REPORT

MEETING OF THE MINISTERS OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES

MEETING OF THE DIRECTORS OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Koror, Republic of Palau
17-19 March 1999

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NOTE

The views expressed in this report are those of the participants, consultants, temporary advisers, 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, consultants, temporary advisers, and observers in the Meeting of the Ministers of Health for the Pacific Island Countries and the Meeting of the Directors of Health for the Pacific Island Countries held in Koror, Republic of Palau, from 17 March to 18-19 March 1999, respectively.
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Keywords:

Health promotion/ Health personnel - education / Drug information services / Medicine, Traditional -
standards /Chronic diseases - prevention and control / Health information / Information system
1. INTRODUCTION

The Meeting of the Ministers of Health for the Pacific Island Countries was held in Koror, capital of the Republic of Palau on 18 and 19 March 1999. The Government of Palau acted as the host of the meeting and the venue was the Outrigger Palasia Hotel.

The meeting was preceded by a one-day meeting of the Directors of Health on 17 March 1999. The report of that meeting formed the basis of discussions, at the Meeting of the Ministers.

The Agenda, programme of activities and list of participants are attached as Annexes 1, 2, and 3, respectively.

The background papers used were the Regional Director’s position paper (Annex 10) and discussion papers prepared by the secretariat on: Healthy Islands initiatives, development of human resources for health, pharmaceuticals, including traditional medicine, prevention and control of noncommunicable diseases and the strategic plan for the development of information systems in the Region.

The meeting was attended by seven Ministers of Health, five Secretaries of Health and thirteen Directors of Health or their representatives. There were also twelve observers at the meeting.

On 16 March, the Secretariat of Pacific Community (SPC) organized a one-day meeting of Heads of Health Departments with a focus on SPC Community Health Programmes work plan and a presentation on South Pacific Organisations Coordinating Committee (SPOCC) working group on Health.

On 17 March, the Directors of Health met for one day to prepare for the Ministers of Health meeting.

The meeting concluded by adopting the “Palau Action Statement” (Annex 11).

2. BACKGROUND

A Ministerial Conference on Health for the Pacific Islands was convened in Yanuca Island, Fiji from 6 to 10 March 1995. Three priority issues were identified in the “Yanuca Island Declaration” that resulted from this meeting: human resources, health promotion and health protection, and the supply and management of pharmaceuticals and other supplies.

A follow-up meeting of Ministers of Health for the Pacific island countries was convened in Rarotonga, Cook Islands on 6 and 7 August 1997. The meeting adopted the Rarotonga Agreement: Towards Healthy Islands” which summarized the positive experience of the previous two years in implementing the Yanuca Island Declaration and resolved to promote the Healthy Islands concept, strengthen human resources development, improve purchasing of pharmaceuticals, and initiate activities in the field of traditional medicine. It was agreed that the next meeting should be convened in March 1999 and the Minister of Health of Palau offered to host the meeting in his country.

The Rarotonga meeting reaffirmed the importance of partnerships among communities, government departments and other sectors in resolving priority health issues. The outcome of the meeting, the “Rarotonga Agreement: Towards Healthy Islands” was submitted for the consideration of the South Pacific Forum at its meeting from 17 to 19 September 1997 in Rarotonga. As a result, a study on the relationship between the South Pacific Organisations Coordinating Committee (SPOCC)
agency mandates and WHO declarations was carried out. The Ministers’ Meeting took into consideration the study outcome.

At Palau, the Directors’ meeting reviewed progress made in implementation of the Healthy Islands concept, and in addition discussed control of noncommunicable diseases, traditional medicine, and health information needs. Noncommunicable diseases, in particular diabetes mellitus and cardiovascular diseases, are becoming major causes of mortality and morbidity in Pacific island countries. Hence it was proposed that the meeting consider options for prevention programmes for the Pacific island communities. The meeting also studied the strategic plans for the development of information systems in the Region.

3. OBJECTIVES

3.1 Directors of Health Meeting

The main objectives of the meeting were:

(1) to provide an overview of the Meeting of Directors of Health for the Pacific Island Countries and the Meeting of the Ministers of Health for the Pacific Island Countries;

(2) to discuss on Healthy Islands:
   - Healthy Islands initiatives;
   - Development of human resources for health;
   - Pharmaceuticals, including traditional medicine;

(3) to discuss prevention and control of noncommunicable diseases;

(4) to consider the outcomes from the study on the relationship between the South Pacific Organisations Coordinating Committee (SPOCC) agency mandates and WHO declarations;

(5) to develop a strategic plan for the development of information systems in the Region:
   - Development of information system in countries;
   - Proposed framework for development of information systems in the Region; and

(6) to consolidate and review recommendations to be presented to the Meeting of Ministers of Health.

The agenda is annexed.

3.2 The Meeting of the Ministers of Health

The main objectives of the Meeting were:

(1) to review the report of the Meeting of the Directors of Health for the Pacific Island Countries;
(2) to have Ministerial deliberations and discussions on the report of the meeting of the Directors of Health; and

(3) to adopt the conclusions of the Meeting of the Ministers of Health for the Pacific Island Countries.

4. OPENING CEREMONY

4.1 Meeting of the Directors of Health for the Pacific Island Countries

The opening ceremony of the Directors of Health meeting was conducted with due consideration of the rich tradition of Palau culture. The welcome address was given by the Honourable Minister of Health of the Republic of Palau, Honourable Masao Ueda who welcomed the participants to Palau and expressed his happiness at holding such a high-level meeting (Annex 4).

Dr Shigeru Omi, WHO Regional Director for the Western Pacific, in his opening remarks expressed his thanks to the Government of Palau for hosting the meeting and reminded the participants that their task was to make sound and practical recommendations for the ministers to consider. He noted that it was time for all to work together to translate the outcomes of the Yanuca and Rarotonga meetings into action. He also noted that what was achieved in Palau would have wider implication for the whole Western Pacific Region (see Annex 5).

4.2 Meeting of the Ministers of Health for the Pacific Island Countries

Dr Shigeru Omi, WHO Regional Director for the Western Pacific, presented the keynote address for the meeting (see Annex 6). Dr Shigeru Omi reiterated that one of his priorities as Regional Director was to work with Ministers of Health to improve the health of the people of the Pacific island countries. He said he was delighted that the meeting was providing an early opportunity to lay the groundwork for a healthy Pacific in the 21st century.

Dr Omi spoke of his visit to all the Pacific countries during the previous year when he had been able to hear from them first hand what their needs were. It had become clear to him that there were certain issues which were common to almost all Pacific island states. Increasing prevalence of noncommunicable diseases and environmental degradation due to waste dumping were two such issues, but there were others. The Yanuca Island Declaration and the Rarotonga Agreement had identified basic concepts for future policy to improve the health of the people in Pacific nations. Dr Omi said he believed it was time to put these policies into practice and action.

The Dr Omi informed the Ministers of Health that their Directors of Health had worked very hard to provide them with recommendations on five key areas: Healthy Islands; human resources for health, pharmaceuticals, including traditional medicine; noncommunicable diseases; and information systems. He said that the report produced by the Directors would be presented to the Ministers that afternoon.

The meeting was officially opened by His Excellency Kuniwo Nakamura, President of the Republic of Palau (see Annex 7). In his address the President thanked everybody for giving Palau the rare opportunity to host the back-to-back meetings this year. Since these meetings were the last of this century for the health leaders of the Pacific island nations, the President said that Palau was honoured to be the host.

The President talked about some of the negative effects of rapid economic development and the need to be vigilant and extremely cautious to protect the environment and natural resources.

He emphasized that the participants should pay close attention to holistic approaches in preserving and improving the people’s health. Of particular importance would be their efforts to design
Healthy Islands frameworks, to develop the human resources necessary to meet the health needs of their growing populations, to establish the protocols necessary to prevent and contain communicable diseases, and to make fuller use of technology to access and use the ever-expanding, multi-disciplinary body of medical knowledge and best practices in health promotion.

5. PROCEEDINGS

5.1 Meeting of the Directors of Health for the Pacific Island Countries

Dr C. Otto, Director of Public Health chaired the session. Dr R. Nesbit, Director, Programme Management gave an overview of the meeting of the Directors of Health as well as the Ministers meeting which will follow. This was followed by presentations and discussions on the following topics:

- Healthy Island Initiative
- Development of human resources for health
- Pharmaceuticals including traditional medicine
- Noncommunicable diseases

There was consideration of the outcome of the study on the relationship between South Pacific Organizations Coordinating Committee agency mandates and WHO declarations. This was followed by the presentation of the strategic plan for the development of information systems in the Region.

After a lively discussion, the Directors formulated a draft report of their conclusions to be presented at the Ministers meeting the following day.

5.2 Meeting of the Ministers of Health for the Pacific Island Countries

The Ministers of Health met in plenary session and unanimously elected Dr Masao M. Ueda, Honourable Minister of Health of the Republic of Palau as Chairman and Dr Puka Temu, Secretary of Health of Papua New Guinea as Rapporteur.

Dr Otto who was the Chairman of the Directors meeting read out the conclusions of the previous day’s Meeting of the Directors of Health to enable the Ministers to review and decide on the recommendations.

Considerable interest was shown in all the specific areas covered in the report:

1. Healthy Islands Initiative: how to further operationalize its elements and the need to seeking short-term targets to ensure progress. It was recognized that the private sector had an important role to play.

2. Development of human resources appropriate to Pacific Island countries: the problems of brain drain and the increasing need felt by countries to further strengthen their mid-level workforce, in-service training and distance education. Some countries expressed need of WHO’s support to further develop their workforce plans.

3. With respect to Pharmaceuticals, the group felt that, as an alternative to bulk purchasing, WHO collaboration should be sought in strengthening drug information exchange as well as the ongoing quality assurance scheme.
(4) With respect to Traditional Medicine, the Ministers were in agreement about encouraging the utilization of traditional medicine with appropriate guidance and that traditional medicine practitioners could be mobilized as community health providers where appropriate.

(5) Noncommunicable disease prevention and control was considered by the group. They were unanimous in their opinion that long-term integrated and multisectoral programmes were needed and requested the cooperation of WHO and other partner agencies.

(6) Health Information was a new topic which had not been discussed before and the Ministers recognized the importance of having a strategic plan for information system development and the role of the Pacific Public Health Surveillance Network could play in this context. The interest of the group was further enhanced with respect to telemedicine after the demonstration of its use at the Koror hospital. They felt the need to develop a regional strategy.

The meeting also had the opportunity to review the position paper of the WHO Regional Director and was convinced of its relevance and extended full support to it in the future working of WHO in the Region.

The meeting, taking note of the invitation of Papua New Guinea Government to host the next meeting, left the matter to the Regional Director to decide the time and nature of the meeting after due consultation.

Statements were delivered by observers from the Asian Development Bank, the Australian Agency for International Development, the Economic and Social Commission for Asia and the Pacific, Fiji School of Medicine, UNICEF, and the Pacific Basin Medical Association (see Annex 8).

The meeting was formally closed by Honourable Minister Ueda after hearing the concluding remarks of Dr Omi, WHO Regional Director for the Western Pacific, who expressed his satisfaction and sincere thanks to Palau for the excellent arrangements. On behalf of the other ministers, Dr E. Pretrick of the Federated States of Micronesia thanked the hosts for a successful meeting. Honourable Minister Ueda thanked the Regional Director and all the participants for the cooperation extended and expressed his Government’s and his own happiness at being able to host the meeting.

