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Report Series No. RS/2005/GE/01(SAM)

REPORT

MEETING OF MINISTERS OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Co-organized by:

SECRETARIAT OF THE PACIFIC COMMUNITY

Apia, Samoa
14-17 March 2005

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NOTE

The views expressed in this report are those of the participants, consultant, and observers in the Meeting and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants, consultant and observers in the Meeting of Ministers of Health for the Pacific Island Countries held in Apia, Samoa, from 14 to 17 March 2005.

CONTENTS

1. BACKGROUND

A ministerial conference on health for Pacific Islands was convened in Fiji from 6 to 10 March 1995. The conference adopted the Yanuca Declaration, in which three priority issues were identified: human resources development; health promotion and health protection; and the supply and management of pharmaceuticals and other medical supplies.

A follow-up meeting of ministers of the Pacific Island countries was held at Rarotonga, Cook Islands, on 6 and 7 August 1997. The meeting of the ministers adopted the Rarotonga Agreement: Towards Healthy Islands.

Another follow-up meeting of ministers of health of the Pacific Island countries was convened in Koror, Republic of Palau, from 17 to 19 March 1999. The meeting reviewed progress made in implementation of the Healthy Islands concept and unanimously adopted the "Palau Action Statement". This statement summarizes conclusions and recommendations of the meeting. It was agreed to convene the next meeting to be organized jointly by WHO and SPC in 2001, and the Government of Papua New Guinea offered to host the meeting.

The meeting in Madang, Papua New Guinea, was convened from 12 to 15 March 2001. The meeting reviewed progress in implementing the Palau Action Statement and ways to strengthen collaboration using the Healthy Islands approach in the following areas: communicable diseases with special reference to control of tuberculosis and filariasis, and surveillance; noncommunicable diseases, in particular diabetes; and human resource development in such areas as distance learning and primary health management. The meeting adopted the "Madang Commitment Towards Healthy Islands ". It was agreed during the meeting to convene the next joint WHO/SPC meeting in 2003, and the Government of Tonga offered to host the meeting.

The meeting in Tonga was convened from 10 to 13 March 2003. The main theme of the meeting was "Healthy Lifestyles and Supportive Environments". The subjects covered at the meeting included diabetes and other noncommunicable diseases; diet, physical activity and health; the Tobacco Free Initiative; mental health; environmental health; and HIV/AIDS in the Pacific. The meeting adopted the "Tonga Commitment to Promote Healthy Lifestyles and Supportive Environments" which contains recommendations, as well as clear objectives and indicators to measure progress. It was agreed during the meeting to convene the next joint WHO/SPC meeting in 2005. The Government of Samoa offered to host the meeting to be held from 14 to 17 March 2005.

2. OBJECTIVES

The objectives of the meetings were:

(1) to review progress made since the "Tonga Commitment to Promote Healthy Lifestyles and Supportive Environments"; and

(2) to decide on future directions and approaches that will further institutionalize and sustain the Healthy Islands approach in control and prevention of

communicable diseases, human resources development and management in Pacific Island countries and areas.

3. MEETING

This meeting followed the format adopted by the 2003 Tonga gathering of having the meetings of Ministers and Directors of Health combined with working group sessions to develop strategic approaches and target outcomes, wherever feasible.

The opening ceremony of the Sixth Meeting of Ministers of Health for the Pacific Island Countries was held Monday morning, 14 March 2005, at the Renal Dialysis Complex, Ministry of Health Compound. Honourable Tuilaepa Aiono Sailete Malielegaoi, Prime Minister of Samoa, attended the occasion.

Dr Shigeru Omi, Regional Director of the WHO Western Pacific Regional Office, in his opening remarks (see Annex 1) expressed his sincere thanks to the Government of Samoa for hosting the meeting. He stated that since the first meeting of the Ministers of Health for the Pacific Island countries in 1995, each of these meetings has advanced the vision of a healthy Pacific Island community and there has been a consistent strong desire by Pacific Island countries and areas to work together to improve the health of the population, share experiences and tackle challenges together. He urged the participants to reach clear outcomes and agree on actions to be taken over the next two years with a view to further improving the health of the Pacific Island people.

Ms Lourdes Pangelinan, Director-General of the Secretariat of the Pacific Community (SPC), thanked the Government and the people of Samoa for hosting this important meeting and looked forward to working closely with WHO and other health leaders throughout the Pacific in examining the most crucial issues facing their Region today. She emphasized that the double burden of communicable and noncommunicable diseases in the Pacific can not be addressed ultimately by focusing purely on medications, treatments and expertise, but should be based upon a strong planning and policy framework foundation, combined with a capacity for cross-sectoral collaboration and cooperation, underpinned by political commitment from all segments in the Pacific community. (See Annex 2).

Honourable Tuilaepa Aiono Sailete Malielegaoi, the Prime Minister of Samoa, in his official keynote address, extended his warm greetings from the Government and people of Samoa to the participants. He spoke highly of Healthy Island initiatives since the first Pacific Ministers of Health meeting held in Fiji in 1995, and highlighted the importance of the continued presence of the double disease burden of both noncommunicable and communicable diseases throughout the Region. He further stressed that it needs to remain committed and vigilant to the Healthy Islands holistic vision including the ever present threat of communicable diseases. (See Annex 3).

The plenary session of the meeting was convened at the Kitano Hotel in afternoon of 14 March 2005. Honourable Viliami Ta'u Tangi, Health Minister of Tonga, as Chairperson of the last meeting, declared the start of the meeting and welcomed all the participants and observers.

The following were elected as officers of the meeting:

Chairperson	Honourable Mulitalo Siafausa Vui Minister of Health, Samoa
Vice-Chairperson	Honourable Dr Alesana Seluka Minister for Health, Tuvalu
English Rapporteur	Mrs Justina Langidrik Secretary of Health, Marshall Islands
French Rapporteur	Dr Dominique Marghem Charge de mission aupres du Directeur de la Sante, Direction de la Sante, French Polynesia

The meeting took note of the willingness of the Government of Vanuatu to host the 7th Meeting of Ministers of Health for the Pacific Island countries in March 2007.

The meeting was formally closed by the Honourable Mulitalo Sealiimalietoa Siafausa Vui, Minister of Health, Samoa. Dr Omi, WHO Regional Director for the Western Pacific, made his closing remarks expressing satisfaction and gratitude to the Government of Samoa for all the excellent arrangements. Mr Yves Corbal, Deputy Director-General, SPC also thanked the host government and all participants for a successful meeting.

The draft conclusions and recommendations of the meeting of Ministers of Health for Pacific Island Countries were adopted unanimously as the "Samoa Commitment Towards Achieving Healthy Islands".

The provisional agenda of the meeting was approved (attached as Annex 4).

The list of participants is attached as Annex 5.

The programme for the field visits is attached as Annex 6.

4. DISCUSSION AND RECOMMENDATIONS

4.1 Progress in the implementation of the Tonga Commitment.

4.1.1 Background

The Samoa Commitment re-affirms the priority given to Healthy Lifestyles and Supportive Environments at the Tonga meeting and the others that preceded it. The Pacific has now made much progress in these fields.

