Healthy Islands are places where children are nurtured in body and mind.
The Division of Pacific Technical Support (DPS) was established in 2010 in Suva, Fiji. The new division expanded the role of the WHO Representative Office in the South Pacific, which was established in 1956 to serve Pacific island countries and areas.

Together with the Regional Office, DPS coordinates tailored technical support for the Pacific through WHO country offices in Fiji, Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu.
Progressing towards the Healthy Islands vision

The Division of Pacific Technical Support (DPS) was established in 2010 in Suva, Fiji. The new division expanded the role of the WHO Representative Office in the South Pacific, which was established in 1956 to serve Pacific island countries and areas. Together with the Regional Office, DPS coordinates tailored technical support to the 21 Pacific island countries and areas through WHO country offices in Fiji, Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu.

WHO support in the Pacific is guided by the Healthy Islands vision, embraced by health leaders from the Pacific as a unifying theme for improving health and protecting life-sustaining environments in the Pacific. Adopted at the first Pacific Health Ministers Meeting in Yanuca Island, Fiji in 1995, Healthy Islands has provided an aspirational vision for healthy living in the Pacific for more than two decades.

To align and provide fully tailored support to this renewed commitment from the Pacific health leaders, WHO has embraced and clearly articulated its support around the Healthy Islands vision in its draft Pacific Island Countries and Areas – WHO Cooperation Strategy (PICCS) that will cover the period from 2018 to 2022. The PICCS was developed in close collaboration with health partners and governments. It was also shaped at the same time as the United Nations Pacific Strategy 2018–2022, thus ensuring full congruence and integration between the two strategies.

DPS has supported the development of national strategic health plans, annual reviews and planning in Cook Islands, Fiji, Kiribati, the Federated States of Micronesia, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Support also was provided in developing, implementing and monitoring national policies, plans and guidelines on essential medicines and health technologies, including work on traditional medicines.

WHO is working with Pacific island countries and areas to develop comprehensive national action plans on antimicrobial resistance (AMR). WHO also encouraged and provided support to organize public awareness campaigns in Fiji, Kiribati, the Federated States of Micronesia, Palau, Samoa, Tonga and Tuvalu.

In an effort to advance universal health coverage, WHO has worked with Pacific
island countries and areas to improve the delivery of essential health services by focusing on primary health care and community health. Acting on a recommendation from the Eleventh Pacific Health Ministers Meeting in April 2015, WHO has worked closely with the Pacific Community (SPC) and other partners to develop the Healthy Islands monitoring framework. A progress report on the framework will be presented to the Twelfth Pacific Health Ministers Meeting to be held from 28 to 30 August 2017 in Rarotonga, Cook Islands.

In support of efforts in the Pacific to prevent and manage noncommunicable diseases (NCDs), WHO has supported monitoring against regional and global targets and treaties, such as the Global Monitoring Framework for NCDs and the WHO Framework Convention on Tobacco Control.

Tobacco-free community settings continue to increase across the Pacific, alongside increased taxes and strengthened laws to reduce tobacco use. Repeated national surveys in three Pacific island countries show tobacco use on the decline.

A regional monitoring dashboard for NCD actions and progress against global and regional targets has been developed and will be used for annual progress reports. Nearly all Pacific island countries and areas have customized the evidence-based protocols on the early diagnosis and management of major NCDs from the WHO Package of Essential Non-communicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings. A PEN meeting provided an opportunity for country focal points, experts and partners to review country progress on NCD clinical management, as well as consider actions to accelerate and strengthen programme implementation and roll-out.

WHO is supporting the scale-up of country actions for mental health, with a focus on strengthening policies and laws, integrating mental health into primary health care and raising public awareness. Many Pacific island countries used World Health Day 2017 to increase community understanding of depression under the theme Depression: Let’s talk.

In Fiji, an information package helped staff at health facilities and primary and secondary schools organize campaigns in their communities; Kiribati and Samoa
hosted sports events to call attention to the issue. Supporting Pacific island countries and areas to reduce vulnerability to acute threats to health from public health emergencies and the health consequences of disasters requires coordinated national and regional responses. Over the past year, WHO continued to support countries in detecting, investigating and mitigating outbreaks of arbovirus disease, including outbreaks of dengue serotype 2, which has re-emerged in the Pacific.

WHO is working closely with Pacific Public Health Surveillance Network response partners – SPC, the Pacific Island Health Officers’ Association and the United States Centers for Disease Control and Prevention – in strengthening Pacific health security through coordinated technical support for the implementation of the International Health Regulations, also known as IHR (2005), through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III).

As a lead agency of the Health and Nutrition Cluster of the Pacific Humanitarian Team, WHO has worked closely with Fiji and Solomon Islands in their response to Category 5 Tropical Cyclone Winston in 2016 and the M6.4 Makira earthquake in 2017, respectively. Work began in 2017 on a five-year programme to build climate-resilient health systems in Kiribati, Solomon Islands, Tuvalu and Vanuatu through strengthened governance and policies, early warning systems, and preventive and curative service delivery within the framework of a successful pilot project on climate change adaptation to protect human health.

