REPORT

MEETING OF THE MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES

Madang, Papua New Guinea
14-15 March 2001

TECHNICAL MEETING OF DIRECTORS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES

Madang, Papua New Guinea
12-13 March 2001

Manila, Philippines
March 2001
REPORT

MEETING OF THE MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES

TECHNICAL MEETING OF DIRECTORS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Co-organized by:

SECRETARIAT OF THE PACIFIC COMMUNITY

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NOTE

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

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants, consultant and observers in the Technical Meeting of Directors of Health for the Pacific Island Countries and the Meeting of Ministers of Health for the Pacific Island Countries held in Madang, Papua New Guinea, from 12 to 13 March 2001 and from 14 to 15 March 2001, respectively.
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1. BACKGROUND

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

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

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

The meeting in Madang, Papua New Guinea, reviewed progress in implementing the Palau Action Statement and ways to strengthen collaboration using the Healthy Islands approach in the following areas: communicable diseases with special reference to control of tuberculosis and filariasis, and surveillance; noncommunicable diseases, in particular diabetes; and human resource development in such areas as distance learning and primary health management.

This meeting was jointly organized by WHO and the Secretariat of the Pacific Community (SPC). The meeting was conducted in English with simultaneous French translation.
2. OBJECTIVES

The objectives of the meetings were:

(1) to review progress made since the Palau Action Statement on Healthy Islands; and

(2) to decide on future directions and further extend the Healthy Islands approach in the following areas: control of communicable diseases, control of noncommunicable diseases and human resource development.

The Directors of Health or Permanent Secretaries attended the two-day Technical Meeting and the Meeting of Health Ministers. Health Ministers or their duly deputised representatives attended the two-day meeting following the two-day technical meeting. The detailed list of participants is in Annex 1.

3. OPENING CEREMONY

3.1 Technical Meeting of Directors of Health

The opening ceremony of the Technical Meeting of Directors of Health for the Pacific Island Countries was a colourful occasion at Madang Resort Hotel on 12 March. At first the Deputy Director of the Secretariat of the Pacific Community (SPC), Mr Yves Corbel, spoke and emphasized the close cooperation of SPC with WHO within the Pacific islands as well as the joint programmes in various areas (see Annex 2). (Training of health authorities, environmental health, noncommunicable diseases, oral health, implementation of Palau Agreement, public health activities training, health management systems and surveillance development of pilot projects).
Dr Omi in his opening remarks (see Annex 3) thanked the excellent arrangements made by the Government of Papua New Guinea. He emphasized the need of attention to problems that are going to knock on their doors. He emphasized the need of attention in particular to diabetes, filariasis control, communicable disease surveillance, and open learning.

The Acting Governor of Madang Province warmly welcomed all representatives assembled and declared the conference open.

3.2 Meeting of Ministers of Health

A formal and colourful opening ceremony was organized by the Papua New Guinea Government, characterised by prayers, singing and traditional dances.

The Deputy Director-General of the Secretariat of the Pacific Community, Mr Yves Corbel, made his opening remarks which was followed by the speech of Dr Shigeru Omi, Regional Director of WPRO, welcoming all the participants. (see Annex 4).

The Minister of Foreign Affairs, Honourable Bart Philemon, on behalf of the Prime Minister, Honourable Sir Mekere Morauta, formally opened the meeting and welcomed all the Ministers and Directors of Health to Papua New Guinea and to the meeting. His speech is in Annex 5.

The opening ceremony concluded with much pageantry.

The Minister of Health of Papua New Guinea, Honourable Ludger Mond, was elected as Chairman of the meeting. Dr Jean-Paul Grangeon of New Caledonia was elected as the Rapporteur.
4. PROCEEDINGS

4.1 Technical Meeting of Directors of Health

Dr Puka Temu, Secretary for Health, Papua New Guinea, was chosen as the Chairman of the Technical Meeting. Dr Takeieta B. Kienene was chosen as the Rapporteur. The provisional agenda was adopted (Annex 6).

Progress in the implementation of the Palau Action Statement was introduced by the WHO Regional Adviser in Environmental Health. Short-term targets were to be set and specific areas for action were proposed.

WHO action was to assist countries and was shown in two case study documents. The conclusion of the workshop was presented. Regional guidelines established were evaluated. Information exchange was promoted. Tobacco control was emphasized. All were taken into account as elements of Healthy Islands initiatives.

The workshop held in Samoa came out with specific conclusions vis-à-vis vision for Healthy Islands as a holistic process, involvement of nongovernmental organizations and private agencies and institutionalization of Healthy Islands initiatives.

The Regional Strategy for Healthy Islands was being circulated for review and adoption. The Directors were tasked to make comments on constraints, their experiences, etc.

More countries have, since the Palau Action Statement, initiated the Healthy Islands initiative.
Fiji informed of the establishment of a National Health Promoting council and creation of statutory body and increased funding. They have set aside a week in April as National Health Week and another week in November to emphasize noncommunicable diseases.