The Samoa meeting reviewed these past achievements in selected case studies. Samoa presented a comprehensive national NCD strategy and policy. Tonga demonstrated the process of STEPwise NCD intervention planning. Fiji discussed the process of STEPS and its adaptation to community-based screening in mini-STEPS. Cook Islands demonstrated the application of audit to the evaluation of clinical preventive services. Many Pacific Islands mirrored these experiences and highlighted their results.

Certain strengths have emerged as well as opportunities for improvement. Strengths and opportunities are summarized below:

Most Pacific Island countries and territories now have national action plans and policies; only a minority have a secure funding source for these plans, as most depend on external aid;

Most of the Pacific is running awareness-raising campaigns on NCD related risk factors; only a minority are evaluating their work. Reflective practice should be encouraged in this field with the accumulation and the publication of evidence on impact;

Most of the Pacific now has recent valid data on the prevalence of NCD risk factors; yet there is no evidence of systematic sharing of information in the NCD area as there is in the area of communicable disease;

Most of the Pacific has now devised diabetes guidelines for clinical preventive services; there exists an opportunity to extend these into other major NCDs (hypertension, weight control, smoke cessation) as well as to audit the impact of these guidelines.

In moving forward, it must be recognized that communities are not just the targets of intervention but are agents of change and leaders in promoting their own well being.

4.1.2 Discussion

Key points raised in discussion included:

There is strong indication that the work of the past two years has consolidated the process of promoting healthy lifestyles within supportive environments in the Pacific – including evidence of greater national investment in the area;

Having a national strategy makes it easier for countries to "keep on track", to assess impact of their work, and to negotiate with donors;

The follow-up to the Tonga Commitment has involved a wide range of partners, in the region and within countries – it has proved an effective rallying point;

Evidence of impact of this work needs to be collected and presented at the next meeting of Ministers of Health;

Countries have acted within their means, needs, and circumstances – political instability, the presence of devastating national disasters, and the predominance of communicable diseases in some areas were cited as reasons for more cautious investment in this field. It was recognised that even where infectious diseases still predominate the overall epidemiological scenario, there are already segments of the population suffering from NCD in proportions equivalent to the rest of the Pacific;

This work does not come without a cost. A conscious investment in a STEPS survey is needed as each survey has a period of a few weeks when the human resources of a Health Ministry are heavily engaged in the data collection. This cost needs to be planned for and should not be underestimated. The consensus among those who have done the survey is that the outcome is a worthwhile investment;

Regional sharing of data was proposed, but also regional sharing of experiences as a means of mutual support, as well as efforts to consider regional funding approaches might be useful to explore;

Partnership was a key theme in the discussions – all successful processes reported included some element of true multisectoral teamwork;

Sustainable funding also emerged as a key theme – and this discussion included an interested account of a tax on sweet foods and new cars by French Polynesia, the revenue being applied to projects within broader "prevention" across many fields of social policy;

The more developed countries in the Pacific have made a strong contribution to the programs with the strong support of AusAID to STEPS and of NZAID to Diet and Physical Activity strategy. Yet this was not a one-way exchange, and there was also much that these partners could learn from the experience of the Pacific Islands.

4.2.3 Conclusions and recommendations

1. Countries should develop, implement, enforce, and evaluate policies relevant to NCDs, according to the burden of disease. The activities should include, among others:

   i. assess other sectoral policies for their impact on health;

   ii. continue to ratify the Framework Convention on Tobacco Control (with comparable progress in territories) and effectively enforcing and implementing comprehensive tobacco control;

   iii. continue to ensure that national NCD action plans include both diet and physical activity components using all strategies of the Ottawa Charter;

   iv. continue to establish a secure/sustainable funding base for health promotion possibly taking the form of a health promotion foundation or similar structure;

   v. seek broad government support to resist the inclusion of tobacco and alcohol into trade agreements;

   vi. implement legal and fiscal measures which can promote healthy diet and physical activity; and

   vii. extend regional networking to share programme experiences in NCD prevention and control.

2. Establish a regional policy and coordinated mechanism for sharing of NCD surveillance data between countries. This would:

   viii. allow countries to compare their datasets directly with others, with protection for confidentiality;

   ix. seek integration with health information systems and with mortality data; and

x. facilitate gender-specific analysis that relates to the development of gender-appropriate interventions.

3. Enhance the capacity for effective health promotion through:

xi. regional agencies providing opportunities for capacity development in NCD programme management;

xii. ensuring that national human resource development plans build local capacity in health promotion; and

xiii. identification of role models (e.g. health workers, politicians, church ministers) who publicly achieve a measurable improvement in health (e.g. lose weight or stop smoking) as a means of setting an example ("Walking the Talk").

4. Countries should implement evidence-based guidelines on control of overweight, diabetes, smoking cessation and hypertension in community-based services with periodic audit.

5. Action is needed to strengthen related areas of the Healthy Lifestyles and Supportive Environments:

xiv. countries should strengthen their action on mental health and regional agencies should develop and sustain a Pacific mental health network as one means of providing support;

xv. In order to enable promotion of complete well-being, comprehensive national health promotion approaches should include appropriate sexual and reproductive health;

xvi. countries should seek to implement the Framework for Action on Drinking Water Quality and Health in PICs, drafted by participants in the WHO Workshop on Drinking Water Quality Standards and Monitoring in PICs (Nadi, 7-10 February 2005).

4.2 HIV/AIDS and sexually transmitted infection

4.2.1 Background

In the Pacific, Papua New Guinea is currently been recognized as having a generalized epidemic. All other countries have low reported numbers of HIV cases but recent available data on STI shows high prevalence rates among both high- and low-risk groups. This demonstrates a significant potential for an increasing HIV epidemic as high STI prevalence indicates the presence of high-risk sexual behaviour.

Over the years there is a growing political commitment and leadership as indicated by countries establishing and increasing national allocation for HIV/AIDS related activities. This is also reflected at regional level through the endorsement of the *Pacific Regional Strategy on HIV/AIDS (2004-2008)*, and the signing of the *Suva Declaration*, by the Pacific Parliamentarians.

It is also noted that there are a number of partners working in the Pacific in areas related to HIV/AIDS and STI. There is also a growing trend in collaboration among them to harmonize and maximize use of resources.

Prevention still remains a priority in response to HIV/AIDS in the region. However, there is recognition of a need for comprehensive approach to treatment, care and support for HIV/AIDS patients. Since 2003, a Global Fund HIV/AIDS project has been implemented in 11 countries, which focused on prevention, surveillance and STI diagnostics. Another Global Fund project is commencing in Papua New Guinea in 2005, focusing on comprehensive approach to HIV/AIDS treatment, care and support. In most countries in the region, the health system and the human resources related to HIV/AIDS care and treatment are insufficient and/or inadequate.

4.2.2 Discussion

Delegates to the meeting expressed their appreciation for all partners, including the Secretariat of the Pacific Community and the World Health Organization, to the support given to the control of HIV/AIDS epidemic in the Pacific.

