



Madang

COMMITMENT



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Western Pacific Region



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of the Pacific
Community

Madang Commitment



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Foreword



The biennial Meeting of Ministers of Health for the Pacific Island Countries is the pre-eminent forum for discussion and action to advance health in the Pacific. Since 1995, Ministers of Health and other senior health officials, as well as development partners and nongovernmental organizations, have met to tackle a broad range of issues that impact the health and quality of life of Pacific islanders.

The group's inaugural meeting in Fiji 14 years ago led to the Yanuca Declaration, with its vision of "Healthy Islands". That vision remains the unifying theme for promoting and protecting health in the Pacific. It also has been an effective catalyst for action through a broad range of programmes, including noncommunicable disease prevention and control, health security and environmental health.

The eighth Meeting of Ministers of Health for the Pacific Island Countries in Madang, Papua New Guinea, in July 2009 continued the tradition of frank and productive exchanges among Ministers, supported by the Secretariat of the Pacific Community and the World Health Organization. The agenda covered a broad range of topics from maternal, child and adolescent health to pandemic influenza and health systems strengthening. As you'll see on the following pages, the resulting Madang Commitment calls for a series of bold actions.

It also reaffirmed the continued relevance of the Healthy Islands concept. While the Pacific faces many familiar challenges, including the dual burdens of communicable and noncommunicable diseases, more recent threats have emerged, such as climate change and food security. The Ministers agreed that the Healthy Islands concept, with its emphasis on a multisectoral approach and its commitment to health promotion and protection, provides an excellent framework to tackle these threats.

Aid effectiveness appeared on our agenda for the first time, and I was very pleased by the keen debate over this critically important subject. With increasing levels of development assistance and a number of new public health partners in the Pacific, local ownership of the processes and strong leadership by governments are necessities. WHO, in partnership with SPC and other partners, will continue to strengthen the capacity of Ministries to lead and manage these processes.

WHO and SPC remain committed to continuing their close collaboration in the Pacific, which has become even stronger following the signing of a Memorandum of Understanding in 2008.

The unwavering commitment and sustained vision of the Pacific Ministers of Health are responsible for the progress we've seen over the past 14 years. WHO remains committed to working with the Pacific island countries and areas, the Secretariat of the Pacific Community, partner agencies, donors, nongovernmental organizations and other stakeholders in pursuing the goals of the Madang Commitment as we all work towards the vision of Healthy Islands.

A handwritten signature in dark ink, appearing to read 'Shin Young-soo'.

Shin Young-soo, MD, Ph.D.
Regional Director
World Health Organization

Foreword



In 1995, the Ministers of Health for the Pacific island countries held their first ministerial conference on health in Yanuca Island, Fiji. Their vision and foresight resulted in a course of action that placed the health and well-being of Pacific islanders at the centre of national development plans. They committed their countries to act to enhance the quality of life and well-being of their people. They also articulated what healthy islands would look like in the Yanuca Declaration.

Fourteen years later, at the eighth meeting jointly organized by the World Health Organization (WHO) Regional Office for the Western Pacific and the Secretariat of the Pacific Community (SPC) in July 2009, Pacific Ministers of Health through the Madang Declaration consolidated the principles underlying the “Healthy Islands” concept, and more importantly acknowledged that many of the determinants that impact on the health of the peoples of the Pacific actually lie outside of the public health domain.

In particular, the Ministers noted the importance of intersectoral approaches when addressing issues related to food security, climate change, noncommunicable diseases and maternal, child and adolescent health. They also reaffirmed the importance of strengthening the underpinning health systems in a holistic, integrated, equitable and efficient manner, thereby recognizing that national health systems built on the principles of primary health care can achieve better value in their health outcomes.

The Ministers also re-emphasized the Pacific Aid Effectiveness Principles, the Paris Declaration and the Accra Agenda for Action as the guiding principles for development assistance in health in the Pacific, noting the mutual responsibilities that they place on both national systems and donors.

The signing of a new Memorandum of Understanding between WHO and SPC in 2008 is further strengthening the foundation for collaborative partnership between the two key technical agencies working in the health sector in the Pacific. The commitment of both organizations to fully implement this partnership has been reflected throughout 2009 in joint work programmes, and the sharing of resources and information for the benefit of Pacific island countries.

The Secretariat of the Pacific Community remains committed to working closely with our member countries to achieve their development goals in health. We re-affirm our commitment to advocate health across the 12 other sectors in which we work, acknowledging that a holistic approach to the determinants of health is the only way to realize the Healthy Islands vision for the region.

A handwritten signature in black ink, appearing to read 'Jimmie Rodgers', written over a light blue background.

Dr Jimmie Rodgers
Director-General
Secretariat of the Pacific Community

Introduction

Rapid social, economic and environmental challenges—including food security, climate change and pandemic influenza—have swept the Pacific in recent years. Noncommunicable diseases, often the result of sedentary lifestyles and obesity, have continued to rise, placing significant strain on health systems. Communicable diseases, including malaria and dengue, persist in many countries. Low-lying Pacific islands are at “ground zero” in the battle against climate change. All of these factors threaten the well-being of Pacific populations and economies. As a result, many Pacific island countries will not achieve the United Nations Millennium Development Goals by the target date of 2015.

