Outcomes of the Fifteenth Pacific Health Ministers Meeting

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

We *acknowledged* that there are issues facing our people's health and our health systems that have long been recognized – sometimes even at the inaugural Pacific Health Ministers Meeting in 1995 – and yet the pace of progress has not been fast enough. At the same time, new challenges continue to emerge that we need to address and new opportunities that we need to grasp.

We therefore *re-dedicated* ourselves to finding effective solutions, based on the best local and traditional knowledge and global ideas.

As part of this, we *recognized* that action by the health sector alone will not be sufficient to address our biggest challenges. We *noted* that there are opportunities now, on the back of the pandemic, to capitalize on the increased understanding of the centrality of health and its importance to functioning societies and economies to convince other sectors to work with us.

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

Rethinking human resources for health

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

We, the Pacific Health Ministers, therefore *committed*:

- To ensure the existence of national plans and policies for human resources for health. The development or strengthening of these plans should be led by a dedicated and empowered HR unit in collaboration with key stakeholders and informed by up-to-date health workforce data analysis, current health labour market dynamics (at country, regional, and global levels), and population health needs.

- To promote sustainable and ethical mobility via the WHO Code of Practice on the International Recruitment of Health Personnel and, where relevant, bilateral agreements to address the increasing migration of skilled health workers.

- To work with academic institutions and development partners to increase the number of trained health workers entering the health sector.

- To introduce or strengthen initiatives to make health sector jobs more attractive and rewarding, such as by putting in place the salaries, subsidies and working conditions required to retain existing health workers and encourage others to enter the health workforce.

- To lead the development of a regional regulation platform to create shared standards, enabling reciprocity and workforce expert pools.

- To advocate for an increase in internal funding and align investment for the implementation of priority health workforce policies and strategies, focusing on attracting and retaining talent and optimizing skills mix, complemented with the use of digital health and telehealth initiatives.

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

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

We *underlined* the need to work together with the whole of our governments and the whole of our societies to create enabling environments that make the healthier choice the easier choice across the whole of life.

We, the Pacific Health Ministers, therefore *committed*:

- To identify and implement PIC-specific actions based on a thorough analysis of the drivers of obesity and NCDs in each PIC's unique context. The selection of these actions can be guided by the country commitments made under the Bridgetown Declaration on NCDs and Mental Health and the new WHO Best Buys.

- To create or strengthen collaboration mechanisms such as whole-of-government working groups, particularly involving the ministries of environment, education, trade, finance, customs, agriculture, fisheries, social development and health, and ensure that these groups meet regularly.

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

- To accelerate implementation of ECHO Pacific priorities including i) promotion of physical activity, ii) scale-up of fiscal policies on SSBs and unhealthy food products, and iii) the restriction of marketing of unhealthy foods and beverages to children.

- To hold government departments and other stakeholders accountable for progress in addressing the drivers of obesity through active monitoring and evaluation, and public reporting of progress.

- To invest targeted budgetary resources to scale up national priority actions that create health-enabling environments and implement innovative interventions that promote behaviour change. Children and young people in particular should be the target.

- To mainstream high impact nutrition interventions, health promotion, screening and management into primary health care. This may include nutrition screening and assessments (e.g. for pregnant women and children) and continuous education on physical activity, healthy diets and nutrition.

- To consider opportunities to scale up support and incentives for healthier food and drinks in addition to efforts to discourage consumption of unhealthy products.

Advancing health information and digital transformation in the health sector

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

We, the Pacific Health Ministers, therefore *committed*:

- To direct collaboration with other ministries to steer health information systems and digital health advancement and its integration into overall country digital enhancement plans and strategies. This includes collaboration with ministries of finance and economy to establish sustainable financing mechanisms, ministries for communication and information technology to develop national infrastructure to support health information and digital health foundations, as well as collaboration across ministries and private health providers to promote data standards and system interoperability while ensuring data security.

- To assert leadership and governance to direct a country-owned health information and digital health transformation process, by establishing institutional mechanisms that promote adherence to technical standards and alignment with national priorities by all health information and digital health interventions being introduced.

- To advocate for sufficient and consistent funding to strengthen digital health foundations and to implement evidence-based digital health and HIS strategies and operational plans that align with their national priorities.