6. CONCLUSIONS

The draft conclusions of the Meeting of the Ministers of Health for the Pacific Island Countries were unanimously adopted as the “Palau Action Statement” (see Annex 11).
AGENDA

1. Opening ceremony for the Meeting of the Directors of Health
2. Election of Chairman and Rapporteur
3. Adoption of the agenda
4. Overview of the Meeting of Directors of Health for the Pacific Island Countries and the Meeting of the Ministers of Health for the Pacific Island countries, 1999
5. Presentation and discussion on healthy islands:
   Healthy islands initiatives
   Development of human resources for health
   Pharmaceuticals, including traditional medicine
6. Presentation and discussion on prevention and control of noncommunicable diseases
7. Consideration of the outcomes from the study on the relationship between the South Pacific Organisations Coordinating Committee (SPOCC) agency mandates and WHO declarations
8. Strategic plan for the development of information systems in the Region
   Development of information system in countries
   Proposed framework for development of information systems in the Region
9. Consolidation and review of recommendations
10. Closing ceremony
11. Opening ceremony for the Meeting of the Ministers of Health
12. Keynote address by the WHO Regional Director for the Western Pacific Region
13. Election of Chairman and Rapporteur
14. Adoption of the agenda (WPR/HRH/HRH(1)/99.1b)
15. Presentation of the report of the Meeting of the Directors of Health for the Pacific Island Countries
16. Ministerial deliberations and discussions on the report of the meeting of Directors of Health
17. Statements by the observers/representatives of the international partnership agencies
18. Private meeting of the Ministers of Health with the Regional Director
   (morning session on second day)
19. Adoption of the conclusions of the Meeting of the Ministers of Health for the
   Pacific Island Countries
   (afternoon session on the second day)
20. Closing ceremony
PROGRAMME OF ACTIVITIES

Wednesday, 17 March 1999 - Meeting of the Directors of Health

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<tr>
<td>0800</td>
<td>Registration</td>
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<tr>
<td>0900</td>
<td>1. Opening ceremony</td>
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<td>Welcome address by Hon. Masao Ueda, Minister of Health of the Republic of Palau</td>
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<td>Opening remarks by Dr Shigeru Omi, WHO Regional Director for the Western Pacific</td>
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<td>Introduction of participants</td>
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<td>0945</td>
<td>2. Election of Chairman and Rapporteur</td>
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<td>1000</td>
<td>3. Adoption of the agenda</td>
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<td>4. Presentation of the “Overview of the meetings” by Dr R. Nesbit, WHO Director in Programme Management</td>
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<td>5. Presentation and discussion on:</td>
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<td>• Healthy islands initiatives by Dr H. Ogawa, WHO Regional Adviser in Environmental Health</td>
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<td>• Development of human resources for health by Mrs L. Kerse, Regional Adviser in Human Resources for Health</td>
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<td>• Pharmaceuticals including traditional medicine by Dr Chen Ken, Medical Officer, Traditional Medicine</td>
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<td>1200</td>
<td>6. Presentation and discussion on prevention and control of noncommunicable diseases by Dr G. Galea, Medical Officer, Noncommunicable Diseases, Fiji</td>
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<td>Lunch break</td>
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Annex 2

1300 7. Consideration of the outcomes from the study on the relationship between the South Pacific Organisations Coordinating Committee (SPOCC) agency mandates and WHO declarations by Dr M. O'Leary, Acting WHO Representative in the South Pacific

8. Strategic plan for the development of information systems in the Region
   - Development of information systems in countries
   - Proposed framework for the development of information systems in the Region by Dr Y.C. Chong, Regional Adviser in Health Information

1530 Coffee break

1545 9. Consolidation and review of recommendations

1700 10. Closing and summary of discussions

Thursday, 18 March 1999 - Meeting of the Ministers of Health

0800 Registration

0900 1. Opening ceremony

2. Keynote address by Dr Shigeru Omi
   WHO Regional Director for the Western Pacific
   Address by His Excellency Kuniwo Nakamura, President of the Republic of Palau
   Introduction of participants

3. Election of Chairman and Rapporteur

0945 Group photo session and coffee break

1000 Administrative announcements

4. Adoption of the agenda

5. Presentation of the report of the Meeting of the Directors of Health for the Pacific Island Countries by the Chairman of that meeting

1200 Lunch break
6. Ministerial deliberations and discussions on the report of the Meeting of the Directors of Health for the Pacific Island Countries

Coffee break

Continuation of the ministerial deliberations and discussions on the report of the Meeting of the Directors of Health for the Pacific Island Countries

Friday, 19 March 1999

7. Statements by observers and representatives of international partnership agencies

8. Private meeting of the Ministers of Health with the Regional Director

Coffee break

Continuation of the private meeting of the Ministers of Health with the Regional Director

Lunch break

Formal submission of the proposals and motions by the Chairman

9. Adoption of the conclusions of the Meeting of the Ministers of Health for the Pacific Island Countries

Coffee break

10. Closing ceremony

Appreciation address by Hon. Masao Ueda
Minister of Health of the Republic of Palau

Response and closing remarks by Dr Shigeru Omi
WHO Regional Director for the Western Pacific
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ANNEX 4

STATEMENT BY THE MINISTER OF HEALTH
MASAO M.UEDA
AT THE OPENING OF WHO MEETING OF THE DIRECTORS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES,
KOROR, REPUBLIC OF PALAU, 17 MARCH 1999

Dr Omi, Regional Director, WHO Western Pacific Region
Ms Lourdes Pangelinan, Deputy Director, Secretariat of the Pacific Community
Fellow Ministers of Health
Permanent Secretaries and Directors of Health
Ms Nancy Terreri, UNICEF, Pacific
Mr Alistair Wilkinson, Forum Secretariat
Representatives of our Development Partners: The Fiji School of Medicine, AusAID, NZODA, the
Asian Development Bank, Pacific Basin Medical Association, JICAS

It is with great pleasure that I welcome all of you to the start of the Third WHO Conferences of
the Permanent Secretaries and Directors of Health of the Pacific Island countries. It is indeed a special
occasion for the Republic of Palau to have you here with us. Your presence here is significant for
several reasons. It is the first time we have had the opportunity to host a meeting for the health leaders
of the Pacific since becoming an independent nation four and a half years ago. It is the first time ever
that WHO, has sponsored the Directors of Health meeting here in Palau. It is the last meeting in the
20th century for the Pacific Island Countries' Permanent Secretaries and Directors of Health. Thus,
whatever you decide here will go down in history books as the decisions the Directors of Health made
while standing at the threshold a new millennium.

Your agenda is a formidable one. In one day you are to review the accomplishments and
shortcomings of the many important health initiatives, programmes and issues, ranging from the
"healthy islands" initiative to traditional medicine, from development of health information systems to
mechanisms for coordinating all health initiatives within the region. In addition, you are to be prepared
to present your recommendations for future action on these issues to the ministers of Health after your
meeting. I have no doubt that you will get through your agenda in style, but I also have a distinct
feeling that you will need to muster all of your energy and facilitation skills in order to get through the
agenda successfully. Just because your decisions will be made while you are practically straddling two
centuries does not mean they have to be made in haste. In fact, the importance of your decisions is such
that care must be taken that they are not made in haste, but with careful deliberations, conviction and
commitment. Koror is a good place to make such decisions because historically, similar soul-searching
decisions had been made here in the past which eventually led to our successful political self
determination and independence. You will be working very hard and will be making a lot of important
decisions so I do hope that you have had some time to see and enjoy a little bit of our beautiful island
before the start of these meetings because I know that from now on you will have no time to do much
else, besides work.
Annex 4

There are still many pressing issues in the health arena of our islands even as we approach the borders of centuries. I need not remind you that the threat of an HIV/AIDS epidemic is still very real in all of our countries. This challenges us to be on a constant and watchful alert. Non-communicable diseases continue to plague us, causing so many deaths and so much morbidity throughout our populations. And as if these were not enough to tax our minds and drain our resources, both human and otherwise, we now have re-emerging diseases such as TB to contend with. Sometimes these ever present ills cause us to wonder if the Yanuca Island vision of healthy islands in the 21st century is ever to be attainable. We therefore need to get serious about our work and be relentless about advocating for those strategies that will make a difference rather than continuing to do what we are comfortable in doing. Someone has said, “we need to stop doing the things that don’t work, and embrace with caution those things whose results are equivocal and start doing those things that does work.” I can see that the challenges for you in this meeting will be to find those strategies and alternatives that have the greatest chance of bringing about the healthy islands of our vision.

In Rarotonga, we said that “healthy islands” can be a framework or a process, even an outcome, so long as at the end of the day our vision is realized in the homes, the schools, the workplaces and marketplaces of our communities. This is easier said than done. It is for this reason that this meeting in Palau must not only renew our commitment to “healthy islands,” it must also rejuvenate our spirit, re-energize our will, to move this initiative into the forefront of the political and community leadership.

Much has happened since Rarotonga and the Ministers of Health will be looking forward to your report on the review of implementation activities since Rarotonga so that based on your observations and recommendations we can push forward. I feel that something more or greater must be done at this time. I’m sure many, if not all of you, share the same sense of urgency. Dr Otto share with me that your own colleague, Dr Eti Enosa of Samoa had said that “Palau will be the last port of call” before we sail into the new century. Thus, it will be imperative for us to take a good look or review of the priorities and policies that exist today, and do away with those that don’t work, correct those whose results have been nebulous, find and start those alternatives that do work.

Among the alternatives to consider is the use of information technology to advance our work. The possibilities are almost endless for use of the electronic media to bring the message of healthy islands to our people everywhere. It has great potential to provide whatever is required for development of our human resources. Care must be taken, however, that telehealth remains just what it is, that is, the use of communications and information technology to bring about health to people. [[[rather than teledicine, which is the use of the same technology to simply advance the practice of medicine]]]

In the mind, the most important and powerful strategy that is available for our use and our work is collaboration. So much has happened to bring better collaboration: the SPC has changed its name from South Pacific Commission to Secretariat of the Pacific Community, WHO and SPC have signed an MOU to collaborate and we see that collaboration enfolding right before our eyes in these meetings. Our development partners are renewing their strategies so they can better assist us in meeting our priory health needs and attaining a greater number of our priority health objectives. The Healthy islands as a process calls for collaboration with all of our other health partners in the community, the politicians, the chiefs, the teachers, the agriculturists, and the list goes on, as you well know.
I am deeply gratified by your decision to accept our invitation to hold these meetings in Palau. These meetings to us in Palau signify to us and our people, our solidarity and cooperation with all of you, colleagues, sister countries and development partners. I wish to close my remarks by challenging you, the Directors and Secretaries of Health, to remain focused on the central aim of the conference. That is, a renewed commitment to healthy islands, not just as a framework for action, but also the variable components of a process, and finally, the desired outcome in the variable settings of the community - the home, the schools, the workplace, the marketplace and not the least of all, the leisure place.
OPENING REMARKS BY THE REGIONAL DIRECTOR
AT THE MEETING OF DIRECTORS OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES
KOROR, REPUBLIC OF PALAU
17 MARCH 1999

MINISTER,
DISTINGUISHED PARTICIPANTS,
OBSERVERS,
EXCELLENCIES,
LADIES AND GENTLEMEN:

Thank you Dr Ueda, Minister of Health of the Republic of Palau, for your kind words of welcome. It is a great pleasure for me to be back in Palau and to see so many friends and colleagues from all the Pacific island countries. As many of you will know, I assumed the position of Regional Director for the Western Pacific Region on 1 February this year. During last year, I had the opportunity to visit all of the countries represented at this meeting and to meet with many of you personally. I am therefore delighted that the scheduling of this meeting gives me an early opportunity to discuss with you one of the most important areas of WHO’s work in the Western Pacific Region: the health of the people of Pacific island nations.

Let me begin therefore by expressing my sincere thanks to the Government of Palau for its gracious hosting of this meeting.

I would also like to say how glad I am that so many of you have managed to spare time from your busy schedules to be here. Such a good attendance is a mark of how important you feel your discussions will be in laying the groundwork for a healthy Pacific in the 21st century.

What are the objectives of this meeting? As you know, on Thursday and Friday of this week, the Ministers of Health of the Pacific Islands will be gathering here in Palau. In order to give them a solid basis for their discussions, I hope that, by the end of today, you will have formulated sound, practical recommendations for your Ministers to evaluate. The Ministers will meet on Thursday and Friday and will in due course formulate policies that reflect your proposals. We at WHO will also take very serious notice of your recommendations.

The Yanuca Declaration in 1995 and the Rarotonga Agreement in 1997 laid a solid foundation for health policy in Pacific island countries. Now it is time for all of us to work together to translate the ideas contained in these two documents into practice.

Your input will be crucial if we are to make real progress on these issues. After all, you are the key players in this process. You are the people who really understand the situation on the ground. You know what the real needs of your countries are, which policies work and which do not.

This is going to be a challenging and, I hope, stimulating day. We in the WHO secretariat will do everything we can to support you in your task. Working together I am sure that we can provide your Ministers with a sound basis for their discussions. I am confident that you will arrive at practical recommendations and I am looking forward very much to discussing these with your ministers over the next two days.
Annex 5

Let me say in closing that, although the focus of our discussions is, of course, the Pacific, what we achieve here in Palau actually has wider implications. I sincerely believe that the collaboration that is being put in place for the Pacific island countries can form a model for other parts of the Western Pacific Region, or even beyond the Region. With that thought in mind I shall leave you to your deliberations and I wish you a stimulating and productive meeting.

Thank you.
ADDRESS BY THE REGIONAL DIRECTOR AT THE
MEETING OF MINISTERS OF HEALTH,
KOROR, REPUBLIC OF PALAU
18 MARCH 1999

EXCELLENCY KUNIWO NAKAMURA, PRESIDENT OF THE REPUBLIC OF PALAU.
HONOURABLE MINISTERS OF HEALTH OF PACIFIC ISLAND COUNTRIES,
EXCELLENCIES,
DIRECTORS OF HEALTH,
DISTINGUISHED PARTICIPANTS,
OBSERVERS,
LADIES AND GENTLEMEN:

I would like to begin by thanking His Excellency Kuniwo Nakamura, President of the Republic of Palau for his gracious presence and for agreeing to deliver the opening address. I would like to express the deep appreciation of the World Health Organization Regional Office for the Western Pacific to his Excellency and through him to the Government of Palau, for its generous hosting of this meeting. I also want to thank Dr Masao Ueda, Minister of Health, his staff and all concerned for the excellent arrangements.

Yesterday in my address to the meeting of Directors of Health of Pacific Island countries I said what a pleasure it was to be back in Palau among so many friends and colleagues from all the Pacific island countries. Let me repeat that same sentiment today. One of my personal priorities as Regional Director is to work with you to improve the health of the people of the Pacific island countries. I am therefore delighted that the scheduling of this meeting gives us an early opportunity to lay the groundwork for a healthy Pacific in the 21st century.

