Outcome of the Fifteenth Pacific Health Ministers Meeting

Nukuʼalofa, Tonga

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20–22 September 2023

The Healthy Islands vision is one in which
Pacific island countries and areas
are places where:

Children are nurtured in body and mind.
Environments invite learning and leisure.
People work and age with dignity.
Ecological balance is a source of pride.
The ocean which sustains us is protected.

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Introduction

The Fifteenth Pacific Health Ministers Meeting saw the meeting return to Tonga for the first time in 20 years, this time with the theme, "Pacific peoples' health matters". Hosted by the Government of the Kingdom of Tonga with support from the World Health Organization (WHO) and the Pacific Community, it took place on 20–22 September at the Fa'onelua Convention Centre in Nuku'alofa.

Many of the faces and available tools may have changed since the Seventh Pacific Health Ministers Meeting was held in Tonga in 2003, but some of the underlying health issues remain the same. That is why a major aim of the Fifteenth Meeting was to bring new focus and fresh ideas to seemingly intractable challenges, such as rising rates of obesity and limitations in the health workforce. At the same time, the COVID-19 pandemic led to the discovery 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 our resilience to future health system shocks including disease outbreaks and disasters, especially given the increasing impacts of climate change. The ministers at the Fifteenth Pacific Health Ministers Meeting therefore 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.

As has been the case with recent Pacific Health Ministers Meetings, we were delighted to see that it was the Pacific that had taken the lead. It was Pacific heads of health (permanent secretaries, chief executive officers, directors-general of health, etc.) who had originally identified the choice of agenda topics, and it was ministers who made the final decision on the topics, volunteered to provide inputs on the technical papers and led the discussions.

Through this display of leadership and unity, the Fifteenth Pacific Health Ministers Meeting was therefore an important moment in our progress towards achieving the Healthy Islands vision and the goals of *For the Future: Towards the Healthiest and Safest Region*, WHO's vision paper for the Western Pacific. Turning these visions of a healthier and safer Pacific into reality also contributes to the achievement of the Thirteenth General Programme of Work, 2019–2025, and through that, the Sustainable Development Goals.

We are honoured to share the outcomes of the Fifteenth Pacific Health Ministers Meeting with you, and we look forward to working together as we turn these commitments into action. After all, Pacific peoples' health does matter.

Honourable Dr Saia Ma'u Piukala Minister for Health, Tonga	Dr Zsuzsanna Jakab Acting WHO Regional Director for the Western Pacific	Dr Paula Vivili Deputy Director-General of the Pacific Community

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:
  - 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;
  - participating in the global Alliance for Transformative Action on Climate and Health (ATACH); and
  - 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.