



# Twelfth Pacific Health Ministers Meeting

August 28-30, 2017



**TWELFTH PACIFIC HEALTH MINISTERS MEETING**

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**Rarotonga, Cook Islands  
28–30 August 2017**

**16 August 2017**

**ORIGINAL: ENGLISH**

## **Information document: Heads of Health meeting update 2016–2017**

### **1. BACKGROUND**

The Heads of Health (HoH) operates under the auspices of the Pacific Health Ministers Meeting (PHMM). Its role is to improve the coordination of the work of ministries of health and their partners in the Pacific, and to advise and oversee the implementation of decisions made by the PHMM and the Pacific Islands Forum leaders related to health. The overall aim is to strengthen the links between national and regional level mechanisms and to improve the delivery of regional health policies and services in order to protect and improve the health of the people of the Pacific region.

The role of the HoH is to ensure that health ministers are provided with clear guidance, advice and support from their senior officials to enable them to make informed decisions on policy options to address regional health issues that are of strategic importance.

### **2. ACTION TAKEN**

The HoH has met five times since its inception in 2013. The purpose of this paper is to update the Honourable Ministers on the work of the HoH since the 11<sup>th</sup> PHMM.

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### **3. CONCLUSIONS**

In conclusion, the Pacific Health Ministers are requested to:

- (i) Note the work undertaken by the HoH in 2016 and 2017.
- (ii) Task the Secretariat with providing periodic updates to the PHMM at the margins of appropriate regional and international forums leading up to the 13<sup>th</sup> PHMM.



## 5th HEADS OF HEALTH MEETING

(Novotel Hotel, Lami, Fiji, 25–27 April 2017)

### Key decision points

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#### Universal Health Coverage

##### UHC update

Health service delivery is essential to the Healthy Islands vision, and in ensuring that children and adults can grow, learn, play and age with dignity. Combined with a focus upon ‘family and community values, the foundation of Pacific culture’, the Healthy Islands approach has strong links to the notion of health services for all, or Universal Health Coverage (UHC). However, Pacific Island countries and territories (PICTs) experience common implementation challenges in their efforts to realise the Healthy Islands vision and UHC. The aim of this agenda item was to describe and assess the following: the potential contribution of UHC to the Healthy Islands vision; associated implementation challenges; successes in the implementation of strategies to improve, maintain and extend coverage of and access to essential health services. It also aimed to develop recommendations for action, for implementation in the region and in PICTs, to progress towards UHC by 2030. The recommendations in the draft report, *Universal Health Coverage on the Journey towards Healthy Islands in the Pacific* (the draft report), set out practical actions to overcome common challenges to implementing commitments related to the Healthy Islands vision and UHC agreed by Pacific health ministers as part of the 2015 Yanuca Island Declaration.

The meeting:

- 1) reviewed and provided input to the recommendations contained in the draft report, *Universal Health Coverage on the Journey towards Healthy Islands in the Pacific*, for presentation to the 12th Pacific Health Ministers Meeting (PHMM) in August 2017;

- 2) requests that Pacific health ministers consider the report, *Universal Health Coverage on the Journey towards Healthy Islands in the Pacific*, and endorse the recommendations for implementation, to progress towards UHC by 2030.

## Monitoring and Reporting

### Healthy Islands Monitoring Framework Update and SDG Pacific Headline Indicators

Pacific health ministers declared their vision of Healthy Islands in the Yanuca Island Declaration, in Fiji in 1995. Healthy Islands has remained an inspirational vision for health ministers and senior officials across the Pacific. Findings from the twenty-year review concluded that the Healthy Islands vision should remain as the unifying vision for health development in the Pacific. A key recommendation from the review was to develop a monitoring framework. The 11th PHMM in 2015 endorsed the development of a monitoring framework and reporting mechanism to report to the biennial PHMM on progress towards achieving the Healthy Islands vision. The PHMM resolved that the framework should: be built on existing national monitoring and reporting mechanisms; be aligned with the Sustainable Development Goals (SDGs); include a range of process and outcome measures; include core/minimum indicators with optional reporting on expanded/complementary indicators; and that the process be overseen by the Heads of Health (HoH). The framework would add greater clarity to the deliberations of health ministers, and in turn help shape national and local responses, and assist the journey to achieve aspects of the Healthy Islands vision.

