Contents

Abbreviations ........................................................................................................................................................................................................................................... v
Foreword .............................................................................................................................................................................................................................................. vi
Preface ......................................................................................................................................................................................................................................... vii

Introduction ............................................................................................................................................................................................................................................ 1

1. Strengthening leadership, governance and accountability .............................................................. 3
    1.1 Contributing to Pacific regional leadership, governance and partnership ................................................. 3
    1.2 Supporting national leadership and governance ..................................................................................... 5
    1.3 Supporting health workforce development ............................................................................................ 6
    1.4 Supporting improved health information systems ................................................................................ 10
    1.5 Ending gender-based violence and enhancing gender equality ......................................................... 10
    1.6 Strengthening laboratory and pharmaceutical management ........................................................... 11

2. Nurturing children in body and mind ................................................................................................. 13
    2.1 Strengthening service provision to ensure maternal and child health .................................................. 13
    2.2 Building on successful health promotion programmes ...................................................................... 16
    2.3 Strengthening early child development monitoring ........................................................................ 16

3. Reducing avoidable disease burden and premature deaths ............................................................. 19
    3.1 Fostering and leading multisectoral action on noncommunicable diseases ........................................ 19
    3.2 Expanding health promotion and protection beyond health education .............................................. 20
    3.3 Developing integrated, people-centred health services .................................................................... 22
    3.4 Ensuring reliable and timely data on key indicators ......................................................................... 23
    3.5 Progressing towards disease elimination targets ............................................................................. 24
    3.6 Protecting those at risk and treating those affected ......................................................................... 25
    3.7 Preparing for and responding to outbreaks ................................................................................... 26

4. Promoting ecological balance ........................................................................................................... 29
    4.1 Addressing climate and environmental health risks ............................................................................ 29
    4.2 Strengthening capacity for disaster risk management for health .................................................... 30
    4.3 Towards universal access to safe water and sanitation .................................................................... 32

Resources and ways of working .......................................................................................................... 35
Future directions ......................................................................................................................................................... 39
Contact WHO ......................................................................................................................................................... 40
Pacific island country offices ......................................................................................................................... 40
WHO technical programmes ....................................................................................................................... 41
Pacific island countries and areas
Abbreviations

C-POND  Pacific Research Centre for the Prevention of Obesity and NCDs
COP21  21st Conference of Parties
DFAT  Department of Foreign Affairs and Trade (Australian Government)
DPS  Division of Pacific Technical Support
DRM-H  disaster risk management for health
ERP  expert review panel
EVM  effective vaccine management
FJN+  Fiji Network for People Living with HIV
FNU  Fiji National University
GEF  Global Environment Facility
Global Fund  The Global Fund to Fight AIDS, Tuberculosis and Malaria
GSHT  Global School-based Student Health Survey
GYTS  Global Youth Tobacco Survey
IHR  International Health Regulations (2005)
IPV  inactivated polio vaccine
MANA  Pacific Monitoring Alliance for NCD Action
MDR-TB  multidrug-resistant tuberculosis
mhGAP  Mental Health Gap Action Programme
NCDs  noncommunicable diseases
NPEHA  Northern Pacific Environmental Health Association
PacELF  Pacific Programme to Eliminate Lymphatic Filariasis
PEN  Package of Essential NCD Interventions for Primary Health Care in Low-Resource Settings
PIHOA  Pacific Island Health Officers’ Association
PIMHnet  Pacific Islands Mental Health Network
POLHN  Pacific Open Learning Health Net
PSSS  Pacific Syndromic Surveillance System
RMNCAH  reproductive, maternal, newborn, child and adolescent health
SDG  Sustainable Development Goal
SIA  supplementary immunization activity
SIDS  small island developing states
SPC  the Pacific Community
STEPS  STEPwise approach to NCD risk factor surveillance
STI  sexually transmitted infection
TB  tuberculosis
UHC  Joint health coverage
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNICEF  United Nations Children’s Fund
UNFPA  United Nations Population Fund
US CDC  United States Centers for Disease Control and Prevention
WISN  workload indicators of staffing need
WHO  World Health Organization
WSP  water safety plan
Foreword

The health of Pacific islanders has improved in recent decades, with both child survival and life expectancy increasing overall. However, the increasing burden of noncommunicable diseases, the high prevalence of communicable diseases and the harmful impact of climate change are taking a growing toll on the health and economies of the Pacific.

Improving health outcomes in Pacific island countries and areas has been a priority for me as the Regional Director for the Western Pacific. Unique health challenges coupled with the demographics of the Pacific – 3 million people spread across vast expanses of ocean – mean that WHO must tailor its support for the health and well-being of Pacific islanders.

We embarked on a plan to restructure the way WHO works in the Pacific by establishing the Division of Pacific Technical Support (DPS) in 2010. The division facilitates WHO’s three levels of support – headquarters, regional and country – across priority technical programmes to 21 Pacific island countries and areas.*

Innovations and new ways of working have been crucial in responding to the specific health needs and challenges in the Pacific. This report shares achievements from 2014 and 2015, with a view towards continuing the WHO reform process to serve Pacific island countries and areas even better in the future.

