



Heads of Health Meeting

Réunion des directeurs de la santé

REPORT OF THE 12th PACIFIC HEADS OF HEALTH MEETING

(Virtual meeting, 6–7 October 2021)

Prepared by the Pacific Community, 2021

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12th PACIFIC HEADS OF HEALTH (PHoH) MEETING

6–7 October 2021

Virtual meeting hosted by the Pacific Community (SPC)

REPORT OF MEETING

Wednesday, 6 October 2021

1. Opening

1. The PHoH Deputy Chair, Dr Merehau Mervin, Director of Health, French Polynesia, took the chair at the request of the secretariat as the PHoH Chair, Ms Lillypeti Faavae, Permanent Secretary for Health, Tuvalu, was unable to join the meeting due to connectivity issues.
 2. The meeting's objectives were to discuss health priorities and make recommendations to the upcoming Pacific Health Ministers Meeting (PHMM).
 3. Taniela Sunia Soakai, Deputy Director of SPC's Public Health Division, gave the prayer.
 4. Dr Mark Jacobs, WHO Representative for the South Pacific and Director, Pacific Technical Support Division, welcomed participants on behalf of the secretariat and implementing partners. Dr Jacobs has taken up the position formerly held by Dr Corinne Capuano.
 5. Note: The meeting outcomes are in Annex 1 (PHoH decisions). The meeting papers and presentations are available at <https://phd.spc.int/events/pacific-heads-of-health-virtual-meeting-1>
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2. Participants

6. PHoH was attended by representatives from: Australia, Commonwealth of the Northern Mariana Islands (CNMI), Cook Islands, Fiji, French Polynesia, Nauru, New Caledonia, New Zealand, Niue, Palau, Solomon Islands, Tokelau, Tonga, Tuvalu, United States of America, and Vanuatu. Partner agencies represented included: the Asian Development Bank, Australian Department of Foreign Affairs and Trade (DFAT), Fiji National University, Fred Hollows Foundation NZ, Health Specialists Ltd (NZ), Japan International Cooperation Agency, New Zealand Ministry of Foreign Affairs and Trade (MFAT), Pacific Community (SPC), Pacific Island Health Officers Association (PIHOA), Pacific Islands Forum Secretariat, Royal Australasian College of Surgeons, United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), UN Population Fund (UNFPA), USAID, World Bank and World Health Organization (WHO). (Annex 2 provides a list of participants.)

3. Non-communicable disease (NCD)

3.1 Progress on implementing the Pacific NCD Roadmap, monitored through the Pacific MANA¹ Dashboard

(Presenters: Dr Si Thu Win Tin (SPC) and Dr Wendy Snowdon (WHO), on behalf of the Pacific MANA Coordination Team)

7. NCD is the largest cause of premature mortality in Pacific Island countries and territories (PICTs) and also increases people's vulnerability to COVID-19. While PICTs have made progress in addressing NCD since 2019, it has not been fast enough and most countries will not meet global targets including relevant Sustainable Development Goals (SDGs). The impacts of COVID-19 and natural disasters have disrupted NCD screening programmes and treatment, and delayed development or implementation of policies relating to tobacco and alcohol taxation, tobacco industry interference and marketing of foods to children.

There is insufficient investment in medicines, equipment, vaccines, and staffing at the primary health care (PHC) level. Opportunities are being missed to link NCD programmes with other initiatives, e.g. improved maternal and child health; prevention of STIs, TB, and cervical and liver cancer; and mental health care.

PICTs need to scale up action and use the MANA dashboard to monitor progress on interventions included in the Pacific NCD Roadmap, which leaders endorsed in 2014.

More work is needed to increase the availability of healthy food. While PICTs now have legislation, enforcement needs strengthening. Some good progress has been made in health system approaches to NCD prevention and management, e.g. support for stopping smoking, early implementation of breastfeeding, controls on marketing breast milk substitutes and development of baby-friendly hospitals.

To achieve the goal of reducing premature mortality from NCD by one-third by 2030 requires action in five key areas:

1. Leadership, governance and accountability mechanisms
2. Implementation and enforcement of policies and legislation
3. Capacity and services for early detection and management of NCD
4. Health information management systems
5. Health promotion interventions.

8. The presentation concluded with recommendations for PHoH and development partners to consider.

Discussion

9. **Niue** (Gaylene Tasmania, Director General, Ministry of Social Services) supported the recommendations and acknowledged the valuable information presented.

10. **New Zealand** recognised the impact of COVID-19 on essential health services including NCD prevention and treatment. New Zealand also welcomed WHO's request for proposals to take

¹ Pacific Monitoring Alliance for NCD Action.

forward work on cancer control, recalling that the Lancet series on research collaboration between countries was endorsed by PHMM in 2019.

11. **Australia** welcomed PICT progress on measures to control NCD and recognised the impact of COVID-19 on health systems around the world, including on their ability to support people with an NCD. Australia has high rates of NCD, particularly in Indigenous communities. It is committed to assisting the Pacific region to address NCD, including through tobacco and alcohol control, and looks forward to collaborating with PICTs on strengthening their health systems and reducing the NCD burden.
12. **UNICEF** (Jonathan Veitch, Pacific Representative) has just issued a report entitled ‘Fed to Fail: The crisis of children’s diets in early life’ (<https://data.unicef.org/resources/fed-to-fail-2021-child-nutrition-report/>). The report, which was released ahead of the UN Food Systems Summit, discusses the nutrition crisis for young children. Children under two are the most vulnerable to malnutrition, with effects including stunting, wasting, micronutrient deficiencies and development of obesity. The report recommends transforming food, health and social protection systems by taking key actions including increasing the availability and affordability of good food, implementing national food standards, restricting marketing of ultra-processed food and beverages, and communicating the desirability of healthy eating. The reality TV shows ‘Pacific Island Food Revolution’ and ‘Pacific Kids Food Revolution’ are examples of popular and effective communication of some of these concepts. UNICEF is working with Kiribati, Solomon Islands and Vanuatu on relevant programmes including updating their national legislation.
13. **PIHOA** (Emi Chutaro, Executive Director) (*via Zoom chat*) said the recommendations focused on strengthening or expanding laws and policies around issues such as advertising to children and industry interference. These were important, but PHoH also needed to consider alternative ways to support and sustain healthy behaviours. The recommendations could include improving the accessibility and affordability of healthy food and distributing it to vulnerable populations; investing in built environments; strengthening public health law capacities within health agencies; and health equity.

