital registration systems,
(5) select appropriate solutions based on their information needs and country capacity,
(6) improve the quality and use of existing data,
(7) strengthen surveillance and response, and
(8) ensure privacy and confidentiality.

8.3.2 Discussion

Countries discussed progress made in improving data collection. Vital statistics remains weak in some countries. The possibility of training data technicians rather than epidemiologists was raised as a workable solution to address the lack of epidemiologists.

The revised paper, incorporating the above feedback, is attached in Annex 5.

8.3.3 Conclusions and Actions

At the conclusion of the discussion, the proposed actions were endorsed as amended.

8.4 Feedback from the Human Resources for Health Technical Working Group (HRH)

8.4.1 Presentation

The presentation detailed the shortage of health professionals at all levels. There are budget and resource constraints, and a large proportion of expenditures go to staff costs. There is an inadequate supply and production of health-care workers and there is limited capacity in regional academic and training institutions. Further, there are the issues of retention of health-care workers and suboptimal use of the existing workforce, hence the need for cross-training and the use of health care extenders, for TBAs.

The consequences of not addressing the HRH issue include compromised delivery of health services, the risk of not achieving the health-related MDGs, a reversal in health gains, costly recruitment and overseas treatment expenditures, and poor delivery of services to rural areas leading to inequity in the provision of health care.

There are several existing mechanisms available, which can be used to address HRH including the Pacific Human Resources for Health Alliance (PHRHA), the Pacific Open Learning Health Net (POLHN), and the Strengthening Specialized Clinical Services Programme (SSCSP).

Actions to be taken on the regional level include:
(1) develop a regional framework for regional professional competencies, accreditation and standards;

(2) ensure regionally funded projects to contribute to national HRH capacity-building and training;

(3) develop bridging programmes for reintegration of Pacific medical graduates with foreign qualifications;

(4) strengthen SSCSP;

(5) support continuing distance learning; and

(6) tap into excess workers available in some countries, for example Fiji.

Countries should:

(1) encourage their ministries of health to strengthen capacity of human resources and HRH officers to engage with central agencies such as the ministries of finance and planning;

(2) develop costed strategic health workforce plans;

(3) develop effective retention frameworks; and

(4) assess the sustainability of externally funded and project-specific staffing structures.

8.4.2 Discussion

One country reported that since 2005 it has been undertaking its own health professional training—Oceania University of Medicine. They reminded the delegates that all academic institutions started small.

SPC noted that health workforce development is predicated upon the identification of what services one wishes to provide at each level.

The revised paper, incorporating the above feedback, is attached in Annex 5.

8.4.3 Conclusion and Actions

At the conclusion of the discussion, the proposed actions were endorsed as amended.

8.5 Feedback from the Other Important Topics Technical Working Group

8.5.1 Presentation

Ministers of Health identified 10 issues of importance during their Open Forum. Four of these issues were addressed through specific technical working groups. The remaining six issues were discussed collectively in a fifth working group (Other Important Topics) tasked to identify ways to advance these issues: (1) clinical care and clinical governance, (2) diseases, including emerging and neglected diseases, (3) disaster risk management, (4) laboratories, (5) health care financing and health leadership, and (6) new technologies.
In the area of clinical care and governance, it was noted that stakeholders, such as regional agencies, donor agencies and national governments, could participate in an intra-regional support network to share best practices and lessons learnt in and between Pacific island countries and areas. At the national level, there was a need to strengthen service delivery, maintaining the three levels of care and ensuring sustainability. One approach is role delineation at each level. Service delivery at the three levels could further be supported through the development of regional standard treatment protocols, which can be adapted to national and local settings.

In the area of diseases, it was noted that primary health care systems could be strengthened as required to better manage and/or eradicate neglected diseases. For countries and areas looking to manage and or eradicate neglected diseases, they would benefit from analysing the benefit of a one-off injection of funds to eradicate a disease versus funding to strengthen primary health care. In the area of emerging diseases, it was noted that while all countries had emerging disease plans, further donor support was needed to adequately resource national and regional implementation of APSED.

In the area of disaster risk management, there are a plethora of players working in the Pacific; agencies should facilitate the development of linkages between these disaster management players. It was argued that all stakeholders, including regional agencies, donor agencies and national governments, should advocate that disaster management should have an all-hazard approach. Ministers of Health were encouraged to engage with other ministers and National Disaster Management Offices in their countries to define their interaction during emergencies and identify the specific role of the health sector within the broader national disaster management framework. As countries had benefited from multisectoral training on disaster and emergency management, agencies were encouraged to continue implementing this training.

In the area of laboratories, the presentation noted that the Ministers had endorsed the existing Asia Pacific Strategy for Strengthening Health Laboratory Services. Laboratory capacity-building required further donor financial support. Sample referral mechanisms had improved, but further improvement was needed as was financial support to shipping costs. All stakeholders were encouraged to better understand the costs associated with laboratory development and sample referral to overseas laboratories. This is a process that could be assisted by agencies with financing expertise.

In the area of health-care financing and health leadership, it was noted that while tools such as National Health Accounts (NHAs) and Medium-term Expenditure Frameworks (MTEFs) had been very helpful to many countries, some countries had not undertaken a basic analysis of the source and distribution of health-care funds; these countries were encouraged to do so. Other countries should consider undertaking NHAs and MTEFs. Ministers of Health could work with Ministers of Finance to improve the appropriate allocation of health-care funds. Donors were encouraged to continue to work to coordinate funding mechanisms and to align them to country priorities.

In the area of new technologies, it was reported that work was under way on identifying essential medical devices and technologies that are appropriate for resource-limited countries and areas. Advances in communications had been made; countries were encouraged to utilize them whenever possible to improve health systems, for example, by providing telemedicine capabilities. The presentation made reference to the SSCSP programme, which was a possible forum for discussing the use of new technologies; this topic could possibly be included in the upcoming stakeholder reference group meeting to which most PICs will be invited.

In reviewing the six topic areas, three overarching actions were identified that are applicable to all six identified priority issues. These were to:
(1) note that health system development will manage the six priority issues;

(2) utilize existing resources, such as plans and tools, which are already available for each of the issues; and

(3) emphasize multisectoral approaches as an integral part of each of the six issues.

8.5.2 Discussion

Delegates inquired about work on identifying essential medical devices and how this could be taken forward. WHO replied that it is undertaking this work, while aiming to better understand what the issues are and the way forward. WHO stressed that this was very new work, and there was a need to identify the medical device needs in the Pacific. SPC also stressed the importance of standardizing medical equipment and devices within a country to ensure that individual components could be used together and so that maintenance would be easier. It noted that this goal was largely undermined because development partners get pressure from their countries to provide specific components.

