1st Steering Group Meeting on Revitalizing Primary Health Care in the Pacific

8-9 September 2009
Nadi, Fiji

World Health Organization
Western Pacific Region

Meeting Report
REPORT

1ST STEERING GROUP MEETING ON REVITALIZING PRIMARY HEALTH CARE IN THE PACIFIC

Nadi, Fiji
8–9 September 2009

Manila, Philippines
February 2010
REPORT

1ST STEERING GROUP MEETING ON REVITALIZING PRIMARY HEALTH CARE IN THE PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Nadi, Fiji
8–9 September 2009

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NOTE

The views expressed in this report are those of the participants in the 1st Steering Group Meeting on Revitalizing Primary Health Care in the Pacific and do not necessarily reflect the policies of the World Health Organization.

This report was prepared by the World Health Organization Regional Office for the Western Pacific for governments of Members States in the Region and for the participants in the 1st Steering Group Meeting on Primary Health Care in the Pacific held in Nadi, Fiji from 8 to 9 September 2009.
At the Eighth Meeting of Ministers of Health for Pacific Island Countries in Madang, Papua New Guinea, 7–9 July 2009, health systems strengthening and primary health care discussions focused on applying the Healthy Islands approach as a vision for implementation. The meeting also endorsed:

(1) a process of country consultation in the Pacific as part of the development of a regional strategy for health systems strengthening to ensure that Pacific and country concerns and ideas are incorporated; and

(2) the establishment of a steering group on revitalizing primary health care in the Pacific.

The health ministers also called for WHO support in convening the steering group at the earliest convenience so that finalized terms of reference and a road map for the steering group could be presented and endorsed during a special meeting of Pacific island ministers of health prior to the sixtieth session of the Regional Committee in September 2009.

In line with the outcomes of the Meeting of Ministers of Health for Pacific Island Countries, the 1st Steering Group Meeting on Revitalizing Primary Health Care in the Pacific was held from 8 to 9 September 2009 in Nadi, Fiji.

The membership of the steering group on revitalizing primary health care in the Pacific includes representation from Cook Islands, Fiji, the Marshall Islands, Samoa, Vanuatu and the Republic of Korea, with Secretariat support from the WHO Representative Office for the South Pacific.

The steering group discussed and confirmed the following terms of reference to guide their work:

(1) to review the history of initiatives in primary health care in the Pacific including the links with the Healthy Islands initiative and New Horizons in Health;

(2) to analyse the current situation of primary health care and healthy islands in selected Pacific island countries; and,

(3) to set the future directions towards the revitalization of primary health care in selected Pacific island countries including the development of a strategy, a road map and an implementation plan.

The terms of reference, conclusions and recommendations of the steering group meeting will be presented to the meeting of Pacific ministers of health on 20 September in Hong Kong (China) for agreement to proceed with implementing the recommendations.
1. INTRODUCTION

1.1 Background

Health is higher on the international agenda this decade than at any time in recent memory. Good health for a society is recognized to be not only a result of socioeconomic development but also a precondition for such progress. Three of the eight Millennium Development Goals are directly related to health, a clear sign of its importance. It is also increasingly recognized that strong health systems based on the values of primary health care are the best way to organize a health system to maximize the health gain relative to the amount of funds invested in all societies, not just in the developing world.¹

A series of recent meetings on primary health care around the world helped define the primary health care renewal process. These culminated in a return to Alma-Ata, renamed Almaty, in October 2008, 30 years after the original primary health care declaration. The WHO World Health Report 2008: Primary Health Care, Now More Than Ever was launched at this meeting and the primary health care renewal process was reaffirmed. Many countries, including many within the Pacific, never lost their primary health care focus. For these countries, primary health care continues to be an organizing principle for their health systems, even though implementation may be imperfect. Strengthening of health systems 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. Primary health care renewal does not mean that primary health care is unchanged.