As most of you will know, I assumed the position of Regional Director for the Western Pacific Region on 1 February this year. During the previous year I had an opportunity to visit all of your countries and to hear from you first hand what your needs were. Of course I do not pretend to understand all your problems. Nevertheless, it became clear to me as I talked to you and to members of your health services that there were certain issues which were common to almost all Pacific island states. The increasing prevalence of noncommunicable diseases and environmental degradation due to waste dumping are two such issues, but there are others. The Yamauma Island Declaration and the Rarotonga Agreement identified basic concepts for future policy to improve the health of the people in Pacific nations. I believe it is time to put these policies into practice and action.

What can we do over the next two days to take the ideals expressed in Yamauma and Rarotonga and apply them to real life problems? As you know, your Directors of Health worked very hard yesterday to provide you with recommendations on five key areas: Healthy Islands; human resources for health; pharmaceuticals, including traditional medicine; noncommunicable diseases; and information systems. They have produced a report which contains extremely useful and practical recommendations on all these areas. The report will be presented to you after the coffee break and you will have an opportunity to debate its contents this afternoon.
Annex 6

Aside from the Yanuca Island Declaration and the Rarotonga Agreement, I have one more thing I would like to discuss with you. I have already circulated a position paper which outlines my vision for the future to all Member States of the Region. I would be delighted to discuss the paper with you and I have in fact set aside tomorrow morning for a private meeting with Ministers of Health. I am sure you will be able to suggest many ways in which the paper, and therefore the work of WHO, can be improved.

I shall not repeat the detail of the paper here, but I hope that the overall message will be clear: I want WHO to become more outcome-oriented. I want us to reduce our bureaucracy so that we have more time to spend working with you on the Region’s health problems. I want us reduce the time we spend on paperwork. I want us to define our objectives more clearly. I want us to set quantifiable targets. Most of all, I want us to achieve those targets. I want us to return to first principles: our raison d’être must be to work with countries to improve the health status of the peoples of the Western Pacific Region. The outcome of our work should be an improvement in the health of the people of the Region.

Let me say in closing that, although the focus of your discussions is, of course, the Pacific, what we achieve here in Palau actually has wider implications. As I explained to the Directors yesterday, I believe that the friendly spirit of collaboration among your countries, sometimes called the Pacific way, has much to teach other, less harmonious, parts of the globe. I know that this spirit of friendly collaboration will pervade your discussions today and tomorrow and will lead to a successful outcome.

Thank you.
ADDRESS BY
HIS EXCELLENCY KUNIWO NAKAMURA, PRESIDENT OF THE REPUBLIC OF PALAU
AT THE OPENING OF WHO MEETING OF THE MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES
KOROR, REPUBLIC OF PALAU, 18 MARCH 1999

Dr. Omi, Regional Director of the Western Pacific Office of the World Health
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Ms. Lourdes Pangellnan, Deputy Director-General of the Secretariat of the Pacific
Community,
Honorable Ministers and Secretaries of Health of the Pacific Island Nations,
Honorable members of the Olbill Era Kelulau,
Directors of Health of the Pacific Island Nations,
Representatives of Tripler Hospital,
Excellencies,
Distinguished guests,
Ladies and Gentlemen:

Ungil Tutau and Good Morning to everyone. On behalf of the people of the
Republic of Palau I welcome you. I thank you for giving Palau this rare
opportunity of hosting your back-to-back meetings this year. Since these
meetings are the last meetings of this century for the health leaders of the
Pacific island nations, we feel honored to be your host.

Palau is the newest member of the proud family of independent Pacific island
countries. We have cherished this independence. But we have rapidly come
to realize the many price tags attached to this status.

Among these prices are those related to rapid economic development in the
form of increased migration by tourists and foreign workers. While we
enjoy sharing our island's beauty with frequent visitors from around the
globe, we have rapidly come to realize that we must be vigilant and
extremely cautious to protect our own environment and other meager
natural resources from careless and indiscriminate use, both by our
sometimes not too environmentally friendly visitors and by our own people
as we cater to the increasing needs and demands of the developmental
process. At least some of the ill-effects of rapid development and increased
migration are easily visible and we must struggle to design measures to
mitigate their effects. Other effects, such those on our culture, our children,
and our social structures, are more insidious and harder to deal with. Often
by the time the effects become visible, significant damage has already
Annex 7

occurred and may be difficult to repair. I am thinking, for instance, of changes in our diets, with the increasing emphasis on heavily-processed foods often with less nutritional value than the traditional fare. I am thinking of the repeatedly observed lifestyle changes marked by increased use and abuse of alcohol, tobacco and harmful drugs. I am thinking of increased dependency on cars and the time clocks. Together these changes result in declining healthful physical activity, deterioration of physical and mental health, and deterioration of social and cultural values.

The collective past experience of our region is replete with examples of the tragic toll rapid and unanticipated changes can have on the health of our insular peoples. Substantial increases in the incidence of diseases and chronic ill-health among our native people have typically resulted. The consequential ill health of the affected individuals necessarily produces ill effects in the societies to which these individuals belong. It behooves us, as Pacific island peoples, with our distinct island beauty and fragility of environment and cultures, to constantly ask ourselves if the prices we pay for some forms of development are worth the benefits.

The most effective form of treatment for these scourges is proving to be the development, application and sharing of the knowledge necessary to mitigate their ill-effects and stave off a recurrence. The most promising form of prevention seems to be a two-tiered effort, focusing both on the individual and on cooperation across borders and among peoples. Cooperating across borders to create, maintain, and expand communication links and to share resources needed to anticipate, prepare for, and combat the potential ill-effects of the changes which are certain to come will not only forestall much damage which might otherwise accrue, but will also improve our effectiveness in combating already well-recognized ills.

It is for the foregoing reasons that I applaud the efforts of the participants at this conference. Your attention to holistic approaches to our people's well-being will play a critical role in preserving and improving our people's health. Of particular importance are your efforts to design a "healthy islands" framework, to develop the human resources necessary to meet the health needs of our growing populations, to establish the protocols necessary to prevent and contain communicable diseases, and to make the fullest use of technology to access and use the ever expanding, multi-disciplinary body of medical knowledge and best practices in health promotion. Your efforts to ensure that our region can obtain the most efficacious medicines in spite of the challenges posed by our geographic isolation will prevent untold, needless suffering. Your attempt to coordinate and consolidate health care programs and initiatives will maximize use of the region's limited resources.
The Yanuca (pronounce Yanuda) Island Declaration of Healthy Islands in the 21st century is a worthy vision. I believe like all of you did when you met in that momentous meeting in Fiji in 1995, that it is not too late to put in place the measures that will ensure that in the coming millennium the children of these islands will be nourished in body, mind and soul; that the islands' pristine and ecologically balanced environment will serve us well by being the venues for our learning and leisure, that our peoples will continue to have meaningful work and that aging in these islands will continue to be accompanied with dignity; that men and women will expend equal energy for quality of life rather than energy spent on fights for equality, that disabled will have and enjoy respect and dignity as a matter of right rather than as a gift to them.

Honorable Ministers, Directors and Secretaries of Health, all of your hard working staff of the World Health Organization and the Secretariat of the Pacific Community and local ministries and non-governmental organizations, the vision is only as good as it is realized. If this vision is going to be a reality, I would remind all of us here today that the clock of history is ticking away and midnight is fast approaching. We can either heed it or we can continue to do the things we've been doing, enjoy and have a ball... and you know the rest of the Cinderella story. In the 21st century we might not get another chance to fit our feet into the silver shoe. Why don't we simply get to work? You have found in "healthy islands" a good working framework for us. Let us work together to ensure it becomes a reality. Throughout the world people are feeling the same sense of urgency to put some measures in place so that the 21st century would be better for them. Last year, the United States' Institute of Medicine did a study on the health care in the U.S. affiliated jurisdictions. Two of their recommendations are pertinent to this gathering today, they said: 'One, that the islands should put more efforts and resources into primary health care and development of human resources for health and two, the mechanisms for collaboration and cooperation must be strengthened in order to get the most from the dollars available for health.' I understand these are among the things you agreed to in the Rarotonga Agreement when you reviewed the Healthy Islands concept.

I am encouraged to see the back-to-back WHO-SPC meetings. I am encouraged by the change in the name of our oldest regional organization from South Pacific Commission to the Secretariat of the Pacific Community. I hope the implementation of the desire for closer collaboration and cooperation as evident by these changes is only the beginning of greater things to come. With so much at stake in our Pacific Islands nations today, with so much to do in so little time, let's get to work!
Annex 7

Let me just take this opportunity to thank, on behalf of the people of Palau, the World Health Organization, the Secretariat of the Pacific Community, all of our development partners, UNICEF, Forum Secretariat, the Fiji School of Medicine, the governments of Japan, Australia, New Zealand and the United States of America, and all the governments of the Pacific region, for all of your assistance to the government and people of Palau. We appreciate your assistance in the form of financial assistance, technical support and friendship. Your contributions to the good health of the region will be your reward and a gift of life for all concerned. Thank you again.

I would like to wish you all a very successful meeting. And please do take time to enjoy the beauty of our islands.

Thank you.
STATEMENTS FROM OBSERVERS

Following are the statements from the observers:

A. **Statement by Ms Maryse Dugue, Health Specialist, Office of Pacific Operations, Asian Development Bank,**

First of all, on behalf of the ADB, I would like to express my gratitude and my pleasure of having been invited to participate in this very important meeting taking place in this beautiful country.

1. Health conditions in most countries of the region have dramatically improved in the last 30 years, but despite the impressive progress, there is much more that need to be accomplished. High IMR, MMR, increasing prevalence of malaria and tuberculosis, are major challenges for the countries. In addition, new threat of emerging such as smoking, unhealthy eating habits, HIV/AIDS - Above all, economic crisis and budget difficulties threaten the health and social sectors.

2. The ADB, as a major lending institution in the Region, has progressively increased its health sector lending in consultation with Developing Member Countries (DMC) stakeholders. The Bank’s overall approach to the health sector is to assist its DMC governments in ensuring their citizens have broad areas to basic preventive, promotive and curative services that are efficacious, cost-effective and affordable. The Bank is developing and promoting a specific approach to the needs and characteristics of Pacific countries in the health sector.

3. In the last 10 years, the nature of the bank's health sector lending has changed dramatically, shifting towards primary health care - funds for training and management activities such as supervision, disease surveillance and management information systems have increased from 27 to 50 per cent of health sector lending. Essentially, the bank has moved away from merely funding hardware and is investing more in the software aspects of health systems development. This tendency has been strengthened by the use of sector development programmes which involve both policy and investment type lending.

4. As part of this PHC strategy, health promotion and human resource development are priority investment. The Bank encourages DMCs government, in its policy dialogue and with technical and financial support, to adopt a regulatory environment that is conducive to good health.

5. Focusing on achieving tangible measurable results is a priority for the Bank. To ensure the developmental impact of its investments in health, the Bank pays increased attention to measuring results. The success of loans needs to be judged on the basis of health impacts, efficiency and cost-effectiveness. Unfortunately, without explicit efforts to measure these, it is not possible to determine success. Thus, the Bank is involved in providing assistance to DMCs to improve the gathering and analysis of general health sector data to assist with planning and policy formulation. Investments in health information/infrastructure and training is part of this strategy.
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6. The Bank’s collaboration with multilateral and bilateral organization has been extensive. Almost all projects have involved detailed consultation and coordination with other development partners active in the health sector. In addition, WHO and other agencies have participated in loan fact-finding and appraisal missions. The Bank has relied heavily on the technical expertise that WHO provides and maintains close high level and technical relationships with WHO regionally and by country. Formal cofinancing with multilateral or bilateral organizations such as AusAID and the World Bank has taken plan in a number of loans. However, and based on this experience, the Bank is fully aware of the necessity to improve donors and agencies coordination with the PDMCs. A long way has to be done. We believe that the best way to achieve this is for the Governments to take the lead. The Bank will help to strengthen their capacity to manage this coordination.

Hon. Ministers and Secretaries of health, M. Director, Dear Colleagues, Ladies and Gentlemen. Through the technical assistance and financing it provides in the region, the Bank will continue working with PDMCs Governments and Development Partners, all together, to enhance human well-being and advance economic and social development, to transform these beautiful islands into healthy islands.

Thank you.

B. **Australian Agency for International Development (AusAID) Formal Statement to the Meeting of the Ministers of Health for the Pacific Island Countries**

   **by Ms Heather MacDonald.**

   I wish to thank our hosts, the Government and the people of Palau, the World Health Organization and the Secretariat of the Pacific Communities for inviting AusAID to be an observer at this important meeting.

   It is my honour to present a statement from AusAID to you today.

   The goal of Australia’s aid programme as a whole is to advance Australia’s national interest by assisting developing countries to reduce poverty and achieve sustainable development.

   Australia’s long term objective in providing aid to Pacific island countries is to help them achieve the maximum possible degree of self-reliance. Australia has consistently been a leading donor to the Pacific. Total aid flows in 1998-99 are budgeted at AS131 million, PNG has a dedicated budget of its own in addition to this amount. Our assistance programme in the Pacific reflects the specific needs of the island countries and focuses on five key areas:

   - Economic reform and government
   - Education and training
   - Health
   - Environmental and natural resource management
   - Private sector development
The balance of assistance between these areas, and the specific activities undertaken, are determined in partnership with recipient governments. Approximately half of Australia’s assistance to the Region supports national and regional efforts to improve the health and education of the Pacific peoples.