Countries shared their experiences in national responses to HIV/AIDS and other STI. Several delegates reiterated that political commitment and leadership are crucial to successful HIV/AIDS program implementation.

There was expression of interests among some countries for the submission of a proposal for the 5th round of the Global Fund.

Other areas of support requested by countries were for:

- conducting nation wide prevalence studies; and
- providing technical support to countries in specific areas relating to HIV/AIDS.

However countries have raised several issues such as:

- better coordination and harmonization of regional programmes and projects that are implemented at the national level, including better coordination among partners;
- developing leadership that transcends all levels and sectors in the community;
- developing legislative framework to provide supportive environment that minimizes stigma and discrimination, including wilful transmission;
- establishing mechanisms to facilitate easier access to ARVs including training of service providers; and
- strengthening surveillance systems in countries to provide more accurate estimates for advocacy purpose and programme monitoring and evaluation.

4.2.3 Conclusions and recommendations

There has been much progress in the response to HIV/AIDS in the Pacific both at the national and regional levels. However, much more needs to be done to avoid the occurrence of serious epidemics, even among low-risk groups. In Papua New Guinea, where there is already a generalized epidemic, adequate support should be given to halt and reverse the situation.

The delegates of the Pacific Islands countries recognize the need for further action in the following areas, with support from partners:

1. advocating for continued commitment and translation into action of the Suva Declaration;

2. maintaining prevention as a key priority intervention in the control of HIV/AIDS;

3. revising and/or developing policies, strategies and plans for comprehensive treatment, care and support of HIV/AIDS and STI;

4. strengthening coordination at regional and national levels of all programmes and projects;

5. strengthening HIV and STI surveillance;

6. strengthening health systems including ensuring adequate human resources development to facilitate expansion and dissemination of essential HIV/AIDS and STI prevention and care packages; and

7. promoting networking and partnership development with "positive people".

4.3 Migration of health personnel

4.3.1 Background

Migration of skilled health personnel (SHP) is a challenge for Pacific island countries. As many countries have workforce shortages to start with, migration of skilled personnel is a definite loss for the countries. This has serious implications for health of Pacific peoples and threatens the Healthy Islands initiatives and health systems performance. In-migration or external recruitment does not fully compensate for the losses.

Apart from better remuneration and working conditions, other key influencing factors for migration in the Pacific are better educational opportunities for the migrant and dependants, presence of relatives abroad, family well-being, close affinity to metropolitan countries, and aggressive recruitment drives by recruitment agencies.

Due to factors beyond the control of ministries of health and governments, including the individual's basic human right to freedom of movement, the migration of SHP cannot be stopped, thus the need for its effective management through partnership and collaborative approaches at national and regional levels.

4.3.2 Discussion

The main points raised during the plenary discussions, included, among others:

- internal migration of health personnel from rural and disadvantaged areas and from the public to the private sector is as important as external migration;

- effective management of migration cannot be done by the health sector alone, as there is a need for partnership among all the key stakeholders at national and regional levels;

- key areas that need attention are the retention of health personnel, return migration and recruitment, the education and training of personnel and workforce planning and management;

- there are complex contextual factors involved and these vary from country to country, hence the importance of country-specific solutions; and

- there are certain actions that can only be effectively done through regional cooperation and partnerships.

4.3.3 Working groups

a) Retention of skilled health personnel

The key factors affecting the retention of skilled health personnel considered by the group were education and training; individual and social factors; and organizational and structural factors.

i) Education and training

The main issues were failure to return after training, limited capacity in human resources planning, and ad-hoc and uncoordinated approach to training. Having a viable mechanism that encourages graduates to return and stay within the health sector, and strengthening national and regional education and training institutions with linkages to health service needs are policy options to consider. Proposed specific actions include: ensuring a mandatory service period in national health services as an obligatory condition for scholarships; effective and enforceable bonding means; and improve local and in-country training and continuing education.

ii) Individual and social factors

The aspirations of skilled health personnel for better living conditions and opportunities for self and families should be recognized and taken into account, including supportive working environment. Governments should work together with professional associations and unions to improve working conditions for the workers and their families.

iii) Organizational and structural contexts

Weaknesses in governance and management in the public sector, civil service and health sector reforms that result in limiting posts for the health sector were issues raised. Recommended actions include:

- transparent and fair governance structures and procedures in promotions and incentives such as training awards;

- professional associations involvement, flexible career structures and professional development for their members;

- examining the role of private sector and using innovative approaches for active engagement, including public-private partnerships (e,g. Innovative contracting mechanisms to improve remuneration, involving private sector elements);

- better incentives for rural and remote posting, which include monetary incentives and non–monetary ones such as equipment, supplies, and benefits for dependents and family; and

- establishing a Pacific regional mechanism to facilitate the sharing of skilled health personnel and expertise among island countries.

b) Return migration and recruitment

This working group discussed the issues of return migration and recruitment.

i) Return migration

- The extent and reasons for return migration are not well documented.
- The importance of satisfying and providing a conducive working environment for the scholarship and for the fellows to return to their home country was discussed in detail. In addition to salary and remuneration commensurate with training, the promotion and position of the health professionals are also vital factors.
- Relationship of where the health professionals were trained on return migration was discussed extensively. Most favour the regional institutions such as FSM and UPNG rather than sending to Australia and New Zealand. This point was especially emphasized by the working group members on undergraduate training.
- Those who have undergone post-graduate specialists training in Australia and New Zealand are more likely to migrate or failed to home. There are suggestions to increase the post-graduate training opportunities in the regional institutions.
- Having a career development structure within the health system and established career pathways for health professionals in either clinical services or management areas are recognized as key reason for health professionals to stay back or return back after further study.
- Positive reinforcements for health professionals to return home such as having social linkages and regular social contacts between fellows/scholars and MOH/Government officials, incentives for health professionals to work in difficult and remote areas, and positive frameworks for people to return back such as family, social and financial ties were discussed.

ii) Recruitment

- Group members discussed on the ethical recruitment process. It is important to recognize the problem of active recruitment of health professionals within PICs.
- The role of national regulatory authorities was discussed. It was agreed that the recruitment agencies should cooperate under the guidance of the regulatory authorities in both source and recipient countries.
- Working group members expressed concern over the business practices of some agencies with unethical recruitment procedures.
- Quality, standards, and competency of the health professionals are important aspects of recruitment process for both source and recipient countries.
- Regional sharing of human resources for health was discussed by the working group members.

c) Education and training, workforce planning and management

The main issues to be discussed were:

- Current training arrangements don't work as students frequently don't return.
- When there is a bond that can be easily repaid, future employers will pay it.
- Any offshore training should reflect current regional needs irrespective of migration
- E-learning works with programmes that do not include clinical components.
- E-learning ideal for majority of cohorts of health workers.
- Over qualified workers are put in places where their skills are not utilized.
- Generally more midlevel practitioners are needed.
- Workforce planning should be relevant to services provided by Ministries of Health and training needs assessments done on regular basis

4.3.4 Conclusions

The key factors affecting the retention of skilled health personnel included education and training, individual, social and organizational/structural factors.