The Regional Committee in September 2008 adopted a resolution on health systems strengthening and primary health care (WPR/RC59.R4), which urged Member States:

(1) to take urgent action to further strengthen their health systems in response to the health needs of their populations, especially the poor and other vulnerable and socially excluded groups, based on the values and principles of primary health care as their guiding framework;

(2) to collaborate in efforts to increase the capacity in the Region to analyse country-specific health systems issues and challenges and assess health systems performance through a mechanism such as an Asia Pacific Observatory on Health Systems and Policies; and

(3) to improve health outcomes by, among other things, making significant progress towards achieving the health-related Millennium Development Goals and the universal goal of “health for all”.

At the Eighth Meeting of Ministers of Health for Pacific Island Countries in Madang, Papua New Guinea, 7–9 July 2009, health systems strengthening and primary health care discussions focused on applying the healthy islands approach as a vision for implementation. The meeting also endorsed:

(1) a process of country consultation in the Pacific as part of the development of a regional strategy for health systems strengthening to ensure that Pacific and country concerns and ideas are incorporated; and

(2) the establishment of a steering group on revitalizing primary health care in the Pacific.

The health ministers called for WHO support in convening the steering group at the earliest convenience so that the finalized terms of reference and a workplan for the steering group could be presented and endorsed in the special meeting of Pacific island ministers of health prior to the sixtieth session of the Regional Committee in September 2009.

In line with the outcomes of the Meeting of Ministers of Health for Pacific Island Countries, the 1st Steering Group Meeting on Revitalizing Primary Health Care in the Pacific was held from 8 to 9 September 2009 in Nadi, Fiji.

The membership of the steering group on revitalizing primary health care in the Pacific includes representation from Cook Islands, Fiji, the Marshall Islands, Samoa, Vanuatu, the Republic of Korea and the WHO Representative Office for the South Pacific.

1.2 Objectives

(1) To oversee, review and finalize the terms of reference for the steering committee.

(2) To brainstorm measures to successfully revitalize primary health care in the Pacific.

(3) To outline a plan of work to be undertaken as part of the situation analysis and preparation of the future actions.

1.3 Opening remarks

The meeting was opened by Dr Chen Ken on behalf of the WHO Regional Director for the Western Pacific, Dr Shin Young-soo. After welcoming members to the 1st Steering Group Meeting on Revitalizing Primary Health Care in the Pacific, he emphasized the fact that primary health care and health systems strengthening have become more prominent on the international health agenda for many reasons, including slow progress towards achieving the Millennium Development Goals by 2015 in many countries. This has resulted in some benefits but may have also contributed to a fragmentation of the health sector and a growing sense that the health outcomes achieved may not have been proportionate to the funds invested.

There has been a call to strengthen weak health systems based on the values of primary health care. The founding documents of the Healthy Islands initiative remind everyone of the vision that over time the Pacific islands would be a place where:

- children are nurtured in body and mind,
• environments invite learning and leisure,
• people work and age with dignity,
• ecological balance is a source of pride, and
• the ocean that sustains us is protected.

Many countries, including many within the Pacific region, have never lost their primary health care focus. For these countries, primary health care continues to be an organizing principle for their health systems even though implementation may be imperfect. Some of the main pillars of this approach include expanded access to health services, community engagement, environmental health, multisectoral engagement, and the establishment of village health committees and village health workers. Primary health care has been and remains part of every health worker's training.

It was reinforced that this meeting of experts on primary health care in the Pacific was very timely and that collaborative efforts to strengthen the Healthy Islands vision through primary health care revitalization efforts were needed "right here, right now". There was also a need to identify bottlenecks in delivery of primary health care and to strategize on ways to address them. Country ownership and strengthening of country capacities will be integral to the success of any initiatives to revitalize primary health care.

1.4 Structure of meeting

Ms Myriam Abel from Vanuatu was nominated as Chairperson, with assistance provided by Dr Roro Daniel from Cook Islands. The sessions consisted mainly of plenary sessions in two groups and whole group discussions.

