

# Samoa Commitment Achieving Healthy Islands

Conclusions and Recommendations



World Health Organization  
Western Pacific Region



Healthy Islands



Secretariat of the  
Pacific Community



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SECRETARIAT OF THE PACIFIC  
COMMUNITY



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## Foreword

The WHO Regional Office for the Western Pacific, in collaboration with the Secretariat of the Pacific Community, organized the sixth Meeting of the Ministers of Health for the Pacific Island Countries in Apia, Samoa, from 14 to 17 March 2005. The Government of Samoa graciously hosted the meeting, and the Honourable Tuilaepa Aiono Sailete Malielegaoi, the Prime Minister of Samoa, welcomed participants at the opening session.

The theme of the meeting, "Achieving Healthy Islands", builds on the ideal envisioned a decade ago at the first meeting of the Ministers of Health for the Pacific Island Countries on Yanuca Island, Fiji. That vision has served as a unifying theme for health protection and health promotion in the Pacific and reflects the comprehensive and integrated approach to health that is a hallmark of the WHO Regional Office for the Western Pacific.

It laid the foundation for meetings of the Ministers of Health that have followed every year. Those meetings and the ongoing work of health professionals, government ministries and donor partners have helped establish the Healthy Islands movement as a major public health force in the Pacific.

Three themes have emerged at all six meetings of the Ministers of Health: the predominant and growing burden of noncommunicable diseases; the lingering burden of infectious diseases and the dangers of their re-emergence; and the need to support health systems so that they can cope with this double burden of communicable and noncommunicable disease.

The Samoa meeting addressed all three areas.

- It recognized the encouraging developments in health promotion and noncommunicable disease prevention and control made since 2003.
- It reviewed the dangers of emerging and re-emerging infectious diseases, focusing on surveillance, HIV/AIDS, dengue and immunization.
- It recognized the costs of training human resources for health and the dilemma posed by the need for a highly skilled health workforce versus the rights of those health workers to emigrate.

Some common threads emerged to guide us on the journey to the 2007 meeting. The Ministers of Health and WHO believe that our joint work should continue to be evidence-based and relate to the burden of disease and the scope of effective intervention. In addition, our collaboration should be accountable through monitoring and evaluation. And, our interventions should be appropriate, arising out of the special needs and the internal resources of the Pacific, guided by the abiding vision of Healthy Islands.

Working together with its Pacific island Member States, WHO is strongly committed to the pursuit of the Healthy Islands vision. WHO also welcomes the continuing collaboration with the Secretariat of the Pacific Community and other partners so that Member States are fully supported in their endeavours. With the Samoa Commitment to Achieving Healthy Islands, I am confident that we will be successful. I look forward to the next meeting of the Ministers of Health where we can measure our progress and evaluate our success in achieving Healthy Islands.

  
Shigeru Omi, M.D., Ph.D.

Regional Director





## Foreword

The sixth Meeting of Ministers of Health for the Pacific Island Countries, held in Samoa from 14 to 17 March 2005, builds upon the legacy of the Healthy Islands concept and the work of previous meetings in Fiji, Cook Islands, Palau, Papua New Guinea and Tonga.

A decade has passed since the first Healthy Islands meeting in 1995. While significant progress has been made since then on a large number of health-related issues, which the countries and areas and their regional partners should be proud of, we continue to confront significant challenges to improve the health of our populations. Long-term challenges are posed by

communicable diseases, including tuberculosis, malaria, epidemic diseases and HIV/AIDS, all major causes of ill health and death.

Similarly, the prevalence of noncommunicable diseases continues to escalate. The Pacific is also not immune to the prospect of new and emerging infections, such as pandemic influenza, that require well-developed emergency preparedness systems. Health systems in many countries and areas are also under pressure due to staff retention difficulties arising from outward migration and internal migration from rural to urban centres. Together, these myriad factors have a significant impact not just on health but also more widely on a range of social and economic indicators.