It was noted that different progress stages in different countries could be streamlined.

Cook Islands informed that involving private sector and bodies was making considerable progress and was encouraging community participation.

Regional Action Plan on Healthy Islands and the conclusions of the Regional workshop would require institutionalization of the Healthy Islands as per Samoa.

According to Palau, the most challenging aspect for Healthy Islands initiative involved the legislators and the community. The Action Plan recommended that international agencies should accept Healthy Islands initiatives in specific project support.

American Samoa informed that legislation on tobacco smoking is ongoing. Institutionalizing is considered important both by countries and by international agencies supporting the legislation.

The Regional Action Plan takes into consideration the above facts. The Directors endorsed the Regional Action Plan.

Some participants felt that the indicators showing a minimum number needed to be incorporated. The conclusions of the workshop and the papers on implementation of Palau Action Statement were endorsed.
Diabetes

The background paper on diabetes pointed out the common risks the disease shared with other noncommunicable diseases and how it is costly to have effective intervention. Regional strategy on diabetes had already been accepted.

The Western Pacific Declaration on Diabetes (WPDD) has the following goals: primary prevention, secondary prevention and health services development. It was felt that the scope of intervention was feasible. Strategic alliance with agencies/programmes, for example, obesity control in Fiji, French Polynesia and Tonga are some of the highlights.

The Samoa meeting on obesity was pointed out. The draft plan of action on obesity in the Pacific was supported. The Plan of Action covered the basic issues on epidemiology and prevention, control and services. A Pacific diabetes programme would be worthwhile to consider.

The view of the Healthy Islands as an overall umbrella was unanimously supported.

Participants conceded to rationalize technology in the quality of care of diabetes and obesity. It was also considered essential to obtain good political support vis-à-vis alcohol and tobacco.

Cook Islands felt that epidemiological database (information) was necessary.

The secretariat presented past and present trends and the future burdens to design models of specific intervention and to monitor the success of programmes.

New Caledonia expressed that there was very little awareness but there were huge costs involved in the treatment. There is a need to decide on sustainable technology.
American Samoa informed of its priorities vis-a-vis preventive services to aim at health education and health promotion programmes. By 2004, American Samoa's diabetes control programme would be linked with the healthy living goals.

French Polynesia informed of targeting obesity to diabetes control in a 1995 survey, which increased awareness of breast-feeding. In 1999, a major community survey was conducted on nutrition, obesity and diabetes control programme. Conventional strategies increased awareness. The role of health professionals to implement healthy lifestyles was considered essential. A new survey demonstrating nutritional links is planned for 2001. Behavioural changes through direct contact was felt to be an option.

Fiji informed of its Healthy Islands activities. A number of entry points have been launched. Noncommunicable disease week is planned to take place in November 2001. Health promotion activities are also planned and community-based environmental protection efforts are in place. An Obesity and Environmental Audit Committee was established to contain NCD and promote healthy community as a stakeholder. Importation of foods with high fat content is being controlled.

Samoa was concerned of the impact of urbanization. The value of good data, school awareness programme and health education from school age were viewed as essential.

Tonga informed of its diabetes control programme. A 1994 national action programme was put in place linking primary prevention and secondary treatment programmes. Primary prevention has the objective to address the risk factors and prevent accessibility to unhealthy foods. The goal was a decrease in incidence.

Tuvalu felt that improving clinical control is integral to public health.
The Chairman emphasized the role of health promoting schools and proper management. The Regional programme should be under the overall Healthy Islands programme.

It was felt that all regulation and legislation should be left to each country and under the overall Healthy Island concept. "To age with dignity, one should have NCD" was a point raised. Guidelines and regulations on foods that contribute to NCD and Healthy Islands concept were felt necessary and health promotion must be specific.

*Communicable disease surveillance and response*

The importance of the role of the Pacific Public Health Surveillance Network (PPHSN) in the Pacific island communicable disease prevention and control programmes was emphasized. SPC and WHO were the joint presenters. Voluntary public health surveillance in a sustainable way was emphasized.

The development of protocols was felt necessary. The group endorsed the development of an action plan and in six months' time will finalize the proposed workshop.

*Mid-level and nurse practitioners*

Mid-level and nurse practitioners have played important roles in meeting the health care needs of the most of Pacific island countries. Some communities are so small and distant that transport of medicines and supplies and seriously ill people can be very difficult. The need for health workforce to address the issue was uniformly accepted. They are frontline workers and are trained to diagnose and treat common public health problems and manage emergencies. The mid-level practitioners have different titles in different countries.

Fiji emphasized that the mid-level practitioners issue is a long-standing one. Two batches of nurse practitioners have been trained and it requires WHO help to evaluate their skills and
performance. The trainees have proved their usefulness and Fiji would like to continue with the training. The objective was to upgrade and improve skills to enable them to gain higher status and remuneration.

Tonga does not plan to set up a separate training as their present set-up is adequate.