2. TECHNICAL SESSIONS

2.1 Terms of reference

The following terms of reference were discussed and confirmed for the steering group on revitalizing primary health care in the Pacific:

(1) to review the history of initiatives in primary health care in the Pacific including the links with the Healthy Islands initiative and New Horizons in Health;

(2) to analyse the current situation of primary health care and Healthy Islands in selected Pacific island countries; and

(3) to set the future directions towards the revitalization of primary health care in selected Pacific island countries, including the development of a strategy, a road map and a detailed and costed implementation plan.
2.2 From Alma Ata to Ottawa; From Yanuca to Madang
(Health for All and Healthy Islands; Primary Health Care and Health Promotion)

Community-centred health services have been a part of the Pacific culture for decades, long before Alma Ata, with the existence of a community women's committee in Samoa since 1920 and Family Welfare in Cook Islands. When primary health care was introduced in Alma Ata in 1978, the concept was not new; hence, it was well understood as it reinforced the practices that were already happening in the islands. Most Pacific island countries, immediately after Alma Ata, began restructuring respective departments of health, introducing all-encompassing policy based on the values of primary health care, and strengthening health systems to support its implementation. A detailed timeline of events per country is in Annex 3. The introduction of Health Promotion and the Ottawa Charter in the late 1980s, with the intention of building further on primary health care with reorientation to changing disease pattern and burden, caused some confusion at the policy level resulting in actions that reduced emphasis on primary health care at operational level over time.

The Healthy Islands vision of the Pacific ministers of health in 1995 in Yanuca, Fiji ushered in a "Health for All" vision that was closer to the Pacific context. Since then, it has been the cornerstone of health development in the Pacific. It is noteworthy that primary health care was not directly discussed as an agenda item in subsequent ministers of health meetings until the latest one in Madang in 2009, where revitalization was recommended as a result of emphasis in the 2008 World Health Report.

The ministers of health agreed that revitalizing primary health care was a means of achieving the Healthy Islands vision.

2.3 Health system and primary health care

A presentation was given on the draft regional strategy for health systems strengthening and primary health care and its six building blocks including the application to primary health care. This was followed by a plenary group analysis of the challenges, constraints or bottlenecks both outside and within the health sector. Outside the health sector, public attitudes towards responsibility for health and a lot of dependence on government still exists.

2.3.1 Leadership and governance

There is tendency for politicians to use health and aid posts as a propaganda tool for vote buying and maybe a lot of lip service, which are usually not followed up with resources. Also, governments that are young sometimes rely on external advisers to come up with policies that are at times of poor quality. On the other hand, most countries have a long-term national plan and health plan, which have been developed in cooperation with grassroots organizations and which contain implementation plans and steps for change. However, miscommunication sometimes undermines the vision of the ministry. Primary health care needs to be marketed better as the basic foundation of health care and as a necessity to human health and development. There is a need to undo the perception that it is a strategy for the poor people.

Within the health sector, a shortage of human resources and weak capacity to manage the existing workforce have reduced government's ability to absorb primary health care, resulting in it not being institutionalized as a government priority and sometimes seen only as a project. There is usually a shortage of money for primary health care and even when available, resources do not
necessarily reach grassroots services because of bottlenecks in accessing supplies, equipment, medicines, etc. That being said, responsibility for primary health care has been decentralized in some countries. In general, however, there are too many vertical programmes with different funding requirements and not enough human resources to support them.

2.3.2 Community engagement

There is a need to educate and train the workforce on the importance of primary health care, public health and preventive action. The following skills need to be reinforced: understanding the community and its dynamics, effective communication, community engagement, on-the-job training, and project implementation and evaluation. Community engagement through social mobilization needs to be strengthened if community actions are to be sustained.

2.3.3 Strengthening of health services system

Most Pacific island countries offer free health care services in a public system; hence, cost is not usually a problem. However, access to these services by vulnerable populations continues to be an issue, especially for countries and areas with vast geographical and communication challenges. Establishing a minimum dataset with maximal utility and proper feedback of data may be the most fundamental requirement for the health information system.