The Meeting of Ministers of Health for the Pacific Island Countries, jointly organized by the Secretariat of the Pacific Community (SPC) and the World Health Organization (WHO) in Madang, Papua New Guinea, in March 2009, addressed these issues, as well as other challenges facing the Pacific island countries and areas. The deliberations covered the broad spectrum of health issues from noncommunicable and communicable diseases to the need to strengthen health systems.

The inaugural Meeting of Ministers of Health for the Pacific Island Countries in Fiji in 1995 adopted the Yanuca Island Declaration, which envisioned the concept of “Healthy Islands”. That overarching theme has continued to guide health promotion and health protection in the Pacific. Recent meetings have led to the Tonga Commitment of 2003, the Samoa Commitment of 2005 and the Vanuatu Commitment of 2007, all serving as blueprints for action in the Pacific.





The founding documents and subsequent declarations of the Healthy Islands initiative share a common thread—a call for governments to take greater responsibility for promoting and protecting the health and well-being of Pacific island populations. This vision has helped frame a wide range of policy issues and themes for improving health. The Healthy Islands vision also embodies a set of shared values and social goals, highlighting the importance of consensus, community participation, and multisectoral action and partnerships within countries and throughout the Pacific, as well as clear programmatic links to advancing primary health care in the Pacific.

The biennial meetings of the Ministers of Health for the Pacific island countries have become important forums for discussion and exchange of views, with each meeting building on the outcomes of previous meetings. They provide a valuable venue for bringing governments together with international and regional organizations, development partners, and nongovernmental organizations to respond to new challenges and new opportunities in public health, to strengthen the multisectoral commitment, and to advocate with partners to identify adequate resources to ensure the blueprint for action can be implemented effectively. The meetings are particularly helpful for coordinating ways to capitalize on the increasing level of development assistance and the growing number of new partners in public health in the Pacific, whether at country or regional level.

This year's meeting, attended by representatives of 19 Pacific island countries and areas, as well as participants and observers from regional and international organizations, tackled important strategic issues from food security and aid effectiveness to climate change and health systems strengthening. In addition, the Ministers considered important technical issues including maternal, child and adolescent health and HIV/AIDS.

The Ministers also reviewed progress towards the Tonga, Samoa and Vanuatu Commitments. The following pages highlight the key findings and recommendations that make up the Madang Commitment.

8th Meeting of Ministers of Health for the Pacific Islands Countries Madang, Papua New Guinea



Food security and the Pacific Food Summit



Key findings

Access to sufficient, safe and suitable food is a basic human right. Unfortunately, Pacific island countries and areas face increasing pressures on food security¹ from climate change; global financial upheavals; volatility in food and fuel prices; urbanization and population pressures; importation of foods high in fat, sugar and salt; and limited local food production.

Action across the Pacific will ensure that island countries with small populations can benefit from sharing human and other resources to promote local industry, facilitate trade in healthy food through harmonized standards, and help tackle mounting health problems arising from poor nutrition.

In noting the importance of nutritious food to food security, the Madang meeting reaffirmed the call in the Vanuatu Commitment for “whole-of-society” and “whole-of-government” approaches to be applied to noncommunicable disease prevention and control.

The meeting further recognized the foresight and leadership shown by Pacific Islands Forum leaders in calling for national and regional action on food security at their 2008 meeting in Niue.

The important role of Pacific island advocates in promoting food security in the region and supporting the Pacific Food Summit initiative was acknowledged.

The meeting also endorsed the call for food security to be addressed as an issue of national and regional significance. This could be accomplished in two ways: first, by convening national food summits with support from international and regional organizations; and second, by high-level officials from agriculture, health and trade meeting at a Pacific Food Summit to finalize a practical and achievable Framework for Action and to guide a Declaration on Food Security that would be considered for endorsement by heads of government at the 2010 Pacific Islands Forum meeting in Vanuatu.

¹Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

Recommendations

- 1 Support the convening of national food summits and the whole-of-government approach to food security.
- 2 Endorse the high-level Pacific Food Summit and the process of preparing a Declaration on Food Security and its associated Framework for Action for presentation to the meeting in 2010 of the leaders of the Pacific Islands Forum.
- 3 Encourage partners to identify and commit additional resources to ensure food security in the Pacific.
- 4 Promote exclusive breastfeeding for the first six months of life as a valuable means of increasing food security and reducing child mortality and morbidity.
- 5 Promote both voluntary and mandatory fortification of food, including flour and salt.
- 6 Work with food businesses and major exporting countries to improve the quality and safety of food in the Pacific, and set and enforce clear food standards that promote both health and trade.
- 7 Recognize the harmful effect of private sector campaigns that promote food of poor nutritional quality and put in place strategies to counter such efforts.
- 8 Strengthen the capacity of consumers, particularly youth, to make better dietary choices through community-based actions and programmes, such as health promoting schools, and through an ongoing commitment to the Healthy Islands approach.
- 9 Recognize the impact of climate change on food security, develop and implement clear strategies to mitigate its effect on local food production and food safety, and integrate them with national and regional climate change responses.
- 10 Improve, with support from international and regional organizations, local food production to increase the availability of nutritious food.
- 11 Recognize the full scope of the 1996 World Food Summit definition of food security so that the importance of food safety and the economic capacity to purchase food is not lost.

