MEETING REPORT

FIFTEENTH PACIFIC HEALTH MINISTERS MEETING

Convened by:

THE MINISTRY OF HEALTH OF THE KINGDOM OF TONGA

With support from:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

THE PACIFIC COMMUNITY

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NOTE

The views expressed in this report are those of the participants of the Fifteenth Pacific Health Ministers Meeting and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fifteenth Pacific Health Ministers Meeting in Nuku’alofa, Tonga from 20 to 22 September 2023.
CONTENTS

SUMMARY .................................................................................................................................................. 4

1. INTRODUCTION ...................................................................................................................................... 5
   1.1 Meeting organization ......................................................................................................................... 5
   1.2 Meeting objectives ............................................................................................................................. 5
   1.3 Participants ......................................................................................................................................... 5
   1.4 Appointment of chairpersons and rapporteurs ................................................................................. 6

2. PROCEEDINGS ........................................................................................................................................ 6
   2.1 Opening session ................................................................................................................................. 6
   2.2 Report on progress since the Fourteenth Pacific Health Ministers Meeting .................................... 6
   2.3 Rethinking human resources for health ............................................................................................ 7
   2.4 Tackling the drivers of obesity, particularly for children and young people .................................... 7
   2.5 Update on the Pacific Multi-Country Cooperation Strategy ............................................................. 8
   2.6 Advancing health information and digital transformation in the health sector ................................ 8
   2.7 Strengthening health system resilience ............................................................................................ 9
   2.8 Presentation on the 2050 Strategy for the Blue Pacific Continent .................................................... 10
   2.9 Visits to the Western side of Tongatapu, Vaiola Hospital and Health Promoting Schools ................ 10
   2.10 Closing session ............................................................................................................................... 10

3. CONCLUSIONS AND RECOMMENDATIONS ....................................................................................... 10

ANNEXES .................................................................................................................................................... 11

   Annex 1. List of participants, observers and members of the Secretariat ............................................... 11
   Annex 2. Meeting programme .................................................................................................................. 30
   Annex 3. Outcomes of the Fifteenth Pacific Health Ministers Meeting .................................................. 31

Keywords:

Healthy People Programs / Pacific Islands / Regional Health Planning
Continuing the long tradition dating back to 1995 when the Healthy Islands vision was formed on Yanuca Island, Fiji, the biennial Pacific Health Ministers Meeting serves as an opportunity to reflect on progress, share best practices and drive collective action to deliver better health for people across the Pacific.

The Fifteenth Pacific Health Ministers Meeting (15th PHMM) brought together leaders from across the Pacific. It was hosted by the Government of the Kingdom of Tonga with support from the World Health Organization (WHO) and the Pacific Community on 20–22 September 2023.

Based on the priorities of Pacific island countries and areas (PICs), the meeting focused on four main agenda items:

- rethinking human resources for health;
- tackling the drivers of obesity, particularly for children and young people;
- advancing health information and digital transformation in the health sector; and
- strengthening health system resilience.

These issues are key to both realizing the Healthy Islands vision and making progress towards the Sustainable Development Goals (SDGs). Strengthening human resources for health is essential to improving the availability, accessibility and quality of health services, as well as to making greater progress towards universal health coverage. Beyond the health system, multisectoral action is needed to address the environmental, commercial, behavioural and social drivers of obesity and overweight, particularly among adolescents, with the goal of empowering children and young people and reducing the burden of noncommunicable diseases that they face in the future.

At the same time, the COVID-19 pandemic raised awareness of new needs and possibilities, including the opportunity to harness health information and digital health to rapidly strengthen and expand health services. The pandemic also highlighted the need to increase Pacific resilience to future health system shocks such as disease outbreaks and disasters, especially given the increasing impacts of climate change.

The 15th PHMM was therefore an important moment in the region’s progress towards achieving the Healthy Islands vision and the goals of For the Future: Towards the Healthiest and Safest Region, WHO’s vision for the Western Pacific. By turning these visions of a healthier and safer Pacific into reality, the 15th PHMM is also contributing to the achievement of the Thirteenth General Programme of Work, 2019–2025, and through that, the SDGs.
1. INTRODUCTION

1.1 Meeting organization
The Fifteenth Pacific Health Ministers Meeting (15th PHMM) was hosted by the Kingdom of Tonga on 20–22 September 2023 with support from the World Health Organization (WHO) and the Pacific Community (SPC).