Following the 11th PHMM, technical experts from WHO, SPC and other partner organisations, acting under the coordination of the HoH Secretariat, were asked to propose core indicators for the draft Healthy Islands Monitoring Framework (HIMF), and the framework has been refined under a consultative process. The 5th Heads of Health meeting considered the draft report, *Monitoring progress towards the vision of Healthy Islands Vision in the Pacific: First report from the Healthy Islands Monitoring Framework*, and proposed revision of the HIMF for its finalisation for presentation to the 12th Pacific Health Ministers Meeting in August 2017.

The meeting:

- 3) reviewed the draft report, *Monitoring progress towards the vision of Healthy Islands Vision in the Pacific: First report from the Healthy Islands Monitoring Framework*, with respect to:
  - i. data availability and quality for each indicator, by PICT;
  - ii. the overall relevance of the Healthy Islands Monitoring Framework (HIMF) in monitoring progress towards achievement of the Healthy Islands vision as set out in 1995;
  - iii. feedback received from country health information managers on challenges in completing the data entry forms;
- 4) agreed that any revision of the HIMF maintains an alignment between the HIMF indicators and the Pacific SDG headline indicators;

- 5) agreed that the HIMF is a useful and relevant tool in monitoring progress towards the achievement of the Healthy Islands vision as set out in 1995;
- 6) noted that there is opportunity to reduce the number of mandatory indicators in the HIMF, to allow for a more in-depth and nuanced analysis of the indicators, including their relative connections, and any important differences by relevant categories, such as gender, age, rural/urban, and level of economic development;
- 7) noted that by reducing the number of mandatory indicators and having a clearer definition of the purpose of the HIMF, and how it links with country planning and priority-setting processes, the framework should also provide a more detailed overview of progress towards achieving the Healthy Islands vision;
- 8) provided specific guidance for the revision of the HIMF, and requested WHO and SPC to revise the draft monitoring framework report for presentation to the 12th Pacific Health Ministers Meeting in August 2017;
- 9) requests that Pacific health ministers review the draft report, *Monitoring progress towards the vision of Healthy Islands Vision in the Pacific: First report from the Healthy Islands Monitoring Framework*, with a view to endorsing the proposed HIMF.

## NCD Roadmap

The paper provided an update on the progress of regional and national efforts towards the implementation of the Pacific Non-Communicable Diseases (NCD) Roadmap. Considerable actions have been undertaken regionally related to the key areas identified in the Pacific NCD Roadmap, but there is a need for ongoing actions and urgent interventions in each country to accelerate responses to effectively tackling NCDs.

The meeting:

- 10) noted the considerable actions undertaken regionally to address the incidence and impacts of NCDs in the region, but recognised that these actions remain insufficient, given the extent and scale of the ongoing NCD crisis;
- 11) agreed that there is a need for consideration of ongoing actions and urgent interventions in PICTs to tackle tobacco use and unhealthy food and drinks, for the utilisation of taxation as a mechanism to achieve behavioural change, and for greater support for effective interventions;
- 12) acknowledged that effectively tackling NCDs will require greater resources, and regional commitment to exploring ways to increase funding available to address NCDs;
- 13) committed to timely implementation at the national level of the key recommendations from the NCD Roadmap, including quantified and measurable targets and timelines to achieving the Roadmap priorities;
- 14) agreed to report back to each PHMM on progress made in the region against the NCD dashboard, which was developed by the Pacific Monitoring Alliance for NCD Action (Pacific MANA);

- 15) requested the Secretariat to explore and scope the concept of a regional regulatory framework that has the effect of mitigating NCD-causative factors as a response to tackling the incidence and impact of NCDs in the region, and to report to the 12th PHMM on the results of this work.