WHO asserted that it was important to prioritize a few top actions that can be enacted immediately, for example an inventory of existing medical technology in the region, from the many issues discussed. Other issues have existing mechanisms that can be strengthened, such as those for mental health and human resources for health.

One of delegates noted that it is important to reflect on the cross-cutting issues that had arisen during the discussions. They also noted that several points of action had been articulated for technical and development partners, including practical support for existing mechanisms, capacity-building and training in particular in countries, and coordination of support.

The revised paper, incorporating the above feedback is attached in Annex 5.

8.5.3 Conclusion and Actions

At the conclusion of the discussion, the proposed actions were endorsed as amended.

8.6 Honiara Communiqué on the Pacific NCD Crisis

8.6.1 Presentation and Discussion

The draft of the communiqué was presented with the intention of getting unanimous endorsement of the document, including any editorial changes that emerged during the discussion. The purpose of the communiqué, as pointed out by New Zealand, is to influence the drafting of the outcome document for the upcoming High-level Meeting of the United Nations General Assembly on Noncommunicable Disease Prevention and Control.

There was discussion about formatting of the document.

SPC pointed out that the communiqué did not adequately address the nature of the crisis nor did it place the current meeting at the centre of the discussion.

8.6.2 Conclusions and Actions

After additional comments, the communiqué was endorsed as edited by the delegates.
8.7 Comments on the style of the current meeting (Open Forum)

Countries strongly supported the new format as it improved ownership of the outcomes of these meetings. It was suggested that additional time would be necessary to flesh out the chosen issues and provide data to support the areas of concern.

SESSION 9: CLOSING SESSION

The meeting took note of the willingness of the Government of Samoa to host the next Meeting of Ministers of Health for the Pacific Island Countries in 2013.

Dr Shin on behalf of WHO and Dr Rodgers on behalf of SPC expressed their gratitude to the Government of Solomon Islands for the wonderful arrangements and appreciation to Chairperson, Vice-Chairpersons, Rapporteur and all participants for making the meeting a success.

The meeting was formally closed by Sasa Zibe, Minister for Health and HIV/AIDS, Papua New Guinea.

Solomon Islands Minister of Health and Medical Services, Charles Sigoto, who served as Chairperson, delivered his closing statement, thanking the participants and the hosting agencies. He echoed his appreciation of the open style and the outcomes of the meeting. He thanked Samoa for its offer to host the next meeting. He then formally concluded the meeting.

The list of participants is attached as Annex 7.
OPENING REMARKS BY HONOURABLE CHARLES SIGOTO,
MINISTER OF HEALTH, SOLOMON ISLANDS

1. Salutation

Prime Minister, Honourable Danny Philip, colleague Honourable Ministers of Health of the various Pacific Island Countries in attendance to the Ninth Meeting of Ministers of Health for the Pacific Island Countries, other Ministers who are present this morning, archbishop Adrian Smith, WHO Regional Director for Western Pacific, Dr Shin Young-soo, Director-General of the Secretariat of the Pacific Community, Dr Jimmie Rodgers, Permanent Secretaries and Director Generals of Health in all Pacific Island Countries in attendance, Officials from Central Agencies & Line Ministries, donor partners & development partners present here this morning, officials of WHO and SPC and the Ministry of Health and Medical Services, distinguished guests and ladies and gentlemen.

2. Welcome all Pacific Health Ministers

Let me first and foremost take the opportunity this morning to welcome my colleague Honourable Ministers of Health from all the Pacific island Countries who are attending this Ninth Meeting of Ministers of Health for the Pacific Island Countries here in Honiara, Solomon Islands. It is a great honour for me this morning as the host Minister to welcome you to this very important meeting. Despite your busy schedules in your various countries you are able to accept my invitation and to attend this Ninth Meeting of Ministers of Health for the Pacific Island Countries. Your presence during this biennial meeting is a clear indication that you are committed to advancing the health needs of our people in the region. I definitely look forward to ensure that the deliberations of our meeting will be successfully concluded with very clear and precise conclusions and recommendations that will take us forward in addressing the health challenges that our Island Nations are faced with.

I also wish that you will find time to enjoy the hospitality of our friendly nation. Our nation is famous for the battle of Guadalcanal where Allied Forces stop the further advancement of Japanese during the Second World War. We look forward to be famous for eliminating malaria very soon so that we also stop its advancement to the rest of your island nations. Please do take time during morning tea to look out into the waters north of Guadalcanal which is called the Iron Bottom Sound which is the burial ground of several allied forces ships as well as Japanese battle ships sunken during the Second World War.

Honourable Ministers welcome again to the Ninth Meeting of Ministers of Health for the Pacific Island Countries here in Honiara Solomon islands. May I also take the opportunity to welcome all the Permanent Secretaries and Director Generals of Health who are either accompanying our Ministers or are representing your countries during this Ninth Meeting of Ministers of Health for the Pacific Island Countries. Welcome to the Solomon Islands and I certainly look forward to your input into our deliberations during the next three days.

3. Welcome WHO/SPC

I would like to take the opportunity this morning to specifically welcome the two organizations that co-host this meeting. They are World Health Organization and the Secretariat of the Pacific Community. Let me begin with World Health Organization.

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, a special welcome to Solomon Islands. I know that this is the third visit you have made to the Solomon Islands, which shows your commitment to this country and to all the Pacific Island Countries. I would
Annex 1

also like to welcome your high-level delegation which consists of senior officials from Manila, Dr Dong-il Ahn and delegation from the Suva Office and Dr William Adu-Krow from PNG office and Dr Boris Pavlin from the Northern Micronesia office. I also understand that we have Dr Carole Presern all the way from Geneva, representing Partnership for Maternal & Child Health. A very special welcome to Solomon Islands and the Pacific.

Your strong presence during this Ninth Meeting of Ministers of Health for the Pacific Island Countries is a positive sign to all our Pacific Island Nation and we look forward to a continual collaboration with you as we continue to improve the health of our people in the Pacific.

Let me now thank the Secretariat of the Pacific Community.

Dr Jimmie Rodgers, Director-General of SPC, welcome to the Ninth Meeting of Ministers of Health for the Pacific Island Countries and welcome home. I would like to take this opportunity to thank you and your organization for the very significant input you have contributed to health in Solomon Islands and to all our Pacific Island countries.

