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NOTE

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

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants and observers in the Eighth Meeting of Ministers of Health for the Pacific Island Countries held in Madang, Papua New Guinea, from 7 to 9 July 2009.

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SUMMARY

The first Ministerial Conference on Health for the Pacific Island Countries was convened in Fiji in 1995, which resulted in the Yanuca Declaration, advancing the concept of "healthy islands" as the unifying theme for health promotion and health protection. Six biennial meetings of the Ministers of Health for the Pacific Island Countries in the ensuing years have further developed a consensus view of health in the Pacific and identified follow-up actions necessary to build healthy islands.

The objectives of the meeting were:

(1) to review and decide on future strategic directions for health in the Pacific;

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

(3) to follow up on progress made since the Vanuatu and Samoa Commitments.

The meeting in Papua New Guinea in July 2009 provided an opportunity to improve health in the Pacific through strengthened action and collaboration in priority strategic and technical health areas, as well as follow up on progress towards commitments made during the Vanuatu and Samoa meetings.

Following the agenda for the meeting, a number of issues of special concern were addressed: food security and the Pacific Food Summit, aid effectiveness in the Pacific, climate change, health systems strengthening and primary health care, maternal and child and adolescent health and pooled procurement for improving access to essential medicines in Pacific Island countries.

The draft conclusions and recommendations of the Eighth Meeting of Ministers of Health for the Pacific Island Countries were adopted unanimously as the Madang Commitment.

The meeting was cosponsored by WHO and the Secretariat of the Pacific Community (SPC).

The meeting took note of the willingness of the Government of Solomon Islands to host the next Meeting of Ministers of Health for the Pacific Island Countries in 2011.

1. BACKGROUND

A ministerial conference on health for Pacific islands was convened in Fiji on 6–10 March 1995. The conference adopted the Yanuca Island Declaration, in which three priority issues were identified: human resources development; health promotion and health protection; and the supply and management of pharmaceuticals and other medical supplies.

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

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

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

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

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

The meeting in Vanuatu was convened on 12-15 March 2007. The main topics of the meeting included: a Health Strategy for the Region; review of progress on the Samoa and Tonga Commitments; mental health; prevention and control of noncommunicable diseases; the Asia Pacific Strategy for Emerging Diseases (APSED), including the International Health Regulations

(2005) and pandemic preparedness; human resources for health: the Pacific Code of Practice for Recruitment of Health Workers and the Regional Strategy on Human Resources for Health (2006–2015); HIV/AIDS: a review of the Pacific Regional HIV Strategy and progress towards universal access; and food fortification. The meeting adopted the Vanuatu Commitment. It was agreed to convene the eighth WHO/SPC meeting in 2009. The Government of Papua New Guinea offered to host the meeting.

2 OBJECTIVES

The objectives of the meeting were:

(1) to review and decide on future strategic directions for health in the Pacific;

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

(3) to follow up on progress made since the Vanuatu and Samoa Commitments.

3. MEETING

The Eighth Meeting of Ministers of Health for the Pacific Island Countries, which was jointly organized by WHO and SPC, was held from 7 to 9 July 2009 in Madang, Papua New Guinea. The meeting was organized as a follow-up to the ministerial meeting in Vanuatu in 2007.

The opening ceremony was held on 7 July 2009 at Sir Peter Barter Auditorium, Divine Wood University, Madang. Honourable Sir Dr Puka Temu, Deputy Prime Minister, and Minister for Lands and Physical Planning and Mining, Papua New Guinea, attended the occasion.

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, in his opening remarks expressed his sincere thanks to the Government of Papua New Guinea for hosting the meeting and the hospitality that has been extended. He added that this gathering marks the eighth time the Ministers of Health have gathered to consider common concerns and seek a consensus on a wide variety of issues, and review the health situation in the Pacific and to set future directions in our continuing efforts to ensure good health for people who inhabit the Pacific Island countries and areas (see Annex 1).

Mr William (Bill) Parr, Director, Social Resources Division, Secretariat of the Pacific Community (SPC), made an opening remark on behalf of Dr Jimmie Rodgers, Director-General of SPC. In his speech, he expressed sincere appreciation to the Government and the people of Papua New Guinea for hosting the meeting and the excellent arrangements. He emphasized that health is everyone's business, and the discussion and decision during the meeting would directly impact the lives, health and well-being of Pacific Island peoples (see Annex 2).

Honourable Sir D PukaTemu, Deputy Prime Minister, and Minister for Lands and Physical Planning and Mining, Papua New Guinea, in his official opening address, extended his warm welcome on behalf of the Government. He stressed that this biennial gathering of the Health

Ministers of the Pacific Island Countries is a unique and important forum that allows leaders in the Pacific Island to develop a specific "Pacific" version and mechanisms of Pacific–wide cooperation to improve the health, and called upon everyone to work to together to tackle unique challenges faced by Pacific countries and areas , which include impact of climate change on small island states, containment of pandemic diseases such as influenza A H1N1, and the impact of the global economic crisis on small island economies (see Annex 3).

The plenary session of the meeting was convened at the Sana Room, Madang Resort, after the opening ceremony.

The following were elected as officers of the meeting: Honourable Mr Sasa Zibe, Minister for Health and HIV/AIDS, Papua New Guinea, as Chairperson; Honourable Ms Vita Skilling, Secretary of Health, Micronesia, as Vice-Chairperson; Ms Justina Langidrik, Secretary of Health, the Marshall Islands, as English Rapporteur; and Dr Jean-Paul Grangeon, Chef du Service des Actions Sanitaries et Sociales, New Caledonia, as French Rapporteur.

The provisional agenda of the meeting was approved (attached as Annex 4).

The draft conclusions and recommendations of the meeting of Ministers of Health for the Pacific Island Countries were adopted unanimously as the Madang Commitment.

The meeting took note of the willingness of the Government of Solomon Islands to host the next Meeting of Ministers of Health for the Pacific Island Countries in 2011.

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

Dr Shin Young-soo and Mr Bill Parr expressed, on behalf of WHO and SPC, their gratitude to the Government of Papua New Guinea for the wonderful arrangements and appreciation to Chairperson, Vice Chairperson, and Rapporteur and all participants for making this meeting successful one.

The list of participants is attached as Annex 5.

4. DISCUSSION AND RECOMMENDATIONS

4.1 Food security and the Pacific Food Summit

4.1.1 Background

In August 2008, Pacific leaders at the 39th Pacific Islands Forum, held in Niue, acknowledged the high importance of food security as an emerging issue. The leaders committed their governments to “immediate action to address food security issues nationally and where possible, regionally, through a range of measures across key sectors such as agriculture, fisheries, trade and transport”. Similarly, Ministers of Health for the Pacific island countries, at the 2007 ministerial meeting in Vanuatu, recommended applying a whole-of-society approach to noncommunicable disease prevention and control, adopting a regional approach to food fortification, as well as convening a food summit for noncommunicable disease prevention and control with representatives from the Ministries of Health, Agriculture, Trade and Economics, and Finance.

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Although Pacific island countries and areas are small, relatively isolated geographically and prone to natural disasters, they have historically managed to avoid food shortages through domestic food production and importation. However, a change in the balance between these two sources of food supply, coupled with challenging external factors, is affecting and will increasingly affect the capacity of Pacific island countries and areas to meet their food needs.

Domestic food production in most Pacific island countries and areas is not robust. International aid to agriculture was almost halved between 1980 and 2005, as illustrated by poor investments in agricultural research and extension, rural infrastructure and market access for small farmers throughout the world and the Pacific. Climate change will have a negative impact on domestic food production. Changes in temperature, rainfall patterns, sea level and the intensity of extreme weather events, such as cyclones, will affect the type of crops and animals that can be used in production systems. Adapting to these changes will take time and will require a strong agricultural base within which to develop and implement adaptation systems.

Fish play an important role in supporting food security in the Pacific. Ocean warming and coral bleaching will reduce the productivity of coastal fisheries on which many island communities rely as a source of food and income.

All Pacific island countries and areas have some dependency on imported foods, and in many, imported foods make up over 50% of all foods consumed. Several factors could significantly increase this dependency. Climate change is one. With the rural–urban drift, knowledge of traditional farming practices and food preparation techniques is being lost. In rural areas, traditional foods, such as root crops and fish, are being replaced by imports, such as rice, noodles and tinned fish, preferred for their longer shelf-life and convenience but often high in salt, fat or sugar and low in nutritional value. Moreover, access to imported food can be seriously affected by change in the global markets, as was demonstrated in 2008, when global food prices increased by 83% compared with three years ago. This will severely strain the budgets of low-income food-deficit countries, which are likely to see their import bills soar by more than 40% in 2009. Projections suggest that food prices are likely to remain high in the next few years.

Climate change and global economic volatility are putting Pacific populations at increased risk of food insecurity and subsequent malnutrition, foodborne diseases and noncommunicable diseases.

4.1.2 Conclusions

Access to sufficient, safe and suitable food and water is a basic human right. Unfortunately, Pacific island countries and areas face increasing pressures on food security from climate change; global financial upheavals; volatility in food and fuel prices; urbanization and population pressures; importation of foods high in fat, sugar and salt; and limited local food production.

Action across the Pacific will ensure that island countries and areas with small populations can benefit from sharing human and other resources to better promote local industry, facilitate trade in healthy food through harmonized standards, and help tackle mounting health problems arising from poor nutrition.

In noting the importance of nutritious food to food security, the Madang meeting reaffirmed the call in the Vanuatu Commitment for “whole-of-society” and “whole-of-government” approaches to be applied to noncommunicable disease prevention and control.

The meeting further recognized the foresight and leadership shown by Pacific Island Forum leaders in calling for national and regional action on food security at their 2008 meeting in Niue.

The important role of Pacific island advocates in promoting food security in the region and supporting the Pacific Food Summit initiative was acknowledged.

The meeting also endorsed the call for food security to be addressed as an issue of national and regional significance. This could be accomplished in two ways: first, by convening national food summits with support from international and regional organizations; and second, by high-level officials from agriculture, fisheries, health and trade meeting at a Pacific Food Summit to finalize a practical and achievable Framework for Action and to guide a Declaration on Food Security that would be considered for endorsement by heads of government at the 2010 Pacific Islands Forum in Vanuatu.

