PACIFIC ISLANDS MEETING ON SUBREGIONAL COLLABORATION FOR SPECIALIZED HEALTH-CARE SERVICES

26–27 February 2019
Suva, Fiji
MEETING REPORT

PACIFIC ISLANDS MEETING ON SUBREGIONAL COLLABORATION
FOR SPECIALIZED HEALTH-CARE SERVICES

Convened by:

WORLD HEALTH ORGANIZATION
DIVISION OF PACIFIC TECHNICAL SUPPORT

Suva, Fiji
26–27 February 2019
NOTE

The views expressed in this report are those of the participants of the Pacific Islands Meeting on Subregional Collaboration for Specialized Health-Care Services and do not necessarily reflect the views nor policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Pacific Islands Meeting on Subregional Collaboration for Specialized Health-Care Services in Suva, Fiji from 26 to 27 February 2019.
Contents

SUMMARY ............................................................................................................................................ 1

1. INTRODUCTION .......................................................................................................................... 2
  1.1 Meeting organization .............................................................................................................. 2
  1.2 Meeting objectives .................................................................................................................. 2

2. PROCEEDINGS ............................................................................................................................. 3
  2.1 Opening and welcome ............................................................................................................. 3
  2.2 Results and findings of study – Overseas Medical Referral Schemes .................................... 4
  2.3 Results and findings of study – Visiting Specialist Medical Teams ....................................... 6
  2.4 Plenary: What could be done better? – Perspective from an OMRS/VSMT programme ...... 6
  2.5 What could be done better – What has been tried with regard to access, cost and quality? ... 7
  2.6 Experience from another region .............................................................................................. 7
  2.7 Options for strengthening OMRS and VSMT ........................................................................ 8
  2.8 Group work strengthening OMRS and VSMT ....................................................................... 8
  2.9 Group work presentations ....................................................................................................... 9
  2.10 Road map – moving forward and next steps ......................................................................... 10

3. CONCLUSIONS AND RECOMMENDATIONS ....................................................................... 11
  3.1 Conclusions ........................................................................................................................... 11
  3.2 Recommendations ................................................................................................................. 11
    3.2.1 Recommendations for Member States .......................................................................... 11
    3.2.2 Recommendations for WHO ......................................................................................... 12

ANNEXES ............................................................................................................................................ 13
  Annex 1: List of participants, temporary advisers, observers and Secretariat .................................. 13
  Annex 2: Meeting agenda ................................................................................................................. 16
  Annex 3: Opening remarks of Dr Takeshi Kasai, WHO Regional Director for the Western Pacific18

Keywords

Health systems plans/ Health policy/ Community health services – organization and administration/ Pacific islands
SUMMARY

For most Pacific island countries and areas (PICs), access to specialized clinical services (SCS) is challenging. Their smallness, limited resources and remoteness mean that the domestic provision of SCS is costly and lack economies of scale. The use of overseas medical referral schemes (OMRS) and visiting specialist medical teams (VSMT) are two common approaches used by PICs in response to the increasing need for SCS.

The objectives of the meeting on subregional collaboration for specialized health-care services were:

1. to present the findings of the study on mapping of OMRS and VSMT in the Pacific to policy-makers and technical experts;
2. to review concrete options for a stepwise collaboration in the area of OMRS and VSMT; and
3. to initiate a policy dialogue and agree on next steps.

The meeting provided an opportunity for 12 representatives from Pacific countries and areas (Cook Islands, Fiji, French Polynesia, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga and Tuvalu) to meet and discuss the recommendations arising from the study.

The participants were first presented with the results of the mapping study on OMRS and VSMT. Participants were given the opportunity to comment and respond to the results and clarify if there were any inaccuracies in the reported country data. Each country participant was then asked to state what the three most important challenges relating to OMRS and VSMT were in their country. Working in groups, the participants were then asked to recommend the best strategies to address the main challenges and the support required at national and regional levels.

The participants endorsed the meeting recommendations, which are based on the country group work and the draft report, and the Secretariat was tasked to come up with a three-year plan on how to implement them.
1. INTRODUCTION

1.1 Meeting organization

At the 68th session of the World Health Organization (WHO) Regional Committee for the Western Pacific in 2017, a side meeting was held where discussions focused on how small Pacific island states could best respond to the increasing demands for specialized clinical services (SCS). It was recommended that a study be undertaken to map available evidence and to recommend potential options for collaboration that would either increase the quality of care or reduce costs when it comes to the purchase of specialized tertiary health care.

The consultation meeting with Pacific island countries and areas (PICs) on 26 and 27 February 2019 was organized to present the findings and results of the study and to receive feedback and comments from PICs on the draft study report. Twelve representatives from 12 Pacific island countries and areas participated in the consultation: Cook Islands, Fiji, French Polynesia, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga and Tuvalu. Participants included one health minister and six health secretaries. Observers included representatives from the other development partners and training institutions in Fiji.

A growing challenge for PIC governments is the ability to provide SCS to meet the health needs of their populations. Health systems in PICs are challenged by the triple burden of communicable diseases, noncommunicable diseases (NCDs), and the impacts of climate change and natural disasters. The contribution of SCS towards the health sector is an integral part of strengthening health systems and progression towards universal health coverage (UHC). Two approaches used to increase access to SCS within PICs are overseas medical referral schemes (OMRS) and visiting specialist medical teams (VSMT). However, most PICs are now challenged with increasing demand for overseas referral services, and costs associated with OMRS are increasing rapidly. Many VSMT visit PICs annually and provide SCS in a variety of specialized fields, but most are donor funded and reliant on sufficient domestic caseloads for visits, and the visiting teams’ ability to treat people is also dependent on the capacity of the health infrastructure.