Importantly, the Samoa Commitment to Achieving Healthy Islands provides a systematic framework that countries, areas and regional organizations will utilize to address public health issues currently facing the Pacific. The Commitment concisely identifies pivotal actions that are required to further the Healthy Islands vision and enhance the health of Pacific peoples. Furthermore, the Samoa Commitment provides the basis for objectively assessing progress at the next meeting of the Ministers of Health in two years.

The Secretariat of the Pacific Community is committed to working with Pacific island countries and areas, WHO and other partners to implement the recommendations emanating from this meeting. The directions specified will also serve as the cornerstone for the development of the new SPC Public Health Programme Strategic Plan (2006-2008) that is currently being developed. The SPC looks forward to serving the Pacific community, collaborating on the implementation of the Samoa Commitment and improving health throughout the Pacific.

A handwritten signature in black ink that reads "Lourdes T. Pangelinan".

Ms Lourdes Pangelinan  
Director-General  
Secretariat of the Pacific Community



# Samoa Commitment: Achieving Healthy Islands

## Conclusions and Recommendations

### DECADE OF PROGRESS TOWARDS HEALTHY ISLANDS

Ten years ago, in 1995, the Pacific began a journey towards the attainment of Healthy Islands. As we look back on the achievements of the ensuing years, we also can reflect upon the original vision of Healthy Islands and plan future action. The ideal expressed a decade ago envisioned a time when the Pacific islands would be 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
- the ocean which sustains us is protected.

The Pacific island countries and areas today are benefiting in many ways from this past decade of work. Each subsequent meeting of the Ministers of Health brings a renewed sense of partnership and collaboration. Their shared vision has given health systems in the Pacific island countries and areas common themes and approaches, as well as an agreed upon platform for action. Each of the six ministerial meetings has had its moments of stimulating discussion, as well as pause and reflection, sparking fresh resolve and calls for renewed action.

Urgent and continued action is essential to alleviate the health burdens of the Pacific island countries and areas. Any vision of health in the islands faces challenges on several fronts. Each demands urgent solutions; all are interdependent.

### ONE VISION, DOUBLE BURDEN, THREE CHALLENGES

- **Noncommunicable Diseases (NCD).** The increasing burden of noncommunicable diseases is a predominant concern in most Pacific island countries and areas. These diseases emerge from unhealthy lifestyles, often within environments that facilitate risky choices. The Pacific islands face a daunting challenge: reduce risk factors that contribute to the rise of these diseases, while caring for existing cases of cancer,



cardiovascular disease, diabetes and hypertension. The Samoa meeting reviewed the achievements that grew out of the Tonga Commitment to Healthy Lifestyles and Supportive Environments, and moved forward from there.

- **Communicable Diseases.** Although there is concern about the rising tide of noncommunicable diseases, the Pacific islands face a double burden as they also attempt to combat communicable diseases. A number of infections, such as HIV/AIDS and dengue, continue as significant health problems. At the same time, the ever-present threat of new and emerging infections, such as pandemic influenza, must be detected and responded to rapidly. An influenza pandemic has the potential to devastate the health of island populations. The Samoa meeting reviewed past responses to these challenges, including the successful experience with the Pacific Public Health Surveillance Network (PPHSN), partnerships in combating HIV/AIDS and dengue, and Expanded Programme on Immunization.
- **Human Resources for Health.** The Pacific islands face considerable human resource challenges in their efforts to develop and retain health workers. Human resources take time and are expensive to develop; yet they can be easily and rapidly lost. The difficult and expensive task of training health workers to a high level of competency does not guarantee a steady supply of staff due to factors beyond the control of ministries of health and governments. An individual's basic right to freedom of movement allows the migration of health staff. Ultimately, this drain of trained staff cannot be stopped, but effective management through partnerships and collaborative approaches at national and regional levels can help stem the flow. Greater emphasis needs to be given to the needs of society and the requirements of public health, while also respecting the freedom of individuals. The lack of facilities and resources to train staff in the Pacific islands can be addressed through innovative approaches, such as "distance education" through the Pacific Open Learning Health Net (POLHN), which was reviewed in Samoa.