4.2 Meeting of Ministers of Health

Traditional medicine

There was uniform acceptance of traditional medicine practices to be encouraged and incorporated into health care delivery services. Some doubts still existed on the ways and means of achieving this goal. Development of a national policy was felt to be essential.

Traditional medicine is a long-established health care system in Pacific island countries which has been developed over the centuries as a response to various diseases and physical disorders. The use of traditional medicine remains very popular in Pacific island countries.

The subject of traditional medicine was discussed at the Meetings of Ministers of Health for the Pacific Island Countries held in Rarotonga, Cook Islands, in 1997 and in Koror, Republic of Palau, in 1999.

Stop TB

Although the number of tuberculosis (TB) cases is lower in Pacific island countries and areas (PICs) than in other parts of the Region and varies considerably by country, the overall case notification rate among Member States and areas in 1998 was 59 per 100,000 population, compared with 51 per 100,000 for the Western Pacific Region as a whole. Some PICs have recorded extremely high notification rates of TB.
Filariasis

Discussions on filariasis brought out the uniform satisfaction felt by countries in the progress being made and the resolution on a Filariasis-Free Pacific was emphasized.

In 1995, the World Health Report identified lymphatic filariasis as the second leading cause of permanent and long-term disability worldwide. In the Western Pacific Region the disease has historically had the greatest impact on the small island countries of the Pacific. In the past it was not uncommon to find islands where more than 40% of the population was infected with the parasite *Wuchereria bancrofti*. Attempts have been made in the past to control the disease with some success but results have always been short-lived.

Recent advances in treatment using a combination of albendazole with either diethylcarbamazine (DEC) or ivermectin, together with the development of a rapid diagnostic test, have for the first time made total eradication of the disease an attainable goal.

Recognizing this attainability, the World Health Assembly in May 1997 passed a resolution supporting a programme aimed at global elimination of lymphatic filariasis by 2020. In March 1999, Ministers of Health from Pacific island countries meeting in Palau unanimously adopted a resolution calling for elimination of lymphatic filariasis from the Pacific by 2010, ten years earlier than the worldwide target.

Statements were delivered by observers and representatives from the Asian Development Bank, AusAID, World Bank and UNICEF.

The meeting took note of the willingness of the Government of Tonga to host the 5th Meeting of Directors of Health and Ministers of Health for the Pacific island countries in March 2003.

The meeting was formally closed by the Honourable Minister of Health of Papua New Guinea, Honourable Ludger Mond. Dr Omi, WHO Regional Director for the
Western Pacific, also made his closing remarks expressing satisfaction and gratitude to the Government of Papua New Guinea for all the wonderful arrangements done. Mr Corbel also thanked the host government and all participants for a successful meeting.

The draft conclusions and recommendations of the meeting of ministers of health for Pacific island countries were adopted unanimously as the "Madang Commitment Towards Healthy Islands".
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Annex 1

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Allow me first, on behalf of our Director-General, Mrs Lourdes Pangelinan, to express SPC's gratitude to the Government of Papua New Guinea for hosting the Technical Meeting of Directors of Health for the Pacific Island countries in Madang.

This meeting and the meeting of the Ministers of Health that will follow constitute an unique opportunity for our organisation to assess the relevance of its current and planned activities and strategies against what our members see as their existing and emerging priorities.

They represent also a further step in the existing synergy between WHO and SPC in the region. Never before had we achieved such a high level of co-operation between our two organisations in the preparation of these meetings and this augures well of our future common endeavors.

I would also like on this occasion to acknowledge the financial assistance of AusAID for the organisation of this meeting.

SPC's expectations for these two meetings are particularly high, and I am going to explain why, but before I do so, may I suggest that you experience the unique quality of the SPC's interpretation services since from now on I am going to use my native language for my speech.

The task that lies ahead is to assess the headway made since Palau and, more specifically, the follow-up to the declaration made at that meeting regarding Healthy Islands. Strategies will then need to be identified for making progress, particularly in terms of communicable and non-communicable disease control as well as human resource development in the region.

With regard to non-communicable diseases, you will be able to assess progress made, often in close collaboration with WHO, in diabetes, heart disease and cancer control. SPC is running two projects in this area: the lifestyle disease project which is primarily concerned with providing training to nutritionists at the regional level and a project called Pacific Action for Health which covers four Pacific countries. This programme, which is highly innovative by reason of its integration strategy, relies on very close co-operation with national health institutions and NGOs.

Concerning communicable disease control, although our project's HIV/STD/AIDS phase is drawing to a close, it will give way to an initiative with a strategy that will be closely related to the Pacific Action for Health projects, as all the parties concerned at both national and regional levels will be working closely at designing and implementing the project.
Annex 2

This is also an AusAID initiative to which SPC wishes to make a major contribution.

Our tuberculosis control section has achieved the objectives that it had set with WHO for its project’s first component. We hope to be able to continue our partnership with WHO in this area.

