Honiara Outcome

Ninth Meeting of Ministers of Health for the Pacific Island Countries
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Executive Summary

The first Meeting of Ministers of Health for the Pacific Island Countries was convened in Fiji in 1995. Subsequent biennial meetings have further confronted key health issues in the Pacific. The Ninth Meeting of Ministers of Health for the Pacific Island Countries was held in 2011 in Honiara, Solomon Islands.

Scheduled topics included noncommunicable diseases (NCDs); revitalization of Healthy Islands, and recognition of those cited in WHO’s Healthy Islands Recognition Programme; improving performance through strengthening national health planning, monitoring and evaluation; strengthening food security in the Pacific; and achieving Millennium Development Goals 4 and 5. Additionally, an Open Forum format led to the discussion of 10 further topics: 1) mental health; 2) social determinants of health; 3) health information systems, evidence, epidemiology and statistics; 4) human resources for health; 5) clinical care and clinical governance; 6) emerging and neglected infectious diseases; 7) disaster risk management; 8) laboratories; 9) health care financing, health leadership and governance; and 10) new technologies. The Open Forum format proved highly successful in increasing inclusiveness and ownership of the meeting process and outcomes.

Further discussions resulted in a variety of suggested ways forward for each of the topics discussed, with several dominant themes emerging: the need to build upon and optimize use of existing mechanisms, such as regional networks and existing frameworks, plans and tools; the benefit of using health system strengthening as a cross-cutting way to address all issues; and the vital importance of multisectoral and whole-of-society approaches. The majority of topics were highly interrelated, such that action in addressing any one topic would result in progress in other areas.
Delegates affirmed their political commitment toward combating NCDs, and endorsed an NCD Communiqué, which called upon stakeholders to give the highest priority to this critical issue; this served as an input into the Pacific Islands Forum Leaders Meeting and the United Nations General Assembly High-level Meeting on NCDs in New York.

The vision of Healthy Islands was reaffirmed as being as relevant now as when it was first articulated; the delegates embraced Healthy Islands as a unifying and overarching framework for addressing other health issues.
Foreword

On behalf of the Government and people of Solomon Islands, I am honoured to have had the opportunity to chair the Ninth Meeting of Ministers of Health for the Pacific Island Countries. The participation of such distinguished Ministers and Partners at these Meetings is a clear indication of a great commitment to advancing the health needs of people in the region.

Our “Blue Continent” is currently faced with a number of grave challenges to the health of our people. These challenges include many of those deliberated during this Meeting, including the crisis of noncommunicable diseases, the challenge of reaching Millennium Development Goals 4 and 5, the rising burden of mental illness, and the critical shortage of human resources for health. The Healthy Islands vision remains only partly attained. The geography of our Blue Continent is challenging as far as the delivery of much needed health services is concerned.

However, I have hope for the future. Our Government, like those of my colleagues, is fully committed to reforming the health sector, to ensure that the delivery of these much needed services reaches our people, relieves their suffering, addresses their health care needs and also improves their standard of living. With the wisdom, knowledge, support and goodwill of the participants of this Meeting and other partners, I believe we will be successful in taking forward the proposed actions outlined in this document.

I wish to once again thank all of the participants for honouring our country with their attendance. I especially want to acknowledge the strong support of the World Health Organization, particularly Regional Director Dr Shin Young-soo, and the Secretariat of the Pacific Community, particularly our native son, Director-General Dr Jimmie Rodgers. Your presence during this Ninth
Meeting of Ministers of Health for the Pacific Island Countries is a positive sign to all of our Pacific Island Nations, and we look forward to continuing collaboration with you as we strive to improve the health of our people in the Pacific.

Thank you so much and may God bless our beautiful Pacific Island Nations.

The Honourable Charles Sigoto
Minister for Health and Medical Services of Solomon Islands
This year marked the Ninth Meeting of Ministers of Health for the Pacific Island Countries, graciously hosted in Honiara by the Government of Solomon Islands. Sixteen years have passed since the first meeting, with its Yanuca Declaration proclaiming the vision of Healthy Islands. This year’s meeting follows the recently concluded “Meeting to Revitalize Healthy Islands”, which reinforced that the Healthy Islands vision remains as relevant today as it did when it was formulated. It serves as a overarching framework through which to tackle a variety of health issues relevant to the Pacific, including those deliberated at this year’s meeting, such as food security, achieving Millennium Development Goals 4 and 5, and Noncommunicable Diseases.