Health

A healthy population is a sound investment in development. Access to health care together with good nutrition, basic education, clean water and adequate sanitation are essential investments in reducing poverty and improving economic growth. Better nutrition and improved health increases that capacity of children to learn and for adults to earn.

The provision of health aid is an important component of the Australian aid programme. Australia’s health aid policy recognizes good health as a cost-effective investment. It promotes practical approaches to health aid projects implemented in partnership with developing countries, other donors, regional organizations, NGO’s and international development agencies.

Australia’s health strategy for the South Pacific supports projects in strengthening national policy development and health sector reform; disease prevention and control; women’s and children’s health; and prevention of non-communicable diseases. As a direct result of the Yanuca Island recommendations AusAID funded a three year Healthy Islands project in five Pacific Island Countries between 1996 to 1998.

Current support for national and regional health services include:

♦ The development of integrated health sector projects in a number of Pacific Island Countries;

♦ Assistance with the provision of clinical health services;

♦ The vector Borne Disease Control Project aimed at reducing the incidence of diseases including malaria, dengue fever and filariasis;

♦ A regional initiative to help in the campaign to prevent and control STD, HIV/AIDS;

♦ A Tertiary Health Care Project which funds volunteer medical teams to visit the region to provide clinical specialist health services and training, and

♦ A Feasibility and Design Study for a Non-Communicable Disease programme in the Pacific which develops an integrated regional strategy that builds on national health plans and complements existing NCD strategies of SPC, SPOCC, WHO and other donors.

In conclusion, may I say that AusAID has been privileged to have been part of the evolution of the Healthy Islands debate through attendance at the Yanuca and Rarotonga meetings. To Dr Omi, may I say that I appreciate your vision and the language used in your Position Paper, it is the language of Donors;

⇒ we too are outcomes orientated;
⇒ we too seek clear and realistic project design objectives,
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⇒ we too strive to identify quantifiable targets, and

⇒ we too seek to provide support in partnership with other regional agencies and most importantly with the governments of the Pacific Island Countries.

Thank you.

C. Economic and Social Commission for Asia and the Pacific (ESCAP) Statement
by Mr Siliga Kohe, Economic Affairs Officer

Mr Chairman thank you for granting me the opportunity to present the ESCAP statement to this important meeting of Pacific island Ministers and Directors of Health. I also wish to thank the Regional Director of the WHO for the kind invitation extended to ESCAP to attend this meeting in an observer capacity. I bring to you all the greetings and good wishes of the ESCAP Executive Secretary Mr. Moy and also the Head of the ESCAP Pacific Operation Centre, Mr Savenaca Siwatibau who is my immediate superior. Both Mr Moy and Mr Siwatibau regret both being able to make it to Koror and in particular to this significantly valuable meeting for the future health and well-being of Pacific people. I humbly convey their apologies. I know that when they read my report of this meeting, they would wish they had been here.

ESCAP and its Pacific Operation Centre in Port Vila, Vanuatu, is now new, to all of us. All the countries that are represented here are all members of ESCAP either directly or indirectly through the metropolitan country that they associate with. Our mandate is the provision of technical advisory services to member countries in the broad fields of economic and social development. We respond to country requests on an as-and-when basis but also have developed specific and more proactive programmes in accordance with country’s needs as expressed by them in the Special Meeting of Pacific island countries during the annual sessions of ESCAP. We have seven positions of professional advisers with five currently filled and with this complement plus hired outside expertises, our Pacific Operation Centre has continuously averaged well over a hundred missions and country consultations per annum over the past five or so years. In-house expertise includes the areas of central and development banking, fiscal and economic management, development and strategic planning, governance, social and community development, mall enterprises and micro-credit development, ports and harbours development. We have a well-function collaboration with other UN agencies and Pacific regional organizations. Mr Siwatibau himself has achieved among his numerous achievements, the rare distinction of having reviewed and restructured all the 8s Pacific regional organizations at least once in his time at EPOC.

I have enjoyed and profited tremendously from this meeting; from the depth of experience, which clearly comes through from the many contributions by Ministers and Directors of Health services. The prospect of a much more action-oriented World Health Organization is indeed exciting as was echoed yesterday by the Honourable Minister of Health of Samoa. The emphasis on output-based planning, budgeting and management in the health sector is a welcoming development indeed and is one that I believe has been long overdue in our island countries. In my limited experience around our region, one of the things that strikes me is the depth of talent that we have in each of our island countries. Not only are we very well educated but I also find that in most countries the institutions of government, the legal frameworks, policies, management systems are all, if not mostly in place. Yet things still do hot
happen, healthy island dreams don’t get realized, right-sized public sectors do not produce right results and the Pacific paradox continues to meander-on, in its merry way. We tend to respond to this catalogue of failures and disappointments by doing more institutional reforms, more legislation and by adopting new or different systems of planning and management. Change as we are all aware, is only marginally the result of systems and structures; the greater part is due to the people occupying and supposed to make the system run. We believe at EPOC that the output-oriented planning approach can be made to work in our health sector, and in any other sector for that matter, but only if it is operationalized through the agency of a more culture-friendly style of management; a style that takes into account the totality of the person in the system. I wish you well in your endeavours and may God go with you.

D. Fiji School of Medicine Statement by Dr Wame Baravilala, Dean

I wish to thank our gracious hosts, the Government and people of Palau, and the World Health Organization, for inviting our small delegation from the Fiji School of Medicine to participate in this landmark meeting.

The Fiji School of Medicine also extends its congratulations to Dr Shigeru Omi on his recent appointment to the office of Regional Director.

In 1999 the Ministers of Health of the Pacific Islands, at their conference in Yanuca, Fiji, agreed:

- To reaffirm the role of the Fiji School of Medicine as a major training institution for health workforce development in line with the WHO development plan that was formulated to ensure the future viability of the Fiji School of Medicine,

- To endorse the intention of the Government of Fiji to make the Fiji School of Medicine an autonomous institution with provisions for policy input by other Pacific Islands Countries, and

- To introduce postgraduate training at the Fiji School of Medicine to complement the existing postgraduate training programmes at the University of Papua New Guinea.

Mr Chairman, the Fiji School of Medicine has taken very seriously these recommendations from the Yanuca Island Declaration and we continue to fulfil our role as an institution delivering quality education, training and research for the region’s health professionals.

It is my pleasure to report to you today that the Fiji School of Medicine has been granted autonomy by the Government of Fiji. With reference to this historic development, I would like to acknowledge the efforts of the Fiji Minister of Health, the Honourable Leo B. Smith and his Permanent Secretary, Mr Luke Rokovada, who facilitated the legislative processes which saw this key output being achieved. Their efforts, with the support of their regional counterparts, have resulted in the formation of an independent governing Council for the Fiji School of Medicine. The FSM Council, which is presently chaired by Mr Savenaca Siwatibau, has regional representation, allowing for direct input from our regional stakeholders through formal representatives form the three geographical regions of the Pacific.
Mr Chairman, another significant on-going development has been the advances made in curriculum and human resource development at the Fiji School of Medicine. Our development partners, including WHO, AusAID, NZODA and the US Department of Interior have been instrumental in enhancing our capacity in both of these critical areas.

References have been made to the development of the Fiji School of Medicine postgraduate programme. The Government of Australia through AusAID and the United States Department of Interior through the Pacific Basin Medical Association have been instrumental in supporting the development of postgraduate programmes in the major clinical specialties. This year we have commenced training at the Masters level in these specialties.

The Government of New Zealand has also taken a complementary role in supporting postgraduate training in public health. This year the Fiji School of Medicine commenced its postgraduate diploma in public health practice, which will evolve into a Masters in Public health programme. We are currently exploring various options to make these public health courses available through distance learning to health professionals from throughout the region.

It is also our intention to seek regional input in the further development of our programmes to ensure appropriateness and effectiveness. We look forward to hearing from the Pacific island countries which we serve as to how we can further develop and improve our curriculum to meet their needs.

Mr Chairman, regarding collaborative efforts with other regional institutions, a major theme throughout this week, the Fiji School of Medicine is continuing to pursue the development of a collaborative relationship with the University of Papua New Guinea. We intend to meet with our counterparts from UPNG in June this year to further define our collaborative and complementary relationships, and to formalize a Memorandum of Understanding between our institutions.

In further keeping with the theme of collaboration, the Fiji School of Medicine is now in the final stages of negotiating an MOU with the Secretariat of the Pacific Community which is likely to be signed next month. MOU will enhance and make more efficient the services that both regional entities provide to the communities and peoples of the region. Additionally, we very much look forward to formalizing relations with other development partners, especially WHO, whose new leadership has been most encouraging.

Finally Mr Chairman, the discussion on information technology has been most encouraging and the Fiji School of Medicine looks forward to our participation in these evolving technologies for continuing education and telehealth activities for the isolated health professionals in the region.

Mr Chairman, my colleagues and I are here to ensure that the strategic objectives of the Fiji School of Medicine are in line with regional initiatives that are discussed. I thank you again for this opportunity for the Fiji School of Medicine to participate at this forum and I wish all participants a safe journey home.
E. UNICEF Statement to Ministers of Health Meeting by Nancy Terreri, UNICEF Representative Pacific

I would like to thank WHO, especially Dr Omi, for the invitation to the Meeting of the Directors of Health and the Meeting of the Ministers of Health. Let me also thank the Minister of Health of Palau, his team, and the people of Palau for the warm hospitality.

The United Nations agencies have been working hard to improve our coordination. That has meant joining forces for some programmes such as EPI, and for other programmes being more clear about what each agency does best, or has the resources to do better. We are also working on improved coordination with regional agencies and donors. These efforts work best when countries have national health plans with regional agencies and donors. These efforts work best when countries have national health plans with clear goals and as partners our assistance helps your ministries to reach the goals you have set.

UNICEF assistance is provided within the framework of the Convention on the Rights of the Child, and assists governments to reach the Goals you set at the 1990 World Summit for Children. These Goals are mostly in the health field and are the responsibility of your ministries. They include the eradication of polio, the elimination of neonatal tetanus, the virtual elimination of measles, and large reductions in child deaths from diarrhea and acute respiratory infections, still the major killers of children in many countries of the Pacific. Iodine deficiency disorders and vitamin A deficiencies are also targeted for elimination. The Summit also set a goal to greatly improve the accessibility of households to clean water and sanitation. The end result would be further reduction in infant and child mortality. A further goal was set for maternal mortality.

Pacific Island Nations have made great strides in these areas, but the job is far from done. UNICEF, WHO, and other UN and donor partners have pledged to assist countries to meet the Goals you set in 1990. I would like to reassure the Ministers and Directors, and other health colleagues of UNICEF’s continued support. In a way I bring us back to the basics, with the premise that these Goals are the building blocks of the “Healthy Islands Initiative” and can only be successfully accomplished by both working from the centre in providing quality management and services throughout the health system, but also by working with the communities in a “healthy communities” approach.

This does not mean that we should ignore the NCD problems that are so important to the future of your countries. UNICEF supports your efforts in promoting healthy diets, especially through supporting breast feeding, early child feeding practices, and eating practices related to the school day. WHO and UNICEF work together on the Youth Tobacco Initiative with the first joint approach in Fiji. Other work with youth and life skills training is being planned.

In the area of pharmaceuticals UNICEF will make available information on our global drug procurement services and will explore the possibility of a joint effort such as UNICEF provides with the Vaccine Independence Initiative.

Finally, to once again thank the organizers for this opportunity to meet with so many partners and to assure the health ministries and our sister agency, WHO, of our full cooperation. We are happy to work together to “Get the job done”.

Thank you.
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F. Statement of Pacific Basin Medical Association & Western Pacific HealthNet Office of the Secretariat by Dr Victor M. Yano

Welcome to Palau! The Western Pacific HealthNet (WPHNet) is the telemedicine initiative of the Pacific Basin Medical Association (PBMA) established in 1997. Its mission is to promote distance medical consulting and distance medical learning for the isolated health workforce of the Western Pacific. This is accomplished through improving access to and the use of low cost technologies for communications in health - primarily through store and forward email and Internet-based applications. The WPHNet, through training, formal agreements, and where appropriate, through the grant writing process, will strengthen regional medical consulting and distance medical learning.

On behalf of our regional patients the WPHNet links 23 resource and user institutions (medical schools, teaching medical centres, medical libraries) to health care providers throughout the region. In just over a year - in conjunction with the Akamai Telemedicine Project at Tripler Army Medical Center - the PBMA/WPHNet has logged in over 325 formal medical consultations from Palau, Yap, Chuuk, Pohnpei, and the Marshall Islands. Using the new and low cost Internet and email-based technologies, local physicians are initiating formal distance communications with specialist consultants in metropolitan medical centres, electronically transferring digitally captured pictures of patients, x-rays, and CAT scans, and gathering up-to-date medical articles from distance medical libraries.