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These issues are key to both realizing the Healthy Islands vision and making progress towards the Sustainable Development Goals (SDGs). Strengthening human resources for health is essential to improving the availability, accessibility and quality of health services, and making increased progress towards universal health coverage (UHC). Beyond the health system, multisectoral action is needed to address the environmental, commercial, behavioural and social drivers of obesity and overweight, particularly amongst adolescents, with the goal of empowering children and young people and reducing the burden of noncommunicable diseases (NCDs) that they face in the future.

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1.2 Meeting objectives
The objectives of the meeting were:

(1) to report on progress on the recommended actions from the Fourteenth PHMM and strengthen accountability;
(2) to harness ministerial leadership on the key issues required to drive further progress in delivering better health for people across the Pacific; and
(3) to strengthen relationships and promote collective action across Member States, WHO and partners.

1.3 Participants
Twenty-one countries and areas, including 18 from the Pacific, were represented at the meeting; 15 ministers or equivalent were in attendance.

Sixteen organizations participated as observers.

The list of participants is provided in Annex 1, and the programme of activities in Annex 2.
1.4 Appointment of chairpersons and rapporteurs
The meeting was chaired by the Minister for Health of Tonga, Dr Saia Ma’u Piukala. Additional office-bearers included the Honourable Sonya Talagi, Minister of Health and Social Services of Niue, as Deputy Chair; French Rapporteurs Dr Philippe Biarez, Hospital Director, and Mr Thierry Catteau, Senior Advisor for International Relations to the Minister of Health, from French Polynesia; and English Rapporteur Dr Esther Muña, Chief Executive Officer of the Commonwealth Healthcare Corporation, of the Commonwealth of the Northern Mariana Islands.

2. PROCEEDINGS

2.1 Opening session
The Chair, the Honourable Dr Saia Maù Piukala, Minister for Health of Tonga, welcomed participants to the meeting. He acknowledged the progress made in strengthening health systems since the last Pacific Health Ministers Meeting (PHMM), the resilience of PICs in overcoming the challenges of the COVID-19 pandemic and successive natural disasters, as well as the importance of addressing the meeting’s four main agenda topics.

The Acting WHO Regional Director for the Western Pacific, Dr Zsuzsanna Jakab, recognized the pressing nature of the health issues facing the PICs, and the necessity of joint action in addressing them. She highlighted the importance of whole-of-government and whole-of-society approaches to supporting and sustaining change, as well as the role that ministries of health can play in leading multisectoral action to address public health concerns. She called upon donors to provide contextualized support and resources as needed, allow PICs to remain in the driver’s seat, and continue their contribution to collaborative work across the Pacific and beyond.

The keynote address was delivered by His Royal Highness, Crown Prince Tupouto’a ʻUlukalala of Tonga. He spoke on the importance of the Yanuca Declaration and the Healthy Islands vision, called for multisectoral action in addressing the underlying determinants of health and stressed that partners must work together to achieve these collective goals.

2.2 Report on progress since the Fourteenth Pacific Health Ministers Meeting
The Honourable Dr Isaia Vaipuna Taape, Minister of Health, Social Welfare and Gender Affairs of Tuvalu, delivered a report on progress towards the commitments made at the Fourteenth PHMM. Noting that PICs have had less than 18 months to implement them, the Minister advised that progress has nevertheless been achieved on all commitments, despite some variability in levels of action.

The commitment to accelerate action on NCDs saw the greatest progress. Following the endorsement of the Pacific Legislative Framework for NCDs, many PICs initiated or furthered national legislative and policy review and reform, including to regulate the marketing of unhealthy foods and to introduce health taxes on alcohol, tobacco and sugar-sweetened beverages. Other key examples of action include the technical support provided to 19 PICs in the monitoring of their progress towards the Healthy Islands vision, particularly in data collection and analysis, as well as efforts to strengthen the Pacific Health Information Network.

Substantial action has also been made in advancing sustainable systems and UHC. Continued work in collating and analysing data under the Healthy Islands Monitoring Framework has facilitated better understanding of the importance of such data and of how it can be used to inform country development. PICs conducted further discussions on the subregional platform for the regulation of medical products.
They also held the first meeting of the steering committee meeting for developing a Regional Quality Improvement Programme for nursing education and regulation, which was established in line with the recommendations outlined in the 2021 “Scoping study: Improving the quality of nursing and midwifery education and regulation in Pacific Island countries and areas”. Other initiatives in building sustainable systems include the establishment of new oxygen-generating plants and improvements in the capacity of medical laboratories across various PICs.