Strong government commitment to manage migration is critical, and MOH to advocate for this. The key actions that need to be taken include, among others:

- need to focus on the retention of health personnel through addressing key factors as mentioned above; and
- strengthen national capacity in human resources planning and management.

Strengthening the education and training of health personnel by enhancing institutional and professional association involvement, and adopting a regional approach to training of health personnel, such as through the establishment of regional institutions.

Other means of regional collaboration include pooling of training funds and sharing of expertise and resources.

Engagement in dialogue and negotiations for "win-win" outcomes for both the source and recipient country, including twinning arrangements.

There is a need for the development of Pacific code of practice on recruitment of health personnel, training and management of health workforce

4.4 Surveillance and outbreak response capacity building

4.4.1 Background

a) Pacific Public Health Surveillance Network (PPHSN)

PPHSN is a voluntary network to strengthen surveillance and response capacity in the Pacific. Three networking services have been established under PPHSN, including PacNet for alert and communication, LabNet for verification and identification of causative agents, and EpiNet for investigation and responses. PPHSN strategic framework and PPHSN workplan for 2004-2006 were developed recently. The workplan includes surveillance, information sharing and communication, LabNet development, training in surveillance and response, PPHSN guidelines development, IMCI implementation and epidemic response. It is proposed to establish the regional EpiNet Team to support national/territorial EpiNet team for outbreak response and the regional outbreak response fund to support PICTs' rapid response to significant outbreaks.

b) PPHSN and implementation of the revised International Health Regulations

International Health Regulations (IHR) is a global legal framework to prevent international spread of the diseases. The current version of IHR was established in 1967 and has a limited scope. The extensive revision was requested at the World Health Assembly (WHA) in 1995. After two Intergovernment Working Group meetings in November 2004 and February 2005, the Member States reached to general consensus on most of issues. A few pending issues will be discussed in May 2005 and it is expected that the final draft will be adopted at WHA in May 2005. Major changes in the revised IHR include:

1) The scope of the revised IHR is much broader to include any public health emergencies of international concerns (PHEIC).

2) The country should be able to verify any information that may consist PHEIC.

3) WHO requests Member States to nominate national IHR focal point to server as operational link between Member States and WHO.

4) Each country should have minimum core capacity to implement the revised IHR. Such core capacity is necessary to implement essential functions of IHR such as surveillance, notification, verification and response.

Most Pacific Island countries and territories do not have sufficient infrastructure such as laboratory capacity or skilled personnel to implement the revised IHR. It is not a feasible goal to establish such capacity within a target timeframe in many of Pacific island countries and territories. Utilization of existing PPHSN mechanism (i.e. PacNet, LabNet and EpiNet) can be a practical solution to meet a requirement for revised IHR as a whole Pacific. PPHSN mechanism can also be used to strengthen capacity in each country and territory.

c) Influenza Pandemic Preparedness in the Pacific

The influenza pandemic is a global epidemic, which is caused by a new subtype of influenza. Since vast majority of the human population doesn't have immunity to new subtypes, huge mortality and morbidity impacts are inevitable if pandemic occurs. It is also likely to affect the whole society, which may lead to social disruption. The outbreak of influenza A(H5N1) in Asia raises a serious concern about next pandemic. WHO has urged Member States to develop a national pandemic preparedness plan to minimize the negative impact of a pandemic. But most of Pacific Island countries and territories still don't have a national preparedness plan. An influenza pandemic preparedness plan should include contingency plans for various sectors and preparedness process should involve different sectors within the country.

4.4.2 Discussion

1) Influenza pandemic preparedness plans should be developed at national and regional levels.

2) The regional outbreak response fund is an attractive option, which provides common fund to respond to common problems in the Pacific.

3) PPHSN has been a useful mechanism to share information and strengthen surveillance in the Pacific.

4) Each country has a limited capacity to deal with outbreaks. The regional EpiNet team and the regional outbreak response fund would provide useful resources for countries and territories to respond to major outbreaks.

5) Shipping of the specimens for laboratory confirmation is still a major issue in the Pacific. WHO and SPC are working with partners to solve this problem at regional and global levels.

After plenary discussions, three small groups discussed following topics;

1) Group 1: PPHSN workplan, regional EpiNet team and the regional outbreak response fund;

2) Group 2: PPHSN and implementation of the revised IHR; and

3) Group 3: Influenza pandemic preparedness in the Pacific.

4.4.3 Conclusion

a) PPHSN Workplan

1) PPHSN should expand its scope to include functions of non-communicable disease surveillance, as networked surveillance and data pooling mechanisms.

2) The Regional EpiNet Team (RET) should be established by creating a pool of experts and professionals among the countries & territories in the Pacific in order to support national/territorial response to outbreaks and for capacity building.

3) There was an agreement in principle for the creation of a regional outbreak/emergency response fund.

b) PPHSN and IHR implementation

1) There was general consensus on acceptance in principle the utilization of PPHSN mechanisms for IHR Implementation.

2) Strategic Framework of PPHSN should include surveillance and response capacity assessment and development for the PICTs.

3) Capacity building should be enhanced at the peripheral level in the PICTs and in most practical formats for good surveillance and response.

4) IHR focal point should be a member of the national EpiNet team or equivalent communicable disease response teams or taskforce at national level and where possible be the chair of the team.

c) Pandemic Preparedness in the Pacific

PPHSN (WHO, SPC and other partners) should continue to provide technical support to assist countries and territories to develop a national pandemic preparedness plan.

1) A multisectoral task force should be established to develop a national pandemic preparedness plan.

2) Each Ministry of Health should have a leader to coordinate among various other ministries to develop a pandemic preparedness plan.

3) A national pandemic preparedness plan should be developed based on existing plans and mechanisms.

4.5 Dengue in the Pacific Island countries and areas

4.5.1 Background

Dengue is a major public health problem across the Pacific. The disease is epidemic causing major morbidity and mortality in small island states and territories most of which lack the resources to effectively respond to epidemics. Recent outbreaks in Tonga and Cook Islands have resulted in major economic losses.

There is a clear and immediate need for the PICT to effectively apply the four major components of the global dengue control strategy: effective case management; laboratory surveillance, epidemic preparedness, and effective community based vector control.

It is proposed to create a regional dengue initiative based on the PPHSN network that will work with all PICT to strengthen their capacity for dengue prevention and control.

4.5.2 Discussion

Countries expressed their concerns about the major impact that dengue was having in their countries and their experiences in controlling the disease. New Caledonia provided an example of a comprehensive early warning system that makes use of entomological, virological and meteorological indicators that has been successful in providing early information on dengue outbreaks. Palau reported on the recent epidemic associated with a regional festival and how by sharing information with other countries via the PacNet that a wider epidemic was probably prevented. Fiji also reported on its efforts to strengthen laboratory surveillance and epidemic response. Tonga commented on their current outbreak and their need for support from WHO and SPC to respond to the epidemic.

