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Heads of Health Meeting

Réunion des directeurs de la santé

REPORT OF THE
13th PACIFIC HEADS OF HEALTH MEETING

(Virtual meeting, 20–21 September 2022)

Prepared by the Pacific Community, 2022

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13th PACIFIC HEADS OF HEALTH (PHoH) MEETING

20–21 September 2022

Virtual meeting hosted by the Pacific Community (SPC)

REPORT OF MEETING

Note: Each of the topics summarised in this report includes a list of the recommendations put forward by the presenters to Pacific Heads of Health for their consideration.

The recommendations ultimately endorsed are in Annex 1 – PHoH decisions.

The meeting papers and presentations are available at: <https://phd.spc.int/phoh-meeting-documents>

1. Opening

1.1 Welcome

1. The Chair, Dr Siale 'Akau'ola, CEO for Health, Ministry of Health (MoH), Tonga, welcomed participants and asked Dr Veisia Matoto, Tonga, to say the prayer.

A moment of silence was observed for Queen Elizabeth II for her dedicated service to the Commonwealth and wider world, and for loved ones lost during the pandemic.

Dr 'Akau'ola said COVID-19 impacted society and economies and the health and well-being of people. The crisis shed light on weaknesses in health systems but also provided learning and innovation. He acknowledged all healthcare workers, and the development partners whose generous support made the response much easier.

1.2 Remarks from the Secretariat

2. Dr Mark Jacobs, WHO Representative for the South Pacific, welcomed everyone on behalf of WHO and SPC.

1.3. Participants

3. 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, Papua New Guinea (PNG), Republic of the Marshall Islands (RMI), Solomon Islands, Tokelau, Tonga, Tuvalu, United States of America and Vanuatu. Partner agencies represented included: the Australian Department of Foreign Affairs and Trade (DFAT), Fiji National University, Fred Hollows Foundation NZ, Health Specialists Ltd (NZ), New Zealand Ministry of Foreign Affairs and Trade (MFAT), Pacific Community (SPC), Pacific Island Health Officers Association (PIHOA), Pacific Islands Forum Secretariat (PIFS), Royal Australasian College of Surgeons (RACS), United Nations Children's Fund (UNICEF), UN Population Fund (UNFPA), World Bank and World Health Organization (WHO). (Annex 2 provides a list of participants.)

2. Non-communicable disease (NCD)

2.1 Scaling up action on the Pacific NCD Roadmap: Progress, challenges and the way forward

Presenter: Dr Veisia Matoto, MoH, Tonga

4. Pacific leaders endorsed the NCD Roadmap in 2014 to strengthen multi-sectoral prevention and control of NCD. The Pacific Monitoring Alliance for NCD Actions (MANA) Dashboard is used as an accountability mechanism to monitor PICTs' progress in implementing the Roadmap. Its indicators complement the Pacific Healthy Islands Monitoring Framework and global NCD indicators and targets.
5. To date, 10 PICTs (Fiji, Kiribati, Nauru, New Caledonia, Niue, Samoa, Solomon Islands, Tokelau, Tonga and Tuvalu) have updated their dashboards for 2021/2022. Updates by 11 other PICTs are still underway.
6. **Tobacco control** – 6 PICTs (American Samoa, French Polynesia, New Caledonia, Palau, Tonga and Wallis & Futuna) have reached the recommended tobacco taxation target of 70%. Other PICTs have taxation in place but are yet to reach the target. Tobacco industry interference is still occurring.
7. **Alcohol control** – All 21 PICTs have alcohol taxation in place but at low levels. There has been little progress on alcohol advertising.
8. **Unhealthy food/drinks** – In 2021–2022, Niue strengthened its policy on salt reduction; Tonga and Fiji put in place policy measures to restrict trans-fats in the food supply; Tonga endorsed its dietary guidelines; Solomon and Tuvalu improved their food fiscal policy; and Tokelau introduced a healthy food policy in schools. Since 2018, 15 PICTs have adopted taxation measures to discourage unhealthy food and beverage choices. However, implementation is low.
9. **Primary and secondary prevention of NCD** – All 10 PICTs have maintained national guidelines for diagnosing and managing at least one of the four main NCDs, and a national list of essential NCD medicines. In 2021–2022, Samoa strengthened its 'stop smoking' services; Fiji and Solomon Islands strengthened their baby-friendly hospital initiatives; and Tonga endorsed legislation that provides at least 12 weeks paid maternity leave.
10. **Evidence base for more effective investment and programming** – New Caledonia surveyed risk factors for youth, and monitored child growth; Fiji collected data on child growth; and Fiji and Solomon Islands strengthened efforts to collect data on case-specific mortality. Assessments have found that higher taxes result in increased price of product at point-of-sale, more government revenue, and decreased imports. More Pacific evidence is required to improve planning and decision-making.
11. **Leadership and governance** – Kiribati strengthened its national NCD strategies. Over the past 4 years, 12 PICTs have established a multi-sectoral NCD taskforce to oversee the implementation of their national NCD plan. Some taskforces are not yet fully functional.
12. **Preventive policies** include smoke-free environments; tobacco health warnings; and restrictions on tobacco advertising, sales, promotion and sponsorship; 17 PICTs have compulsory physical education in school.
13. The **Pacific Legislative Framework for NCDs** was endorsed by the Pacific Health Ministers Meeting (PHMM) in March 2022.

Challenges

14. There has been progress in most PICTs, but it is not yet sufficient to achieve the global NCD targets. COVID-19, climate change and natural disasters have all disrupted health-care services and delayed implementation of NCD related policies, legislation and programmes.

Recommendations for governments

- i. Take active steps to ensure a functioning, national multi-sectoral NCD committee is overseeing implementation of a costed national NCD plan, with specific targets, and monitoring progress using the MANA Dashboard or similar indicators.
- ii. Strengthen NCD-related policies and legislation through inter-ministerial collaboration and use of the Pacific Legislative Framework for NCDs, particularly to address gaps such as increasing taxes for unhealthy products to the recommended level, preventing tobacco industry interference, regulating alcohol marketing, limiting trans-fats in the food supply, and restricting marketing of foods and non-alcoholic beverages to children.
- iii. Increase investment and capacity at primary health-care level to enhance early detection and management of NCD and mental well-being.
- iv. Engage civil society, schools, workplaces, churches, youth, and communities in innovative behaviour change interventions targeting key NCD risk factors and associated environmental and socio-economic determinants

Recommendations for development partners

- i. Increase technical support for scaling up NCD action and monitoring implementation.
- ii. Invest in innovative evidence-based NCD interventions, using creative communication to enhance behaviour change.
- iii. Support countries to plan and undertake impact assessment of taxation and other policies, and share information on the results.
- iv. Facilitate efforts to engage civil society, and to improve regional and international collaboration and networking.