4.1.3 Recommendations

(1) Support the convening of national food summits and the whole-of-government approach to food security.

(2) Endorse the high-level regional Pacific Food Summit and the process of preparing a Declaration on Food Security and its associated Framework for Action for presentation to the meeting in 2010 of the leaders of the Pacific Islands Forum.

(3) Encourage partners to identify and commit adequate resources to ensure food security in the Pacific.

(4) Promote exclusive breastfeeding for the first six months of life as a valuable means of increasing food security and reducing child mortality and morbidity.

(5) Promote both voluntary and mandatory fortification of food, including flour and salt.

(6) Work with food businesses and major exporting countries to improve the quality and safety of food in the Pacific, and set and enforce clear food standards that promote both health and trade.

(7) Recognize the harmful effect of private sector campaigns that promote food of poor nutritional quality and put in place strategies to counter such efforts.

(8) Strengthen the capacity of consumers, particularly youth, to make better dietary choices through community-based actions and programmes, such as health promoting schools, and through an ongoing commitment to the Healthy Islands approach.

(9) Recognize the impact of climate change on food security, develop and implement clear strategies to mitigate its effect on local food production and food safety, and integrate them with national and regional climate change responses.

(10) Improve, with support from international and regional organizations, local food production to increase the availability of nutritious food.

(11) Recognize the full scope of the 1996 World Food Summit definition of food security so that the importance of food safety and the economic capacity to purchase food is not lost.

4.2 Aid effectiveness in the Pacific

4.2.1 Background

The Paris Declaration on Aid Effectiveness, endorsed on 2 March 2005, is an international agreement signed by more than 100 ministers, heads of agencies and other senior officials. The Declaration sets out five main principles: (1) ownership, (2) alignment, (3) harmonization, (4) managing for results, and (5) mutual accountability. Through the Accra Agenda for Action, drawn up in 2008, developing countries and international partners re-affirmed, strengthened and extended their commitment to the Paris Declaration principles, with a particular emphasis on the health sector. Additional focus was placed on increasing the predictability of aid flows, using partner country systems to deliver aid, making aid conditionality more appropriate, broadening the policy dialogue around aid effectiveness to include non-state actors, reducing fragmentation, strengthening existing institutions, and relaxing donor restrictions on procurement of goods and services. Large increases in the amount of development assistance in health as well as new types of donors and methods of delivering development assistance have given the aid effectiveness agenda more relevance.

Issues relating to aid effectiveness are relevant to the Pacific. The principles of the Paris Declaration have been adapted to the context of Papua New Guinea in the Kavieng Declaration (February 2008), and to the context of the Pacific in the Pacific Aid Effectiveness Principles. Geopolitical factors are also important in the Pacific, and the large number of countries in relation to the relatively small number of donor countries predetermines bilateral aid flows. As in the rest of the world, funding mechanisms such as the Global Fund have arrived in the Pacific and account for an increasing proportion of development assistance in health at the regional level and in countries. Aid volatility is an issue for many countries in the Pacific.

The architecture of health aid in the Pacific is complex. The specific needs and roles of individual states and territories need to be respected, but at the same time, ways to improve the efficiency and effectiveness of aid need to be sought. In an effort to improve harmonization of aid and alignment with countries' priorities, SPC and WHO entered into a memorandum of understanding based on the philosophy of "two organizations, one team and twenty-two beneficiary island countries and territories".

SPC has initiated a study in Nauru, Palau and Solomon Islands to examine national health priorities and gaps. The study focuses on health systems and outcomes, social determinants of health, aid effectiveness, and monitoring trends over time. Evidence collected from the survey will be used to define a Framework of Priorities for Health in the Pacific.

WHO promotes country ownership of the aid effectiveness agenda as well as the use of country systems. Sector-wide approaches as well as other coordination mechanisms are useful methods for increasing aid effectiveness. The appropriate balance between regional public goods and individual country programmes is part of the aid effectiveness agenda. Monitoring the amount and impact of aid in the health sector is essential.

4.2.2 Conclusions

The "aid architecture" in the Pacific is becoming increasingly complex with the proliferation of donors and funds. The increased volume of aid in health is welcome and necessary, but makes it even more important for Pacific island countries and areas, technical

partners and donors to implement the Paris Declaration principles. Unless aid is properly managed, there is a risk of fragmentation, distortion of national priorities, and duplication of efforts within the sector. Development effectiveness in health is primarily a government responsibility. Pacific island countries and areas are committed to operationalizing the Pacific Aid Effectiveness Principles (2007) and the Kavieng Declaration (2008) in their dealings with donors and technical partners.

A robust, costed national health plan, endorsed and followed by all actors in the health sector, is a cornerstone of development effectiveness in health. Mechanisms that can be used to strengthen development effectiveness include sector-wide approaches (SWAps), donor coordination groups, and donor compacts on Paris Declaration compliance.

Achieving balance between nationally and regionally delivered aid is also necessary. It is important that each country and area has the capacity to analyse and prioritize national health issues and challenges, to maintain consistent dialogue with development partners, and to manage aid within the health sector effectively.

4.2.3 Recommendations

(1) Re-emphasize the Pacific Aid Effectiveness Principles, the Paris Declaration and the Accra Agenda for Action as the guiding principles for development assistance in health in the Pacific, noting the mutual responsibilities that they place on both national systems and donors, for example, ownership, fund-raising, monitoring and ensuring efficiency in development assistance delivery.

(2) Recognize the efforts that SPC and WHO have undertaken to date to improve alignment and harmonization, and encourage further strengthening, shared approaches and mutual accountability of the two organizations in delivering technical assistance to Pacific island countries and areas.

(3) Consider including the Framework of Priorities for Health methodology as part of the national processes used to develop national health strategies, to guide work on building national multisectoral mechanisms to address the social determinants of health, and to inform development assistance.

(4) Encourage SPC, WHO and other development partners to continue to modify their own procedures in ways that make it easier for them to comply with the Pacific Aid Effectiveness Principles and other international principles.

(5) Establish development effectiveness as a high priority for Pacific island countries and areas, and work to implement aid effectiveness principles with various partners including other ministries.

4.3 Climate change

4.3.1 Background

Climate change is among the most serious challenges facing Pacific island countries and areas, threatening every aspect of their environment, social and economic development, and political and human security. Because of climate change, surface temperatures will rise, rainfall patterns will change, the sea levels will rise, and the frequency and intensity of extreme weathers, , droughts and floods will grow. All those changes will have profound impacts on health determinants and outcomes, and on health systems.

In many Pacific archipelago countries, large proportions of the population live on atolls and in lowland coastal areas susceptible to king tides, storm surges, coastal erosion and flooding. Critical infrastructure, including hospitals and clinics, is located in coastal areas and thus more exposed to climatic events.

The report of the 2000 WHO regional workshop in Samoa concluded that although adverse health outcomes and conditions varied by country, the high-priority, climate-sensitive diseases in the Pacific were vectorborne diseases (e.g. malaria, dengue fever), waterborne and foodborne diseases (e.g. diarrhoeal disease, cholera, typhoid), drowning and injuries, fish poisoning (e.g. ciguatera), food security and malnutrition, and water security.

Across the region, there is strong political will to act. In 2005, Pacific Islands Forum leaders called for national-level implementation of the Pacific Islands Framework for Action on Climate Change (PIFACC) 2006–2015. In August 2008, the 39th meeting of Pacific Islands Forum leaders in Niue "reaffirmed the continuing urgency of addressing the challenges posed by, and the impacts of, climate change as a regional priority and called on all appropriate regional bodies to support national efforts and take a leadership role in implementing regional actions to address climate change". [1]

In December 2007, the WHO Regional Offices for South-East Asia and the Western Pacific convened a regional consultation on climate change and health with Member States, including those in the Pacific region, and developed a Regional Framework for Action to Protect Human Health from the Effects of Climate Change in the Asia-Pacific Region, which was endorsed by the WHO Regional Committee for the Western Pacific in September 2008. The Regional Framework contains a number of recommended actions to be taken by governments as well as by WHO for each of three objectives: (1) to increase awareness of health consequences of climate change; (2) to strengthen health systems capacity to provide protection from climate-related risks and substantially reduce health systems greenhouse gas emissions; and (3) to ensure that health concerns are addressed in decisions to reduce risks from climate change in other key sectors.

While these regional frameworks suggest important ways to respond to climate change in the Pacific, climate change affects all countries differently. Therefore, there is an urgent need for countries to strengthen their capacity to assess the impact of climate change on health and other risks.

4.3.2 Conclusions

The Madang meeting confirmed the commitment of the Pacific island countries and areas to implement the Pacific Islands Framework for Action on Climate Change 2006–2015 and the Regional Framework for Action to Protect Human Health from the Effects of Climate Change in the Asia Pacific Region.

The countries and areas reaffirmed their particular vulnerability to climate change, as most Pacific islanders live in coastal zones and atolls that are susceptible to storm surges, coastal erosion, flooding, droughts, high tides and saltwater intrusion, the frequency and intensity of which are expected to increase and may result in growing numbers of “climate refugees” and damage to health infrastructure.

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[1] Alofi Communiqué 2008.

High-priority, climate-sensitive health risks in the Pacific include: vectorborne, waterborne and foodborne diseases; drowning and injuries; fish poisoning; food security and malnutrition; water security and sanitation; and mental stress related to the relocation of communities. It was however noted that these health risks differ from country to country and from location to location. Therefore, they require specifically tailored responses that are aligned with national priorities.

Potential interventions to minimize these health risks include: multisectoral, whole-of-government mobilization; improved disease surveillance, early warning and response; vector monitoring and control; strengthened disaster preparedness and response; provision of safe drinking water, sanitation and waste management; upgrading of health care infrastructure including laboratories; strategies for food security including availability of and access to healthy food as well as crop adaptation; social mobilization; and operational research.

Fiji, Papua New Guinea and Samoa are conducting studies on the health implications of climate change and developing national strategies and action plans for the health sector adaptation to climate change.

4.3.3 Recommendations

(1) Plan and implement studies on health vulnerability due to climate change.

(2) Develop national strategies and action plans for health sector adaptation, as part of national adaptation programmes and national communication reports to the United Nations Framework Convention on Climate Change and the Pacific Islands Framework for Action on Climate Change. The national adaptation programmes should be part of national sustainable development strategies.