## FOUR STEPS FORWARD

The solutions to the current Pacific island challenges can be described under four headings:

- **Community-centred Development.** Communities are not just targets of intervention, but are agents of change and leaders in promoting their own well-being. All of the solutions proposed in this document depend on community participation, mobilization and empowerment.
- **Communication in Context.** Knowledge is necessary but not sufficient for behaviour change. Awareness campaigns must be organized on a continuous basis to foster and sustain knowledge. But knowledge promotion must be accompanied by changes in the legislative, sociocultural, physical and fiscal environments if it is to bridge the knowledge-action gap and change practices.
- **Combating Diseases and Caring for Patients.** The whole continuum of prevention and control needs to be adopted. Previous commitments in Healthy Islands have delineated the individual and population approaches to public health and defined planning methods to create appropriate strategies combining both, significantly the STEPwise approach for NCD surveillance (STEPS) to intervention developed at the meeting in Tonga.
- **Collaboration and Sharing.** Various countries and areas in the Pacific have acquired significant levels of expertise. This resource should be utilized better within and between countries and areas as a means of developing comprehensive responses.

## THEMES



### HEALTHY LIFESTYLES AND SUPPORTIVE ENVIRONMENTS

#### Key Findings

The Samoa Commitment reaffirms the priority given to Healthy Lifestyles and Supportive Environments in Tonga and at other previous meetings. The Pacific islands have now made much progress in these fields.

The Samoa meeting reviewed these past achievements in selected case studies. Samoa presented a comprehensive national NCD strategy and policy. The earlier meeting in Tonga demonstrated the process of STEPwise NCD intervention planning. Fiji discussed the process of STEPS and its adaptation to community-based screening in mini-STEPS. Cook Islands demonstrated the application of an audit to the evaluation of clinical preventive services. Many Pacific islands mirrored these experiences and highlighted their results.

Certain strengths have emerged, as well as opportunities for improvement. Strengths and opportunities are summarized below:

- Most Pacific island countries and areas now have national action plans and policies; only a minority have secure funding sources for these plans, as most depend on external aid.
- Most of the countries and areas are running awareness-raising campaigns on NCD-related risk factors. Some have expanded their initiatives into community-based interventions. Only a minority are evaluating their work. Reflective practice should be encouraged in this field with the accumulation and publication of evidence on the impact.
- Most of the Pacific island countries and areas now have recent valid data on the prevalence of NCD risk factors, yet there is no evidence of systematic sharing of information in the NCD area as there is in the area of communicable disease. There is a need to translate data into action.
- Most of the Pacific island countries and areas have devised diabetes guidelines for clinical preventive services. As a result, there now exists an opportunity to extend these into other major NCD, such as hypertension, weight control and smoking cessation, as well as to audit the impact of these guidelines.



## Recommendations

1. Develop, implement, enforce and evaluate policies relevant to NCD according to the burden of disease. The activities should include, among others:

- formally assess and report on the impact of health sector interventions and policies in the prevention and control of NCD;
- assess other sectoral policies for their impact on health and use the results to influence and advocate healthy public policy;
- ratify the WHO Framework Convention on Tobacco Control for those Member States that have not done so, and also urge and support comparable progress in territories, as well effectively enforce and implement comprehensive tobacco control;
- continue to ensure that national NCD action plans include both diet and physical activity components using all strategies of the Ottawa Charter on Health Promotion;
- continue to establish a secure and sustainable funding base for health promotion, possibly taking the form of a health promotion foundation or similar structure;
- seek broad government support to resist the inclusion of tobacco and alcohol into trade agreements;
- implement legal and fiscal measures which can promote healthy diet and physical activity; and
- increase collaboration and extend regional networking to share programme experiences in NCD prevention and control.