WHO support continues in tackling the emergence of multidrug-resistant
tuberculosis (MDR-TB); building on the strong progress towards the elimination of lymphatic filariasis, trachoma, soil-transmitted helminths and yaws; and the prevention and control of HIV and sexually transmitted infections. The Marshall Islands achieved elimination of lymphatic filariasis as a public health problem in 2017 for a total of five countries in the Western Pacific Region that have been removed from the global list of endemic countries and areas.

Over the past year, Fiji, Kiribati and Vanuatu began countrywide rounds of mass drug administration (MDA) against trachoma. These endemic countries – along with Solomon Islands, which conducted MDAs the previous year – are making great progress towards the elimination of trachoma.

**Lymphatic filariasis:**

**elimination as a public health problem validated**

Sustaining continuous efforts made since 1999 when the Pacific Programme to Eliminate Lymphatic Filariasis was established, the Pacific continues to move towards the elimination of lymphatic filariasis, also known as elephantiasis.

The majority of the 15 Pacific island countries and areas, plus Papua New Guinea, that were endemic with lymphatic filariasis at the beginning of the global elimination programme are now seeing encouraging results from annual MDAs with two medications – diethylcarbamazine and albendazole – and strong post-MDA surveillance.

Over the past year, four Pacific countries – Cook Islands, the Marshall Islands, Niue and Vanuatu – were validated by WHO as having achieved the elimination of lymphatic filariasis as a public health problem.

Five more countries have successfully completed MDAs, and they are now in the surveillance phase; three of these countries are likely to complete their dossiers for validation of elimination status and submit them before the year ends. Six countries continue with rounds of MDA in areas where the transmission of lymphatic filariasis persists, and intensive efforts are being made to ensure effective interventions in these areas.

Health workers visited every community and household during mass drug administration campaigns in Vanuatu to prevent and treat lymphatic filariasis.
1. Tailoring APSED III to the Pacific for regional health security

Significant progress has been made over the past decade in strengthening surveillance and response systems in the Pacific, as required under IHR (2005). Despite those gains, challenges remain in strengthening and maintaining IHR core capacities, including national surveillance, risk assessment and response.

Reducing vulnerability to acute threats to health requires coordinated and adaptive national and regional responses. It also requires resilient national health systems that can respond effectively to common epidemic-prone diseases and sudden-onset emergencies caused by natural, environmental or technological hazards. Timely regional public health technical surge capacities are also necessary to ensure health security in the Pacific. Some capacities, such as advanced diagnostics and reference laboratories, and stockpiles for medical countermeasures, require significant establishment and maintenance costs.

The One Health approach strengthens multisectoral coordination for health interventions at the human-animal-ecology interface. The approach is essential to fight antimicrobial resistance and safeguard health security in the Pacific.
as well as specialized expertise. Such capacities may be better organized as regional public goods to ensure that all countries have access at reasonable cost and efficiency.

WHO consulted extensively with Pacific island countries and areas and development partners to produce a dedicated chapter in APSED III that addresses the unique challenges in implementing IHR (2005) in the Pacific. Strengthening IHR (2005) implementation through APSED III was discussed at the 60th Pacific Island Health Officers’ Association Executive Board Meeting in Honolulu, Hawaii in September 2016; the 20th anniversary meeting of the Pacific Public Health Surveillance Network and the Pacific Heads of Health Meeting in Suva, Fiji in April 2017; and the Pacific Meeting on Implementation of the International Health Regulations (2005) in Nadi, Fiji in May–June 2017.

APSED III implementation aims to ensure that all Pacific island countries and areas have core public health capacities and capabilities in place to detect, assess and respond to common epidemic-prone diseases, as well as arrangements with regional response partners for timely technical assistance and surge capacity in the event of a transnational threat or disaster.

Strengthening IHR (2005) core capacities in the Pacific, through APSED III, will continue to focus on the core public health functions required by all national health systems for outbreak and emergency preparedness, alert and response, including disease surveillance, risk assessment, operational capacity, laboratory diagnosis, risk communication, capacity at points of entry and the functions of the National IHR Focal Points.

WHO is working closely with national health authorities and partners in the development and retention of health workers and the establishment of sustainable health system financing – both necessary to sustain gains made through IHR (2005).

Beginning in 2017, the priority for IHR (2005) through APSED III implementation in the Pacific is continual quality improvement, including outbreak review, exercises and voluntary Joint External Evaluation (JEE), and the development of updated national work plans.

