Situation & Issues and Recommendations
IMPROVING DATA FOR POLICY:
STRENGTHENING HEALTH INFORMATION AND VITAL REGISTRATION SYSTEMS

SITUATION & ISSUES AND RECOMMENDATIONS

2-4 July 2013

Apia, Samoa
Situation & Issues

That countries:

- Recognise the importance of:
  - Health information systems (HIS) and civil registration and vital statistics (CRVS) (disaggregated by years, age, sex, location, etc.) in setting health priorities and the effective use of resources to address these health priorities, evaluating health system responses and performance (and broader community response)
  - HIS and CRVS systems for monitoring and accountability
  - Cause of death and mortality level data in monitoring health outcomes e.g. NCD
  - Encouraging a culture of information use, planning based on evidence.
  - A multi-sectoral approach to HIS and CRVS
  - The importance of integrating data from surveillance systems into the broader HIS

- Acknowledge
  - The complexities of improving HIS and CRVS systems in the Pacific context
  - The limitation of generating meaningful data due to small population size and number of events
  - The importance of training doctors in death certification
  - The importance of nurses, and broader community structures in data collection from outer islands and remote areas
  - The opportunities presented by information technology to improve systems, when used to support sound reporting structures and practices
Recommendations

That countries:

• Commit to strengthen and improve data quality from HIS and CRVS systems by (if not already done)
  – establishing a multi-sectoral coordination mechanism(s) for improving HIS and CRVS systems
  – undertaking an assessment of the key challenges and issues in generating reliable timely data
  – developing and share detailed improvement plans for HIS and CRVS that include locally agreed targets for improving HIS and CRVS data that are measurable providing accountability for progress. (i.e. improve the completeness of birth and death registration, improve the reliability and completeness of health data in particular cause of death data - minimum two year reporting on results of analysis and trend data)
  – investing in building human resource capacity for HIS and CRVS in areas such as data analysis and interpretation of vital statistics to inform policy development and planning
TOWARDS HEALTHY ISLANDS:
PACIFIC MENTAL HEALTH RESPONSE

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1. Mental health remains a low priority in health systems and under-resourced and funded in budgets.

2. Missing links between mental health and cross-cutting issues (such as human rights, gender issues, substance abuse, suicide, violence, trauma, NCD, maternal/child/adolescent health, health across the life cycle, HIV/STI’s, sexual and reproductive health, and other medical co-morbidities).

3. Lack of mental health awareness, advocacy, promotion and early prevention interventions and a large treatment gap in undiagnosed and untreated mental health conditions.
Recommendations

1. Strengthen national and regional leadership to drive the mental health agenda, support legislation and policy, and combat stigma. (Issue 1)

2. Strengthen evidence base on prevalence utilising tools and methodologies that are appropriate for the Pacific context and tailored to country needs (Issue 1)

3. Develop and strengthen comprehensive education and training for human resources in the region for a full range of mental health care services that respond to the various levels of need (Issue 1)

4. Integrate mental health into general health and community-based services with emphasis on NCD Crisis Response (Issue 2)

5. Strengthen existing network and multi-sectoral partnership mechanisms to promote capacity-building and coordination (Issue 2)

6. Expand mental health service delivery utilising existing infrastructure and tailor services to meet diverse population needs (Issue 3)

7. Address prevention, social determinants, and risk factors and promote mental health as part of holistic wellbeing (Issue 3)
ACTIONS ON THE SOCIAL DETERMINANTS OF HEALTH IN THE PACIFIC ISLANDS

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Situation & Issues

1. Daily living conditions, inequitable distribution of resources are common social determinants amongst others – need some understanding and focus

2. Healthy Islands framework is a SDH framework

3. How to measure and understand SDH and assess the impact of action? Importance of data

4. Key challenge is developing knowledge and communications skills in order to influence behaviour across sectors at every level

5. How do we build capacity (human resource and institutional) of health for cross-sectoral work?

6. Need mechanism for multi-sectoral implementation and accountability in country
Recommendations

• Sustain national high level advocacy with focus on ‘Health in All Policies’ and NCD using appropriate tool or guidance (e.g. Helsinki statement on Health in All Policies)

• Build and strengthen communication and advocacy capacity of ministries of health to work across sectors (with regional support) through
  • Facilitation of networking in a community of practice using the Pacific Way
  • Development and utilisation of appropriate tools and data to measure and address social determinants (e.g. Island HEART )
NEGLECTED TROPICAL DISEASES