2. Establish a regional policy and coordinated mechanism for sharing of NCD surveillance data between countries and areas. This would:

- allow countries and areas to compare their data sets directly with others, with protection for confidentiality;
- seek integration with health information systems and with mortality data;



- facilitate age- and gender-specific analyses and aid the development of age- and gender-appropriate interventions; and
  - link to and coordinate with PPHSN mechanisms in order to extend rather than duplicate existing mechanisms.
- 3) Enhance the capacity for effective health promotion through:
- regional agencies providing opportunities for capacity development in NCD programme management, including monitoring and evaluation;
  - ensuring that national human resource development plans build local capacity in health promotion; and
  - identification of role models, such as health workers, politicians and religious leaders who publicly achieve a measurable improvement in health, including weight loss or smoking cessation, as a means of setting an example.
4. Countries and areas should implement evidence-based guidelines for diabetes, hypertension, overweight and smoking cessation in community-based services with periodic audits.
5. Action is needed to strengthen related areas of the Healthy Lifestyles and Supportive Environments:
- Countries and areas should strengthen action on mental health and regional agencies should develop and sustain a Pacific island mental health network as one means of providing support through an alliance of mental health workers sharing mutual experiences and supported by technical advice and assistance.
  - In order to enable promotion of complete well-being, comprehensive national health promotion strategies should include appropriate sexual and reproductive health components informed by behavioural research.
  - Countries and areas should seek to implement the *Framework for Action on Drinking Water Quality and Health in Pacific Island Countries*, drafted by participants in the WHO Workshop on Drinking Water Quality Standards and Monitoring in Pacific Island Countries. (Nadi, 7-10 February 2005).



## COMMUNICABLE DISEASES

### HIV/AIDS and STI

#### Key Findings

In the Pacific, Papua New Guinea has a generalized HIV/AIDS epidemic. All other countries and areas have low reported numbers of HIV cases, but recent data on sexually transmitted infections (STI) show high prevalence rates among both high- and low-risk groups. This demonstrates a significant potential for an increasing HIV epidemic as a high STI prevalence indicates the presence of high-risk sexual behaviour.

Over the years, there has been growing political commitment and strong leadership as indicated by countries and areas that have established and increased national budgetary allocations for HIV/AIDS-related activities. This is also reflected at the regional level through the endorsement of the Pacific Regional Strategy on HIV/AIDS (2004–2008) by the Pacific Island Forum Leaders and the signing of the Suva Declaration by the Pacific Parliamentarians.

There are a number of partners working in the Pacific in areas related to HIV/AIDS and STI. There is also a growing trend in collaboration among them to harmonize and maximize the use of resources.

Prevention still remains a priority in response to HIV/AIDS. There is, however, recognition of a need for a comprehensive approach to treatment, care and support for those people living with HIV/AIDS. Since 2003, an HIV/AIDS project supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has been implemented in 11 countries, focusing on prevention, surveillance and STI diagnostics. Another Global Fund HIV/AIDS project commenced in Papua New Guinea in 2005, focusing on the



comprehensive approach to prevention, surveillance and care. In most countries and areas in the Region, the health system and the human resources related to HIV/AIDS care and treatment are insufficient or inadequate, sometimes both.

### **Recommendations**

There has been much progress in the response to HIV/AIDS in the Pacific islands both at the national and regional levels. However, much more needs to be done to avoid the occurrence of a serious epidemic, even among low-risk groups. In Papua New Guinea, where there is a generalized epidemic, adequate support should be given to halt and reverse the situation. The delegates of the Pacific island countries and areas recognize the need for further action in the following areas, with support from partners:

- advocate for continued commitment and translation into action of the Suva Declaration and the Pacific Regional Strategy on HIV/AIDS (2004-2008);
- maintain prevention as a key priority intervention in the control of HIV/AIDS;
- revise and/or develop policies, strategies and plans for comprehensive treatment, care and support of HIV/AIDS and STI;
- strengthen existing coordination mechanisms at the international, regional and national level of all programmes and projects;
- facilitate partner project implementation including fast-tracking of Global Fund projects;
- strengthen HIV and STI surveillance;
- strengthen health systems to ensure adequate human resources development to facilitate expansion and dissemination of essential HIV/AIDS and STI prevention and care packages, including clinical training for care providers;
- promote networking and partnership development with people living with HIV/AIDS;
- ensure the protection of the rights of people living with HIV/AIDS, including the development of adequate legislation; and
- encourage appropriate gender-specific responses to HIV/AIDS control.