Climate change



Key findings

The Madang meeting confirmed the commitment of the Pacific island countries and areas to implement the Pacific Islands Framework for Action on Climate Change 2006–2015 and the Regional Framework for Action to Protect Human Health from the Effects of Climate Change in the Asia Pacific Region.

The countries and areas reaffirmed their particular vulnerability to climate change as most Pacific islanders live in coastal zones and atolls that are susceptible to storm surges, coastal erosion, flooding, droughts, high tides and saltwater intrusion, the frequency and intensity of which are expected to increase and may result in growing numbers of “climate refugees” and damage to health infrastructure.

High-priority, climate-sensitive health risks in the Pacific include: vectorborne, waterborne and foodborne diseases; drowning and injuries; fish poisoning; food security and malnutrition; water security and sanitation; and mental stress related to the relocation of communities.

Potential interventions to minimize these health risks include: multisectoral, whole-of-government mobilization; improved disease surveillance, early warning and response; vector monitoring and control; strengthened disaster preparedness and response; provision of safe drinking water, sanitation and waste management; upgrading of health care infrastructure including laboratories; strategies for food security including availability of and access to healthy food as well as crop adaptation; social mobilization; and operational research.

Health risks and specific impacts of climate change vary from country to country and from place to place. Therefore, they require specifically tailored responses, aligned with the needs prioritized by countries and areas.

Fiji, Papua New Guinea and Samoa are conducting studies on the health implications of climate change and develop national strategies and action plans for the health sector adaptation to climate change.

Recommendations

- 1 Plan and implement studies on health vulnerability due to climate change.
- 2 Develop national strategies and action plans for health sector adaptation, as part of national adaptation programmes and national communication reports to the United Nations Framework Convention on Climate Change and the Pacific Islands Framework for Action on Climate Change. The national adaptation programmes should be part of national sustainable development strategies.
- 3 Increase awareness among policy-makers and the private sector about the impact of climate change on health, the determinants of health, and the livelihoods of islanders. Instruct them of the need to act now.
- 4 Mobilize communities to better adapt to the health consequences of climate change, as well as other impacts, applying the healthy settings approach embedded in Healthy Islands.
- 5 Strengthen national capacity to develop and implement effective interventions to minimize climate-related health risks and enhance community resilience for adaptation, with special regard for the most vulnerable populations. In particular, reinforce existing programmes and build up the capacity of health and other related sectors in terms of infrastructure, human resources and financial resources.
- 6 Assess the health implications of decisions made on climate change by other key sectors, such as energy, agriculture, fisheries, industry, water supply and sanitation, transport, urban and rural planning, and advocate for decisions that would improve health. It is critical that key sectors are engaged in adaptation planning for the health sector.
- 7 Ensure that the support of regional and international agencies is well coordinated and tailored to the priority needs identified by the country.

Aid effectiveness in the Pacific



Key findings

The Paris Declaration on Aid Effectiveness (2005) sets out five key principles: country ownership; alignment of donor and partner programmes; harmonization between donors; managing for results; and mutual accountability. The Accra Agenda for Action (2008) reinforces those principles, with a strong focus on the health sector.

The “aid architecture” in the Pacific is becoming increasingly complex with the proliferation of donors and funds. The increased volume of aid in health is welcome and necessary, but makes it even more important for Pacific island countries and areas, technical partners and donors to implement the Paris Declaration principles. Unless aid is properly managed, there is a risk of fragmentation, distortion of national priorities, and duplication of efforts within the sector. Development effectiveness in health is primarily a government responsibility. Pacific island countries and areas are committed to operationalizing the Pacific Aid Effectiveness Principles (2007) and the Kavieng Declaration (2008) in their dealings with donors and technical partners.

A robust, costed national health plan, endorsed and followed by all actors in the health sector, is the cornerstone of development effectiveness in health. Mechanisms that can be used to strengthen development effectiveness involve sector-wide approaches (SWAs), donor coordination groups, and donor compacts on Paris Declaration compliance.

Achieving balance between nationally and regionally delivered aid is also necessary. It is important that each country and area has the capacity to analyse and prioritize national health issues and challenges, to maintain consistent dialogue with development partners, and to manage aid within the health sector effectively.

Recommendations

- 1 Re-emphasize the Pacific Aid Effectiveness Principles, the Paris Declaration and the Accra Agenda for Action as the guiding principles for development assistance in health in the Pacific, noting the mutual responsibilities that they place on both national systems and donors, for example, ownership, fund-raising, monitoring and ensuring efficiency in development assistance delivery.
- 2 Recognize the efforts that the Secretariat of the Pacific Community (SPC) and the World Health Organization (WHO) have undertaken to date to improve alignment and harmonization, and encourage further strengthening, shared approaches and mutual accountability of the two organizations in delivering technical assistance to Pacific island countries and areas.
- 3 Consider including the Framework of Priorities for Health methodology as part of the national processes used to develop national health strategies, to guide work on building national multisectoral mechanisms to address the social determinants of health, and to inform development assistance.
- 4 Encourage SPC, WHO and other development partners to continue to modify their own procedures in ways that make it easier for them to comply with the Pacific Aid Effectiveness Principles and other international principles.
- 5 Establish development effectiveness as a high priority for Pacific island countries and areas, and work to implement aid effectiveness principles with various partners including other ministries.