We are at a turning point in the history of health, with NCDs at last achieving the recognition they deserve as the most dangerous killers in the region. The past year has seen the issuance of the Pacific Island Health Officers Association Declaration of a Regional State of Health Emergency of NCDs for the north Pacific, the Nadi Statement on NCDs, the Seoul Declaration and the Moscow Declaration. NCDs also was the chief priority on the agenda of this year’s Ministers’ Meeting. The nearly seventy Ministers, delegates and partners deliberated on several topics related to NCDs, culminating in the “Honiara Communiqué” that was transmitted to the Pacific Islands Forum Leaders Meeting in Auckland, New Zealand, in September, and served as an input into the first-ever United Nations General Assembly High-level Meeting on NCDs in September in New York. The Communiqué from the Pacific Islands Forum Leaders declared a State of Emergency of NCDs in the region, and called upon political leaders to take urgent action to combat this deadly epidemic on all fronts.

This year’s Meeting of Ministers of Health for the Pacific Island Countries introduced a new format, which included an Open Forum allowing ministers to bring up pressing topics for deliberation that were not on the formal agenda.
new format was extremely well received by all participants, as it greatly improved the inclusiveness and ownership of the meeting process. The Open Forum resulted in the raising of 10 areas of discussion, of which four (mental health, human resources for health, health information and the social determinants of health) emerged as the highest-priority areas.

The Secretariat of the Pacific Community and the World Health Organization are honoured to have supported this critical Ministers’ Meeting, and look forward to working with each of the countries and areas to help them carry forward the important initiatives considered. We eagerly anticipate the opportunity to reconvene in two years in Samoa for the 10th Meeting of the Ministers of Health for the Pacific Island Countries to review progress in implementing the suggested action that emanated from this meeting.

Dr Jimmie Rodgers
Director-General, Secretariat of the Pacific Community

Dr Shin Young-soo
WHO Regional Director for the Western Pacific
Introduction

The first Meeting of Ministers of Health for the Pacific Island Countries was convened in Fiji in 1995. The meeting adopted the Yanuca Declaration, advancing the concept of Healthy Islands as the unifying theme for health promotion and health protection. Seven biennial Meetings 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 Ninth Meeting of Ministers of Health for the Pacific Island Countries was jointly organized by the World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC), and was held 28–30 June 2011 in Honiara, Solomon Islands. Forty-five representatives, including special participants from 21 Pacific island countries and areas, took part in the meeting. In addition, there were 31 representatives from United Nations offices, specialized agencies and key development partners and donors. Secretariat support for the meeting was provided by SPC and WHO.

Ministers identified several priorities for deliberations in the meeting agenda. The Scheduled Topics included: noncommunicable diseases; revitalization of Healthy Islands, and recognition of those cited in the WHO’s Healthy Islands Recognition Programme; improving performance through strengthening national health planning, monitoring and evaluation; strengthening food security in the Pacific; and achieving Millennium Development Goal 4, which calls for a reduction in child mortality, and MDG 5, which calls for an improvement in maternal health. The Scheduled Topics are discussed in Section 1 of this document.

The meeting also marked the first time that an Open Forum was employed, allowing Ministers and other participants more flexibility to table priority issues for ministerial deliberation and discussion, in addition to the specific agenda...
items that had been agreed in advance. This resulted in agreement on 10 themes: (1) mental health; (2) social determinants of health; (3) health information systems, evidence, epidemiology and statistics; (4) human resources for health; (5) clinical care and clinical governance; (6) emerging and neglected infectious diseases; (7) disaster risk management; (8) laboratories; (9) health care financing, health leadership and governance; and 10) new technologies. The first four themes were considered the highest priority and were deliberated individually; the latter six themes were deliberated as a group. The Open Forum topics are discussed in Section 2 of this document.