### Pacific MANA

The paper provided an update on activities of the Pacific Monitoring Alliance for NCD Action (MANA). MANA has progressed work in key areas of non-communicable disease monitoring, including childhood growth monitoring, monitoring food environments, and development of a dashboard for Pacific Island countries and territories to track progress on NCD policies and legislation.

The meeting:

- 16) noted the update of MANA activities in the past year;
- 17) discussed and accepted proposed additions and deletions of indicators in the MANA Dashboard, and endorsed a revised MANA Dashboard;
- 18) endorsed the proposed process for completing and updating MANA dashboards;
- 19) endorsed the proposal for annual updates on the MANA Dashboard to be provided to Pacific Heads of Health (HoH) meetings, and to be published on the Pacific NCD Network website;
- 20) endorsed the proposed approach for managing indicators that appear in both the MANA Dashboard and the Pacific Healthy Islands Monitoring Framework, which ensures that the definitions are consistent and minimises the reporting burden;
- 21) requests that Pacific health ministers review the revised MANA Dashboard, with a view to its endorsement.

### Global Action Programme on Food Security and Nutrition in SIDS

Pacific health leaders have, over the years, recognised the increase in food and nutrition-related health problems in the region, in particular the increase in non-communicable diseases, and have called for multi-sectoral approaches to address these issues. These calls were supported by Pacific Islands Forum Leaders in 2010, in their endorsement of the Framework for Action on Food Security in the Pacific, and this commitment was reiterated by Pacific Leaders and health professionals at the recent Pacific NCD Summit. Despite these initiatives and various actions to address food and nutrition-related health problems, the impact of unhealthy diets on the health outcomes of Pacific people is pervasive. The Global Action Programme (GAP) on Food Security and Nutrition in Small Island Developing States aims to accelerate action on food security and nutrition to support the sustainable development of small island developing states (SIDS).

The meeting:

- 22) acknowledged the proposed Global Action Programme on Food Security and Nutrition in Small Island Developing States, and recommended that the collective endorsement from

Pacific Heads of Health be presented to Heads/Ministers of Agriculture at the 2017 Pacific Week of Agriculture;

23) supported the development of a regional Pacific GAP initiative to help coordinate the efforts of multiple agencies;

24) resolved to present an information paper on the Pacific GAP initiative at the 12th PHMM to update Pacific health ministers on the progress of the initiative.

## **Sexual Reproductive, Maternal, Newborn and Child Health**

### **Update on immunisation data sources**

To strengthen collaboration and minimise the reporting burden, WHO and UNICEF jointly collect information through a standard questionnaire (the Joint Reporting Form – JRF). Since its inception in 1988, the JRF has evolved from a limited set of information collected, to capturing a wide range of domains of standard performance, planning, financing and quality indicators. The content of the JRF was developed through a consensus process among staff from UNICEF, WHO and selected ministries of health. The immunisation system performance data are collected for a calendar year – January to December – and countries may update prior years' data at any time through written communication to WHO and UNICEF.

The paper noted that routine immunisation coverage in the Pacific region is high, at more than 90 per cent in 12 PICTs. Some PICTs have experienced static or reduced immunisation coverage, including FSM, Kiribati, RMI, Solomon Islands, Vanuatu, PNG and Samoa. The gains made in immunisation coverage are fragile, and are not sufficient to prevent outbreaks. Systems for birth registration are generally unreliable, and there is generally limited linkage between estimation of target population for vaccination and birth registration at the community level. PICTs have remained polio-free since the regional certification in 2000.

The meeting:

25) noted the significant differences in some instances between the JRF and the data reported by the countries, and that efforts are being made to address these through independent assessments with these specific PICTs.

### **Vaccine Independence Initiative**

The Vaccine Independence Initiative (VII) was initiated by UNICEF to provide a mechanism to ensure a systematic, sustainable vaccine supply for PICTs that can afford to finance their own needs but may require certain support services. The VII has been providing pooled procurement and bridge-financing support to PICTs since 1995. It contributes directly to the sustainability of immunisation coverage in PICTs by ensuring supply security at affordable prices. The paper outlined the key features of the initiative and provided detailed information on the operational framework. An expansion of the initiative to other life-saving commodities has been explored and was presented.