Finally, the Vector-Borne Disease Control Programme will end in June 2001. This programme, the management of which is highly decentralised across the three target countries (i.e., Fiji, Solomon Islands and Vanuatu), will soon submit its final report and we will be listening carefully for what the public health authorities will have to tell us about the approach used and progress made in the three countries in terms of dengue and malaria control. During the year 2000, SPC sought to maintain and sometimes adjust its assistance programmes, despite the difficulties faced in the crisis-stricken countries. This was particularly the case for the Vector-Borne Disease Control Programme in Fiji and the Solomon Islands.

This readiness to take action in emergency situations motivated our Public Health Surveillance Section to act alongside WHO when the cholera outbreak struck in the Federated States of Micronesia, so as to assist the country in stamping out the epidemic.

The Public Health Surveillance Section undertakes its efforts in accordance with the strategy adopted by the Pacific Public Health Surveillance Network and in close collaboration with WHO. PACNET has proved itself reliable in detecting outbreak areas. LABNET is currently being built up. The Surveillance Section is also devoted to supporting the Health Programme’s technical sections, as is the Health Promotion Section, which is required to assist them in integrating prevention strategies based on the Ottawa Charter.

Lastly, health manager training undoubtedly remains a priority for us and our head of health management’s efforts have given rise to expectations in the regions which we will need to meet. On Palau’s recommendations and with New Zealand’s financial assistance, our focal point within the programme has also launched an oral health needs survey of the region, in close collaboration with the Fiji School of Medicine, involving the national health authorities. A feasibility study has also been conducted with a view to developing an environmental health project in four Micronesian countries in collaboration with WHO, SOPAC and the Fiji School of Medicine.

We believe that we have gradually, at the same pace as funding has been granted, played our part in following up the Palau meeting’s recommendations. Our discussions this week will enable us to obtain feedback from you on this.

SPC’s Public Health Programme has been considerably strengthened in recent years. It had seven officers in 1996 and today boasts 28. The programme’s rapid growth bears witness to the importance attached by the region’s countries and donors to public health in the Pacific. It also coincides with emerging diseases, which can only be effectively controlled by combined strategies under the programme and in collaboration with SPC sections that do not deal exclusively with health issues.
Annex 2

These developments have led SPC to examine its Public Health Programme’s terms of reference, strategies and objectives in terms of the task set for it by its members. The assessment is being conducted collectively by the programme team assisted by a major programme review carried out in 2000.

I would like to share two decisions and a few directions that the assessment came up with. To emphasise the adjustment that the programme needs to make to new strategies and new investigation areas, the Community Health Programme has been renamed the Public Health Programme. The second decision concerns the programme’s management. In order to implement the programme’s new strategies and improve the coordination of its activities, SPC will create a new position this year of Director of the Public Health Programme. The Director will be your institutional contact within the programme.

In the next two years, we hope to strengthen our initiatives in training, health system management, surveillance and health promotion. We hope that we will be able to strengthen our collaboration with WHO and the Fiji School of Medicine in these areas.

At a later stage, perhaps 2003-2005, we wish to explore further with you, our donors and partners, the areas in which SPC has already initiated needs analyses, such as oral health and environmental health. Mental health and disaster response in public health-related aspects is also an avenue we would like to explore.

These new ambitions have led us to re-examine the mechanisms that would enable us to make the most of SPC’s potential. We are now looking at undertaking research activities in social areas within the organisation, extending health surveillance to noncommunicable diseases, setting up project evaluation mechanisms, and developing multidisciplinary pilot projects.

Pacific countries must remain in control of this enormous task that lies ahead. This is why the SPC team will be listening carefully to the discussions that will be held over the next four days and the recommendations that will be made at the end of the day. They will guide us in designing future strategies.

Thank you for your attention.
OPENING REMARKS BY DR SHIGERU OMI,
REGIONAL DIRECTOR, WHO/WPRO, AT THE TECHNICAL MEETING OF
DIRECTORS OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES

MADANG, PAPUA NEW GUINEA,
12-13 MARCH 2001

DIRECTORS OF HEALTH, COLLEAGUES FROM WHO, THE SPC AND OTHER
AGENCIES, LADIES AND GENTLEMEN

It gives me great pleasure to welcome you to this meeting of the directors of health for
Pacific island countries. Our host, the Government of Papua New Guinea, has done a marvellous
job of arranging both this meeting and the meeting of ministers that will follow, and I would like
to thank everyone involved for the excellent preparations you have made.

The meeting of your ministers on Wednesday and Thursday is going to be very important
for setting broad policy guidelines for the Pacific in the next century, but you are the people who
really know what is happening on the ground. Supportive political leaders are essential, but it is
the director of health (or secretary of health as it is known in some countries) who knows the ins
and outs of the health sector and its strengths and weaknesses. It is the director who knows what
the sector does well and how it can be improved. I hope this meeting will give you a chance to
put aside the day-to-day problems that come knocking at your door and instead to really think
about the longer-term problems that will come knocking in a few years time.