(3) Increase awareness among policy-makers and the private sector about the impact of climate change on health, the determinants of health, and the livelihoods of islanders. Instruct them of the need to act now.

(4) Mobilize communities to better adapt to the health impacts of climate change, as well as other impacts, applying the healthy settings approach embedded in Healthy Islands.

(5) Strengthen national capacity to develop and implement effective interventions to minimize climate-related health risks and enhance community resilience for adaptation, with special regard for the most vulnerable populations. In particular, reinforce existing programmes and build up the capacity of health and other related sectors in terms of infrastructure, human resources and financial resources.

(6) Assess the health implications of decisions on climate change by other key sectors, such as energy, agriculture, fisheries, industry, water supply and sanitation, transport, urban and rural planning, and advocate for decisions that would improve health. It is critical that key sectors are engaged in adaptation planning for the health sector.

(7) Ensure that the support of regional and international agencies is well coordinated and tailored to the priority needs identified by the country.

4.4 Health systems strengthening and primary health care

4.4.1 Background

Health is high on the international agenda. Consequently, there is renewed interest in health systems strengthening and primary health care (PHC) within the international community. Some countries, including many in the Pacific, never lost their PHC focus.

Health systems strengthening and primary health care are complementary and intimately entwined strands of work. Primary health care constitutes the core framework of values that guides efforts to strengthen health systems. The values of primary health care include equity, social justice, universal access to essential health care as a human right, people-centred care, community health protection, scientific soundness, self-determination and self-reliance. The *World Health Report 2008* uses a somewhat different schema to describe four areas of PHC reform to achieve the desired outcomes. The key is to analyse country health systems holistically and to focus on the desired outcomes in health, namely, level of health, financial risk protection, responsiveness and efficiency.

Health indicators in the Pacific region are reasonably favourable by international standards. However, there is an increasing burden of noncommunicable diseases, with risk factors of tobacco use, physical inactivity and unhealthy diets and obesity contributing to that burden. Communicable diseases are still a threat in some locations. HIV/AIDS remains a risk to be controlled. Health care systems in the Pacific, for the most part, are funded and provided by governments. There is pressure on health budgets, but overall levels of health care expenditure are relatively low. An issue of particular concern in the Pacific is human resources. Overseas development assistance in the health sector is of considerable importance in certain parts of the Pacific.

WHO is committed to developing, through a process of consultation with Member States, a regional strategy for strengthening health systems, based on the guiding principles and core values of primary health care, and to increasing its capacity in the Region to provide technical assistance to Member States in this area. SPC is adopting a whole-of-health approach to its new 2010–2014 Public Health Strategic Plan as a means of ensuring that investment funding channelled to countries through its various funding partners contributes to a strategic approach to health systems strengthening that is less disease specific.

4.4.2 Conclusions

Health systems strengthening is high on the global health agenda in large part due to three main developments. First, there as been a marked increase in funding for the health sector. Second, health figures prominently in the Millennium Development Goals, which have a 2015 deadline. And finally, there has been a growing recognition that health is a precondition for socioeconomic development, not just a result.

Weak health systems jeopardize the sustainability of achievements attained with increased funding in the sector.

The global movement for primary health care has gained momentum in recent years, culminating in the October 2008 meeting in Almaty where the *World Health Report 2008: Primary Health Care: Now More Than Ever* was launched on the 30th anniversary of the original Declaration of Alma-Ata. National health systems built on the principles of primary health care have achieved better value in their health outcomes.

Primary health care has been and continues to be an organizing principle for the health systems in much of the Pacific. The Healthy Islands approach is a long-standing initiative in much of the Pacific, incorporating the values of primary health care in providing preventive, promotive and curative health services.

Holistic approaches to health systems are the most effective. Unbalanced efforts in only one aspect of the system, while neglecting the rest, can lead to bottlenecks and inefficiencies, and may put sustainability at risk. To achieve optimal health outcomes, health systems need to be aware of the many influences on health that are outside the health system, sometimes referred to as the social determinants.

The reform framework for implementing primary health care, as identified in the *World Health Report 2008*, and WHO's framework for health systems strengthening are useful analytical frameworks to ensure a holistic, multisectoral, equitable and efficient approach for health systems strengthening.

All countries are under pressure to balance competing demands in order to provide accessible, affordable and acceptable health care systems. A few of the issues include the need for timely and accurate information, developing sustainable and equitable sources of funding, and developing an adequate health workforce. The focus must remain on the outcomes expected from a health system.

4.4.3 Recommendations

(1) Strengthen health systems of Pacific island countries in a holistic, integrated, equitable and efficient manner to improve health outcomes, with intensified support from partners.

(2) Apply the Healthy Islands approach to implement primary health care and strengthen health systems.

(3) Support a process of country consultation in the Pacific in the development of a regional strategy for health systems strengthening based on the principles of primary health care, ensuring that Pacific and country concerns and ideas are incorporated.

(4) Strengthen the capacity of Pacific island countries in health systems analysis and policy-making with support from the Asia Pacific Observatory on Health Systems and Policies and other partners.

(5) Increase regional cooperation and further harmonize approaches to health as called for in the Pacific Plan, with an emphasis on primary health care and health systems, when these approaches are found to feasibly increase efficiency and effectiveness.

4.5 Maternal, child and adolescent health

4.5.1 Background

In the Pacific, where maternal and child health activities are carried out extensively, most countries have shown improvements in the health of their populations and are likely to meet the targets of Millennium Development Goals (MDGs) 4 and 5, namely: reducing child mortality by two thirds, reducing maternal deaths by three quarters, and achieving universal access to reproductive health by 2015. Papua New Guinea, however, has reported very high maternal and child mortality rates and will unlikely meet the targets unless accelerated actions are implemented. In some Pacific island countries, total fertility rates and adolescent pregnancy rates

are relatively high, while contraceptive prevalence is comparatively low. In November 2008, 14 Ministers of Health signed the Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities, an important policy guide for countries to develop national plans of action, especially for improving access to family planning. Several countries are implementing the Joint WHO-UNICEF Regional Child Survival Strategy, and are conducting training in Integrated Management of Childhood Illnesses (IMCI). All countries have used guidelines such as the Integrated Management of Pregnancy and Childbirth (IMPAC) for maternal and newborn health.

Most countries need to strengthen their information systems to provide reliable data. Rates and ratios, especially maternal mortality ratio (MMR), are not appropriate measures for countries with small populations, relatively few live births and very few maternal deaths. Even one death will increase the MMR considerably. For these countries, absolute numbers are more useful for assessing progress.

In analysing the situation, it is imperative for policy-makers to recognize the major impact of the multiple determinants of maternal, newborn, child and adolescent health, many of which are outside the mandate of the health sector. The challenges faced by Pacific island countries include: geographical remoteness and isolation; access to education; food insecurity; water safety; housing; social protection; social, economic and cultural barriers; the status of women and youth; poverty that compromises financial access; exposure to disasters; and displacement due to climate change. The impact of these challenges are magnified several times in Papua New Guinea because of weak health systems.

In the area of controlling diseases related to reproductive health, countries need to address sexually transmitted infections (STI), reproductive tract infections, HIV/AIDS and cervical cancer. In the area of sexual health, besides ensuring sexual and reproductive health of adolescents, some countries need to address gender-based violence and its effect on the health of women and children.

4.5.2 Conclusions

This agenda item was first discussed at the biennial Meeting of the Ministers of Health for the Pacific Island Countries in 1995. With just slightly more than five years to 2015, the target year for achieving the Millennium Development Goals, this topic is very relevant. MDG 4 calls for a reduction of the under-5 mortality rate by two thirds, between 1990 and 2015, while MDG 5 calls for a reduction of the maternal mortality ratio by three quarters during that same time period. It also sets a target for skill birth attendants at every birth and universal access to reproductive health.

The meeting took note of the following:

- The situation on maternal, child and adolescent health in the Pacific is variable; however, most of the countries have made good progress and are expected to achieve MDG 4 and MDG 5. The situation is most urgent in Papua New Guinea, where trends indicate that these goals will unlikely be met.

- Countries with small populations and relatively few births may not be able to track progress consistently.

- All countries in the Pacific need to improve their health information systems to facilitate monitoring.

- All countries in the Pacific have been delivering maternal, child and adolescent health services to varying degrees; however, coverage of family planning services is still low in some Pacific island countries and areas. Low coverage leads to unintended pregnancies, contributing to an emerging concern—adolescent and teenage pregnancies. The recently endorsed Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities provides a strong impetus for further improvement in this area.

- Challenges in meeting MDG 4 and MDG 5 are mainly related to multidimensional determinants such as poverty and food insecurity, the geographical remoteness of some of these island countries, and the low status of women in some societies. Another major challenge is weak health systems.

- The role of multisectoral responses is important, especially in the context of the wide-ranging determinants of maternal, child and adolescent health, such as poverty, gender-based violence, education and access to health services.

- Partnerships among countries of the Pacific, as well as between these countries and international and regional organizations, are crucial.

- Countries reported on several commendable activities that can be used as best practices including: accreditation of health workers; setting of service standards; expanding outreach services for improving immunization coverage; adopting an integrated model for health services in which the mother and child are the centrepiece of all health programmes; and initiatives that result in the forming of national task forces to look into maternal and child health.

- Many countries expressed concern over the introduction of the human papillomavirus (HPV) vaccine for primary prevention of cancer of the cervix, and its operationalization.

4.5.3 Recommendations

(1) Where MDG 4 and MDG 5 are at risk of not being achieved, strengthen the current efforts to reduce under-5 and maternal mortality rates (most urgently needed in Papua New Guinea).

(2) Where populations and number of births are small, complement monitoring rates and ratios with absolute numbers and improve the quality and reliability of data, especially maternal deaths.

(3) Strengthen ongoing services that contribute to good maternal, child and adolescent health with particular attention to family planning to prevent unintended pregnancies, including among adolescents and teenagers.

(4) Encourage optimal use of the Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities.

(5) Encourage the implementation of broader strategies to improve maternal, child and adolescent health, and include these in improving policy formulation and national programming, strengthening health systems, and improving monitoring and evaluation to track progress.

(6) Tackle challenges in the broader areas of human development—poverty, food insecurity, status of women and transport—with intersectoral actions.