Less consistent progress was made in addressing the health impacts of climate change, with only partial action achieved in all areas so far. Preliminary achievements include increased climate advocacy from Pacific health ministers at major national and international events, work or planned work to assess the vulnerability of health facilities, and continued efforts by PICs to advocate for action on climate change more generally.

2.3 Rethinking human resources for health
The Minister of Health of Samoa, the Honourable Valasi Luapitofanua To’ogamaga Selesele, recognized the vital importance of the health workforce in achieving UHC and people-centred care. However, while health workforce challenges in the Pacific have been an ongoing discussion topic since 1995, at the current rate PICs are not currently on track to achieve health service coverage index targets without significant investment and action in the workforce. PICs continue to face health worker shortages that are exacerbated by limited training capacity, skills-mix imbalances, health worker outmigration, uneven workforce distribution, a rapidly ageing workforce and high levels of burnout.

The Minister shared a vision of the Pacific in which people enjoy equitable access to a competent, efficient and motivated health workforce that provides essential and specialized health-care services at all levels of health service delivery. Progress has been made recently through workforce-strengthening initiatives such as the revision of village health worker roles and related policies, development of evidence-based strategic workforce plans at the national level, and optimization of intersectoral coordination. However, challenges remain in translating national commitments into concrete action and results in a context where national leadership and governance are weak and hampered by inadequate health workforce data to guide policy decisions, a lack of strategic planning and insufficient resources. Accordingly, the Minister noted that new approaches are required to achieve the change needed to fulfil the Healthy Islands vision.

Participants agreed that health leaders and development partners need to share resources and work together to recruit, train and retain health professionals in PICs. Of particular concern was the loss of health workers through migration to higher-income countries, and constraints on the region’s capacity to train health professionals. Participants also shared several opportunities and initiatives with the potential to strengthen national health workforces. These included scholarship and other educational opportunities, professional development pathways, investment in infrastructure, more attractive employment packages, and financial as well as other incentives to attract and retain health professionals. Representatives from SPC stated that they are developing a panel of Pacific nursing experts to provide recommendations on how to better harness the nursing workforce in the region.

2.4 Tackling the drivers of obesity, particularly for children and young people
The Minister of Health and Human Services of Palau, the Honourable Gaafår J. Uherbelau, highlighted the gravity of obesity as a health and developmental issue, particularly in low-resource settings. Its impacts are being felt particularly acutely in the Pacific, which is home to the top 10 countries with the highest prevalence of child and adolescent obesity and overweight, and where many countries are seeing increasing trends in obesity across the life course.
The Minister outlined the environmental, commercial, behavioural, biological, demographic, social and economic drivers of obesity. He called for proactive, decisive and coordinated action on all of these to protect the health and rights of Pacific island children, warning that the consequences of inaction would include growth in national burdens of obesity and NCDs through increasing health-care costs, as well as delays in achieving the SDGs.

The Minister shared a vision of a Pacific in which countries are able to meet the global NCD targets on halting the rise of obesity and in which future generations will live and grow in a health-enabling environment. The 14th PHMM saw the endorsement of the Pacific Legislative Framework for NCDs, and the Minister described examples of recent progress in utilizing this Framework to develop effective legislation to address drivers of obesity. These included progress by three PICs in strengthening food fiscal policies, eight PICs in developing plans to implement taxes on unhealthy foods and beverages, and seven PICs in developing plans for national legislation to regulate the marketing of unhealthy foods and beverages to children.

Participants agreed on the pressing need for multisectoral and whole-of-society action, and they discussed the exacerbating influences of globalization, climate change and the COVID-19 pandemic. They shared additional examples of recent efforts to address obesity and nutrition, including the introduction of national food security and nutrition policies, as well as health promotion campaigns in schools and the wider society.

2.5 Update on the Pacific Multi-Country Cooperation Strategy
Ms Marissa Endaluz, Programme Management Officer from the WHO Division of Pacific Technical Support, gave a brief presentation on the process for updating the Pacific Multi-Country Cooperation Strategy. Country cooperation strategies (CCSs) are WHO’s strategic framework to guide the Organization’s work in a country or countries for a period of four to six years. In line with usual practice, the new CCS for the Pacific will cover WHO’s support to all PICs over a six-year period from 2024 to 2029. It was reported that draft subregional priorities and broad objectives have been developed, following extensive consultation with PICs and built on lessons learnt during the implementation of the previous CCS. Many of the two-page documents outlining PIC-specific priorities have also been prepared. The next steps are for the draft CCS to be finalized in November 2023, based on input from PICs and partners, and to be shared with health ministers for their approval in December 2023.