4.5.3 Conclusion

The meeting affirmed the major impact that dengue is having on the health and development of countries in the Region and called on WHO, SPC and other partners in the PPHSN to seek funding for a regional Pacific dengue initiative. The initiative will allow countries to develop capacity in the areas of laboratory surveillance, case management, community-based vector control and epidemic preparedness.

4.6 Pacific Open Learning Health Network

4.6.1 Background

The progress of the Pacific Open Learning Health Net (POLHN), an initiative aimed at supporting the continuing education of health personnel in the Pacific Island countries through open and distance learning modalities while they remain at their workplaces, was discussed including its future directions. The main components of POLHN include the establishment of learning centres equipped with necessary facilities and technology, the development of health courses, and conducting pilot courses through the POLHN. An evaluation of POLHN was conducted and a meeting was convened in December 2004 to discuss the findings and recommendations of the evaluation.

POLHN has been a successful initiative based on the evaluation report done in 2004. The pilot open learning courses were well received by health professionals and the learning centres, equipped with information, communication, technology (ICT) for open learning and health educational resources, were being used by countries for their health professional training and continuing education, including ICT skills trainings. There was a strong interest among the participating countries to contribute to the long-term sustainability of the POLHN and a desire for greater ownership by the countries, of the open learning centres.

The POLHN demonstrated that it is feasible to set up an ICT open learning programme even in very challenging settings, such as remote and scattered islands that have underdeveloped telecommunications infrastructure. It has been a successful pilot e-learning initiative and there is lots of potential for expansion in the future due to increase interest in its courses

The progress as of February 2005:

- The 10 learning centres in 10 PICs are now operational and used by health professionals for training or searching for information and reference material. Training courses via distance learning have been conducted at the centres, including several WHO workshops.

- Fourteen pilot courses (on a variety of subjects – such as blood safety, HIV/AIDS, Diabetes, radiology, health informatics, communications and counselling) have been conducted through the learning centres – more than 200 health professionals have been trained through these courses.

- Training of health professionals in IT skills is continuing – this is prerequisite for those with limited or no IT skills (more than 80 alone have been trained in one learning centre – Solomon Islands).

- The POLHN website: www.polhn.com provides information about courses and has links to many useful websites as well.

- The Commonwealth of Learning has set up and maintains a primary site (portal) for the POLHN at http://www.colfinder.org/wolhn to facilitate easy access to relevant international publications and literature, including those on the Internet.

However, to make maximum use of the POLHN resources and enhance its impact on the continuing education and professionalization of health personnel, the following measures need to be taken:

- strengthening the capacity of the POLHN country taskforces and improve the management and operations of the learning centres;
- mobilize resources to maintain the operations of POLHN; and
- advocate for government ownership and POLHN.

4.6.2 Discussions

The lack of accreditation and certification of POLHN courses was considered to limit the level of interest among health professionals in taking up the POLHN courses, and perhaps for the relatively low completion rates. POLHN was still perceived as a pilot open learning project of WHO, therefore, there was not yet any firm commitment from governments to take ownership of it. The benefits and concept of open learning were not yet well understood. Overall, the POLHN was accepted as a useful learning network for continuing professional education and for IT skills training.

4.6.3 Conclusions

(1) The countries and WHO need to collaborate more to strengthen the work of the POLHN Country Task Forces (CTFs)

(2) Countries should consider integrating POLHN into their national strategies for the education and training of human resources for health

(3) Adequate financial and personnel resources should be allocated to manage POLHN technology and learning.

(4) In order to sustain POLHN and to make it a Pacific regional learning network, a permanent governance structure is needed and the development and implementation of a long-term sustainability plan.

4.7 Expanded programme on immunization in the Pacific Island countries

4.7.1 Background

The EPI in the Pacific saves at least 3,000 children lives every year, prevents disability and sickness in tens of thousands of other children and has an enormous impact on the overall development and benefit that health systems provide in the Pacific. Key achievements from EPI in the Pacific since its establishment in the early 1980s include:

- elimination of polio virus with certification of the Pacific as "Polio Free" in 2000;
- availability of hepatitis B vaccine for all children born since 1996;
- interruption of endemic measles virus transmission within the Pacific since 1998;
- vaccine self-funding by most countries that previously relied on donor assistance; and
- establishment of an electronic regional communicable disease surveillance and information sharing network (PacNet).

However, EPI performance, and therefore benefits, is not uniform among all Pacific nations, and immunization coverage rates in some countries are significantly lower than others. Given the communicable nature of EPI diseases, when one Pacific nation falls behind, it puts the whole region at risk of disease outbreaks.

4.7.2 Discussions

Maintaining "polio free" immunization coverage and surveillance standards was recognized as being the best protection that Pacific nations can provide their children from polio reintroduction. There was a firm commitment that the enormous investment in the past polio eradication activities need to be secured until the final goal of global polio eradication is achieved.

The 2003 WHO/WPR Regional Committee Resolution for EPI (WPR/RC54/R.3) for measles and hepatitis B control was seen as providing an excellent framework for Pacific nations to build on the regions previous EPI gains with Hepatitis B vaccine introduction (1996) and measles supplementary immunization activities (1998). Implementation of this resolution will also specifically addresses the high rates of Hepatitis B virus carriage in the Pacific, and should see an overall decline in liver cancer and disease rates over the next 20 to 30 years. However, this will require increased attention to the provision of a birth dose of Hepatitis B vaccine to all children within 24 hours of birth, a significant challenge given that many children are still born outside formal health services.

The present Pacific Hospital Based Active Surveillance (HBAS) developed by WHO in conjunction with SPC as part of polio eradication activities offers Pacific nations a sound platform for expanding disease surveillance activities in the Pacific region. Efforts are currently underway to better integrate EPI diseases (e.g. measles and rubella) and utilizing modern communication methods such as email for both report submittal and alerting. Laboratory support will be extended beyond polio, to measles and rubella, for the rapid identification and outbreak alerts for other Pacific Island and Pacific Rim countries.

To ensure that all children in the Pacific receive the same level of benefit from immunization programmes, it is important that immunization schedules remain as uniform as possible across all countries, and the recent divergence in vaccines offered by countries is lessened. For many countries, the introduction of new vaccines that protect against rubella and haemophilus influenzae type b (HIB) has been restricted primarily due to their higher costs with most instances of new vaccine introduction a response to disease outbreaks. Also, some Pacific nations are still are not providing the full benefit from their current vaccines due to problems of vaccine delivery and aging/broken cold chain equipment which needs support, which means that not all children are reached and increased efforts are required here before new vaccines can be considered.

Finally, efforts to strengthen donor and partner coordination to ensure the effective targeting of assistance to where it is most needed is welcomed, and there was strong support for the new PIPS initiative that brings together AusAID, CDC, JICA, NZAID, WHO, UNICEF, SPC/PPHSN under a common EPI agenda. Closer collaboration between WHO and UNICEF through the development and implementation of a joint Pacific EPI strategy will further assist, particularly with support from UNICEF in strengthening communications links with communities. Regular meetings of all Pacific EPI managers and partners was seen as vital to ensure successful collaboration and sharing of experiences.

