A Fijian farmer shows how health and well-being can come from traditional foods and smart utilization of readily available resources.
Improving health outcomes in Pacific island countries and areas is a high priority for the WHO Regional Office for the Western Pacific. Unique health challenges coupled with the demographics of the Pacific – some three million people spread across vast expanses of ocean – require WHO to tailor its support in an effort to improve the health and well-being of Pacific islanders. Since the establishment of the Division of Pacific Technical Support in Suva, Fiji, in 2010, WHO has increased support to the 21 Pacific island countries and areas.
Introduction

Improving health outcomes in Pacific island countries and areas is a high priority for the WHO Regional Office for the Western Pacific. Unique health challenges coupled with the demographics of the Pacific – some three million people spread across vast expanses of ocean – require WHO to tailor its support in an effort to improve the health and well-being of Pacific islanders. Since the establishment of the Division of Pacific Technical Support in Suva, Fiji, in 2010, WHO has increased support to the 21 Pacific island countries and areas.

WHO support is also provided through country offices in Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu. WHO technical cooperation is guided by the WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017 and decisions from the Pacific health ministers meetings.

Strengthening resilience to noncommunicable diseases and climate change

Throughout the Pacific, the proportion of premature deaths due to noncommunicable diseases (NCDs) is among the highest in the world, while various communicable diseases still pose a significant burden. Vulnerability to the health impacts of climate change and climate variability, such as the El Niño climate cycle and natural disasters, contributes to increasing health complexities in the Pacific. Health systems are often hampered by limited infrastructure, funding and human resources.

To prevent and control NCDs, multisectoral approaches have been incorporated in revitalized country NCD strategies that use a range of approaches with improved monitoring. WHO has also supported Pacific island countries and areas to improve monitoring against regional and global targets and treaties, such as the NCD Global Monitoring Framework and the WHO Framework Convention on Tobacco Control. The number of tobacco-free homes, schools and communities continues to increase across the Pacific, alongside policy initiatives such as increased taxes and strengthened laws to curb tobacco use.

WHO also provides support to scale up country actions for mental health, with a focus on improving policy, planning and capacity. Through the WHO Mental Health Gap Action Programme (mhGAP)
more than 800 doctors and nurses in 14 Pacific island countries and areas have been trained since 2013. Following the devastation of Cyclone Winston in Fiji in February 2016, aid workers were trained in psychological first aid to improve their capacity to counsel those severely affected by the cyclone.

Pacific island countries and areas face very high risks from extreme weather events, coastal erosion, earthquakes, floods and droughts, some of which are predicted to increase due to climate change. Cyclones and flooding raise the risk of outbreaks of climate-sensitive and water-related diseases, including vector-borne and diarrhoeal diseases, typhoid fever and leptospirosis. In addition, overcrowding among displaced populations creates conditions suitable for the spread of respiratory tract infections and vaccine-preventable diseases, such as measles. In 2016, work began on a five-year project to build climate-resilient health systems through strengthened governance and policies, early warning systems, and preventive and curative service delivery within the framework of a successful pilot programme on climate change adaptation to protect human health.

Immunization coverage has been maintained at high levels in most Pacific island countries and areas. Six countries have reached the target of less than 1% prevalence of hepatitis B virus in children under 5 years of age. WHO support continues in tackling the emergence of MDR-TB, continuing the strong progress towards the elimination of lymphatic filariasis, trachoma, soil-transmitted helminths, yaws, and the prevention and control of HIV and sexually transmitted infections.

Three countries – Cook Islands, Niue, and Vanuatu – reached the global target and were officially acknowledged by the WHO Director-General in May 2016 as having achieved elimination of lymphatic filariasis as a public health problem.

**Strengthening frameworks and looking to the future**

WHO has supported the development and review of national health policies, strategies and plans in several Pacific island countries and areas. Support also was provided to review national medi-
cines, blood safety and laboratory regulations to ensure access to safe, quality services in Cook Islands, Fiji, Niue, Palau, Samoa, Solomon Islands and Tonga. In an effort to advance universal health coverage (UHC) and the Pacific vision of Healthy Islands, WHO has worked with Pacific island countries to improve the delivery of essential services by focusing on primary health care and community health. To help integrate foreign-trained medical graduates, WHO in collaboration with the Australian Government Department of Foreign Affairs and Trade and Fiji National University (FNU) provided technical guidance to set up an internship programme and develop national human resources plans in Kiribati, Solomon Islands, Tuvalu and Vanuatu.