2.6 Advancing health information and digital transformation in the health sector
The Honourable Dr Ratu Atonio Rabici Lalabalavu, the Minister of Health and Medical Services of Fiji, noted that PICs have long recognized the crucial roles of health information systems (HISs) and digital health in achieving the Healthy Islands vision, UHC and the SDGs. The Minister described several common regional challenges that have impeded sustainable advancement in this area, including siloed HISs, limited stable Internet connectivity, as well as inadequate investment and resources. Calling on PICs to begin their digital health transformations immediately, he highlighted the critical importance of political will and an overarching digital strategy to the success of any efforts, urged PIC governments to commit to investment and requested that development partners continue to provide critical support and assistance.

The Minister shared a vision of the Pacific with stronger health systems and faster progress in achieving national health priorities thanks to people-centred solutions in health information and digital health solutions. Interoperable HISs that connect health facilities at all levels with other information systems beyond the health sector could also generate high-quality and timely information for improving people’s health, and future-proof health systems.
Several best practices were mentioned:

- use of an evidence-based digital health strategy to guide the use of digital health solutions to improve health systems;
- use of “very small aperture terminal” (VSAT) satellite stations to provide telecommunications connections between hospitals and primary health clinics in remote areas, thereby enabling remote consultations and improved patient management; and
- implementation of an integrated national HIS to connect hospitals, health centres and reproductive health clinics.

Participants agreed that digital advancement presents valuable opportunities for health systems strengthening, and that support for it via appropriate governance, data safeguarding and cybersecurity measures is critical. Several additional examples of digital health interventions were shared, including the digitization of patient information, COVID-19 vaccination and surveillance systems, and various initiatives to provide telehealth and mobile health services to remote communities. Noting the high cost of purchasing and maintaining digital systems, participants expressed keen interest in regional sharing of experiences and resources.

### 2.7 Strengthening health system resilience

The Associate Minister for Health of the Cook Islands, the Honourable Tehani Brown, stressed the importance of health system resilience in light of the Pacific’s vulnerability to natural disasters, climate events and public health emergencies. She described this resilience as an ability to absorb and recover from shocks while sustaining health system gains. Noting that system shocks impact all of society, the Associate Minister called for whole-of-society action, including community engagement for a shared vision of the health system and the emergency readiness and response structure.

The Associate Minister shared a vision for the Pacific in which health system infrastructure can support the delivery of uninterrupted essential health services alongside multisectoral capability and readiness to respond to emerging threats. Systems for early detection and warning would be stress-tested and periodically refined, and special measures would be taken to engage and support groups at risk and with vulnerabilities.

One recent best-practice example of resilience-building included efforts to support continued delivery of essential services during the COVID-19 pandemic through the placement of telemedicine “hubs” in dispensaries. This provided NCD patients with access to hospital consultation services as well as the delivery of tailored mental health sessions for front-line workers. Other examples included the retrofitting, renovation or relocation of health-care facilities to improve sustainability, environmental friendliness and climate resilience.

Participants agreed on the importance of increasing regional health system resilience, as highlighted by the COVID-19 pandemic. Additional proposals included collaboration between PICs and development partners to strengthen regional medical supply chains and investigate other options for resource-sharing, such as the establishment of subregional medical supply hubs. Participants also requested assistance from development partners to support countries that do not have national centres for disease control, as well as training for senior health leadership teams on building health system resilience.

Several additional examples of recent progress were shared:

- assessment of social protection systems to identify health system gaps;
- the establishment of multidisciplinary public health teams to work in rural communities and deliver programmes in both community health and emergency preparedness and response;
• reviews of national emergency response plans; and
• work to increase national supply of, and storage capacity for, oxygen, drugs and other medical supplies.

2.8 Presentation on the 2050 Strategy for the Blue Pacific Continent
A presentation on the 2050 Strategy for the Blue Pacific Continent was delivered by Ms Melinia Nawadra, Social Inclusion Adviser at the Pacific Islands Forum Secretariat, who provided an overview of the Strategy’s development and its key features. This information is also available on the Pacific Islands Forum website: https://www.forumsec.org/2050strategy/. Following initial feedback on the draft strategy, further review and feedback will be sought through member consultation in September – October 2023. The final draft will be circulated during the week of 16 October 2023 and considered by Pacific Islands Forum leaders for endorsement in early November 2023.

2.9 Visits to the Western side of Tongatapu, Vaiola Hospital and Health Promoting Schools
On the second day, participants visited the western side of the main island of Tongatapu to witness the ongoing impacts of the 2022 volcanic eruption and tsunami, and to discuss the importance of resilience.