3.2 Pacific Legislative Framework (PLF) for NCD

(Presenters: *Dr Si Thu Win Tin, SPC, and Dr Wendy Snowdon, WHO*)

14. MANA baselines for PICTs highlighted various gaps in their measures to address NCD, and the need to update or develop NCD-related laws and regulations in the face of changing environments. To assist PICTs in this process, PHoH and PHMM approved the concept of the PLF in 2017–2018. Its development, which was led by SPC and WHO in collaboration with PICTs and partners, included extensive consultation with legal and health policy experts and work with legislative drafters.

The framework, which is now ready for endorsement, provides a guide for developing national legislative policies, plans and provisions on key NCD risk factors, including on:

- tobacco and liquor control
- health promotion
- marketing of breastmilk substitutes
- marketing of food and non-alcoholic beverages to children

- NCD taxation measures
- regulation of levels of salt, sugar, and trans-fats.

PICTs will be able to use the framework to support the development and implementation of NCD-related laws, especially in areas where their capacity is limited, and can adapt the measures to fit their own circumstances and priorities.

Addressing NCD effectively requires commitment from all relevant sectors, not just the health sector. In particular, an integrated government approach and commitment from political leaders are crucial to implementing NCD laws and meeting regional and global targets.

15. PHoH was asked to endorse the PLF for NCD and to advocate its high-level endorsement in their countries. Development partners were asked to support its implementation.

Discussion

16. **Niue** supported the recommendations, saying the PLF would provide a guide to a stronger cross-sectoral approach in Niue and to enforcement of NCD measures.

4. Universal Health Coverage (UHC)

4.1 Leveraging the COVID-19 pandemic to build sustainable systems and advance UHC

(Presenter: Sunia Soakai, SPC. Sunia acknowledged the support of WHO and members of the Quintalateral Group in providing input to the presentation and paper.)

17. UHC is based on the principle that every person and community should have access to high-quality essential health services without suffering financial hardship. It is a major part of the SDG agenda and also critical to achieving the Healthy Islands vision.

Progress towards UHC varies across the Pacific. In 2019, life expectancy in PICTs fell below world averages, partly due to high levels of NCD and inequity of access to quality health care.

COVID-19 demonstrated the fragility of health systems. On the positive side, it emphasised the centrality of health to economies, education, trade and travel.

The pandemic also accelerated PICT initiatives towards UHC, including an increase in telemedicine and remote monitoring of chronic diseases, and development of digital health strategies (e.g. Fiji and Tonga). Other countries (e.g. Cook Islands and Kiribati) are also working on these areas.

In addition, PICTs have developed new capability in testing and tracing, and improved vaccine coverage, infection prevention and control (IPC) practices and risk communication.

PHoH was asked to consider the recommendations, which focus on the following key areas and on maintaining the momentum promoted by the pandemic:

1. Legislative reform to enable health systems to respond to future outbreaks efficiently.
2. Strengthening subregional mechanisms for cooperation, knowledge exchange and resource sharing.

3. Strengthening sustainable health systems with development partners, and other key players beyond the health sector, to improve quality of care, patient experience and safety.
4. Leveraging existing partnerships to engage local communities for participatory action (co-building solutions and co-designing interventions).
5. Strengthening health information systems including harnessing digital health reforms for health service delivery.
6. Building on the current momentum to enhance service capacity and capability in an equitable manner within and across islands and countries.

Discussion

18. **USA** (Lizette Durand, U.S. Department of Health and Human Services) reiterated its commitment to supporting UHC, saying that investing in PHC systems is key to accountable, affordable, accessible and sustainable PHC. PHC safeguards public health, creates more resilient societies and is critical to addressing health disparities and enabling countries to respond rapidly and effectively to health crises.

19. **USAID** acknowledged the presentation and clear vision for health system strengthening. UHC aligns with USAID's focus on this strengthening. The pandemic, the climate crisis and recurring natural disasters have created opportunities that can be leveraged to build more sustainable systems. USAID is shifting its health focus in the Pacific and its new strategy recognises the role of strong health systems in promoting resilience. Through the strategy, USAID hopes to expand its support for key activities such as PHC and surveillance.

20. **UNICEF** (Jonathan Veitch, Pacific Representative) is working with several PICT governments to strengthen health systems and UHC through policy, legislation and planning, including by improving the quality of care at the lowest levels. PHC is a critical part of integrated service delivery and needs to be supported by systems, e.g. recognising and rewarding staff competence, establishing job descriptions for staff and standard operating procedures (SOPs) for performance, and institutionalising health system engagement with communities, e.g. through participation of health officials in local governance to ensure authorities are aware of the views and needs of the health sector.

Risk communication – essential for COVID-19 control – is another focus for UNICEF, with assistance being provided to 14 PICTs. This work is supported by USAID, DFAT and Japan among others. In relation to IPC, UNICEF would like to see more investment in WASH (water, sanitation and hygiene). Requirements include improved infrastructure and training in WASH procedures.

4.2 Surgical systems strengthening in PICTs

(Presenters: Dr Rennie Qin, Harvard Medical School, and Lord Tangi, Tonga)

Universal access to safe and affordable surgical and anaesthesia care

21. Dr Qin spoke on behalf of a collaborative effort formed by the WHO Western Pacific Regional Office (WPRO), Harvard Program for Global Surgery and Social Change (PGSSC), Royal Australasian College of Surgeons (RACS) and SPC to support the development of strategic plans for surgical system strengthening in PICTs. Surgical, obstetric, and anaesthetic (SOA) care is essential to

achieving the Healthy Islands vision and UHC, and is required to treat 30% of the global disease burden, including maternal and child conditions, complications from NCD, and injuries.