Let me take diabetes. This disease is prevalent throughout the Pacific; in some countries,
over 40% of the population suffers from diabetes. The worrying thing is that many of the
diabetes surveys we have are quite old and probably understate the problem. What we can say
with some certainty, however, is that the issue of diabetes is not going to go away, in fact it is
going to get much worse if we don't do something about it. In many countries the problem is one
of awareness – a chronic disease like diabetes does not have the same news value as, say, a
cholera outbreak, although the cost in human and financial terms may be much greater. One of
your most important tasks is going to be to persuade your political leaders that diabetes has
economic as well as human implications. This disease eats up a very large percentage of the
health budget, far too much of it on treatment rather than prevention. To help you make the
economic case for diabetes prevention with your ministers, WHO is working with you to carry
out a cost study of diabetes in Fiji, the Federated States of Micronesia and Samoa. We hope that
the results of this study will enable you to convince your governments of the urgent need to
increase the percentage of the health budget devoted to prevention.

I know that resources are always scarce and prioritization is not easy. In addition to
diabetes prevention, funds still need to be allocated to fighting communicable diseases.
Outbreaks of cholera, dengue and leptospirosis have all hit the Pacific in recent years. Levels of
filariasis have decreased dramatically, but the disease is still endemic in some countries and we
have to work hard to achieve our target of eliminating filariasis from the Pacific by 2010.
Communicable disease surveillance and response, including the Pacific Public Health
Surveillance Network (PPHSN), is another extremely important item on our agenda.
Effective surveillance relies on the miracle of modern communications. So too does the provision of open learning, another topic we shall be discussing. This is an important new area that I know many of you are interested in. However, there are important operational issues related to sustainability and cost that have to be addressed. Our goal must be to see how we can bring cost-effective and relevant open learning to the people who need it most, the men and women who work on the outer islands, often with very little back-up.

As you can see, we have some hard work ahead. However, I know the calibre of the men and women in this room and I know that you will all have a great deal to contribute. I truly feel that if we really address the issues before us today, we will be able both to help the ministers in their deliberations later this week and, more importantly, to lay the groundwork for public health in the Pacific in the 21st century.

Thank you and I wish you a successful meeting.
OPENING REMARKS BY DR SHIGERU OMI,
REGIONAL DIRECTOR, WHO/WPRO, AT THE MEETING OF MINISTERS OF HEALTH
FOR THE PACIFIC ISLAND COUNTRIES,

MADANG, PAPUA NEW GUINEA
14-15 MARCH 2001

HONOURABLE FOREIGN MINISTER BART PHILEMON, MINISTERS OF HEALTH,
DIRECTORS OF HEALTH, COLLEAGUES FROM WHO, THE SPC AND OTHER
AGENCIES, LADIES AND GENTLEMEN

Guipela morning tru me hamamas long you pela-olgeta yumi bung long this pela meeting.
(Good morning. I would like to welcome all of you to this meeting).

It gives me great pleasure to welcome all of you to this fourth meeting of the ministers of
health for Pacific Island countries. Let me begin by expressing my sincere thanks
to the Government of Papua New Guinea for generously hosting this meeting in the beautiful town of
Madang. I would like to particularly thank his Excellency Sir Mekere Morauta, Prime Minister
of Papua New Guinea, for his commitment and support for health and Honourable Bart Philemon
for gracing our meeting with his presence. I also would like to thank Honourable Pengau Nengo,
Acting Governor of Madang Province, for his wonderful hospitality and preparations. Looking
around the room today I am delighted to see so many old friends and to see new faces who will
bring new ideas and energy to our discussions.

When I saw Papua New Guinea's National Health Plan 2001-2010, I was delighted to see
that the concept of Healthy Islands, which we shall be discussing in the next couple of days, is
right at the heart of the plan. And I would like to take this opportunity to thank and congratulate
Honourable Minister Mr Mond. We at WHO feel strongly that this is exactly how the idea of
"Healthy Islands" should be used. Those of you who attended the first Meeting of Ministers of
Health in Yanuca Island, Fiji, in 1995 will recall that the Yanuca Declaration adopted the
concept of "Healthy Islands" as a unifying theme for health promotion and protection in the 21st
century. The subsequent two meetings at Rarotonga, Cook Islands in 1997 and Palau in 1999
fleshed out this "unifying theme", stressing the importance of human resources for health,
pharmaceuticals, traditional medicine, noncommunicable diseases and health information. Our
task over the next two days is to take this process even further. Please allow me to highlight a
few of the issues we shall be covering.

The first is diabetes. This disease imposes an enormous burden not only on the health of
the people but also on the economy of the governments. In one country of our Region, for
example, one in three women living in an urban environment suffers from the disease. As you
know, diabetes is a life-long condition, with many serious associated complications, including
diabetic eye disease, kidney damage, heart attack and stroke, and diabetic neuropathy.
Annex 4

Anyone who has witnessed a leg being amputated or seen a diabetic die of a stroke or renal failure will understand how essential it is that we should tackle this disease.