The meeting brought together PICs leaders and policy-makers to discuss the challenges associated with OMRS and VSMT and to think about what solutions at both national and regional levels can be explored to address the challenges.

1.2 Meeting objectives

The objectives of the meeting were to:

1. to present the findings of the study on mapping of OMRS and VSMT in the Pacific to policy-makers and technical experts;
2. to review concrete options for a stepwise collaboration in the area of OMRS and VSMT; and
3. to initiate a policy dialogue and agree on next steps.
2. PROCEEDINGS

2.1 Opening and welcome

The WHO team coordinator for Pacific Health Systems, Division of Pacific Technical Support (DPS) Ms Martina Pellny, the responsible officer for the meeting, welcomed the regional participants.

The opening remarks on behalf of the WHO Regional Director for the Western Pacific were delivered by the acting Director for the Division of Health Systems at the WHO Regional Office for the Western Pacific, Dr Peter Cowley. He informed participants of the side meeting at the 68th session of the Regional Committee, which recommended undertaking a regional study on specialized health-care services. He commented that the study, which had now been completed, showed that OMRS could possibly be delivered more efficiently and effectively and that there were opportunities for quality improvement and cost reduction. He also encouraged advancing concrete steps for PICs to work together as a region and be open-minded towards seeking innovative solutions.

The Minister of Health for Fiji, Dr Ifereimi Waqanaibete, welcomed participants to Fiji and delivered his opening remarks. He noted that priorities had changed and was supportive that WHO would be leading the meeting’s agenda on SCS. He expressed his honour to be present at the meeting given its importance and the current health challenges in the Pacific including managing NCDs and increasing clinical costs. He also emphasized the critical need for health technology and medical equipment towards the management of NCDs, the essential provision of pharmaceuticals and the challenges of achieving economies of scale in the Pacific. The Minister stressed that limited health resources should be used in efficient and effective ways given that specialised health care was very expensive, and there is always a dilemma between balancing specialized care and primary health care. He concluded that to manage increasing costs and overseas referrals in the NCD era called for better management and coordination, quality improvement of services, strengthening local facilities and human capacity, better training, and collaboration/coordination with partners and among PICs.

Ms Pellny highlighted that the meeting was a result of collective efforts between WHO, The Pacific Community (SPC), the Nossal Institute for Global Health in Melbourne (Australia) and the PICs.

The introduction of the study began with a short video presentation on: the growing demand for tertiary care, the trade-offs between strengthening hospitals and overseas referrals and between hospitals and primary health care, and the importance of evidence-informed decisions. Ms Pellny explained that the study had been conducted to fully map potential options for collaboration to increase the quality of care and cost savings relating to SCS. The three approaches for SCS provision included internal provision using domestic capacities of the current health system, external provision using VSMT and external provision using OMRS, the latter two being the focus of the study. The aim, objectives and methodology of the study were also introduced to the participants.

The study’s link to the Asia-Pacific Observatory on Health Systems and Policies (APO) was presented by Ms Andrea Boudville from the Nossal Institute, University of Melbourne. She gave a brief introduction on the APO policy brief on OMRS, which included: 1) the main issues and challenges; 2) how this issue is addressed; and 3) policy options on efficiency, effectiveness and equity. Ms Boudville added that in 2018, the following activities were
conducted: literature review, development of survey tools and completion of interviews in collaboration with WHO and SPC. The report is planned to be finalized in 2019, and there would be a policy dialogue to disseminate it. Further analysis will be done for the following issues: information about cost comparison within PICs and other regions, including identifying policy mechanisms to strengthen: OMR schemes; regional approaches; improved coordination; information sharing; costs (sustainability); strengthening referrals; patient journey; and SCS processes, screening and referrals.

2.2 Results and findings of study – Overseas Medical Referral Schemes

The study results on OMRS financing were presented by Dr Wayne Irava: first on health spending trends in PICs and then on OMRS spending for PICs.

Professor Vivian Lin (Temporary Adviser) chaired the plenary session after the presentation. Professor Lin commented on the critical challenges faced by PICs including information sharing regarding OMRS issues and the need to find regional solutions. The Permanent Secretary of Health for Kiribati, Mrs Kaaro Neeti, voiced her concerns on the increasing medical costs of patients at the referral site and hoped this meeting could be helpful to Kiribati. Dr Irava commented that some national policies specified that the patient had to pay the extra costs incurred, while for other countries this was met by OMRS. This gave rise to the high costs of OMRS.

Dr Rufus Ewing from the Pan American Health Organization enquired whether the processing of sending patients offshore is conducted by the countries themselves. The CEO of Tuvalu’s Ministry of Health, Mr Karlos-Lee Moresi, shared that the Government receives quotes before anyone travels out of the country, and that the referral facility reports to the national medical referral committee prior to any payments made. The CEO of Tonga’s Ministry of Health, Dr Siale Akau’ola, added that the number of OMRS patients and costs per patient were high due to the complexity of patient problems. Thus, the VSMT were used as much as possible, and patients were only referred if they could not be treated locally. Tonga started patient referrals to India a few months ago to keep costs low. Professor Lin commented that this discussion brought out the complexity of understanding the numbers, with Mr Moresi adding that cost was a major issue for Tuvalu since a number of patients on dialysis in Fiji would be funded for their lifetime under the OMRS.