The Asia Pacific Strategy for Emerging Diseases and the Pacific Regional Influenza Pandemic Preparedness Project



Key findings

With respect to the International Health Regulations (2005) and the Asia Pacific Strategy for Emerging Diseases (APSED):

- Pacific island countries and areas have made excellent progress with the implementation of IHR (2005) and APSED, executing all of the recommendations from the Vanuatu Commitment.
- Countries and areas are on schedule with IHR (2005) implementation. All of them have designated National IHR Focal Points; completed the core capacity assessment; created a National IHR Implementation Plan; and competently used the IHR (2005) mechanism to communicate and collaborate on public health emergencies of international concern, such as dengue and the pandemic influenza A(H1N1) 2009 virus. The next step for full implementation of APSED and IHR (2005) is for some countries to strengthen their communicable disease surveillance. In addition, some countries will need to further integrate health and non-health sectors under the IHR (2005) framework.
- Geographical isolation and human resource challenges prevent many surveillance systems from being fully compliant with the IHR (2005) requirements of timeliness and response. Many countries would benefit from simplified communicable disease surveillance systems. WHO and SPC have proposed expanding the Pacific hospital-based active surveillance system, which currently covers acute flaccid paralysis and acute fever and rash. Four syndromic case definitions would be added: diarrhoea; acute respiratory infection; influenza-like illness; and prolonged fever. The reporting of these syndromes would trigger an initial response without the need for overseas laboratory confirmation. They would also make reporting and data analyses less burdensome and more sustainable. The expanded surveillance system has been piloted successfully by several countries, and other countries and areas have expressed interest in implementing it.

- The Pacific Public Health Surveillance Network (PPHSN) continues to play an integral role in international collaboration and communication and thus strengthens the region's IHR (2005) capabilities.
- While IHR (2005) is needed to ensure health security, some Member States are concerned that personal freedom, travel and trade are being unnecessarily restricted.
- A significant number of newly emerging human diseases is zoonotic in origin. Therefore, countries must strengthen their capacity to deal with zoonoses, in particular, the prevention of transmission from animals to humans. Good collaboration between animal health and human health sectors is required.

With respect to Pandemic (H1N1) 2009:

- Pandemic influenza is of great concern to the Pacific, particularly given that it was severely affected during the Spanish Flu pandemic in 1918. Today, the world—and especially the Pacific—is better prepared to deal with a pandemic. The Pacific response to Pandemic (H1N1) 2009 has been very fast and effective; however, more work will need to be done to mitigate the impact of this pandemic. Many countries expressed their appreciation for the support they have received from WHO, SPC and other agencies.
- Non-pharmaceutical interventions, such as social distancing and public awareness campaigns, have been shown to be the most effective measures to mitigate the effect of a pandemic. Many countries and areas have used their relative geographical isolation to their advantage, implementing strict passenger screening by means of questionnaires and/or temperature measurements. This approach, combined with in-country control measures, helped to delay the spread into some countries. However, it is expected that the disease will eventually spread to almost all countries in the world.
- Although the current wave of the pandemic has presented as moderately severe, the impact of the pandemic during the second wave could worsen as larger numbers of people become infected. Health services need to be prepared to deal with the increase in influenza patients. Undoubtedly, the health workforce capacity will be stretched given that it will also be affected by the pandemic.
- Preliminary information shows that rapid diagnostic tests for influenza are not reliable when used on Pandemic (H1N1) 2009 cases: very large numbers of false-negative results have been reported. Currently, polymerase chain reaction (PCR) testing is the only reliable method of confirmation. This means that many Pacific island countries and areas have to send their specimens to reference laboratories overseas. Several countries reported problems and delays with shipment of samples. In addition, some reference laboratories have been overloaded with specimens, resulting in backlogs.
- As the number of cases grows, countries need to assess when to switch from confirmation of all suspected cases to a more systematic and less burdensome sentinel surveillance system.

- Communications, especially guidance sent to countries and areas, have sometimes been confusing and unsuitable for the special situation in the Pacific.
- Some participants questioned whether the level of resources being expended for this pandemic is justified, considering that it is now only moderately severe.
- Most mortality and morbidity associated with influenza infection is related to secondary bacterial pneumonia.
- Several manufacturers have announced that a vaccine for the pandemic influenza A(H1N1) virus will become available within 2009. WHO is negotiating access to this vaccine with producers and other stakeholders on behalf of developing countries.

With respect to the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP):

- With Pandemic (H1N1) 2009, preparedness efforts of Pacific island countries and areas have been put into action. Countries and areas have been given an opportunity to utilize their preparedness plans in order to mitigate the pandemic impact on populations, to identify potential weaknesses, and to apply continuous improvement strategies to their responses for the current and future waves of this pandemic and others.
- Further support from agencies is expected in terms of technical advice, procurement of personal protective equipment and medications, and evaluation of the current response.
- Preparedness efforts need to be maintained over a prolonged period through regular testing exercises, plan revision and adaptation, and workforce training.