2.3.4 Health workforce

Programmes established in remote areas often lack supervision and follow-up as well as a referral system to ensure quality of care at a higher level. Rapid turnover of staff with weak management skills and performance leads to lack of continuity in transfer of skills within the system and lack of outreach.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Envisioning a revitalized primary health care

(1) The steering group agrees to promote primary health care as a means of achieving the Healthy Islands vision, i.e. a whole-of-society approach.

(2) The steering group considers primary health care as a two-fold concept at the policy and the philosophical level as well as a practical approach for health workers at the grassroots level, but believes it needs to be redefined to fit the changing social context with emphasis on health promotion and health protection as part of primary health care.

(3) The steering group agrees that revitalization of primary health care should involve: restoring interest in primary health care; reinforcing the core principles and values outlined in Alma Ata; and reaffirming the commitment to Healthy Islands and renewing the call to achieve the vision through its effective implementation as a lead concept for the health system to meet new challenges in the Pacific, including climate change, emerging and re-emerging diseases, global financial crisis, globalization, and food security.

3.2 Recommendations for moving forward

The steering group recommends that action should be taken in the following areas to revitalize primary health care:

(1) The members of the steering group and WHO Secretariat will take action to reaffirm with ministers the importance of primary health care by:

- preparing information briefs that include a flowchart of the developments—from Alma Ata to today—incorporating the declarations and how they link together and to the future directions;

- organizing a regional workshop for advocacy, social mobilization and revitalization of primary health care and Healthy Islands; and

- organizing national workshops for advocacy, social mobilization and revitalization of primary health care and Healthy Islands.

(2) Pacific health leaders will reaffirm their commitment to primary health care by:

- advocating revitalization of primary health care with Cabinet colleagues and at Parliamentary level through briefs or other communication channels;

- formulating or reviewing and revitalizing existing national primary health care policies;

- establishing a Healthy Islands and/or primary health care network in the Pacific—with ministers and senior health officers;
• appointing a primary health care focal point within the ministry of health;

• establishing a multisectoral mechanism to support revitalization of primary health care if necessary; and

• advocating increased investment in primary health care.

(3) Ministries of health will engage communities and the public in supporting the revitalization of primary health care through multisectoral action such as:

• revisiting and as necessary improving the village health council and/or committee mechanisms; and

• developing or strengthening appropriate village bylaws, community policies and/or ordinances that support the key activities associated with primary health care.

(4) Ministries of health will strengthen the health system to support revitalization of primary health care by:

• stipulating primary health care in the National Strategic Development Plan of each country and through Annual Corporate Planning for primary health care, which should be an annual planning activity that includes:
  
  o primary health care policy, principles and values in health systems;
  o primary health care and community participation;
  o financing of primary health care;
  o primary health care and human resources for health;
  o primary health care health infrastructure, supplies, quality and service utilization;
  o primary health care and health service providers;
  o primary health care planning, management and health information; and,
  o indicators for primary health care.

• reviewing health financing mechanisms to facilitate the flow of resources to meet the needs of the decentralized service;

• reviewing the flow of funds from the central to the decentralized level to support service delivery and simplify the processes, if possible;

• developing as necessary service agreements between the ministry of health and ministry of finance to facilitate the flow of funds/cash and simplify the processes for release to the decentralized levels;

• developing monitoring and supervision guidelines and tools for the different levels of the system;

• developing a performance management system that facilitates primary health care delivery and preparing supervisors that can facilitate, mentor and coach the primary health care workforce;
• preparing detailed accountability guidance on supply chain management across the levels of the system, including how to reach remote and outer islands, which defines the adequacy and type of supply as well as the processes for management and use of supplies;

• improving distribution of communication systems appropriate to the level of technology available in the country; and

• defining the basic components for primary health care delivery, including requirements for infrastructure, facilities, equipment, skills and standard operating procedures for primary health care settings, and ensuring their availability.