Your input is significant and is making positive impact to health as well as to other sectors. Thank you so much for the continual support to health and especially towards the co-hosting of these biennial meetings a forum that is so pivotal to the development of health to us member countries in the region. It is so pleasing to see that you yourself, Dr Iniakwala and Dr Malefoasi can make it to this particular Ninth Meeting of Ministers of Health for the Pacific Island Countries, a wonderful home-coming. With Dr Ezekiel Nukuro also from the WHO office in Suva it is great to have our four previous Senior Health Officials back in the Country. We look forward to your permanent return one of these days.

Solomon Islands is committed to continue the many collaboration and partnership we have with SPC in health as well as other sectors.

4. Welcome observers especially development partners

I would like to take this opportunity now to welcome our observers to this Ninth Meeting of Ministers of Health for the Pacific Island Countries. You are not merely observers but very important donor partners and development partners. Let me specifically welcome you and also to thank you for the great input you all contribute towards the development of health in the Pacific Region.

I do acknowledge the presence of AusAID, Asian Development Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, NZAID, World Bank, Fiji National University, Pacific Islands Health Officers Association, Queensland Health, University Of New South Wales and University Of Queensland.

You contribute so much to our Pacific island Countries especially and I on behalf of the member countries would like to thank you for the great collaboration, cooperation and partnership we enjoy. We promise to continue the excellent collaboration, cooperation and partnership between your countries and organizations. We surely look forward to an ongoing cooperation with all of you.

5. NCRA's commitment to reforming social sectors

Honourable Colleagues, the NCRA government that I'm part of is fully committed to reforms in health that would ensure that we deliver this much needed service to our people,
especially those in the remote rural areas of this geographically challenging island nation. This is confirmed this morning with the presence of my leader of the NCRA Government, the Prime Minister of Solomon Islands, Honourable Danny Philip. NCRA government believes and is fully committed in reforming the health sector, to ensure that the delivery of this much needed services reaches our people, relieve their suffering and health care needs and to also improve their standard of living. The geography of our Island nations is challenging as far as the delivery of the much needed health services is concerned.

I fully concur with the new term or new name given to us in the recent meeting in Moscow. We are part of the Blue Continent, a larger continent that is made up of the Pacific Ocean, with coral reefs that you have to navigate around to get to the next clinic and it is not easy.

I'm pleased however that we have committed Pacific Health Ministers and officials with development partners and donor partners for the next three days who are committed to put together plans to address the very challenges we have.

6. Look forward to a successful agenda and a great meeting

Honourable Colleagues, Officials and Distinguished Guest, as the Chair of this Ninth Meeting of Ministers of Health for the Pacific Island Countries, and with your wisdom, knowledge, support and goodwill I believe we will successfully deliberate on the items on our agenda. I look forward to us successfully developing recommendations and communiqué that will be put forward to important meetings like the up-coming Pacific Leaders Forum in New Zealand, and the UN Summit in September.

7. Successful Meeting and continual collaboration

Thank you so much again for your presence this morning and I look forward to a successful three days of deliberations.

Thank you so much for listening and may God bless our beautiful Pacific Island Nations.
OPENING REMARKS BY DR SHIN YOUNG-SOO, WHO REGIONAL DIRECTOR FOR THE WESTERN PACIFIC

His Excellency Mr Danny Philip, Prime Minister, Honourable Mr Charles Sigoto, Minister of Health, Honourable Ministers of the Pacific Island Countries, Dr Jimmie Rodgers, Director-General of the Secretariat of the Pacific Community, Archbishop Adrian Smith, distinguished International Development Partners and ladies and gentlemen.

It gives me great pleasure to welcome you to this Ninth Meeting of the Ministers of Health of the Pacific Island Countries.

Let me start by offering my sincere thanks to Solomon Islands Government for so generously accepting to host this important meeting. In particular, I would like to thank His Excellency Prime Minister Danny Philip for being with us today. We are also grateful to the tireless efforts of Honourable Minister of Health, Mr Charles Sigoto and his team, who have worked so hard to ensure that this meeting is a success.

I would also like to pay tribute to the generous support WHO and its Member States in the Region receive from Australia, New Zealand, the United States of America, Japan and many other partners, all of whom play such an important role in promoting the cause of good health for all.

In particular, I would like once again to underline how much we appreciate the solid support of the Secretariat of the Pacific Community, under the able and energetic leadership of Dr Jimmie Rodgers.

Looking around the room, I am happy to see so many of our old friends and also to spot new faces. I am sure our new friends will bring fresh ideas and energy to our discussions.

Before I move on, let me say how delighted I am to be back in Solomon Islands. I was last here in June 2009 and the memory of that visit is still vivid in my mind.

This is a country with a number of health challenges, but it is heartening to see progress on a number of fronts. Let me highlight just a few:

- Primary health care and the concept of Healthy Islands are a core development strategy that is now reflected in all health plans in Solomon Islands. In this context, I would like to thank Prime Minister Philip for his tireless support for this approach.

- All partners are now actively engaged in the Sector Wide Approach to improving health services, otherwise known as SWAP. This is a most encouraging development and one that I heartily support.

- And good work is being carried out in the battle against malaria, where we are seeing promising results.

What progress has been made in the Pacific Island Countries, or the "Blue Continent" as they are now called? The answer is that there has been both steady progress in implementation of recommendations from our last meeting in Madang, and some important milestone achievements.
Annex 2

The Pacific Island Countries were in the frontline on addressing the challenge of NCDs at the First Global Ministerial Conference on NCDs in Moscow in April this year. This established the Blue Continent as a key stakeholder in the fight against the global epidemic of NCDs.

We now have the necessary commitment and awareness. What is needed is to turn this into action.

The Pacific Food Summit in Vanuatu in April last year was another landmark event. There we endorsed the Framework Action on Food Security in the Pacific, which subsequently received recognition and further commitment at the Pacific Forum Leaders Meeting.

The revitalization of the vision of Healthy Islands is now on everybody's agenda after the Madang meeting two years ago. That meeting recognized the need to reposition the concept as the overall strategy for health development in the Pacific.

The vision of Healthy Islands is an authentic public health achievement encompassing a host of areas, from climate change, to strengthening health systems, to maternal and child health.

We can also note satisfactory progress in preventing and controlling communicable diseases. A priority for this Region has been implementation of the International Health Regulations and the Asia Pacific Strategy for Emerging Diseases, otherwise known as APSED.

All countries now have a national APSED implementation plan, and as a result outbreak detection and response have improved substantially. Participation in the proposed new Pacific surveillance system has been accepted by all countries, and multiple outbreaks have already been detected through this new system.

The Blue Continent is a priority for the WHO Western Pacific Regional Office and for me personally. My commitment to the Pacific Island Countries over the last two years has been translated into several organizational changes and Pacific-focused actions by WHO.