Most recently the PBMA was asked by the Secretariat of the Pacific Community (SPC) to co-host the PACNET/WPHNet Pacific Telehealth Conference in Noumea (30 November-3 December 1998) which brought together more than 80 Pacific Island health professionals to share experiences in networking in public health surveillance, telemedicine, distance medical learning, electronic medical document capture and delivery, and public health laboratory development. The WPHNet - in partnering with the Akamai Project, SPC's PACNET, and institutions like the John A. Burns and Fiji School of Medicine - hopes to decrease the isolation of regional physicians, provide a process for appropriate distance consultation and continuing learning, and contribute to the overall well-being of our regional patients.
CLOSING ADDRESS AT WHO MEETING OF THE MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES,
BY MINISTER OF HEALTH
MASAO M. UEDA
KOROR, REPUBLIC OF PALAU
OUTRIGGER PALACIA HOTEL, PALAU
19 MARCH 1999

Your Excellency Kuniwo Nakamura
Dr. Shigeru Omi, WHO Regional Director, Western Pacific Region
Honorable Ministers
Directors of Health, Pacific Island Countries
Representatives of Bilateral Organizations and Agencies
Other Participants
WHO Secretariat
Distinguished Guest, and
Ladies and Gentlemen

I AM GRATEFUL AT THE CLOSING OF THIS CONFERENCE ON HEALTH FOR THE
PACIFIC ISLANDS TO HAVE THE OPPORTUNITY TO SAY A FEW WORDS OF
THANKS AND FAREWELL TO ALL OF YOU.

HOWEVER, BEFORE I DO SO, I WOULD LIKE TO LOOK BACK OVER THIS BUSY
WEEK AND SHARE SOME OF MY THOUGHTS AND IMPRESSIONS WITH YOU.

THE MOST INSPIRING ASPECT OF THE WEEK FOR ME HAS BEEN THE
COOPERATIVE SPIRIT AND ATTITUDES DISPLAYED BY ALL AND I SINCERELY
THANK YOU FOR THAT AND TRUST THAT YOU SHARE MY SENTIMENTS.

THERE HAS BEEN A REAL SENSE OF UNITY AND COMMITMENT TO ADDRESS
THOSE HEALTH ISSUES WHICH WE FACE TOGETHER. I THINK THIS IS OF
CRITICAL IMPORTANCE, FOR WITHOUT SUCH AN ATTITUDE AND SPIRIT, WE
COULD NOT HAVE REACHED THE DESIRED PRACTICAL OUTCOME, BECAUSE
THAT IS WHAT OUR PEOPLE IN OUR ISLAND COUNTRIES AND DIVERSE
COMMUNITIES LOOK FOR, FROM US, - A PRACTICAL VIABLE AND RELEVANT
OUTCOME.

HOWEVER, IT HAS BEEN CLEAR THROUGHOUT THIS WEEK THAT ALL
PARTICIPANTS HAVE COME TO THIS GATHERING IN A POSITIVE FRAME OF
MIND AND INTENT OF MAKING REAL PROGRESS IN KEY AREAS SUCH AS
HEALTHY ISLANDS INITIATIVES INCLUDING ENVIRONMENTAL HEALTH,
DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH, PROCUREMENT AND
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MANAGEMENT OF PHARMACEUTICALS - INCLUDING TRADITIONAL MEDICINE, NONCOMMUNICABLE DISEASE CONTROL, DEVELOPMENT OF INFORMATION SYSTEMS AND OTHERS. IT IS APPARENT THAT ALL THESE IMPORTANT HEALTH ISSUES, WHICH HAVE BEEN KEPT IN SHARP FOCUS THROUGHOUT THIS WEEK, OFFER GENUINE OPPORTUNITIES FOR ALL OF US TO BENEFIT FROM THE COLLABORATIVE EFFORTS ACROSS THE PACIFIC ISLANDS COUNTRIES.

I AM PLEASED TO SEE THAT THE PRACTICAL OUTCOME OF SUCH DISCUSSION HAS BEEN A DECISION TO COMMIT OURSELVES TO GREATER PROFICIENCY BY A PROGRAM OF ACTIVITIES AND ENGAGING IN A PROCESS OF CONSULTATION ACROSS THE PACIFIC ISLAND REGION TO ACHIEVE A WORKABLE FRAMEWORK THAT ALLOWS PARTICIPATION AND CONTINUING EXCELLENCE. I HAVE EVERY CONFIDENCE THAT OVER THE COMING MONTHS AND YEARS, THE CONSTRUCTIVE AND ACCOMMODATION SPIRIT IN WHICH THE PRESENT DISCUSSION HAVE TAKEN PLACE WILL INVOLVE THE MANAGEMENT, RESOURCING AND NETWORKING STRATEGIES AND WE MUST HARNESS FOR IMPROVEMENTS IN HEALTH FOR OUR PEOPLE IN OUR RESPECTIVE NATIONS.

AS OUR CONFERENCE COMES TO A CONCLUSION, I WISH TO EXPRESS MY HEARTFELT THANKS TO ALL THOSE WHO HAVE MADE IT POSSIBLE AND ALL THOSE WHO HAVE WORKED EXTRA HOURS TO COMPLETE THE STATEMENTS OF THIS CONFERENCE.

FIRST, I WOULD LIKE TO THANK HIS EXCELLENCY PRESIDENT KUNIWOK NAKAMURA FOR HIS FULL SUPPORT FOR THE MEETING, AND AS HE TOOK PART IN THE OPENING OF THIS CONFERENCE DESPITE HIS BUSY SCHEDULE THIS WEEK AND HOSTING A LUNCHEON FOR US. I THANK HIM.

ON BEHALF OF MY GOVERNMENT, I WANT TO EXPRESS MY PROFOUND THANKS AND APPRECIATION TO DR. SHINGERU OMI, THE NEW W.H.O. REGIONAL DIRECTOR, FOR SUPPORTING THIS CONFERENCE AND HEALTH NEEDS OF THE PACIFIC ISLANDS COUNTRIES.

I WANT ALSO TO THANK HIM FOR SHARING HIS HEALTH POLICY DIRECTION, THE FRAMEWORK FOR THE WHO'S WESTERN PACIFIC REGION FOR THE NEXT FIVE(5) YEARS AND INTO THE 21ST CENTURY MILLENNIUM. THE DOCUMENT CLEARLY LAYOUT AND SUCCINCTLY SET THE HEALTH POLICY DIRECTION FOR OUR WESTERN PACIFIC REGION.

I SINCERELY THANK MY FELLOW MINISTERS FOR HEALTH AND THEIR PERMANENT SECRETARIES AND DIRECTORS OF HEALTH (INCLUDING DR. CALEB OTTO FROM PALAU) FOR CONTRIBUTING SO POSITIVELY THROUGHOUT THE CONFERENCE AND IN SUCH A WELCOME SPIRIT OF COOPERATION.
PLEASE ACCEPT OUR APOLOGIES IF THERE HAVE BEEN ANY SHORTCOMINGS IN ACCOMMODATION AND HOSPITALITY.

I WOULD LIKE TO THANK ALL THE REPRESENTATIVES FROM OVERSEAS GOVERNMENTS, INSTITUTIONS, AND OTHER PARTNER ORGANIZATIONS WHO HAVE BEEN WITH US AT THIS CONFERENCE AS OBSERVERS. I NOTED THE PRESENCE OF REPRESENTATIVE OF DEVELOPMENT BANK, AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT, ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC, FIJI SCHOOL OF MEDICINE, FORUM SECRETARIAT, JAPAN INTERNATIONAL COOPERATION AGENCY (JICA), SECRETARIAT OF THE PACIFIC COMMUNITY (SPC), UNITED NATIONS CHILDREN'S FUND (UNICEF), WESTERN PACIFIC HEALTH NET. I NOTE, SPECIALLY, THE PRESENCE OF THE REPRESENTATIVES OF THE GOVERNMENT OF JAPAN. WE ALL APPRECIATE YOUR INTEREST VERY MUCH AND WE TRUST THAT YOU HAVE FOUND THE DISCUSSIONS INFORMATIVE AND NOTED THE NEEDS EXPRESSED BY MY COLLEAGUES.


ONCE AGAIN, I WISH TO THANK OUR REGIONAL DIRECTOR, DR. SHINGERU OMI, FOR HIS LEADERSHIP AND GUIDANCE. THROUGH HIM I WISH TO THANK ALL THE MEMBERS OF THE W.H.O SECRETARIAT FOR THEIR GREAT EFFORTS IN HELPING TO ORGANIZE THIS CONFERENCE SO SUCCESSFULLY AND FOR CONTRIBUTING TO BOTH THE FORMAL AND THE INFORMAL DISCUSSIONS. I WANT TO THANK THE SECRETARIAT FOR ASSISTING IN PRODUCING MOST USEFUL PAPERS AND FOR INFORMING THE DEBATE WHEN NECESSARY. I WANT ALSO TO TAKE THIS OPPORTUNITY EXPRESS MY SINCERE APPRECIATION TO THE PALAU COMMITTEE MEMBERS FOR THE EXCELLENT ORGANIZATION AND PREPARATION OF THIS CONFERENCE. THANK YOU TO EACH AND EVERY ONE OF YOU.

I FEEL THIS HAS BEEN A MOST WORTHWHILE WEEK AND OF COURSE IT HAS ONLY BEEN SO BECAUSE OF THE CONSTRUCTIVE SPIRIT WHICH EVERYONE HAS DISPLAYED, SO THANK YOU ALL VERY MUCH FOR MAKING THIS MINISTERIAL MEETING IN PALAU A SUCCESS. I AM CONFIDENT THAT WHEN AT SOME FUTURE DATE, HISTORIANS EVALUATE THE PALAU MEETING ON HEALTH FOR THE PACIFIC IN THE 21ST CENTURY - THAT OUR COLLECTIVE
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IMPRINTS ON THE DOCUMENT WILL BE CLEARLY SELF-EVIDENT.

I WISH YOU ALL THE BON VOYAGE AND A SAFE JOURNEY HOME.

WITH MIXED EMOTIONS, I FORMALLY DECLARE THE MEETING OF THE MINISTERS OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES CLOSED.

I THANK YOU.
February 1999

POSITION PAPER

This position paper outlines the proposed broad policy directions and organizational structure that will characterize the work of WHO in the Western Pacific Region during the tenure of Dr S. Omi as Regional Director. It is a draft document and is not intended for general circulation.

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EXECUTIVE SUMMARY

The document is based on the premise that the major challenges and tasks facing the Western Pacific Region should be defined before the organization is reorganized. That is the best way to ensure that the work of WHO in the Region is targeted at meeting the needs of countries.

The four major health challenges facing the Region and the work of the WHO within the Region are identified. For each challenge a task is defined. The paper then explains how WHO will meet these challenges, working with countries and other partners.

In the Region, WHO will organize its tasks around four main themes:

1. combating communicable disease,
2. building healthy communities and populations,
3. health sector development, and
4. reaching out.

Each theme will be broken down into several action-oriented strategic focuses. Targets and specific approaches will be developed for each focus. In addition, special projects will be chosen which will cut across themes and meet special needs.

The paper then explains how WHO will strengthen its links with countries and other partners. An important innovation will be the creation of external advisory groups, which will provide oversight and advice on the focuses within each theme.

If the challenges facing the Region are to be met, the Organization must reform. A number of proposals are outlined, ranging from a change in culture to specific proposals for re-organization at Regional Office and country levels.

The paper concludes by explaining that the Informal Consultation meeting with Countries will be part of a continuing process of consultation with countries. The underlying message of the document and of the way of working under the new Regional Director will be: getting the job done together.
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1. INTRODUCTION

On 1 February 1999, I assumed the position of Regional Director for the Western Pacific Region of WHO. The next few years promise to be a dynamic period; many new opportunities will present themselves and many new challenges will need to be faced. I intend to make sure that WHO reflects this dynamism.

The countries of the Region have high expectations of WHO. There have been many advances in health in the Western Pacific Region since WHO was founded in 1948 and, while the main credit for this must go to the countries themselves, the Organization has played an important role in many of these developments. However, there is no room for complacency. What we achieve in the next few years will help to lay the foundations for health for the next century. It is essential that we plan our strategy carefully and that we have a very clear vision of WHO's mission and what the Organization can achieve. This paper is a first step in this process.

Despite the numerous achievements of the last fifty years, the Western Pacific Region faces a number of grave health challenges. Much more needs to be done to achieve the goal of health for all. Too many deaths are occurring from preventable causes. For example, infants and children continue to die from acute respiratory infections and diarrhoea. Far too many women still die in childbirth. Malaria and dengue fever are endemic in several countries. Both developed and developing countries are facing an epidemic of noncommunicable diseases. Deteriorating environments are having a detrimental effect on health. Health systems are having difficulty meeting these challenges and the reforms that have been introduced are often ineffectual.

This is the situation facing the Region as I prepare to assume the position of Regional Director for the Western Pacific Region of WHO. This paper outlines how I intend to respond.

2. REGIONAL HEALTH ISSUES AND WHO'S RESPONSE

2.1 Regional health issues

The Western Pacific is a diverse and ever-changing Region. Nevertheless, the main challenges to the Region's health can be grouped together, although there is overlap between these groups.

A number of socioeconomic trends threaten the Region's health. Poverty is one of the most important determinants of health status. Within the Region many people still live in poverty and not only in the seven countries that are classified as Least Developed Countries. Pockets of poverty can be found in almost all countries of the Region. Other
Economic developments affecting health include the transition to market economies in a number of countries and the impact of globalization. These can have both positive and negative effects on health.