Shin Young-soo, MD, Ph.D.
Regional Director for the Western Pacific
World Health Organization

* DPS covers American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, the Commonwealth of the Northern Mariana Islands, Palau, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.
Preface

I am pleased to present this report of the work of the Division of Pacific Technical Support from 1 January 2014 to 31 December 2015.

Pacific island countries and areas share many common features. Across the Pacific, the proportion of deaths due to noncommunicable diseases is among the highest in the world, while various communicable diseases still pose a significant burden. Vulnerability to the health impacts of climate change contributes to increasing health complexities in the Pacific. Health systems are often hampered by limited infrastructure, and financial and human resources. At the same time, each island has unique contexts and priorities, requiring tailored approaches to implementation.

Supporting Pacific island countries to address these challenges, our work is delivered through the main divisional hub in Suva, Fiji, as well as country offices in Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu. While not directly covered by the Division and therefore not in this report, we work closely with the WHO Office in Papua New Guinea. A full report of its work is available in the WHO Papua New Guinea Country Office Report 2014.

In the Pacific, WHO’s comparative advantage in health is as a neutral broker with a strong country presence and close ties with ministries of health. WHO achieves synergy with other partners to provide tailored, evidence-based technical support.

In April 2015, the Eleventh Pacific Health Ministers Meeting proposed recommendations in four overarching themes: strengthening leadership, governance and accountability; nurturing children in body and mind; reducing avoidable disease burden and premature deaths; and promoting ecological balance. These four themes frame this report to show WHO’s contribution to cooperation with ministries of health and other partners to support the achievement of the Healthy Islands vision.

Dr Yunguo Liu
Director, Division of Pacific Technical Support
and WHO Representative in the South Pacific
Structure of the Division of Pacific Technical Support (DPS)

Director of Pacific Technical Support and WHO Representative in the South Pacific coordinates WHO’s intercountry programmes in the Pacific

WHO Representative
Solomon Islands

WHO Representative
South Pacific (Fiji, French Polynesia, Guam, Nauru, New Caledonia, Commonwealth of the Northern Mariana Islands, Pitcairn Islands, Tuvalu, Wallis and Futuna)

WHO Representative
Samoa (American Samoa, Cook Islands, Niue, Tokelau)

Country Liaison Officer
Kiribati

Country Liaison Officer
Northern Micronesia
(Marshall Islands, Federated States of Micronesia, Palau)

Country Liaison Officer
Tonga

Country Liaison Officer
Vanuatu
Introduction

The global mandate of the World Health Organization (WHO) is the attainment by all peoples of the highest possible level of health. WHO Regional Director for the Western Pacific, Dr Shin Young-soo, established the Division of Pacific Technical Support (DPS) in 2010 to provide tailored and responsive support to Pacific island countries and areas. The structure of DPS is shown on previous page. The goal of DPS is to ensure WHO’s technical cooperation with Pacific island countries and areas is people-centred and country focused. Specific to the Pacific, WHO’s technical cooperation is guided by the WHO Multi-Country Cooperation Strategy for the Pacific (2013–2017).

Key achievements in 2014–2015 include:

1. In strengthening regional health security, eight State Parties have met the International Health Regulations (2005) core capacity requirements, and the remaining five are on track to reach the June 2016 deadline.

2. Eight countries and areas increased tobacco taxes by an average of 21%, and two strengthened tobacco control legislation.

3. Eleven countries and areas have maintained high national immunization coverage at more than 90%, and new vaccines have been introduced in four countries.

4. Five countries submitted dossiers for verification of elimination of lymphatic filariasis as a public health problem, and six countries have data indicating achievement of the regional hepatitis B control goal.

5. Thirteen countries have improved health sector preparedness with national climate change and health action plans. Six countries have improved safe drinking-water supplies.

This report is framed around the four themes adopted by the Pacific health ministers in 2015: strengthening leadership, governance and accountability; nurturing children in body and mind; reducing avoidable disease burden and premature deaths; and promoting ecological balance.

The report highlights WHO’s efforts to be more responsive, to engage with partners, to seek cross-cutting initiatives, and to provide sustainable and strategic country support by aligning with national priorities and planning processes in working towards improved health outcomes for Pacific Islanders.
1 Strengthening leadership, governance and accountability

1.1 Contributing to Pacific regional leadership, governance and partnership

In 2015 Pacific health ministers reaffirmed the vision they had set out in 1995 of “Healthy Islands” in which: “children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean which sustains us is protected.” Over the years, ownership by the host country of the biennial health ministers meeting process and agenda has increased. In 2015, as host country Fiji led preparations for the meeting and also led follow-up activities for the next two years.

Following a review of 20 years of progress towards the Healthy Islands vision, ministers pledged to monitor progress and achievements towards the vision. In line with this a monitoring framework is in development including operational targets and indicators.

