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THE
PALAU ACTION STATEMENT
On Healthy Islands
March 1999



WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific
Manila, 1999

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Meeting of the Ministers of Health
for the Pacific Island Countries
Koror, Republic of Palau, 18-19 March 1999

The World Health Organization
1999



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FOREWORD

The WHO Regional Office for the Western Pacific organized a meeting of Ministers of Health for the Pacific Island Countries in Koror, Republic of Palau, from 18 to 19 March 1999. The ministerial meeting was preceded by a meeting of the directors of health. Both meetings were graciously hosted by the Government of the Republic of Palau.

The meeting of Ministers of Health was the third in a series that began in Yanuca Island, Fiji, in 1995 and continued in Rarotonga, Cook Islands, in 1997. *The Palau Action Statement* builds on the principles established at these two earlier meetings and endorses a programme of action for the future.

Although the meeting addressed such specific areas as human resources development, pharmaceuticals, noncommunicable diseases, traditional medicine and health information, the overall focus remained on Healthy Islands as the unifying theme for health promotion and protection in the island nations of the Pacific.

I am confident that this document will provide a framework that Pacific Island countries can use to formulate their own responses to health promotion and protection for their people.

Shigeru Omi, MD, Ph.D.
Regional Director
World Health Organization

THE PALAU ACTION STATEMENT

On Healthy Islands

The meeting of Ministers of Health of the Pacific Island Countries reviewed the progress that had been made in implementing Healthy Islands initiatives.

The meeting endorsed the importance of selecting specific entry points relevant to the priorities of each country.

Particular attention was paid to achievements and future plans for the development of human resources for health, pharmaceuticals, traditional medicine, noncommunicable diseases and health information.

The Ministers also reviewed the position paper of Dr Shigeru Omi, Regional Director for the Western Pacific. They expressed their support for the paper as a useful framework for WHO's collaboration in Pacific island countries.

The Regional Director was asked to propose to the Regional Committee that tuberculosis control be considered as a special regional project. He was also asked to consider making elimination of filariasis and information technology development priority areas for WHO's collaboration in the Pacific island countries.

RECOMMENDATIONS OF THE MEETING OF THE MINISTERS OF HEALTH OF THE PACIFIC ISLANDS

Koror, Republic of Palau, 18-19 March 1999

Implementation of the following recommendations will be reviewed by the countries and WHO at the next meeting.

A. HEALTHY ISLANDS INITIATIVES

The successful implementation of the Healthy Islands initiative should encourage expansion of the concept to new projects and new countries.

A broadly-based approach to awareness-raising has been crucial to increasing the understanding of Healthy Islands initiatives among all sectors of Pacific island countries.

The ocean that surrounds Pacific island countries is an inseparable part of islanders' life. If it is degraded, this will have adverse effects on health. The Healthy Islands initiative needs to be extended to include the concept of a "Healthy and Sustainable Ocean". The ocean could become a "setting" for Healthy Island initiatives.

COUNTRY ACTION

1. Many initiatives require a long-term perspective and long-term support. It is essential, however, that countries set short-term targets in order to sustain momentum and attain tangible outcomes.

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2. More efforts should be made to involve the private sector. This is especially important in such settings as healthy workplaces, and in relation to alcohol consumption and tobacco advertisements.

WHO ACTION

1. Case studies and technical guidelines for the planning and implementation of programme activities should be produced. These should be developed and supported by WHO and other regional partner agencies in collaboration with countries.
2. Information and resource sharing among countries should be promoted. Action should be taken to:
 - (1) improve access to electronic/media;
 - (2) increase access to resource materials related to health promotion;
 - (3) develop and participate in regional healthy settings networks;
 - (4) increase distribution of research protocols, instruments, and results;
and
 - (5) develop multi-country collaborative programmes, including focuses on common specific health problems, such as noncommunicable diseases, vector-borne diseases and re-emerging infectious diseases, substance abuse and other health priorities such as HIV/AIDS.

COUNTRY/WHO ACTION

Alcohol abuse and increasing tobacco consumption are alarming public health problems which required a more coordinated response from both countries and regional partner agencies.

B. HUMAN RESOURCES FOR HEALTH

Good progress has been made in human resources development.

COUNTRY ACTION

1. In order to identify future training needs, collaboration should be sought from educational institutions such as the Fiji School of Medicine, the University of Hawaii, the University of New South Wales, and the University of Papua New Guinea and from organizations such as the Secretariat of the Pacific Community. Training could include a reorientation towards Healthy Islands, resource management, curriculum development, accreditation and postgraduate training.
2. Some countries need to refine and update their workforce plans.
3. The potential for multi-skilling of selected health workers should be further examined in collaboration with educational institutions.

WHO ACTION

1. The results and recommendations of an ongoing study on mid-level practitioners involving education institutions and governments should be analysed as soon as it is completed. The analysis should be promptly disseminated to countries. The aim should be to use existing training programmes rather than to start new ones.
2. The increasing importance of distance education, including correspondence training and in-service training, requires further examination of the different models in use, and a review of the appropriateness of existing curricula and learning resources.
3. WHO and other partner agencies should give more attention to areas of study relevant to the needs of Pacific island countries.
4. The current inventory of training centres should be updated and disseminated by WHO.