Turning to the demographic trends affecting health, as we prepare to enter the new millennium, a number of serious health challenges face the countries and areas of the Western Pacific Region. These challenges derive in part from demographic changes, such as rapid population growth continues in a number of countries of the Region, and urbanization. These in turn have negative impacts on the environment. Another trend with huge implications for the health sector is the ageing of the population.

Environmental factors associated with urbanization and industrialization contribute to much of the disease burden. The links between the environment and health are becoming more defined. The island countries of the Pacific are increasingly under threat from environmental degradation and global warming.

Partly as a consequence of the trends identified above, and serious consequences for health. Poverty is also an important determinant of health status. Within the Region many people still live in poverty and not only in the seven countries that are classified as Least Developed Countries. Pockets of poverty can be found in almost all countries of the Region. Other economic developments affecting health include the transition to market economies in several countries and the impact of globalization (in particular its effect on access to science and technology)

Disease patterns are also changing. Emerging diseases such as dengue fever are causing major health problems in several countries of the Region. The "epidemiological transition" is resulting in noncommunicable diseases becoming increasingly important throughout the Region, although in many countries and areas communicable diseases still impose a heavy burden. The "epidemiological transition" has led to rapidly increasing levels of noncommunicable diseases in many countries and areas. For example, dengue fever is causing major health problems in several countries of the Region. Over the past two decades, 33 of the 37 countries and areas of the Region have reported dengue cases.

Upgrading the Region's health systems is a major challenge. Health systems in many countries are underdeveloped and several are still struggling to deliver a minimum level of health services to all areas. In addition, the profound economic turmoil of the last two years, known as the Asian economic crisis, has affected many countries and has had a marked impact on their ability to build and maintain the quality of their health systems. In some countries there has been a lack of political commitment to undertake improvements to the health sector, which has inhibited progress.
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More and more agencies are becoming involved in health-related work. Development banks, other UN agencies, bilateral aid agencies and nongovernmental organizations (NGOs), have become significantly more active, both technically and financially, in international health. This offers great opportunities for the international community WHO and others, but it also poses a challenge of coordination.

What do these challenges mean for WHO? What action should the Organization take to respond to them?

If WHO is to intensify its efforts to fulfil its mandate and address the needs of its Member States, it needs to reform. This can only be done through a partnership for action with Member States and the international community.

So, what are the new challenges and the corresponding tasks for the Organization?

2.2 FOUR MAIN CHALLENGES FOR WHO AND THEIR ASSOCIATED TASKS AND THEIR ASSOCIATED TASKS

2.2.1 Improve our understanding of the changing needs of Member States

The first challenge we face is that the health needs of the Member States of the Western Pacific Region are changing. Rapidly ageing societies, the double burden of communicable diseases and noncommunicable diseases and the increasing influence of the environment on health are leading to increasing requests for both technical cooperation and policy guidelines which employ a holistic approach to capacity building and health sector development.

Therefore, our task is to further strengthen and institutionalize the capacity of WHO to conduct more thorough analysis and evaluation of countries’ health situation and needs, in collaboration with Member States. This is a prerequisite for technical cooperation, so that we can respond in a more focused way. As a part of this process, due consideration will be paid to countries’ capacity to address their own health needs.

2.2.2 Reform WHO

The second challenge is that WHO is faced with increased expectations from Member States and the international health community. There are demands that the Organization should become more accountable and transparent, less bureaucratic and formal and that there should be greater harmony between the objectives of the Member States and those of WHO.

Therefore, our task is to respond more effectively to the health needs of Member States. We can do this by better planning and development of
activities, particularly at country level, and by improving the efficiency of WHO by reducing bureaucracy and simplifying procedures at the Regional Office and at country level.

2.2.3 Strengthen partnerships

The third challenge is that the field of international public health is becoming ever more complex. There is a growing recognition that health is much broader than disease prevention and control. Public health involves intersectoral dimensions and integrative approaches that demand greater and more effective collaboration and coordination. These can be achieved by improving WHO's interactions with Member States and with other partner agencies at international and national levels. A more systematic approach to forging partnerships is needed.

Therefore our task is to strengthen partnerships with Member States, UN and other agencies including those involved in other sectors, development banks, bilateral aid agencies, NGOs and the private sector at international and national levels to help build capacity for sustainable integrated development.

2.2.4 Achieve more with fewer resources

The fourth and final challenge is that there is a relative, and in some cases an absolute, scarcity of resources to implement all the activities that need to be implemented. Over the last decade, the global WHO budget has decreased significantly by over 20% in real terms, due both to adverse exchange rate movements and inflation rates. This has had a significant impact on this Region and the allocation of resources to countries. In addition, there is the new challenge of operating with the reduced regional allocation determined by a World Health Assembly resolution (resolution WHA51.31). This will mean that the allocation to the Region will be reduced by approximately 6% per biennium for the next three biennia. For the proposed budget for 2000—2001, the budget allocation for the Region has been reduced by US$ 4 390 000 or 5.5% compared to the previous biennium.

Therefore, our task is to identify and increase access to additional financial and human resources and further improve the ways by which these resources are effectively used and directed at priority focuses (see Section 3.2).

2.3 MY COMMITMENT

In light of the above challenges and tasks, I pledge myself to improve the health of the people of the Western Pacific Region by getting the job done together. By working very closely with Member States, the international community and my colleagues and staff, I would like to make every effort to get the job done together.

We should not take it for granted that WHO will or can automatically
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continue to play the leading role in international public health. If WHO is to be useful, relevant and responsive to the needs of the Region, its Member States and the international community, the organization has to reform. Changes have to take place in our operations, our culture, our attitudes and our orientation.

Only by getting the job done together can we improve the health of the people of the Western Pacific Region.

3. MEETING THE CHALLENGES

In order to meet the challenges and to carry out the tasks that have been identified (see Section 2.2), In line with the four major regional challenges and tasks described in Section 2, I have identified four major themes. These themes are action- and outcome-oriented. They are an operational expression of the tasks and will form the basis for organizational change in the Regional Office (summarized in Section 5). Our efforts and resources will be concentrated on these four themes. The themes also correlate closely with the recently established clusters at Headquarters.

Within each theme, I have selected a number of focuses. There are 14 focuses (this compares with the 50 programmes previously). I believe WHO can strengthen its leadership in health in the Region by selecting a number of number of focuses and achieving results in these areas (see Section 3.2). If used effectively, these focuses will also lead to improvements in the Region's health systems. With the right mix of themes and focuses, WHO can make an impact and improve people's lives in the Region.

3.1 The Themes

3.1.1 Theme 1: Combating communicable diseases

This theme will address the burden of communicable diseases, which continue to be the major health problem in many countries. The Least Developed Countries and those people living in poverty in other countries bear the greatest burden of communicable diseases. We should build I plan to build upon the success that WHO has had in eradicating, eliminating and controlling communicable diseases in the Region, particularly poliomyelitis eradication.

3.1.2 Theme 2: Building healthy communities and populations

The aim of this theme is to improve the health of communities and populations through integrated approaches which stress the links between development, the environment and health. I shall support and expand the The "settings approach", for example Healthy Cities and Healthy Islands, which has has been particularly successful in developing an intersectoral, integrated approach to improving the health of people in selected environments. The approach is
characterized by strong community action and supportive public policies. I plan to support and expand existing initiatives, such as Healthy Cities and Healthy Islands and Healthy Marketplaces.

3.1.3 Theme 3: Health Sector Development

This theme aims to address the issues that health policy-makers face as they struggle to adapt their health systems to the changing needs of their populations and achieve maximum impact from their investment. Member States consistently inform me that health reform is an important priority. It can take many forms, from improved health financing to changes in delivery of health care. Our capacity to respond to the varied needs of Member States has in the past been weak. I wish to strengthen our capacity for health situation analysis and our capacity to support countries in the planning process, especially those countries undergoing health reform. Human resource development is a vital component of health sector development. This includes not only technical training of health personnel but also management of the health workforce. This management component assumes much greater importance as Member States Ministries of Health undergo reform.

3.1.4 Theme 4: Reaching Out

The aim of this theme is not only to develop and strengthen partnerships and alliances, but also to improve the way WHO disseminates information to the public. The focuses will be external relations, public information and information technology. Information technology will be used to improve countries’ capacity to access information and to share information with one another and with WHO, as well as to make greater use of the new technology for training and telemedicine. It will also be used to continue the process of strengthening communication within WHO.

3.2 Theme Focuses

Each of the four themes will have several action- and outcome-oriented strategic focuses. Targets and specific approaches will be developed for each focus as soon as I assume office. There may be some overlap between certain focuses, for example between the focus for control of sexually transmitted diseases and HIV/AIDS and the focuses for reproductive health and healthy settings. The focus for STDs, including HIV/AIDS, will have primary responsibility for STDs and HIV/AIDS, but and it will collaborate closely with other relevant focuses.

3.2.1 Theme 1: Combating communicable diseases

Focus 1: Immunization. In the Western Pacific Region, the last case of poliomyelitis was reported in Cambodia on 19 March 1997. It is anticipated that Certification of Poliomyelitis Eradication will be achieved in 2000. Measles, which continues to account for 10% of
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Infant deaths and is a public health issue in both developed and developing countries, is amenable to accelerated control measures.

Hepatitis-virus-related infections are a major public health problem for almost all the countries in the Region. Prevention and control of these infections will reduce morbidity and mortality, and lead to a marked reduction in the number of cases of liver cancer and chronic liver disease.

Focus 2: Vector-borne disease control. Malaria continues to be endemic in nine countries of the region. WHO’s new global Roll Back Malaria project is an opportunity to further strengthen our efforts to control malaria within the Region.

Outbreaks of dengue fever occurred in 19 countries and areas in the Region in 1998. Dengue and dengue haemorrhagic fever are resulting in significant health and economic consequences and many countries have difficulty in controlling outbreaks. Although dengue control is still difficult, more can be done to help countries prepare for and respond to outbreaks.

Filarialiasis elimination in Pacific island countries is an achievable target during my tenure the next five years if all partners make the commitment and resources are available.

Focus 3: Tuberculosis and leprosy control. Tuberculosis continues to be a leading cause of mortality in adults. As HIV rates increase, it is anticipated that tuberculosis mortality rates will increase further. WHO’s recommended control strategy, directly-observed treatment, short course (DOTS) has been introduced successfully in most of the countries of the Region. However, only 35% of the Region’s population has access to the DOTS strategy has not been universally implemented. A lot more needs to be done. Our goal must be to provide access to the whole Region and reduce the overall prevalence of tuberculosis.

Although the target of the elimination of leprosy as a public health problem has been reached, pockets of endemicity still remain in some countries. These countries will require extra support. Countries which have achieved the elimination target will still need support to adapt their programmes to intensify cost-effective surveillance.

Focus 4: Sexually transmitted diseases, including HIV/AIDS. HIV transmission is continuing to increase in some countries: Cambodia, China, Malaysia, Papua New Guinea and Viet Nam. By the end of 1997 more than 700,000 individuals were HIV infected in this Region. This number is expected to double by 2000:

WHO is fully committed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) at Regional and country level and provides leadership in many of the country theme groups. However, if the rate of
transmission is to be slowed and a reversal of the trend of the epidemic is to be achieved in all countries of the Region, WHO must and will do more.

Cross-cutting focus: Emerging and re-emerging infectious diseases. Emerging and re-emerging infectious diseases will not be a separate focus. Rather, these diseases will be dealt with through an approach that cuts across all focuses, ensuring the involvement of all focuses. The outbreak response approach that has been established in the Region will be further strengthened.

3.2.2 Theme 2: Building healthy communities and populations

Focus 1: Healthy settings. The concept of intersectoral and integrated approaches for specific settings, such as Healthy Cities and Healthy Islands initiatives, has been well received. The environmental and health issues that these initiatives deal with, such as housing, water, sanitation, nutrition and food safety, health services, occupational health, ageing populations, lifestyle and education, occur in both developed and developing countries.

Within the Region many urban areas are rapidly expanding due to migration. In the process, they are becoming unhealthy environments in which to live. Demographic changes, in particular ageing populations, have important implications for the health sector. Food safety and waterborne diseases need to be addressed. The Healthy Cities Initiative can ensure that environment and health issues come to the forefront and are addressed. Fourteen countries in the Region have endorsed the Healthy Islands concept and have begun the planning and implementation stages. I intend to involve more countries and to establish more activities in countries that already have Healthy Cities and Healthy Island initiatives. These will provide a model for other healthy settings activities.

Focus 2: Child health, including health-promoting schools. Acute respiratory infections, diarrhoeal disease and malaria still lead to too many deaths in infancy and childhood in the Region. The major strategy to improve child health is the integrated management of childhood illness, which focuses on the major life-threatening conditions but also incorporates other elements such as nutrition (especially breast-feeding) and immunization.

The child health focus will also include health-promoting schools. A health-promoting school is a school that is constantly strengthening its capacity as a healthy setting for living, learning and working It is much easier to change the behaviour patterns of children than those of adults. Schools provide an excellent setting in which to improve the lives of children and their families and to promote healthy lifestyles. Health-promoting schools contribute to the primary prevention of noncommunicable diseases in the medium to long term.
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Focus 3: Reproductive health. Globally, reproductive ill-health accounts for over 30% of the burden of disease and disability among women. The maternal mortality ratio in the Region remains higher than 100 per 100,000 live births in 11 countries. Furthermore, there are wide disparities within countries.