The following pages highlight the key findings and suggested actions that make up the “Honiara Outcome.”
Section 1: Scheduled Topics

Strengthening health leadership and multisectoral action to address noncommunicable diseases

KEY FINDINGS AND SUGGESTED ACTIONS

Pacific island countries and areas (PICs) are in crisis due to the rapid build-up of an overwhelming NCD epidemic. There is a need to scale up the support for NCD prevention and control in the Pacific, and the review of the current 2-1-22 Pacific NCD Programme should inform the development of a more aggressive action plan. Sustaining political commitment, scaling up of multisectoral efforts and the strengthening of health systems are obvious areas of focus. All stakeholders should strengthen advocacy for NCDs at all levels. All sectors of government, nongovernmental organizations and civil society must be engaged with a coordinated and sustained response to maintain a focus on NCDs. This includes the incorporation of NCDs into costed national health and development plans.

The “Pacific Framework for the Prevention and Control of Noncommunicable Diseases” paves the way forward, including macroeconomic decisions and policy interventions, lifestyle and clinical interventions. Countries are encouraged to implement available highly cost-effective interventions for prevention and management of NCD priority interventions (e.g., acceleration of the implementation of the WHO Framework Convention on Tobacco Control, reduction of salt intake) that can be readily brought to scale in almost all countries. A small number of selected NCD prevention and control indicators, integrated into national health information systems, can be used to track progress. The proposed NCD activities should be considered within the overarching framework of Healthy Islands (see below).

Delegates affirmed their political commitment toward combating NCDs, as a summation of the declarations made at Nadi, Seoul, and Moscow and at
the World Health Assembly. Strong leadership and budgetary support will be necessary for long term NCD prevention and control.

An NCD Communiqué was drafted and endorsed during the meeting (see Annex 1). It called on the leaders of the Pacific Islands Forum to give the highest priority to the issue by declaring NCD as a health and development crisis and by driving a whole-of-government and whole-of-society response involving all sectors. The NCD Communiqué would be a key input for the September 2011 United Nations General Assembly High-level Meeting on NCDs.

**Healthy islands: framework of action for revitalization of healthy islands in the Pacific**

**KEY FINDINGS AND SUGGESTED ACTIONS**

Over the past 16 years, the Healthy Islands vision has been a unifying and overarching framework for achieving better health in the Pacific. Much has been achieved in the Pacific, but progress has stalled. However, the vision remains relevant and appropriate. We have gained experience; there is a clear need for a whole-of-society response and to consider evolving issues such as climate change, globalization and changing lifestyles.

With these issues in mind, the delegates endorsed the draft Framework of Action on Revitalization of Healthy Islands. The Framework of Action calls for the following strategies: strengthening advocacy, healthy policy and leadership; prioritizing country actions following community- and sector-wide consultations; enhancing multisectoral planning, partnerships and networking; strengthening health systems based on primary health care, through an integrated approach with capacity-building based on WHO’s six “building blocks” for health systems strengthening; and improving information systems to support the provision of evidence-based interventions and to guide policy decisions. *It is recommended that the Healthy Islands agenda be incorporated into national development plans, and that countries establish Coordinating Committees on Healthy Islands and development partnership plans in line with the principles of the Paris Declaration on Aid Effectiveness.* Healthy Islands is an overarching framework within which all aspects of health development in the Pacific can be included.
In May 2010, at the First Healthy Islands Forum, held in Geneva prior to the Fifty-fourth World Health Assembly, Pacific Health Ministers agreed to establish the “WHO Healthy Islands Recognition Programme”. The WHO Healthy Islands Recognitions are intended to encourage Pacific island countries and areas, as well as communities, to continue to innovate and demonstrate effective and efficient ways of promoting and protecting the health of their populations. The first recipients were announced at the meeting. Winners reported on their plans to use the recognition funds to further their programmes. Ministers are encouraged to advocate for the WHO Healthy Islands Recognition programme at the highest levels of government.

**Improving performance: strengthening national health planning and monitoring and evaluation**

**KEY FINDINGS AND SUGGESTED ACTIONS**

There is a renewed focus on the need for robust national health policies, strategies and plans (NHPSP). Several major donors are seeing robust NHPSP as a key part of their investment decisions in the health sector and for improving their aid effectiveness, the latter being critical in the Pacific due to limited institutional and supportive capacity in most countries. Sound planning will result in improved efficiency in the delivery of services for each of the other topics covered by the Meeting.

Beside content, the process of developing NHPSP is important. Sound NHPSP processes assist in setting priorities within a health system, attract both internal and external resources, and serve as a means to increase the coherence of the health sector and to decrease fragmentation.