2.2 Q & A

15. Wallis and Futuna announced that in September, it will host the first territorial health conference for 15 years. The conference will include discussion of a project to improve prevention of chronic diseases and those related to aging.
16. Dr Semesa Tudravu, Fiji, congratulated the MANA team on its excellent work and agreed on the need to redirect efforts to meet the NCD challenge. The Fiji President and Prime Minister both support the health sector's efforts. In recent progress, Fiji has just appointed a Wellness Coordinator.
17. Emi Chutaru, PIHOA, highlighted the challenges in drafting legislation to underpin MANA initiatives, and requested technical assistance for the region to assist with drafting, advocacy, governance, and the leadership necessary for changes at the national level. PHoH should also look at concerted efforts to invest in collecting data to reaffirm the need for NCD policies and strategies.
18. Sunia Soakai, SPC, responded that SPC has full-time legal expertise funded by the Commonwealth Secretariat to support countries. Otherwise, SPC could go to the market to support requests.
19. Mark Jacobs said WHO also has capacity to provide legal support.

2.3 Pacific Ending Childhood Obesity (ECHO): Opportunities to enhance national action

Presenters : Leilani Peren, Acting NCD Director, RMI

20. Recognising that childhood obesity is a serious concern, Pacific health leaders endorsed the establishment of ECHO in 2018 and committed to its three priorities:
 1. **Physical activity** – most countries have school-based activity, but only a few have strategies and action plans.
 2. **Fiscal measures**, including taxation on unhealthy food.
 3. **Restrictions on marketing foods and non-alcoholic drinks** to children.

21. A fourth priority of **child obesity surveillance** was proposed in 2019 and technical agencies have discussed developing a standardised tool that could be used for children aged 5–10 years of age
22. Twenty PICTs have nominated country focal points for ECHO. Three working groups made up of country focal points, academics and representatives from technical agencies (e.g. Pacific Research Centre for the Prevention of Obesity and Non-Communicable Diseases (C-POND – FNU), PIHOA, SPC, WHO and UNICEF) were established for the priority areas. Other members of the network are Deakin University, the Pacific Council of Churches and PIFS.
23. Progress on the priorities has been slow with COVID disrupting planned work. However, the Pacific Legislative Framework for NCD will support efforts, e.g. the framework sets out model policies, plans and legislative provisions on marketing unhealthy foods and non-alcoholic beverages to children.
24. A Pacific ECHO Coordination Team led by country focal points from each subregion, supported by representatives from technical agencies, has been proposed and added to ECHO's terms of reference, with a view to endorsement. The Team's role will be to provide PHoH and PHMM with practical guidance and advice on interventions to end childhood obesity.
25. Challenges: ECHO tends to be led by technical agencies rather than being a country-driven platform. More resources are needed to implement action, including a whole-of-government/whole-of-society approach. There also needs to be collaboration between early childhood development initiatives and ECHO.

Recommendations for governments

- i. Strengthen ECHO and drive the implementation of childhood obesity priorities at regional and national levels.
- ii. Review the proposed Pacific ECHO Coordination Team added to the terms of reference, with a view to endorsement for further action.
- iii. Allocate appropriate budgetary resources to drive plans of action in the identified priority areas;
- iv. Strengthen collaboration with all relevant sectors, including education, sports, trade and finance to implement and enforce action to promote healthy eating and physical activity.

Recommendations for development partners

- i. Support PICTs to implement and monitor action on childhood obesity.
- ii. Strengthen efforts to improve regional coordination for the Pacific ECHO network and the Pacific Regional Council for Early Childhood Development, and enhance international collaboration and networking opportunities for PICTs.
- iii. Foster effective collaboration with civil society organisations, governments, network partners and stakeholders to support implementation of action on childhood obesity priorities and sustain the network.

3 UHC

3.1 Healthy Islands Monitoring Framework (HIMF) update

Presenter: Dr Yun Gao, WHO

26. WHO and SPC work with PICTs to review HIMF progress every two years. Two reviews (2017 and 2019) have been published. The 2021 review was interrupted by COVID, although PICTs had begun collecting data.
27. The data available showed some progress towards the Healthy Islands vision, but improvement was inconsistent across PICTs. All PICTs, except PNG and CNMI, showed high levels (above 90%) of routine childhood immunisation. There has been continued progress in implementing NCD prevention and management policies (e.g. taxes on alcohol and tobacco), but this is not yet reflected in better health outcomes. There is limited data on the impact of environmental factors (e.g. access to fresh drinking water) and climate change on health.
28. To improve HIMF data collection and consistency, WHO and the Australian Institute of Health and Welfare conducted an evaluation and consultations with selected PICTs. They found that some PICT data comes from global indicators but may not reflect the country situation accurately. The quality and sources of country data differ between PICTs, limiting comparability. The number of agencies requesting similar data places a burden on PICTs and often PICTs receive no feedback on the information they provide. Based on these findings, recommended steps to improve the information collected include:
 - a. developing robust metadata at the framework, indicator, and country levels;
 - b. providing coordinated support for regional consistency, quality, and accessibility of health information;
 - c. implementing a mechanism for regular revision of HIMF indicators and conducting a ‘fit-for-purpose’ review.

Proposed next steps

- i. To resolve data collection and reporting challenges, develop and implement short- and medium-term plans for building data capacity, based on each PICT’s needs and priorities, in coordination with partners. Short-term activities may focus on improving data quality and availability for analytics, and medium-term activities may include strengthening health information systems.
- ii. To promote the use of HIMF data to inform policies, use tools and health information products to disseminate key findings and highlight progress in a PICT, or in specific health areas across the Pacific (e.g. primary health care), in addition to routine HIMF progress reviews.
- iii. To ensure that HIMF accurately monitors progress towards the Healthy Islands vision in all PICTs, develop and implement a routine review and revision mechanism to improve HIMF indicators so they provide useful, fit-for-purpose information for decision-making at regional and country level.
- iv. To ensure future HIMF reviews generate insights relevant to policy action, establish a mechanism to share and learn from PICTs’ experiences in promoting data analysis and use of HIMF indicators for country decision-making. This could include using the Pacific Health Information Network to promote peer learning and to champion capacity building.

3.2 Q and A

29. Dr Audrey Aumua, CEO, Fred Hollows Foundation NZ, said the region’s high incidence of diabetes is leading to increasing levels of diabetic retinopathy, which can cause blindness and vision impairment, and asked PICTs to pay attention to eye health. The Fred Hollows Foundation is a key partner in eye health for many PICTs and continues to advocate the importance of eye health screening.