(7) Enhance partnerships among countries as well as between countries and international and regional organizations such as WHO, SPC, UNICEF and UNFPA.

(8) Sustain, scale up and emulate "best practices" reported by some countries.

(9) Carry out cervical cancer prevention and control using a comprehensive approach, especially in the context of plans to introduce the HPV vaccine, so that primary prevention does not replace secondary prevention, which needs to be introduced or strengthened in all countries.

4.6 Pooled procurement for improving access to essential medicines in Pacific island countries

4.6.1 Background

Regional procurement of pharmaceuticals for Pacific island countries and areas has been discussed for more than two decades. Through the Yanuca Island Declaration on Health in Pacific in the 21st Century, the Rarotonga Agreement: Towards Healthy Islands, and the Palau Action Statement, Ministers of Health have declared bulk procurement a priority for the region and have called for actions that would lead to establishing a regional scheme. It has also been recognized that improvements in the quality and availability of medicines in Pacific island countries and areas could be achieved through a bulk purchasing scheme. In addition to regional procurement, Ministers of Health have discussed the importance of information exchange among countries, the development of a common framework for medicines legislation, and coordination of sampling and testing.

The Pacific Plan for Strengthening Regional Cooperation and Integration recently called on Pacific leaders to "develop proposals or strategies for the bulk purchasing, storage and distribution of key import commodities, such as petroleum and pharmaceuticals" and directed the Pacific Islands Forum Secretariat to address these tasks. In 2007, a feasibility study was conducted by WHO, in collaboration with chief pharmacists in Pacific island countries, to identify potential cost and non-cost benefits of regional procurement and to recommend a set of actions for countries to perform if there is mutual interest in regional collaboration for the purchase and supply of pharmaceuticals.

During a Workshop on Pharmaceutical Policies and Access to Essential Medicines for Pacific Island Countries, held in Fiji in August 2008, chief pharmacists reviewed the study, recommended the development of a road map for regional cooperation on pharmaceuticals and a briefing document on pooled procurement for the endorsement of the Ministers of Health.

4.6.2 Conclusions

The briefing document entitled *Pooled Procurement for Improving Access to Essential Medicines* was presented to the Ministers. The document briefly outlines the reasons for exploring a regional cooperation model for procurement, summarizes experiences in pooled procurement in the Pacific, identifies "group contracting" as an initiative to be further explored, and sets out a road map to direct implementation of a regional cooperation model for procurement. Ministers of Health were requested to endorse the document, thereby committing to implementing phase one of the road map, or the preparatory phase, dealing with the issue of harmonization and standardization.

The Ministers appreciated that the issue of pooled procurement of essential medicines was raised at the meeting, and expressed keen interest in improving medicines procurement and supply chain management in Pacific island countries.

It was recognized that the pooled procurement mechanism is just one option for improving access to essential medicines. Some participants expressed reservations about endorsing phase one of the road map for the following reasons: insufficient information provided in the briefing document, ongoing restructuring of the medicines supply organization, decentralization of medicines procurement function in some countries, and no involvement of Government decision-makers in the earlier consultation on this matter.

On the other hand, Ministers expressed interest in pursuing feasible intercountry collaboration in medicines procurement to improve access to essential medicines. Improving medicines procurement would result not only in cost savings, but also in nonmonetary benefits, such as improving quality assurance and improving supply efficiency.

Further consultation on improving medicines procurement and supply chain management in Pacific island countries is needed.

4.6.3 Recommendations

(1) Participate in the consultation process to improve medicines procurement and supply chain management in Pacific island countries.

(2) Strengthen medicines supply chain management at different levels and improve technical capacity of existing staff.

(3) WHO, together with partners, should provide technical support to strengthen medicines procurement and supply chain management and human resource capacity.

4.7 Prevention and control of noncommunicable diseases

4.7.1 Background

The Vanuatu Commitment reaffirmed the priority given to the prevention and control of noncommunicable diseases (NCD) in the Samoa and Tonga Commitments and at other previous meetings. Major recommendations and action taken are as follows:

(1) Apply “whole-of-society” and “whole-of-government” approaches to NCD prevention and control, such as the 2-1-22 Pacific NCD Programme (2008–2011), which is financially supported by AusAID and NZAID.

(2) Convene a food summit.

(3) Adopt comprehensive approaches to NCD prevention and control. National strategies have been drafted by six Pacific island countries and areas and endorsed by eight others. Pacific Physical Activity Guidelines for adults have been developed to guide action in Pacific island countries and areas.

(4) Find more effective ways to communicate on healthy lifestyles and tobacco control, etc. Communication for behavioural impact (COMBI) training has been conducted in five Pacific island countries and areas. Seven Pacific island countries and areas have passed national legislation on tobacco control. Fiji and Palau have won WHO World No Tobacco Day Awards. Health promoting schools have been strengthened in several Pacific island countries and areas. The “Stomp da fat” campaign in Nauru and “Go Local” campaign in the Marshall Islands are good examples of effective communication campaigns.

(5) National leaders and health workers should serve as role models of healthy lifestyles. The health promoting workplace initiative has been adopted by the Ministries of Health of six Pacific island countries and areas.

(6) Strengthen the capacity of joint teams from different departments in the Ministry of Health and from other ministries to address NCD prevention and control. Eight multicountry and 13 national NCD training workshops were conducted in 2007 and 2008. Nineteen participants from Pacific island countries and areas were trained at the WHO-Japan International Visitors Programme.

4.7.2 Conclusions

The Vanuatu Commitment of 2007 recommended: applying "whole-of-society" and "whole-of- government" approaches, convening of a food summit, adopting comprehensive approaches for the prevention of noncommunicable diseases, finding effective means of communication, identifying national leaders and health workers to serve as role models, and enhancing capacity.

Noncommunicable diseases are the leading cause of mortality (70%–75% of all deaths) in the Pacific. The prevalence of noncommunicable diseases and risk factors, especially diabetes, overweight and obesity, is among the highest in the world. Cancer rates are also on the rise. The Pacific Framework for NCD Prevention and Control, initiated in August 2007, has received funding support and has helped Pacific island countries and areas through the 2-1-22 Pacific NCD Programme. Using the WHO STEPwise approach to Surveillance of NCD Risk Factors (STEPS, Pacific island countries and areas have been collecting scientific, national and comparable data on the key noncommunicable diseases and their risk factors.

Multisectoral national food summits are being organized as lead-ups to the Pacific Food Summit in 2010. They will provide a regulatory environment conducive to diet-related risk reduction. National NCD strategies and/or plans have been drafted in six Pacific island countries and areas and endorsed in eight others. The "health promoting workplace" programme has been initiated by Ministries of Health in Cook Islands, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Palau, Tonga and Tuvalu. The "health promoting school" programme has been strengthened with close cooperation of Ministries of Health and Education in some countries. Tobacco control has gained momentum. All Pacific island countries have ratified the WHO Framework Convention on Tobacco Control, and seven Pacific island countries have passed national legislation on tobacco control. Human resource development was supported in the area of "communication for behavioural impact", which led to many novel approaches (e.g. BULA 5:30 in Fiji, Go Local in Papua New Guinea, 5-a-day campaign in Cook Islands). National leaders have been role models for healthy living. Eight multicountry and 13 national training workshops on NCD prevention and control have been conducted in 2007–2008.

Pacific island countries and areas have taken action in response to the recommendations of the Vanuatu Commitment through various NCD prevention and control programmes. There is a need to expand, sustain and synergize the various interventions with evaluations. The Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases, which was endorsed by the Regional Committee in September 2008, and the Pacific Framework for NCD Prevention and Control provide guidance for scaling up NCD prevention and control. Healthy Islands, which promotes the whole-of-government and whole-of-society approaches, is best suited for integrating the various NCD prevention programmes and bringing in interventions from multiple sectors. The call for continued political commitment to ensure sustained action in addressing noncommunicable diseases and to achieve Healthy Islands remains a priority.

4.7.3 Recommendations

(1) Use Healthy Islands as the basis for implementing integrated NCD surveillance and intervention through health systems strengthening and the whole-of-society approach.

(2) Scale up implementation of NCD prevention and control programmes, such as the 2-1-22 Pacific NCD Programme.

(3) Strengthen health protection through healthy public policies, legislation, regulations and intersectoral partnerships.

(4) Strengthen surveillance systems by continuing to use national STEPS to provide scientific, updated and comparable data over time and between countries; strengthen monitoring and evaluation of various NCD programmes.

(5) Strengthen clinical services for acute and chronic care, as well as management of key noncommunicable diseases (e.g. diabetes, cardiovascular diseases, cancer), to complement risk reduction approaches.

(6) Call on leaders, government officials and community health workers to be good role models and champions for a healthy lifestyle.

(7) Mobilize human, financial and material resources for NCD prevention and control.

4.8 The Asia Pacific Strategy for Emerging Diseases and the Pacific Regional Influenza Pandemic Preparedness Project

4.8.1 Background

Pandemic (H1N1) 2009

Outbreaks of severe acute respiratory infections and related deaths in Mexico attracted international attention in March and April 2009. The illness spread to California and Texas, where its cause was identified as a new influenza A(H1N1) virus.

WHO declared a public health event of international concern on 25 April. The virus spread rapidly to other countries. WHO raised the level of pandemic alert to phase 4 on 27 April, phase 5 on 29 April, and phase 6 (the highest level: pandemic phase) on 11 June.

As of 7 July, 136 countries and areas have officially reported 95 207 confirmed cases of influenza A(H1N1) infection, including 430 deaths.

The majority of cases of H1N1 pandemic influenza are mild, although there have been some cases of severe illness and death than in the 1918 pandemic and comparable to the 1957 pandemic. Transmissibility is substantially higher than for seasonal flu, and comparable with lower estimates from previous influenza pandemics.

Younger age groups (i.e. persons under 50 years) are more frequently affected by pandemic influenza than by seasonal influenza. The risk factors for severe disease, which were identified in the first months of the pandemic, are similar to those for seasonal influenza, namely: asthma; pregnancy; very young age; diabetes; immunodeficiency; cardiovascular disease; and lung disease. Indigenous population groups (e.g. Canadian Inuits, Australian aboriginals) are more severely affected.