Dr Peter Cowley noted that there was a case mix complexity and whether prices related to OMRS benefits packages. He enquired whether there was a relationship between volume of patients and price. Dr Irava responded that there were a number of factors including where the referred cases were sent and the conditions for which they were sent there. The Minister of Health for Palau, Dr Emais Roberts, indicated that the Government of the United States of America paid for the OMRS with no cost to Palau. There was a ceiling amount of US$ 300 000 per quarter, and this had helped control spending. Dr Ponifasio Ponifasio from Samoa shared some of their problems related to the OMRS. He pointed out that intermediaries from India and New Zealand were not very transparent in revealing costs of treatment, and it was more expensive than going directly to the hospital or service provider itself. For example, two specialists were brought in from India, and the cost of referral decreased because of competitive prices. He informed the participants that there was no health insurance in Samoa and the cost of medevac to New Zealand was enormous such that two patients could use up the entire budget.
After the plenary discussion on OMRS finance, Dr Irava presented other OMRS findings such as the types of OMRS in PICs, including the policies and governance mechanisms. He expanded on the eligibility criteria for OMRS practised by countries, patient volumes and disease distribution and service providers used by PICs. Dr Robert Condon (Temporary Adviser) observed that the type of conditions was not an inclusion or exclusion criteria, and most orthopaedic referrals were degenerative conditions. Dr Irava noted that the highest OMRS patient conditions matched the speciality of the most frequent visiting teams. He added that having qualified specialists indicated stronger/higher referrals in that speciality. OMRS policy documents that were longer were more detailed as compared to shorter ones, which lacked details required for the referral committees to make concrete decisions.

Dr Irava said that it was not about whether co-payment was good or bad and added that some countries had eligibility criteria, such as Palau and Fiji, but others had stated that this would not be possible due to the effect on politics. He explained that there were different types of eligibility criteria that covered, for example, accommodation; some had a sliding scale for assessing if one could afford to pay. Mrs Neeti from Kiribati informed the meeting that there was a medical advisory committee that does all screening for OMRS before patients are either referred to India, Fiji or Taiwan, China. For Christmas Island, patients were most often referred directly to Hawaii. She reported that OMRS were very expensive and there was no benchmarking of the hospitals to which patients were referred. A database was developed in 2018 for OMRS, and Kiribati would have a data analysis report by the end of 2019, which would provide a basis for decision-making and the way forward for OMRS.

The Secretary of Health for Nauru, Mr Rayong Itsimaera, observed that Nauru was not on the data presented and indicated that they had similar OMRS cases to Kiribati. He pointed out that patients were referred off island because the service or human resources were not available locally and it was the Government’s duty to provide that service for the population. Patients were referred to hospitals in India, Thailand, Malaysia and Fiji. He noted that even though Australia was closer to Nauru, treatment costs were too high there; hence, Asia was the preferred referral site. However, he noted that the difficulty was in monitoring the patients on their return since not all patients were given a report from the receiving hospital. Mr Itsimaera shared his own experience as an OMRS cardiac patient when he had a valve replacement done at Alfred Hospital in Melbourne. At the time, patients stayed at a hotel managed by the Nauru Government, and all costs were covered by the Government. He had stayed in Melbourne for almost 10 months noting that the treatment at the time was A$ 40 000. However, more recently, for every patient sent to Australia, A$ 100 000 was needed up-front as a deposit. With Asia, he noted that patients now had to travel farther, which puts pressure on the patients, so he hoped that Nauru could find a better solution.

The Secretary of Health for Cook Islands, Dr Josephine Herman, commented that they had become more efficient at providing overseas referral services over time because of good relationships with New Zealand airlines. The greatest cost to the Government was accommodation, since previously most patients lived with their relatives whilst in New Zealand, but with family pressures and cost of living now, the Government needs to increasingly cover this cost.

Dr Lameka Sale from Tokelau thanked Samoa for always assisting Tokelau given that they have a unique situation. The only transportation off island is via boat, so most of patients are referred first to Samoa hospitals prior to referral elsewhere. With regard to the study results, he said that the overall expenditure for 2016 for Tokelau was not complete and he would be providing updated data after the meeting. Mr Moresi from Tuvalu admitted that they needed
to have ministerial-level and cabinet support, including reviewing the OMRS policy at a higher level, which could look at insurance coverage. Dr Akau’ola from Tonga reflected on whether the poor audit results showed a lack of capacity to conduct clinical audits on a regular basis. This could be a gap in the local systems or organizational culture. He added that PICs may need to identify why this was not happening as an area to work on and improve.

2.3 Results and findings of study – Visiting Specialist Medical Teams

Dr Silina Fusimalohi (WHO Consultant) presented the study results on VSMT, including policy, coordination, patient management and finance. She started with findings from the survey done in selected Pacific countries: number of VSMT visits, type of service provided by VSMT and source of VSMT. In terms of policy and coordination, she showed good examples from Fiji, French Polynesia and the Federated States of Micronesia and also identified Ministries of Health and/or committees that were involved in the VSMT planning process, even in countries that did not have concrete guidelines or responsible coordinators. Overall, countries still face challenges such as ad hoc and supply-driven visits, caseloads being insufficient for economies of scale, limitations associated with databases and separation between OMRS and VSMT operations.

During the plenary discussion, Cook Islands and Fiji shared their experiences in managing VSMT as they had the highest numbers of such teams in the region. Fiji has a VSMT coordinator, and visiting teams’ terms of reference are decided six months ahead of each visit and followed up after two months. The training component is mandatory for any VSMT. Cook Islands has an annual planning session for visiting team needs, and it is managed by the coordinator in charge. Some countries pointed out that VSMT should be more demand driven rather than supply driven. However, countries also provided good examples of sharing VSMT among geographically close countries.