Another disease that disproportionately affects the island nations of the Pacific is lymphatic filariasis. Many of you will remember the days when it was not uncommon to find islands where more than 40% of the population was infected with the parasite that causes this disease. However, there has been very encouraging news in the battle against this leading cause of permanent and long-term disability. A combination drug treatment, together with a rapid diagnostic test, has for the first time made elimination of the disease an attainable goal. At the meeting in Palau two years ago, Ministers adopted a resolution calling for the elimination of lymphatic filariasis from the Pacific by 2010, ten years earlier than the worldwide target. Our job now is to achieve this target.

One important way in which we can reduce the impact of communicable diseases is through improved surveillance and response. There have been important developments in recent years, such as the Pacific Public Health Surveillance Network (PPHSN). This issue, along with other communicable diseases such as TB, are also on our agenda and I look forward very much to discussing them with you.

Until a few years ago most medical doctors trained in Western medical schools rejected traditional medicine because it lacked the rigorous scientific evidence base that underpinned modern medical science. However, in recent years attitudes towards traditional medicine have been changing, partly because of increased demands from the public. A few months ago a WHO workshop on traditional medicine was held in Samoa. This workshop showed clearly that more and more of your governments have shown a willingness to bring traditional medicine into the formal health service system.

Yet while we must make sure that we do not ignore the past, we must remain aware of technological developments that will fundamentally change the way we work. I know that many of you, particularly Ministers from countries with widely dispersed populations, are keen to know about the opportunities that modern technology of communications offer to you and your people. Yet there are also many operational issues related to sustainability and cost implications that have to be jointly addressed. We have therefore included 'open learning' on the agenda and I look forward to discussing with you how we can use recent developments in communications to improve the health of Pacific islanders.

I would like to finish my opening remarks by giving my sincere appreciation once again to our hosts, the Government of Papua New Guinea, for the excellent preparations of this meeting. We have serious discussions ahead of us. But, given the dedication and enthusiasm of the people in this room, I am confident that we can lay the foundations for health in the Pacific island countries in the 21st century.

Tenkyu tru. Mi bilip olsem meeting bilong yumi by-e gutpela tru. (Thank you. I wish you a successful meeting.)
Six years ago at your inaugural meeting in Fiji, you adopted the concept of "Healthy Islands" as a basis for regional efforts in health care.

There is evidence to give us some satisfaction that the concept has been successful in its implementation as shown by the Rarotonga Agreement Towards Healthy Islands in 1997 and the Palau Action Statement on Healthy Islands in 1999.

The principal reason for the success that has been achieved is that the concept allows us to understand each other's different health systems, analyse our special needs and attempt to address them cost-effectively.

Small Pacific island states are confronted with extremely difficult circumstances created by a host of factors including geography, population trends, culture, and limited economic, political and bureaucratic capacity.

These factors mean that very carefully targeted approaches are required in health policy planning and implementation.

For example Pacific islanders, several million of us, are scattered over an area of about 30 million square kilometres of the Pacific Ocean. Large population centres whose health needs could be addressed easily and efficiently in the normal course of events are the exception rather than the rule.

This vast area poses extraordinary difficulties for our health systems. Direct contact with the vast bulk of our population is problematic and expensive. Our ability to share information and apply it, even in urban centres, is severely restricted.

Combined together, market fragmentation and isolation from industrial nations create issues of affordability that compound the basic problems we have as developing nations.

The remarkable diversity of Pacific island cultures, while perhaps appealing to tourists, poses some problems for finding commonly acceptable solutions. For example, in Papua New Guinea, what might be a sensitive, culturally aware approach in one village may be an affront to another.
Annex 5

Health systems in developed nations are sophisticated, technologically oriented and bureaucracy-intensive. Their implementation and maintenance impose severe burdens on our fragile public sectors.

The requirements of management of these systems can lead to distortions in resource allocation. Occasionally these distortions skew national policy priorities.

Factors such as industrialisation and resource exploitation, urbanisation, rapid population growth, changing eating habits and the universal spread of Western education systems have profound impacts on our health requirements.

Our tropical climate exposes us to many diseases such as malaria that are renowned for their intractability. Population growth, lack of appropriate sanitation systems, malnutrition in some areas and other factors increase the risk.

We are especially vulnerable to new diseases -Papua New Guinea is facing an HIV/AIDS crisis -exacerbated by increased mobility between what were once isolated communities.

Pacific island people do not have an inbuilt resistance to some existing diseases. Historically, our populations have been decimated by the spread of common developed-world afflictions such as influenza, syphilis and the like. Then we must contend with the health-risk potential of regular natural disasters such as cyclones, volcanic eruptions, flood, drought and earthquakes.

Economically, the need for food resources exposes island states to over-exploitation and to the dumping of cheap and unhealthy food and consumer products such as tobacco and alcohol. The encroachment of the cash economy makes us increasingly dependent on such items and less able to provide for ourselves from fishing, hunting and gardening.