On the final day, participants visited Vaiola Hospital, the main hospital in Tonga, for a tour of its facilities and an opportunity to speak to some of the hospital staff. They also visited local schools to observe the impact of the Health Promoting Schools programme on students. The programme engages students in activities that promote healthy diets, physical activity and good mental health, as well as adequate water, sanitation and hygiene. Tonga plans to make every one of its schools a Health Promoting School thanks to collaboration between the Ministry of Education and Ministry of Health.

2.10 Closing session
Participants thanked the Government of the Kingdom of Tonga for its warm hospitality in hosting the 15th PHMM, and Samoa for offering to host the next meeting.

They also agreed to the draft outcomes of the 15th PHMM as presented by Dr Reynold Ofanoa, Chief Executive Officer for the Ministry of Health of Tonga, on behalf of the drafting group.

In her closing remarks, the Acting WHO Regional Director for the Western Pacific, speaking on behalf of both WHO and SPC, emphasized the importance of intersectoral, whole-of-government and whole-of-society approaches to priority actions on health, and she voiced the commitment of WHO and SPC to working with health ministers on the outcomes and commitments arising from the meeting.

The Chairperson then thanked all meeting participants for their active participation during the three days. He reflected on the achievements of the first PHMM, and in particular the groundbreaking Yanuca Declaration and Healthy Islands vision, which continue to have relevance to the present day. In closing, the Minister called upon his fellow ministers to take decisive action on the meeting outcomes and create pivotal change that future generations may look back on as the lasting legacy of the 15th PHMM.

3. CONCLUSIONS AND RECOMMENDATIONS
The delegates endorsed the draft outcome document, including all the commitments for action (Annex 3).
ANNEXES

Annex 1. List of participants, observers and members of the Secretariat

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### Annex 2. Meeting programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday 20 September</th>
<th>Thursday 21 September</th>
<th>Friday 22 September</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Registration – Please be seated by 8:30</td>
<td>Please be seated by 8:45</td>
<td>Please be seated by 8:45</td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>Opening</td>
<td>Report back on sessions 1 &amp; 2</td>
<td>Report back on sessions 3 &amp; 4</td>
</tr>
<tr>
<td></td>
<td>▪ Opening devotion</td>
<td>▪ Drafting group presents key points and proposed outcomes</td>
<td>▪ Drafting group presents key points and proposed outcomes</td>
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<td></td>
<td>▪ Remarks by the Chair &amp; WHO a. Regional Director</td>
<td>▪ Plenary discussion</td>
<td>▪ Plenary discussion</td>
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<tr>
<td></td>
<td>▪ Performance</td>
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<tr>
<td></td>
<td>▪ Keynote address by HRH Crown Prince Tupouto’a ʻUlukalala</td>
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</tr>
<tr>
<td>10:00-10:30</td>
<td>Vote of thanks</td>
<td></td>
<td>Heads of country delegations visit Vaiola Hospital</td>
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<tr>
<td></td>
<td>▪ Election of office bearers</td>
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<tr>
<td></td>
<td>▪ Closing hymn and benediction</td>
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<tr>
<td></td>
<td>▪ Official photograph</td>
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<td></td>
</tr>
<tr>
<td>10:30</td>
<td>Morning tea</td>
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<tr>
<td>11:00-13:00</td>
<td>Where are we now? Progress since the 14th PHMM</td>
<td>Session 3: Advancing health information and digital transformation in the health sector</td>
<td>Heads of country delegations visit health promoting schools</td>
</tr>
<tr>
<td></td>
<td>▪ Presentation</td>
<td>▪ Presentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Plenary discussion</td>
<td>▪ Plenary discussion</td>
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<tr>
<td></td>
<td></td>
<td>Session 1: Rethinking human resources for health</td>
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<tr>
<td></td>
<td></td>
<td>▪ Presentation</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ Plenary discussion</td>
<td></td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
<td>Heads of country delegations visit the western side of Tongatapu</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Walk the Talk</td>
<td>Heads of country delegations visit continued</td>
<td>Outcome document drafting group</td>
</tr>
<tr>
<td></td>
<td>▪ Session 2: Tackling the drivers of obesity, particularly for children and young people</td>
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<td></td>
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<tr>
<td></td>
<td>▪ Presentation</td>
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<td>Ministers’ decision on meeting outcomes</td>
</tr>
<tr>
<td></td>
<td>▪ Plenary discussion</td>
<td></td>
<td>▪ Presentation of the full meeting outcomes</td>
</tr>
<tr>
<td>14:30-15:30</td>
<td>Afternoon tea</td>
<td></td>
<td>▪ Reactions from Ministers</td>
</tr>
<tr>
<td>15:30</td>
<td>Afternoon tea</td>
<td></td>
<td>Closing</td>
</tr>
<tr>
<td>16:00-16:30</td>
<td>Update on Pacific multi-country cooperation strategy</td>
<td></td>
<td>▪ Closing remarks by WHO a. Regional Director</td>
</tr>
<tr>
<td></td>
<td>▪ Presentation</td>
<td></td>
<td>▪ Chair’s closing address</td>
</tr>
<tr>
<td></td>
<td>▪ Plenary discussion, as needed</td>
<td></td>
<td>▪ Closing prayer</td>
</tr>
<tr>
<td>16:30-17:30</td>
<td>Closed session for heads of country delegations</td>
<td>Free time</td>
<td>▪ Farewell</td>
</tr>
<tr>
<td>17:30-18:00</td>
<td>Outcome document drafting group</td>
<td>Outcome document drafting group</td>
<td>Dinner hosted by the Pacific Community</td>
</tr>
<tr>
<td>18:00</td>
<td>Free time</td>
<td>Free time</td>
<td></td>
</tr>
<tr>
<td>18:30</td>
<td>Dinner hosted by the Government of the Kingdom of Tonga</td>
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<tr>
<td>19:00</td>
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<td>Dinner hosted by the Pacific Community</td>
</tr>
</tbody>
</table>