C. PHARMACEUTICALS

The management and procurement of pharmaceuticals has been greatly improved by upgrading national policies, improving skills of pharmacists and enhancing collaboration between countries. The bulk purchasing of pharmaceuticals has been extensively studied and alternative solutions, such as strengthening drug information exchange, have been proposed.

COUNTRY/WHO ACTION

1. (a) The electronic network for drug information exchange established at the WHO Collaborating Centre for Drug Information should become operational. This would enhance upgrading of drug procurement procedures.
- (b) The following issues should be covered through information exchange:
 - Sources of essential drugs
 - Import prices
 - Procurement issues
 - Decisions made by Drug Regulatory Authorities
 - Rational drug use
 - Quality problems
 - Adverse drug reactions
2. (a) Guidelines for good procurement practices should be developed by WHO in consultation with other agencies. Information on bulk drug purchasing should be made available to interested agencies by WHO.
- (b) Collaboration between countries for joint procurement of pharmaceuticals should be further encouraged.
- (c) Information on sources and import prices of pharmaceutical products should be disseminated by WHO through an electronic network for drug information exchange.
3. The ongoing quality assurance scheme involving three WHO collaborating centres should continue, as should training in pharmaceutical management.

D. TRADITIONAL MEDICINE

Traditional medicine has an important role to play in health care systems and should be encouraged under appropriate guidance.

COUNTRY ACTION

1. Where appropriate, governments need to develop policies in support of the proper use of traditional medicine.
2. Commonly used local plants with medicinal value should be selected and their proper use should be assessed and promoted.
3. Traditional medicine practitioners should be mobilized as community health providers:
 - to provide training opportunities; and
 - to pass knowledge on traditional medicine on to health workers.Traditional medicine practitioners should be included as members of the community health team.
4. The potential contribution of scientifically proven traditional medicine should be fully explored.

WHO ACTION

1. Collaborative research should be conducted and should include surveys, assessments and feasibility studies on integration. Intercountry cooperation should be sought.
2. Information exchange should be facilitated and strengthened.

E. NONCOMMUNICABLE DISEASES (NCD)

Noncommunicable disease (NCD) prevention and control can only be achieved by long-term integrated and multisectoral programmes with national authorities working in close cooperation with agencies already present in Pacific island countries.

COUNTRY ACTION

1. At the national level, existing programmes on NCD control should be strengthened by ensuring the incorporation of mechanisms to modify the environment, to respond to changing lifestyles, and to deliver appropriate preventive and clinical services integrated into community care. Where appropriate, the integration of NCD prevention and control into Healthy Islands programmes should be a priority component.
2. At the local level, the integrated prevention and control of NCD and the development of health-promoting communities should be organized around priority issues, particularly the use of tobacco and alcohol, unhealthy eating habits, obesity and lack of physical activity. Health promotion and protection should be integrated into school curricula as an essential component of health-promoting schools to create awareness early in life.
3. National strategies on NCD should take into consideration both preventive and curative care. Activities should start at the primary health care level. Particular importance should be given to the role of the private health sector in the control of NCD.
4. Countries should plan intensive awareness campaigns using the media and other sectors. These campaigns need to be followed up at the primary health care level. Health promotion activities could include annual NCD or diabetes awareness weeks and community hypertension prevention activities. Countries in the Pacific should designate a Pacific NCD Awareness Week to enhance awareness of effective prevention and control of NCD. Targets should be set for each NCD programme.
5. In establishing an integrated programme for the prevention and control of noncommunicable diseases, countries should consider setting up training opportunities for health workers. They should also establish

planning and coordination structures for comprehensive priority-setting, overall direction, implementation, coordination and evaluation.

WHO ACTION

1. WHO and other partner agencies should support national efforts to control noncommunicable diseases.

F. HEALTH INFORMATION

A strategic plan is crucial for the development of information systems. The Pacific Public Health Surveillance Network makes an important contribution to disease surveillance and to improving communication between countries.

COUNTRY ACTION

1. Countries without well-organized health information systems need to develop strategic plans. Countries which already have strategic plans should prioritize health programmes and activities so information can be developed in a systematic manner.
2. Development of health indicators should be based on the managerial needs of programmes at different levels of the health system.
3. So that a common database can be shared, countries should harmonize information policy among the various programmes within the Ministry or Department of Health and, ideally, between government departments and other partner agencies.
4. Countries should develop appropriate community level indicators to facilitate monitoring and management of Healthy Islands initiatives.
5. The information management skills of staff and the information infrastructure need to be periodically upgraded.

WHO ACTION

1. WHO should support countries to explore the potential to mobilize resources from United Nations bodies, partner agencies and nongovernmental organizations to strengthen health information infrastructures.
2. In collaboration with countries, WHO should assess the potential for telemedicine, including its financial implications, and collaborate with other partner agencies to develop a regional strategy.

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