Five key points emerged from the discussion on NHPSPs: 1) There must be recognition that the process is as important as the result, and national ownership is critical; 2) There must be effective planning, tied to budgeting; 3) It is critical to build capacity nationally and sub-nationally for planning, which will require long-term commitment and investment by both countries and partners in institutional and individual capacity-building; 4) Tools and guidelines need to be appropriate to the countries; and 5) Support will be led by WHO and other entities such as the Pacific Senior Health Officials Network.
Member States are encouraged to adopt recognized best practices for NHPSP, such as those outlined in the Framework on National Health Policies, Strategies and Plans. National leaders are encouraged to develop or build upon existing effective coordination mechanism and working arrangements, which are led by government and inclusive of key stakeholder representation.

**Strengthening food security in the Pacific: Pacific Food Summit and beyond**

**KEY FINDINGS AND SUGGESTED ACTIONS**

In 2009, a multi-agency partnership formed the Food Secure Pacific Working Group, and under the leadership of WHO coordinated the development of the Pacific approach to food security: the Framework for Action on Food Security in the Pacific. The Framework was endorsed by the Pacific Food Summit (21–23 April) and the 41st Pacific Islands Forum meeting (4–5 August) in Vanuatu in 2010.

Food security is a multisectoral issue; there are countless factors influencing food security, such as climate, agriculture, energy, household income, education, etc. Key findings include: food security is an increasing challenge; PICs have different capacities, and resources are not evenly distributed; some PICs are almost totally reliant on imported food; the private sector is limited in many PICs; all PICs have high nutrient deficiency, which can be helped by food fortification; the role of food industry and private sector is crucial.

The delegates deliberated on the outcomes of the Food Summit and the Framework for Action. **Possible actions to be taken at a national level include:** establishing Cabinet subcommittees on food security to strengthen high-level national coordination for food security; developing and strengthening national implementation plans; implementing and strengthening a multisectoral approach; identifying national champions; and developing monitoring and evaluation mechanisms. **Actions at a regional level include regional leadership and coordination.** Ministers and regional partners are encouraged to support resource mobilization to implement the Framework at national and regional levels. The Healthy Islands vision can be used to stimulate actions for food security.
Key areas that need to be addressed include: food production, including quality of soil and salt-resistant seeds; food quality, striving for low fat, low salt, and low sugar foods; access to food, particularly in terms of pricing; health aspects of food security; transportation and associated infrastructure issues, stressing that one size may not fit all, though progress had been made in sub-regional shipping arrangements; and legislative and regulatory frameworks, which can make a significant difference at the national level and we have the ability to put in place such frameworks.

**Achieving MDGs 4 and 5: Pacific strategy for scaling-up action on women’s and children’s health**

**KEY FINDINGS AND SUGGESTED ACTIONS**

Improving the health of women and children is a priority for PICs. An overall decline in child and maternal mortality in the Pacific in the last decade demonstrates that progress is being made. However, this decline represents only a fraction of the progress necessary to meet the targets contained in the Millennium Development Goals. Overall, the Pacific region is not likely to achieve the targets for MDGs 4 and 5 by the 2015 deadline. Good maternal and child health is also increasingly being seen as a way to combat NCDs (e.g., through the benefits of exclusive breastfeeding).

To accelerate progress, there is a need to analyse the reasons for slow improvement, address the bottlenecks and gaps, and redirect resources where needs are greatest. Challenges in the Pacific include: gaining support for sub-national planning and implementation; issues relating to access to services, particularly services that are gender-sensitized (i.e., delivered in ways that are appropriate to the gender of the client); health systems issues – human resources, under-equipped health facilities and resources, referral systems; lack of evidence-based policy, due to lack of data; and inadequate funding or inefficient use of available resources.

Five key issues conclusions emerged from the discussion on MDGs 4 and 5: 1) 1000 annual maternal deaths does not make news – we need to go beyond the figures and personalize it; 2) Solutions must be local; 3) There is a need to reintroduce technologies that work, such as the “partogram”; 4) Countries should
make use of resources that are available, such as traditional birth attendants; 5) It is important to make the Pacific experience visible to others because some of the solutions are highly relevant to others.