Countries in the Pacific have responded fast to this pandemic threat. Nevertheless, more than half of the Pacific island countries and areas have reported cases of the pandemic influenza. It is thought that the virus will eventually reach all countries of the world. The aim of control measures is to slow down the transmission in order to preserve the health care system and other essential services, while also gaining more time to wait for the vaccine to become available, which may take several months.

International Health Regulations (2005)

The International Health Regulations are a global legal framework for preventing and responding to the international spread of diseases while avoiding unnecessary interference with international traffic and trade. The revised International Health Regulations, referred to as IHR (2005), were adopted by the World Health Assembly in May 2005 and entered into force in June 2007. The IHR (2005) set out many new obligations and provide unique new opportunities for Member States to strengthen their public health systems.

A number of workshops on IHR (2005) have been held in the Pacific. The most recent was held in 2008 in Rarotonga, Cook Islands. These workshops have provided an opportunity to gauge progress toward implementation of IHR requirements, share best practices, seek additional support, and renew awareness and attention to IHR.

The IHR (2005) has been the cornerstone on which the current response to the influenza A(H1N1) epidemic has been framed.[RV1]

Asia Pacific Strategy for Emerging Diseases (APSED)

To provide countries and areas with a road map for the implementation of IHR (2005), WHO's Regional Committee for the Western Pacific, in September 2005, endorsed the Asia Pacific Strategy for Emerging Diseases. The Strategy was jointly developed by WHO's Western Pacific and South-East Asia Regions. In July 2006, the WHO Workplan for the Implementation of the Asia Pacific Strategy for Emerging Diseases (2006–2010) was developed. The workplan sets out the following goal: "All the countries and areas of the Asia Pacific Region will have the minimum capacity for epidemic alert and response by 2010."

All of the Pacific island countries and areas have created their IHR-APSED workplans and have begun implementing them in order to contribute to national, regional and international public health security.

Pandemic influenza preparedness

The Vanuatu Commitment emphasized pandemic preparedness as an important focus around which to develop the IHR (2005) core capacities. With the support of donor agencies, SPC has been working closely with WHO and other partners to help Pacific island countries and areas to develop their national and local plans for responding to avian influenza and for preparing for the next influenza pandemic. In particular, the Pacific Regional Influenza Pandemic Preparedness Project, involving cross-sectoral responses with emphasis on animal and human health services, has nearly reached the endpoint of its four-year implementation.

Pacific Public Health Surveillance Network (PPHSN)

The Pacific Public Health Surveillance Network, established under a joint initiative by WHO and SPC in December 1996, has a goal to develop sustainable public health surveillance and response in the Pacific. The five PPHSN broad strategies are: (1) harmonization of

surveillance data and development of appropriate surveillance systems (with priority given to outbreak surveillance and response); (2) publication and/or dissemination of timely, accurate and relevant information in various forms; (3) training in applied epidemiology and public health surveillance, adapted to regional needs; (4) extension of the electronic communication network to new partners, new services and other public health networks; and (5) development of relevant and cost-effective computer applications.

Four services established under the Pacific Public Health Surveillance Network, namely, PacNet, LabNet, EpiNet and PICNet, have been playing an important role in strengthening the public health surveillance and response systems, in particular, the sharing of disease information and technical guidelines as well as building epidemiology and laboratory capacity for outbreak alert and response. As Pandemic (H1N1) 2009 developed, the PacNet (together with PacNet-restricted) list played a crucial role in the dissemination of updates and guidance and discussion of response options and priorities.

4.8.2 Conclusions

With respect to the International Health Regulations (2005) and the Asia Pacific Strategy for Emerging Diseases:

- Pacific island countries and areas have made excellent progress with the implementation of IHR (2005) and APSED, executing all of the recommendations from the Vanuatu Commitment.

- Countries and areas are on schedule with IHR (2005) implementation. All of them have designated National IHR Focal Points; completed the core capacity assessment; created a National IHR Implementation Plan; and competently used the IHR (2005) mechanism to communicate and collaborate on public health emergencies of international concern, such as dengue and the pandemic influenza A(H1N1) 2009 virus. The next step for full implementation of the APSED and IHR (2005) is for some countries to strengthen their communicable disease surveillance. In addition, some countries will need to further integrate health and non-health sectors under the IHR (2005) framework.

- Geographical isolation and human resource challenges prevent many surveillance systems from being fully compliant with the IHR (2005) requirements of timeliness and response. Many countries would benefit from simplified communicable disease surveillance systems. WHO and SPC have proposed expanding the Pacific hospital-based active surveillance system, which currently covers acute flaccid paralysis and acute fever and rash. Four syndromic case definitions would be added: diarrhoea; acute respiratory infection; influenza-like illness; and prolonged fever. The reporting of these syndromes would trigger an initial response without the need for overseas laboratory confirmation. They would also make reporting and data analysis less burdensome and more sustainable. The expanded surveillance system has been piloted successfully by several countries, and other countries and areas expressed interest in implementing it.

- The Pacific Public Health Surveillance Network continues to play an integral role in international collaboration and communication and thus strengthens the region's IHR (2005) capabilities.

- While IHR (2005) is needed to ensure health security, some Member States are concerned that personal freedom, travel and trade are being unnecessarily restricted.

- Many newly emerging human diseases are zoonotic in origin. Therefore, countries must strengthen their capacity to deal with zoonoses, in particular, the prevention of transmission from animals to humans. Good collaboration between animal health and human health sectors is required.

With respect to Pandemic (H1N1) 2009:

- Pandemic influenza is of great concern to the Pacific, considering it was severely affected during the Spanish Flu pandemic in 1918. Today, the world—and especially the Pacific—is better prepared to deal with a pandemic. The Pacific response to Pandemic (H1N1) 2009 has been very fast and effective; however, more work will need to be done to mitigate the impact of this pandemic. Many countries expressed their appreciation for the support they have received from WHO, SPC and other agencies.

- Non-pharmaceutical interventions, such as social distancing and public awareness campaigns, have been shown to be the most effective measures to mitigate the effect of a pandemic. Many countries and areas have used their relative geographical isolation to their advantage, implementing strict passenger screening by means of questionnaires and/or temperature measurements. This approach, combined with in-country control measures, helped to delay the spread into some countries. However, it is expected that the disease will eventually spread to almost all countries in the world.

- Although the current wave of the pandemic has presented as moderately severe, the impact of the pandemic during the second wave could worsen as larger numbers of people become infected. Health services need to be prepared to deal with the increase in influenza patients. Undoubtedly, the health workforce capacity will be stretched given that it will also be affected by the pandemic.

- Preliminary information shows that rapid diagnostic tests for influenza are not reliable when used on Pandemic (H1N1) 2009 cases: very large numbers of false-negative results have been reported. Currently, polymerase chain reaction (PCR) testing is the only reliable method of confirmation. This means that many Pacific island countries and areas have to send their specimens to reference laboratories overseas. Several countries reported problems and delays with shipment of samples. In addition, some reference laboratories have been overloaded with specimens, resulting in backlogs.

- As the number of cases grows, countries need to assess when to switch from confirmation of all suspected cases to a more systematic and less burdensome sentinel surveillance system.

- Communications, especially guidance sent to countries and areas, have sometimes been confusing and unsuitable for the special situation in the Pacific.

- Some participants questioned whether the level of resources being expended for this pandemic is justified, considering that it is now only moderately severe.

- Most mortality and morbidity associated with influenza infection is related to secondary bacterial pneumonia.

- Several manufacturers have announced that a vaccine for the pandemic influenza A(H1N1) virus will become available within 2009. WHO is negotiating access to this vaccine with producers and other stakeholders on behalf of developing countries.

With respect to the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP):

- With Pandemic (H1N1) 2009, preparedness efforts of Pacific island countries and areas have been put into action. Countries and areas have been given an opportunity to utilize their preparedness plans in order to mitigate the pandemic impact on populations, to identify potential weaknesses, and to apply continuous improvement strategies to their responses for the current and future waves of this pandemic and others.

- Further support from agencies is expected in terms of technical advice and procurement of personal protective equipment and medications, and evaluation of the current response.

- Preparedness efforts need to be maintained over a prolonged period through regular testing exercises, plan revision and adaptation, and workforce training.

4.8.3 Recommendations

With respect to both the International Health Regulations (2005) and the Asia Pacific Strategy for Emerging Diseases:

(1) Continue to implement IHR (2005) and APSED as a matter of priority.

(2) Countries that do not yet have a timely communicable disease surveillance system that includes weekly analysis of reports and feedback reporting, consider implementing a hospital-based syndromic surveillance system, building on the existing hospital-based active surveillance system for acute flaccid paralysis and acute fever and rash.

(3) Continue to utilize the mechanisms of the Pacific Public Health Surveillance Network (PPHSN) to strengthen the core capacities of countries for IHR (2005) implementation.

(4) Encourage WHO, SPC and other agencies, where appropriate, to continue to support countries in the following areas:

(a) implementation of IHR (2005) and APSED; and

(b) strengthening and simplifying communicable disease surveillance and information sharing between countries;

(c) response to outbreaks and other public health events of international concern; and

(d) human resource capacity-building, including training, in surveillance and response; and

(e) communication between countries and partners in the airline, railroad and shipping industries, in particular, to comply with IHR (2005).

With respect to Pandemic (H1N1) 2009:

(1) Intensify non-pharmaceutical interventions, such as social distancing and public information campaigns, which are the most effective measures to mitigate the effect of a pandemic.

(2) In countries where stocks of antiviral medications are limited, and once community transmission has been confirmed, reserve medications for patients with severe disease or who have risk factors to develop severe influenza.

(3) Set up contingency plans to mobilize adequate supplies of antibiotics, respiratory support (such as oxygen) and intravenous fluids, and standard guidelines for their use.

(4) Consider, where practical, measures to contain the virus. These efforts can be valuable in delaying entry and spread of the virus, and so providing extra time for further preparedness.

(5) Be ready to deal with a surge of influenza patients, which may also include the health workforce.

(6) International and regional organizations should further address the reliability of in-country testing, laboratory referral systems, and the organization and timeliness of specimen referral. They should also support laboratory testing.

(7) Once community transmission has been confirmed, limit laboratory testing and focus on sentinel-type surveillance to monitor trends and changes in severity, age distribution, or geographical spread.

(8) Continue to use PacNet as a useful mechanism for sharing information on the pandemic, with all stakeholders collaborating to ensure the information reaching countries and areas is well informed and well coordinated.