The meeting:

- 26) acknowledged that the success of the Vaccine Independence Initiative (VII) in contributing to the wellbeing of Pacific children has been achieved through the strong commitment of the 13 participating PICT governments, and the support of development partners.

## Human Resource for Health

The meeting heard updates from FNU, USP, Otago University and University of Fiji, on current programmes relating to health, including updates on progress made in activities previously discussed at Pacific Heads of Health meetings.

The meeting:

- 27) requested educational institutions to prioritise social support systems to students to address high attrition rates caused by difficulties faced by students in integrating into new environments.

## Health professional education, standardisation

The paper noted that most PICTs have established their own health profession programmes; most with bilateral donor or UN agency support. PICTs with limited capacity have relied on neighbours to provide programmes arranged through diplomatic or professional ties (e.g. FSMed and FSN in Fiji ;and UPNG's SMHS). More recently, there has been an increase in access to ex-regional international programmes. The Pacific Heads of Education Systems in 2003 recognised the diversity of education and training in the Pacific region and agreed that the development of a Pacific qualifications register should precede the Pacific Qualifications Framework. The meeting recommended this to Ministers for Education, and it was endorsed at the Forum Education Ministers Meeting in May 2005 in Samoa.

Pacific leaders have actively encouraged the mobility of labour as a means of improving the livelihood of Pacific people. The national qualifications frameworks (NQF) and the Pacific Qualifications Framework (PQF) are enabling mechanisms that will facilitate implementation of the Pacific Island Countries Trade Agreement (PICTA) and in particular the Trade in Services component. The question of a regional action approach to health professions education was raised at the 9th Pacific Health Ministers Meeting in 2011, primarily to: *'develop a regional framework for regional professional competencies, accreditation and standards'*. The *Framework for Pacific Regionalism* endorsed by Pacific Islands Forum Leaders in July 2014, contains seven tests against which new initiatives will be tested for inclusion in regional action frameworks. The paper suggested that health professionals' education standardisation meets all of the seven criteria for inclusion in the Pacific Framework for Action.

The meeting:

- 28) resolved to refer the seven proposed resolutions to the Secretariat to work with members out of session with a view to putting recommendations to the 12th PHMM in August 2017.

## Pacific Regional Clinical Services and Workforce Improvement Programme (PRCSWIP)



The paper outlined the vision for PRCWSIP: 'health care in PICTs is affordable, appropriate to local needs, of good quality and accessible'. The transition from Strengthening Specialised Clinical Services in the Pacific (SSCSiP) to PRCWSIP focused on the following priorities: a regional focus; closer collaboration between FNU, SPC and RACS; closer collaboration with development partners, regional and international institutions; and increased research and analysis (data and evidence).

The meeting:

- 29) noted the recommendations presented from the meeting of the Directors of Clinical Services, held in April 2017.

## Epidemic Preparedness and Response

### PPHSN: 20 years on

The Pacific Public Health Surveillance Network (PPHSN) Coordinating Body (CB) met in Fiji on 22 and 24 April 2017, following on from the meeting of the PPHSN from 19 to 22 April to commemorate the 20th anniversary of the formation of the PPHSN. The PPHSN CB presented an update on the operating environment, an update on progress since the 4th HoH meeting, and key decision points arising from that meeting.