Countries are encouraged to enhance maternal and child health service delivery through health systems strengthening and building on existing services and plans, using the Continuum of Care Model. Country plans should be inclusive of financing, human resources, implementation and monitoring at national and sub-national levels. It is necessary to better define populations worst affected by poor access and develop specific plans to improve access for particular places and populations. Development partners are encouraged to increase support to costed national maternal and child health plans.
Section 2: Ministerial Open Forum

During the Open Forum session, the Ministers identified 10 important health issues. The four highest-priority issues (i.e., mental health; social determinants of health; health information systems, evidence, epidemiology and statistics; and human resources for health) were discussed individually, and are dealt with individually below.

The remaining six issues were discussed collectively in a fifth working group tasked to identify ways to progress these six issues, following on from the Meeting. The six identified priority health issues were: clinical care/clinical governance; emerging and neglected infectious diseases; disaster risk management; laboratories; health care financing and health leadership; and new technologies. These issues are dealt with collectively. Common ways forward were identified, which could be used to address all six issues.

The Open Forum format proved highly successful in increasing inclusiveness and ownership of the meeting process and outcomes.

Progress on these priority areas will be further tabled and discussed during the next biennial meeting.

Mental health

KEY FINDINGS AND SUGGESTED ACTIONS

During the last decade, there has been limited progress in mental health care in the Pacific, while trends of substance abuse, addictive behaviours, depression and suicide are increasing in many countries.
A number of barriers prevent the successful implementation of mental health programmes, as well as prevent people from receiving the effective treatment they need: stigmatisation of mental illness is a common, well-known barrier; workforce issues remain a challenge; the information base requires strengthening; mental health policies and legislation are needed to protect consumers of mental health services; and there is a need to integrate mental health services into the general health system.

In addition to treatment services, there is a need for prevention of mental disorders, picking up on early signs and promotion and protection of mental health, with a particular focus on children and young people who have high vulnerability or risks; Healthy Islands are seen as a place where “children are nurtured in body and mind.” Improved mental health may also engender healthier lifestyle choices, thus mitigating the burden of NCDs. In all of these areas, there is a great need to strengthen the general health system.

Current mechanisms to support mental health do exist, such as the Regional Mental Health Strategy, the Pacific Islands Mental Health Network (PIMHNET) and the Mental Health GAP Action Programme (mhGAP), but this regional support needs to be strengthened and made more relevant to the Pacific context. More efforts are needed to explore innovative approaches to enhance political commitment, to raise public awareness and combat stigma, and to motivate and empower health professionals to provide much needed and well-coordinated mental health services that stress the prevention and early detection of mental illness.

Countries are encouraged to include costed, human-rights-based mental health plans in national health and develop plans; to update mental health policies and legislation; to augment human resources for mental health; to improve data collection about the burden of mental illness; and to harness multisectoral action and networking for mental health. Regional partners are encouraged to integrate mental health into existing frameworks and plans of work (e.g. PHRHA). Regional academic institutions and professional bodies are encouraged to support capacity strengthening for mental health.
Social determinants of health

KEY FINDINGS AND SUGGESTED ACTIONS

Evidence over the past decade increasingly suggests that health as an outcome, including inequities in health, is determined largely not by individual behaviour but by the conditions in which we are born, grow, live, work, and age, also known as the social determinants of health (SDH). These circumstances are shaped by the unequal distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The SDH include poverty, low education, gender inequality, social exclusion, global trends such as globalization, and weak health systems themselves. Developing country-specific approaches and interventions to reduce health inequities through action on the SDH is an urgent next step in virtually all of the other priority areas in the Meeting.

The delegates identified strategic approaches and key actions at country and regional levels to address the SDH. These factors are beyond the control of the individual and beyond the exclusive ambit of the health sector. Hence, to address the SDH requires working in partnership and collaboration with a multisectoral approach with civil society and the private sector, harmonizing national strategies and priorities and aligning development partner support.

Instead of creating new mechanisms, the Healthy Islands approach could be repositioned as a vehicle to act on the SDH in this region. At the same time, it is important that a whole-of-society response to health inequities be the responsibility of a national focal point and that resources and budget be provided to all sectors addressing SDH through a Health in All Policies approach. All public policy and national strategies to act on all SDH should explicitly seek to achieve equity.