Traditional population centres were without exception sited where there was plentiful food and water. The best land, in other words.

Now they have grown into towns and cities, and the best land is disappearing at a very rapid rate. The same pressures are mounting on our capacity to manage urban environmental issues such as the disposal of waste.

All these impacts are exacerbated by changes in our social structures where nuclear families are replacing extended families, our population is getting younger, traditional systems of care are disappearing and new influences are replacing them.

It is imperative that all of us develop a better understanding of these factors, and many more, if we are to make the gains that are required in the new century. It is also imperative that they are not regarded as insuperable obstacles -we in the islands see them as challenges that can be overcome by innovation.

For example we have adapted external methods and incorporated them with our own to achieve some quite remarkable results with the financial and technical assistance of our partners.
Here in Papua New Guinea, the World Health Organisation has recently certified us as a polio-free country. We have also reached the WHO Year 2000 leprosy elimination target of less than one case for every 10 000 people.

These are very significant milestones. But to be frank, despite these successes, Papua New Guinea has a long way to go.

When we look at some important human development indicators, we see clearly that Papua New Guineans are basically no healthier today than they were at Independence almost 26 years ago.

Volume One of the National Health Plan states -and I quote -"The poor status of the health of the people has been well publicised and acknowledged. The progress made prior to 1981 has not been sustained and has worsened in some areas." Unquote.

Women and children suffer most:

- Our infant mortality rate is the highest in the Pacific Islands region. 15 000 babies less than one year old die each year.

- Our child mortality rate is significantly higher than the average for South East Asian and Pacific countries. 13 000 children die each year before their fifth birthday.

- 39 per cent of children under five years old do not receive proper nutrition.

- Our maternal mortality rate is the highest in the Pacific Islands region. 3 700 mothers die each year from birth complications.

- Life expectancy for women, at 51 years, has not increased over the last decade. Papua New Guinea is one of the few countries in the world where women have a lower life expectancy than men. (The national average is also low, at 54 years.)

- Fertility rates are high, at 4.8 children per woman aged over 15. The ideal number of children women would like to have is 3.8, indicating an unmet need for family planning. This is supported by the fact that only 19.6% of women of child-bearing age use modern forms of contraception.

- Health services are unevenly distributed with rural areas being most disadvantaged. A large number of rural aid posts are closed.

- Half of all children are not immunised. (The regional average for immunisation is 82%.)

- 60% of pregnant women are not supervised during childbirth.
Annex 5

- 70% of rural communities do not have access to safe drinking water.

- The female literacy rate is extremely low, at 40%, with functional literacy estimated at less than 25%.

This sad reality provides the spur for the current Government's increased effort in the provision of appropriate health services and determination to implement the National Health Plan.

These statistics and the lack of capacity of governments also tell us that partnership in health care is of paramount importance.

At the regional level, various agencies such as WHO and the SPC, and donor countries including Japan, New Zealand and Australia, have collaborated on the development of core health expertise across Pacific island nations.

At a national level, partnerships involving churches and other non-government organisations have long been a feature of our health systems. Every effort should continue to be made to involve the private sector, as the Palau Statement of Action in 1999 specifically highlighted.

In Papua New Guinea the private sector is being encouraged to play a much more central role in nation-building. Our medium-term development strategy focuses on five key priority areas: health, education, infrastructure, primary industry and law and order.

Our new health plan emphasises primary and preventive health care, in conformity with the Healthy Islands approach.

Its focus is on:

- Health promotion and protective health services;
- Majority access to quality basic services;
- Equitable distribution of limited specialist care services;
- Management training and improved clinical and technical skills;
- Adherence to minimum standards;
- Use of cost-effective, well-tested and technically sound interventions; and
- Achievement of positive outcomes through health reforms and development of partnerships.
On the 5th of next month, a health donor consultation meeting will be convened in Port Moresby to brief our partners on the Health Services Improvement Program.

It is an extensive program, and represents the first real attempt by government in many years to provide basic services where they are needed most—in rural areas. This year the Government is providing 13.4 million Kina for aid post rehabilitation.

These funds are currently under the Department of National Planning and Monitoring and will be accessed to re-open the many aid posts that have been closed over the years.

In the public health sector development budget for this year, a total of 83.4 million Kina has been earmarked for 19 projects covering urban health facilities; rural health support services, family health services, disease control; health promotion and education and medical supplies and equipment.

This is in line with the Government's commitment to reducing the recurrent budget and increasing genuine development spending.

As we rebuild our health system through these measures, we hope to be able to share the lessons we learn with our neighbours.

In the area of pre-service training and continuing education, our School of Medicine and Health Sciences is already setting the pace by being accessible through the internet and distance education.

It is also collaborating closely with the Fiji School of Medicine in the training of doctors and other specialist health workers.

More cooperation is needed in other areas. For example disease surveillance must be strengthened and there must be a greater exchange of specialists.