(5) Ministries of health will strengthen the primary health care health workforce by:

• clearly defining the skill mix, experience and requirements (including systems thinking) for primary health care level placement of health workers particularly in remote and outer islands settings;

• identifying and using existing traditional health providers as appropriate in the primary health care workforce;

• revitalizing management guidelines for primary health care settings;

• providing regular in-service training and innovative continuing education for staff working in remote and outer island settings, for example, through the Pacific Open Learning Health Network (POLHN) and professional associations;

• developing career pathways that include incentive schemes and retention strategies;

• preparing staff for primary health care settings through mentoring programmes that include community profiling activities, use of nursing process, microplanning, and skills in business planning and social mobilization appropriate for working with the community; and

• exploring appropriate opportunities for multiskilling in health training institutions to support effective primary health care revitalization.

(6) The following recommendations are addressed to WHO.

• WHO should take action as the lead agency to promote the revitalization of primary health care and Healthy Islands with development partners and donors in the Pacific.

• WHO is encouraged to be involved in the country planning processes as appropriate.
3.3 Roadmap and time frame to initiate primary health care revitalization efforts

(1) Submit the terms of reference, conclusions and recommendations to the meeting of Pacific ministers of health on 20 September in Hong Kong (China).

(2) Approval of the proposed recommendations by the Pacific ministers of health and agreement to proceed with:

   - preparation of information briefs for ministers of health by the end of December 2009;
   - preparation of a model briefing paper for Cabinet and a call for action on the recommendations for primary health care revitalization by the end of January 2010; and
   - organization of a regional conference on primary health care and Healthy Islands in June 2010.

(3) Initiate efforts to raise awareness in the health workforce about primary health care revitalization as soon as possible.

(4) Initiate efforts to renew public and community interest in primary health care through a social marketing campaign as soon as possible.
## ANNEX 1

### TIMETABLE

1st STEERING GROUP MEETING ON REVITALIZING PRIMARY HEALTH CARE IN THE PACIFIC

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, 8 September 2009</th>
<th>Time</th>
<th>Wednesday, 9 September 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30</td>
<td>1. Registration</td>
<td>08:30</td>
<td>Review of day one</td>
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<tr>
<td></td>
<td>- Self-introductions</td>
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<td>7 Brainstorm session and group planning exercise</td>
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<tr>
<td>to</td>
<td>- Adoption of the agenda.</td>
<td>to</td>
<td>- What do we need to do for the future in the Pacific to revitalize PHC and Healthy Islands?</td>
</tr>
<tr>
<td>09:30</td>
<td>2. Plenary session and discussion:</td>
<td>10:00</td>
<td>- How best for Pacific island countries to revitalize the grassroots PHC infrastructure</td>
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<td></td>
<td>- Review and finalise Terms of Reference for Steering Group</td>
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<tr>
<td>09:30</td>
<td>COFFEE BREAK</td>
<td>10:00</td>
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<td>10:00</td>
<td>3. Plenary discussion and brainstorm session:</td>
<td>10:30</td>
<td>7. (contd)</td>
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<tr>
<td>to</td>
<td>- Key events and timeline in PHC and Healthy Islands</td>
<td>to</td>
<td>- Using healthy islands and PHC to develop rural/outer island institutions which are capable and participatory</td>
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<tr>
<td>12:30</td>
<td>4. Plenary session and discussion:</td>
<td>12:30</td>
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<td></td>
<td>- Highlights from the PHC reviews in the Pacific</td>
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<td></td>
<td>- Healthy Islands concept</td>
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<td></td>
<td>- New Horizons in Health</td>
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<td>12:30</td>
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<td>15:15</td>
<td>7. (contd)</td>
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<tr>
<td>14:00</td>
<td>5. Plenary session and discussion Update on PHC and Health Systems Strengthening within WHO</td>
<td>15:15</td>
<td>- Conclusions and Recommendations</td>
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<td>to</td>
<td></td>
<td>15:15</td>
<td>- Situation analysis</td>
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<td>15:15</td>
<td>COFFEE BREAK</td>
<td>15:15</td>
<td>- Future actions</td>
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<tr>
<td>15:45</td>
<td>6. Brainstorm session:</td>
<td>15:45</td>
<td>- Roadmap for the future</td>
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<td>to</td>
<td>- SWOT analysis – then and now</td>
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<tr>
<td>17:00</td>
<td>- Envisioning revitalized PHC in the Pacific</td>
<td>17:00</td>
<td>9. Closing</td>
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<tr>
<td>18:30</td>
<td>Reception/Cocktails</td>
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</tbody>
</table>
ANNEX 2