4.7.3 Major comments and suggestions from country delegates

Key EPI issues identified during discussion by member states to support strong immunization programme performance by all Pacific nations were: 1) maintaining "polio free" status, 2) measles elimination and hepatitis B control, 3) regional EPI disease surveillance, 4) new vaccine introduction, and 5) donor and partner coordination

Immunization is one of the most cost effective and efficient interventions for disease prevention. Global immunization strategies should be developed and endorsed by WHA.

Some PIC countries have set up target dates for measles elimination, i.e. Fiji set 2008 as target date for measles elimination. A two-dose schedule for measles has been introduced for children before they enter school. An outbreak response was conducted in the Marshall Islands to halt further transmission of measles caused by importation.

Vaccine distribution and cold chain upgrade is a key to improve immunization coverage with good quality.

Rubella vaccine was requested to be included into EPI schedule in the form of combination of measles and rubella vaccines.

Papua New Guinea has conducted immunization campaigns for measles and polio and achieved high immunization coverage.

The Pacific Immunization Program Strengthening (PIPS) initiative was welcomed by PICs and was expected to receive continuing and coordinated technical and financial support from partner agencies.

4.7.4 Recommendations

1. That Pacific nations should make a renewed commitment to support and ensure their EPI teams are providing the maximum levels of protection possible to their children, and the region as a whole is secured against the reintroduction of previously eliminated diseases.

2. To sustain polio-free status, Pacific nations should ensure that key programme functions such as AFP surveillance and routine immunization coverage are maintained at the high levels required, and preparedness plans are available, coordinated by the EpiNet team, for response to importation of wild poliovirus and cVDPV.

3. The Pacific nations should work together to establish a Pacific regional target date for measles elimination, achieve and maintain this target; and improve hepatitis B control through strengthening management and delivery of routine EPI including the timely delivery of a birth dose.

4. Pacific nations should ensure that their EPI are expanded, as appropriate, through the addition of new vaccines such as rubella and HIB vaccine when they can ensure long- term funding and sustainable high immunization coverage.

5. Pacific nations should work with PIPS partner agencies to assess and ensure that key programme areas such as EPI policies and multi-year plans, data quality, cold chain and EPI surveillance systems, vaccine procurement, forecasting and long-term funding and communication links with the community are adequately supported and functional.

4.7.5 Conclusion

It is a matter of regional health security for the Pacific that previous EPI gains be maintained and systems, practices and infrastructures that have been established are strengthened so that future generations of Pacific children experience expanded levels of protection from EPI diseases. This will require continued, and in some cases increased, support for EPI from both countries and partner agencies, and strong collaboration will be required by all to ensure the enormous impact and further potential that well-functioning EPI can bring can be provided at similar levels by all Pacific nations.

ANNEX 1

OPENING REMARKS BY DR SHIGERU OMI, REGIONAL DIRECTOR

HIS EXCELLENCY THE ARCHBISHOP,

HONOURABLE PRIME MINISTER, TUILAEPA SAILELE MALIELEGAOI,

HONOURABLE MINISTER OF HEALTH OF SAMOA, MULITALO SIAFAUSA VUI,

HONOURABLE MINISTERS OF HEALTH FROM PACIFIC ISLAND COUNTRIES,

HONOURABLE. MINISTERS OF THE CROWN,

MS LOURDES PANGELINAN, DIRECTOR GENERAL OF THE SECRETARIAT OF THE PACIFIC COMMUNITY,

MEMBERS OF THE DIPLOMATIC CORPS,

DISTINGUISHED GUESTS,

LADIES AND GENTLEMEN

Lau Afioga/ Moseniolo. (H.E. the Archbishop)

Lau Afioga/ ale Palemia. (Hon. Prime Minister)

Afioga/ a Minista ole fono. (Hon. Ministers of the meeting).

Faatalofa atu, ile paia/ ma le mamalu ole nei, taeao. (Good morning & welcome to you all)

Faafetai tele, Samoa/ I lou tali malo/ I lenei, fonotaga. (Thank you very much Samoa for hosting this meeting.)

Ona o au, ole matai Samoa/ e lagona ai, le mitamita/ oleloto i lenei, taeao. (As a Samoan matai, I am very honoured to be here).

Talosia, o tou ma-lamalama/ ia-au faamatalaga.

(I hope you understood what I have said)

I would like to thank the Government of Samoa for hosting this meeting in this beautiful country. I am delighted to be joined in this opening ceremony by His Excellency (Honourable) the Prime Minister, the Honourable Minister of Health and the Director General of the Secretariat for the Pacific Community, Dr Lourdes Pangilinan. In the year 2000 I was very honoured to receive in Samoa the title of Taefu. Hence Samoa is a very special country for me and I would like to thank you for hosting this meeting.

This is the sixth in a series of meetings of Ministers of Health for the Pacific Island Countries. The meetings are always conducted in a very collegial, but businesslike manner.

This year we have a full agenda which covers important health challenges in the Pacific such as HIV/AIDS, migration of health personnel, surveillance and outbreak response capacity

Annex 1

building, dengue fever, the Pacific Open Learning Health Network and the expanded programme on immunization. And we will be reviewing the progress made in implementation of the Tonga Commitment.

The health challenges that the Pacific faces are also faced by many other countries around the world and these challenges have been largely captured in the Millennium Development Goals or MDGs. As we all know, the United Nations General Assembly adopted these goals in September 2000 in its Millennium Declaration. Three of the goals are related directly to health and there is a health dimension to all the others. They are closely related to a number of topics that will be discussed.

Communicable disease control appropriately constitutes a key MDG priority. HIV/AIDS, in particular, is one of the most important health challenges facing the Pacific region today. The number of reported HIV cases continues to rise steadily, which is a major cause for concern. This meeting provides an ideal opportunity to develop the coordinated approach to HIV/AIDS control that is occurring in the Pacific.

Apart from the burden of traditional communicable diseases, the Pacific also potentially faces new threats from emerging diseases. We are fortunate not to have seen SARS or avian influenza in this part of the world—as we have seen elsewhere in recent times—but if it were to happen, systems might be easily overwhelmed. The outbreak response capacity of countries in the Pacific region needs to be strengthened if they are to cope with any such emerging diseases, as well as the increased requirements under the new International Health Regulations. The Pacific Public Health Surveillance Network is in place and should be used as a mechanism to further improve cooperation and capacity in the Pacific islands.

Dengue can be considered an emerging disease in the Pacific. In recent years we have seen the number and severity of dengue outbreaks increasing, with a resulting major impact on affected countries, not only in terms of mortality and morbidity, but also in terms of economic consequences. Dengue thus poses a new challenge in the Pacific, and I am pleased that we will be discussing it during this meeting.

In trying to meet the challenges of achieving the MDGs, the importance of strengthening health systems cannot be over emphasized. This is especially the case in the critical area of human resources. The human resource situation has reached crisis levels in some parts of the Pacific due to a combination of factors, including loss of health personnel through migration and the difficulty of reaching far-flung and isolated communities. In May last year, the World Health Assembly passed an important resolution on the international migration of health personnel and called upon both Member States and the Secretariat to take actions to try to reduce migration, as well as mitigate its adverse impact. I am confident that in our meeting this week we will be able to make further progress in this important area.