2.4 Plenary: What could be done better? – Perspective from an OMRS/VSMT programme

Ms Elizabeth Powell (Temporary Adviser) introduced the New Zealand Medical Treatment Scheme (NZMTS) funded by the Ministry of Foreign Affairs and managed by the Counties Manukau District Health Board (CMDHB). Her presentation was focused on the Overseas Referral Scheme (ORS) of NZMTS, particularly partnership and working with PICs. NZMTS provides guidelines for treatment criteria, and an overseas referral committee prioritizes needs through clinical and cost assessment. Coordination is strong with follow-up communication between New Zealand and PIC clinicians, and response to referral times is quick. However, challenges remain, such as selection of the most appropriate specialist and transparency of estimated and actual costs.

Following the plenary discussion, Ms Powell in her presentation stated that NZMTS worked with eight PICs and has people in-country to review bills and cost. In case of Cook Islands, two coordinators in both Cook Islands and New Zealand ensure good and efficient coordination. Countries agreed that capacity-building is required. Furthermore, countries highlighted the use of telemedicine, specifically the Marshall Islands, which is partnering with Japan to introduce telepathology, after taking on this initiative as it was done in the Federated States of Micronesia.
2.5 What could be done better – What has been tried with regard to access, cost and quality?

Three selected PICs (Tuvalu, Palau and Cook Islands) and two temporary advisers (Dr Condon and Dr Ewing) participated as panellists in the discussion. In the case of Tuvalu, OMRS applies strict guidelines. The country initially sends patients to Fiji, but if a patient cannot get the treatment in two weeks, they are allowed to send the patient to India. However, governance around decision-making processes is still being strengthened. The biggest burden Palau faces is the cost of medical care and medical referral. Because of the high cost of health services in the Philippines, Palau is looking for other options such as Thailand and Taiwan, China.

Cook Islands expressed concern about sending patients to India because of the risk of developing antimicrobial resistance. Another issue was that VSMT have no medical indemnity insurance to cover work done offshore. Dr Robert Condon also expressed his concern regarding antimicrobial resistance. He emphasized that countries need to also start talking about strengthening capacity for palliative care for chronic diseases. This will allow management of cases inside the country without the need to fund referral cases with chronic diseases that have poor health outcomes. Dr Peter Cowley, the chair of the panel discussion, addressed the importance of information sharing among PICs on their OMRS and VSMT, as so far countries deal with providers individually although they share some of the same service providers.

2.6 Experience from another region

Dr Rufus Ewing from the Pan American Health Organization in the WHO Region of the Americas gave a presentation on the Caribbean experience of the SCS Network of Care. He highlighted that the Eastern Caribbean countries (ECC), although politically diverse and distinct, were geographically well positioned to facilitate numerous collaborations of sovereign interest since each island was no more than a 1.5-hour flight between the two furthest islands. NCDs were the leading causes of mortality in the ECC with significant economic losses. The availability of SCS varied greatly across the ECC, but the majority of the services were concentrated on the islands of Martinique, Antigua and Barbuda, and Barbados. The other islands have at a minimum the core specialty services of internal medicine, general surgery, paediatrics, and obstetrics and gynaecology. Visiting specialist consultants (not teams as in the PICs) provide services on a for-profit basis in areas of specialist need; where these needs cannot be met on the island, patients are then referred overseas.

Dr Ewing described the health funding challenges that existed in most ECC, all falling below the recommended public health expenditure of at least 6% of gross domestic product and with high out-of-pocket payments above the recommended less than 20% of total health expenditure. Managing the escalating cost of OMRS was a challenge across the ECC with only a few countries having inter-governmental agreements such as the one between Barbados and China and what is being worked on between Montserrat and Antigua. The OMRS were governed and administered by the National Health Insurance in countries where these programmes were well established, and they were embedded in the legislation and regulatory framework and OMRS policies, which were well communicated and publicly available on the websites of the National Health Insurance.

The Foundation of the ECC Network of Care, with its inter-governmental relationships at the supranational level of the Organisation of Eastern Caribbean States (OECS), facilitates access
to care within the OECS. With the Treaty of Basseterre, the Council of Health Ministers set an agenda for strengthening health-care delivery by developing shared services within the Network, strengthening information systems for health and a programme of quality assurance, and developing some sort of regional health insurance mechanism that would allow the pooled procurement of shared services within the Network and procurement of services outside of the Network for all member countries. This call by the OECS Council of Health Ministers was driven by the many challenges experienced, such as: the increasing economic and social burden of NCDs; rising cost of health care, especially OMRS outside of the OECS; how to increase supply within the Network to meet demands in a sustainable manner; economies of scale issues in procurement of health services within and outside the OECS network; transportation issues in accessing the Network, for example despite the proximity of islands, intra-regional travel is still complex and inefficient; and lack of provision of health information and quality assurance, for example common health regulatory standards.

Participants provided comments on the presentation. Palau indicated that there were only two medical schools in Fiji for the entire Western Pacific and that there was a shortage of nurses in the region. Dr Ewing responded that within the OECS, once you obtain a skills certificate, you can move to any OECS country without any hassle; there were no barriers to movement and skills registration was not an issue. Ms Pellny enquired about the political drivers and champions for the Network of Care, to which Dr Ewing responded that the political drivers were the ministers themselves with Antigua and Grenada driving the agenda and most initiatives. These countries are currently setting up their National Health Insurance mechanisms. He noted that since it was quite difficult to establish a regional health insurance, it was proposed that each country set up their own and then collectively coordinate the procurement of services using that national health insurance. Cook Islands reflected that it would be better to manage country-specific schemes and establish sustainable networks.