LIST OF TEMPORARY ADVISERS AND SECRETARIAT

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# ANNEX 3

## TIMELINE OF KEY EVENTS

<table>
<thead>
<tr>
<th>Pacific Visions</th>
<th>Global Events</th>
<th>Vanuatu</th>
<th>Marshall Islands</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1980 - Political independence</td>
<td>1979 - became independent</td>
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<tr>
<td></td>
<td></td>
<td>1984 - Introduction of PHC National Development Plan 3</td>
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<td></td>
<td>Post of National PHC coordinator in PSC</td>
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<td></td>
<td>Pilot project with SON</td>
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<td>1994</td>
<td>New Horizons in Health</td>
<td>Introduction of Village Aid Post and training of village health workers (first training in 1986)</td>
<td>1986 - first TBA training to address lack of health care at the community level TBAs to assist male health assistant in ANC</td>
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<tr>
<td></td>
<td>Healthy Islands Vision</td>
<td>Introduction of Nurse Practitioner training programme</td>
<td>1987 - PHC endorsed</td>
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<td></td>
<td>1986</td>
<td>Introduction of income generation project</td>
<td>1989 - PHC bureau established</td>
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<td></td>
<td>Health Promotion (Ottawa Charter)</td>
<td>Introduction of research and development</td>
<td>1995 - PHC project introduced</td>
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<td></td>
<td></td>
<td>1997 - Review of nursing curriculum with PHC as overarching policy guidelines</td>
<td>1995 / 8 - Health assistants and community health councils established with PHC concept of community participation</td>
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<td></td>
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<td>2000 - development of corporate plan with key health policies</td>
<td>1998 - first national PHC seminar community members very much involved in PHC plans of action developed for each community health council</td>
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<td>1995</td>
<td>Healthy Islands Vision</td>
<td>2004 master health service plan</td>
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<td></td>
<td>2000</td>
<td>2005 health committee act</td>
<td>2007 MOH reorganized to have PHC in all areas of care</td>
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<td></td>
<td>Health Sector Reform</td>
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<tr>
<td>Pacific Visions</td>
<td>Global Events</td>
<td>Cook Islands</td>
<td>Samoa</td>
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<td>1994 New Horizons in Health</td>
<td>1978 PHC (Alma Ata)</td>
<td>1965 Cook islands became independent Public health department separated as a unit within the MOH Village inspection 3 times a year Village clinics established</td>
<td>-1978-Samoa was a signatory to the Alma Ata Declaration; Government officially adopted PHC as guiding philosophy in the development of health services 1979-Health For All Samoans Policy Promoted PHC as main strategy for improvement rural health services Training of Volunteer Village Health Aides(-Volunteers selected from villages and trained by Dept of Health) Volunteering concept not sustainable as health aides demanded wages</td>
</tr>
<tr>
<td>1994 New Horizons in Health</td>
<td>2000 Health Sector Reform</td>
<td>1990 First nurse practitioners graduation to main clinics</td>
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-1978-Samoa was a signatory to the Alma Ata Declaration; Government officially adopted PHC as guiding philosophy in the development of health services 1979-Health For All Samoans Policy Promoted PHC as main strategy for improvement rural health services Training of Volunteer Village Health Aides(-Volunteers selected from villages and trained by Dept of Health) Volunteering concept not sustainable as health aides demanded wages 1986 Adopted health education emphasis on health education and promotion 1990 First nurse practitioners graduation to main clinics -1990-Pre-registration Nursing Curriculum-refocused from Bio-medical to Health; Introduction of post basic Advanced Diploma of Nursing (Nurse Practitioner course) Requirement RN+RM and minimum of 5 years post registration experience. Introduction of Enrolled Nurse Role to replace Health Aide; (Women’s Committees still select, training formalized and candidates go back to villages and MOH paid them salaries). A Health Promotion & Prevention Services Division replaces the Public Health Division, with a Health Education And Promotion Section (HEAPS) in Ministry of HEALTH. (This is still the case today) -Health Sector Reforms regularized by new legislations; Ministry of Health Act 2006 mandated Ministry of Health as responsible for