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Annex 3. Outcomes of the Fifteenth Pacific Health Ministers Meeting

We, the Ministers of Health of Pacific island countries and areas (PICs) at this Fifteenth Pacific Health Ministers Meeting reaffirm our commitment to achieving the Healthy Islands vision, noting that its recognition of the connections between the health of our people and the health of our planet was groundbreaking at the time and has been reinforced since.

We acknowledge that our people’s health and our health systems face issues that have long been recognized – as early as at the inaugural Pacific Health Ministers Meeting in 1995 – and yet the pace of progress has not been fast enough. At the same time, we can see the emergence of new challenges we need to address and new opportunities we need to seize.

We therefore rededicate ourselves to finding effective solutions, based on the best local and traditional knowledge and on global ideas.

In this context, we recognize that action by the health sector alone will not be sufficient to address our biggest challenges. We note that, following the pandemic, there are now opportunities for capitalizing on people’s increased understanding of the centrality of health and its importance to functioning societies and economies, and that this can help convince other sectors to work with us.

We therefore resolve to use our positions at the ministerial level to lead whole-of-government and whole-of-society action to bring better health to people across the Pacific.

Rethinking human resources for health

We, the Pacific Health Ministers at this Fifteenth Pacific Health Ministers Meeting, recognize that new approaches are needed to overcome escalating challenges in maintaining a sufficient number of well-trained health workers so that everyone across the Pacific can access the health services they need.

We, the Pacific Health Ministers, therefore commit to:

- ensure the existence of national plans and policies for human resources for health. The development or strengthening of these plans should be led by a dedicated and empowered human resources unit in collaboration with key stakeholders. It should be informed by up-to-date health workforce data analysis, current health labour market dynamics (at country, regional and global levels), and population health needs.
- promote sustainable and ethical mobility via the World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel and, where relevant, bilateral agreements to address the increasing outmigration of skilled health workers.
- work with academic institutions and development partners to increase the number of trained health workers entering the health sector.
- introduce or strengthen initiatives to make health sector jobs more attractive and rewarding, such as by establishing the salaries, subsidies and working conditions required to retain existing health workers and encourage others to enter the health workforce.
- lead the development of a regional regulation platform to create shared standards that will enable reciprocity and create pools of workforce experts.
• advocate for an increase in internal funding and align investment for implementing priority health workforce policies and strategies that focus on attracting and retaining talent and optimizing skill-mix. This will be complemented with the use of digital health and telehealth initiatives.

**Tackling the drivers of obesity, particularly for children and young people**

We, the Pacific Health Ministers at this Fifteenth Pacific Health Ministers Meeting, **stress** the urgency of acting to protect our children and young people from the rising tide of obesity and related noncommunicable diseases (NCDs).

We **underline** the need to work together in a whole-of-government and whole-of-society approach to create enabling environments that make healthier choices the easier choices across the whole of life.