2.7 Options for strengthening OMRS and VSMT

The session on options for strengthening OMRS and VSMT and the group work session on strengthening OMRS and VSMT were chaired by Mr Sunia Soakai from SPC. Dr Wayne Irava presented the recommendations from the study on mapping OMRS and VSMT in the PICs. The short-term recommendations outlined the need for strengthening policies and guidelines for OMRS and VSMT, data management analysis and reporting, building a regional network of OMRS and VSMT coordinators, and strengthening the capacity of these coordinators. The longer-term recommendations looked at establishing a mechanism that would support these activities and assist PICs in the coordination of OMRS and VSMT, monitoring and evaluation of OMRS and VSMT service provision, and negotiations with referral providers. The participants were invited to discuss in groups and comment on the PowerPoint presentation.

2.8 Group work strengthening OMRS and VSMT

Dr Irava explained the three guiding questions to be answered during the group work discussions:

1. What are the three key challenges regarding OMRS and VSMT? Please rank them in order of priority.

2. What are the short- and longer-term strategies for addressing challenges in OMRS and VSMT?
3. What steps need to be taken to implement your group’s short- and longer-term strategies?

2.9 Group work presentations

In the session chaired by Professor Vivian Lin, the three groups presented their discussions on recommendations for OMRS and VSMT for the short and longer term. Professor Lin summarized the findings and reports of the groups and noted the commonalities such as the need to obtain support for an OMRS/VSMT coordinator at the national level and the issue surrounding data, which all groups believed was important and needed to be addressed.

Group 2 discussed creating a clearinghouse that will address most OMRS issues and the terms of reference for the coordinator. Palau pointed out the need to overcome the political influence on OMRS and VSMT. Tonga emphasized the need for strengthening clinical governance at the national level and reiterated the importance of having a database. Professor Lin mentioned the examples of coalitions sharing information and resources so that countries lacking in resources could get support from others.

Tonga also mentioned the monitoring and auditing of OMRS, which was lacking in most countries. Fiji raised the issue of quality of care and the database framework that the country uses to track patients up to the type of care received. Tonga supported the suggestion from Palau to push this agenda to the Pacific Health Ministers Meeting and the Pacific Islands Forum that will be held this year in French Polynesia and Tuvalu, respectively.

Dr Robert Condon expanded on the group’s discussions and the means of using an existing mechanism to coordinate these efforts at the regional level, for example the Pacific Directors of Clinical Services meeting, which will inform the Pacific Heads of Health meeting. Clinical organizations in the Pacific could be used to view and audit the information provided from these databases. Discussions also emphasized the need to overcome the political influence of the OMRS and VSMT. Palau discussed its ability to manage this through legislation and adhering to the OMRS process.

Dr Peter Cowley discussed the need for sharing information, what could be done now and what was easily achievable. The question put forward was: how would this happen in terms of countries sharing information and the environment created for these opportunities to occur? Moreover, the ability to negotiate pricing collectively for countries was important.

Professor Lin summarized the discussions, which included developing or reviewing explicit, transparent policy frameworks that can be legislated. These policies, when in place, could guide countries into having good data to analyse and share.

In terms of OMRS and VSMT, practices varied amongst countries, and coordination in the sharing of VSMT schedules could allow countries to tap into VSMT service provision at a regional level. Moreover, some countries have had good experiences with the auditing of OMRS and VSMT, and these could be shared with others that need it. She suggested having a mechanism to bring this together such as a clearinghouse or existing mechanism so that countries have a platform to tap into to address their OMRS and VSMT at the national level. A longer-term vision would be then to move towards a preferred service provider network for OMRS, which in turn can benefit and improve domestic resources and clinical networking at national and regional levels. In order to achieve this, countries may need a clear way forward and advocacy at the political level with a regional agenda aimed towards the Heads of Health and Ministers’ meetings.
2.10 Road map – moving forward and next steps

Ms Martina Pellny summarized the challenges of the OMRS and VSMT which were raised during the meeting. These included increasing costs of OMRS, overpriced referral providers/intermediary/professional fees, increasing patient numbers with complex cases, weak policies on OMRS and VSMT, maintaining accurate and complete databases including tracking of clinical outcomes, weak management and analysis of OMRS and VSMT data for policy- and decision-making, a disconnect between OMRS and VSMT coordination, and the lack of quality assessments of OMRS providers and VSMT teams. Led by the chair from Palau, Dr Emais Roberts, the participants agreed on the following recommendations:

**Short-term recommendations**

1. Evaluate and strengthen policies, guidelines and protocols that will cover all aspects of OMRS/VSMT such as coordination, implementation, finance, role of coordinator and address external influence.

2. Build and strengthen capacity of OMRS/VSMT coordinators to better manage country-specific schemes and establish sustainable networks of OMRS/VSMT coordinators.

3. Strengthen databases, data management, analysis and reporting to provide meaningful information for policy, clinical services design towards UHC, decision-making and tracking of quality of care.

4. Strengthen the linkages between OMRS and VSMT.

5. Strengthen systems to improve the coordination and management of patients at referred patient destination sites.

6. Explore existing mechanisms that function in data management, sharing of information, analysing and recommending options to PICs on OMRS/VSMT. This can begin short term and extend into the longer term.

**Longer-term recommendations**

1. Establish a mechanism that can assist PICs in:
   (a) collective, fair and transparent negotiations with referral providers on costs and quality;
   (b) monitoring and evaluating quality of service provision; and
   (c) developing a network of shared providers within the region and outside the region.