WHO is also facilitating Pacific engagement in global and regional governance forums. In 2015, Pacific delegates actively participated in the World Health Assembly, in particular at a side meeting on noncommunicable diseases (NCDs). Fiji’s Minister for Health and Medical Services was able to draw attention to the high mortality rates in the Pacific caused by NCDs, accounting for four out of every five deaths annually, and the focus of Pacific island countries and areas on building resilient health systems. Tonga’s Minister for Health also shared his country’s achievements in increasing revenue to invest in health from tobacco taxes and reducing NCD risk factor prevalence through increased physical activity and fruit and vegetable intake.

The Division of Pacific Technical Support (DPS) assisted the health ministers of Fiji and Tuvalu at the 21st session of the Conference of Parties (COP 21) to the United Nations Framework Convention on Climate Change (UNFCC) contributing to a strong Pacific voice at the meeting. In particular, the ministers attended the WHO side event: “Why the climate change agreement is critical to Public Health”. Their speeches drew attention of COP 21 participants to the impacts of climate change on health and health systems infrastructure in Pacific island countries.
In 2014, Samoa was tasked with preparing the Third International Conference on Small Islands Developing States (SIDS). The meeting attracted around 3000 attendees. WHO’s Regional Director for the Western Pacific participated and the meeting included an NCD panel and a United Nations System Chief Executives Board for Coordination meeting. The outcome document, *SIDS Accelerated Modalities of Action Pathway*, included a focus on environmental health and NCDs.

Pacific ministers of health and finance endorsed the *NCD Roadmap Report* at a joint meeting in July 2014. The road map sets out priorities for governments to adopt in efforts to combat the NCD crisis. At the October 2015 finance ministers meeting, following an update report on the road map, ministers agreed to develop time-bound targets for priority actions.

In 2015, Pacific health ministers reaffirmed their commitment to the Healthy Islands vision first set out in 1995.
1.2 Supporting national leadership and governance

National health policies, strategies and plans

WHO has supported the development of national health policies, strategies and plans as shown in Table 1.

Table 1. WHO support in national health planning to Pacific island countries, 2014–2015

<table>
<thead>
<tr>
<th>National strategy/plan</th>
<th>Time frame</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federated States of Micronesia Health Communique</td>
<td>2014–2023</td>
<td>Complete</td>
</tr>
<tr>
<td>Fiji Ministry of Health and Medical Services national strategic plan</td>
<td>2016–2020</td>
<td>Complete</td>
</tr>
<tr>
<td>Kiribati Ministry of Health and Medical Services strategic plan</td>
<td>2016–2019</td>
<td>Complete</td>
</tr>
<tr>
<td>Marshall Islands operational plan</td>
<td>2015–2017</td>
<td>In development</td>
</tr>
<tr>
<td>Nauru national health strategic plan</td>
<td>2016–2020</td>
<td>Complete</td>
</tr>
<tr>
<td>Annual health report</td>
<td>2014–2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Palau Ministry of Health Strategic Plan</td>
<td>2015–2020</td>
<td>In development</td>
</tr>
<tr>
<td>Tonga strategic health plan</td>
<td>2016–2019</td>
<td>In development</td>
</tr>
<tr>
<td>Tuvalu national health reform strategy</td>
<td>2014</td>
<td>Complete</td>
</tr>
<tr>
<td>Annual health report</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legislation and regulations

Thirteen Pacific island countries and areas are States Parties to the International Health Regulations (2005) (IHR). As of 2014, Cook Islands, Marshall Islands, Nauru, Niue, Palau, Samoa, Tuvalu and Tonga had met the IHR core capacity requirements. Fiji, Kiribati, the Federated States of Micronesia, Solomon Islands and Vanuatu requested an extension until June 2016. All five are actively engaged in strengthening capacities, including IHR work plan reviews, cross-sectoral IHR workshops, specific IHR capacity implementation and the engagement of external expertise to help address specific gaps. The biennial Pacific IHR meeting in November 2014 also provided an opportunity for national IHR focal points to discuss, monitor and plan for regional health security and engage with international experts.

Two countries enhanced tobacco control legislation in the biennium. Fiji regulated electronic nicotine delivery systems in 2014. In August 2015, Solomon Islands enacted legislation that requires licensing to manufacture, import, distribute, sell or otherwise trade in tobacco products to prevent illicit trade.

In food safety, Samoa and Tonga have endorsed new acts and Fiji has revised regulations. Legislative review and drafting amendments to food regulations is ongoing in Fiji and Solomon Islands. Kiribati and Vanuatu are
in the final stages of adopting new food safety regulations in line with Codex Alimentarius and a common Pacific approach. The Federated States of Micronesia has also enacted a new food safety law and drafted accompanying regulations.

DPS facilitated review of national medicines, blood safety and laboratory regulations to ensure safety, efficacy and quality of the respective services and their availability and accessibility to the public in Cook Islands, Fiji, Niue, Palau, Samoa, Solomon Islands and Tonga.