30. Samoa MoH (chat) requested technical assistance on regulations relating to priority area 3, i.e. to prohibit marketing foods and non-alcoholic beverages to children.
31. Dr Bernadette Worms, l'Agence de Santé de Wallis et Futuna (ADS), said the nomination of focal points for ECHO is important and will facilitate communication between countries. ADS has just appointed an epidemiologist and will be able to share knowledge and experience.
32. Ken Wai, Dept of Health, PNG, said PNG has launched a new health plan to support improved services. The COVID outbreak is decreasing and PNG is now focusing on vaccination coverage.
33. Susan Ivatts, World Bank, said the pandemic has caused deterioration in health indicators according to PICT data and anecdotal reports, e.g. lower measles vaccination coverage. There are also reports of foregone care in terms of sexual and reproductive health (SRH), eye care, TB and NCD. She asked if PHoH have key concerns they want to address over the next year.
34. Dr Tudravu, Fiji, supported the recommendations, including the need to standardise indicators. Fiji is revamping its commitment to Healthy Islands and its outreach to communities. COVID impacted normal health services, including NCD programmes. One lesson has been improving the ability to collect information. Tablets and laptops were sent out to health-care centres, recognising that telemedicine will be integral to delivering health care. He proposed a recommendation to look at developing a solid digital backbone for the region as part of PICT health tools.
35. Sunia Soakai, SPC, noted that the HIMF report is escalated to PHMM.

3.3.COVID-19 Vaccine Certificate for Cross Border Travel / Oceania Vaccine Voyager

Presenter: Sunia Soakai, SPC

36. In 2020, a COVID-19 Economic Recovery Taskforce was established to oversee the region's economic recovery from the pandemic. Priorities included vaccination roll-out, resumption of regional travel, and leveraging opportunities to support regional recovery efforts, in particular, digitalisation. At the 51st Pacific Islands Forum in August 2021, the Australian Prime Minister offered support for vaccine certification, including digital vaccination certificates that could be used regionally and globally.
37. A technical working group (TWG) established three phases for developing the certificates:
 - Phase 1: Building consensus and reaching regional agreement
 - Phase 2: Devising a solution, and building and implementing it
 - Phase 3: Supporting countries with readiness and integration
38. SPC engaged a digital health team from Accenture, which recommended that the region subscribe to the EU Digital Covid-19 Certificate (EU DCC).
39. There are many complexities to a regional solution, including countries' degree of readiness, and private sector inclusion, e.g. airlines.
40. The TWG surveyed countries' readiness to implement a system: 50% of PICTs are able to issue a certificate (written or digital) and around 40% have travel portals. Seven PICTs have no system in place. Countries were also asked about the support they required and their existing resources. Solomon Islands asked for testing support and some other PICTs asked for digital support.
41. A high-level roadmap was developed to provide guidance for PICTs. Each PICT will take up to 6 months to complete the roadmap. Some PICTs are more advanced, e.g. Fiji and NZ realm countries. PICTs were also provided with a checklist and minimum infrastructure components.
42. The following list of recommendations was then circulated to ministers for their consideration (it was not finalised at the time of the meeting):

Recommendations

- i. Note that the 6th Common Protocol proposed regional solution provides the opportunity to address challenges and gaps within each individual country's health information system and digital health, particularly for vaccination system registries. Those who are not immediately able to adopt the technology required to support issuance of digital certificates, by also including an outline of non-digital (wholly paper-based) certificates that comply with WHO's Digital Documentation of COVID-19 Certificate Vaccination Status Technical Standards (WHO DDCC: VSTS) can be supported through this work.
- ii. Note that countries within the region (New Zealand, Cook Islands, Niue, New Caledonia, French Polynesia and Fiji) are already aligning their development efforts based on the EU DCC model used by nearly 50 countries and territories.
- iii. To confirm and verify initial country survey results and findings on Protocol Agreement Readiness Assessment Determinations – issuance, verification and pre-arrival travel portal and information travel portal.
- iv. To formally request relevant technical support and capacity building needed to pursue a harmonised regional solution to allow SPC to progress with costed implementation of a solution.
- v. Develop an implementation roadmap per country.
- vi. Identify minimum infrastructure components and quantities per country.

Recommendations for development partners

- i. Technical and financial support for the Pacific region is essential to implement a vaccination certificate and development of this solution beyond COVID-19 through strengthening of health systems, including:
 - a. developing and supporting electronic medical records;
 - b. strengthening in-country capacity in ICT legislation for data privacy, protection and confidentiality.
- ii. Support digital literacy assessments for all health users to ensure capabilities and skill sets are available to respond to and prepare for future public health threats as PICTs continue to monitor and manage border reopening safely, even with the rise of other communicable diseases such as monkeypox and measles.
- iii. Identify cross-cutting investments in health system strengthening, particularly in development of vaccination systems, to ensure collaboration, effective partnership, and clarity in lead and support roles as necessary.

3.4. Q and A

43. Dr Bernadette Worms, ADS, said Wallis and Futuna has implemented a digital certificate (EU DCC model) with the support of the French health ministry.
44. Dr Ahmadu Yakubu, UNICEF, said there was now more acceptance of certification, compared to some previous resistance.

45. Ken Wai, PNG, said PNG has had 44,000 COVID cases and 3 surges. Vaccination coverage is less than 10%. PNG has been issuing certificates ('yellow card') for people travelling overseas and also monitors certificates for people entering PNG.
46. Dr Robert Thompson, Deputy Director, MoH, Samoa, said a problem for issuing vaccination certificates is that people change their names, including adding matai titles. Some have two passports and want certificates to go with both.
47. Dr Tudravu, Fiji, said Fiji is using the birth registration number as it is a unique individualized number. For those born outside of Fiji, their Fiji citizenship number or residency number is used.
48. Paul McBride, Dept of Social Services, Australia, said it was important to look at the practical aspects of certification, e.g. systems must be interoperable. Australia did not want to discriminate against certificates from different parts of the world or in different formats (paper or digital). While the pandemic is declining, certificates may still be relevant in other situations. The G20 is rolling out a universal verifier to standardise digital certificates.
49. Sunia Soakai, SPC, said the TWG had considered the issue of the utility of the certificates beyond COVID. As passports expire after a set period, the Group decided against including passport numbers on certificates. They agreed biometrics are the future, while acknowledging the advantages/disadvantages.

5 Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

5.1 Advancing Sexual and Reproductive Health and Rights (SRHR) to accelerate SDG attainment in the Pacific

Presenter: Pauline McNeil, Permanent Secretary, Solomon Islands

50. SRHR touches on many of the determinants of sustainable development and on achievement of the SDGs, including gender equality; women's education and empowerment; improved nutrition; addressing climate change impacts; and economic opportunities.
51. Progress towards achieving universal access to SRHR includes high antenatal care coverage in PICTs (76% to 100%); revision and implementation of RMNCAH policies; integration of family planning services throughout health systems; strengthened supply chains for essential medicines; scale up of SRH services in humanitarian response plans; and increased capacity to provide SRH services.
52. Challenges include rising rates of teenage pregnancy in some PICTs; violence against women; maternal mortality above SDG targets; low ratio of specialist SRH workers in 10 out of 15 PICTs; lack of funding for procurement of supplies; outdated data; and lack of services and facilities for emergency obstetric care.