We will also be discussing the Pacific Open Learning Health Network, which is addressing how the important need to strengthen the capacity of health workers in the Pacific region can be met through education opportunities within countries, so that health staff do not need to travel abroad for training.

Also in the Pacific we cannot overemphasize the importance of noncommunicable diseases, which constitute the larger share of the disease burden among Pacific island populations. It is therefore very appropriate that we will revisiting the Tonga Commitment, examining progress and setting new directions and targets. The Commitment broke new ground

in coming up with targets and indicators to measure progress. Countries have rallied behind the commitments they made and progress has been exciting, as you will hear in this meeting.

As we address the topics in the agenda for this meeting, let us try to reach clear outcomes and agree on actions to be taken over the next two years that will improve the health of the Pacific island people.

Finally, let me thank you once again, Your Excellency, for kindly hosting all of us here in your beautiful country. I also wish to thank Honourable Minister Vui and his team for all the hard work that they have put into organizing the meeting.

As I look around this room and see the people that have gathered here, I am confident that together we can make great progress on the agenda that lies before us.

Tatou galulue faatasi/ mo lo tatou, soifua maloloina. ("Let's work together to be healthier")

Faafetai/ Soifua, ma ia manuia. (Thank you once again and good luck to everyone.)

ANNEX 2

OPENING REMARKS BY MS LOURDES PANGELINAN,
DIRECTOR GENERAL, SECRETARIAT OF THE PACIFIC COMMUNITY

His Excellency, Honorable Prime Minister Tuilaepa Sailele Malielegaoi

Honorable Minister of Health of Samoa, Mulitalo Saifausa Vui

Honorable Ministers of Health for Pacific Island Countries and Territories

Honorable Ministers of the Crown

Dr Shigeru Omi, Regional Director of the World Health Organisation Western Pacific Regional Office

Members of the Diplomatic Corps

Directors of Health of the Pacific

Colleagues of the SPC and WHO

CROP colleagues

Distinguished guests, Ladies and Gentlemen.

It is my pleasure this morning to provide some brief remarks, on behalf of the SPC, at the opening ceremony for this third meeting of Pacific Island health ministers organized jointly by WHO and the SPC.

I would like, first of all, to thank the Government and the people of Samoa for hosting this important meeting, and for the warm hospitality extended to all of us since we arrived in your beautiful country. It is always a pleasure to work closely with Dr. Omi and WHO colleagues, and with other leaders from throughout the Pacific in examining what is probably the most crucial issue facing our region today – the health of our people – with an aim to ensure that our people are healthy and can lead productive and worthwhile lives.

Today, as the world learns more about the profound and long-term impact of the recent Tsunami throughout South Asia, and as we in the Pacific region are dealing with the aftermath of our own natural disasters including the recent string of cyclones in this part of the region, the importance of public health has been reinforced in a way that is hard to forget.

A decade has passed since the first Healthy Islands meeting in 1995, and as the year gets underway, we are finding ourselves at a critical crossroads to achieve our goal of a healthy Pacific Islands region. Pacific island countries and territories today are at various stages of a "health transition" period, in which communicable diseases like tuberculosis, malaria, epidemic diseases and HIV/AIDS and STIs remain major causes of ill health and deaths, while the prevalence of non-communicable diseases is quite substantial.

Annex 2

This double burden of diseases not only impacts on the health of individuals and populations, but it also has the potential to significantly affect the broader social and economic development of our region.

Although the incidence of HIV/AIDS in most countries in the Pacific region (outside of PNG) is currently at a low level in global terms, the current level of HIV infection is quite significant. There is a real risk that the incidence could significantly increase in the future, given the current environment in the region.

Tuberculosis remains a very serious health problem. It is the leading infectious killer among young adults and women in the region today. There is increasing concern about the emergence of multi-drug resistant Tuberculosis and TB-HIV co-infection. Malaria is a significant disease burden in three Pacific Island countries.

There is much evidence today showing that the prevalence of non-communicable disease is also increasing. In the Western Pacific region of WHO, Pacific Island Countries already consistently have the highest rates of death due to heart disease, stroke and diabetes. In some countries, at the current rate, alcohol and tobacco use will be responsible for 21% of all hospital admissions by 2020 and will consume 22% of all hospital in-patient funds.

The path towards adequate prevention and control of communicable and non-communicable diseases extends over decades. Acknowledging this and the realities of limited resources and time, health policy-makers in our region need to continue a strong commitment to achieving our long-term health goals, which form part of the region's overall development goals ... and which are, in fact, very much in line with the international community goals such as the MDGs. We must also be prepared to protect our region against the international spread of emerging diseases such as SARS and influenza, which pose serious risks to public health in our region.

These issues are not just health issues as they affect other social and economic concerns, therefore they require an integrated multi-sectoral response. Meeting the double burden of disease in the Pacific requires effective planning and practical frameworks for national implementation. It requires unified multi-sectoral partnerships and continuing strong political commitments to improved health in the Pacific. I would like to touch briefly on some of these.

Over the years, we have seen the emergence of promising planning initiatives and practical frameworks for national implementation in the region. In the area of communicable diseases, last August, a 5-year Pacific Regional Strategy on HIV/AIDS was developed and endorsed by the Pacific Islands Forum leaders. Inclusiveness was a key component of the framework, which resulted in a youth, gender and vulnerable group strategy and which embraced people living with HIV/AIDS. Focusing finite resources on those most vulnerable to HIV/AIDS will continue to be a foundation for HIV prevention efforts into the future.

For tuberculosis, a very practical framework known as the DOTS strategy has been widely implemented across the Pacific region, although there is still a concern that DOTS is not universal in all Pacific Islands Countries and Territories today.

In the area of non-communicable diseases, there have been a large number of regional and national initiatives since the Yanuca Island Declaration and the Tonga Commitment, however, there still exists major gaps, including the need for national NCD plans in most Pacific Island

Annex 2

countries and territories. The meeting this week will look at a coordinated action plan that will build on past achievements in the fight against NCDs.

It is also worth noting that two years ago as health ministers were gathered in Tonga, SARS emerged as an international public health threat, and the Pacific, guided by WHO and working through the Pacific Public Health Surveillance Network at the SPC, responded quickly to put in place measures that would strengthen their preparedness to deal with an outbreak of the disease in the region.

The network offers an ideal framework for the implementation of the International Health Regulations in the region, and for strengthening the surveillance and response activities related to recurrent epidemic problems in the region like dengue, and the potential influenza pandemic, which will be further discussed at the meeting.

The second point to highlight in order to make the Pacific healthier are stronger partnerships that need to be forged and maintained among key stakeholders, including regional governments, NGO's, regional and international agencies working in the Pacific and our development partners. This jointly organized SPC-WHO meeting bringing together health ministers is a good example of effective regional collaboration. For our region, we need to work to overcome the challenges of limited human and financial resources ... and we can do this through greater pooling of resources, and effectively mobilizing resources from multiple partners.