2. Better understand the drivers for OMRS/VSMT with regard to human resource capacity and infrastructure within countries.

The chair reassured participants that these recommendations would go through the process of vetting via the Clinical Directors’, Heads of Health and Health Ministers’ meetings. Dr Irava confirmed that WHO, SPC and development partners would develop a three-year plan of support that includes both the short- and long-term recommendations to be presented at the Health Ministers’ meeting. The chair closed the meeting by thanking all participants for attending and contributing to the meeting.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The consultation provided a forum for participants to discuss issues and share experiences as well as provide useful suggestions and feedback on the draft report on OMRS and VSMT, in preparation for discussions at the upcoming Pacific Directors of Clinical Services meeting and the Heads of Health meeting in April.

Participants recognized the following:

- While primary health care is most important, it is also important to address the needs of the population at the end of life and in need of specialized health-care services. Leaving no one behind is what UHC is about.
- Increasing health expenditures on OMRS needs to be better managed, and efforts must be made to better manage the schemes to identify areas for cost-savings so that resources can be used for other health services.
- Having better coordination of VSMT across the region and having VSMT work more closely with OMRS will better help reduce expenditures.
- Capacity-building for OMRS and VSMT coordinators is needed so that the respective schemes can be better managed and coordinated.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1) Evaluate and strengthen policies, guidelines and protocols that will cover all aspects of OMRS/VSMT, for example coordination, implementation, finance, role of coordinator and addressing external influences.
2) Build and strengthen the capacity of OMRS/VSMT coordinators to better manage country-specific schemes and establish sustainable networks of OMRS/VSMT coordinators.
3) Strengthen databases, data management, analysis and reporting to provide meaningful information for policy and clinical services design towards UHC, decision-making and tracking quality of care.
4) Strengthen the linkages between OMRS and VSMT.
5) Strengthen systems to improve the coordination and management of patients at referred patient destination sites.
6) Explore existing mechanisms that function in data management, sharing of information, and analysing and recommending options to PICs on OMRS/VSMT. This can begin in the short term and extend into the longer term.
7) Establish a mechanism that can assist PICs in
   a) collective, fair and transparent negotiations with referral providers on costs and quality;
   b) monitoring and evaluating quality of service provision; and
c) developing a network of shared providers within the region and outside the region.

8) Better understand the drivers for OMRS/VSMT with regard to human resources capacity and infrastructure within countries.

3.2.2 Recommendations for WHO

Country participants requested that WHO, SPC and development partners work on developing a three-year plan of support that includes both the short- and long-term recommendations agreed at the meeting. This plan is then to be presented at the Pacific Health Ministers Meeting.
ANNEXES

Annex 1: List of participants, temporary advisers, observers and Secretariat

1. PARTICIPANTS

Dr Josephine Aumea Herman, Secretary of Health, Ministry of Health, PO Box 109, Rarotonga, Cook Islands, Tel.: +682 29664, Email: Josephine.herman@cookislands.gov.ck

Mrs Daphne Ringi, Director, Planning and Funding, Ministry of Health, PO Box 109, Rarotonga Cook Islands, Tel.: +682 29664, Email: ringi.tumutoa@cookislands.gov.ck

Dr Jemesa Tudravu, Medical Superintendent Colonial War Memorial Hospital, Suva, Fiji, Email: jemesa.tudravu@health.gov.fj

Ms Karine Vannes, Chargee de mission sur l’offre de Sante, Direction de la Sante, 58, Rue des Poilus Tahitiens, Papeete, 98713 Tahiti, French Polynesia, Tel.: +689 89 528902, Email: karine.vannes@sante.gov.pf

Mrs Kaaro Neeti, Permanent Secretary, Ministry of Health and Medical Services, Tarawa, Kiribati, Tel.: 740 28100, E-mail: secretary@mhmns.gov.ki

Dr Robert Maddison, Chief of Medical Staff, Majuro Hospital, Ministry of Health and Human Services, P.O.Box 66, Majuro, Republic of the Marshall Islands 96960, Tel.: +692 625 3355, Email: maddison_robert@hotmail.com

Secretary Magdalena A. Walter, Secretary, Department of Health and Social Affairs, P.O.Box PS 70 Palikir, Pohnpei, Federated States of Micronesia, Tel.: +691 320 2619/2872/2643, Email: mwalter@fsmhealth.fm

Mr Rayong Itsimaera, Secretary, Ministry of Health & Medical Services, Yaren, Nauru, Tel.: +674 5573074, Email: rayong@gmail.com

Ms Le’Roy Tatui, Principal Dental Officer, Niue Foou Hospital, Kaimiti, Alofi, Niue, Tel.: +683 888 2323, Email: leroy.tatui@mail.gov.nu

Honourable Emais Roberts, Minister of Health, Ministry of Health, P.O. Box 6027, Koror, Republic of Palau 96940, Tel.: +674 5573074, Email: familysurgicalclinic@gmail.com

Dr Ponifasio Ponifasio, Head of Surgery and Acting Manager Clinical Service, Ministry of Health, Motootua, P.O. Private Bag, Apia, Samoa, Tel.: +685 7676213, Email: ponifasiop@nhs.gov.ws

Dr Gregory Loko Jilini, Undersecretary, Health Care, Ministry of Health & Medical Services, P.O.Box 349 China Town, Honiara, Solomon Islands, Tel.: +677 24097, Email: GJilini@moh.gov.sb

Dr Lameka Sale, Deputy Director, Clinical Service, Department of Health, Nukunonu, Tokelau, Tel.: +690 2225, Email: drlamekas@gmail.com
2. TEMPORARY ADVISER