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• Vital need to sustain the momentum by increasing monitoring and evaluation of program progress

• Need to identify the NTD of priority for the country and reassess the exact magnitude of the disease

• Scaling up of evidence based intervention based on the available epidemiologic profile of the disease
Recommendations

- Review and re-assess the current NTDs situation and identify new country-specific NTD of priority as relevant
- Develop Pacific NTD strategy/framework as per technical guidelines for the country programmes
- Renew countries’ commitment to tackling NTDs and consider the implementation of the plan in the context of health system strengthening/community health strengthening
OUTBREAK SURVEILLANCE AND RESPONSE PRIORITIES FOR MITIGATING THE HEALTH IMPACT OF DISASTER

SITUATION & ISSUES AND RECOMMENDATIONS

2-4 July 2013

Apia, Samoa
Situation & Issues

• Several countries reported:
  – Good policy and plans to coordinate between disaster management system and health
  – Lack of technical human resources to respond to disaster
  – The importance of good existing surveillance capacity
  – IHR supports core public health functions necessary for disaster/outbreak surveillance and response

• The existing Pacific syndromic surveillance is an important foundation to build post-disaster early warning alert and response network (EWARN) capacity

• Countries requested SPC/WHO to support PIC surveillance and response for climate change/disaster linked outbreaks
Recommendations

1. Strengthen existing syndromic/disease surveillance systems and integrate into routine HIS
2. Implement operational research to provide evidence on the epidemiology of important outbreak-prone diseases
3. Urgently develop protocols for post-disaster risk-assessment and surveillance and response
4. Initiate and support human resource capacity-building in field epidemiology
5. Support improved coordination between regional disaster and public health organizations/networks
HEALTH WORKFORCE DEVELOPMENT IN THE PACIFIC

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Situation & Issues

1. Long-standing challenges related to:
   - Unique demographic/geographic factors in service delivery in small island settings
   - Costed, actively managed HRH planning (need to be linked to HIS)
   - Capacity of education providers (pre- and in-service; matched to HRH plan)
   - Multi-sectoral engagement (“makes it work”)
   - Financing the “right” workforce (creative solutions)

2. Role delineation
   - Skill mix matched to burden of disease, models of care (country-specific decisions)
   - Central role of nurses from community to tertiary levels of service delivery

3. Emerging issues
   - Foreign-trained medical graduates (some countries only; NB political drivers)
   - Accreditation, competencies, standards and regulation
   - Interaction between mainstream health services and traditional healers

4. Workforce stability
   - Ageing workforce, mandatory retirement ages
   - Mobility (“brain drain” versus “brain rotation”)
   - Variable adherence to policies on HW migration (Pacific Code and WHO Code)

5. Future role of PHRHA
   - Assisting country delegates to achieve higher political profile for HRH?
   - Primarily addressing HRH policy issues (regional, sub-regional levels)?
Recommendations

1. If not already in place, advocate for and establish:
   • High level of prioritisation for HRH in health system
   • Engagement of key sectors (Finance, Public Service, Education)
   • Actively managed, current, costed national health workforce plan
   • Bilateral MOUs to manage “brain rotation”

2. Explore innovative approaches to achieving the necessary investment and financing structures for the national health workforce plan

3. Increased involvement of nursing in national and regional health governance structures

4. For those countries expecting to receive FTMGs:
   • Analyse policy options and plan for integration
   • Develop competency based assessment tools
   • Maintain supportive dialogue with postgraduate training institutions
   • Maintain collaboration between countries

5. Maintain PHRHA function to address policy priorities at regional and sub-regional (or multi-country) level
   • Review and, where necessary, revise PHRHA Objectives and Secretariat TORs
   • Revitalize TWG to help connect countries (and TA where relevant)

6. Maintain dialogue with evolving approaches on accreditation of education and regulation of practice

Request to Heads of Pacific Health Training Institutions
That Deans of Medical Schools and Heads of Nursing Schools in PNG and PICs convene a regular, e.g., biyearly, meeting:
   a) to discuss curricular and other matters of mutual concern; and
   b) to ensure, as much as possible, that curricula and intakes remain aligned with prevailing national and regional strategic priorities;

and report back to the Pacific Islands Health Ministers Meeting