Recommendations for governments

- i. Prioritise inclusion of SRHR services in essential health benefits, and increase domestic funding for SRH (e.g. family planning supplies).
- ii. Maintain essential SRHR health services despite budgetary pressure due to COVID-19 response.
- iii. Create legislative and regulatory frameworks for SRHR to align existing laws and regulations with human rights laws and standards.
- iv. Integrate SRHR into other sectors' initiatives, considering that the benefits of SRH including poverty reduction, food security, improved education for women and girls, gender equality, reduced impact of climate change on health, and contribution to economic growth.

- v. Improve readiness of facilities to provide SRH services particularly at primary healthcare level.

Recommendations for development partners

Development partners were requested to support:

- i. governments with conduct of population-based SRH surveys; standardisation of key SRH indicators and tools; and disaggregation of SRH data to provide information on coverage and gaps;
- ii. development, review and costing of national SRH policies, strategies and plans in line with global and regional commitments to SRH;
- iii. identification of barriers to SRHR services and information, and assistance for addressing factors that limit access;
- iv. adoption and scale up of best practices on SRHR, including RH commodity security and cold chains, including by improving policy guidance, programme implementation and partner alignment;
- v. research on the impact of disasters and climate change on SRHR and assistance with solutions and responses;
- vi. availability of disaggregated data for monitoring and decision-making, including for maternal and perinatal death surveillance and response.

5.2 Q and A

- 53. Dr James Fong, Permanent Secretary for Health and Medical Services, Fiji, agreed that SRH needs to be a priority with improved access, quality and consistency of services. Many Pacific doctors have good coverage data, but the recommendations do not reflect this.
- 54. Dr Titilola Duro-Aina, Technical Advisor, UNFPA, said although there are many SRH services in PICTs, quality and availability are concerns. Health facility readiness measures are not adequate or available for most PICTs.
- 55. Salli Davidson, MFAT, New Zealand noted some indicators were going in the wrong direction. New Zealand is committed to SRHR rights and has made NZD 30 million available to support a SRH focus on family planning in PICTs over the next 5 years and implementing country plans.
- 56. Margareta Norris Harrit, Senior Health, Nutrition and Population Operations Specialist, World Bank, supported the recommendations and asked about strengthening the language around the contribution of SRHR to economic opportunity, which requires action across several sectors. Consideration could be given to complementing SRH interventions with vertical interventions articulating women's contribution in education, employment and economic activities. Girls and women's empowerment is a broad objective that is inclusive of SRHR. Focusing on the broader perspective, including women's right to delay first birth until adulthood, and space births to enable them to build women's (and future generations) human capital, has accelerated progress in other regions with high fertility and stagnating SRHR indicators.
- 57. Maude Ruest, Health Economist, World Bank, requested (1) that SRHR commodities be included in PICT supply chain systems, with tracking of the quantities required (as Kiribati is doing), and (2) increased funding for commodities.
- 58. Dr Bernadette Worms, Wallis and Futuna, noted that in recent years, young people have shown lower fertility. Research is needed to ascertain the causes.
- 59. Paul McBride, Australia, expressed deep concern about violence against women. Australia is investing in prevention and has a national women's strategy to support victims. Australia is also strongly committed to supporting SRH in the region, including supply chain issues, and welcomes the opportunity to partner with PICTs.

60. Samoa said cervical screening should be part of SRH services but is not easy to access in Samoa. Cancer is an NCD and should be one of the indicators. Samoa supported the recommended increase in funding and technical expertise, and was grateful for the assistance received from development partners, including for vaccination of young girls.
61. Pauline McNeil agreed there had been little improvement in some indicators. There is a need to look at family spacing vs economic benefits. Fertility is ahead of services. UNFPA also wants to look at the role of midwives during counselling – do they need to do more? The new strategic plan provides for more investment in this area.

5.3 Strengthening collaboration between UNICEF and Pacific Island countries and territories

Presenter: Dr Ahmadu Yakubu, UNICEF

62. UNICEF supports 14 PICTs (Cook Islands, Fiji, Kiribati, RMI, FSM, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu) and has five field offices in addition to its multi-country office in Fiji. UNICEF's programmes focus on ensuring children survive and thrive.
63. The next programme cycle for 2023–2027 is based on a situation analysis that showed high levels of malnutrition/stunting in five PICTs (RMI, Solomon Islands, Vanuatu, Nauru and Kiribati), and obesity in others.
64. Some PICTs have made good progress on reducing child mortality rates. Progress in others is uneven, especially in regard to achieving the SDG target for 2030. Pneumonia, diarrhoea, malaria, and sepsis contributed to the unacceptable levels of child morbidity.
65. WHO and UNICEF estimates of national immunisation coverage (WUENIC) indicate that some PICTs made progress, while others have been significantly impacted and need support to catch up. Equity of access to services is a factor. Children who miss COVID vaccination may also miss other vaccinations.
66. Regional trends affecting Pacific children include increased natural disasters; slow economic growth; climate-change-induced migration; NCD and mental health issues; increased gender-based violence; and high youth unemployment and poverty.
67. UNICEF's Global Health Strategic Plan for 2022–2025 includes strengthening primary health care; implementing high-impact interventions to end preventable maternal, neonatal and child deaths and stillbirths; and nutrition interventions.
68. UNICEF's country plans are in accordance with the PHoH 2021 resolution 'to attain resilient health systems by 2031' including implementing programmes 'on plan and on budget'; promoting role delineation in primary health care; strengthening subregional health systems and service provision; ensuring CPD for nurses and health care workers; developing health information systems and digitalisation; and improving routine immunisation coverage.
69. Country plans for 2023–2027 will focus on climate resilience, adolescent friendly primary health care, solarisation of health facilities, strengthening of cold chain infrastructure and vaccine management, and vaccination. In addition to addressing stunting and providing micronutrient supplementation, UNICEF will work to reduce anaemia and obesity in children and adolescents.

5.4 Q and A

70. Sunia Soakai, SPC, encouraged countries to take the opportunity to talk to UNICEF about their future work plans.
71. Dr Tudravu, Fiji, thanked UNICEF for its support, especially for COVID vaccination and consumables during the pandemic, and also acknowledged UNICEF and WHO for their support to boost vaccination during the measles outbreak. Fiji requested continued supply of vaccines (including paediatric vaccine) and associated equipment such as refrigeration.