## Surveillance and Outbreak Response

### Key Findings

- Pacific Public Health Surveillance Network. PPHSN is a voluntary network to strengthen surveillance and response capacity in the Pacific. Three networking services have been established under PPHSN, including PacNet for alerts and communication, LabNet for verification and identification of causative agents, and EpiNet for investigation and responses. The network's strategic framework and workplan for 2004-2006 were developed recently. The workplan includes: surveillance; information sharing and communication; LabNet development; training in surveillance and response; implementation of the International Health Regulations; and epidemic response. A new proposal calls for the establishment of a regional EpiNet Team to support national and territorial EpiNet teams for outbreak response and a regional outbreak response fund to support rapid response by Pacific island countries and areas to significant outbreaks.
- The revised International Health Regulations, adopted by the World Health Assembly in 2005, set out new requirements and core obligations for Member States and WHO concerning the notification, verification and assessment of public health events of international concern. In the Pacific, building and strengthening national capacity for public health surveillance and response are essential to the effective implementation of the regulations. PPHSN mechanisms should also be utilized to facilitate the implementation of the International Health Regulations in such areas as notification, verification and capacity-building.
- Influenza Pandemic Preparedness in the Pacific. An influenza pandemic is a global epidemic caused by a new subtype of influenza. Since the vast majority of the human population do not have immunity, very high mortality and morbidity are inevitable if a pandemic occurs. Whole societies are likely to be affected. The outbreak of avian influenza A(H5N1) in Asia raises serious concerns about a possible pandemic. WHO has urged Member States to develop national pandemic preparedness plans to minimize the impact of a pandemic. But most Pacific island countries and areas still do not have national preparedness plans. An influenza pandemic preparedness plan should include contingency plans for various sectors and the preparedness process should involve different sectors within the country or area. Pandemic preparedness plans should be linked to disaster preparedness plans.



## Recommendations

- The Regional EpiNet Team should be established by creating a pool of experts and professionals among the countries and areas in the Pacific in order to support national and territorial responses to outbreaks and to build capacity.
- The establishment of a regional outbreak and emergency response fund should be explored.
- PPHSN mechanisms should be utilized for International Health Regulation (IHR) implementation such as notification, verification and capacity strengthening wherever possible.
- The Strategic Framework of PPHSN should include surveillance and response capacity assessment and development for the Pacific.
- Capacity-building should be enhanced at the peripheral level in the Pacific island countries and areas for good surveillance and response.
- The IHR focal point should be a member of the national EpiNet team or an equivalent communicable disease response team or taskforce at the national level, and where possible that person should be the chair of the team.
- PPHSN, including WHO, the Secretariat of the Pacific Community (SPC) and other partners, should continue to provide technical support to assist countries and areas to develop and implement national pandemic preparedness plans. At the national level a multisectoral task force including civil society should be established to develop a national pandemic preparedness plan. Where possible there should be involvement of the national disease preparedness group and linkage with the national disaster preparedness plan. Community participation and mobilization should be ensured. The development of the pandemic preparedness plan should be multisectoral, be led or coordinated by the Ministry of Health, and should be developed based on existing plans and mechanisms.
- PPHSN should expand its scope to include functions of noncommunicable disease surveillance as networked surveillance and data pooling mechanisms.