We, the Pacific Health Ministers, therefore **commit** to:

• identify and implement actions specific to each PIC. The selection of these actions should be based on a thorough analysis of the drivers of obesity and NCDs in each PIC’s unique context. Those involved in the selection of these actions can also consider the country commitments made under the Bridgetown Declaration on NCDs and Mental Health and the new WHO Best Buys.

• create or strengthen collaboration mechanisms such as whole-of-government working groups. Ensure these groups meet regularly and involve ministries of environment, education, trade, finance, customs, agriculture, fisheries, social development, health and other ministries relevant to the national context.

• empower networks and organizations already working at the community level so that they are at the forefront in tackling the drivers of obesity. In particular, civil society organizations, persons with lived experience, youth groups, schools, traditional leaders, local governments and faith-based organizations should be empowered. Their voices and inputs should be reflected in national planning.

• accelerate implementation of Pacific Ending Childhood Obesity (ECHO) Network priorities including (i) promotion of physical activity, (ii) scale-up of fiscal policies on sugar-sweetened beverages and unhealthy food products, and (iii) restrictions on marketing unhealthy foods and beverages to children.

• hold government departments and other stakeholders accountable for progress in addressing the drivers of obesity. Active monitoring and evaluation can support this, as well as public reporting on progress.

• invest targeted budgetary resources to scale up initiatives that create health-enabling environments and promote behavioural change. They should target children and young people in particular.

• ensure that high-impact nutrition interventions, health promotion, screening and management are provided as part of primary health care. This may include nutrition screening and assessments (for pregnant women and children) as well as continuous education on physical activity, healthy diets and nutrition.

• consider opportunities to scale up support and incentives for healthier food and drinks in addition to efforts to discourage consumption of unhealthy products.
Advancing health information and digital transformation in the health sector

We, the Pacific Health Ministers at this Fifteenth Pacific Health Ministers Meeting, are heartened by the progress that was made in advancing health information systems and digital health during the COVID-19 pandemic. We appreciate the potential of these tools to lighten the burden on our health workers, arm them with better data to inform decision-making and strengthen the delivery of health services for people across the Pacific, especially those on our most remote islands. However, we note the need to ensure that any new tools we introduce are interoperable with broader systems and protect the privacy of our people and the security of their data.

We, the Pacific Health Ministers, therefore commit to:

- collaborate with other ministries to steer health information systems and digital health advancement. This collaboration should ensure that health system needs are integrated into overall digital enhancement plans and strategies in each country. It also includes collaboration with ministries of finance and economy to establish sustainable financing mechanisms, ministries for communication and information technology to develop national infrastructure to support the foundations of health information and digital health, as well as collaboration across ministries and private health providers to promote data standards and system interoperability while ensuring data security.
- assert leadership and governance to direct a country-owned transformation process in health information and digital health. Establish institutional mechanisms that promote the compliance of new health information and digital health interventions with technical standards and ensure their alignment with national priorities.
- advocate for sufficient and consistent funding to strengthen digital health foundations and to implement evidence-based strategies and operational plans in digital health and health information systems that align with national priorities.
- explore opportunities to lower costs for infrastructure, connectivity and software – for example, by negotiating with telecommunications companies and arranging pooled negotiations with other PICs.

Strengthening health system resilience

We, the Pacific Health Ministers at this Fifteenth Pacific Health Ministers Meeting, recognize that, while the worst of the COVID-19 pandemic may be past us, future pandemics are inevitable. We also express deep concern over the increasing impacts of climate change on the health and lives of our people. We therefore acknowledge that we need to be ready for future health system shocks, which can include pandemics, disease outbreaks and climate-related disasters.

We, the Pacific Health Ministers, therefore commit to:

- develop a country-specific definition of a “core essential health service delivery package” which identifies, at each service delivery level, types of packages that must not suffer interruptions even in the event of health system shocks. We must also develop plans for how these core essential health services will be maintained during such shocks.
- coordinate with counterparts in other PICs, and with development partners, to strengthen regional supply chains and determine the feasibility of a regional supply and logistics hub or hubs.
• develop strategic plans, policies and governance mechanisms to ensure an appropriate skill-mix within the health workforce, and ensure the readiness and resilience of the workforce during emergencies and other shocks, including by building surge capacity and providing psychosocial services.

• identify and prioritize populations most at risk from the impacts of health emergencies or other disruptions to essential health services and involve them in developing and implementing effective interventions.

• include risk communication and community engagement as an essential capacity of health system resilience. Transparency in communications with the public should be encouraged as a way of fostering whole-of-society responses.