Dr Robert James Condon, Public Health Physician/WHO Consultant, PO Box 869, Canberra ACT 2601, Australia, Email: rob@robcondon.org

Ms Elizabeth Powell, General Manager, Pacific Health Development Counties Manukau Health, Middlemore Hospital, Auckland, New Zealand, Email: Elizabeth.powell@middlemore.co.nz

Dr Silina Motofaga, Consultant, World Health Organization, Suva, Fiji, Email: fusimalohis@who.int

Professor Vivian Lin, School of Public Health, La Trobe University, Bundoora VIC 3086, Melbourne, Australia, Email: V.Lin@latrobe.edu.au

3. OBSERVERS AND REPRESENTATIVES OF AGENCIES

Ingrid Swinnen, Team Leader, Natural Resources and Governance Delegation of the European Union for the Pacific, Level 6, Tappoo City Complex, Suva, Fiji, Phone: 679 331 3633 ext151, Email: Ingrid.SWINNEN@eeas.europa.eu

Andrea Boudville, Health Systems Governance and Financing Unit, The University of Melbourne, Level 5, 333 Exhibition Street, Melbourne, Australia, Phone: 03 8344 4174, Email: andrea.boudville@unimelb.edu.au

Mr Sunia Soakai, Pacific Community, Email: sunias@spc.int

Mr Berlin Kafoa, Pacific Community, Email: berlink@spc.int

Dr Revite Kirition, Pacific Community, Email: revitek@spc.int

Naomi Jackson Senior Policy Officer, Health Program and Performance Section, Health Policy Branch, Development Policy Division, Department of Foreign Affairs and Trade, Barton, Australia, Phone +61 (0)2 6178 4625 Email: Naomi.Jackson@dfat.gov.au

Dayo Carol Obure, The World Bank, Email: cobure@worldbank.org
4. SECRETARIAT

Dr Peter Cowley, Acting Director, Division of Health Systems and Coordinator, Health Policy and Financings, World Health Organization Regional Office for the Western Pacific, P.O. Box 2932, 1000 Manila, Philippines, Email: cowleypet@who.int

Dr Yu Lee Park, Acting Coordinator, ISD and Technical Officer Traditional Medicines, Division of Health Systems, World Health Organization Regional Office for the Western Pacific, P.O. Box 2932, 1000 Manila, Philippines, Email: parkyl@who.int

Dr Ewing Rufus, Advisor, Health Systems and Services, PAHO/WHO Office for Barbados & the Eastern Caribbean Countries, Tel: +246-434-5200, VOIP: 40040, Cell: +246 8261639, Email: ewingruf@paho.org

Ms Martina Pellny, Team Coordinator, Pacific Health Systems, Office of the WHO Representative, World Health Organization, Level 4 Provident Plaza One Downtown Boulevard33 Ellery Street, Suva, Fiji, Tel. No.: +679 3234100, Fax No.: +679 3234166, E-mail: pellnym@who.int

Dr Wayne Irava, Technical Officer, Health Care Financing, Office of the WHO Representative, World Health Organization, Level 4 Provident Plaza One Downtown Boulevard, 33 Ellery Street, Suva, Fiji, Tel. No.: +679 3234100, Fax No.:+679 3234166, Email: iravawa@who.int

Ms Sohyun Kim, Office of the WHO Representative, World Health Organization, Level 4 Provident Plaza, One Downtown Boulevard,33 Ellery Street, Suva, Fiji, Tel. No.: +679 3234100, Fax No.:+679 3234166, Email: sokim@who.int

Dr Uhjin Kim, Technical Officer, Health Systems, WHO Country Liaison Office, Tarawa, Kiribati, Tel. No: +632 5289028, Email: kimu@who.int
### Annex 2: Meeting agenda

**Pacific Islands meeting on sub-regional collaboration for specialised healthcare service**  
Wednesday 26<sup>th</sup> – Thursday 27<sup>th</sup> February 2019  
Rm. Britannia 1, Grand Pacific Hotel, Suva, FIJI