## Dengue

### Key Findings

Dengue is a major public health problem throughout the Pacific. Countries and areas expressed their concerns about the impact of dengue and related their experiences in controlling the disease. New Caledonia provided an example of a comprehensive early



warning system that makes use of entomological, virological and meteorological indicators that have been successful in providing early information on dengue outbreaks. Palau reported on the recent epidemic associated with a regional festival and how by sharing information with other countries and areas via PacNet a wider epidemic probably was prevented. Fiji also reported on its efforts to strengthen laboratory surveillance and epidemic response. Tonga commented on its current outbreak and its need for support from WHO and SPC to respond to the epidemic.

It is proposed to create a regional dengue initiative based on the PPHSN network that will work with all Pacific island countries and areas to strengthen their capacity for dengue prevention and control.

The meeting affirmed the major impact that dengue is having on the health and development of countries and areas in the Region and called on WHO, SPC and other partners in the PPHSN to seek funding for a Pacific dengue initiative. The initiative will allow countries and areas to develop capacity in the four major components of global dengue control strategy: effective case management, laboratory surveillance, epidemic preparedness and effective community-based vector control.

### **Recommendations**

1. Countries and areas should join together through PPHSN in a Pacific initiative to improve national capacities to prevent and control epidemic dengue.
2. Community-based vector control should be a key component of all national dengue control programmes. It is no longer sufficient to simply educate and provide information about dengue; programmes should aim at key behavioural changes that result in reduced dengue transmission.

## **Expanded Programme on Immunization (EPI)**

### **Key Findings**

The EPI in the Pacific island countries and areas saves the lives of at least 3000 children every year and prevents disability and sickness in tens of thousands of other children. It has an enormous impact on the overall development and benefit that health systems provide in the Pacific. Key EPI issues identified during the discussion by Member States and in the working paper:

1. ***Maintaining polio-free status.*** Polio-free immunization coverage and surveillance standards were recognized as being the best protection Pacific island countries and areas can provide their children to prevent poliomyelitis reintroduction.

- 
2. ***Measles elimination and hepatitis B control.*** The 2003 WHO/WPR Regional Committee Resolution for EPI (WPR/RC54/R3) for measles and hepatitis B control was seen as providing an excellent framework for Pacific island countries and areas to build on the previous EPI gains of hepatitis B vaccine introduction (1996) and measles supplementary immunization activities (1998).
  3. ***Regional EPI disease surveillance.*** The present Pacific Hospital Based Active Surveillance (HBAS) developed by WHO in conjunction with SPC as part of the polio eradication activities offers Pacific island countries and areas a sound platform for expanding disease surveillance activities.
  4. ***New vaccine introduction.*** To ensure that all children in the Pacific receive the same level of benefit from immunization programmes, it is important that immunization schedules remain uniform across all countries and areas. This should lessen the recent divergence in vaccines, whether due to cost or to delivery issues.
  5. ***Donor and partner coordination.*** Finally, efforts to strengthen donor and partner coordination to ensure the effective targeting of assistance to where it is most needed is welcomed, and there was strong support for the new Pacific Immunization Programme Strengthening (PIPS) initiative that brings together the Australian Agency for International Development, the United States Centers for Disease Control and Prevention, Japan International Cooperation Agency, New Zealand Agency for International Development, World Health Organization, United Nations Children's Fund and SPC/PPHSN under a common EPI agenda.

## **Recommendations**

- Pacific island countries and areas should make a renewed commitment and support efforts to ensure the maximum levels of protection are provided to the children. It also must ensure that the Region as a whole is secured against the reintroduction of previously eliminated diseases.
- To sustain polio-free status, Pacific island countries and areas should ensure that key programme functions such as acute flaccid paralysis (AFP) surveillance and routine immunization coverage are maintained at the high levels required. Preparedness plans should be available and coordinated by the EpiNet team for response to the importation of wild poliovirus and circulating vaccine-derived poliovirus.