In April 2017, the Pacific Heads of Health reaffirmed commitments by Pacific island countries and areas and partner agencies to accelerate IHR (2005) implementation for national, regional and global health security. They also agreed to the development of a multi-year action plan at the regional level for coordinated national and regional investments for health security in the Pacific. Major regional partners in the Pacific including WHO worked together to draft the multi-year Pacific Health Security Coordination Plan. A consultative process with national authorities will be completed before the Pacific Health Ministers Meeting in August 2017.

Collective action for Pacific health security, including more coherent, coordinated, transparent and adaptive support to IHR (2005) implementation by Pacific partners, and regional alert and response capacities, were two key themes of the seventh biennial Pacific Meeting on Implementation of the International Health Regulations (2005).
2. Progress on AMR national action plans

Already vulnerable health-care systems in the Pacific are challenged regularly by outbreaks of infectious diseases, as seen over the past year in Fiji, Kiribati and Tonga. Local laboratory data already have revealed the emergence of microorganisms resistant to conventional antibiotics in most Pacific island countries and areas. Unless driving factors affecting the health systems – such as insufficient hospital supplies or training of staff – are addressed in a systematic and sustainable manner, they will continue to occur.

To address this situation, Pacific island countries and areas have requested WHO support in developing national action plans. DPS, in coordination with the Regional Office and WHO country offices, has taken the lead in supporting AMR-related activities, including strengthening medical laboratories in testing of antimicrobial sensitivity, providing training on identifying and confirming multidrug-resistant pathogens, and monitoring AMR in Cook Islands, Fiji, Kiribati and the Marshall Islands.

WHO has also supported the review of infection control policies and the development of antibiotic guidelines using the results of local antibiograms or antibiotic sensitivity tests in Cook Islands, Samoa, and Tonga. In addition, DPS supports efforts to improve AMR surveillance and information systems through the installation of the WHONET system – an information system developed to support the WHO goal of global surveillance of bacterial resistance to antimicrobial agents – in Cook Islands, Fiji and Samoa, including training staff members in its use.

DPS also coordinated WHO support in assisting with the development of national AMR action plans. Cook Islands and Fiji have launched multisectoral national action plans, and the Marshall Islands, the Federated States of Micronesia, Palau, Samoa, and Tonga are developing plans. Furthermore, WHO is supporting Fiji to collect and analyze data on antimicrobial consumption in both humans and animals. This support will be extended to other Pacific island countries and areas.

The World Antibiotic Awareness Week campaigns are an important entry point for raising the political agenda of AMR. Eight Pacific island countries participated in 2015, and twelve took part in 2016. AMR was heavily discussed at the Meeting on Quality Assurance and Rational Use of Essential Medicines in the Pacific Island Countries on 14–17 February 2017 in Nadi, Fiji.

Sustained technical assistance is still needed, in particular for surveillance, infection prevention and control, and supply chain management of antimicrobials. DPS will continue to support Pacific island countries and areas in their efforts to prevent and control AMR and its consequences, tailoring guidance from WHO global and regional action plans to the context of each country and area.

Pharmacists, like this man in Tonga, are critical to fighting AMR by ensuring the quality and effectiveness of antimicrobials prescribed.
3. Pacific Island Countries and Areas – WHO Cooperation Strategy and the Healthy Islands vision

The Multi-Country Cooperation Strategy for the Pacific 2013–2017 detailed the strategic vision and technical cooperation between WHO and the 21 Pacific island countries and areas in the Western Pacific Region. An updated version of the strategy is being developed, with the Healthy Islands vision as the guiding principle in shaping strategic priorities and focus areas for 2018–2022.

The current strategy presents the diverse geographic, demographic, cultural, economic and health parameters for the 21 Pacific island countries and areas. It also promotes a country-focused approach with country-specific information, summarizing each country and area’s health status, national health policies and systems, and strategic priorities. The strategy takes these elements into account in crafting a holistic subregional strategic vision with Healthy Islands as the unifying theme. The draft Pacific Island Countries and Areas – WHO Cooperation Strategy is designed to hasten progress towards the vision of Healthy Islands by improving and protecting the health of all Pacific islanders.

To ensure alignment of the Pacific Island Countries and Areas – WHO Cooperation Strategy and the Healthy Islands vision, the Healthy Islands monitoring framework will be the fundamental tool for monitoring the outcomes and impacts of DPS work. The monitoring framework provides indicators that gauge progress in the implementation of specific actions to realize the vision. The indicators were drawn mainly from global frameworks, such as the Sustainable Development Goals, to ensure harmonization with international standards.

The strategic agenda of the Pacific Island Countries and Areas – WHO Cooperation Strategy for 2018–2022 underscores the responsiveness of DPS to the needs and priorities of Pacific island countries and areas and to multisectoral collaboration to establish cross-cutting initiatives that provide sustainable support for the more than 3 million people in the Pacific. Progress towards the goals of the strategy will help realize the Healthy Islands vision.

The Pacific’s future is in the hands of its children. Leadership and action for health today will expand their horizons for tomorrow.