Broad practical experience in the surveillance of both communicable and non-communicable diseases is in short supply and we would all benefit from the sharing of resources.

These meetings are to provide the opportunity for all of us to work through the many issues that confront us and come up with workable, relevant solutions.

The Government of Papua New Guinea congratulates health leaders in the region, our Health Ministers, your technical staff, our two regional organisations, the Western Pacific Regional Office of WHO and SPC, and our many donor-nation friends for facilitating the 2001 biennial meeting.

We wish the conference every success and that you have a pleasant and enjoyable stay in Madang.
Annex 5

It now gives me great pleasure, on behalf of the Prime Minister of Papua New Guinea, Sir Mekere Morauta, to officially declare the 4th Biennial Pacific Health Ministers meeting open.

Thank you.
AGENDA

• Technical Meeting of Directors of Health
  12-13 March 2001
  1. Opening ceremony
  2. Election of Chairman and Rapporteur
  3. Adoption of the agenda
  4. Progress in the implementation of the Palau Action Statement
  5. Communicable disease surveillance and response
  6. Diabetes control
  7. Human resources development under Healthy Islands
     7.1 Open learning
     7.2 Health leadership development
     7.3 Report on the study on middle level and nurse practitioners in the Pacific
     7.4 Study on migration of health workers
  8. Conclusions and recommendations
  9. Closing

• Meeting of Ministers of Health
  14-15 March 2001
  1. Opening ceremony
  2. Election of Chairman and Rapporteur
  3. Adoption of the agenda
  4. Presentation of the Report of the Meeting of Directors of Health for the Pacific Island Countries by the Chairman of the Meeting
  5. Report on progress in implementing the Palau Action Statement
     5.1 Palau Action Statement
     5.2 Traditional medicine
  6. Communicable diseases under Healthy Islands
     6.1 Pacific Stop TB Initiative
     6.2 Filariasis elimination in the Pacific
     6.3 Communicable disease surveillance and response
Annex 6

7. Diabetes control
8. Human resources development under Healthy Islands
   8.1 Open learning
   8.2 Health leadership development
9. Statements by Observers and Representatives from International Agencies
10. Adoption of the conclusions of the Meeting of the Ministers of Health for the Pacific Island Countries
11. Closing
PROGRAMME

- Technical Meeting of Directors of Health
  12-13 March 2001

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### Annex 7

**Meeting of Ministers of Health**  
14-15 March 2001

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<td>0900-1000</td>
<td>Opening ceremony</td>
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<td>1000-1030</td>
<td>Photo session/coffee break</td>
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<td>1030-1200</td>
<td>Election of Chairman and Rapporteur</td>
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<td>Adoption of the agenda</td>
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<td>Presentation of the report on the Meeting of Directors of Health for the</td>
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<td>Pacific island Countries by the Chairman of the Meeting</td>
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<td>Report on progress in implementing the Palau Action Statement</td>
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<td>Palau Action Statement</td>
<td>Dr H. Ogawa</td>
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<td></td>
<td>Traditional Medicine</td>
<td>Dr A. Ron</td>
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<td></td>
<td>1200-1330</td>
<td>Lunch break</td>
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<td></td>
<td>1330-1500</td>
<td>Communicable diseases under healthy islands</td>
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<td>Pacific Stop TB initiative</td>
<td>Dr D.I. Ahn</td>
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<td>Filariaisis elimination in the Pacific</td>
<td>Dr K. Ichimori</td>
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<td>Communicable disease surveillance and response</td>
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<td>1530-1700</td>
<td>Diabetes control</td>
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<td>Statements by observers and representatives from international agencies</td>
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<td>0830-1200</td>
<td>Field visit to a health promoting school, marketplace and village</td>
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<td>1200-1330</td>
<td>Lunch hosted by people of SIAR Village</td>
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<td>1330-1500</td>
<td>Human resources development under Healthy Islands</td>
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<td>Open learning</td>
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<td>Health leadership development</td>
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</tbody>
</table>
Annex 7

1500-1530  Coffee break
1530-1700  Adoption of the conclusions of the meeting of the Ministers of Health for the Pacific Island Countries
           Closing
ANNEX 8

LIST OF OBSERVERS AND REPRESENTATIVES WITH STATEMENTS

1. Dr Maryse Duge
   Health Specialist
   Office of Pacific Operation
   Asian Development Bank

2. Ms Heather MacDonald
   Sectoral Adviser
   Gender-Health and Education Group
   Australian Agency for International Development

3. Ms Ruth Holland
   Programme Manager
   Pacific Regional Health and Education
   New Zealand Official Development Assistance

4. Ms Sarita Neupane
   Health and Nutrition Officer
   United Nations Children Fund, Fiji

5. Mr Birat Simha
   Representative
   United Nations Population Fund, Papua New Guinea

6. Dr Janet Hohnen
   Senior Public Health Specialist
   East Asia and Pacific Region
   World Bank