72. Dr Yakubu said UNICEF recently presented the country programmes to some ambassadors. The plans include implementing technologies that will make it easier to deliver services, e.g. solarising whole health facilities, not just refrigeration.

6 HEALTH SECURITY

6.1 PPHSN's 25th anniversary

Presenter: Dr Eric Rafai, MoH, Fiji

73. The Pacific Public Health Surveillance Network (PPHSN) marked its 25th anniversary in December 2021. SPC, as the focal point of the PPHSN Coordinating Body, has disseminated several communication products detailing PPHSN's services and achievements over the past 25 years. The official celebration will take place during the regional PPHSN meeting in October 2022, with the theme *PPHSN: 25 years of networking and innovation towards health security in the Pacific*.
74. Dr Rafai said PPHSN is well adapted to the needs of its members, including keeping PICTs informed of outbreaks of infectious diseases and linking them to assistance. He acknowledged the contribution of PPHSN's core members – Ministries and Departments of Health in 22 PICTs, allied members, regional partners and funding agencies.
75. PHoH congratulated PPHSN on its 25th anniversary and expressed appreciation for its services.
76. The meeting noted that in 2019, the 7th PHoH meeting agreed that the current annual PPHSN meeting should become the Directors of Public Health Meeting to provide a strong regional forum for strategic thinking on public health issues.

6.2 COVID-19 and monkeypox update

Presenter: Dr Nuha Mahmoud, Technical Coordinator for Health Security and Communicable Disease, Emerging Disease Surveillance & Response Unit, Division of Pacific Technical Support, WHO

COVID-19

77. To date, there have been 392,512 COVID-19 cases in the Pacific and 2577 deaths. Border measures delayed introduction of the virus to PICTs and allowed time to prepare. Despite this, the Pacific has had several waves of COVID, with FSM and RMI currently experiencing a higher number of cases. Most of these cases are the result of community transmission. Vaccination coverage is important, with WHO aiming for 70%. While there has been high coverage of the elderly and of health workers in PICTs, only 58% of RMI's population is fully vaccinated. Testing and genome sequencing, which are important for detecting variants, are increasing.

Monkeypox

78. Monkeypox was declared a Public Health Emergency of International Concern in July 2022. To date this year, 41,664 confirmed cases of monkeypox and 12 deaths have been reported to WHO from 100 member states. There have been 134 cases reported in WPRO. Most cases are in males (98%) with 95% identifying as MSM. There is localised transmission in Australia, mostly in young men. Monkeypox is usually a mild self-limiting disease. In Europe, it is mainly detected in sexual health clinics. Early identification of cases is important.
79. Challenges: Health workers are frequently infected. Caring for a person with monkeypox should include covering lesions; wearing masks; cleaning hands regularly; and disinfecting contaminated surfaces and disposing of contaminated waste.

Way forward

- i. Invest in resilient health systems, and in protecting health care workers.
- ii. Sustain the clinical, laboratory and surveillance capacity that already exists.
- iii. Use available tools, including vaccination and treatment, to manage COVID-19.

6.2 Q and A

80. Participants acknowledged the critical support of partners and agencies during the pandemic.
81. Emi Chutaro, PIHOA, said there are still critical challenges at country level, especially for procurement and distribution of supplies. PICT capacity, including to manage preparedness, is an issue that must be addressed.
82. Dr Tudravu, Fiji, said Fiji is awaiting a report on a review of its action during the pandemic. The results will inform future response and preparedness plans. With SPC support, Fiji finalised its IPC guideline and is rolling out training.
83. Dr Worms said Wallis and Futuna experienced a short but intense COVID epidemic (5 weeks). It has no monkeypox but has surveillance in place.
84. Lyndal Corbett, Australian Government Dept of Health, said COVID is declining but cases are still occurring and vaccination is important. Australia has recorded 130 cases of monkeypox and has guidelines for diagnosis and treatment.
85. Sunia Soakai, SPC, in response to PIHOA, said regional procurement has been supported in the past. He asked PHoH for guidance on support for procurement.
86. Dr Mahmoud, WHO, agreed with Fiji on the need to review its COVID response and action and to apply lessons learned to future plans and strategies. WHO is available to assist PICTs in reviewing their response plans and actions.

6.3 Strengthening antibiotic stewardship and antimicrobial resistance surveillance in the Pacific

Presenter: Dr Eka Buadromo, Senior Laboratory Advisor, PHD, SPC

87. WHO has declared that antimicrobial resistance (AMR) is one of the top 10 global public health threats. It is mainly driven by misuse of antibiotics in humans and animals, and presents grave risks for lives, economies, and the success of modern medicine. WHO has worked with PICTs to develop national AMR action plans that include the following objectives:
 1. Improving awareness and understanding of antimicrobial resistance.
 2. Strengthening nationally coordinated surveillance systems.
 3. Reducing the incidence of AMR through improved IPC, sanitation and hygiene.
 4. Optimising the use of antimicrobial medicines in human and animal health.
 5. Establishing governance and sustainable investment and actions to combat AMR.
88. Technical working group and training: In 2018, FNU, PIHOA, the Pacific Pathology Training Centre (PPTC), SPC and WHO set up a TWG which devised a training curriculum with both theoretical and practical components including microbiology AMR diagnostic methods; laboratory-based surveillance; IPC; and antibiotic stewardship.
89. Since 2019, AMR training has been delivered to Kiribati, Samoa, Cook Islands, Nauru and Fiji. Virtual training was provided for Solomon Islands, Tonga, Tuvalu and Vanuatu.
90. Challenges: Some PICTs are yet to endorse their AMR action plans. They must also ensure labs are supplied with the materials needed to detect AMR. The One Health approach needs strengthening as does reporting on AMR from labs to clinicians. IPC and antibiotic stewardship also need attention.

Recommendations for governments

- i. Endorse AMR plans.
- ii. Strengthen AMR surveillance, IPC and antimicrobial stewardship.
- iii. Strengthen One Health approaches to AMR.
- iv. Prioritise activities that will reduce the incidence of multi-resistant organism infection in humans and animals.
- v. Share AMR data.

Recommendations for development partners

- i. Support technical assistance for current AMR work in the region.
- ii. WHO to continue in-country work to formulate and endorse AMR action plans.
- iii. Support implementation of new technologies that will provide real-time diagnosis and reporting of AMR.
- iv. L3 laboratories to support molecular confirmation of multi-resistant organisms detected in PICTs.

