Supporting healthy lives and sustainable futures in the Pacific

Introduction

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Changing climate and environmental conditions pose significant health risks, particularly for the Pacific’s low-lying islands. In Tuvalu, a Pacific nation with the highest point at 4.6 m above sea level, climate-related threats to food security, housing and safe drinking-water are major concerns.
Introduction

The WHO Division of Pacific Technical Support (DPS) was established in 2010 to coordinate tailored and timely public health support to 21 Pacific island countries and areas (PICs). Early in his tenure, former Regional Director Dr Shin Young-soo stressed the need to put countries at the centre of WHO’s work. He delivered on that promise in the Pacific by creating DPS to coordinate intercountry support programmes and ensure that necessary and timely technical support is provided wherever needed.

In addition to its office in Suva, Fiji, DPS comprises six other offices across the Pacific. In guiding Member States, the division leverages the strengths of integrated approaches on regional issues and country-specific expertise at the national level. This direction has continued under the leadership of Regional Director Dr Takeshi Kasai, as his management team builds upon a legacy of progress to make the Region the safest and healthiest in the world.

Much of the division’s work is guided by the 1995 Healthy Islands vision, the unifying theme for Pacific health protection and promotion. This vision adopted among PICs goes well with the spirit of the comprehensive and multisectoral approach outlined in the WHO Thirteenth General Programme of Work 2019–2023.

While WHO tackles many health issues in the Pacific, its work focuses on combating noncommunicable diseases (NCDs) and strengthening health security – especially efforts to improve disaster preparedness and response and address the health impacts of climate change – as well as strengthening health systems and addressing unfinished health challenges, such as neglected tropical diseases. These foci are reflected in the high-level strategic priorities that will guide WHO’s work in the Region over the coming five years.

The hard work of Member States and the foundations laid over the past decade have produced real progress in the Pacific. Notable successes in the past year include enhanced emergency support, progress towards a regulatory platform for medicines and more robust mental health assistance. These achievements are important, but they are only snapshots of the overall strategic support and technical assistance WHO provides.

Much of this progress is due to the restructuring of WHO operating models in the Pacific, spurred by the need for a fresh approach to address the health consequences of climate change. In fact, the relationship between health and climate was a key consideration behind the decision to create DPS and continues to be a core component of the Region’s agenda going forward. This is especially important in the Pacific, where health impacts are felt more acutely. For some low-lying islands, rising sea levels threaten their very existence.

The white paper, For the Future: Towards the Healthiest and Safest Region, underscores why and how health must be at the centre of climate change discussions, especially in the Pacific. Over the past 12 months, WHO has worked with Member States and experts to develop the Pacific Islands Action Plan on Climate Change and Health, a road map that builds on national climate change and health impact plans championed by Dr Shin. More importantly, the Action Plan operationalizes the aspirations set out by Regional Director Dr Kasai to ensure that: health systems are resilient; resources are increased; and Pacific health leaders and Member States are empowered in climate change discussions and negotiations.

Over the past year, WHO has worked with Kiribati and Tuvalu to support the development of climate-resilient health systems. Both the Action Plan and wider efforts to combat the health impacts of climate change
require stepping up WHO leadership – in health and beyond – coupled with comprehensive, multisectoral advocacy and engagement.

This approach has proved valuable in other areas of work, particularly health emergencies. With 11 disasters and 26 outbreaks in the Pacific in 2018, effective cross-sectoral collaboration among resource-stretched governments, agencies, donors and partners was critical to mount effective responses.

To achieve this, WHO’s work in the Pacific has focused on strengthening core capacities required under the International Health Regulations, known as IHR (2005), and enhancing service delivery during emergencies. The results over the past year speak for themselves: development of emergency medical teams; ongoing implementation of the IHR (2005) Monitoring and Evaluation Framework, including a Joint External Evaluation in the Federated States of Micronesia; and the completion by many PICs of self-assessments of capacities to respond to public health risks.

In health systems, WHO has worked to bolster support towards universal health coverage (UHC) – including commencing support for a five-year primary health care modernization programme in French Polynesia. WHO is also helping to establish a subregional regulatory platform to improve access to more affordable and higher-quality medicines.
WHO and partners have also worked to revitalize the Pacific Health Information Network, supporting the health goals of PICs through health information and technology collaboration and information sharing. Work began to develop digital health strategies in Vanuatu in 2018 and in Tuvalu in 2019.

In the Pacific, WHO continues to support healthier populations, emphasizing national-level prevention and early detection and management of chronic conditions at the primary care level. WHO continues to support the Health Promoting Schools programme in Fiji. With 289 schools and 100 000 students involved, the programme seeks to improve health outcomes – and has prompted significant change. Prevention efforts have also enhanced behaviour impacting tobacco control measures, with support for legislative strengthening, improved enforcement and greater availability of tobacco cessation services.

These and all WHO areas of work in the Pacific are underpinned by the legacy of the last decade under Dr Shin – from keeping the Region safe to delivering results at the country level. DPS and its work are a testament to that vision of putting countries at the centre of WHO’s work. Moving forward, the ambitious agenda of Dr Kasai will build on this legacy to ensure that Pacific island countries and areas are healthier and safer. The new agenda prioritizes the needs of PICs with efforts focused on priority issues in order to support healthy, resilient lives and sustainable futures.