1.3 Supporting health workforce development

Training future health workers and workforce planning

To help integrate foreign-trained medical graduates in Pacific island countries (Table 2), the Australian Government Department of Foreign Affairs and Trade (DFAT), WHO and Fiji National University (FNU) provided technical guidance to set up a two-year internship programme in Kiribati. WHO is also part of the governance committee monitoring the programme. In Tuvalu, WHO worked with the Ministry of Health and FNU to develop a bridging course (or pre-internship) and provided supervisors to Princess Margaret Hospital. Health workforce planning was also supported. In Solomon Islands and Vanuatu, WHO provided support to review the current internship programmes and develop national human resources plans. Health workforce planning was also conducted in Fiji (Box 1).

In 2014–2015 WHO also supported 61 fellows from 11 countries and areas. Most fellows are funded to complete university degrees in health, including in priority speciality areas as shown in Table 3.

Table 2. Foreign-trained medical graduates anticipated to return to the Pacific

<table>
<thead>
<tr>
<th>Country</th>
<th>Expected returning foreign-trained medical graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiribati</td>
<td>15</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>22</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>0</td>
</tr>
</tbody>
</table>

Sources: ministries of health.
Exact numbers will depend on students' successful completion of their studies. NA: not applicable
<table>
<thead>
<tr>
<th>Country and areas</th>
<th>Programme of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Samoa</td>
<td>Bachelor of Medical Laboratory Sciences</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>Bachelor of Medical Laboratory Sciences Postgraduate Diploma in Internal Medicine Bachelor of Medicine, Bachelor of Surgery (two fellows) Medical Internship Postgraduate Diploma in Anaesthesia Postgraduate Diploma in Midwifery (two fellows)</td>
</tr>
<tr>
<td>Federated States of Micronesia</td>
<td>Bachelor of Environmental Health Bachelor of Medicine, Bachelor of Surgery (two fellows) Bachelor of Medical Laboratory Sciences Bachelor of Pharmacy Bachelor of Public Health (two fellows) Bachelor of Science in Physiotherapy (two fellows)</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Bachelor of Environmental Health Diploma in Health Promotion</td>
</tr>
<tr>
<td>Niue</td>
<td>Bachelor of Nursing</td>
</tr>
<tr>
<td>Samoa</td>
<td>Bachelor of Medical Laboratory Sciences Bachelor of Medicine, Bachelor of Surgery (two fellows) Master of Medicine in Surgery Master of Medicine in Internal Medicine Master of Obstetrics and Gynaecology Postgraduate Diploma in Emergency Medicine</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Bachelor of Diet and Nutrition Master of Health Service Management Master of Medicine in Obstetrics and Gynaecology Master of Public Health Postgraduate Diploma in Surgery</td>
</tr>
<tr>
<td>Tokelau</td>
<td>Bachelor of Medicine, Bachelor of Surgery</td>
</tr>
<tr>
<td>Tonga</td>
<td>Bachelor of Environmental Health Bachelor of Pharmacy Postgraduate Diploma in Internal Medicine Postgraduate Diploma in Mental Health Postgraduate Diploma in Surgery</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>Diploma in Midwifery</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>Bachelor of Diet and Nutrition Diploma in Public Health</td>
</tr>
</tbody>
</table>
In Fiji, in 2014, an 18-month national process led by the Ministry of Health and Medical Services in partnership with Fiji Health Sector Support Programme and WHO, resulted in the Fiji Cabinet agreeing to the creation of 553 posts across various health cadres. The process involved 236 health workers using WHO's Workload Indicators of Staffing Need (WISN), a tool that estimates the number and type of health workers required to cope with the actual workload at each health facility. The activity was part of a broader move towards strong workforce planning, including development of career paths and succession planning.
**In-service training**

To increase the competencies of health workers in the Pacific, WHO improved access to and uptake of continuing professional development through the Pacific Open Learning Health Net (POLHN). POLHN is an online platform established by Pacific health ministers in 2003. POLHN offers course sponsorship to health workers in partnership with FNU, Pacific Paramedical Training Centre and Penn Foster Dental School. POLHN also offers self-paced courses developed in house and through partnerships with course providers. The self-paced courses are free to everyone, with offline options available for participants in low-bandwidth settings.

POLHN also increases access to continuing professional development through 45 learning centres across 15 Pacific island countries and areas. Ministries of health provide the facilities, infrastructure and Internet access for the centres, and POLHN’s coordinators work closely with ministry of health training committees to ensure POLHN’s courses are useful to Pacific health workers. POLHN has recently launched a new mobile compatible platform and a course handbook for 2015–2016. POLHN currently has 16 173 online users with more than 4500 revisits in 2015 (Fig. 1).

**Figure 1. POLHN trends 2007–2015**

![Figure 1. POLHN trends 2007–2015](image-url)
1.4 Supporting improved health information systems

The Regional Health Information Systems Strategic Plan (2012–2017), developed by the Pacific Health Information Network, provides a framework for working collectively to improve health information in the Pacific. In 2015 WHO worked with countries to strengthen their health information systems. For example, in Kiribati partners are working together to strengthen human resource capacity in the Ministry of Health and Medical Services health information unit through in-country technical assistance.

In Solomon Islands and Vanuatu, support has been provided in developing strategic action plans on health information. Both countries convened multisectoral workshops. Solomon Islands has also developed a core indicator set to highlight progress in annual reports in key health areas. Workshops on data analysis and report writing skills in Fiji, Solomon Islands and Vanuatu ensured that systems are producing useful reports for decision-makers.