Finally, and perhaps most importantly, a fundamental requirement for sustained positive health outcomes in the region is political commitment. Sustaining this can be a major challenge as there are so many pressing issues and concerns competing for government resources and attention.

For NCD prevention and control, one of the difficulties in the region is generating sufficient interest in the impact of lifestyles on health. Currently, it's probably fair to say that there is a lack of a sense of urgency about non-communicable diseases, and perhaps a lack of clear political imperative to act. Measures like taxation, improved legislation (for example, legislation aimed at preventing sale of tobacco to children), policy and enforcement are all important aspects of preventing non-communicable diseases, but for these to be effectively implemented, non-communicable disease prevention and control must be considered at the national level to be a "public good", that is, a core government responsibility.

For communicable diseases, sustained leadership is crucial in the fight against HIV/AIDS, TB, malaria and other epidemic diseases. The political commitment made by our Pacific leaders must now be translated into action, and resources, human and financial, must be committed to building national capacities to implement the plans. In order to see how commitments are being implemented by governments, it's important to find them in national budgets.

In summary, the Pacific region today is at a crucial point with regards the health of our people. Ultimately, addressing the double burden of communicable and non-communicable diseases in the Pacific today can not happen by focusing purely on medications, treatments and expertise, although all of these are of course important. A precondition for a meaningful health impact in the Pacific is based upon a strong planning and policy framework foundation, combined with a capacity for cross-sectoral collaboration and cooperation, underpinned by political commitment from all segments in the Pacific community.

Annex 2

I look forward to the discussions over the next few days as we continue to work together as one region to achieve our vision of a Pacific with people living healthy and worthwhile lives.

ANNEX 3

SPEECH BY THE HONOURABLE TUILAEPA AIONO SAILETE MALIELEGAOI, PRIME MINISTER OF SAMOA, AT THE OPENING CEREMONY

I extend to you warm greetings from the government and people of Samoa. It is indeed a great privilege for Samoa to host this august sixth Pacific Island Conference of Ministers of Health, and an honor for me to address this most prestigious meeting.

I commend the World Health Organization and the Secretariat of Pacific Communities for coordinating and funding this important meeting for health leaders of the Region.

As you are aware, the first Pacific Ministers of Health meeting held in Fiji ten years ago in 1995, which led to the Yanuca Island Declaration of Healthy Islands, followed biennially by the Rarotonga, Palau, Madang, and Tonga meetings, reiterated strong commitment by Pacific Island Governments to a wide range of health developments in the region. These prioritized a strengthening of the focus on healthy lifestyles, supportive environments and the prevention and control of non-communicable diseases. These health initiatives have become the common theme in all regional health meetings and ministries of health,

The Tonga Commitment in 2003 was the first Ministerial Commitment to focus entirely on healthy lifestyles and supportive environments. This has generated a lot of national and regional activities, which enabled and facilitated progress by the various island countries in promoting these worthwhile commitments.

The South Pacific Region has made considerable social and economic development progress in this decade. The scale and intensity of our region – wide efforts to date, while commendable, still fall short of what is required to halt or even significantly slow the non communicable disease pandemic currently sweeping through our region. What is needed are stepped-up programs, energized by bold and committed leadership.

For this sixth meeting Samoa wishes to advocate that health of people be the center of national and regional development. We must also highlight the importance of acknowledging the continual presence of the double disease burden of both Non Communicable Diseases and Communicable Diseases throughout the region. Hence we must remain committed and vigilant to the healthy islands holistic vision and include the ever present threat of communicable diseases. The recent SARs pandemic; the continual HIV and AIDS pandemic; and the threat of an imminent Influenza pandemic remains a reality that demands increased government commitment and response at both the national and regional levels.

As political leaders in Health you have to develop aggressive and realistic regional and national health policies and strategies. These need to focus on five main health promotion action areas:

- Build healthy public policies
- Enhance supportive and conducive environments
- Community participation
- Reorientation of health services

Annex 3

- Development and retention of human resources in health

As you have noted today marks not only the opening of this sixth meeting of Pacific Health Ministers but it also marks the opening of the new Kidney Foundation Renal Dialysis Services for Samoa. Renal dialysis may be perceived as an expensive, resource intensive and continual service facility for end stage of some non communicable diseases. The renal dialysis facility illustrates Samoa's commitment to enable and support access of our people to the kind of services available to people with end stage NCD complications in developed countries.

However, it must be noted that the national focus of Samoa's NCD policy and strategy is on promoting healthy life styles and preventing NCD complications. Samoa remains adamant to reaffirming the old adage of ***"prevention is always better, cheaper and more sustainable than cure"***.

I note that you have a very comprehensive agenda with a lot of important and pertinent regional health issues to be discussed and resolved and I hope that this conference will develop appropriate and relevant responses at both the national and regional levels.

As Chairman of the Pacific Island Forum, I am happy to note that HIV/AIDS regional strategy 2004-2008 which was launched in Samoa during the last Pacific Islands Forum is on your agenda and I wish to assure you that the Forum is looking forward to receiving the recommendations of this meeting.

In closing I wish to reaffirm Samoa's support for the Pacific Healthy Island vision whereby citizens of the Pacific:

"Aspire for places where our children are nurtured in body, spirit and mind; people live, work, age and die with love and dignity; environments invite learning leisure and pleasure; ecological balance including protection of our oceans be a source of national and regional pride"

I wish you all a successful and fruitful meeting and please make time to enjoy the beauty of our culture, and the hospitality of our people which you will also witness during your field trip to Savaii tomorrow.

Soifua ma Ia manuia.

ANNEX 4

AGENDA

1. Opening ceremony
2. Election of Chairperson and Rapporteurs
3. Adoption of the agenda

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.1
4. Progress in implementation of the Tonga Commitment

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.2
5. HIV/AIDS and sexually transmitted infections

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.3
6. Migration of health personnel

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.4
7. Surveillance and outbreak response capacity building

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.5
8. Dengue in the Pacific island countries and areas

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.6
9. Pacific Open Learning Health Network

   WPR/ICP/ECP/7.2/001/ECP(1)/2005.7
10. Expanded programme on immunization in the Pacific island countries and areas

    WPR/ICP/ECP/7.2/001/ECP(1)/2005.8
11. Closure

ANNEX 5

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Annex 5

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Annex 5

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ANNEX 6

PROGRAMME FOR THE FIELD TRIPS

15 March 2005

4.30am:	Bus leave for Mulifanua wharf
6.00	Leave Mulifanua wharf for Savaii
7.45	Arrive Salelologa whart (Savaii)
8.00	Arrive Tuasivi and inspect MTII hospital
8.30	Leave MTII hospital
8.45	Arrive Lano, Welcome Ava Ceremony and Breakfast
10.00	Leave Lano
11.00	Arrive Safotu and inspect hospital
11.20	Leave Safotu
12.10	Arrive Sataua and inspect hospital
12.30	Leave Sataua
1.30	Lunch – Vacation Beach Fales
2.30	Leave Vacations
4.00	Leave Salelologa wharf for Apia