A Fijian student practises good hygiene at a Health Promoting School. Each participating school focuses on aspects of the programme that it most needs, including better sanitation and hygiene, nutrition and physical activity, and mental health and well-being.
Strengthening health security through partnership

Pacific island countries and areas are particularly vulnerable to public health emergencies, with 11 disasters and more than 26 disease outbreaks in 2018 alone. WHO’s decade-long commitment to keep the Western Pacific Region safe by enhancing health security capacities in all countries and areas enabled stronger support for preparedness and response to disasters and outbreaks.

The WHO Health Emergencies Programme (WHE) has provided direct support to Member States during these disasters and outbreaks, leveraging the results of years of work to enhance partnerships. Notably, a meningococcal C outbreak in Fiji – resulting in a number of deaths – was contained after efforts by WHO, the United Nations Children’s Fund and the Ministry of Health and Medical Services secured an affordable vaccine that was administered to more than 300,000 children and young adults.

WHO has continued to support the development of emergency medical teams (EMTs) in the Pacific. On 11 May 2019, Fiji’s Emergency Medical Assistance Team, or FEMAT, became the Pacific’s first internationally verified EMT. In partnership with the EMTs of Australia (AusMAT) and New Zealand (NZMAT), WHO trained FEMAT to respond to national and international sudden-onset emergencies. As a Type 1 EMT, FEMAT can provide life-saving clinical care to patients with severe trauma and other medical emergencies, outpatient care for up to 100 patients per day and public health interventions.

The EMT initiative is one more testament to the power of partnerships to help build capacity in countries. The past year also saw capacities of national EMTs strengthened in Cook Islands, Solomon Islands, Tonga and Vanuatu, as well as WHO support for emergency deployments in Vanuatu and the Commonwealth of the Northern Mariana Islands.

Fiji’s Emergency Medical Assistance Team (FEMAT) mobile field hospital deployed in Suva for WHO assessment: In 2019 FEMAT became the first team in the Pacific to be verified for international deployment.
Safer medicines in the Pacific

To achieve the 1995 Healthy Islands vision, with its strong links to UHC, people in the Pacific must have access to safe, effective and affordable essential medicines and vaccines.

To support countries on their journey towards UHC over the past year, WHO in the Pacific has focused on strengthening regulations and the regulatory environment for medicines to ensure access to safe medicines. WHO and partners have supported efforts to ensure fair prices, quality and availability of essential medicines in the past, but 2018 marked a turning point. Work has been progressing to develop a subregional platform for medicines, which was endorsed by Pacific heads of health in April 2019. The plan is now at the ministerial level for advancement.

Progress on complex subregional arrangements, such as this platform for the regulation of medicines, demonstrates the viability of Pacific-wide approaches to health issues envisaged in the creation of DPS. WHO in the Pacific was able to leverage the expertise of others, support sharing of innovation and lesson-learning for future practice.

Working in partnership with Australia’s Therapeutic Goods Administration (TGA), WHO facilitated dialogue in 15 PICs on how to link intelligence and pharmacovigilance efforts to reduce the circulation of substandard and falsified medical products, helping to reduce the risk of harm in the subregion and globally. This intervention has led to TGA providing high-quality testing of key medicines for PICs with the results shared widely online.

Progress has been notable over the past year, with effective collaboration among PICs and impactful leadership by WHO and other partners. Building upon a legacy of leadership and innovation, and continuing efforts in this area, the future for Pacific medicines regulation is brighter than ever.
Turning the tide on mental health challenges

Putting countries at the centre of WHO’s work means putting people at the centre and not leaving anyone behind, especially the most vulnerable.

This commitment underpins WHO’s efforts to scale up support for mental health, a key component of the NCD agenda. Mental health issues are often neglected. Awareness of these issues is particularly low in the Pacific, even among health-care workers. To compound matters, mental health typically receives less 2% of health budgets.

A changing climate and frequent disasters have increased the demand for mental health and psychosocial support, particularly during emergencies. But the gap between needs and available services continues to widen in much of the Pacific. To address these challenges, WHO has scaled up efforts to develop local capacity and tailor work to address local conditions, including disaster response, climate change and the needs of people with disabilities.

To ensure universal mental health care delivery, WHO supports the integration of mental health into community-level primary health care. Workforce training via the Mental Health Gap Action Programme (mhGAP) continued over the past year in Fiji to develop skills and increase capabilities. Additionally, mhGAP supervisor training enhanced the capacity of staff managing mental disorders. In all, more than 1000 Fijian health workers were trained by mid-2019.

Elsewhere, Kiribati and Vanuatu continued to roll out mhGAP training, while in 2019, a train-the-trainers approach was undertaken in American Samoa and Cook Islands. As a result, the number of patients receiving treatment across these PICs has increased markedly.

To strengthen preparedness, WHO continued to enhance local psychological first-aid capabilities, particularly in American Samoa, Fiji, Kiribati, the Federated States of Micronesia, Tonga and Vanuatu. In addition, mental health and human rights training has continued across the Pacific in collaboration with the Pacific Disability Forum. Seeking to increase understanding of the rights of those impacted by mental disorders, the Marshall Islands and the Federated States of Micronesia commenced training in early 2019, following Fiji, Tonga, Solomon Islands, Samoa and Vanuatu in previous years.

Supporting these efforts, a multi-agency, multisectoral approach has been employed in collaboration with various WHO divisions and partners. While these efforts have increased awareness and availability of mental health services, large gaps remain. Continuing efforts will be needed to safeguard the health and dignity of those impacted by mental health, and reduce the NCD burden.

A nurse visiting her patient in Rarotonga, Cook Islands. Mental health is a critical aspect of primary health care, one that WHO has been supporting in the Pacific through increased capacity-building among local health workers.