| 2008 PHC renewal | 2006 Ministry of Health Review restructuring of health ministry of health strategy  
Second nurse practitioners graduation to complete supervision of all clinics  
2007 Rename Public Health Department to Community Health in order to re-emphasise community importance in health  
2008 MOH recognized the need to re-emphasise PHC and stimulate health workers in the community to revisit 9 PHC concepts | providing Regulatory, Monitoring & Quality Assurance oversight for the total Health System, including public, private and traditional health sector and;  
- Health Promotion and Health Protection Services.  
- The National Health Services (NHS) Act 2006 established the NHS Board of Management to manage all publicly funded health care delivery services.  
- The Nursing & Integrated Community Health Services Division of the NHS is responsible for the delivery of PHC focused integrated health services.  
- Health Care Professionals & Standards Act 2007- required all health care providers to register including Traditional Birth Attendants, Traditional Healers and Alternative Therapists.  
- 2006 – PHC defined as a nursing specialty and the Post Graduate PHC Nursing Course was offered at the National University of Samoa;  
- and is a requirement for the positions of Nurse Managers and Nurses Consultants at the rural health area.  
- These nurses head the PHC Team in a rural health district. |
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<tr>
<th>Pacific Visions</th>
<th>Global Events</th>
<th>Fiji</th>
<th>Korea</th>
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<tbody>
<tr>
<td>1994 New Horizons in Health</td>
<td>1978 PHC (Alma Ata)</td>
<td>PHC introduced formally in 1977 in Fiji although it might have been in country well before Alma Ata</td>
<td>Create the Korean Health Development Institution</td>
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<td>1995 Healthy Islands Vision</td>
<td>A new division at national level – Primary and Preventive Health setup and Development Plan (5 years) and opportunities for Growth</td>
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<td>Select the demonstration area</td>
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<td>Government documents had PHC incorporated</td>
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<td>Create the special remote area health service law</td>
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<td>Workshops and training at community level</td>
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<td>Community Health Practitioner (CHP) curriculum development and started training one year course</td>
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<td>Community partnerships</td>
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<td>Allocated CHP to CHP post (2400)</td>
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<td>New cadre of Community Health Worker</td>
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<td>Monitoring and follow up evaluation</td>
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<td>Community Pharmacy established</td>
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<td>Set up the network of the CHP</td>
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<td>Nurse Practitioners began in 1998</td>
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<td>Integrated CHP role with health promotion and elderly care</td>
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<td>PHC became weakened 90’s when vertical programmes emerged – ARI, CDD, HIV and AIDS</td>
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<td>Near future (started) CHP integrated general health system. Rather than supported PHC it means CHP post is one of the health network</td>
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<td>First and only review of PHC in 1984</td>
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<td>Political upheaval in 2000 resulted in prioritisation because of resource constraints</td>
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<td>2000 Health Sector Reform</td>
<td>Management regime had some positive and negative effects on PHC</td>
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<td>2008 PHC renewal</td>
<td>PHC focus was reduced although currently National Strategic Development Plan (5 years) still incorporates PHC</td>
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