Recommendations

With respect to both the International Health Regulations (2005) and the Asia Pacific Strategy for Emerging Diseases (APSED):

- 1 Continue to implement IHR (2005) and APSED as a matter of priority.
- 2 Countries that do not yet have a timely communicable disease surveillance system that includes weekly analysis of reports and feedback reporting should consider implementing a hospital-based syndromic surveillance system, building on the existing hospital-based active surveillance system for acute flaccid paralysis and acute fever and rash.
- 3 Continue to utilize the mechanisms of the Pacific Public Health Surveillance Network (PPHSN) to strengthen the core capacities of countries for IHR (2005) implementation.
- 4 Encourage WHO, SPC and other agencies, where appropriate, to continue supporting countries in the following areas:
 - (a) implementation of IHR (2005) and APSED;
 - (b) strengthening and simplifying communicable disease surveillance and information sharing among countries;

- (c) response to outbreaks and other public health events of international concern;
- (d) human resource capacity-building, including training, in surveillance and response; and
- (e) communication between countries and partners in the airline, railroad and shipping industries, in particular, to comply with IHR (2005).

With respect to Pandemic (H1N1) 2009:

- 1 Intensify non-pharmaceutical interventions, such as social distancing and public information campaigns, which are the most effective measures to mitigate the effect of a pandemic.
- 2 In countries where stocks of antiviral medications are limited, and once community transmission has been confirmed, reserve medications for patients with severe disease or who have risk factors to develop severe influenza.
- 3 Set up contingency plans to mobilize adequate supplies of antibiotics, respiratory support (such as oxygen) and intravenous fluids, and standard guidelines for their use.
- 4 Consider, where practical, measures to contain the virus. These efforts can be valuable in delaying entry and spread of the virus, and so providing extra time for further preparedness.
- 5 Be ready to deal with a surge of influenza patients, which may also include the health workforce.
- 6 International and regional organizations should further address the reliability of in-country testing, laboratory referral systems, and the organization and timeliness of specimen referral. They should also support laboratory testing.
- 7 Once community transmission has been confirmed, limit laboratory testing and focus on sentinel-type surveillance to monitor trends and changes in severity, age distribution, or geographical spread.
- 8 Continue to use PacNet as a useful mechanism for sharing information on the pandemic, with all stakeholders collaborating to ensure the information reaching countries and areas is well informed and well coordinated.
- 9 Closely monitor the severity of the current pandemic.
- 10 WHO and other partners should be open and forthcoming with information on the availability of the Pandemic (H1N1) 2009 vaccine, and assist in ensuring that Pacific island countries and areas benefit in a timely manner.

With respect to the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP):

- 1 Recognize the importance of pandemic preparedness.
- 2 Ensure that pandemic preparedness and response are part of a multisectoral approach, integrated with multi-hazard preparedness and response mechanisms (including food security in particular).

- 3 Perform regular testing exercises in order to maintain and improve country and area pandemic preparedness.
- 4 Continue to strengthen human and animal health system links and capacities in zoonotic diseases.
- 5 Use and reinforce the PPHSN partnership and mechanisms to strengthen and support surveillance and response in the Pacific.
- 6 SPC and PRIPPP should:
 - (a) work with WHO and other partners to provide timely support to strengthen the response of Pacific countries and areas to pandemic influenza;
 - (b) help evaluate preparedness with a rapid evaluation of the response to the current pandemic;
 - (c) ensure their actions and approaches are designed for sustainability (e.g. support to regular country preparedness testing exercises and the institutionalization of training).

Maternal, child and adolescent health



Key findings

This agenda item was first discussed at the biennial Meeting of the Ministers of Health for the Pacific Island Countries in 1995. With just slightly more than five years to 2015, the target year for achieving the Millennium Development Goals (MDGs), this topic is very relevant. MDG 4 calls for a reduction of the under-5 mortality rate by two thirds, between 1990 and 2015, while MDG 5 calls for a reduction of maternal mortality ratio by three quarters during that same period. It also sets a target of skilled birth attendants at every birth and universal access to reproductive health.

The meeting took note of the following:

- The situation on maternal, child and adolescent health in the Pacific is variable; however, most of the countries have made good progress and are expected to achieve MDG 4 and MDG 5. The situation is most urgent in Papua New Guinea, where trends indicate that these goals will unlikely be met.
- Countries with small populations and relatively few births may not able to track progress consistently.
- All countries in the Pacific need to improve their health information systems to facilitate monitoring.
- All countries in the Pacific have been delivering maternal, child and adolescent health services to varying degrees; however, coverage of family planning services is still low in some Pacific island countries and areas. Low coverage leads to unintended pregnancies, contributing to an emerging concern—adolescent and teenage pregnancies. The recently endorsed Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities provides a strong impetus for further improvement in this area.
- Challenges in meeting MDG 4 and MDG 5 are mainly related to multidimensional determinants such as poverty and food insecurity, the geographical remoteness of some island countries, and the low status of women in some societies. Another major challenge is weak health systems.

- The role of multisectoral responses is important, especially in the context of the wide-ranging determinants of maternal, child and adolescent health, such as poverty, gender-based violence, education and access to health services.
- Partnerships among countries of the Pacific, as well as between these countries and international and regional organizations, are crucial.
- Countries reported on several commendable activities that can be used as best practices including: accreditation of health workers; setting of service standards; expanding outreach services for improving immunization coverage; adopting an integrated model for health services in which the mother and child are the centrepiece of all health programmes; and initiatives that result in the forming of national task forces to look into maternal and child health.
- Many countries expressed concern over the introduction of the human papillomavirus (HPV) vaccine for primary prevention of cancer of the cervix, and its operationalization.