6.4 Q and A

91. Salli Davidson, New Zealand, said AMR is a silent pandemic. New Zealand developed an AMR action plan in 2017 and is happy to share it. Equity is important, noting the vulnerability of some population groups.
92. Dr Tudravu, Fiji, said there is still work needed to improve approaches to AMR and Fiji will continue to ask for assistance. Fiji supported the recommendation on One Health but noted the difficulty of getting collaboration from other sectors, including the animal sector.

6.5 Public health measures at points of entry (POE)

Presenter: Nam Nguyen, Technical Officer, Pandemic Influenza Preparedness, WHO

93. Public health measures at POE are one of the most important disease interventions. POE include ports, airports and land crossings and involve travellers, baggage, equipment and postal items. They are complex systems that require international and national collaboration, coordination between authorities, and information sharing. The measures used are unlikely to detect all infected travellers but can slow down the introduction of a virus. Exit measures can minimise the risk of exporting a virus.
94. Capacity requirements at POE include customs, veterinary services and quarantine. Challenges for current PICT POE capacity include sharing information; early implementation of exit measures; and coordination of relevant authorities.
95. Given that the world is interconnected and health emergencies are unpredictable, PICTs need rapid response and containment. Transforming the role of POE is required to contribute to preventing the next pandemic. A systems approach could include:
 - transforming the command and control structure at POE to improve intra-agency coordination and support responses;
 - empowering the POE with added capacities to prevent export and spread through implementing exit measures;
 - establishing a regional platform to enhance cross-border collaboration and information sharing;
 - strengthening the public health role of POE and integrating POE in national surveillance systems.

Joint external evaluation (JEE)

96. The purposes of a JEE include enabling PICTs to identify the urgent needs of their health security system; enhance their preparedness; and support fund mobilisation.

97. The latest JEE tool released this year covers 19 capacities and 59 indicators based on the International Health Regulations (2005). There is an electronic platform to enable experts to join the evaluation virtually. A JEE review is a 3-stage process that takes from 3 to 6 months. It may be initiated at the request of a member state or by WHO based on the results of a State Party Annual Report.

7 Other business

7.1 WHO Regional Committee Meeting (RCM) for the Western Pacific, 2022

98. The 73rd session of the WHO Regional Committee for the Western Pacific will be held from 24 to 28 October 2022 in Manila.

7.2 2023 PHoH

99. The meeting is scheduled for 24–28 April 2023, in either Nadi or Suva. Further details will be advised.

7.3 2023 PHMM

100. The next PHMM will be in Tonga with final dates to be confirmed after discussion at the RCM.

8 Decision points

101. The meeting reviewed the decision points, which are attached in Annex 1.

9 Closing

102. The Chair thanked participants and presenters for their excellent contributions and acknowledged donors and development partners for both their technical assistance and funding support.

Annex 1: Decisions of PHoH meeting, 20 and 21 September 2022

PHoH agreed on the following recommendations:

Pacific NCD Roadmap

Recommendations for governments:

- i. Take steps to ensure a multi-sectoral NCD committee is functioning and overseeing implementation of a costed and targeted national NCD plan in each PICT, and monitor outcomes using an accountability mechanism, such as the Pacific MANA Dashboard or similar indicators to ensure progress towards global NCD targets.
- ii. Strengthen development and implementation of NCD policies and legislation through inter-ministerial collaboration and use of the endorsed Pacific Legislative Framework for NCDs, particularly to address gaps such as increasing taxes for unhealthy products to the recommended level, preventing tobacco industry interference, regulating alcohol marketing, limiting trans-fats in the food supply, and restricting marketing of foods and beverages to children.
- iii. Increase investment in primary health care capacity and resources to ensure early detection and management of NCD, including mental well-being aspects, eye health screening (given concerning levels of diabetic retinopathy), and cross-cutting issues for NCD and communicable diseases.
- iv. Engage civil society, schools, workplaces, churches and youth in whole-of-government and society approaches to improve behaviour change and risk factor interventions that address the root causes of NCD.

Recommendations for development partners:

- v. Provide technical support to scale up actions against NCD and monitor the progress of implementation in PICTs.
- vi. Invest additional financial resources to implement innovative evidence-based NCD interventions to enable behaviour change.
- vii. Support countries to assess the impact of interventions such as taxation and other policies, and to share information on evidence-based best practice.
- viii. Facilitate strengthening of efforts to engage civil society, and to improve regional and international collaboration.

Pacific Ending Childhood Obesity (ECHO) Network

Recommendations for governments

- i. Strengthen and sustain the Pacific ECHO network, including by allocating funding, and drive the implementation of action on childhood obesity priorities at regional and national levels.
- ii. Endorse the proposed governing and coordinating mechanism in the revised terms of reference for Pacific ECHO.

- iii. Strengthen collaboration with all relevant sectors including education, sports, trade and finance to implement and enforce the identified priority areas to enable healthy eating and physical activity.

Recommendations for development partners:

- i. Support PICTs in the implementation and monitoring of childhood obesity priorities and plans of action.
- ii. Strengthen efforts to improve regional coordination of the Pacific ECHO Network and Pacific Regional Council for Early Childhood Development, and enhance international collaboration and networking opportunities for PICTs.
- iii. Support PICTs to strengthen collaboration with civil society organisations, governments and network partners to improve implementation of childhood obesity priorities and sustain the network.

Healthy Islands Monitoring Framework Update

- i. Recognised that COVID has caused regression in health indicators according to PICT data/anecdotal reports, e.g. lower measles vaccination coverage, and foregone care in terms of sexual and reproductive health, eye care, tuberculosis and NCD.
- ii. Acknowledged that the inconsistent quality and availability of data feeding into the HIMF from PICTs reduces the utility of the framework.
- iii. Proposed a series of collaborative initiatives between PICTs and development partners to improve HIMF data quality and availability, with the aim of ensuring the framework is effectively measuring progress towards the Healthy Islands vision in all PICTs and that it remains aligned with current health priorities across the Pacific.
- iv. Acknowledged the critical need for a solid digital backbone for the region as part of PICT health tools, including telemedicine and online communication.
- v. Agreed to scale-up efforts to address tobacco industry interference.
- vi. PHOH, based on each PICTs' priorities, identify and implement practical short-term next steps, e.g.:
 - a. systematically resolve data collection and reporting challenges, and develop and implement short- and medium-term data capacity building plans based on needs and priorities, in coordination with partners;
 - b. promote the use of HIMF data to inform policies, and use tools and health information products to disseminate key findings and highlight subnational progress;
 - c. ensure that HIMF continues to accurately monitor progress towards the Healthy Islands vision in all PICTs, and develop and implement a routine review and revision mechanism to improve HIMF indicators so they provide useful information for decision-making;

- d. ensure future HIMF reviews generate health insights relevant to policy actions, and establish a mechanism to share and learn from PICTs' experiences in promoting data analysis and using HIMF indicators for country policy decision-making.