The meeting:

- 30) noted the progress made in respect of the priority actions arising from the 4th Heads of Health meeting;
- 31) discussed and endorsed priority action areas identified in the 5th Heads of Health meeting;
- 32) expressed formal appreciation of the three outgoing members of PPHSN-CB: French Polynesia, Kiribati and Samoa (terms ending December 2017);
- 33) endorsed that PPHSN matters become a standing agenda item for the annual Heads of Health meeting;
- 34) noted the resolution of the PPHSN Coordinating Body (CB) meeting seeking endorsement from Pacific Heads of Health for the PPHSN CB to commission an external review of PPHSN coordination and governance, in the context of a changed regional health architecture, presenting an opportunity for the PPHSN governing mechanism to be reinforced, and endorsed that resolution;
- 35) noted the request from the PPHSN CB meeting that Heads of Health ensure there are national mechanisms in place to formally recognise new skills and qualifications acquired through the DDM-SHIP programme, through adjustments to salary grades or by ensuring the existence of positions for advanced graduates of the programme, and that as part of human resources in health (HRH) planning, countries use the DDM credential as a standard for relevant data-related positions;
- 36) noted the update from the PPHSN CB meeting in relation to recommendation 7 of the 20th

PPHSN CB meeting, as follows: FNU has completed accreditation of DDM-SHIP, and has graduated eight students and awarded seven students with the post-graduate certificate in field epidemiology (CNMI [1], Palau [3], Guam [2], FSM [1]).

### Strengthening Pacific health security

While significant progress has been made in strengthening surveillance and response systems over the last 10 years of implementation of the IHR core capacities, gaps in core public health capacities remain. PICTs continue to face challenges in the risk management of large-scale outbreaks of common diseases (e.g. dengue, rotavirus) and of emerging disease threats such as Zika virus, which requires a sustained programme to address the long-term risk of transmission and its consequences. Pacific populations also face very high risks from extreme weather events, coastal erosion, earthquakes, floods and droughts, some of which are predicted to increase as a result of climate change.

Reducing vulnerability to acute threats to health requires coordinated and adaptive national and regional responses. The foundation of Pacific regional health security is resilient national health systems in PICTs that are able to effectively respond to common epidemic-prone diseases and acute onset emergencies caused by environmental or technological hazards, supported by timely regional public health surge capacities. Developing an adequately resourced, multi-year Pacific Health Security Strategy, an implementation plan and monitoring and evaluation framework in support of costed national health security work plans, based on APSED III and informed by objective, joint external evaluation, will help to address previous shortfalls in IHR core capacity strengthening and ensure coherent and coordinated preparedness and response to threats to public health in the Pacific region.

The meeting:

- 37) reaffirmed commitments by PICTs and partner agencies to accelerated implementation of the IHR (2005) core capacities for national and global health security;
- 38) requested the Secretariat to carry out a technical review of the JEE for application in the Pacific region, incorporating lessons learned from experience in other small island states;
- 39) agreed on the development of a multi-year *Pacific Health Security Strategy*, implementation plan and monitoring and evaluation framework, to be presented to the 12th PHMM in August 2017.

### Neglected Tropical Diseases (*paper only*)

Of the globally recognised 18 Neglected Tropical Diseases (NTDs), those present in the Pacific region include the following: leprosy, lymphatic filariasis (LF), soil-transmitted helminths (STH), endemic treponematoses (yaws), blinding trachoma and dengue. Additionally, scabies is a regionally recognised NTD. Progress has been made in many NTD programmes within the Pacific, and the next few years will provide an opportunity for many more programmes to reach elimination endpoints.

For diseases such as leprosy, LF and yaws, there is a need to ensure that programmes remain focused while they undergo final rounds of intervention and finalise monitoring requirements to achieve verification of elimination. At the national level, comprehensive NTD action plans will assist

to define disease-specific targets and identify areas of integration between disease programme interventions and/or surveillance activities. Sustained political support, improved access to intervention strategies, strengthened surveillance and monitoring programmes and ongoing research for these important diseases will reduce morbidity and mortality, with resultant increased social and economic development in PICTs.

The meeting:

40) noted the recommendations presented in the paper.

## **Monitoring and Reporting**

### **CRVS update**

The meeting:

41) noted the recommendations presented in the paper.

## **Upcoming Events**

**World Health Assembly, May, Geneva; PHMM, August, Cook Islands; Regional Committee Meeting, October, Brisbane**

The meeting:

42) noted the presentation by Cook Islands on the upcoming Pacific Health Ministers Meeting and by WHO on the upcoming World Health Assembly and Regional Committee Meeting.