I have established a new Division, the Division of Pacific Technical Support, based in the WHO Office in the South Pacific. This new Division will enable WHO to assist the Pacific Island Countries in a more efficient way, and to respond to the specific needs in this part of the world.

I also decided to expand our presence in Northern Micronesia with the establishment of a new Country Liaison Office located in the Federated States of Micronesia, which also covers the Marshall Islands and Palau.

I want to reiterate my promise to all of you at the last meeting of the WHO Regional Committee for the Western Pacific that one of the top priorities for WPRO will be to combat neglected tropical diseases such as leprosy, lymphatic filariasis and yaws.

These diseases should be consigned to history. There is no reason why a person in the Pacific has to suffer from any of these diseases when they can be easily treated and prevented. If we take urgent action, we should be able to see encouraging progress very soon.

I would now like to say a few words about this week's agenda. You will have seen that there are not many subjects this year, but they are of the utmost importance.

We have changed the format and agenda to allow more time for freewheeling discussion on issues which you have told us you would like to discuss.
We want to listen to the people who know best – and that is you, the Ministers, and other senior government officials.

The Pacific Island Countries are facing an imminent crisis due to the ongoing epidemic of NCDs. The impact goes far beyond health. A population suffering from a high burden of NCDs suffers adverse social and economic effects that will last for generations to come. So the time for talking is over. Let's act now to scale up NCD prevention and control work in the Pacific.

Although we have seen some progress in achieving MDGs 4 and 5 in the Pacific, the decline in child and maternal mortality has been uneven across the Region. Evidence-based interventions have not been implemented with sufficiently high coverage and efficiency. The result? The Pacific is unlikely to achieve MDGs 4 and 5.

We know the scope of the problem, and we know what has to be done. What we need to do now is to turn our knowledge into action. We will hear more about what to do and how to do it later in this meeting.

As I said earlier, the Healthy Islands vision is not only an innovative approach, but it also captures most of the fundamental determinants of good health for people and communities.

To enhance the revitalization of the Healthy Islands vision, WHO has established the Healthy Islands Recognition Programme. The aim of this initiative is to encourage countries and communities to come up with innovative steps that promote and protect the health of their populations.

Tomorrow, we will be announcing the four recipients in two areas – Best Practice and Best Proposal. You will see that what these people have achieved can be an inspiration to us all.

Finally, I would like to close by once again offering my thanks to our hosts, Solomon Islands Government, and to all of you for sparing time from your busy schedules to be here.

One of my first duties as the new Regional Director for the Western Pacific was to attend this meeting two years ago, when it was held in Papua New Guinea. On that occasion, I offered my personal commitment to work for better health for people all across the Pacific. Let me assure you two years on that my dedication is undiminished.

We have important discussions ahead of us this week. But, given the dedication and enthusiasm of the people in this room – and those they represent in their home countries – I am confident that we will make solid progress.

Thank you.
OPENING REMARKS BY DR JIMMIE RODGERS, DIRECTOR-GENERAL, SECRETARIAT OF THE PACIFIC COMMUNITY

Honourable Prime Minister of Solomon Islands, Hon. Danny Phillip, Archbishop Adrian Smith, Hon. Charles Sigoto, Minister for Health and Medical Services, Solomon Islands, Hon. Ministers of Health and heads of Delegations of Pacific Island countries and territories, Hon. Dr Shin Young-soo, WHO Regional Director for the Western Pacific, Senior officials from PICTs health sector attending this meeting, Distinguished Representatives of United Nations agencies; development partners; CROP agencies; other partner agencies and stakeholders supporting health development in the Pacific islands region, Representatives of the media, Staff of the joint WHO and SPC team supporting this meeting, Invited guests, ladies and gentlemen:

Please allow me to echo the words of welcome to this Ninth Meeting of the Ministers of Health of the Pacific Island Countries and territories from the Regional Director of WHO / WPRO, Dr Shin Young-soo.

Your Excellency, Hon. Danny Phillip, Prime Minister of Solomon Islands, we are humbled that you have taken time out of your extremely busy schedule to grace us this morning with your presence and we look forward to hearing your keynote address. Hon. Charles Sigoto, our host minister and members of your team, thank you for all the hard work that will ensure a successful meeting.

I pay tribute to all ministers here present for your leadership and vision in leading the health sectors in the respective countries of our region. I also pay tribute to our partners, Australia, New Zealand, the United States of America, France, Japan, World Bank, ADB, UN Agencies and many other partners without whose contributions our region will not have reached this stage of development in the health sector.

My colleague, Regional Director Dr Shin Young-So, under your leadership the relationship between our two organisations has gone from strength to strength and I can comfortably say in-front of our mutual members here present that our simple phrase ‘two agencies, one team’ is bearing dividend.

Hon. Ministers, the past four years, arguably more than any other period in the recent history of this region, has been one of unprecedented challenges at global, regional and national levels. These challenges have demanded the attention of leaders at all levels and have required careful and strategic responses. In the Pacific Islands region, for example:

i. **Rising oil prices** in 2008 led to price increases across economic sectors such as energy, air, sea and land transport, and also to the curtailing of services by many countries including health services.

ii. **Rapid increases in food prices** led to calls by the international community, Pacific Islands Forum Leaders, Pacific Ministers of Health, Agriculture and Forestry and SPC’s governing body for urgent measures to improve food security.

iii. **Natural disasters** had widespread impacts on many communities

   - King tides affected many island countries, not only the low-lying atoll countries but also the low-lying islands of larger island countries. The result has been increased soil salinity, less food production and in some cases resettlement of people.
Annex 3

- More frequent high-intensity cyclones and periods of adverse weather produced massive floods in some countries, costing lives and destroying homes and farm land.

- For the first time, several island countries declared states of emergency” at the same time due to climatic conditions in 2008 and 2009.

iv. *The 2009 global economic crisis* could not have been worse for a region already struggling to cope with the effects of high oil and food prices and natural disasters. The impact of the crisis on the vulnerable small island nations of the Pacific was thus magnified.

v. *The Tsunamis* that tragically caused extensive loss of life and damage to property in Samoa and Tonga in 2009 highlights the importance of effective disaster reduction and management strategies and the critical importance of having reliable early warning systems and disaster preparedness plans. The January floods in Australia, the Japanese earthquake and Tsunami, the on-going seismological activities in Christchurch are tragic reminders of the vulnerability of human life to factors other than just diseases.

Along with these non-health specific events that impact on the health of Pacific populations, we are also reminded of the potentially devastating consequences of emerging diseases such as the recent SARS and avian influenza epidemics that our region had fortunately been spared from.