Regional development partners should prioritize the vision and the approaches of the Healthy Islands as a critical factor in their support of national strategies to address the SDH and achieve the right to health for all. Partners can help national focal points to develop indicators, targets and initiatives to reduce health inequities through action on the SDH and support regular monitoring and reporting on these.
Partners are encouraged to provide support to gather evidence that identifies existing social and health inequities, supports advocacy efforts, builds capacity, strengthens social protection, health systems and primary health care, and identifies effective interventions to reduce such inequities. Policies of other sectors could be routinely analysed for their potential impact on and contribution towards health outcomes.

**Health information systems, evidence, epidemiology and statistics**

**KEY FINDINGS AND SUGGESTED ACTIONS**

An existing weakness in many countries is the ability to analyse, interpret and use data effectively (i.e., to generate quality information). The effective use of data is crucial to informing activities in all areas of health, especially identifying and monitoring health inequities, which is crucial to achieving health for all as well as the MDGs. It is thus necessary to create a “culture of information”, by demanding better quality information and evidence.

The first step is to address the lack of trained and experienced epidemiologists in the region. There is a need to ensure that data literacy be strengthened at all levels of the health system. This will require the development of comprehensive training programmes to develop core competencies in “data techs”, “epi techs” and epidemiologists; regional development partners are anticipated to play a large role in advancing this training.

At present, few countries can report on real-time vital statistics (births and deaths), and documenting the true cause of death currently poses the greatest challenge of all. Reasons include a lack of incentives to register, a lack of disincentives not to do so, and a lack of qualified health staff to provide accurate cause of death diagnostics. SPC, WHO, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), and the Health Metrics Network are all working to improve the quality of statistics, including civil registrations systems, and to improve integration and use of data from censuses and Demographic and Health Surveys.
There has been variable application of information and communication technology (ICT) solutions to improve case management and the collection and management of public health data in the region. Regional development partners should strive for the harmonization of activities and development/application of data standards. Ensuring patient confidentiality remains paramount.

There is currently no single programme to systematically strengthen surveillance in the region. There is a need to strengthen both in-country and regional surveillance and response. This can be achieved through the full use of existing coordination and capacity-building mechanisms (e.g. PPHSN, PHIN, PIHOA), and full adoption of regional initiatives such as the Pacific Syndromic Surveillance System. Regional partners can help to improve communications between countries, particularly in areas such as the International Health Regulations (2005) and health statistics.

**Human resources for health (HRH)**

**KEY FINDINGS AND SUGGESTED ACTIONS**

The Pacific Island countries and areas have common health workforce issues and challenges relating to quantity, quality, skill-mix, distribution, retention and reintegration. Health workforce deficiencies pose threats to the successful implementation of all health programmes and to the achievement of the Healthy Islands vision and the health-related MDGs.

There is consensus among Pacific countries and stakeholders that strategic and more targeted actions are needed. These include building on the success of current HRH programmes and initiatives in the Pacific, and revitalizing the use of health staff such as mid-level practitioners and Primary Health Care workers, for improved primary health care services. There is also a need to assure the right skill-mixes are available to cope with the changing health burdens in the Pacific (e.g., the NCD epidemic and ageing populations).

Improving HRH requires, among others, strong leadership and commitment, sufficient resources, multisectoral collaboration, capacity-building and innovation. Ministries of health may need to advocate with Ministries of Planning, Finance, etc., for more realistic levels of human resources with the
right skill-mix to deliver essential health services and address their specific disease burdens and health needs. It is important to develop costed strategic health workforce plans (including training) that can be implemented, monitored and evaluated. To achieve this, it may be necessary to build or strengthen the capacity of HRH officers and units capable of health workforce strategic development. Regional development partners should align support for countries’ human resources plans and help countries meet existing gaps or emerging needs, avoiding fragmentation and duplication of activities. There is also a need to strengthen human management and performance, including team work, task-sharing and supervision.

Valuable existing mechanisms include the Pacific Human Resources for Health Alliance (PHRHA); the work of Fiji National University College of Medicine, Nursing and Health Sciences; the Pacific Open Learning Health Net (POLHN); and the Strengthening the Specialized Clinical Services Programme. These and other Pacific HRH initiatives need to be utilized to their maximum potential and to be further expanded.

**Regional development partners, in consultation with relevant national authorities, are encouraged to develop and implement Pacific-wide initiatives** including: professional competencies and standards; a Continuing Professional Development Accreditation framework; model legislation, bridging courses and reintegration programmes; and a specialist clinical services support programme.