Action points

- SPC will set up bilateral meetings to discuss support for
 1. Wallis and Futuna, which requested details of the toolkit to monitor child obesity;
 2. Samoa, which requested technical support for priority area 3 – restriction of marketing of foods and non-alcoholic beverages to children.
- In response to PIHOA's request for targeted technical assistance for the region to assist with drafting relevant legislation and to support the development of governance and leadership,
 1. SPC and WHO advised they can provide relevant legal expertise, or arrange provision of expertise, on request.
- SPC and WHO will work jointly to get the HIMF report ready for the next PHMM.

COVID-19 vaccine certificate for cross-border travel / Oceania Vaccine Voyager

Recommendations for governments

- i. Support adoption of the 6th Common Protocol proposed as the regional solution based on the EU DCC model.
- ii. Ensure solutions deployed for issuance of digital certificates are compliant with WHO's Digital Documentation of COVID-19 Certificate Vaccination Status Technical Standards) including non-digital (wholly paper-based), and are sufficiently robust to meet the needs for digital vaccination certificates beyond COVID-19.
- iii. Note that as passports expire after a set period, the Technical Working Group decided against including passport numbers on certificates.
- iv. Note that certification systems must be interoperable and must not discriminate against different forms of certificates (digital/paper), recognising that the G20 is rolling out a universal verifier.
- v. Acknowledge the availability of support from SPC/WHO on readiness assessments for border reopening and vaccination certificate deployment, including technical support to develop country-specific roads maps, identify minimum infrastructure components and quantities and implement solutions.

Recommendations for development partners

- i. Support strengthening of PICTs' electronic medical records systems and ICT legislation (data privacy, protection and confidentiality).
- ii. Support digital literacy assessments and strengthening to ensure capabilities and skill sets are available to respond to and prepare for future public health threats.

- iii. Identify cross-cutting investments in health systems strengthening in relation to vaccination systems development to ensure collaboration, partnership and clarity in leading and support roles as necessary.

Reproductive maternal, newborn, child and adolescent health (RMNCAH)

Recommendations for governments:

- i. Prioritise inclusion of SRHR services in essential health benefits packages, and increase domestic funding for SRH, including securing the supply chain for essential commodities such as family planning supplies.
- ii. Review or develop legislative and regulatory frameworks for SRHR access for vulnerable populations, including adolescents and youths and persons with disabilities, to align with relevant human rights laws and standards.
- iii. Improve facilities for providing SRH services, including access to cervical screening, particularly at primary health care level.
- iv. Prioritise and integrate essential SRH in emergencies, including in national disaster risk reduction and climate action plans, and implement a minimum initial service package for SRH in emergencies.

Recommendations for development partners:

- i. Support governments to conduct population-based SRH surveys; standardise key SRH indicators and tools; and disaggregate SRH data analysis to provide information on SRH coverage and gaps.
- ii. Support the development, review, revision and costing of national SRH policies, strategies and plans, in line with global and regional commitments to SRH.
- iii. Assist countries to adopt best-practice SRHR, including for RH commodity security and cold chains, through policy guidance, programme implementation and better partner alignment.
- iv. Support research on the impact of disasters and climate change on SRHR to guide responses.
- v. Support the availability of disaggregated service data for monitoring and decision-making, including for maternal and perinatal death surveillance and response.

Strengthening collaboration between UNICEF and Pacific Island countries and territories

- i. In line with the Pacific Heads of Health 2021 deliberation 'to attain resilient health systems by 2031' particularly in implementing 'on plan, on budget', and to focus on primary health care, PICTs will be supported to:
 - a. strengthen capacities for evidence-based primary health care and nutrition policy, planning and financing
 - b. engage in the provision of improved, affordable and equitable quality primary health care services and practices, including in emergencies
 - c. facilitate multi-sectoral coordinated action to reduce the triple burden of malnutrition and improve early childhood development, including in emergencies.
- ii. Encourage countries to take the opportunity to put forward their priorities to UNICEF to ensure they are incorporated in the country plans currently being developed for 2023–2027.

Strengthening antibiotic stewardship and antimicrobial resistance (AMR) surveillance in the Pacific

Recommendations for governments

- i. Endorse action plans.
- ii. Strengthen AMR surveillance, IPC, antimicrobial stewardship, and One Health approaches.
- iii. Prioritise activities that minimise AMR.
- iv. Share AMR data.

Recommendations for development partners

- i. Provide technical assistance to countries to support implementation of AMR activities.
- ii. Continue to work together with countries to endorse AMR action plans that set the framework for combating AMR.

Health security - PPHSN 25th anniversary

- i. PHOH congratulated PPHSN on its achievements over 25 years, and acknowledged the many benefits of the training and support PPHSN provides throughout the Pacific region.

COVID-19 update

Based on the lessons learned during the pandemic and the advances made, health systems have an opportunity to improve their ability to:

- i. detect and manage public health emergencies, develop emergency preparedness and response, and protect the most vulnerable;
- ii. use tools including vaccination, antivirals, testing and treatment to manage COVID-19;
- iii. revitalise essential health services such as routine immunisation, including for people who have not accessed health services in the past two years;
- iv. leverage investments made during the pandemic (e.g. in biomedical equipment, supply chains, community engagement, data management) to address future public health threats;
- v. develop a better understanding of national health system capacity and adjust public health and social measures to keep systems from being overwhelmed by surges in cases;
- vi. based on public health data, encourage measures such as masking or limits on public gatherings, as needed;
- vii. promote safe schools to prevent school closures and further loss of education;
- viii. continue communication with communities.

Monkeypox update

- i. WHO recommends countries invest in surveillance, testing, other medical countermeasures, community engagement and systematic collection of clinical and epidemiological data and efficacy to inform future recommendations.
- ii. Temporary Recommendations issued by the WHO Director-General in relation to the multi-country outbreak of monkeypox accompanied the declaration of monkeypox as a Public

Health Emergency of International Concern. Recommendations apply to countries based on their epidemiological situation, patterns of transmission and capacity.

- iii. Countries with no history of monkeypox in the human population or not having detected a case of monkeypox for over 21 days, are recommended to: activate coordination, strengthen readiness; plan and/or implement interventions to avoid stigmatisation and discrimination; establish disease surveillance; intensify detection capacity by raising awareness; engage community groups; focus risk communication on settings where transmission is likely higher; and report probable and confirmed cases to WHO through International Health Regulation mechanisms.
- iv. Countries with recently imported cases of monkeypox in the human population and/or otherwise experiencing human-to-human transmission of monkeypox virus, including in key population groups and communities at high risk of exposure, are recommended to: implement a coordinated response; engage and protect communities; intensify surveillance and public health measures; use recommended clinical management and infection prevention and control guidance; contribute to medical countermeasures research; and adopt specific international travel measures.