Noncommunicable diseases had overtaken infectious and communicable diseases as the leading cause of morbidity and mortality in Pacific island countries and territories, accounting for more than 3 out every 5 deaths in our region. Yet much of the health investment dollars still focus on infectious and communicable diseases. It is crucial this meeting conveys a compelling case for action on NCDs in the Pacific to be the basis for the Pacific platform to be presented to Pacific Forum leaders and also be included in individual island country statements at the UN NCD summit in September this year.

All island countries acknowledge the importance of stronger health systems, policies and regulatory frameworks. These are the glue that holds health services delivery together. Many countries are already working toward strengthening these.

Health workforce development and retention is a key issue in virtually all island country health ministries and departments.

The broader areas of health services planning, health governance and health financing now pose some of the most important challenges facing the region’s health sector. Addressing these priorities require a paradigm shift and thinking outside the box.

Statistics for development whether it is to enhance evidence based planning or simply to monitor how we are tracking on MDG indicators is a very important gap to fill in health. Reporting on demographic, economic and social development performance, outcomes and trends over time requires quality and timely statistics, with vital statistics, with data on births, deaths and cause of death. These require greater attention of ministers.
Annex 3

- Health in the Pacific is at the crossroads. It is worth noting that:
  - despite significant increases in development assistance in health (DAC) in recent years, these have not fully translated into equitable and sustainable improvements in health outcomes across the region
  - some health indicators have reached a plateau while others have actually deteriorated
  - wide variation in life expectancy at birth exists across the region. A male in PNG can expect to live until 54 years of age and in New Caledonia it is 71 years
  - water and food borne diseases continue to be on the rise
  - the less visible health problems such as mental health and youth suicides are not only increasing, they are not getting the attention they deserve
  - STI’s remain alarmingly high despite improvements in awareness campaigns and scaled up testing and counselling services
  - Drug-resistant forms of TB are becoming a cause for concern. Already there are ‘hot spots’ in the Northern Pacific and in part of PNG that could easily spread

Honourable ministers, important questions are asked of us during our collective watch. The jury is out to identify and quantify evidence of good health impacts and outcomes resulting from development partner investment dollars into the region’s health sector over the past few decades.

Over the next 50 years, the challenges facing our region will get worse

- the population of many island countries will have doubled – S. Islands – 1 million
- land resources will remain the same or decrease
- fish stocks will likely be depleted
- employment and other economic opportunities will diminish
- basic livelihood and food security is threatened
- health consequences will likely increase

How do we prepare our region to cope with events such as these?

I believe there needs to be a paradigm shift in our approaches and our thinking in how we tackle the priorities in health. We need to shift our thinking away from addressing ‘health priorities’ to addressing ‘priorities that impact on health’. There is a fundamental difference between these two terms – ‘health priorities’ looks at the issues from within the sector, and ‘priorities impacting on health’ focuses on health as the outcome and considers all the factors that will either enhance or undermine health, many of which are outside the health sector.

The health and wealth of nations, depends on the health of their people

The health of people of nations is determined largely by factors that exist outside of the health sector; factors that are now normally referred to as the social determinants of health which include among other things - good education, good nutrition, good housing, good sanitation, clean water supply and clean environment.
Annex 3

A few years ago made a bold statement that “70% of what determines good health outcome exist outside the health sector is therefore outside the immediate remit and jurisdiction of health ministries and the ministers of health and only 30% is controlled by the health sector”. I do not have empirical evidence to back this claim at this point in time, but I stand by it.

What this means is that 70% of the answer to achieving good health outcomes exist in sectors that are outside your immediate jurisdictions as health ministers.

It also means that even if you have 100% of all the resources you need to tackle all the health priorities the country will still fall short of achieving its health outcomes because you will only be achieving 100% of 30% that the health sector can contribute to.

This example highlights the critical importance of the role of the other ministers in Cabinet that are directly responsible for addressing the sectors that are determinants of health including education, works, housing, environment, agriculture, fisheries, transport, energy and trade.

Long term solutions to good health outcomes require a dedicated “whole of government approach” and a “whole of community approach”. At government level it calls for a formal mechanism that commits all ministers that are responsible for addressing portfolios relating to determinants of health to work together in a more formal manner, such as a “Cabinet Subcommittee” with membership drawn from members of Cabinet that are responsible for sectors comprising the health determinants. This type of Cabinet Subcommittee can also provide the political leadership and stewardship on a range of other critical cross-cutting challenges such as food security, climate change and MDGs).

There needs to be a radical re-think of the health financing architecture in the Pacific to “future proof” it in the face of an aging population, better alignment of funds to national priorities, and the need for flexibility and predictability over the longer term.

Funding opportunities such as the Global Fund have and will continue to be very important for the region however where such funds are established, no unnecessary obstacles are created that would alienate small island developing countries that do not have capacity to deal with such challenges.

The role of regional service delivery and how regional services augment nationally funded and delivered services is an important area to more clearly define. We strongly believe in the ‘country led and country driven’ approach. SPC and WHO would welcome the opportunity to sit with the country during the time you undertake your bilateral consultation with a donor on the health sector. By doing it this way, we would ensure that regionally delivered services are relevant to the country and their funding complements resources that go to countries bilaterally. In this regard development partners also have an important role to synchronise their support to national and regional mechanisms.

Over the next three days, you will be considering matters that are important for your respective countries as well as for the region. Collectively we will be discussing and seeking solutions to many common challenges.
Perhaps the most important question for each of us to ask today is how do we wish to see our respective countries 50 years from now? If we can picture in our minds what we would like our countries to look like 50 years from now, ‘the next important question we must ask is how can we embark on development processes that will take us there in a way that benefit the present generation of our people but not undermine the sustainability of our resources and the livelihood of future generations?

What legacy will we leave? Or, to put it another way, how do we wish to be remembered as leaders by future generations?  The answer to this question must inform the choices we make and the decisions take to champion health for current generations of Pacific island people while at the same time lay the foundation for future generations of Pacific island people as the legacy that we bequeath to future generations.
KEYNOTE ADDRESS BY HONOURABLE DANNY PHILIP
PRIME MINISTER, SOLOMON ISLANDS

1. Salutation

Honourable Ministers of Health from the Pacific Island Countries attending the Ninth Meeting of Ministers of Health for the Pacific Island Countries, Minister for Health and Medical Services, Honourable Charles Sigoto, other Ministers and Officials from Central Agencies & Line Ministries, WHO Regional Director for the Western Pacific, Dr Shin Young-Soo, Director General of the Secretariat of the Pacific Community, Dr Jimmie Rodgers, Permanent Secretaries and Director Generals of Health from our Pacific neighbours, donor partners & development partners especially those with direct links with the Ministry of Health and Medical Services, distinguished guests and ladies and gentlemen.