- 
- The Pacific island countries and areas should work together to establish a Pacific regional target date for measles elimination and work to meet that target. Hepatitis B control can be improved by better management of programmes, policies and surveillance methods and through the delivery of routine EPI, including the timely delivery of birth doses.
  - Pacific island countries and areas should ensure that their EPI programmes are expanded, as appropriate, through the addition of new vaccines such as rubella and *Haemophilus influenzae* serotype b (Hib) vaccine. They also should ensure long-term funding and sustainable high immunization coverage.
  - Pacific island countries and areas should work with PIPS partner agencies to assess and bolster key programme areas such as EPI policy and long-range plans, data quality, cold chain and EPI surveillance systems, vaccine procurement, and forecasting and funding. Community communication links also must be functional and adequately supported.

## Migration of Skilled Health Personnel

### Key Findings

The loss of skilled health personnel (SHP) through migration in the Pacific, where there already is a general shortage of workers, has serious implications for the health of people in Pacific island countries and areas. It also threatens the Healthy Islands initiatives and health systems performance. In some countries and areas, the loss of highly skilled professionals has been devastating. Initially, doctors and dentists were the main migrants, followed by nurses. Migrants now include other health professionals such as pharmacists, radiographers and medical technologists.

Apart from the lure of having professional qualifications recognized internationally or outside of their country of origin, other key factors in migration include better remuneration and working conditions. Skilled health personnel also cite better educational opportunities for themselves and their dependants, the presence of relatives abroad, family well-being including remittances, close affinity and ties of the source country to metropolitan countries, and aggressive recruitment drives by employment agencies.

Internal migration of health personnel away from rural and disadvantaged areas and from the public to the private sector is as important as external migration. Internal migration and external recruitment of health personnel to jobs in the Pacific do not fully compensate



for the losses to external migration nor do they meet the workforce requirement of many, if not, all the affected countries and areas. Recruitment of replacements is costly. Non-return of students after graduation from overseas institutions also is an important issue. Lack of enforcement of stringent bonding and mandatory service requirements as a condition for the award of a scholarship were key factors for non-return.

The capacity to effectively manage migration, including human resources planning and management, was limited in many countries and areas. The need for country-specific solutions was stressed, however there are certain actions that can only be effectively taken through regional cooperation and partnerships.

There is a general agreement on the importance and usefulness of regional training institutions such as Fiji School of Medicine (FSM), University of Papua New Guinea (UPNG) and others for both undergraduate and post-graduate health education.

Strong government commitment is critical for effective management of migration. The needs of society and the requirements of public health should be addressed, along with recognition of individual freedom of movement.

## **Recommendations**

1. To address the migration of SHP due to educational aspects and the non-return of graduates after training, the following actions are recommended:
  - countries and areas and training institutions must establish viable mechanisms to encourage graduates to return and work in the health sector;
  - adopt more stringent measures such as stiffer and enforceable bonding conditions, including a mandatory service period in the national health services, as a condition for scholarships;
  - strengthen national and regional education and training institutions to meet the requirements of the region, and establish linkages of training programmes to health service needs;
  - increase and improve local and in-country training and continuing education programmes, including open and distance learning; and
  - countries and areas should engage with development partners and stakeholders to support their efforts to educate and train a sufficient health workforce through more opportunities for scholarships and training grants.
2. To improve the retention of SHP within the health system and encourage the return of migrant SHP, the following actions are recommended:



- recognize and take into account the aspirations of SHP for better living conditions and opportunities for themselves and their families, including supportive work environments and flexible career pathways;
  - governments should work together with professional associations and unions to improve working conditions, including better incentives for rural and remote postings, such as better pay, equipment and supplies, and benefits for dependents and family;
  - promote transparent and fair governance structures and procedures in promotions and incentives such as training awards; and
  - examine the role of the private sector and use innovative approaches for active engagement, including public-private partnerships, such as innovative contracting mechanisms to improve remuneration from private sector elements.
3. Promote and ensure transparency, fairness and mutuality of benefits between the parties concerned (source and recipient countries and areas, migrant SHP and recruiting agency), through the following measures:
- dialogue and negotiations for recruiting conditions, including twinning arrangements;
  - establishment of a regional mechanism to facilitate the sharing of SHP, expertise and training resources among Pacific island countries and areas; and
  - develop a Pacific Code of Practice for the recruitment of SHP from the Pacific region that might also include aspects of health workforce planning, training and management, and which should also link with other regional and international instruments.
4. The process for the development of a Pacific Code of Practice should include an analysis of the situation and context in the region, including sector-wide consultations with key stakeholders such as the Pacific Forum, and convening a technical forum to draft the code.