The 13th PHMM (2019) recommended that PICTs develop and implement National Surgical, Obstetric and Anaesthesia Plans (NSOAPs). In 2020, member states endorsed the Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021-2030) at the 71st session of the WHO Regional Committee Meeting for the Western Pacific.

Since then, five countries (Fiji, Tonga, Vanuatu, Cook Islands and Palau) have piloted the NSOAP process and begun developing strategic plans for surgical system strengthening. As part of developing their NSOAPs, Fiji and Tonga convened stakeholder meetings to get multi-sectoral input. The first draft of the Tonga NSOAP is currently under review and Fiji's draft is expected soon. Vanuatu and Cook Islands are preparing to hold their stakeholder meetings.

As well as supporting NSOAP development, the collaborating organisations are providing technical advice on issues identified during the strategic planning process. These include national regulatory authorities, patient safety, guidelines for assessing adverse patient outcomes such as hospital-acquired infections, and equipment procurement and sterilisation services. Tools will soon be ready for testing in the region with the aim of improving PICTs' capacity to identify gaps in providing high-quality SOA services.

SOA care saves lives, is cost-effective and promotes economic growth. However, it requires considerable funding. On the other hand, PICTs could lose 2.5% of their GDP annually if people do not have access to safe and affordable surgical care for treatable conditions.

PHoH was asked to consider the recommendations, which focus on building long-term sustainable programmes for surgical system strengthening as a part of overall health system strengthening and post-COVID recovery.

The surgical planning process in Tonga

22. Lord Tangi described the work being done in Tonga to advance its surgical systems, noting that planning and the current development of Tonga's NSOAP has taken seven years to date. He thanked SPC, WHO, RACS and the other partners that have supported the work.

NSOAPs deal with providing universal access to timely, safe, affordable anaesthetic and surgical care to those who need it. An essential function of the NSOAP is that it provides a link between the various strategic plans that have been developed and the operational level in hospitals.

Countries must have the capacity to provide a total package of services. To provide a practical Pacific example, when a child requires emergency care, they need to be seen quickly by well-trained medical staff. If the child needs to be admitted, the necessary diagnostic tests (e.g. blood tests, imaging) must be available. If surgery is required, there must be trained anaesthetists and surgeons on call, and nurses to support the patient in the recovery area. If oxygen or a blood transfusion are required, they must be available.

Tonga's NSOAP, which should be completed by the end of the year, will support the provision of these services.

Discussion

23. The **Deputy Chair** suggested Tonga may want to share its finalised NSOAP with other PICTs.
24. **Dr Audrey Aumua** (CEO, Fred Hollows Foundation NZ) (*via Zoom chat*) informed members that those working in the region's eye health sector are seeing a huge number of issues emerging since resources have been diverted to address COVID rather than NCD. Diabetes is a key determinant

of preventable blindness. These issues are likely to worsen given the vulnerability of PICT health systems.

25. **Dr Qin** (*via Zoom chat*) acknowledged Dr Aumua’s comment and agreed that in the Pacific, infectious disease, NCD and injuries – the triple burden – interact to increase the complexity and complications of surgically treated conditions.
26. **Dr Berlin Kafoa** (Director of SPC’s Public Health Division) acknowledged the presenters and their excellent presentations. In particular, he thanked Lord Tangi for presenting a clinical perspective of service provision. The discussion of national surgical planning highlighted that PHoH was evolving to consider health in its entirety, from public health to clinical services.

Thursday, 7 October 2021

27. The **PHoH Chair**, Ms Lillypeti Faavae (Permanent Secretary for Health, Tuvalu), who was able to join day 2 of the meeting, greeted participants and asked Tuvalu’s Assistant Secretary for Health to give the prayer.

5. Climate change and health

5.1 Putting health at the centre of the climate change discussion

(Presenter: Dr Mohd Nasir Hassan, WHO)

28. In August 2021, the Intergovernmental Panel on Climate Change (IPCC) published the Sixth Assessment Report on Climate Change. The UN Secretary General referred to the report as ‘a code red for humanity’. According to the report, global surface temperature was 1.09°C higher between 2011 and 2020 than between 1850 and 1900. The past five years have been the hottest on record since 1850, and the recent rate of sea level rise has nearly tripled compared with levels from 1901 to 1971.

The impacts of climate and environmental change include death, illness and injury caused by extreme weather events; heat stress; waterborne and foodborne diseases; malnutrition; and displacement of people.

Pacific Island countries are highly vulnerable to these impacts, which also threaten health-care facilities, especially in coastal and low-lying areas.

The Pacific health sector has endorsed key strategies, such as ‘For the Future: Towards the Healthiest and Safest Region’² and the ‘Pacific Islands Action Plan on Climate Change and Health,’³ which are based on four pillars:

1. Cross-sectoral action to address the health impacts of climate and environmental change
2. Building resilience into health systems to ensure they can withstand the impacts of climate change
3. Monitoring the impacts of climate change and environment on health to inform decision-making and action

² <https://iris.wpro.who.int/bitstream/handle/10665.1/14476/WPR-2020-RDO-001-eng.pdf>

³ <https://www.who.int/publications/i/item/9789290618645>

4. Applying a climate change and environment lens to all areas of the health sector.

29. At the 13th PHMM, the WHO-WPRO Regional Director announced the establishment of a WHO regional platform on climate change, the environment and health (CCE Platform).

Ministers agreed on action to implement the strategies, including by analysing the vulnerability of health to climate change, taking adaptive measures and improving risk communication.