Welcome all Pacific Health Ministers and dignitaries to Solomon Islands

In my capacity as Prime Minister and on behalf of the Government and people of Solomon Islands, I would like to warmly welcome you all our visiting dignitaries to our country. Firstly, I extend a special welcome to the Health Ministers from the Pacific region who are present today. And secondly, I extend warm greetings to the leaders of the WHO, Pacific Community, Donor and development partners, the observers in SWAP strategy and to other dignitaries both national and international who are also present today. Please feel at home as you spend these few days with us in our beautiful country. We are so pleased to know that you have chosen our country and capital city for the venue of the Ninth Meeting of Ministers of Health for the Pacific Island Countries. I wish you well in your deliberations and I do hope that you find time to some of our historic sites including some of the unique monuments of World War II, famous for the Battle of Guadalcanal during your short stay with us.

2. Thanks to the organizing committee on the invitation to officiate

I also wish to take the opportunity at the outset to congratulate and to thank the organizing committee for their hard work in organizing the Ninth Meeting of Ministers of Health for the Pacific Island Countries, here in Honiara, and for the privilege to officiate at the official opening this important regional meeting morning. I have no doubt that this conference is going to go a long way towards helping to progress the health of our people in our beloved Pacific Island nations.

World Health Organization

The WHO has continued to support and advocate health issues in the Pacific. A few of the key achievements that we have seen so far includes:

The establishment of the WHO Division of Technical Support in the Pacific. This is a wonderful initiative to bring additional high quality technical assistance to our countries. We congratulate the Regional Director for his vision and actions to turn the concept into a reality.
Annex 4

The Regional Director is a man of action who promotes at every opportunity the issues of the Pacific. For example, at the recent WHO Global Ministerial Forum held in Moscow that was called addressing the challenge of noncommunicable diseases, the Pacific had a voice. This Ninth Meeting of Ministers of Health for the Pacific Island Countries will I am sure carry the Pacific voice forward to the UN Summit on Non communicable disease later this year.

One other important point to note is the naming of the Pacific as the “Blue Continent”. This unifying concept that emerged at the Moscow meeting means that we will no longer be seen as a vast ocean of scattered islands and vast spaces but rather a continent of people, land and sea, greater than some continents.

We look forward to many more years of ongoing support from the WHO here in Solomon Islands and the Pacific.

Pacific Community

The Pacific Community is seen as a strong advocate and equal partner in health issues in the region. It is an organization well equipped to take the lead in adopting a multi-sectoral approach in order to improve health outcomes in Solomon Islands and the Pacific.

The Pacific Community has shown its worth, time and again not only through the technical assistance and support that it provides, but also in its capacity to mobilize substantial financial resources to help fund the scaling up of initiatives at the country level. The PC has fought and won a number of important battles over the years for the Pacific and for Solomon Islands. My own country’s success in tackling malaria owes a lot to the PC’s great effort in convincing the Global Fund board in 2007, to overturn a board decision, forcing a change in Global Fund policy. This ultimately made it possible for us to obtain substantial new malaria funding through the RCC grant.

The PC’s impact reaches from the Global stage right through to the grass roots level. Most recently, it has assisted Solomon Islands in connecting 4 rural health centers and schools around the country through the Rural Internet Connectivity System (RICS). This will greatly assist 20 health care centers to be on line and connected by 2012, thereby improving access to essential specialist services at the national level, while also giving our children access to the libraries of the world through internet connectivity.

We look forward to the PC’s continued presence and strong support in assisting the Solomon Islands and the Pacific to achieve its long term development goals for the benefit of our people.

Other important dignitaries and observers

I believe that the observers present here consist of development and donor partners who perform very important roles in the development of health in Solomon Islands, as well as in other Pacific Islands countries.

I understand that our observers include AusAID, World Bank, Asian Development Bank, FSP, FAO, GLOBAL FUND, NZAID, PACIFIC ISLANDS HEALTH OFFICERS ASSOCIATION, PACIFIC ISLANDS FORUM SECRETARIAT, UNICEF and others.
You all play an important and critical role in the various collaborations that you have with the Ministry of Health and Medical services, in its endeavor to build its capacity to deliver the much needed health care services to this country, and especially to the remote rural areas and to those vulnerable groups within our communities.

The NCRA government will continue to ensure that the partnership you develop with the Ministry of Health is strengthened and developed to its full capacity.

**SWAP strategy with MHMS**

Mackenzie, Mr John Ewart (WPRO) has been instrumental in this arrangement. I look forward to the continual partnership you have with the Ministry of Health, so that this very important sector can improve its capacity to deliver this very critical and essential service to the people of this nation.

3. **Agenda**

I see that you have important agenda items to discuss in the next three days. These include the Framework of Action for Revitalization of Healthy Islands in the Pacific, and you will also specifically address the NCD which is now not only a global crisis, but also a regional problem affecting all our Pacific Island countries.

The NCRA government fully supports the objectives of this very important forum, and I’m pleased to note that you have collectively put all your efforts, knowledge and experiences together, to address the many health challenges that affect our people in the region.

I look forward to the outcomes of this important forum. Your recommendations shall be submitted to the Pacific Forum Leaders meeting in New Zealand and also the UN Summit to be held in September in New York. My government will support the communiqué or resolutions made at the conclusion of this meeting.

4. **NCRA’s commitment to reforming the health sector**

The NCRA government strongly believes in the health sector reform, which will improve our people’s livelihood and standard of living, and to ensure that all our people have easy access to quality health service. We believe that when people are healthy, they can become wealthy. I’m happy to note that the Ministry of Health and Medical Services has successfully completed its National Health Strategic Plan 2011–2015, the National Health Corporate Plan 2011–2015 and their 2011 Operational Plan.

The NCRA’s key policies are fully reflected in all these key documents. I look forward to the progress report of the Ministry in their implementation as well as the Monitoring and Evaluation of these key priority policies.

5. **Thank MHMS**

I thank the MHMS for its achievements so far but there is still a lot of work to do.

I also wish to congratulate all your countries’ Health Departments and Ministries in your work and efforts and the various health improvements made so far. Delivery of Health Services especially to remote rural areas whether in the vast ocean, like Kiribati has or in the
remote terrains and mountains of PNG is no easy task. However, may I thank all you for your plans, visions and efforts in developing strategies and capacities to address these myriad health challenges. The very fact that you meet every two years to discuss these important issues is a great and promising sign for the Pacific.