(9) Closely monitor the severity of the current pandemic.

(10) WHO and other partners should be open and forthcoming with information on the availability of the Pandemic (H1N1) 2009 vaccine, and assist in ensuring that Pacific island countries and areas will benefit in a timely manner.

With respect to the Pacific Regional Influenza Pandemic Preparedness Project:

(1) Recognize the importance of pandemic preparedness.

(2) Ensure that pandemic preparedness and response are part of a multisectoral approach, integrated with multi-hazard preparedness and response mechanisms (including food security in particular).

(3) Perform regular testing exercises in order to maintain and improve country and area pandemic preparedness.

(4) Continue to strengthen human and animal health system links and capacities in zoonotic diseases.

(5) Use and reinforce the PPHSN partnership and mechanisms to strengthen and support surveillance and response in the Pacific.

(6) SPC and PRIPPP should:

(a) work with WHO and other partners to provide timely support to strengthen the response of Pacific countries and areas to pandemic influenza;

(b) help evaluate preparedness with a rapid evaluation of the response to the current pandemic;

(c) ensure their actions and approaches are designed for sustainability (e.g. support to regular country preparedness testing exercises and the institutionalization of training).

4.9 Human resources for health and the Pacific Human Resources for Health Alliance

4.9.1 Background

The Vanuatu Commitment endorsed the Pacific Code of Practice for Recruitment of Health Workers and recommended specific actions in line with the Regional Strategy on Human Resources for Health (2006–2015), such as collecting and collating reliable workforce data for policy-making, planning and management, education and training as well as exploring regional mechanisms for addressing common health workforce challenges in the Pacific. In October 2008, following extensive consultations among Pacific island countries, development partners, Pacific institutions and other stakeholders, the Ministers of Health unanimously agreed to establish a Pacific Human Resources for Health Alliance (PHRHA) that would, among other things, serve as a network and a partnership mechanism to improve coordination and integration of HRH programmes, activities and resources in the Pacific. The objectives of the 2008–2015 PHRHA workplan focused on: advocacy and partnerships; evidence-based policy and planning; sharing information and resources; and common standards in health professional education with a focus on nursing.

There is a reliance on nurses and mid-level practitioners for the delivery of most of the basic and primary care services in the Pacific and for the provision of basic diagnostic and curative services that would normally be done by doctors elsewhere. Research has shown marked variability in the standards of nursing education, which do not always meet national and/or regional needs for the provision of safe and effective nursing practice, and in the quality of nursing curricula and educational programmes in the Pacific. Additionally, wide variation exists in legislation and regulation, accreditation mainly of health training institutions, courses and training programmes, faculty qualifications and capacities, salary structures and career pathways. There is a high demand for continuing education, particularly through the Pacific Open Learning Health Net (POLHN).

Due to small population sizes and limited resources, many countries are unlikely to become self-sufficient in the provision of a range of tertiary and specialist services in the foreseeable future. Low clinical case-loads and professional isolation also make it difficult for clinical specialists to maintain their competencies. Overseas referrals for specialist medical treatment are costly and the deployment of clinical teams to some countries has had limited impact on local capacity and skills development. In this regard, a suitable model for clinical services capacity strengthening in the Pacific is being proposed.

The draft WHO code of practice on the international recruitment of health personnel mirrors the Pacific code's purpose, status, principles and emphasis on national strategies to

improve retention, enhance mutual benefits for all parties, and promote transparency, ethical recruitment and monitoring. The core areas of the draft code are in line with the actions recommended by the Samoa Commitment for managing the migration of health workers.

4.9.2 Conclusions

In terms of human resources for health (HRH), Pacific island countries face two key challenges, namely, the shortage of health workers and the out-migration of skilled professionals. Both are due to multiple factors such as lack of effective cohesive planning and management, inadequate numbers of trainees, costly overseas training and poor retention rates.

The meeting acknowledged the strong support from key partners, especially the Australian Agency for International Development (AusAID) and New Zealand's International Aid and Development Agency (NZAID), for POLHN and PHRHA.

PHRHA sees the potential for meeting the unique needs of the region, as well as the needs of individual Pacific island countries, by coordinating actions through networking and multisectoral collaboration, advocacy, and sharing information and resources to address HRH challenges. In its workplan, PHRHA outlines its support for the following: common standards in health professional education with focus on nursing; country-specific data sets for HRH planning; innovative continuing education including POLHN; recruitment and retention; and, primary health care practitioners.

The meeting noted that areas of authority for HRH management, such as the establishment of posts, salaries and working conditions, lie outside the health ministry—often with the public service commission. Strong leadership and factual information are required for the Ministry of Health to make its case for posts, particularly in the current economic crisis. In this regard, the Health Ministry needs to work closely with other sectors such as education, finance and planning.

Some Pacific island countries have bilateral agreements with either Australia or New Zealand for visiting medical specialists and overseas treatment of patients needing specialist medical care. The model for clinical services capacity strengthening in the Pacific was acknowledged by the meeting as an effective way to promote the equitable distribution of specialized clinical services.

In drafting a global code of practice, WHO drew from the experiences of similar codes including the Pacific Code of Practice for Recruitment of Health Workers. The Ministers of Health expressed support for the proposed global code and the potential benefits for Pacific island countries.

4.9.3 Recommendations

(1) Increase the numbers of skilled health professionals; develop an effective plan to manage and retain the health workforce; and invest in sustainable health training institutions in Pacific island countries and the region.

(2) Recognize and acknowledge the strong support from key partners and urge continued commitment in addressing the unique human resources for health needs in the Pacific at country and regional levels.

(3) Establish national mechanisms to strengthen multisectoral collaboration to address HRH challenges outside the auspices of the Ministry of Health.

(4) Take necessary actions, including a reasonable extension of the consultation period, on the proposed model for specialized clinical services capacity development.

(5) Acknowledge the work that needs to be undertaken to strengthen the Pacific Code of Practice for Recruitment of Health Workers and its implementation and support the links to the recently developed WHO global code of practice.

(6) Consider the draft WHO code of practice at relevant meetings and participate in further discussions at sessions of the Regional Committee, Executive Board and World Health Assembly.

(7) PHRHA should take necessary actions to implement its workplan, focussing on the following areas: common standards in health professional education with focus on nursing; country-specific data sets for HRH planning; innovative continuing education, including POLHN; recruitment and retention; and primary health care practitioners.

4.10 Prevention and control of HIV/AIDS and sexually transmitted infections

4.10.1 Background

Pacific Ministries of Health have declared their support for addressing human immunodeficiency virus (HIV) and other sexually transmitted infections (STI) since 1994. Their aim is to achieve the Millennium Development Goal of reducing the incidence of HIV infection by a half by 2015 and to work towards the broad goal of “universal access to comprehensive prevention, treatment, care and support” by 2010 at the United Nations General Assembly Special Session (UNGASS) General Assembly High-Level Meeting on AIDS in June 2006. In 2007, the leaders endorsed the Pacific Regional Strategy on HIV and other STI 2009–2013.

Pacific Ministers of Health reaffirmed their vision of “healthy islands” during the biennial meeting held in Port Vila, Vanuatu, from 12 to 15 March 2007. The Vanuatu Commitment clearly affirms that Ministers of Health support the goal of universal access to prevention, treatment, care and support as a human right and equity principle.

In the Pacific region, there are two different epidemics unfolding driven by sexual transmission, with an increased proportion of male-to-male transmission, which require localized responses. While most Pacific island countries have low but gradually increasing HIV prevalence rates, Papua New Guinea is experiencing a generalized epidemic.

In May 2009, HIV and STI Programme Managers met in Nadi to assess the HIV and STI situation and response in the Pacific island countries and areas, to identify challenges and gaps for scaling up HIV and STI prevention, care, treatment and support in the health sector, and to prepare a briefing document for the endorsement of the Ministers of Health for the Pacific Island countries.

4.10.2 Conclusions

All Pacific island countries have prioritized HIV and STI prevention and control.

Since 2007, progress has been made by many countries in their national responses to HIV and STI, with continued political commitment and contribution from governments and active support from technical partners and donor agencies.

The challenges of increased gender inequality, gender-based violence and continuing human rights abuse and discrimination issues need to be further addressed as part of HIV/AIDS and STI responses.

Progress has been made in working with the key catalysts of the HIV epidemic in the subregion, including sex workers, men who have sex with men, and gender inequality. But further work is required to expand an evidence-based and more effective response. In low prevalence countries, as in the Pacific region, a stronger focus is needed on most-at-risk populations.

Participants emphasized the need to maintain and strengthen the focus on prevention in small island states. The 100% Condom Use Programme and voluntary counselling and testing were recognized as priority approaches to prevention. A coordinated approach—involving governments, nongovernmental organizations and civil society groups—is needed to address the social determinants of HIV and STI. Effective collaboration would strengthen the knowledge base and enable better understanding of the HIV situation in the Pacific.

To support the scale-up of HIV testing and counselling in Pacific island countries and areas, essential standards were developed. Validation of HIV testing algorithms was undertaken in Papua New Guinea and is under way in other Pacific island countries and areas. Commitment from Pacific island countries and areas to adapt the essential standards for HIV testing and counselling and to finalize the testing strategy is needed. In addition, a more sustainable and measurable way of building capacity in HIV and STI laboratory diagnosis needs to be adopted.

The meeting recognized the high prevalence of STI and their complications and called for more comprehensive STI case management and control. A high level of STI among the general population indicates the potential risk of increased HIV transmission

Access to antiretroviral therapy has increased in Pacific island countries and areas. To sustain the response in the long term, comprehensive services for HIV care and treatment, including antiretroviral therapy, need to be further strengthened through establishment of functional referral systems, effective monitoring of patients, continuous capacity-building of care providers and uninterrupted supply of antiretrovirals. In Papua New Guinea, the abundance of people with HIV who are on antiretroviral therapy proves to be a challenge in terms adherence and continuum of care.

Links within and across programmes are strengthening the HIV/STI response and health systems in a number of countries such as Vanuatu and the Federated States of Micronesia. Further work is required to strengthen, integrate and link HIV/STI services with reproductive and adolescent, maternal, newborn and child health services through concrete and achievable actions. Strong support was expressed for linking and integrating HIV within broader SRH programmes to ensure sustainability.