Progress since the PHMM includes the establishment of the Climate Change, Environment and Health Technical Advisory Group (CCE TAG). The group first met in June 2020 to draft strategic priorities and high-level actions. A digital arm on CCE in the region will provide access to existing information and tools and enable sharing of experience and innovation.

Other progress by PICTs includes high-level participation in global CC&H events, work towards developing climate-resilient and environmentally sustainable health-care facilities, and bringing together evidence on the impact of climate change on health (e.g. Fiji, Solomon Islands, Tuvalu and Vanuatu have developed CC&H country profiles).

PHMM will take place just a few months after COP26 where health will be a science priority area for the first time. PHoH was asked to consider the recommendations, which will be forwarded to PHMM. They are aimed at achieving a future by 2030 in which:

- The Pacific is well prepared to face a changing climate and environment.
- The health sector has emerged as a strong force for preserving the planet in partnership with other sectors.

Discussion

30. **Fiji** (Dr Jemesa Tudravu, Chief Medical Advisor, Ministry of Health and Medical Services) acknowledged the support provided by development partners and peer-to-peer cooperation with neighbouring countries. During the height of the pandemic, Fiji experienced four cyclones. The health system had to recover from those events at the same time as managing the impacts of COVID-19.

In 2010, MOH implemented a pilot climate change project to protect human health, with funding from the Global Environment Facility. At the completion of the project, in 2016 MOH adopted the Climate Change and Health Strategic Action Plan 2016–2020 (since extended to 2022). Implementation of the plan is guided by WHO's 'Operational framework for building climate-resilient health systems'. MOH also took the initiative to provide guidance on building smart health-care facilities. The guide, which was developed with stakeholder consultation and technical support from WHO, has four key components:

1. A skilled workforce and decent working environment
2. Sustainable water, sanitation and waste management
3. Sustainable energy
4. Appropriate infrastructure and technology.

There are SOPs for each of the four components.

Fiji is currently assessing climate hazards and vulnerability for each of its 210 health facilities. This is a demanding process requiring input from technical experts and clinicians, other human resources and funding. Finally, Fiji recently passed its Climate Change Act, which legally binds the country to achieving net zero emissions by 2050.

31. **USA** (Lizette Durand) supports PICTs' efforts to address the health effects of climate change and to strengthen the resilience of health-care facilities and systems. USA is assessing ways of increasing its support and looks forward to working with PICTs at the upcoming COP26.
32. **UNICEF** (Jonathon Veitch) has found that the pandemic exposed inadequate WASH facilities in health-care facilities, especially for hand hygiene. Although the data is limited, it is clear that massive investment in WASH in health systems is required – in some places, less than 50% of health-care facilities have access to potable water. This should be an urgent priority for governments and partners. Risk communication is essential to ensure communities understand the different hygiene methods required when they visit health facilities.
- UNICEF has also been working with PICTs on vaccine storage facilities, including using renewable energy, e.g. solar fridges and freezers.
33. **The British High Commission** representative (Kunal Singh, Climate Policy Officer, Suva) reiterated that health is a COP26 science priority area. The relevant key priorities for COP26 are building climate-resilient health systems and developing low-carbon sustainable health systems.
- At the Petersberg Climate Dialogue in May 2021, Fiji's Minister of Health launched the climate-resilient health systems programme, and has since made commitments to sustainable health systems.
- The pandemic has shown that health systems are one of the main defences in protecting populations, including from climate change impacts. Currently, only 50% of countries globally have national health and climate change strategies and even fewer are reporting high to moderate levels of implementation. To build a resilient health system, countries must understand their vulnerabilities and adaptive capacity. PICTs are encouraged to follow Fiji's example (paragraph 30). National plans and vulnerability assessments can also be used to facilitate access to climate finance.
- In terms of developing low-carbon sustainable health systems, the health sector contributes about 4.6% of greenhouse gas emissions globally. Countries are encouraged to commit to plans to reach a net zero target ahead of COP26.
34. **The Chair** invited PHoH to consider the recommendations.
35. **Dr Kafoa** (SPC) said one of the constraints for PICTs is that they do not have many health workers. In addition, many health workers already have multiple roles. The recommendations are good, but expert groups must take account of the reality at ground level. Development partners will have to support PICTs with human resources to enable them to implement action on developing climate-resilient health systems.
36. **Dr Hassan** (WHO) expressed appreciation for the comments. WHO is working closely with Fiji in the areas mentioned by Dr Tudravu and is also working with UNICEF's WASH team on both water and sanitation and IPC. Dr Kafoa's comments on scarce human resources at ground level were noted and WHO will work with PICTs and partners, including the World Bank and Asian Development Bank, on where to prioritise efforts.

6. Health security

6.1 Vaccine certificate/passport

(Presenter: Sunia Soakai, SPC. Sunia acknowledged the guidance of WHO colleagues and the contribution of PIFS, DFAT and MFAT to the presentation.)

37. The question of COVID-19/vaccination certification is evolving while governments explore options for opening their borders for entry, exit or transit of international travellers. Certification also has domestic applications, with many institutions, employers and businesses requiring clients, employees or customers to show documentation of their COVID-19 status.

Challenges to certification include criteria for assessing solutions, interoperability, data privacy, trust, potential for fraud, and communication to the public on obtaining and using certification.

At their August meeting, Pacific Forum Leaders supported COVID-19 certificates.

WHO does not advocate compulsory certification for reasons including inequity in vaccine distribution and access. However, WHO has provided advice on standards for certification and interoperability, given that the documentation must be acceptable to both the issuing and receiving authorities. WHO has also released a guideline (not a policy) entitled ‘Digital documentation of COVID-19 certificates: vaccination status, technical specifications and implementation guidance’.

The European Union (EU) has developed the most efficient certification system to date. It is interoperable between all member states and provides digital proof that a person has either been vaccinated, received a negative test result, or recovered from COVID-19. The success of the EU Digital Covid Certificate (DCC) has been attributed to political will, clear objectives, teamwork, trust and significant funding, as well as implementation of the EU DCC Gateway. Challenges for its development included time constraints, variations in members’ health-care systems and data protection requirements.