6. Looking forward to the future

In conclusion, I wish you all the best in your deliberations for the next three days. No doubt you will have a successful meeting.

Honourable Ministers, distinguished guests, ladies and gentlemen, I now have the honour and privilege to declare the Ninth Meeting of Ministers of Health for the Pacific Island Countries officially open.

Thank you so much, for listening and God Bless.
ANNEX 5

PRIORITY ISSUES FOR FURTHER DISCUSSION RAISED BY THE MINISTERS DURING THE MINISTERIAL OPEN FORUM

MENTAL HEALTH

KEY FINDINGS AND SUGGESTED ACTIONS

During the last decade, there has been limited progress in mental health care in the Pacific, while trends of substance abuse, addictive behaviours, depression and suicide are increasing in many countries.

A number of barriers prevent the successful implementation of mental health programmes, as well as prevent people from receiving the effective treatment they need: stigmatisation of mental illness is a common, well-known barrier; workforce issues remain a challenge; the information base requires strengthening; mental health policies and legislation are needed to protect consumers of mental health services; and there is a need to integrate mental health services into the general health system.

In addition to treatment services, there is a need for prevention of mental disorders, picking up on early signs and promotion and protection of mental health, with a particular focus on children and young people who have high vulnerability or risks. Healthy Islands are seen as a place where “children are nurtured in body and mind.” Improved mental health may also engender healthier lifestyle choices, thus mitigating the burden of NCDs. In all of these areas, there is a great need to strengthen the general health system.

Current mechanisms to support mental health do exist, such as the Regional Mental Health Strategy, the Pacific Islands Mental Health Network (PIMHNET) and the Mental Health GAP Action Programme (mhGAP), but this regional support needs to be strengthened and made more relevant to the Pacific context. More efforts are needed to explore innovative approaches to enhance political commitment, to raise public awareness and combat stigma, and to motivate and empower health professionals to provide much needed and well-coordinated mental health services that stress the prevention and early detection of mental illness.

Countries are encouraged to include costed, human-rights-based mental health plans in national health and develop plans; to update mental health policies and legislation; to augment human resources for mental health; to improve data collection about the burden of mental illness; and to harness multisectoral action and networking for mental health. Regional partners are encouraged to integrate mental health into existing frameworks and plans of work (e.g. PHRHA). Regional academic institutions and professional bodies are encouraged to support capacity strengthening for mental health.

SOCIAL DETERMINANTS OF HEALTH

KEY FINDINGS AND SUGGESTED ACTIONS

Evidence over the past decade increasingly suggests that health as an outcome, including inequities in health, is determined largely not by individual behaviour but by the conditions in which we are born, grow, live, work, and age, also known as the social determinants of health (SDH). These circumstances are shaped by the unequal distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.
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The SDH include poverty, low education, gender inequality, social exclusion, global trends such as globalization, and weak health systems themselves. Developing country-specific approaches and interventions to reduce health inequities through action on the SDH is an urgent next step in virtually all of the other priority areas in the meeting.

The delegates identified strategic approaches and key actions at country and regional levels to address the SDH. These factors are beyond the control of the individual and beyond the exclusive ambit of the health sector. Hence, to address the SDH requires working in partnership and collaboration with a multisectoral approach with civil society and the private sector, harmonizing national strategies and priorities and aligning development partner support.

Instead of creating new mechanisms, the Healthy Islands approach could be repositioned as a vehicle to act on the SDH in this region. At the same time, it is important that a whole-of-society response to health inequities be the responsibility of a national focal point and that resources and budget be provided to all sectors addressing SDH through a Health in All Policies approach. All public policy and national strategies to act on all SDH should explicitly seek to achieve equity.

Regional development partners should prioritize the vision and the approaches of the Healthy Islands as a critical factor in their support of national strategies to address the SDH and achieve the right to health for all. Partners can help national focal points to develop indicators, targets and initiatives to reduce health inequities through action on the SDH and support regular monitoring and reporting on these. Partners are encouraged to provide support to gather evidence that identifies existing social and health inequities, supports advocacy efforts, builds capacity, strengthens social protection, health systems and primary health care, and identifies effective interventions to reduce such inequities. Policies of other sectors could be routinely analysed for their potential impact on and contribution towards health outcomes.

HEALTH INFORMATION SYSTEMS, EVIDENCE, EPIDEMIOLOGY AND STATISTICS

KEY FINDINGS AND SUGGESTED ACTIONS

An existing weakness in many countries is the ability to analyse, interpret and use data effectively (i.e., to generate quality information). The effective use of data is crucial to informing activities in all areas of health, especially identifying and monitoring health inequities, which is crucial to achieving health for all as well as the MDGs. It is thus necessary to create a “culture of information”, by demanding better quality information and evidence.

The first step is to address the lack of trained and experienced epidemiologists in the region. There is a need to ensure that data literacy be strengthened at all levels of the health system. This will require the development of comprehensive training programmes to develop core competencies in “data techs”, “epi techs” and epidemiologists; regional development partners are anticipated to play a large role in advancing this training.

At present, few countries can report on real-time vital statistics (births and deaths), and documenting the true cause of death currently poses the greatest challenge of all. Reasons include a lack of incentives to register, a lack of disincentives not to do so, and a lack of qualified health staff to provide accurate cause of death diagnostics. SPC, WHO, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), and the Health Metrics Network are all working to improve the quality of statistics, including civil registrations systems, and to improve integration and use of data from censuses and Demographic and Health Surveys.
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There has been variable application of information and communication technology (ICT) solutions to improve case management and the collection and management of public health data in the region. Regional development partners should strive for the harmonization of activities and development/application of data standards. Ensuring patient confidentiality remains paramount.

There is currently no single programme to systematically strengthen surveillance in the region. There is a need to strengthen both in-country and regional surveillance and response. This can be achieved through the full use of existing coordination and capacity-building mechanisms (e.g. PPHSN, PHIN, PIHOA), and full adoption of regional initiatives such as the Pacific Syndromic Surveillance System. Regional partners can help to improve communications between countries, particularly in areas such as the International Health Regulations (2005) and health statistics.

HUMAN RESOURCES FOR HEALTH (HRH)

KEY FINDINGS AND SUGGESTED ACTIONS

The Pacific Island countries and areas have common health workforce issues and challenges relating to quantity, quality, skill-mix, distribution, retention and reintegration. Health workforce deficiencies pose threats to the successful implementation of all health programmes and to the achievement of the Healthy Islands vision and the health-related MDGs.