While recognizing the benefits of pooled procurement for antiretrovirals, concerns were raised about security of uninterrupted supply and the need to strengthen the capacity of the existing bulk purchasing system through the Fiji Pharmaceutical and Biomedical Services.

Participants identified the need to coordinate and harmonize support to countries by various organizations and agencies, through the National Strategic Planning processes, including the potential to include other specialized health commodities.

It was noted that good succession planning and continuous training are needed to address human resources for health issues. This includes increasing the coverage of service providers training to include service delivery centres in rural areas and outer islands.

4.10 Recommendations

(1) Support the amendment of legislation based on reviews conducted in 15 Pacific island countries and areas, and review the HIV and AIDS Management and Prevention (HAMP) Act in Papua New Guinea to enforce human rights and enhance the environment to effectively implement preventive and care services.

(2) Implement gender-sensitive responses based on the Pacific Gender & HIV Resource Handbook and Guidelines to increase the ability of women to protect themselves and to address gender inequalities and gender-based violence.

(3) Conduct advocacy and sensitization initiatives among local leaders and stakeholders to address stigmatization and discrimination towards most-at-risk populations and people who live with HIV.

(4) Prioritize and support evidence-based strategies for implementing targeted approaches and working with most-at-risk populations.

(5) Implement a comprehensive approach to STI control through provision of clinical and prevention services, including comprehensive condom programming, targeted interventions and ensuring reliable data to inform STI programming.

(6) Continue to target most-at risk populations, i.e. people who are more vulnerable and display high-risk behaviours. Scale up interventions among these groups by designing appropriate and context-specific interventions based on evidence.

(7) Strengthen strategic information for HIV and STI for evidence-based responses including HIV/STI surveillance, development and strengthening of health information system, formative assessment, and monitoring and evaluation.

(8) Strengthen integration and links between HIV/STI services and other health services such as reproductive, maternal and child health and tuberculosis.

(9) Adapt and implement a set of essential standards for HIV counselling and testing services, as part of the scale-up of HIV counselling and testing.

(10) Build on existing efforts towards a comprehensive approach to HIV care and antiviral therapy, moving from clinical care to continuum of care for people who live with HIV. Be sure to involve people living with HIV and civil society organizations and address functional referral systems, effective monitoring of patients, continuous capacity-building of care providers, and uninterrupted supply of antiretrovirals.

(11) Strengthen HIV and STI laboratory diagnosis capacity in Pacific island countries and areas by: (a) completing the HIV testing validation strategy using two rapid tests; (b) building the capacity of national laboratory technicians through a more sustainable approach; and (c) developing of a five-year strategy for the provision of long-term technical support to Member States in the domain of HIV/STI laboratory services to include a range of cross-cutting aspects of laboratory services at the country level.

(12) Build on the experience in pooled procurement of antiretrovirals. Examine the feasibility of using this mechanism to procure affordable HIV, STI and other reproductive health-related commodities.

ANNEX 1

OPENING REMARKS BY DR SHIN YOUNG-SOO

WHO REGIONAL DIRECTOR FOR THE WESTERN PACIFIC

HONOURABLE DEPUTY PRIME MINISTER, SIR DR PUKA TEMU,
PRIME MINISTER GRAND CHIEF SIR MICHAEL SOMARE,

HONOURABLE GOVERNOR OF MADANG PROVINCE, SIR ARNORLD AMET

HONOURABLE MINISTER OF HEALTH OF PAPUA NEW GUINEA, SASA ZIBE,

HONOURABLE MINISTERS OF HEALTH FROM THE PACIFIC ISLAND COUNTRIES,

HONOURABLE MINISTERS AND SENIOR OFFICIALS OF THE GOVERNMENT OF PAPUA NEW GUINEA,

MR WILLIAM PARR, DIRECTOR OF THE SOCIAL RESOURCE DIVISION, SECRETARIAT OF THE PACIFIC COMMUNITY,

DISTINGUISHED GUESTS,

LADIES AND GENTLEMEN.

I would like to thank the Government of Papua New Guinea for hosting this meeting of the Ministers of Health of the Pacific Island Countries. I am delighted to be joined this morning by the Honourable Prime Minister of Papua New Guinea, the Honourable Minister of Health, and the representative from the Secretariat of the Pacific Community, which joins the World Health Organization in organizing this biennial meeting.

It is indeed a pleasure for me to here again in Papua New Guinea, a land of magnificent natural beauty and a diverse cultural heritage, marked by the more than 800 languages spoken here. On behalf of all the participants, I would like to express our sincere gratitude for the warm hospitality that has been extended to us. Once our meetings conclude, I look forward to travelling outside Madang, into the countryside where the vast majority of the population resides.

This gathering marks the eighth time the Ministers of Health of the Pacific Island Countries have met to consider common concerns and to seek a consensus on a wide variety of issues from food security and aid effectiveness to climate change and health systems strengthening. This is my first time with this group, having assumed my post as WHO Regional Director for the Western Pacific earlier this year. But it is not my first visit to Papua New Guinea or to the Pacific. In the run-up to the selection last year of a new Regional Director, I visited a dozen Pacific island Member States in an effort to better understand your concerns and aspirations.

The Pacific is certainly a special place, and despite your diverse and unique cultures, we all recognize a certain "Pacific identity," a particular way of life that is the envy of people around

the world. And there is much that we can learn from the collective approach you have taken over the years to solving your common problems. I have been particularly impressed by the level of community involvement in public health issues in many of your countries.

The Pacific does face a number of challenges. And, I know that at times some of you feel that perhaps we haven't paid enough attention to your remote islands. But let me assure you that I've heard your voices loud and clear. We are committed to working with you as we collectively address the challenges before us, from strengthening health systems and primary health care in the Pacific to facing up to the challenges of climate change and Pandemic H1N1 2009.

This meeting has always served as an opportunity to review the health situation in the Pacific and to set future directions in our continuing efforts to ensure good health for people who inhabit the Pacific island countries and areas. Looking around this room, it's clear that we are a diverse group, including ministers and directors of health from across the Pacific, officials and technical experts from WHO and the Secretariat of the Pacific Community, colleagues from partner agencies and donors, representatives from nongovernmental organizations, and other stakeholders. It is a group that embraces the shared vision of "Healthy Islands" you first conceived at your inaugural meeting in Fiji in 1995.

The issues we are will be addressing over the next three days are those that have been articulated by the people of the Pacific and their governments: including the alarming rise in noncommunicable diseases, which are the leading cause of illnesses and death in the Pacific; the continuing threat from emerging and re-emerging diseases, including Pandemic H1N1 2009; and the need to ensure that health systems function well.

We'll begin our deliberations later this morning by discussing several important strategic issues beginning with food security and the proposed Pacific Food Forum. A variety of factors, including climate change and the economic downturn, are putting renewed pressure on the quality, nutritional value and safety of food in the Pacific. The Pacific Food Summit and associated national food summits are an important first step in addressing these issues.

Health systems strengthening is another key strategic issue, with Pacific island countries finding that they must adapt to a constantly evolving global health landscape. WHO stands ready to provide the technical assistance required to respond to these changes and in order that Pacific island countries can remain connected to broader global health trends.

Climate change is, of course, a particularly serious concern for our low-lying island states. In many ways, the Pacific is "ground zero" in the fight against global warming.

Our agenda also includes a host of technical issues, with maternal, child and adolescent health a concern for us all. While Pacific island countries and areas have made significant progress on this front, more needs to be done—particularly among vulnerable and isolated groups—if we are going to meet the health-related Millennium Development Goals.

We'll also be revisiting the Vanuatu Commitment, which was endorsed at the last meeting of Pacific Ministers of Health in Port Vila. Updates will be presented on the prevention and control of noncommunicable diseases, which account for more than 75% of the disease burden in the Pacific. Simply put: we must control these preventable diseases before they claim more lives and overwhelm Pacific health resources and services already stretched thin.

Our review of the Asia Pacific Strategy for Emerging Diseases is particularly important in view of the ongoing H1N1 pandemic. We'll also look at progress in two other areas that make up the Vanuatu Commitment: human resources for health and the prevention and control of HIV/AIDS and other sexually transmitted infections.

As we address these issues, let's try to reach clear outcomes and agree on actions to be taken over the next two years that will improve the health of the Pacific island people. As I look around this room and see the people that have gathered here, I am confident that together we can make great progress on the agenda that lies before us.

It is a pleasure to jointly organize this meeting with the Secretariat of the Pacific Community, and I extend my sincere appreciation to our colleagues there. Once again, I would like to thank the Honourable Prime Minister and the people of Papua New Guinea for kindly hosting us here in this beautiful country.

Thank you very much.

ANNEX 2

OPENING REMARKS BY MR WILLIAM PARR, DIRECTOR – SOCIAL RESOURCES DIVISION, SECRETARIAT OF THE PACIFIC COMMUNITY

Honourable Deputy Prime Minister, Sir Dr Puka Temu,

The Regional Director of WHO Western Pacific Region Office, Dr Shin Young Soo,

Honourable Ministers of Health from throughout the Pacific Islands, CEOs and Secretaries of Health,

Senior heads and staff of development partners and regional and national technical agencies.

Distinguished guests, ladies and gentlemen

Good morning, bula, kia orana, bonjour yu alreit.

On behalf of SPC's Director General, Dr. Jimmie Rodgers, I would like to thank you for the opportunity to take part in this opening ceremony of the 8th Ministers of Health meeting here in beautiful Madang, Papua New Guinea.

Our Director General specifically asked me to present his most sincere apologies to all of you for not attending this year's meeting himself. As he has worked with and knows many of you both professionally and personally, he sincerely regrets not being here this week. He also asked me to convey his apologies to Dr. Shin Young Soo, the Regional Director of WPRO, since this would have been their very first Pacific Health Ministers meeting together.

Let me provide a brief explanation as to why our Director General could not be here this week. Many of you are aware that the Pacific Forum leaders have set into motion an approach designed to reform Pacific regional organisations through a process of rationalization. SPC is at the heart of these reforms, which include amalgamation into SPC of certain agencies or the programmes of other agencies. Dr. Rodgers, together with his colleagues the CEOs of SOPAC and SPREP, has been working on the details of this process and they are scheduled to present the proposed new institutional arrangements for the consideration of the respective governing bodies gathered in Suva today and tomorrow. After that, the proposals will be presented to the meeting of the Pacific Plan Action Committee before being finalized for presentation to the Forum Leaders meeting in Cairns on 5-6th August. The joint meeting in Suva this week has the potential to re-shape our regional organisations' architecture in line with the directives of Pacific leaders.