Working collaboratively through the Brisbane Accord Group of partners, WHO continues to support improvements in civil registration and vital statistics systems, with a focus on birth and death registration and improving cause-of-death statistics. Between 2013 and 2014, birth registration for children under 5 years improved from 68% to 82% in Kiribati and 40% to 52% in Vanuatu. Training on analysing and reporting on measures of fertility and mortality was also provided to countries and areas from the northern Pacific in July 2015, with a number of country reports due for publication shortly.

1.5 Ending gender-based violence and enhancing gender equality

WHO supported faith-based organizations in bringing the call to end violence of all forms closer to communities. Faith-based organizations in Fiji participated in the 16 days of activism against gender-based violence by including messages in their regular services, convening special sessions among men’s and women’s groups and developing short performances for youth groups.

WHO staff have participated in internal advocacy activities to reach families, friends, neighbours and communities through the International Women’s Day Celebration, Orange and Red Your Workspace contest, and talanoa sessions among men and among women that generated information on why violence is occurring and how staff can contribute in preventing it. For three years, Orange Day celebrations that raise awareness to end violence against women on the 25th day of every month. DPS also cost-shared and participated in the United Nations Country Team (UNCT) Pacific multi-country offices Gender Score Card in November 2015.
1.6 Strengthening laboratory and pharmaceutical management

National policies for essential medicines, laboratories and blood safety were reviewed and updated in Cook Islands, Fiji, Kiribati, Marshall Islands, the Federated States of Micronesia, Nauru, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. WHO supported development of country pharmaceutical profiles to strengthen capacity for evidence-based policy development and planning in Cook Islands, Fiji, Kiribati, Palau, Solomon Islands and Tuvalu. Standard treatment guidelines were updated and aligned to national priorities and disease burdens in Cook Islands, Fiji, Kiribati, Nauru, Palau and Tuvalu. Medicines inventory management was strengthened, with the introduction of new software, training in inventory management and upgrading of pharmaceutical systems in the Marshall Islands, the Federated States of Micronesia, Nauru, Palau, Tuvalu and Vanuatu.

WHO also supported Pacific participants to attend training, overseas attachments and workshops in essential medicines, laboratory quality management systems, infectious substances, external quality assessment, blood safety and health technologies.

With WHO support, Fiji designed and piloted a national quality assurance programme for health laboratories and also developed a national action plan for antimicrobial resistance.

Fiji's Honourable Minister of Health and Medical Services Mr Jone Usamate and WHO Representative in the South Pacific Dr Liu Yunguo launched the Fiji National Antimicrobial Resistance Action Plan. Fiji is the first country in the Pacific to achieve this target before the global May 2017 deadline.
Nurturing children in body and mind

2.1 Strengthening service provision to ensure maternal and child health

Towards achieving and maintaining high vaccination coverage

In 2014–2015, 11 countries and areas – Cook Islands, Fiji, French Polynesia, Nauru, New Caledonia, Niue, Palau, Tokelau, Tonga, Tuvalu, and Wallis and Futuna – maintained high national immunization coverage of more than 90%. In countries and areas with less than 90% coverage, WHO works with ministries of health and partners to conduct outreach activities, supportive supervision, staff training and cold-chain support.

The Western Pacific Region is working towards a goal of less than 1% prevalence of hepatitis B virus among 5-year-old children. In the Pacific, hepatitis B serosurveys in French Polynesia, Guam, the Commonwealth of the Northern Mariana Islands, Niue, Samoa, Tokelau, and Wallis and Futuna indicate that these countries and areas have reached the goal. The next step is for these countries and areas to submit their documentation to the expert review panel (ERP) for verification. WHO also supported a communication and education project to improve hepatitis B birth-dose initiative in Kiribati.

As part of the implementation of WHO’s Polio Eradication and Endgame Strategic Plan 2013–2018, all 10 countries and areas in the Pacific that exclusively use oral polio vaccine introduced at least one dose of inactivated polio vaccine (IPV) in 2015. Tokelau and Tuvalu completed the switch to IPV for all doses. WHO is supporting the eight remaining countries to develop switch plans from trivalent oral polio vaccine to bivalent oral polio vaccine.

Rational introduction of new vaccines in 2014–2015 has included: measles rubella vaccine in Solomon Islands and Vanuatu; pneumococcal conjugate vaccine in Solomon Islands; rotavirus vaccine in Kiribati; and human papilloma virus vaccine pilot in Solomon Islands. Fiji has also initiated post-introduction evaluation of new vaccines with WHO’s support.
Effective vaccine management (EVM) assessment and subsequent improvement planning has been initiated in Kiribati and Vanuatu in response to rising vaccine costs and greater storage capacity needs. EVM involves aiming for higher standards along the supply chain and practical actions such as maintaining lower vaccine stocks, reducing wastage, strengthening forecasting accuracy and investing in equipment maintenance.
**Responding to measles outbreaks**

In 2014, a measles outbreak in the Federated States of Micronesia was contained thanks to the rapid, coordinated response of the Department of Health, supported by WHO, the United Nations Children’s Fund (UNICEF) and US CDC. The outbreak occurred prior to the Eighth Micronesian Games in Pohnpei. Containment strategies included supplementary immunization, social mobilization and follow-up activities. The games were attended by 150 athletes and their families, hence fear of the rapid spread of the disease had been high. Measles outbreaks in Solomon Islands and Vanuatu were brought under control using the approaches shown in Table 4.