Other developments include the International Civil Aviation Organization (ICAO) Guidelines on Visible Digital Seals (VDS) for travel-related health proof. ICAO and EU are currently working together on the compatibility of the ICAO VDS and EU DCC and alignment with WHO’s guidance.

A roadmap for a potential Pacific COVID-19 certificate includes three tasks:

1. Building consensus and reaching regional agreement on minimum standards for certification
2. Country assessment and readiness strengthening
3. Go live and implementation

Steps between each task include establishing a technical working group (TWG) and designing and developing a solution. Most PICTs are in the early stages of developing digital health systems. Initially, a paper-based certification system may work best for some countries.

38. PHoH was asked to consider the recommendations, which include appointing a project champion and nominating TWG members.

Discussion

39. **Australia** (Stephanie Williams, Australian Ambassador for Regional Health Security) supported the recommendations, as committed to at the Pacific Islands Forum meeting in August 2021.

Certification is important in risk-based opening of borders, noting that the strength of health data systems is an important part of this process. Australia is working with PICTs on the issues and agrees on the principle of interoperability. Australia is also supporting vaccine programmes in several PICTs.

40. **New Zealand** (Megan McCoy, Group Manager, Global Health, MOH) said all entrants to New Zealand (except New Zealand citizens) were required to provide proof of vaccination on arrival. New Zealand does not yet have a digital certificate but is developing one. The MOH is keen to share experience and information with Pacific partners and WHO and SPC. New Zealand is also supportive of the TWG.
41. **Niue** (Gaylene Tasmania) said Niue will rely on Medsafe (NZ) certification, given it is a complex issue for small PICTs that do not have the same legal frameworks as larger countries. Niue would also like to be part of discussions on certification, levels of security, etc. Niue has adopted Cook Islands' contact tracing system, CookSafe, and renamed it RockSafe. The information collected is held only by the national health authority – in other words, there may be no need to reinvent the wheel in terms of securing data. National governments need to make the decision about certification, when and if they are ready. Preparing for it in advance does not mean they are ready now.
42. **French Polynesia** (Dr Mervin) introduced a digital vaccination certificate similar to the EU one and opened its borders several months ago. Vaccination is based on the French regulatory framework and certification is only available to people who are completely vaccinated. French Polynesia is also working on a health passport and is interested in taking part in future consultations on these issues.
43. **WHO** (Dr Jacobs) clarified that WHO does not advocate compulsory certification, but is happy to support countries developing certification systems, which must be practicable and timely. It is important that certification details are correct so the systems achieve their aims. Certificates must also be usable by people who were not vaccinated in the country they are residing in or entering.
44. **New Caledonia** (Dr Sébastien Mabon, Department of Health and Social Affairs) said New Caledonia has worked with France to provide citizens with certificates for vaccination, negative tests, and proof of recovery from COVID-19. People must be fully vaccinated to enter. New Caledonia can work with other countries to facilitate interoperability.
45. **World Bank** (Susan Ivatts, Senior Health Specialist) (*via Zoom chat*) asked whether countries are feeling reasonably well prepared for opening their borders, given the lessons from many low-middle-high income countries, which experienced high pressure on hospital services as they opened up, even when their populations had good levels of COVID-19 vaccination.
46. **Dr Kafoa** (SPC), responding to the World Bank, said the larger part of many populations are not vaccinated. There are also people who are immuno-compromised. The clinical area of the health system must be able to respond when borders open.
47. **Sunia Soakai** (SPC) thanked participants for their valuable comments and asked PICTs to keep SPC and WHO informed of the challenges they experience in relation to certification. WHO and SPC recognise country sovereignty on these issues, but agreement on minimum standards should help overcome challenges.

7. Other business

7.1 72nd session of the World Health Organization Regional Committee for the Western Pacific

48. **WHO** (Dr Jacobs) said the RCM will be held in Himeji, Japan, from 25 to 29 October 2021. The meeting will be a hybrid one with participants attending in person or virtually. Discussion on major items will be split in two to allow for different time zones. Countries can intervene in either session. More detail will be provided to PICTs shortly.

7.2 14th Pacific Health Ministers Meeting

49. **The Chair** confirmed that the Tuvalu cabinet has approved Tuvalu's hosting of the 14th PHMM in March 2022. The dates are yet to be confirmed. The meeting will be a hybrid one (Tuvalu's borders are scheduled to open around December 2021) and PHoH will be informed of details when they are available.

8. Decision points

50. The meeting's decision points were presented. There were no comments or changes requested. The PHoH secretariat will summarise the decisions (Annex 1) for presentation to PHMM.

9. Meeting evaluation

51. PHoH participants were invited to respond to a SLIDO survey. The results are in Annex 3.

10. Closing

52. **The Chair** thanked all participants and presenters for their contributions and technical input. She also thanked development partners and her colleagues at the Tuvalu MOH, and acknowledged the work of the PHoH secretariat.
53. **Dr Kafoa** (SPC) thanked the Chair and Deputy Chair for their conduct of the meeting and participants and partners for their involvement in, and support of Pacific health.