Distinguished guests, ladies and gentlemen. Health is everyone's business and over the next three days, information will be presented and discussed and decisions will be made that directly impact the lives of communities in every one of our countries and territories. Your guidance is important in defining those priorities that can have the greatest impact on the health and well-being of Pacific Island peoples. In that way, and through regular dialogue with countries, organisations and development partners can make it their business to better align their services, resources and assistance to your priorities.

Health is everyone's business and our health ministries and departments should not be alone in taking responsibility for promoting healthy islands and communities as we move into the 21st century.

Health is the business of the public utilities in our various islands, which provide communities with access to safe drinking water.

Health is the business of our Ministries of Transport, which plan and maintain safe road networks for both drivers and pedestrians.

City and town councils are also in the health business through town planning acts and building codes that promote healthy environments and manage urban development so as to ensure that population densities are not too high.

Health is everyone's business, including mothers and wives who decide on a daily basis what food to serve at the family table. It is the business of parents through the examples they set for their children, particularly with respect to smoking and alcohol.

Health is everyone's business, including donor partners and technical organisations, which are working to better harmonize and align their policies and practices to ensure effective use of aid within countries rather than overburdening national capacities and fragile health systems.

In making health everyone's business, the Pacific Islands can be proud of some recent health achievements. For example, the malaria incidence rate in the Solomon Islands has been steadily reduced from 199 / 1,000 in 2003 to around 84 / 1,000 as at the end of 2008. Similar impressive decreases have also been seen in Vanuatu and both countries are now moving into pilot phases for eliminating malaria. Anti-retroviral treatment for people living with HIV / AIDS is now available free of cost in virtually all PICTs. Lives are being saved and premature deaths avoided, and, in many cases, the individuals involved are able to contribute income to their family or household budgets rather than being a burden on them. With donor assistance, a new 60-bed ward has been built in Tarawa, Kiribati for the treatment of TB patients. In 2009, SPC's Public Health Division has budgeted nearly $15 million in direct grants to countries and other agencies, both within and outside the UN system, and for the procurement of health equipment, products and consumables for countries. All of this is impressive but there is still a lot more that needs to be done.

Distinguished guests, ladies and gentlemen. SPC remains committed to assisting our member countries through both our resources and staff. We will do so in response to your needs and priorities as articulated during this meeting, in your national health strategies, and through other mechanisms such as the Joint Country Strategy approach, which has been developed using a broad, in-depth consultation process to become one of SPC's main tools for ensuring that our support is aligned to country priorities. In my role as Director, I have given priority in our new 2010-2014 strategic plan to a much greater emphasis on a holistic approach to health, increased alignment of all our programs to national plans and support and implementation of the regional strategies developed by our partner, WHO.

In closing, I would like to thank Dr. Shin Young Soo, Regional Director of WPRO, Dr. Richard Nesbitt, special adviser, and Dr. Chen Ken, South Pacific Representative WHO for the growing partnership between SPC and WHO, following the signing of a new Memorandum of Understanding in September of last year laying out the principles for this collaboration. We are already seeing many positive benefits for countries from this renewed commitment to work together and as an organization we are determined to ensure that this continues into the future.

Distinguished guests, ladies and gentlemen. Health is everyone's business. I wish all of us well in our deliberations over the next three days as we make health our business, too.

ANNEX 3

OPENING ADDRESS BY HON. SIR DR PUKA TEMU, DEPUTY PRIME MINISTER AND MINISTER FOR LANDS & PHYSICAL PLANNING PAPUA NEW GUINEA

DR SHIN YOUNG-SOO, THE REGIONAL DIRECTOR OF WHO WESTERN PACIFIC REGION OFFICE,

MR WILLIAM PARR, DIRECTOR OF THE SOCIAL RESOURCE DIVISION, SECRETARIAT OF THE PACIFIC COMMUNITY,

HONOURABLE MINISTERS OF HEALTH FROM THE PACIFIC ISLAND COUNTRIES AND TERRITORIES ,

DISTINGUISHED GUESTS,

LADIES AND GENTLEMEN.

Good morning!

It gives me great pleasure this morning to welcome all delegates here today to Madang, Papua New Guinea, and the opening of the Meeting of the Ministers of Health for the Pacific Islands, which has been jointly organized by the Secretariat of the Pacific Community and the World Health Organization. I would like to extend a special acknowledgement to the new Regional Director of the World Health Organization Western Pacific Region, Dr. Shin Young-soo who will be overseeing this meeting for the first time.

Papua New Guinea is a member of both the Pacific Islands forum and the Secretariat of the Pacific Community. In a diverse but very competitive world Pacific Island countries and areas are challenged with major development challenges including the health and well being of our people.

As one of the senior states men of the Region I am particularly glad to be here to welcome each and every one of you and to share with you some views of the challenges and developments in our region that will have sufficient impact on our people. I wish to share with you the common threats that we will share as developing countries in the Pacific. I am sure that your own leaders share the same issues that we have to share together.

My dear Ministers our countries have unique challenges. We cover close to a third of the world's surface area. Our populations live in distant isolated islands unique situations that only we can understand and develop unique strategies that would be effective to our unique settings. I call upon each and everyone to work together to articulate these unique challenges.

Some unique challenges I see include:

- Impact of climate change on small island states
- Containment of pandemic diseases such as influenza A H1N1, and
- The impact of the global economic crisis on small island economies.

I am here first of all because I acknowledge the major health challenges faced by my country and wish to give my personal support to Honourable Sasa Zibe, Minister for Health and HIV/AIDS, to address the unnecessary maternal and child deaths we have in the country. This is

unacceptable and my Government is committed to doing what it takes to reduce this tragedy affecting our women and children.

My government has commenced work on a long term strategic plan 2010 to 2050, based on our shared vision to ensure that all Papua New Guineans aspire to build a country that is happy, wealthy and united by 2050. The national strategic plan task force has agreed to focus on six areas:

1) Strategic planning
2) Institutions, systems and people empowerment,
3) Human development and people and people empowerment
4) Wealth creation
5) Security and international relations, and
6) Climate change and environment sustainability.

Honourable Ministers and leader in health, I believe that these six areas are in the spirit of the health island concept developed within the spirit of the Primary Health care approach advocated by the World Health Organization.

Honourable Minister Zibe will speak to you specifically on health related matters but it is important to note that unless issues related to socio-economic development, governance, human resource development, and creating and environment for economic prosperity are addressed we will not be able to ensure that our people are happy in life and die with dignity.

I have been informed that this biennial gathering of the Health Ministers of the Pacific Islands is a unique and important forum that allows us, as leaders in the Pacific Islanders, to develop a specific “Pacific” vision, strategies and mechanisms of Pacific wide cooperation to improve the health of our citizens that is based in the best available scientific evidence but also reflects the specific needs, challenges and cultures of the countries that we all live in.

Honourable Ministers and heads of health, you hold a unique leadership positions to ensure that the human resources in our countries grow up to be healthy and productive. In Papua New Guinea our Departments of Health, Education and Community Development make up the social sector and are responsible for the nurturing of the individual from conception right through to death. I am particularly happy to note that my Minister and Secretary of Health have begun the advocacy to highlight the “Human Face of Development.” I am committed to ensuring that all Papua New Guineans are healthy, educated and productive. My government priority has therefore been:

- Education
- Health
- Infrastructure, and
- Economic development.

As leaders in health in our Region, I call on you to discuss that agendas before you and clearly articulate what we all can do collectively and share our unique experiences and challenges for the health and well being of all citizens of our beautiful islands.

I just want to note and mention an issue close to my heart which is an agenda item for your deliberations. I am extremely pleased to see that climate change and the health impacts is now receiving increased global attention and is on the meeting agenda, as this issue is very close to my heart. Like the influenza pandemics in the past, the Pacific Islands appear more vulnerable to the negative impact that climate change will bring. While rising sea levels threaten to wash away

sea front properties and reduce coastal property prices in may larger nations, rising sea levels are already wiping out culture and societies in the Pacific that have existed for thousands of years. Culture, land and health in the Pacific are instrisincally linked, and already we are seeing communities in PNG's remote eastern islands having to be relocated to large islands and the mainland due to the rapid shrinking and sinking into the sea of their island homes. The people are not just losing their homes, but their traditional food sources, lifestyles and social support mechanisms, and I fear for both the physical and mental health impacts that will result. Climate change is not only affecting our coastal people, but is also having an impact in the remote PNG highlands, with rising temperatures increasing the range of malaria carrying mosquitoes, bringing this deadly disease to many communities that have never been exposed to this parasite in the past.

Before I end I am also looking forward to a time that Papua New Guinea will be able to host the Western Pacific Regional meeting. We are now building new infrastructure in Port Moresby and I am confident and hopeful that in the no distant future we will offer to host t his prestigious meeting of everyone including our Asian counterparts.

Ministers and heads of departments, I wish you a pleasant stay in Madang and hope you enjoy our hospitality. Enjoy one of our 800 plus cultural setting, our environmental diversity and the land of the unexpected and course the land of paradise.

God bless you all and I now declare this Ministerial Meeting open.

ANNEX 4

AGENDA

1. Opening of the session

2. Election of Chairperson and Rapporteurs

3. Adoption of the agenda

Strategic items

4. Food security and the Pacific food Summit

5. Aid effectiveness in the Pacific

6. Climate change

7. Health systems strengthening and primary health care

Technical items

8. Maternal and child and adolescent health

9. Pooled procurement for improving access to essential medicines in Pacific Island countries

10. Follow-up to the Vanuatu Commitment

    10.1 Prevention and control of noncommunicable diseases

    10.2 The Asia Pacific Strategy for Emerging Diseases and the Pacific Regional Influenza Pandemic Preparedness Project

    10.3 Human resources for health and the Pacific Human Resources for Health Alliance

    10.4 Prevention and control of HIV/AIDS and sexually transmitted infections

Other matters

11. Conclusions and recommendations

12. Closure of the session

ANNEX 5

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