Recommendations

- 1 Where MDG 4 and MDG 5 are at risk of not being achieved, strengthen the current efforts to reduce under-5 and maternal mortality rates (most urgently needed in Papua New Guinea).
- 2 Where populations and number of births are small, complement monitoring rates and ratios with absolute numbers and improve the quality and reliability of data, especially maternal deaths.
- 3 Strengthen ongoing services that contribute to good maternal, child and adolescent health with particular attention to family planning to prevent unintended pregnancies, including among adolescents and teenagers.
- 4 Encourage optimal use of the Pacific Policy Framework for Universal Access to Reproductive Health Services and Commodities.
- 5 Encourage the implementation of broader strategies to improve maternal, child and adolescent health, and include these in improving policy formulation and national programming, strengthening health systems, and improving monitoring and evaluation to track progress.
- 6 Tackle challenges in the broader areas of human development—poverty, food insecurity, status of women and transport—with intersectoral actions.
- 7 Enhance partnerships among countries as well as between countries and international and regional organizations such as WHO, SPC, UNICEF and UNFPA.
- 8 Sustain, scale up and emulate “best practices” reported by some countries.
- 9 Carry out cervical cancer prevention and control activities using a comprehensive approach, especially in the context of plans to introduce the HPV vaccine, so that primary prevention does not replace secondary prevention, which needs to be introduced or strengthened in all countries.

Pooled procurement for improving access to essential medicines in Pacific island countries



Key findings

There is interest in improving procurement of essential medicines in Pacific island countries and areas.

Discussions on pooled procurement have been going on for more than a decade, and much needs to be done in relation to the administrative and technical process for its implementation.

The benefits of improving medicines procurement involve not only cost savings, but also non-monetary rewards, such as improved quality assurance and supply efficiency.

The Madang meeting recognized the need for further consultation for improving medicines procurement and supply chain management in Pacific island countries and areas.

Recommendations

- 1 Participate in the consultation process to improve medicines procurement and supply chain management in Pacific island countries.
- 2 Strengthen medicines supply chain management at different levels and improve technical capacity of existing staff.
- 3 WHO, together with partners, should provide technical support to strengthen medicines procurement, supply chain management and human resource capacity.

Health systems strengthening and primary health care



Key findings

Health systems strengthening is high on the global health agenda in large part due to three main developments. First, there has been a marked increase in funding for the health sector. Second, health figures prominently in the Millennium Development Goals, which have a 2015 deadline. And finally, there has been a growing recognition that health is a precondition for socioeconomic development, not just a result.

Weak health systems jeopardize the sustainability of achievements attained with increased funding in the sector.

The global movement for primary health care has gained momentum in recent years, culminating in the October 2008 meeting in Almaty where the World Health Report 2008: Primary Health Care: Now More Than Ever was launched on the 30th anniversary of the original Declaration of Alma-Ata. National health systems built on the principles of primary health care have achieved better value in terms of health outcomes.

Primary health care has been and continues to be an organizing principle for health systems in much of the Pacific. The Healthy Islands approach is a long-standing initiative in much of the Pacific, incorporating the values of primary health care in providing preventive, promotive and curative health services.

Holistic approaches to health systems are the most effective. Unbalanced efforts in only one aspect of the system, while neglecting the rest, can lead to bottlenecks and inefficiencies, and may put sustainability at risk. To achieve optimal health outcomes, health systems need to be aware of the many external influences on health, sometimes referred to as the social determinants.

The reform framework for implementing primary health care, as identified in the World Health Report 2008, and WHO's framework for health systems strengthening are useful analytical frameworks to ensure a holistic, multisectoral, equitable and efficient approach for health systems strengthening.

All countries are under pressure to balance competing demands in order to provide accessible, affordable and acceptable health care systems. A few of the issues include the need for timely and accurate information, developing sustainable and equitable sources of funding, and developing an adequate health workforce. The focus must remain on the outcomes expected from a health system.

Recommendations

- 1 Strengthen health systems of Pacific island countries in a holistic, integrated, equitable and efficient manner to improve health outcomes, with intensified support from partners.
- 2 Apply the Healthy Islands approach to implement primary health care and strengthen health systems.
- 3 Support a process of country consultation in the Pacific in the development of a regional strategy for health systems strengthening based on the principles of primary health care, ensuring that Pacific regional and country concerns and ideas are incorporated.
- 4 Strengthen the capacity of Pacific island countries in health systems analysis and policy-making with support from the Asia Pacific Observatory on Health Systems and Policies and other partners.
- 5 Increase regional cooperation and further harmonize approaches to health as called for in the Pacific Plan, with an emphasis on primary health care and health systems, when these approaches are found to feasibly increase efficiency and effectiveness.

Human resources for health and the Pacific Human Resources for Health Alliance



Key findings

In terms of human resources for health (HRH), Pacific island countries face two key challenges, namely, the shortage of health workers and the out-migration of skilled professionals. Both are due to multiple factors, such as the lack of effective and cohesive planning and management, inadequate numbers of trainees, costly overseas training and poor retention rates.