Annex 1: PHoH Meeting Decisions, 6–7 October 2021

1. Progress on implementing the Pacific NCD Roadmap, monitored through the Pacific MANA dashboard

PHoH:

- i. committed to effectively implement and monitor a costed national multisectoral NCD strategic plan with clearly defined indicators using the Pacific MANA dashboard and timelines aligned with global NCD targets, including for working towards cervical cancer elimination, as part of efforts to reduce premature mortality;
- ii. agreed to invest in additional resources to enhance NCD management services and mental wellbeing at decentralised primary health care level including early detection, prevention (including vaccination), management and palliative care while leveraging opportunities through relevant programmes and innovative approaches that address cross-cutting issues linking NCD with infectious diseases;
- iii. agreed to continue to strengthen preventive measures, particularly common gaps in the region, such as enhancing use of fiscal policies on unhealthy products, preventing tobacco industry interference, restricting trans-fats in the food supply, and restricting marketing of foods and non-alcoholic beverages to children, while also pursuing actions to improve access to healthier diets;
- iv. committed to engaging non-health sectors and civil societies in national NCD leadership, governance, and implementation to address the root causes of NCD in a coordinated ‘whole of government and society’ as well as ‘health-in-all policies’ approach;

Development partners agreed to:

- v. support PICTs with the scaling up of NCD actions and monitoring the progress of implementation through the MANA Dashboard, and utilise this information to encourage relevant actions from non-health partners;
- vi. explore opportunities to invest additional resources to enhance NCD management services, address cross-cutting issues, and implement innovative interventions using advanced technology and creative ways of communication to enhance behaviour change;
- vii. strengthen efforts to improve civil societies engagement, regional coordination, international collaboration, and networking opportunities for PICTs.

2. Pacific Legislative Framework for NCD

PHoH:

- i. endorsed the Pacific Legislative Framework for NCD with a view to presenting it at the Pacific Health Ministers Meeting in 2021 for further discussion and decision;
- ii. agreed to support high-level regional endorsement by political leaders, noting that Forum Leaders and/or Forum Ministers would be the most appropriate level to ensure implementation of the Pacific Legislative Framework and to consider more opportunities for Pacific-level actions;
- iii. committed to utilising and adapting the Pacific Legislative Framework in reviewing and reforming NCD-related laws in respective jurisdictions to accelerate actions on NCD to meet global NCD targets and regional commitments, and to using the MANA dashboard to monitor implementation five years after endorsement.

Development partners agreed to:

- iv. support the regional endorsement and implementation of the Pacific Legislative Framework for NCD at national level, in particular through leveraging cross sectoral opportunities;
- v. advocate, and raise awareness of the Pacific Legislative Framework at national, regional and international level.

3. Leveraging the COVID-19 pandemic to build sustainable systems and advance UHC

PHoH agreed to:

- i. review and revise public health legislation and governance structures to enable an effective, whole-of-government and whole-of-society response to future health emergencies and pandemics, with greater emphasis on strengthening:
 - IHR core capacities (legislation and financing, IHR co-ordination, surveillance, laboratory, zoonoses, infection prevention and control, human resources, and risk communication);
 - coherence and synergy between health related and wider legislation (e.g. related legal frameworks for health information systems, freedom of information laws, privacy laws, etc.);
- ii. strengthen health systems in a sustainable manner by:
 - developing roadmaps for re-opening borders, depending on threshold events, e.g. extent of COVID-19 vaccination coverage, testing and contact tracing capacity, and adequate isolation and quarantine options;
 - maintaining and strengthening public spending to ensure the continuation of essential health services, in addition to the COVID-19 response; strengthening public financial management within the health sector for better budgetary planning, execution and reporting; and strengthening integration and coordination of donor funding support for health;
 - sharing lessons learned from the current pandemic across Pacific countries;

- developing and strengthening IPC programmes at the national and health facility level to ensure quality care and safety. (The minimum components of IPC programmes should include empowered IPC focal points/IPC committees, policy and strategic plans, guidelines, surveillance of HAIs and AMR, monitoring and evaluation, adequate human resources, an enabling environment, and equipment;
 - developing or strengthening national health strategic plans, packages of essential health services and/or role delineation policies (as appropriate), considering the changes brought about by the pandemic;
 - reviewing and developing national human resources for health strategic plans and policies in line with national health strategic plans and packages of essential health services/role delineation policies.
- iii. work with stakeholders, including communities and partners beyond the health sector, to identify at least one COVID-19 response intervention per country that could be invested in and harnessed to facilitate sustainable health systems strengthening, e.g.:
- digital health strategies and interventions, such as national health information systems, electronic immunisation registries and telehealth services;
 - laboratory and supply systems;
 - community engagement networks;
 - critical care services, including health workforce capacity development;
 - public health emergency preparedness, driven by the focus areas of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III);
 - regulatory reliance mechanisms for the introduction of novel medical products;
- or
- pharmacovigilance and reporting systems for adverse events following immunization (AEFIs);
- iv. focus on improving quality of care and patient safety across the health system, and in primary health care specifically, by:
- strengthening the availability of safe and affordable surgery by developing and implementing National Surgical, Obstetric and Anaesthesia Plans (NSOAPs);
 - using role delineation policies to improve referral systems and identify alternative options for service delivery to reach the unreached, including outreach, telehealth, and telemedicine care delivery options;

Development partners agreed to:

- v. support the countries and areas of the Pacific in adopting and implementing sustained, future-oriented actions, and to ensure that partner resources deployed for the COVID-19 response result in long-term systems strengthening;
- vi. ensure that support provided is on-plan, on-budget and on-system to improve transparency and accountability, to reduce systematic fragmentation and the potential for overlaps and gaps, and to support the transition to full country ownership;

- vii. facilitate cross-country sharing of best practices in harnessing COVID-19 response measures for sustainable and long-term impact;
- viii. support the strengthening or establishment of subregional mechanisms for cooperation, knowledge exchange and resource sharing, such as:
 - the subregional platform for regulation of medical products (implementing the commitment made during the 13th PHMM);
 - the subregional Quality Improvement Programme for Nursing, with a focus on education and regulation (implementing the commitment made during the 12th PHMM);
 - the Medicines Quality Control Laboratory in Papua New Guinea and potential opportunities for subregional collaboration;
 - the potential establishment of a specialised public health laboratory network.