There is consensus among Pacific countries and stakeholders that strategic and more targeted actions are needed. These include building on the success of current HRH programmes and initiatives in the Pacific, and revitalizing the use of health staff such as mid-level practitioners and Primary Health Care workers, for improved primary health care services. There is also a need to assure the right skill-mixes are available to cope with the changing health burdens in the Pacific (e.g., the NCD epidemic and ageing populations).

Improving HRH requires, among others, strong leadership and commitment, sufficient resources, multisectoral collaboration, capacity-building and innovation. Ministries of health may need to advocate with Ministries of Planning, Finance, etc., for more realistic levels of human resources with the right skill-mix to deliver essential health services and address their specific disease burdens and health needs. It is important to develop costed strategic health workforce plans (including training) that can be implemented, monitored and evaluated. To achieve this, it may be necessary to build or strengthen the capacity of HRH officers and units capable of health workforce strategic development. Regional development partners should align support for countries’ human resources plans and help countries meet existing gaps or emerging needs, avoiding fragmentation and duplication of activities. There is also a need to strengthen human management and performance, including teamwork, task-sharing and supervision.

Valuable existing mechanisms include the Pacific Human Resources for Health Alliance (PHRHA); the work of Fiji National University College of Medicine, Nursing and Health Sciences; the Pacific Open Learning Health Net (POLHN); and the Strengthening the Specialized Clinical Services Programme. These and other Pacific HRH initiatives need to be utilized to their maximum potential and to be further expanded.

Regional development partners, in consultation with relevant national authorities, are encouraged to develop and implement Pacific-wide initiatives including: professional competencies and standards; a Continuing Professional Development Accreditation framework; model legislation, bridging courses and reintegration programmes; and a specialist clinical services support programme.
OTHER PRIORITY AREAS

**KEY FINDINGS AND SUGGESTED ACTIONS**

**Clinical Care / Clinical Governance**

There is need to advocate that quality and safe clinical care be given a higher priority throughout the Pacific. A regional initiative, “People at the Centre of Care Initiative” exists, and should be further promoted and utilized. Service delivery at the three levels of health care could be improved through the development of standard treatment protocols. Sharing best practices, experiences and tools across the region could facilitate overall health systems strengthening. Stakeholders should participate in existing intraregional support networks.

**Emerging and Neglected Infectious Diseases**

Both emerging and neglected diseases were identified as priority areas for action. Emerging diseases are addressed by the Asia Pacific Strategy for Emerging Diseases (APSED 2010). While all countries have emerging disease plans, further donor support is needed to adequately resource national and regional implementation of APSED 2010. Neglected diseases, such as leprosy and lymphatic filariasis, have been successfully managed by many countries and territories through the primary health care system. This approach should be considered for countries where such diseases remain. Existing strategies should be drawn upon to address specific neglected disease issues (e.g., the Action Framework for Leprosy Control and Rehabilitation). For countries and territories looking to manage and or eradicate neglected diseases, they would benefit from analysing the benefit of a one-off injection of funds to eradicate a disease, versus funding to strengthen primary health care.

**Disaster Risk Management**

Many agencies are currently working on disaster risk management plans across the Pacific. Consequently, there is a need to better coordinate activities, and promote and develop national linkages between the sectors targeted by each of the agencies through multisectoral training. An all-hazard and capability-based approach enables countries and areas to better prepare for and respond to disasters. For smaller island states, they may need supplemental capacity from a regional pool of specialists during national disasters.

**Laboratories**

Current research shows that more than 70% of medical decisions are impacted by medical laboratory test results. Thus, poor laboratory quality may have dire consequences. Laboratory issues in the Pacific include: lack of regulatory frameworks; inadequate resources and infrastructure; inadequate numbers and expertise of technical staff; and inadequate quality assurance and management. The Asia Pacific Strategy for Strengthening Health Laboratory Services offers a health systems perspective in dealing with these issues.

**Health-Care Financing**

Although overall health financing in the Pacific region has increased substantially over recent years, a mismatch remains between the stated national priority health concerns and
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funding to address these. Evidence based policy-making to guide health care financing is very limited in the Pacific. While the Pacific as a region spends a relatively large share of public money on health services, there is a lack of information and analysis guiding the choice and impact of health financing policies.

A Health Financing Strategy for the Asia Pacific Region (2010–2015) exists, and tools (e.g., National Health Accounts, the United Nations One Health costing tool) are available to assist countries with the issue of health care financing and resource planning in support of national health policy, strategy and plans. In some countries, these tools have proven very useful; in other countries, an even more basic analysis of the source, distribution of health care funds and costing of health services is required, prior to undertaking more sophisticated analyses. Predictability and flexibility of health financing remains a concern for the Pacific.

New Technologies

The use of new technologies in the health sector is highlighted in the “Strengthening Specialized Clinical Services in the Pacific” programme. Human resource development is identified as one area that could benefit from such technology (for example, by providing telemedicine capabilities). However, the presence of functional information and communication technology infrastructure is critical in the application of this approach. Work is under way to identify essential medical devices and technologies, which are appropriate for resource-limited countries and territories.

SUGGESTED ACTIONS

Ministers of Health are encouraged to use health systems strengthening and/or development in order to progress all six priority issues. A multisectoral approach is an integral part of the response to each of the six issues. Ministries of Health are encouraged to make full use of existing resources (i.e., plans, policies, networks and tools) that are relevant to the six priority areas.
AGENDA

TUESDAY 28 JUNE 2011

Session 1: Opening Ceremony

Session 2: Review of Progress Since the Previous Meeting (2009, Papua New Guinea)

Session 3: Ministerial Open Forum

WEDNESDAY 29 JUNE 2011

Session 3: Conclusions from the Open Ministerial Forum

Session 4: Strengthening Health Leadership and Multisectoral Action to Address Noncommunicable Diseases (NCD)

Session 5: Healthy Islands: Framework of Action for Revitalization of Healthy Islands in the Pacific
   - 5.1 Framework of Action
   - 5.2 Healthy Islands Recognition Programme

Session 6: Parallel Sessions
   - 6.1 Ministerial Programme
   - 6.2 Technical Programme

THURSDAY 30 JUNE 2011

Session 7: Priority issues raised by the Ministers for in-depth discussion
   - 7.1 Improving Performance: Strengthening National Health Planning and Monitoring and Evaluation
   - 7.2 Strengthening Food Security in the Pacific: Pacific Food Summit and Beyond
   - 7.3 Achieving MDGs 4 and 5: Pacific Strategy for Scaling-up Action on Women's and Children's Health

Session 8: Priority Issues for Further Discussion Raised by the Ministers during the Ministerial Open Forum

Session 9: Closing Session
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