The meeting acknowledged the strong support from key partners, especially the Australian Agency for International Development (AusAID) and New Zealand's International Aid and Development Agency (NZAID), for the Pacific Open Learning Health Net (POLHN) and the Pacific Human Resources for Health Alliance (PHRHA).

PHRHA sees the potential for meeting the unique needs of the region, as well as the needs of individual Pacific island countries, by coordinating actions through networking and multisectoral collaboration, advocacy, and sharing information and resources to address HRH challenges. In its workplan, PHRHA outlines its support for the following: common standards in health professional education with a focus on nursing; country-specific data sets for HRH planning; innovative continuing education, including POLHN; recruitment and retention; and primary health care practitioners.

The meeting noted that areas of authority for HRH management, such as the establishment of posts, salaries and working conditions, lie outside the health ministry—often with the public service commission. Strong leadership and factual information are required for the Ministry of Health to make its case for posts, particularly in the current economic crisis. In this regard, the Health Ministry needs to work closely with other sectors such as education, finance and planning.

Some Pacific island countries have bilateral agreements with either Australia or New Zealand for visiting medical specialists and overseas treatment of patients needing specialist medical care. The model for clinical services capacity strengthening in the Pacific was acknowledged by the meeting as an effective way to promote the equitable distribution of specialized clinical services.

In drafting a global code of practice, WHO drew from the experiences of similar codes including the Pacific Code of Practice for Recruitment of Health Workers. The Ministers of Health expressed support for the proposed global code and the potential benefits for Pacific island countries.

Recommendations

- 1 Increase the numbers of skilled health professionals, develop an effective plan to manage and retain the health workforce, and invest in sustainable health training institutions in Pacific island countries and the region.
- 2 Recognize and acknowledge the strong support from key partners and urge continued commitment in addressing the unique human resources for health needs in the Pacific at country and regional levels.
- 3 Establish national mechanisms to strengthen multisectoral collaboration to address HRH challenges outside the auspices of the Ministry of Health.
- 4 Take necessary actions, including a reasonable extension of the consultation period, on the proposed model for specialized clinical services capacity development.
- 5 Acknowledge the work that needs to be undertaken to strengthen the Pacific Code of Practice for Recruitment of Health Workers and its implementation and support the links to the recently developed WHO global code of practice.
- 6 Consider the draft WHO code of practice at relevant meetings and participate in further discussions at sessions of the Regional Committee, Executive Board and World Health Assembly.
- 7 PHRHA should take necessary actions to implement its workplan, focusing on the following areas: common standards in health professional education with a focus on nursing; country-specific data sets for HRH planning; innovative continuing education, including POLHN; recruitment and retention; and primary health care practitioners.

Prevention and control of noncommunicable diseases



Key findings

The Vanuatu Commitment of 2007 recommended: applying “whole-of-society” and “whole-of-government” approaches, convening a food summit, adopting comprehensive approaches for the prevention of noncommunicable diseases (NCD), finding effective means of communication, identifying national leaders and health workers to serve as role models, and enhancing capacity.

Noncommunicable diseases are the leading cause of mortality (70%–75% of all deaths) in the Pacific. The prevalence of noncommunicable diseases and risk factors in the Pacific, especially diabetes, overweight and obesity, is among the highest in the world. Cancer rates are also on the rise. The Pacific Framework for NCD Prevention and Control, initiated in August 2007, has received funding support and has helped Pacific island countries and areas through the 2-1-22 Pacific NCD Programme. Using the WHO STEPwise approach to Surveillance of NCD Risk Factors (STEPS), Pacific island countries and areas have been collecting scientific, national and comparable data on the key noncommunicable diseases and their risk factors.

Multisectoral national food summits are being organized as lead-ups to the Pacific Food Summit in 2010. They provide a regulatory environment conducive to diet-related risk reduction. National NCD strategies and/or plans have been drafted in six Pacific island countries and areas and endorsed in eight others. The “health promoting workplace” programme has been initiated by Ministries of Health in Cook Islands, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Palau, Tonga and Tuvalu. The “health promoting school” programme has been strengthened with close cooperation of Ministries of Health and Education in some countries. Tobacco control has gained momentum. All Pacific island countries have ratified the WHO Framework Convention on Tobacco Control, and seven Pacific island countries have passed national legislation on tobacco control. Human resource development was supported in the areas of “communication for behavioural impact”, which led to

many novel approaches (e.g. BULA 5:30 in Fiji, Go Local in Papua New Guinea, the 5-a-day campaign in Cook Islands). National leaders have been role models for healthy living. Eight multicountry and 13 national training workshops on NCD prevention and control have been conducted in 2007–2008.

Pacific island countries and areas have taken action in response to the recommendations of the Vanuatu Commitment through various NCD prevention and control programmes. There is a need to expand, sustain and synergize the various interventions with evaluations. The Western Pacific Regional Action Plan for the Prevention and Control Noncommunicable Diseases, which was endorsed by the Regional Committee in September 2008, and the Pacific Framework for NCD Prevention and Control provide guidance for scaling up NCD prevention and control. Healthy Islands, which promotes the whole-of-government and whole-of-society approaches, is best suited for integrating the various NCD prevention programmes and bringing in interventions from multiple sectors. The call for continued political commitment to ensure sustained action in addressing noncommunicable diseases and to achieve Healthy Islands remains a priority.