4. Surgical system strengthening in the Pacific Islands

PHoH agreed to:

- i. complete the expedient development of National Surgical, Obstetric, and Anaesthesia Plans (NSOAPs) and implementation of the Regional Action Framework for Safe and Affordable Surgery (RAF), recognising the synergy between surgical system strengthening and pandemic preparedness;
- ii. carry out regular monitoring and evaluation of surgical system capacity and performance, adapting standardised global Lancet Commission on Global Surgery (LCoGSC) indicators and the RAF;
- iii. promote timely access to and affordability of SOA care by supporting improved transport for hard-to-reach populations via land, sea and air, and supporting the development of financing mechanisms to reduce catastrophic expenditure as a barrier to seeking SAO care;
- iv. promote access to and regulation of essential equipment and consumables for SOA care delivery that are affordable, safe, and good quality;
- v. strengthen sterilisation and infection prevention and control mechanisms as critical components of safe and quality SOA care;

Development partners agreed to:

- vi. collaborate and coordinate effectively in supporting countries with NSOAP and RAF implementation;
- vii. support countries in obtaining and coordinating funding for surgical system strengthening, recognising the economic benefit of surgical service provision and both opportunities and threats posed by the COVID-19 pandemic;
- viii. facilitate regional collaboration among PICTs in progress reporting, knowledge sharing, and joint action planning to address common challenges, such as pre-hospital access, financial risk protection, and workforce training;

- ix. support countries with their identified priorities of first-level surgical capacity strengthening and mobile surgical service development by providing technical input on the procurement and regulation of affordable and quality surgical equipment and consumables;
- x. support countries in their workforce strengthening needs through developing remote programmes for SOA provider training, competency-based supervision, and essential equipment maintenance.

Other potential recommendations

- xi. Support localised remote implementation sites with experience gathering to inform and enable calibration of national planning.

5. Putting health at the centre of the climate change discussion

PHoH agreed to:

- i. develop or strengthen plans to address the health impacts of climate change;
- ii. support advocacy on the need for intersectoral and international action to address the health impacts of climate change, including at national and international forums such as COP meetings;
- iii. strengthen the climate resilience of healthcare facilities, making progress towards the following 5-year targets:
 - 100% of healthcare facilities have access to basic water, sanitation, hygiene and medical waste management;
 - 100% of healthcare facilities have access to electricity;
 - health infrastructure has been assessed and strengthened to withstand climate shocks and health emergencies;
- iv. identify opportunities to reduce the health sector's environmental impact (e.g. reduce the health sector's carbon footprint and waste);
- v. gather and share data and evidence on the health impacts of climate change and the co-benefits of action taken by colleagues outside the health sector;
- vi. contribute to the digital arm of the climate change education (CCE) platform, sharing information, evidence, and good practices with other countries and partners;

Development partners agreed to:

- vii. support countries' efforts to develop or strengthen plans to address the health impacts of climate change, focusing on developmental effectiveness and identifying opportunities to optimise available resources to tackle both COVID-19 and climate change at the same time;

- viii. support the efforts of Pacific leaders to inspire those beyond the health sector to play their part in addressing the health impacts of climate change, including through the development of communications and advocacy tools;
- ix. produce and share regional guidance on climate-resilient and environmentally sustainable health-care facilities, and support countries in its implementation;
- x. monitor the health impacts of climate change and gather and share evidence to inform decision-making, guide advocacy, drive action and track the impacts and successes of interventions;
- xi. facilitate cross-country sharing of ideas and best practices, including through the digital arm of the CCE platform.

6. Regional COVID-19 certificates in support of cross-border travel

PHoH agreed to:

- i. acknowledge the Leaders Communique of 6 August 2021 with regard to establishing ‘robust and practical processes for vaccine certification, including digital vaccination certificates’;
- ii. recognise the evolving landscape with regard to the demand and supply requirements to facilitate cross-border travel through the development of COVID-19 certificates;
- iii. note the Roadmap and the work that the secretariat is endeavouring to pursue on a regional and/or bilateral basis with regional organisations and partners to support PICTs to develop COVID-19 certification for cross-border travel that meets international standards and best practices;
- iv. facilitate and coordinate as appropriate national consultations with key stakeholders, such as immigration, customs, border control, aviation, tourism, etc. with regard to COVID-19 certificates for cross-border travel;
- v. reflect on
 - appointing a project champion;
 - setting up a multi-sectoral national governance structure;
 - identifying representatives for the technical working group;
- vi. ensure the country collection system complies with the WHO Pacific Immunization Data Model;
- vii. strengthen the integrity of population immunisation data by ensuring it is complete, accurate and verifiable;
- viii. request the secretariat to provide PHoH with periodic updates on the progress of COVID-19 certification for the cross-border travel initiative;

Development partners agreed to:

- ix. support the secretariat and PICTs with implementation of the Roadmap to develop COVID-19 certification for cross-border travel that meets international standards and best practices;

- x. explore opportunities to invest additional resources to support PICTs to develop COVID-19 certification for cross-border travel;
- xi. strengthen efforts to improve engagement and regional coordination among key stakeholders, such as immigration, customs, border control, aviation, tourism, etc. with regard to COVID-19 certification for cross-border travel.

7. 72nd session of the World Health Organization Regional Committee for the Western Pacific

PHoH:

- i. noted that the Regional Committee Meeting will be held in Himeji, Japan, from 25 to 29 October 2021. The meeting will be a hybrid one with participants attending in person or virtually. Discussion on major items will be split in two to allow for different time zones. Countries can intervene in either session.

8. 14th Pacific Health Ministers Meeting

PHoH

- i. noted that the 14th PHMM will be hosted by Tuvalu in March 2022. The meeting will be a hybrid one and PHoH will be informed of the dates and other meeting details when they are confirmed.