**Other priority areas**

**KEY FINDINGS AND SUGGESTED ACTIONS**

**Clinical Care / Clinical Governance**

There is need to advocate that quality and safe clinical care be given a higher priority throughout the Pacific. A regional initiative, “People at the Centre of Care Initiative” exists, and should be further promoted and utilized. Service delivery at the three levels of health care could be improved through the development of standard treatment protocols. Sharing best practices, experiences and tools across the region could facilitate overall health systems strengthening. Stakeholders should participate in existing intra-regional support networks.
Emerging and Neglected Infectious Diseases

Both emerging and neglected diseases were identified as priority areas for action. Emerging diseases are addressed by the Asia Pacific Strategy for Emerging Diseases (APSED 2010). While all countries have emerging disease plans, further donor support is needed to adequately resource national and regional implementation of APSED 2010. Neglected diseases, such as leprosy and lymphatic filariasis, have been successfully managed by many countries and territories through the primary health care system. This approach should be considered for countries where such diseases remain. Existing strategies should be drawn upon to address specific neglected disease issues (e.g., The Action Framework for Leprosy Control and Rehabilitation). For countries and territories looking to manage and or eradicate neglected diseases, they would benefit from analysing the benefit of a one-off injection of funds to eradicate a disease, versus funding to strengthen primary health care.

Disaster Risk Management

Many agencies are currently working on disaster risk management plans across the Pacific. Consequently, there is a need to better coordinate activities, and promote and develop national linkages between the sectors targeted by each of the agencies through multisectoral training. An all-hazard and capability-based approach enables countries and areas to better prepare for and respond to disasters. For smaller island states, they may need supplemental capacity from a regional pool of specialists during national disasters.

Laboratories

Current research shows that more than 70% of medical decisions are impacted by medical laboratory test results. Thus, poor laboratory quality may have dire consequences. Laboratory issues in the Pacific include: lack of regulatory frameworks; inadequate resources and infrastructure; inadequate numbers and expertise of technical staff; and inadequate quality assurance and management. The Asia Pacific Strategy for Strengthening Health Laboratory Services offers a health systems perspective in dealing with these issues.
Health Care Financing

Although overall health financing in the Pacific region has increased substantially over recent years, a mismatch remains between the stated national priority health concerns and funding to address these. Evidence based policy-making to guide health care financing is very limited in the Pacific. While the Pacific as a region spends a relatively large share of public money on health services, there is a lack of information and analysis guiding the choice and impact of health financing policies. A Health Financing Strategy for the Asia Pacific Region (2010–2015) exists, and tools (e.g., National Health Accounts, the United Nations One Health costing tool) are available to assist countries with the issue of health care financing and resource planning in support of national health policy, strategy and plans. In some countries, these tools have proven very useful; in other countries, an even more basic analysis of the source, distribution of health care funds and costing of health services is required, prior to undertaking more sophisticated analyses. Predictability and flexibility of health financing remains a concern for the Pacific.

New Technologies

The use of new technologies in the health sector is highlighted in the “Strengthening Specialized Clinical Services in the Pacific” programme. Human resource development is identified as one area that could benefit from such technology (for example, by providing telemedicine capabilities). However, the presence of functional information and communication technology infrastructure is critical in the application of this approach. Work is under way to identify essential medical devices and technologies, which are appropriate for resource-limited countries and territories.
Suggested Actions

Ministers of Health are encouraged to use health systems strengthening and/or development in order to progress all six priority issues. A multisectoral approach is an integral part of the response to each of the six issues. Ministries of Health are encouraged to make full use of existing resources (i.e., plans, policies, networks and tools) that are relevant to the six priority areas.
Ministers of Health for the Pacific island countries are gravely concerned that the rapid increase in the incidence and prevalence of noncommunicable disease (NCD) in the Pacific island countries and areas over the past decade is responsible for up to 75% of all deaths and a similar percentage of long-term illness and disability, and declared at their 9th Meeting in Honiara, Solomon Islands, on 28–30 June 2011 that the Pacific island countries and areas are in an NCD crisis requiring urgent attention.