Recommendations

- 1 Use Healthy Islands as the basis for implementing integrated NCD surveillance and intervention through health system strengthening and the whole-of-society approach.
- 2 Scale up implementation of NCD prevention and control programmes, such as the 2-1-22 Pacific NCD Programme.
- 3 Strengthen health protection through healthy public policies, legislation, regulations and intersectoral partnerships.
- 4 Strengthen surveillance systems by continuing to use national STEPS to provide scientific, updated and comparable data over time and between countries; strengthen monitoring and evaluation of various NCD programmes.
- 5 Strengthen clinical services for acute and chronic care, as well as management of key noncommunicable diseases (e.g. diabetes, cardiovascular diseases, cancer), to complement risk reduction approaches.
- 6 Call on leaders, government officials and community health workers to be good role models and champions for a healthy lifestyle.
- 7 Mobilize human, financial and material resources for NCD prevention and control.

Prevention and control of HIV/AIDS and other sexually transmitted infections



Key findings

Since 2007, progress has been made by many countries in their national responses to HIV and other sexually transmitted infections (STI), with continued political commitment and contribution from governments and active support from technical partners and donor agencies.

While the burden of HIV remains low in the majority of Pacific island countries and areas, high prevalence of STI, especially Chlamydia, remains a public health concern.

The challenges of increased gender inequality, gender-based violence, and continuing human rights abuse and discrimination issues need to be further addressed as part of HIV/AIDS and STI responses.

Progress has been made in working with key catalysts of the HIV epidemic in the subregion, including sex workers, men who have sex with men, and gender inequality. But further work is required to expand an evidence-based and more effective response.

To support the scale-up of HIV testing and counselling in Pacific island countries and areas, essential standards were developed. Validation of HIV testing algorithms was undertaken in Papua New Guinea and is under way in other Pacific island countries and areas. Commitment from Pacific island countries and areas to adapt the essential standards for HIV testing and counselling and to finalize the testing strategy is needed. In addition, a more sustainable and measurable way of building capacity in HIV and STI laboratory diagnosis needs to be adopted.

Access to antiretroviral therapy has increased in Pacific island countries and areas. To sustain the response in the long term, comprehensive services for HIV care and treatment, including antiretroviral therapy, need to be further strengthened through establishment of functional referral systems, effective monitoring of patients, continuous capacity-building of care providers and uninterrupted supply of antiretrovirals.

Links within and across programmes are strengthening the HIV/STI response and health systems in countries such as Vanuatu and the Federated States of Micronesia. Further work is required to strengthen, integrate and link HIV/STI services with reproductive health and adolescent, maternal, newborn and child health services through concrete and achievable actions.

Recommendations

- 1 Support the amendment of legislation based on reviews conducted in 15 Pacific island countries and areas, and review the HIV and AIDS Management and Prevention (HAMP) Act in Papua New Guinea to enforce human rights and enhance the environment to effectively implement preventive and care services.
- 2 Implement gender-sensitive responses based on the Pacific Gender & HIV Resource Handbook and Guidelines to increase the ability of women to protect themselves and to address gender inequalities and gender-based violence.
- 3 Conduct advocacy and sensitization initiatives among local leaders and stakeholders to address stigmatization and discrimination towards most-at-risk populations and people who live with HIV.
- 4 Prioritize and support evidence-based strategies for implementing targeted approaches and working with most-at-risk populations.
- 5 Implement a comprehensive approach to STI control through provision of clinical and prevention services, including comprehensive condom programming, targeted interventions and ensuring reliable data to inform STI programming.
- 6 Continue to target the most-at-risk populations, i.e. people who are most vulnerable and display high-risk behaviours. Scale up interventions among these groups by designing appropriate and context-specific interventions based on evidence.
- 7 Strengthen strategic information for HIV and STI for evidence-based responses, including HIV/STI surveillance, development and strengthening of health information system, formative assessment, and monitoring and evaluation.
- 8 Strengthen integration and links between HIV/STI services and other health services such as reproductive, maternal and child health and tuberculosis.
- 9 Adapt and implement a set of essential standards for HIV counselling and testing services, as part of the scale-up of HIV counselling and testing.

- 10 Build on existing efforts towards a comprehensive approach to HIV care and antiretroviral therapy, moving from clinical care to a continuum of care for people who live with HIV. Be sure to involve people living with HIV and civil society organizations and address functional referral systems, effective monitoring of patients, continuous capacity-building of care providers, and uninterrupted supply of antiretrovirals.
- 11 Strengthen HIV and STI laboratory diagnosis capacity in Pacific island countries and areas by: (a) completing the HIV testing validation strategy using two rapid tests; (b) building the capacity of national laboratory technicians through more sustainable approach; and (c) developing a five-year strategy for the provision of long-term technical support to Member States in the domain of HIV/STI laboratory services to include range of cross-cutting aspects of laboratory services at the country level.
- 12 Build on the experience in pooled procurement of antiretrovirals. Examine the feasibility of using this mechanism to procure affordable HIV, STI and other reproductive health-related commodities.





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