Annex 2: Participants List PHoH Meeting 6-7 October 2021

Country

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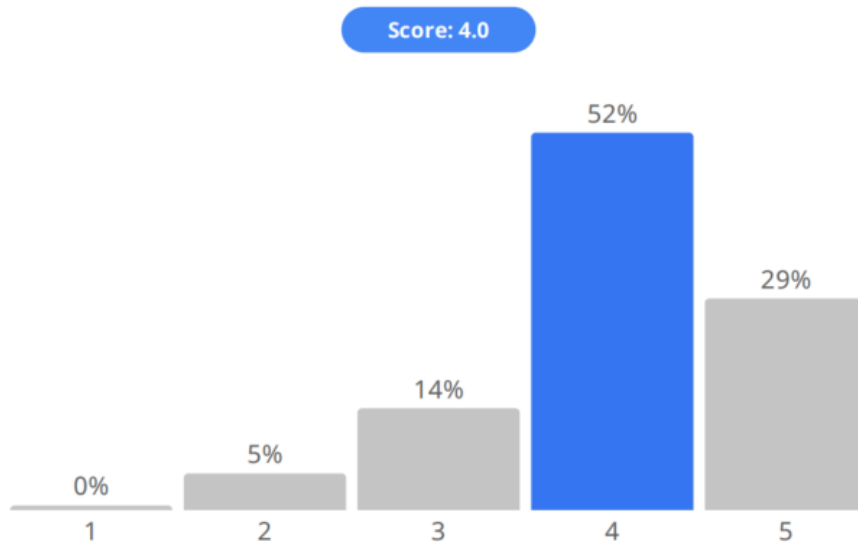
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Annex 3: PHoH Meeting Evaluation Results

My overall evaluation of the meeting:

0 4 2



Which 2 topics covered over the 2 days did you find most interesting or useful?

0 4 1

(1/2)



Which 2 topics covered over the 2 days did you find most interesting or useful?

0 4 1

(2/2)

- 6. No Pacific Legislative Framework for Non-Communicable Diseases



Use one word to describe how you are feeling at the end of this 2 day meeting

0 3 5



Annex 4: Secretariat Response to Meeting Evaluation

Recommendations from participants on how to improve future meeting	Secretariat comments
Low number of PICTs participating at the meeting	
More participation from country members	Meeting Announcements are disseminated to HoH 3 months prior to the meeting. Global email is sent to HoH in the first instance with several follow up group emails as well as individual follow up emails. All efforts are undertaken to encourage HoH to attend, however the secretariat is cognisant of competing national priorities and sovereignty. The secretariat acknowledges attendance at virtual PHoH has dropped since hosting the first one in July 2020 in the midst of the pandemic response. This is opposed to 85-90% attendance at face-to-face meetings. The secretariat recognises HoH participation to some extent is driven by agenda items. This was evident in the level of country engagement and discussions generated by the COVID-19 Vaccine Certificate for Cross Border Travel agenda item; this is not surprising given its extreme relevance to the current environment.
Having more country delegates attend.	
Must have MUCH more involvement of members. Member attendance was poor, less than 1/3 of SPC members. This is not representative. Secretariat needs to pre engage	
Meeting papers & presentations	
Meeting papers to be sent in advance to participants and also copies of presentations given to participants. Member countries encouraged to present health issues affecting PICs.	Meeting conventions stipulate papers are circulated 2 weeks prior to the meeting dates, these are uploaded to the PHoH page on SPCs website. HoH and partners are advised and are provided registration and document links as per convention. Presentations require organisational sign off prior and are uploaded to the meeting link post event. Technical papers are circulated to Quints+ (ADB, DFAT, MFAT, WB, WHO, SPC) for review and input. There is an understanding WHO seeks UN sister agencies input on the papers, going forward SPC will ensure country and partner input is strengthened.
papers for meeting made available early	
Earlier access or immediate to presentations	
To coordinate with partners before sending out the working papers	

More country inputs	
Examples from countries	A fundamental premise of the regional health architecture is to facilitate and ensure countries set the agenda and lead discussions. For each technical paper the secretariat invites countries to participate in its development and ideally present and facilitate HoH discussions as well as encouraging feedback on country specific successes and challenges on the agenda item tabled. For this meeting Fiji presented progress on climate change and health and Tonga on its development of the National Surgical, Obstetrics and Anaesthesia Plans. By convention and in briefing the Chair rules are interventions from countries take precedence from partners and observers, hence the use of speaking rights to mitigate against the meeting becoming a discussion between partners/observers and the secretariat. In the event no country volunteers are received the secretariat delivers the presentation. Encouraging countries to attend virtual meetings and participate in discussions has been a challenge and we welcome suggestions to address this through breakout sessions and calling out countries by name to comment/respond.
I would like to hear more from the PICs colleagues	
More good practices and lesson learned from the countries	
More discussion by countries	
More involvement of country participants	
More country contribution	
More presentations from governments	
More input from PICT representatives.	
More countries share their success or even challenges	
Breakout sessions + more dialogue	
We found the meeting very useful at NZ Ministry of Health. Thank you to all involved. If time allows in future, breakout sessions could be useful to allow productive/informal debate and sharing of lessons learned.	The secretariat welcomes these suggestions and will endeavour to incorporate these in future meetings.
Possibly have pocket meetings around the papers facilitated by technical agencies/partners	
More dialogue and discussions.	
Running of the of meeting	
Have an introduction of participants and a photo session	In light of the feedback on low country attendance and the need for more country involvement a potential option is to undertake a HoH poll to invite agenda items, the agenda can then be shaped based on the most common items recommended as opposed to the standard agenda items as per ToR. The secretariat acknowledges the need to balance poll results against priorities approved by PHMM, international commitments and Pacific Forum Leaders.
Call countries by name to comment/respond	

General comments	
Looking forward to returning to in-person meetings when conditions allow	The secretariat appreciates the positive feedback which provides encouragement to improve the delivery of future meetings.
Virtual meetings in Pacific Island countries is a bit difficult because of the connectivity issues.	
Through hybrid and virtual.	
Face to face	
No much to add	
The format is suitable and the poll evaluation is very useful	
No comment - was good	
I just joined today but I really learn a lot and looking forward to future meetings.	
Not much to add	
Overall excellent.	
No comment - very well run	
Look forward to face-to-face meeting	