In working towards UHC in the Pacific, WHO will continue to address five priority areas: 1) the escalation of NCDs and associated disabilities; 2) the continuing challenges of communicable diseases, including neglected tropical diseases; 3) the unfinished Millennium Development Goals agenda, focusing on water, sanitation, and maternal and child health, as well as the health targets in the Sustainable Development Goals (SDGs) agenda; 4) high vulnerability to natural disasters and climate change; and 5) limited health infrastructure, as well as limited human, material and financial resources.

Antimicrobial resistance (AMR) is a global public health threat that compromises the effectiveness of antibiotics, with many infectious diseases at risk of becoming untreatable. Fiji has taken a leading role by developing a national AMR action plan.
1. Adapting PEN: targeting those most at risk

Pacific island countries and areas have many health challenges in common, especially a high NCD burden. Nearly nine out of 10 people in the Pacific have NCD risk factors, such as smoking or sedentary lifestyles.

In some Pacific island countries and areas, more than 75% of adults are obese, nearly 50% of young people smoke and up to 40% of people over 25 have elevated blood-glucose levels.

Following in-country assessments, WHO has supported the adaptation of the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings, also known as PEN, in Kiribati, Samoa, Solomon Islands and Tuvalu, to local needs. With technical support from WHO, country teams tailored PEN protocols and monitoring tools in accordance with each country’s essential drug list and cardiovascular disease (CVD) and diabetes guidelines. Through localized user-friendly protocols and streamlined diagnostic and management procedures for CVD risk screening and risk reduction, front-line health workers can now recognize early and manage diabetes cases and those with high CVD risk.

In support of PEN adaptation, WHO developed a cost-and-benefit calculator, an interactive spreadsheet that helps countries explore a range of adaptation options for using PEN protocols over a five-year period. The calculator guides countries in prioritizing and allocating resources for people who are most at risk for NCDs, and in projecting procurement and other needs. This approach has been used in Cook Islands, Fiji, Kiribati, Nauru, Solomon Islands and Tonga.

WHO is also continuing to support PEN Fa’a Samoa, a community-led adaptation of PEN protocols. The approach is now well established in Lalomalava and Vaisaulu villages, and expansion nationally is planned. Community action to reduce sugar and salt consumption is under way, backed by increased community awareness. Around 1250 people have had baseline risk assessments. Community health is now regularly monitored by volunteer women’s groups and health service staff. Work is ongoing to develop a monitoring and tracking system for PEN Fa’a Samoa that is linked with the development of national health information systems.
2. **Strengthened health security in Pacific island countries and areas**

Pacific island countries and areas have progressed well in implementing the core capacities of the International Health Regulations, also known as IHR (2005), for surveillance, risk assessment and response. These core capacities have helped strengthen surveillance and response in the Pacific. At the Pacific IHR (2005) Meeting on Public Health Emergency Preparedness at International Points of Entry in Nadi, Fiji, in November 2015, Pacific island countries reaffirmed the need to continue to strengthen core preparedness and response capacities at designated points of entry, with a focus on testing the interagency public health emergency contingency plans developed for each facility.

The Pacific Syndromic Surveillance System (PSSS) was established in 2010. This early warning surveillance network for influenza surveillance across 21 Pacific island countries and areas, as well as Papua New Guinea and New Zealand, has facilitated increased alert detection and data sharing. PSSS detected over 650 alerts in 2014–2015, 188 of which were confirmed as disease outbreaks. All alerts and updates are shared in a weekly email bulletin for Pacific island countries and their partners. PSSS is flexible and modifiable and has the surge capacity to monitor large outbreaks or to transition to a post-disaster early warning alert and response system. Following Cyclone Winston in Fiji in February 2016, the most powerful storm on record to make landfall in the Southern Hemisphere, the number of sentinel syndromic surveillance sites increased from 12 to 34, and the number of syndromes under surveillance increased from five to nine.

The investment in capabilities, guided in part by the Asia Pacific Strategy for Emerging Diseases (APSED) and the Pacific Ebola Action Plan (2014–2015), has strengthened emergency preparedness planning, incident management and coordination, infection prevention and control, isolation facilities, the rational use of personal protective equipment, and capacity at points of entry. In 2016, WHO began rolling out the Pacific Zika Action Plan to support countries and areas to respond to Zika outbreaks and prevent infection in vulnerable groups, particularly pregnant women and women of reproductive age because of the risk of microcephaly and other severe birth defects. Both Pacific action plans were modelled on the regional frameworks for action that adapt the generic preparedness and response platform built through IHR/APSED implementation for specific public health emergencies.

In an effort to strengthen regional health security, eight States Parties in the Pacific have met the IHR (2005) core capacity requirements, and the remaining five are on track to reach them by June 2016 deadline. 