**Table 4. Measles outbreaks in Pacific island countries 2014**

<table>
<thead>
<tr>
<th>Country</th>
<th>Cases</th>
<th>Outbreak response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federated States of Micronesia</td>
<td>392</td>
<td>90–95% coverage through supplementary immunization activities (SIAs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 months–49 years (Chuuk, Pohnpei)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 months–57 years (Kosrae), selective campaign in some age groups and non-selective campaign in others (Yap)</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>4406 (including suspected cases)</td>
<td>92% coverage through SIAs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 months–30 years (rapid coverage assessment)</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>10</td>
<td>Routine catch-up campaign conducted</td>
</tr>
</tbody>
</table>

**Focus on reproductive, maternal, newborn, child and adolescent health**

In 2015, DFAT announced a joint programme by WHO, UNICEF and United Nations Population Fund (UNFPA) on reproductive, maternal, newborn, child and adolescent health (RMNCAH) in Kiribati, Solomon Islands and Vanuatu. While these countries made considerable progress towards the Millennium Development Goals, several targets related to neonatal, child and maternal health were not reached by the 2015 global deadline. The joint programme will support achievement of Sustainable Development Goal (SDG) 3 (good health and well-being) and SDG 5 (gender equality) as well as the United Nations Secretary General’s *Global Strategy for Women’s, Children’s and Adolescents’ Health*. Participating countries will be supported to adopt a people-centred approach to service delivery. The joint programme’s work will be divided into three streams: strengthening the health system through RMNCAH; improving selected RMNCAH services and outcomes; and developing an improved United Nations business model.

WHO also worked with the United Nations Population Fund (UNFPA) and other United Nations agencies to assist Fiji in organizing a ministerial and expert meeting on strengthening climate change resilience through RMNCAH in October 2015. Fourteen Pacific health leaders participated and committed to implement the new *Global Strategy for Women’s, Children’s and Adolescent’s Health 2016–2030*. 
2.2 Building on successful health promotion programmes

Solomon Islands and Tonga have recently revitalized their Health Promoting Schools programmes by establishing national steering committees. Fiji is continuing to use WHO’s Health Promoting Schools approach and has developed a monitoring tool for schools to measure their progress and identify priority action areas. WHO is supporting capacity-building in Fiji on health impact assessments of the intended and unintended health impacts of the Ministry of Health and Medical Services draft regulation on marketing of food and beverage to younger children in schools.

In Cook Islands, the results of the 2008 Global Youth Tobacco Survey (GYTS) revealed that 61.9% of students aged 13–15 years were exposed to second-hand smoke inside their homes. These results were the impetus for a smoke-free homes campaign in 2012. To date the campaign has reached more than 800 homes. In 2014–2015, French Polynesia and Wallis and Futuna conducted the Global School-based Student Health Survey (GSHS). Cook Islands and Tokelau conducted both GSHS and GYTS. For 2016 planning is under way to conduct GSHS in Fiji, Niue and Samoa, and GYTS in Marshall Islands, Solomon Islands and Tuvalu.

2.3 Strengthening early child development monitoring

As WHO’s Commission on Ending Child Obesity has been finalizing its recommendations, representatives of Pacific Island countries came together to provide input in Auckland in 2015. They reiterated statements of the Pacific health ministers that childhood obesity is a growing concern and requires monitoring. The Pacific Monitoring Alliance for NCD Action (MANA) is reviewing surveillance of child obesity, through schools and preschools. GSHS reports will also provide important inputs to better understand early child development.

WHO also supported annual refresher training for health workers in Fiji and Solomon Islands using WHO’s Integrated Management of Childhood Illness computerized training tool at the hospital level as well as refresher training for health workers in health centres in both countries.
Children in Tonga getting active as part of WHO's health promoting schools programme.
3 Reducing avoidable disease burden and premature deaths

3.1 Fostering and leading multisectoral action on noncommunicable diseases

WHO provided technical support to Samoa’s Ministry of Health to prepare for the NCDs, Health and Development side event at the Third International Conference on Small Island Developing States (SIDS). As a result of the SIDS meeting, the Pacific Regional United Nations Thematic Group on NCDs was formed. The group draws on the collective strengths of United Nations organizations in the Pacific to tackle NCDs. This group meets every quarter to review NCD activities, assess the scope of partnerships and the expansion of existing approaches, and share lessons learnt. In 2015, the group also undertook a joint mission to Tonga to provide input to its NCD strategy review and development and to raise the profile of NCDs.