- To explore opportunities to lower costs for infrastructure, connectivity and software, such as by negotiating with telecommunications companies and pooled negotiations with other PICs.

Strengthening health system resilience

We, the Pacific Health Ministers at this Fifteenth Pacific Health Ministers Meeting, *recognized* that, while the worst of the COVID-19 pandemic may be past us, future pandemics are inevitable. We also *expressed deep concern* at the increasing impacts of climate change on the health and lives of our people. We therefore *acknowledged* that we need to be ready for the health system shocks that will occur in future, such as pandemics, disease outbreaks and climate-related disasters.

We, the Pacific Health Ministers, therefore *committed*:

- To develop a country-specific definition of a "core essential health service delivery package" which identifies types of packages at each service delivery level which must remain uninterrupted even in the event of health system shocks. Develop plans for how these core essential health services will be maintained during health system shocks.

- To coordinate with counterparts in other PICs along with development partners to strengthen regional supply chains and determine the feasibility of a regional supply and logistics hub or hubs.

- To develop strategic plans, policies, and governance mechanisms to ensure an appropriate skill-mix within the health workforce, and to ensure the readiness and resilience of the workforce during emergencies and other shocks, including through building surge capacity and providing psychosocial services.

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

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

- To act to mitigate and adapt to the climate crisis:
    - Use the Guideline on Climate Resilient and Environmentally Sustainable Health Care Facilities and the example from Fiji to inform country-level initiatives, starting by evaluating healthcare facility resilience.
    - Participate in the global Alliance for Transformative Action on Climate and Health (ATACH).
    - Advocate for the cross-sectoral climate action that will benefit health and call for climate financing for mitigation and adaptation in the health system.

- To lead multisectoral coordination to maximize opportunities such as Joint External Evaluations, State Party Self-Assessment Annual Reporting, exercises and intra- or after-action reviews to identify best practices and areas for improvement. Ensure that recommendations result in concrete action.

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

Support requested from development partners

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

- Support Pacific Island countries and areas to increase the number of trained health workers entering the health sector, especially those trained locally. This includes support for the strengthening of training institutions and the creation of scholarships to train more specialists.

- Promote and adhere to the WHO Code of Practice on the International Recruitment of Health Personnel.

- Facilitate cross-country sharing of best practices in strengthening health workforce planning and management.

- Support connectivity and ICT infrastructure for health workforce institutes and hospitals across the Pacific, to enable the use of digital health and telehealth initiatives, regional accreditation, regulation and continuing development initiatives.

- In consultation with countries, support the establishment of a Pacific nurses expert group to work under the existing Pacific health architecture to develop strategies and solutions to scale up the supply of nurses

- Gather and share best practices and analysis to inform PICs' efforts to accelerate action on childhood obesity in the Pacific, building on the lessons learned in the implementation of obesity-related commitments made at the Thirteenth Pacific Health Ministers Meeting. Analyse the drivers of obesity to identify commonalities and specificities among PICs. Collect and disseminate good practices and possible solutions for potential scale-up at the country and Pacific-wide levels.

- Consider investing additional technical and budgetary resources to support PICs in addressing commercial determinants, creating health-enabling environments, and scaling up interventions in every aspect e.g., policy, planning, capacity building, monitoring and evaluation.

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

- Ensure that Pacific governments are in the driver's seat, by implementing tailored health information and digital health interventions only if they adhere to technical standards and align with health system needs defined by each PIC. Use each PIC's digital health maturity assessment as the basis for initiatives in strengthening HIS and CRVS, advancing digital health systems and developing digital health road maps that are country specific.

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

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

- Support PICs to increase cybersecurity, such as support for IT tools, the strengthening of legislative frameworks and regulations.

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

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

- Support PICs' efforts to build a resilient health workforce (including mental health) and increase health facility resilience.

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

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

- Partner with PICs' efforts to boost the climate resilience and environmental sustainability of their health systems and to advocate for the multisectoral climate action that will benefit health.

- Provide resources to support Joint External Evaluations, exercises and intra- or after-action reviews to identify best practices and areas for improvement. Use the results of such evaluations to refine future support efforts.

- Ensure that support provided for increased readiness to address emerging disease threats focuses on both maintaining delivery of the core essential health service delivery package and the ability to respond to emergencies and disasters.