Vulnerable coastal populations, such as this impoverished community in unsafe housing, are most at risk from rising sea levels due to climate change.
3. Integrating e-learning into continuing professional development for Pacific health workers

In 2003, WHO and Pacific ministries of health established an e-learning platform, the Pacific Open Learning Health Net (POLHN), to address the continuing professional development needs of health workers in the Pacific. The platform now links around 20,000 health workers from 15 Pacific island countries and areas to thousands of free courses through its partners and 45 learning centres.

Due to the wide range of topics and flexible delivery options, an increasing number of health workers have signed up for POLHN’s self-paced courses in recent years. The team of POLHN country focal points provides constant motivation to independent learners.

POLHN partners with academic institutions and course providers to build institutional capacity and provide greater access to flexible learning for health workers across the Pacific. POLHN sponsors about 100 health workers each year for postgraduate online programmes from FNU. In time, this effort will increase the number of health managers with postgraduate qualifications across the Pacific. In 2015, the number of instructor-led course sponsorships doubled in northern Pacific countries. With changing work environments and increased expectations among consumers for quality care, health workers must constantly refresh their skills. In six Pacific island countries, POLHN self-paced course certificates are accepted as credits towards renewal of annual certificates of practice.

All POLHN partner countries have indicated their support for an extension of POLHN collaboration. POLHN is also continuously developing new courses and ensuring access to learning opportunities for Pacific health workers.
4. Healthy Islands monitoring framework

The Eleventh Pacific Health Ministers Meeting in April 2015 committed to the development of a monitoring framework and core indicators to track progress towards the vision of Healthy Islands. WHO in collaboration with the Pacific Community (SPC) has provided technical support to Pacific health ministries in developing the framework.

The monitoring framework, comprised of 52 mandatory indicators, was endorsed by Pacific permanent secretaries, directors-general and chief executive officers at the Fourth Heads of Health meeting in April 2016. Where possible, core indicators were sourced from global frameworks, notably the SDGs, to ensure harmonization and adherence to international standards. In line with the agreed key principles, the indicators cover a range of process and outcome measures. Of the 52 indicators, 36 can be collected via routine administrative systems on an ongoing basis, while the other 16 require data from surveys.

After the Heads of Health endorsement in April 2016 and in collaboration with the Pacific Health Information Network (PHIN) and SPC, WHO convened the health information system managers meeting in May 2016 to discuss detailed reporting mechanisms. Health information system managers agreed to use an online reporting system, which allows users to select specific countries, themes and indicators. The first progress report using the Healthy Islands monitoring framework is expected be available at the next Pacific Health Ministers Meeting in Cook Islands in 2017.

A young girl helps in the family vegetable garden, a source of healthy nutrition in the Federated States of Micronesia.
5. Cyclone Winston response

Tropical Cyclone Winston swept through Fiji on 20–21 February 2016, leaving 44 dead, more than 125 injured, and tens of thousands of people without shelter, food and safe water. WHO’s response was guided by the Western Pacific Regional Framework for Action for Disaster Risk Management for Health and the WHO Emergency Response Framework.

Together with the Fiji Ministry of Health and Medical Services and UNICEF, WHO coordinated the Fiji Health and Nutrition Cluster. Immediate actions included mobilizing staff to support Fiji’s Ministry of Health and Medical Services and more than US$ 1.17 million to support the emergency phase of the response. In addition, a public health risk assessment was conducted, contributing to the Ministry of Health and Medical Services humanitarian plan of action.

The cyclone damaged about 65% of the 135 health facilities in its path. WHO initiated health facility assessments and trained government officials to conduct assessments using the WHO Health Resources Availability Monitoring System (HeRAMS) model. Health workers were also trained to provide psychosocial support and to teach others psychological first aid. WHO supported the Fiji Pharmaceutical and Biomedical Services Centre in strengthening Fiji’s humanitarian crisis supply chain management system through delivering a scenario-based training-of-trainers workshop that included the development and testing of logistics standard operating procedures.

For the first time in the Pacific, WHO established “EWARS in a Box”, an early warning surveillance and response system that uses mobile technology to rapidly identify potential outbreaks. Information from 34 surveillance sites on nine priority syndromes was collected, analysed and sent to Government-led response teams to investigate.

WHO delivered emergency supplies, including medicine to treat diarrhoeal disease and 800 000 water purification tablets, to assist 20 000 people in three months following the cyclone. In addition, tents were supplied for use at damaged health facilities. Additional supplies and equipment for clinical care and public health interventions were procured for the Ministry of Health and Medical Services.

Communications support to the Ministry of Health and Medical Services helped share messages with the public through the broadcast and print media, social media and community leaders. WHO also provided information management support to the Ministry of Health and Medical Services to help coordinate partner efforts. The impact of Cyclone Winston will be felt for many years. WHO will continue to support the Ministry of Health and Medical Services to build back an even stronger health system.