## Pacific Open Learning Health Net

### Key Findings

The main components of POLHN include the establishment of learning centres in 10 countries to train health personnel in basic IT and computer skills; the development of health courses, learning content and resources; and the conduct of pilot courses through the network.

POLHN has been a success according to an evaluation conducted in 2004. The evaluation found that the pilot open-learning courses were well received by health professionals. The learning centres, equipped with information, communication, technology (ICT) for open learning and health educational resources, were being used by countries for their health professional training and continuing education, including ICT skills trainings. There was a strong interest among the participating countries in contributing to the long-term sustainability of the POLHN and a desire for greater ownership by the countries operating the open-learning centres.

Learning centres are now operational in 10 Pacific Island countries and are being used by health professionals for training or searching for information and reference material. Fourteen pilot courses on a variety of subjects, such as blood safety, HIV/AIDS, diabetes, radiology, health informatics, communications and counselling, have been conducted so far through the learning centres. More than 250 health professionals have been trained through these courses.

The POLHN website: [www.polhn.com](http://www.polhn.com) provides information about courses and has links to many other useful websites.

The Commonwealth of Learning maintains a primary site, or portal, for the POLHN at <http://www.colfinder.org/wolhn> to facilitate easy access to relevant international publications and literature, including those on the Internet.

The lack of accreditation and certification of POLHN courses has dampened interest in the courses among some professionals and perhaps is responsible for the relatively low completion rates. Overall, the POLHN is accepted as a useful learning network for continuing professional education and for IT skills training.



## Recommendations

- Countries and WHO need to collaborate more to strengthen the work of the POLHN Country Task Forces (CTFs).
- Countries should consider integrating POLHN into their national strategies for the education and training of human resources for health.
- Adequate financial and personnel resources should be allocated to manage POLHN technology and learning.
- POLHN should deliver more accredited and certificated courses in collaboration with health training institutions.
- In order to sustain POLHN and make it a regional learning network, participating countries, WHO and other key stakeholders need to work together to establish a permanent governance structure for the learning network and develop a long-term sustainability plan with relevant partners and stakeholders.



## THE PACIFIC IN THE WORLD

Our islands are vulnerable to the consequences of the many paradoxes of geography and history:

- While we are isolated physically from the continental land masses, we are firmly embedded in the tides of globalization and suffer many ill effects as a consequence.
- While we have apparent low rates of many old infections, our small populations are threatened by new ones as they emerge.
- While many islands have a history of active and frugal lifestyles, some even accustomed to hardship, many have current health burdens dominated by diseases caused by tobacco, unhealthy diet, alcohol and physical inactivity.
- While our health workers are scarce and expensive to develop, our main human resource shortages arise not from lack of production but from loss of these workers to more developed countries.

Despite these paradoxes and the vulnerabilities that arise from them, our Healthy Islands movement is showing our strengths:

- While we may be geographically fragmented, we are of one vision and one purpose.
- While we individually may need external technical and financial support, collectively we have shown the capacity to produce models and templates for action that are at the global cutting edge.
- While our populations are small, the variety of our experiences and the aggregate of our data are proving an invaluable resource to public health knowledge.

These strengths emerge from a common vision and are deeply rooted in a common Pacific culture with which all our communities identify. It is in these communities that solutions must be found. These communities are the locus of greatest need for prevention and control, and health systems must respond to these needs. But our communities also have demonstrated abilities to tackle their own problems and to find their own solutions. The Pacific tradition is one in which the community has always recognized its own power to promote its own well-being. The way of the past is also the way forward for the Healthy Islands movement in its second decade.