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1 – Tuesday 26 Feb</th>
<th>Responsible</th>
<th>Time</th>
<th>Day 2 – Wednesday 27 Feb</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:15-08:30</td>
<td>Registration</td>
<td></td>
<td>08:30-08:45</td>
<td>Welcome and Reflections of DAY 1</td>
<td>Country Participant</td>
</tr>
</tbody>
</table>
| 08:30-09:45    | 1.1 Opening and welcome address  
Opening Prayer  
Opening remarks of RD  
Welcome from host country - Minister of Health  
Group photo  
- Meeting objectives, agenda & participant introduction  
- Introduction of the study: Mapping of OMRS and VSMT in the Pacific, A Pathway for Regional Cooperation towards UHC  
- Link of study to the APO brief | Ms. Martina Pellny | 08:45-09:45    | 2.1 Experience from another Region  
- Presentation – the Caribbean experience: Network of Care for SCS in the Eastern Caribbean Countries  
- Plenary Discussion & Country sharing experiences | Dr Peter Cowley  
Dr Rufus Ewing | 09:45-10:15 | Morning tea |
| 09:45-10:15    | Morning tea            |                                  | 10:15-12:00    | 1.2 Results and findings of study – Overseas Medical Referral Schemes  
- Presentation of OMRS Financing Discussion and Q & A on presentation  
- Presentation of OMRS Plenary Discussion and Q & A on presentation (with country sharing experiences) | Professor Vivian Lin  
Dr Wayne Irava | 10:15-10:30    | 2.2 Options for Strengthening – OMRS and VSMT  
- Presentation of Report Recommendations Discussion and Q&A on presentation | Mr. Sunia Soakai  
Dr Wayne Irava | 10.30-12.30 | 2.3 Group work: Strengthening OMRS and VSMT  
- Introduction into group work and group allocation | Mr. Sunia Soakai |
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00-13:00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>1.3 Results and findings of study – Visiting Specialist Medical Teams</td>
<td>Dr Berlin Kafoa Dr Silina Motofaga</td>
</tr>
<tr>
<td></td>
<td>• Presentation of VSMT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Plenary Discussion and Q &amp; A on presentation (with country sharing experiences)</td>
<td></td>
</tr>
<tr>
<td>13:30-15:00</td>
<td>2.4 Group work presentations: Strengthening OMRS and VSMT</td>
<td>Professor Vivian Lin</td>
</tr>
<tr>
<td></td>
<td>• Group work report back to plenary</td>
<td></td>
</tr>
<tr>
<td>14:00-15:00</td>
<td>1.4 Plenary: What could be done better?</td>
<td>Dr Robert Condon Ms. Elizabeth Powell</td>
</tr>
<tr>
<td></td>
<td>Perspectives from a service provider for OMRS and VSMT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Plenary Discussion and Q &amp; A on presentation</td>
<td></td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>Afternoon tea</td>
<td></td>
</tr>
<tr>
<td>15:30-16:30</td>
<td>1.5 Panel discussion: What could be done better?</td>
<td>Dr Peter Cowley</td>
</tr>
<tr>
<td></td>
<td>What has been tried with regard to access, cost and quality?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Panelists: Federated States of Micronesia; Solomon Islands; Tuvalu; Dr Rufus Ewing; Dr Robert Condon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Plenary Discussion</td>
<td></td>
</tr>
<tr>
<td>15:40-16:30</td>
<td>2.5 Plenary: Roadmap - Moving forward and next steps</td>
<td>Honourable Emais Roberts, Minister of Health Palau Ms. Martina Pellny &amp; Dr Peter Cowley</td>
</tr>
<tr>
<td></td>
<td>• Meeting recommendations/roadmap: with endorsement by countries</td>
<td></td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Secretariat meeting</td>
<td></td>
</tr>
<tr>
<td>18:00-20:00</td>
<td>Reception at Holiday Inn</td>
<td></td>
</tr>
</tbody>
</table>
Annex 3: Opening remarks of Dr Takeshi Kasai, WHO Regional Director for the Western Pacific

• Honourable Ministers of health: Dr Iferemi Waqainabete from Fiji and Emais Roberts from Palau;
• Permanent Secretaries and CEOs of Health in the Pacific;
• Country Representatives;
• Partners from the development community;
• Colleagues, friends, ladies and gentlemen;

1. It is a pleasure for me to be opening this meeting on ‘Subregional collaboration for specialised healthcare services’.

2. The new WHO regional Director for the Western Pacific Dr Takeshi Kasai regrets not being able to join us due to previous commitments. He asked me to send his regards and deliver these words.

3. In October 2017 when the WHO Regional Committee for the Western Pacific met in Brisbane, Australia, leaders from Pacific Island countries and areas can best respond to the increasing demands for specialised tertiary care.

4. They recommended that a study be done to explore option for collaboration. Their goal was to increase the quality of care and reduce costs when purchasing specialised tertiary health-care services.

5. Last year WHO and the Pacific Community teamed up with the University of Melbourne’s Nossal Institutes for Global Health to do the study. As many of you may already know, the Institute specialising in advocacy for public health in vulnerable countries.

6. With your input – through questionnaires and interviews – we have been able to map out evidence and compile the report you should have in front of you.

7. Over the next two days, we will dive into to this information to make some decisions. We must agree to and recommended next steps – steps that will be beneficial to populations, beneficial to countries, and beneficial to the Region.

8. Demand for specialised tertiary care services is rapidly increasing across the Pacific. This is due in large part to escalating rates of noncommunicable diseases such as cancer, diabetes and heart diseases. These chronic conditions often require long-term, specialised care.

9. Meeting this demand for tertiary care is a complex issue. It involves some hard trade-offs.

10. On the one hand, universal health coverage means people having access to the health services when they need them at an affordable cost. With the commitment to pursue universal health coverage, all countries must ensure that people who need services – such as radiotherapy and chemotherapy or heart surgery – are able to access them.

11. On the other hand, tertiary services require huge investment in infrastructure, equipment and specialised staff. With no economy of scale, these investments can sink the finances of many small island developing states.
12. Often costly overseas referrals are the only option, especially for smaller, more remote island communities.

13. Either way, tertiary care represents a huge potential strain on health budgets.

14. With this study, however, we may be able to find ways to help countries save money while improving care.

15. For example, the study suggests that overseas medical referral schemes can be managed more cost-effectively at a sub-regional level.

16. Other suggestions to save money and improve quality include making better use of visiting medical teams.

17. While we may discuss and debate many points of the study, I am already convinced that there is opportunity for some Pacific Island countries and areas to join forces to make better use of scarce resources.

18. Most health issues in the Pacific are not particular to one country. They are regional, and regional problems often require regional responses. No one knows that better than the people and leaders of the Pacific.

19. As I look around the room, I am encouraged by the calibre of representatives we have here – experts, leaders, decision-makers, advocates and policy-makers. Thank you all for taking the time to work to make a difference in the Pacific.

20. We all know that there are no easy fixes for the issues we will be discussing over the next two days.

21. But I am confident that we will come up with concrete steps on how we can move forward together towards a brighter and healthier future for the people of the Pacific.

22. Thank you