• act to mitigate and adapt to the climate crisis by:
  o using the WHO Guidance on Climate-resilient and Environmentally Sustainable Health Care Facilities and the example from Fiji to inform country-level initiatives, starting with evaluation of health-care facility resilience;
  o participating in the global Alliance for Transformative Action on Climate and Health (ATACH); and
  o advocating for cross-sectoral climate action that will benefit health, and calling for climate financing for mitigation and adaptation in the health system.

• lead multisectoral coordination to maximize opportunities such as Joint External Evaluations, State Party self-assessment Annual Reporting (SPAR) tool, exercises, and intra- or after-action reviews to identify best practices and areas for improvement. We must also ensure that recommendations result in concrete action.

• lead collaboration with other sectors to strengthen capacity to collect and analyse data that impact human health (such as on animal health, climate change, and hydrometeorological and geologic hazards) and develop cross-sector technical standards to facilitate interoperable information systems.

Support requested from development partners

We, the Pacific Health Ministers at this Fifteenth Pacific Health Ministers Meeting, express our thanks to our development partners, including the partners in the Pacific COVID-19 Joint Incident Management Team, for standing side by side with the Pacific during the pandemic. We request continued support from our partners to:

• support PICs in increasing the number of trained health workers entering the health sector, especially those trained locally. This includes support for bolstering training institutions and creating scholarships to train more specialists.

• promote and adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel.

• facilitate cross-country sharing of best practices in enhancing health workforce planning and management.

• support connectivity and information and communication technology infrastructure for health workforce institutes and hospitals across the Pacific, to enable the use of digital health and telehealth initiatives, regional accreditation, regulation and continuing development initiatives.

• support, in consultation with countries, the establishment of a Pacific nurses expert group. The group will work under the existing Pacific health architecture to develop strategies and solutions to scale up the supply of nurses.
gather and share best practices and analysis to inform PICs’ efforts to accelerate action on childhood obesity in the Pacific, building on the lessons learnt in the implementation of obesity-related commitments made at the Thirteenth Pacific Health Ministers Meeting. Analyse the drivers of obesity to identify commonalities and specificities among PICs. Collect and disseminate good practices and possible solutions for potential scale-up at the country and Pacific-wide levels.

- consider investing additional technical and budgetary resources to support PICs in addressing commercial determinants, creating health-enabling environments and scaling up interventions in all areas, including policy, planning, capacity-building, and monitoring and evaluation.

- advocate for multi-agency and multisectoral action across Council of Regional Organisations of the Pacific (CROP) and United Nations partners as “One UN” to support PICs’ efforts to tackle the drivers of obesity.

- ensure that Pacific governments are in the driver’s seat, by implementing only tailored health information and digital health interventions that comply with technical standards and align with health system needs defined by each PIC. Use each PIC’s digital health maturity assessment as the basis for initiatives in strengthening HIS and civil registration and vital statistics, advancing digital health systems and developing digital health road maps that are country specific.

- prioritize interoperability of health information systems by coordinating technical assistance and donor resources across development partners, including:
  - convening annual coordination meetings with all development partners and key stakeholders investing in and implementing health information systems and digital health interventions in the region, including ministries of health; and
  - providing cohesive support to develop interoperable health information systems and digital health interventions that enable PICs to collect, produce and utilize data at all levels of the health system.

- support the development of regional solutions to common challenges by developing Pacific benchmarks and creating platforms for PICs to share case studies and best practices.

- support PICs in increasing cybersecurity, such as support for information technology tools and enhancement of legislative frameworks and regulations.

- support PICs in their development of core essential health service delivery packages and follow their guidance on which areas need specific external support.

- support PICs’ efforts to strengthen local supply chains and to consider the feasibility of establishing a regional supply and logistics hub or hubs.

- support PICs’ efforts to build a resilient health workforce (including in mental health) and to increase health facility resilience.

- facilitate the development and strengthening of tailored information systems that integrate data from across different areas of the health system.

- create awareness and understanding among senior leadership in PICs on health system resilience via tailored, in-person training, back to back with existing regional health meetings.

- partner with PICs in their efforts to boost the climate resilience and environmental sustainability of their health systems and to advocate for the multisectoral climate action that will benefit health.
- provide resources to support Joint External Evaluations, exercises, and intra- or after-action reviews to identify best practices and areas for improvement. Use the results of such evaluations to refine future support efforts.
- ensure that support provided for increased readiness to address emerging disease threats focuses on both continued delivery of the core essential health service delivery package and the ability to respond to emergencies and disasters.