Pacific island countries and areas are in crisis due to an epidemic of noncommunicable disease (NCD) such as heart disease, cancer and diabetes. The burden of NCD in the region is already extremely high, causing up to 75% of deaths and much long-term illness and disability. Our prevalence of NCD risk factors are among the highest in the world—up to three of every four adults are obese and up to four of every five adults smoke—meaning that without real action things will only get worse.

The Pacific NCD crisis is not just a concern for the health of our people. It drains limited national budgets, reduces worker productivity, separates families, and robs communities of leadership and wisdom, as adults suffer long-term
illness and die earlier and earlier. While adult NCD rates continue to rise, the next generation—more overweight and less active than any other Pacific generation in history—is the tsunami of the future. High childhood obesity rates in the Pacific, if left unchecked, suggest that a true health catastrophe is just a generation away.

There is hope, however. There has been some early progress in the fight against NCD, and effective actions are understood across a spectrum ranging from prevention to early detection and treatment. But what is missing is a sense of urgency in the region, and the recognition among Pacific island countries and areas that a whole-of-government and whole-of-society approach is needed to tackle this health and development crisis.

There is a great opportunity this year with the United Nations General Assembly holding a High-level Meeting on the Prevention and Control of Noncommunicable Diseases from 19–20 September 2011 in New York. In the lead-up to this meeting, there have already been a number of key regional and global meetings that have considered the NCD crisis. The resulting Nadi Statement and Moscow Declaration made important recommendations on ways forward and this communiqué builds on those important initiatives. We have an opportunity to address this crisis if we act now.

Recognizing the fundamental importance of the upcoming United Nations High-level Meeting in tackling this crisis at the global level, and the need for the outcomes of this meeting to reflect Pacific realities, we call on the outcome document of the High-level Meeting to include the following:

- recognize NCD as a crisis in the Pacific to be addressed with the utmost urgency;
- address the need for better information and guidance on cost-effective interventions in resource-limited settings;
- initiate and sustain effective action across the life-course;
- ensure sustainable resourcing for NCD prevention, treatment and control;
• adopt a small number of global and publicly reported targets for NCD that can be adapted to national context; and
• initiate multisectoral action at the international level to complement national level action, and make an explicit expectation that international organizations will work together in a coordinated way to tackle NCD.

And in support of these recommendations, consistent with the Pacific Plan endorsed by the leaders of the Pacific Islands Forum at their October 2005 meeting and in support of our goal of Healthy Islands, we, the Ministers of Health for the Pacific island countries and areas, declare our commitment to the following critical actions:

(1) provide strong and sustained leadership and support for NCD prevention and control;

(2) lead the advocacy for a whole-of-government and whole-of-society response and a coordinating mechanism to mainstream the response to NCD;

(3) ensure implementation of evidence-based initiatives to reduce the common modifiable NCD risk factors across the life-course, and address the social determinants of health, including leveraging the power of local government and civil society, with a focus on interventions across the life-course;

(4) strengthen health systems, based on primary health care, to ensure that effective NCD prevention and control is funded and part of a coherent, balanced, realistic and comprehensive programme of health services as reflected in a costed national health plan;

(5) ensure monitoring and accountability systems are in place, along with a small number of quantified and timed national targets, with progress to be reported publicly; and

(6) fully implement the WHO Framework Convention on Tobacco Control as a critical step in reducing the impact of tobacco use on the prevalence of NCD.
Recognizing that many of the factors underlying this pandemic are outside the control of the health sector, and that as a result a whole-of-government, whole-of-society and whole-of-region response is needed, we also call on the Pacific Forum Leaders to give the highest priority to NCD, and to lead and champion tackling the crisis in the Pacific by:

(1) declaring NCD as a health and development crisis;
(2) driving a whole-of-government and whole-of-society response involving all sectors;
(3) integrating NCD prevention and control into national development agendas;
(4) mobilizing additional resources locally and internationally to support the fight against NCD;
(5) setting national targets for NCD and regularly and publicly reporting results;
(6) calling on all Council of Regional Organizations in the Pacific (CROP) agencies and regional health agencies to play an active part in a coordinated regional response to the crisis, and to report back every two years to Pacific Islands Forum Leaders on actions and progress;
(7) considering setting an ambitious regional tobacco elimination target, inspired by New Zealand’s smoke-free by 2025 goal; and
(8) championing the cause of prevention and control of this NCD epidemic.