One indicator of progress towards the global NCD 2025 targets is that countries have multisectoral strategies for NCDs. WHO has assisted Cook Islands, Fiji and Tonga to develop NCD strategic plans, and in Tonga to review implementation of its previous strategy.

Pacific Monitoring Alliance for NCD Action (MANA) was formed in 2013 to improve monitoring and surveillance of NCDs across the Pacific. This alliance of countries and partner agencies has a steering committee composed of WHO, the Pacific Community (SPC) and the Pacific Research Centre for the Prevention of Obesity and NCDs (C-POND) and since 2015, Pacific Island Health Officers’ Association (PIHOA). The University of Auckland is also supporting the steering committee in this inception phase. The governance structure was endorsed by the Pacific health ministers and heads of health in 2015.
Tobacco Free Pacific 2025 Alliance was established at the joint forum of economic and health ministers in 2014. The alliance comprises government representatives, nongovernmental organizations and technical agencies in the Pacific to support tobacco control interventions aimed at achieving the Tobacco Free Pacific 2025 goal. To facilitate collaboration, a web-based platform was launched in November 2015.

Pacific Islands Mental Health Network (PIMHnet) was established in 2007 with support from the New Zealand Aid Programme. New Zealand’s Counties Manukau District Health Board and WHO co-hosted PIMHnet’s fourth meeting in September 2014. Participating countries shared developments in mental health, learnt from each other and made plans to collaborate, as well as visited Counties Manukau’s community mental health services.

3.2 Expanding health promotion and protection beyond health education

Tobacco use is the major cause of preventable premature death in many Pacific island countries and areas. For example, more than 70% of men and 40% of women in Kiribati smoke. Guided by the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region 2015–2019, key strategies to counter tobacco use in the Pacific include establishing smoke-free settings, strengthening tobacco control legislation and building the evidence base to assess the effectiveness of interventions. Among Pacific island countries and areas that increased tobacco taxes in 2014–2015 – American Samoa, Cook Islands, Fiji, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Palau and Tonga – the average increase was by 20%. Selected Pacific island countries and areas received global recognition for their tobacco control efforts through World No Tobacco Day Awards (Box 2).

Kiribati is encouraging people to change their habits, especially when it comes to gift giving. Traditionally, visitors arriving to a village maneaba – an open-air community meeting hall – would bring tobacco as a gift. Now, people are bringing gardening tools and sports equipment. On South Tarawa and Betio islands, communities have established sports clubs for young people and adults. These actions encourage healthy alternatives to sedentary behaviours such as alcohol and kava consumption. To date 222 of 584 maneabas were declared smoke free with support from the Ministry of Health and Medical Services, community groups and WHO. Similarly, in the Federated States of Micronesia, with support from the Department of Health all 43 traditional community meeting houses, or nahs, in Pohnpei State, have been designated smoke free. In Fiji more and more cities and villages are declaring their government facilities, markets and bus stops smoke free. These declarations are bringing cleaner air to more than 285,000 people.

Also in 2015, WHO supported the Cook Islands tobacco tax impact assessment. This study contributed to the establishment of a Pacific evidence base of key WHO-recommended public health interventions.
GLOBAL RECOGNITION FOR PACIFIC ISLAND COUNTRIES IN TOBACCO CONTROL

World No Tobacco Day Awards went to:

In 2015:
- Fiji for being the only Pacific island to have signed the Protocol to Eliminate Illicit Trade of Tobacco Products and the only Pacific island to have a dedicated tobacco control enforcement unit.
- Samoa for implementing graphic health warnings on packaging and increasing taxes on tobacco even after measuring a 13% decrease in smoking prevalence.

In 2014:
- Palau for passing a law that more than doubled taxes on tobacco products by January 2015.
- Tonga for implementing a 19% increase taxation on tobacco in 2013.

Pacific health ministers visited Nabila village, Fiji, in 2015. The village has been smoke free since 1996. Together Pacific islanders are working towards the goal of a Tobacco Free Pacific by 2025.
3.3 Developing integrated, people-centred health services

*WHO’s Package of Essential NCD Interventions for Primary Health Care in Low-Resource Settings (PEN)* is a cornerstone of WHO’s approach to improving the effectiveness of NCD screening and treatment in the Pacific. DPS has been assisting Pacific island countries and areas to adapt PEN protocols to their local contexts. The protocols target those at highest risk to ensure access to medicines and treatment. With support from New Zealand Aid Programme, DPS has been working closely with ministries of health to assess how primary health care services can be strengthened based on these protocols. In 2014 and 2015, studies have been undertaken in Cook Islands, Fiji, Kiribati, Nauru, Solomon Islands and Tonga to understand the country-specific costs of adopting PEN protocols. The assessments are supporting the tailoring of NCD services and estimates of medication and equipment needs.