International Health Regulations – Points of entry (POE)

- i. PHoH noted the role of POE in preventing introduction of infectious diseases, and the capacities required for effective control.

Future meetings

- i. PHoH noted that
 - a. the 73rd session of the WHO Regional Committee for the Western Pacific will be held from 24 to 28 October 2022 in Manila;
 - b. the next PHoH meeting is scheduled for 24–28 April 2023, in either Nadi or Suva, with further details to be advised;
 - c. the next PHMM will be in Tonga with final dates to be confirmed after discussion at the RCM.

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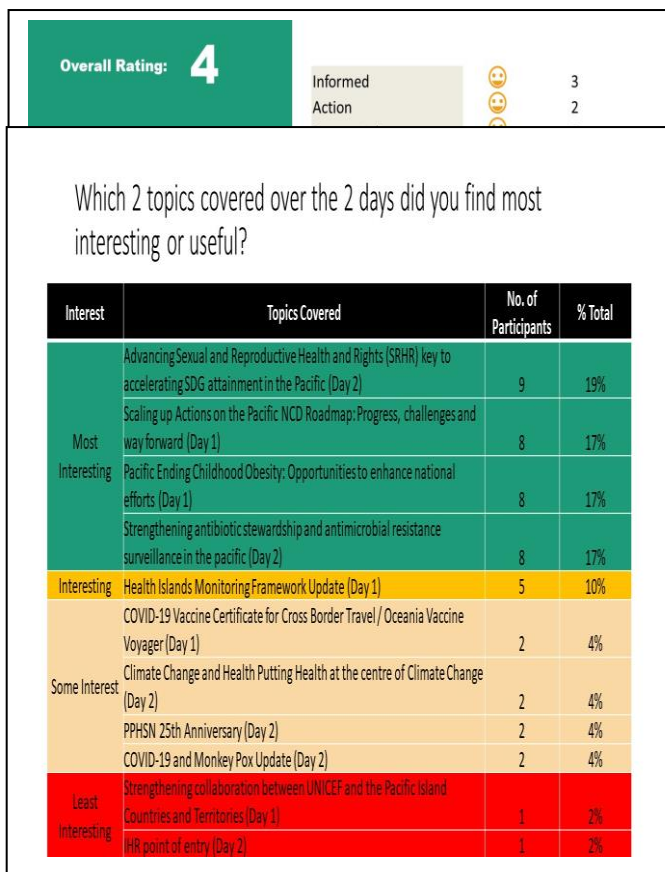
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Annex 3: Results of meeting evaluation

The 13th PHoH was well attended by country representatives and partner agencies. Overall, the attendees rated this year's meeting as 4 and said they felt informed, connected and action oriented in progressing health developments in their respective countries.

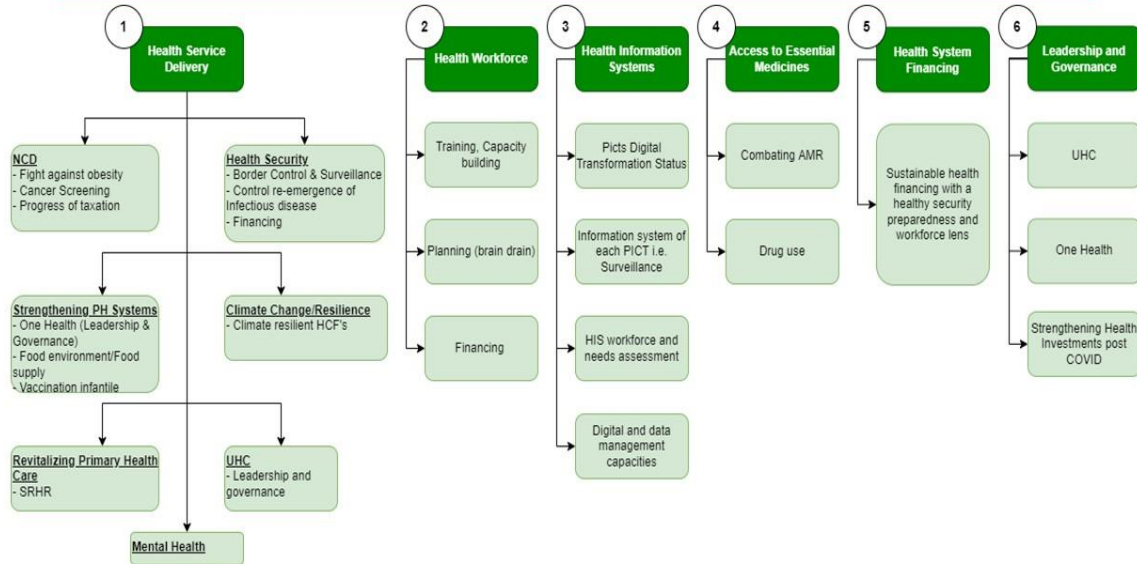
Despite the effects of the COVID-19 pandemic globally and throughout our PICTs, the health programmes generating the most interest during the meeting included:

- SRHR approaches and determinants of sustainable development towards the achievement of the SDGs including gender equality; girls and women's empowerment etc; and
- non-communicable diseases, recognising progress and efforts in reporting through the MANA Dashboard and also challenges, mainly with legal frameworks for further advancements in policy for necessary enforcement and compliance.
- Countries emphasised the importance of strengthening antibiotic stewardship and antimicrobial resistance surveillance, recognising the need for concerted efforts to address this silent pandemic as part of a One Health approach with other sectors including the animal sector.



To better prepare for the 2023 PHoH meeting, the feedback received was categorised under relevant Health Systems Building Blocks with the intention of guiding the agenda for the 14th PHoH face-to-face meeting.

Health Systems Building Blocks



Health Service Delivery remains a key priority for our countries with specific focus areas of interest identified as NCD, Health Security, Public Health Systems, Climate Change and Resilience, Primary Health and UHC.

Approaches to developing training and capacity building, addressing the brain drain and financing interventions on the Health Workforce were second priorities. Health Information Systems, digital transformation development, needs assessments and system development to support surveillance and health reporting were third on the priority listing.

Lastly, attendees proposed key improvements for the Secretariat to consider in the lead-up to the face-to-face meeting planned for April 2023. As advised, there is no consideration of a hybrid meeting. Thus the Secretariat looks forward to convening the next meeting in person, which will also assure a more interactive meeting and more group work.

Please briefly share how future meetings could be improved:

1. Prefer to have face to face meeting (at least 3 reps per country)
2. Presentations to be shorter, allowing more discussion time
3. Prefer to have countries share their interventions, ideas and experiences
4. Consider In-depth Topics
5. Encourage group work
6. Monitoring of group chat when meeting virtually