### **Election process for the WHO Director-General 2017**

The meeting:

43) noted the presentation by WHO on the process to elect the next Director-General of the WHO at the 2017 World Health Assembly.

## **Other Business**

### **Procurement of pharmaceuticals and medical supplies**

The meeting:

44) noted the presentation, and that WHO would share information on reviews of other regional

procurement initiatives with the Secretariat and continue discussions with UNICEF, and agreed to revisit these issues at the 12th PHMM in August 2017.

### **Heads of Health terms of reference (TOR)**

The meeting:

- 45) agreed to accept the proposed amendments to the HoH terms of reference (TOR) – specifically around the Chairperson, Deputy Chairperson and the Heads of Health sub-committee – and that a revision of the rest of the TOR be presented for discussion at the 6th Pacific HoH meeting.

### **Funds owed to SPC as former principal recipient of Global Fund for the PIRMCCM**

The meeting:

- 46) noted that some countries still owed funds to SPC when it was still the PR for PIRMCCM and that SPC will continue to work with these countries for payment of these funds.

### **Pacific Cancer Centre**

The meeting:

- 47) noted that the ministers at their meeting in Manila during the RCM in 2016, directed the Secretariat to look into the concept of a Pacific Cancer Centre as tabled by Fiji, and that this work is ongoing and will be presented for discussion in due course.
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## 4th Heads of Health Meeting

27–28 April 2016, Grand Pacific Hotel, Suva, Fiji

### Key decision points

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#### Progress in implementing the Pacific NCD Roadmap

The meeting:

- noted progress in implementing the Pacific NCD Roadmap in various Pacific Island countries and territories (PICTs) including tobacco control, taxes on unhealthy food and drinks, and controlling alcohol abuse through tax increases, public awareness and restricted access;
  - acknowledged that many PICTs are implementing PEN (Package of Essential NCD Interventions) at national or sub-national level, and making efforts to improve monitoring of NCDs and the availability and accessibility of NCD-related data, such as through STEP and hybrid surveys;
  - recognised that further actions are needed, given the extent and scale of the NCD crisis, including acceleration of actions to tackle tobacco use, utilisation of taxes to support behavioural change and support for effective interventions;
  - agreed that annual updates be provided to Heads of Health on the status of actions, utilising the Pacific MANA NCD dashboard.
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#### Progress in developing MANA (Pacific Monitoring Alliance for NCD Action)

The meeting:

- agreed that further action is needed at country level to effectively monitor child obesity, but requested that the emphasis is on child health rather than on obesity as an isolated issue;
- noted that monitoring the food environment, including pricing, access in settings, and exposure to advertising, was one of the proposed areas of innovation for Pacific MANA;
- noted that the Pacific MANA NCD dashboard has been refined, including review of key actions, comparison with existing dashboards, and testing of the criteria;

- requested intermediate indicators on knowledge, attitude and practice, noting a knowledge hub has been set up that may be able to collate and share this information;
  - expressed a need for intermediate monitoring and evaluation of progress in addition to STEPS every five years;
  - requested improved communication between the secretariat and countries on MANA, including in relation to governance.
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### **Civil registration of vital statistics (CRVS)**

The meeting:

- recognised the excellent progress across the region in collection and use of CRVS;
  - encouraged countries to formalise national plans and set targets under the Regional Action Framework;
  - encouraged investment in national health information infrastructure and systems, including for CRVS.
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### **Healthy Islands Monitoring Framework**

The meeting:

- endorsed a list of core indicators;
  - tasked the secretariat and health information managers meeting (30 May–1 June 2016) with deciding detailed definitions and sources of data for each core and complementary indicator as well as an appropriate monitoring mechanism;
  - agreed that HoH, in collaboration with the secretariat, will produce the first annual progress report as per this monitoring framework by next year's Pacific Health Ministers meeting.
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### **Reproductive, maternal, new-born and child health**

The meeting:

- acknowledged the presentation on approaches to prevention of cervical cancer;
- noted ongoing work on the cost-benefits of various approaches to cervical cancer prevention.