This focus will cover the whole range of issues related to reproductive health, including maternal health, adolescent health, health of women and their families, the reproductive health of men and related sexual health. Contraception and family planning activities will also be included.

Focus 4: Noncommunicable diseases. The major noncommunicable diseases are cancer, cardiovascular diseases, and diabetes. In developing countries and those in transition these diseases will soon represent the bulk of preventable mortality and the largest number of healthy years lost as a result of premature deaths. Ageing of the population also increases the importance of these diseases and the burden they place on countries.

The major noncommunicable diseases have common risk factors such as tobacco smoking, unhealthy diet and obesity, and lack of physical activity. We will develop activities for their prevention and control based on intersectoral, integrated policies, strategies and approaches.

Cross-cutting focus: Tobacco-free initiative. WHO predicts that smoking causes about 4 million deaths annually worldwide. This figure is likely to increase dramatically globally and in the Region. Most tobacco-related deaths now occur in developing countries. These countries usually face resource constraints in developing policies and programmes to reduce the prevalence of tobacco use. The Organization will do more to intensify support to the Least Developed Countries and other Member States through a multisectoral approach that involves several focuses within this theme.

3.2.3 Theme 3: Health sector development

Focus 1: Health sector reform. A number of countries in the Region are undergoing health reform to meet changing health needs or to respond to changing political and economic conditions. In a number of countries this involves a greater role for the private sector. The needs of these countries for support varies enormously, from health financing, to legislation, to health system strengthening. Analysis and planning are of critical importance in the process of reform. WHO will play a greater role in meeting countries’ needs for technical support in the area of health sector development and will develop resource networks to broaden the support that countries may receive. Equity and access to health services are important issues that need to be addressed.

Strengthening and improving health systems, including planning,
financial management, health technology, pharmaceuticals and hospital and health centre management, will be an important part of regional and country activities. Equity and access to health services are also important considerations that need to be addressed. Health sector reform will be an important part of regional and country activities. Linkages to other focuses will be developed where feasible.

Focus 2: Human resources development. WHO will continue to work with countries to strengthen their human resources. Activities will include support for training schools and for updating curricula in line with current policies and model guidelines. Human workforce planning and management at the country level will also be given priority.

Focus 3: Health information and evidence for policy. Improving and updating health information systems is an essential component of health sector development. WHO will enhance the capacity of Member States to collect, collate and analyse data for more objective decision-making. This process will take into consideration local epidemiology through an assessment and projection of the burden of disease and risk factors. WHO will work with countries to develop and use evidence-based approaches.

Cross-cutting focus: Emergency and humanitarian action. This cross-cutting focus will improve country capacity in disaster preparedness and in mitigation of impact.

3.2.4 Theme 4: Reaching out

Focus 1: Information technology. The application of the information technology revolution has been very slow to reach the health sector in many developing countries in the Region. WHO will use information technology, such as new satellite technology and the Internet, to increase countries’ access to health information. Information technology can also be used to improve communications between Member States and WHO. This will have immense value, especially in the remote areas of the Pacific.

Information technology can also be used for education and to provide telemedicine links for both clinical and preventive medicine. Its value during outbreaks and other emergencies is well established. Another task I foresee is for WHO to improve its links with and support for various networking groups, both within and outside the Region.

The use of information technology within WHO in the Region will also become more critical as the Organization reforms, particularly with the delegation of more authority to country offices.

Focus 2: External relations. The focus of external relations will be to build and reinforce partnerships and alliances for health. This focus will improve the effectiveness of our relationships with external partners through improving dialogue, establishing new mechanisms for
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Collaboration, seeking new partners and keeping partners informed. The key partners are the Member States, international and regional organizations, NGOs and industry. Responsibility for Governing Bodies will be with the Regional Director's Office.

Focus 3: Public relations. Effective public relations is an essential part of WHO's response to the challenges identified in Section 2. The Organization has an important advocacy role to play in persuading governments of the importance of investments in health. WHO will improve its dissemination of health information to the public, to our partners and to other regional agencies. The Organization will devote more attention to improving its relations with the media. We must be more responsive to their requirements and we must be more pro-active. This will be a long-term process involving the building-up of confidence on both sides. The new information technology will be used to a greater extent. WHO's role as the directing and coordinating authority in international health will be enhanced through more effective public relations.

3.2.5 Special projects

I propose that one or more projects tackling important health problems, common to a number of states, be identified as special projects. These projects would receive high priority during my tenure as Regional Director. Such projects should represent a response to a priority need for a number of countries in the Region, they should cut across themes, and they should involve other partners as well as the Member States.

Special projects will serve as a rallying point for the new administration. As these projects will be based on priority needs and reflect the concerns of Member States they will stimulate commitment and harness support. Before any such special projects are selected, they will be reviewed within the Organization by my Cabinet and there will be appropriate consultations and discussion with Member States using the available consultative and review mechanisms.

When considering possible subjects for special projects, the regional priorities endorsed by the Regional Committee, the priorities announced by the Director-General, Dr Brundtland, and the global priorities established by the Executive Board will be taken into account. Subjects under consideration for special projects include two of the Director-General's Cabinet Projects, Roll Back Malaria and the Tobacco-free Initiative as well as the special WHO Headquarters project Stop TB. Other priority areas under consideration include control of dengue fever and information technology. Subjects already under consideration include Stop TB; Information Technology, with particular reference to the potential benefits of telemedicine to isolated areas; and two of the Director-General's Cabinet Projects, Roll Back Malaria and the Tobacco-free Initiative.
4. GETTING THE JOB DONE TOGETHER

I began this paper by describing the main challenges facing the Region. I then outlined the themes and the focuses that I intend to establishWHO intends to adopt to address these challenges. I now want to discuss the third challenge and task described above: strengthening links with Member States and other partners (see Section 2.1.3). In line with my aim for WHO to become more focused on priority problems during my tenure as Regional Director, I plan to have an open dialogue with the Member States and other international partners and to increase their involvement in policy-making and evaluation of our performance.

Interaction with other sectors is vital at country level, but it is also important at regional and sub-regional levels. A number of primary determinants of health, such as education and poverty, lie outside the health sector. It is essential that we involve other development sectors in our work.

4.1 ESTABLISHMENT OF EXTERNAL ADVISORY GROUPS

4.1.1 Role of external advisory groups

More use will be made of experts from the Region in an advisory role. The experience of the Technical Advisory Group on Poliomyelitis Eradication has shown the value of involving experts from outside the Organization who can constructively work with the Secretariat in priority activities.

An external advisory groups will be established for each theme. The role of the advisory groups will be to provide oversight and advice on the focuses within the each theme. Advisory groups will review a framework that will include processes, outcomes, resource flows, and linkages with other themes and agencies. Advisory groups will assist the Regional Director to monitor and periodically evaluate performance against targets.

4.1.2 Membership of external advisory groups

Members of external advisory groups will be appointed by the Regional Director from outside the Organization. Members will be experts in their respective fields.

The financial implications of establishing four advisory groups will need to be studied and these will influence the size of the groups and the frequency of meetings.

4.1.3 Relationship to the Regional Committee
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Reports and recommendations of external advisory groups will be available to the Regional Committee and to its sub-committees, which could use these to supplement their inputs and policy recommendations.

4.2 REGIONAL COMMITTEE

4.2.1 Sessions of the Regional Committee

The annual session of the Regional Committee is an integral part of the Organization which should not be isolated from the reforms that are taking place in WHO. The annual session can be made more productive and meaningful.

Proposals to make the sessions of the Regional Committee more outcome-oriented and less formal will be discussed with the Regional Committee at its session in September 1999. As part of this process, consideration will be given to dividing the Regional Committee into smaller working groups for part of the session so that more detailed discussions can take place on selected topics.

The Regional Committee will also be asked to consider new ways of involving other agencies in the deliberations of the Regional Committee and its sub-committees.

4.2.2 Regional Director’s Report

The annual Report of the Regional Director is my report to the Regional Committee and the international health community. It will be concise, analytical, readable and will be an accurate and useful representation of the work of WHO in the Region.

4.3 WHO COLLABORATING CENTRES

4.3.1 Maximizing input from collaborating centres

WHO Collaborating Centres are our partners and constitute a valuable resource. The large number and varying quality of Collaborating Centres has resulted in WHO currently reviewing their role.

In the Western Pacific Region there are 220 WHO Collaborating Centres, many of which have not actively collaborated with WHO in recent years. An in-depth review of the Collaborating Centres will be conducted as part of the response to the new challenges facing WHO. WHO will work to establish closer links with Collaborating Centres that can make a meaningful contribution to our support for medical research in the Region.

Our collaboration should not be confined to WHO Collaborating Centres; partnerships should be developed with other centres of excellence.
4.4 GREATER USE OF CENTRES OF EXCELLENCE AND OTHER RESOURCES

4.4.1 Centres of excellence

Relationships with other centres of excellence will be developed to support work in focus areas or special projects. These will be formalized through memoranda of understanding or other mechanisms.

4.4.2 Industry and other nontraditional partners

The potential for developing partnerships with industry and other nontraditional partners in selected areas will be explored.

5. REFORM IN WHO IN THE WESTERN PACIFIC REGION

To meet the challenges that I identified in the Section 2, WHO will need to reform and restructure. This will be a demanding task, but I am sure the Organization can successfully accomplish it.

5.1 KEY CULTURAL AND ORIENTATION REFORMS

In line with a more focused approach to technical collaboration, I propose the following changes in approach in the work of WHO in the Western Pacific Region.

5.1.1 A team orientation to work

Throughout the Organization there will be a deliberate effort to end compartmentalization. Staff will be encouraged to think creatively about the contribution they can make both inside and outside their particular area of work and to collaborate actively with colleagues in other areas.

In each of the focus areas described above (see Section 3.2), an action- and outcome-oriented, multidisciplinary task force will be developed. Each task force will be organized so that the various disciplines will have an overall synergistic effect on planning, implementation, monitoring and coordination. A stronger sense of team spirit will also be engendered.

5.1.2 Streamline

More authority and responsibility will be delegated to well-trained and competent staff, at both Regional Office and particularly at the country level. Administrative procedures will be systematically streamlined and simplified.

Consideration will be given to the use of a management support units in each theme (in line with the recent re-organization at WHO Headquarters). Such a devolution would bring the administrative support closer to the theme.
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5.1.3 Encourage an attitude of objective evaluation

Staff will be expected to develop a sense of responsibility for achieving the targets that are established for each focus. Themes and focuses will be subject to evaluation with the results considered in the appraisal of a staff member's performance. Strengthening evaluation will be an important component of the staff development programme that both programmes and the staff running them will be subject to a rigorous process of evaluation. While it is acknowledged that the reason for a programme not achieving its objectives may not be the fault of people running it, staff will be expected to develop a sense of responsibility for achieving the targets that are established for each focus. Mechanisms to monitor and evaluate activities and finances will be developed. This system of evaluation will be an important component of the staff development programme, which will be introduced.

5.1.4 Develop a sense of unity and solidarity

WHO is one organization. A sense of unity and solidarity between Headquarters, the Regional Office and country offices will be developed by regular and systematic exchange of information through established channels and through increased and focused personnel contacts. New information technology will allow this to be achieved much more cost-effectively.

5.1.5 Create a culture of open dialogue

A culture of open dialogue will be developed by promoting discussion on a regular and routine basis on the four themes. Thematic issues. Open dialogue will also lead to the resolution of problems and improvements in staff morale and will assist in the achievement of targets.

5.2 ORGANIZATIONAL CHANGES

Reform in WHO must also occur in the management framework and organizational structure if the challenges are to be met and the themes are to achieve their targets.

The proposed organization is based on the principle that WHO should be a learning organization able to respond to changing needs.

The reorganization based on the themes will take into account the ongoing reforms at be preceded by extensive consultations within the Regional Office and with country offices and WHO Headquarters, in order to ensure there is correlation between Headquarters and the Region. (to ensure correlation between budgeting and activities at Headquarters and in the Region). It the reorganization will also adhere to the principle that the structure should follow once the functions (targets, tasks and approaches) of each theme and focus have been determined.
5.2.1 The Regional Director’s Cabinet

In line with the new structure at WHO Headquarters, a Regional Director’s Cabinet will be established. It will assist the Regional Director in be the main decision-making body in the Region. The Regional Director’s Cabinet will setting the broad policy for for budgeting in the Region, monitoring implementation of programmes, and generally directing WHO’s strategy in the Region. A collective approach will be employed to address operational issues that will arise throughout in the work of WHO in the Region.

The Cabinet will consist of the Regional Director, a Director in the Regional Director’s office, and Theme Directors and the Director of Administration and Finance.

5.2.2 Organizational structure for each theme

Each theme will have a Theme Director and will be assigned administrative support in a manner to be determined. I am committed to devolving as much administrative and financial support to the technical units as it is feasible and affordable to do. However, a central administration and finance unit will remain, to provide essential support to the themes and the country offices.

Under each theme there will be several focuses (see Section 3.2). Each focus will have a task force with multidisciplinary expertise.

5.3 STRENGTHENING COUNTRY OPERATIONS

5.3.1 Programme development

In the past, WHO’s collaborative activities with countries were based primarily on discussions between the Member States and the WHO Representative and the Ministry of Health. I intend to broaden this process so that budgeting will be based on objective analysis rather than precedent (see also Section 2.2.1 above).