The secretariat undertakes to update Heads of Health on the outcomes of further consultation with stakeholders.

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#### **EPI review**

The meeting:

- agreed that immunisation is a regional public health good and best buy, with low coverage a threat to all;
  - acknowledged the importance of sustaining gains already made on immunisation;
  - expressed support for a regional approach and standards;
  - recognised the preference of some countries for national approaches and the constraints to improved coverage;
  - proposed that the secretariat will provide an update on immunisation coverage in the region at the next HoH meeting based on revised data provided by countries over the next 12 months;
  - further proposed that the secretariat will work with countries to strengthen regional immunisation coverage.
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#### **The role of Fiji National University (FNU) in developing a Sustainable Pacific Human Resource for Health**

The meeting:

- noted with interest the review of the role of the Fiji School of Medicine/Fiji National University in educating the Pacific health workforce;
- noted the request for provision of in-country training by FNU, but recognised the constraints, including dilution of resources at the university itself;
- requested FNU to continue dialogue with members requesting in-country training, particularly where sufficient funding is available;
- noted that the field epidemiology training programme developed jointly between FNU, the Pacific Community (SPC), the World Health Organization (WHO) and the Pacific Islands

Health Officers' Association (PIHOA) will be presented to the FNU Senate in June for final approval.

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### **Opportunities for human resource capacity in the region**

The meeting:

- noted the University of the South Pacific's (USP) plans for a School of Public Health, to open in 2018, as a stand-alone school independent of a medical school;
  - noted that the school will offer graduate and postgraduate courses with a focus on maintenance of health and prevention of disease;
  - acknowledged that USP will consult all relevant stakeholders in the development of programmes to ensure they meet PICT requirements;
  - noted that USP will identify a relevant accrediting authority as a quality assurance measure;
  - noted also that USP will investigate potential partnerships with other universities and cross-credit arrangements with national institutions.
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### **Global and regional initiatives**

The meeting acknowledged the presentation from the United Nations Development Programme (UNDP) on the Sustainable Development Goals 2016–2030.

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### **Human resources for health**

The meeting:

- agreed that a generic Regional Internship Standard be developed to guide Pacific Island countries and providers of continuing professional development programmes, based on the 12 factors that contribute to a successful internship programme;
  - supported the concept of a Regional Accreditation process subject to further information, particularly in relation to addressing concerns around resource mobility:
    - a) as a quality assurance mechanism, and
    - b) as a step towards possible regional medical registration.
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## **Nursing education and career pathways**

The meeting:

- recognised the need for pathways for the recognition of skills, knowledge and accreditation of training programmes, and for relevant policies and legislation at the country level;
  - supported the concept of a forum for nursing education providers and nursing leaders to develop generic standards, competencies and scope of practice for regional benchmarking of nursing specialisation;
  - agreed that ministries of health should create and support clinical nursing career pathways and appropriate remuneration, and consider parallel training in specialist areas (doctor, nursing training);
  - agreed that countries should consider scholarships for specialised clinical nurse training;
  - recognised difficulties in smaller islands and the need for multi-skilled and multi-tasking nursing professionals.
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## **Epidemic preparedness and response**

### **Pacific Public Health Surveillance Network (PPHSN)**

The meeting:

- acknowledged the value of the work of PPHSN in alerting countries to outbreaks;
- noted the importance of surveillance in detecting outbreaks, including of previously unknown diseases in the region such as zika and chikungunya;
- acknowledged the value of the information provided by surveillance networks;
- agreed on the value of contingency planning in lessening the potential impact of outbreaks.

### **Pacific Zika Virus Action Plan**

The meeting:

- recognised the serious implications of zika outbreaks for health systems, as testified by the experiences of French Polynesia and Samoa;
- acknowledged the need for communication strategies to keep communities and media accurately informed;

- requested further information on laboratory testing for zika
-