The development of collaborative activities will now occur in stages, based on an analysis of the country needs followed by joint planning and budgeting exercises involving Member States and WHO countries and WHO.

In addition to inputs from the WHO Representative, staff from the Regional Office or from other country offices will participate in these exercises. Country activities will be reviewed nearer the actual date of implementation and changes will be made if required.

5.3.2 Monitoring

Selected indicators will be derived from the country programme of collaboration to monitor and assess the progress and performance of
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the WHO Representative, the WHO Country Office and the collaboration between WHO and the Ministry of Health.

5.3.3 Partnership

WHO Representatives will develop and strengthen partnerships with other partner United Nations and bilateral agencies, NGOs and other ministries, especially in priority activities.

5.3.4 Enhancing support for WHO country offices

WHO Representatives and country staff will be encouraged, supported and trained to actively undertake situation analysis, prioritization exercises with the Ministry of Health, and planning in theme or focus areas within the overall context of health system development.

The technical capacity at the country level will also be improved by ensuring that all posts are filled by suitably qualified staff. This will ensure the implementation and follow-up of priority activities.

5.4 STRENGTHENING OF SUBREGIONAL AND COUNTRY GROUPINGS

5.4.1 Intercountry programmes

The Intercountry Programmes, which are developed and administered from the Regional Office, have been used to address health issues affecting more than one country in the Region using holistic approaches. In future these programmes will be more focused in their development and application, and greater consultation between Member States and with WHO country offices will take place.

The WHO Offices for the South Pacific and Samoa have responsibility for technical collaboration with 21 countries and areas. However they have not had responsibility for development or the authority to implement implementation of intercountry programmes. There are health problems affecting Pacific Island Countries that are very amenable to an inter-country approach. In selected themes and focuses, responsibility for preparing and implementing the intercountry programme for the Pacific Island Countries will be devolved to the WHO Representative’s office.

Although this approach will be more efficient and cost-effective it will not override the principle that each country has its own unique health problems, political and cultural context and health system.

5.4.2 Country groupings

The concept of country groupings will assume more importance with the new, more focused, approach. Neighbouring countries usually share common health problems and concerns. Programmes that focus on health problems in a select group of countries will promote the sharing of information and experiences, the development of common training
materials and guidelines as well as cross-border collaboration. Issues. The experience in malaria control of having intercountry professional staff responsible for a group of countries; Cambodia, the Lao People’s Democratic Republic and Viet Nam for one malarialogist and Papua New Guinea, Solomon Islands and Vanuatu for another, has been very positive. The arrangement has intensified collaboration, sharing of information and experiences and for Solomon Islands and Vanuatu resulted in joint training programmes.

Country groupings and devolution of subregional activities to country offices will be studied further.

5.5 PERSONNEL MANAGEMENT AND STAFF DEVELOPMENT

5.5.1 Recruitment

Recruitment of staff will be on a fixed term basis, with extensions dependent upon the level of performance of each member of staff. There will be a clear post description, jointly agreed performance objectives and tasks with mutually agreed evaluation indicators and regular performance appraisal.

A generic job description referring to the agreed country programme of work will be developed for WHO Representatives. Assessment of performance will be more closely linked to implementation of the country programme of work. Assessment of performance will be more closely linked to the implementation of the country programme of work.

Advertising of vacant positions will be widened to in order to recruit a broader mix of competent personnel from all countries within the Region and from women.

5.5.2 Career development

A staff career development programme will be created and operated from the Regional Office. The use of distance education techniques will be utilized to involve field staff, supplemented by training seminars and other training experiences.

5.5.3 Gender balance

Achieving greater gender balance will be given priority. Vacant positions will be advertised more widely in all countries of the Region in order to continue to correct the gender imbalance in the Organization.

5.5.4 Rotation of staff

The Regional Office will work closely with WHO Headquarters to promote mobility and rotation between the three levels of the organization and between the regions.

5.5.5 Staff incentives
Mechanisms for rewarding staff for outstanding performance will be further developed in accordance with established performance criteria.

6. CONCLUSION

This paper has outlined the policy directions I will adopt as Regional Director. Once I take up the position I will move quickly to implement the proposals that I have outlined here. My experience with the poliomyelitis eradication initiative has shown me that, if an initiative has clear strategies and achievable targets and if countries are committed to it, almost any issue can be resolved, even in countries with less well developed health services.

Throughout, I intend to continue the joint approach with Member States and other partners. I am completely confident that, working together, we can develop meaningful activities that address the real needs of countries. If we meet the challenges with genuine commitment we can get the job done together.
THE PALAU ACTION STATEMENT
On Healthy Islands

The meeting of Ministers of Health of the Pacific Island Countries reviewed the progress that had been made in implementing Healthy Islands initiatives.

The meeting endorsed the importance of selecting specific entry points relevant to the priorities of each country.

Particular attention was paid to achievements and future plans for the development of human resources for health, pharmaceuticals, traditional medicine, noncommunicable diseases and health information.

The Ministers also reviewed the position paper of Dr Shigeru Omi, Regional Director for the Western Pacific. They expressed their support for the paper as a useful framework for WHO’s collaboration in Pacific island countries.

The Regional Director was asked to propose to the Regional Committee that tuberculosis control be considered as a special regional project. He was also asked to consider making elimination of filariasis and information technology development priority areas for WHO’s collaboration in the Pacific island countries.

RECOMMENDATIONS OF THE MEETING
OF THE MINISTERS OF HEALTH OF THE PACIFIC ISLANDS
Koror, Republic of Palau, 18-19 March 1999

Implementation of the following recommendations will be reviewed by the countries and WHO at the next meeting.

A. HEALTHY ISLANDS INITIATIVES

The successful implementation of the Healthy Islands initiative should encourage expansion of the concept to new projects and new countries.

A broadly-based approach to awareness-raising has been crucial to increasing the understanding of Healthy Islands initiatives among all sectors of Pacific island countries.

The ocean that surrounds Pacific island countries is an inseparable part of islanders’ life. If it is degraded, this will have adverse effects on health. The Healthy Islands initiative needs to be extended to include the concept of a “Healthy and Sustainable Ocean”. The ocean could become a “setting” for Healthy Island initiatives.
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COUNTRY ACTION

1. Many initiatives require a long-term perspective and long-term support. It is essential, however, that countries set short-term targets in order to sustain momentum and attain tangible outcomes.

2. More efforts should be made to involve the private sector. This is especially important in such settings as healthy workplaces, and in relation to alcohol consumption and tobacco advertisements.

WHO ACTION

1. Case studies and technical guidelines for the planning and implementation of programme activities should be produced. These should be developed and supported by WHO and other regional partner agencies in collaboration with countries.

2. Information and resource sharing among countries should be promoted. Action should be taken to:

   (1) improve access to electronic/media;
   
   (2) increase access to resource materials related to health promotion;
   
   (3) develop and participate in regional healthy settings networks;
   
   (4) increase distribution of research protocols, instruments, and results; and
   
   (5) develop multi-country collaborative programmes, including focuses on common specific health problems, such as noncommunicable diseases, vector-borne diseases and re-emerging infectious diseases, substance abuse and other health priorities such as HIV/AIDS.

COUNTRY/WHO ACTION

Alcohol abuse and increasing tobacco consumption are alarming public health problems which required a more coordinated response from both countries and regional partner agencies.

B. HUMAN RESOURCES FOR HEALTH

Good progress has been made in human resources development.
COUNTRY ACTION

1. In order to identify future training needs, collaboration should be sought from educational institutions such as the Fiji School of Medicine, the University of Hawaii, the University of New South Wales, and the University of Papua New Guinea and from organizations such as the Secretariat of the Pacific Community. Training could include a reorientation towards Healthy Islands, resource management, curriculum development, accreditation and postgraduate training.

2. Some countries need to refine and update their workforce plans.

3. The potential for multi-skilling of selected health workers should be further examined in collaboration with educational institutions.

WHO ACTION

1. The results and recommendations of an ongoing study on mid-level practitioners involving education institutions and governments should be analysed as soon as it is completed. The analysis should be promptly disseminated to countries. The aim should be to use existing training programmes rather than to start new ones.

2. The increasing importance of distance education, including correspondence training and in-service training, requires further examination of the different models in use, and a review of the appropriateness of existing curricula and learning resources.

3. WHO and other partner agencies should give more attention to areas of study relevant to the needs of Pacific island countries.

4. The current inventory of training centres should be updated and disseminated by WHO.

C. PHARMACEUTICALS

The management and procurement of pharmaceuticals has been greatly improved by upgrading national policies, improving skills of pharmacists and enhancing collaboration between countries. The bulk purchasing of pharmaceuticals has been extensively studied and alternative solutions, such as strengthening drug information exchange, have been proposed.

COUNTRY/WHO ACTION

1. (a) The electronic network for drug information exchange established at the WHO Collaborating Centre for Drug Information should become operational. This would enhance upgrading of drug procurement procedures.
Annex 11

(b) The following issues should be covered through information exchange:

- Sources of essential drugs
- Procurement issues
- Rational drug use
- Adverse drug reactions
- Import prices
- Decisions made by Drug Regulatory Authorities
- Quality problems

2. (a) Guidelines for good procurement practices should be developed by WHO in consultation with other agencies. Information on bulk drug purchasing should be made available to interested agencies by WHO.

(b) Collaboration between countries for joint procurement of pharmaceuticals should be further encouraged.

(c) Information on sources and import prices of pharmaceutical products should be disseminated by WHO through an electronic network for drug information exchange.

3. The ongoing quality assurance scheme involving three WHO collaborating centres should continue, as should training in pharmaceutical management.

D. TRADITIONAL MEDICINE

Traditional medicine has an important role to play in health care systems and should be encouraged under appropriate guidance.

COUNTRY ACTION

1. Where appropriate, governments need to develop policies in support of the proper use of traditional medicine.

2. Commonly used local plants with medicinal value should be selected and their proper use should be assessed and promoted.

3. Traditional medicine practitioners should be mobilized as community health providers:
   - to provide training opportunities; and
   - to pass knowledge on traditional medicine on to health workers.

   Traditional medicine practitioners should be included as members of the community health team.

4. The potential contribution of scientifically proven traditional medicine should be fully explored.
WHO ACTION

1. Collaborative research should be conducted and should include surveys, assessments and feasibility studies on integration. Intercountry cooperation should be sought.

2. Information exchange should be facilitated and strengthened.

E. NONCOMMUNICABLE DISEASES (NCD)

Noncommunicable disease (NCD) prevention and control can only be achieved by long-term integrated and multisectoral programmes with national authorities working in close cooperation with agencies already present in Pacific island countries.

COUNTRY ACTION

1. At the national level, existing programmes on NCD control should be strengthened by ensuring the incorporation of mechanisms to modify the environment, to respond to changing lifestyles, and to deliver appropriate preventive and clinical services integrated into community care. Where appropriate, the integration of NCD prevention and control into Healthy Islands programmes should be a priority component.

2. At the local level, the integrated prevention and control of NCD and the development of health-promoting communities should be organized around priority issues, particularly the use of tobacco and alcohol, unhealthy eating habits, obesity and lack of physical activity. Health promotion and protection should be integrated into school curricula as an essential component of health-promoting schools to create awareness early in life.

3. National strategies on NCD should take into consideration both preventive and curative care. Activities should start at the primary health care level. Particular importance should be given to the role of the private health sector in the control of NCD.

4. Countries should plan intensive awareness campaigns using the media and other sectors. These campaigns need to be followed up at the primary health care level. Health promotion activities could include annual NCD or diabetes awareness weeks and community hypertension prevention activities. Countries in the Pacific should designate a Pacific NCD Awareness Week to enhance awareness of effective prevention and control of NCD. Targets should be set for each NCD programme.

5. In establishing an integrated programme for the prevention and control of noncommunicable diseases, countries should consider setting up training opportunities for health workers. They should also establish planning and coordination structures for comprehensive priority-setting, overall direction, implementation, coordination and evaluation.

WHO ACTION

1. WHO and other partner agencies should support national efforts to control noncommunicable diseases.
Annex 11

F. HEALTH INFORMATION

A strategic plan is crucial for the development of information systems. The Pacific Public Health Surveillance Network makes an important contribution to disease surveillance and to improving communication between countries.

COUNTRY ACTION

1. Countries without well-organized health information systems need to develop strategic plans. Countries which already have strategic plans should prioritize health programmes and activities so information can be developed in a systematic manner.

2. Development of health indicators should be based on the managerial needs of programmes at different levels of the health system.

3. So that a common database can be shared, countries should harmonize information policy among the various programmes within the Ministry or Department of Health and, ideally, between government departments and other partner agencies.

4. Countries should develop appropriate community level indicators to facilitate monitoring and management of Healthy Islands initiatives.

5. The information management skills of staff and the information infrastructure need to be periodically upgraded.

WHO ACTION

1. WHO should support countries to explore the potential to mobilize resources from United Nations bodies, partner agencies and nongovernmental organizations to strengthen health information infrastructures.

2. In collaboration with countries, WHO should assess the potential for telemedicine, including its financial implications, and collaborate with other partner agencies to develop a regional strategy.