Through PEN Fa’a Samoa, women’s groups are mobilizing communities to prevent and control NCDs.
In Samoa, “PEN Fa’a Samoa”, literally meaning “PEN the Samoan way”, applies a village-based model for NCD prevention and control that emphasizes community participation and ownership. PEN Fa’a Samoa has three main pillars: early detection of NCDs, NCD management, and increased community awareness. PEN Fa’a Samoa works with representatives of women’s committees in each village to facilitate early NCD detection. The programme has led to 2234 people being screened for NCD risk factors (out of a total population of 4132 across seven villages). Those who showed symptoms have received timely referrals for management of their condition. More than half of all people screened were obese (body mass index over 30 kg/m²). Of 806 people assessed using the tool developed by WHO and the International Society of Hypertension, 54 were at high risk (at least 30%) of myocardial infarction or stroke, 114 were at intermediate risk (10–29.9%) and 638 were low risk (less than 10%). People at high risk will have access to care using PEN protocols to prevent cardiovascular disease and its complications.

The Mental Health Gap Action Programme (mhGAP) aims to integrate mental health into general health care by training general doctors and nurses in assessment and management of priority mental health conditions (e.g. depression, psychosis, alcohol-related disorders and suicide). With support from the New Zealand Aid Programme, in 2014–2015, multi-country mhGAP training of trainers and supervisors workshops were held in Fiji and Guam, and mhGAP implementation started in Cook Islands, Fiji, Kiribati, Marshall Islands, the Federated States of Micronesia, Nauru, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu, training more than 500 health workers. The pilot version of mhGAP POLHN course was also developed to reach out to more health workers. With support and supervision from mental health specialists, the trained health workers are contributing to decreasing the huge mental health treatment gap.

3.4 Ensuring reliable and timely data on key indicators

WHO continued to support Pacific island countries and areas, in collaboration with partners, to report on relevant regional and global indicators, including Millennium Development Goal progress reports. In 2014–2015, Cook Islands, Kiribati, Nauru, Solomon Islands and Tokelau all began or completed their second STEPwise approach to NCD risk factor surveillance (STEPS) surveys, and four STEPS reports were finalized. Relevant to the country context, some countries collected additional data on mental health, diet and injuries as part of their STEPS survey.

The value of repeated surveys is in tracking change. For example repeat STEPS surveys in Samoa showed that from 2002 to 2013, adult smoking prevalence decreased from 40.4% to 27.1%. Understanding such changes allows for more appropriate targeting of interventions. WHO and US CDC use the GSHS to monitor adolescent behaviour. Seven Pacific island countries attended regional training on GSHS and will collect their data in 2015 and 2016.
3.5 Progressing towards disease elimination targets

Globally, several diseases are targeted for elimination or eradication. All Pacific island countries and areas have remained polio free and are starting to strengthen surveillance of vaccine-preventable diseases including measles.


To achieve these targets WHO, with support from the governments of Japan and the Republic of Korea, is working with national counterparts to treat affected people as well as those at risk, preventing morbidity, and supporting and coordinating longer-term efforts to control vectors, improve hygiene, and increase access to clean water and adequate sanitation.

The status of elimination of leprosy as a public health problem was maintained in all Pacific island countries except Kiribati, Marshall Islands and the Federated States of Micronesia. The three countries have increased their financial commitment and hired dedicated staff, screened communities and improved their surveillance systems. WHO has provided support by training health workers to recognize and treat the disease.

![WHO staff visit a patient affected by lymphatic filariasis in South Tarawa, Kiribati.](image)
Despite a dramatic global decline in the 1950s and 1960s, yaws is still endemic in Solomon Islands and Vanuatu. In 2014 Solomon Islands conducted a mass drug administration against trachoma using Azithromycin a common drug for both diseases. Vanuatu, after having conducted total community treatment in its most endemic province in 2013 achieving 96% coverage, did not have enough resources to do the same in other provinces. However, Vanuatu was supported to adopt a strategy of case detection at health centres and treatment of the case and its contacts with Azithromycin. Through this strategy 11,200 cases were treated in 2014. Prevalence now appears to be declining. A survey in 2014 showed that the prevalence among children was 1.6% down from 13% in 1989.

Of the 16 countries identified as endemic when the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF) was launched in 1999, Solomon Islands has since eliminated the disease. Cook Islands, Marshall Islands, Niue, Palau and Vanuatu have completed interventions and submitted dossiers for verification of elimination. The other 10 countries are on track to achieve the elimination target by 2020.

3.6 Protecting those at risk and treating those affected

WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF and SPC continued to collaborate with Pacific island countries in response to sexually transmitted infections (STIs) and HIV. Eleven Pacific island countries and areas successfully submitted the Global Fund New Funding Model HIV Concept Note in January 2015. The concept note included: prevention of mother-to-child transmission of STIs and HIV in the antenatal care package in line with the call for elimination of parent-to-child transmission of HIV; interventions for key populations at higher risk; and continuity of treatment services for people living with HIV. The four agencies also supported Solomon Islands’ successful submission of the Global Fund New Funding Model HIV Concept Note in September 2015.

With UNAIDS and Fiji’s Ministry of Health and Medical Services, support was also provided to strengthen the governance structure of Fiji Network for People Living with HIV (FJN+). Then President of Fiji, His Excellency Ratu Epeli Nailatikau, was engaged and hosted the discussions that led to selection of new board members and access to more regular funds for FJN+. Fiji’s parliamentarians also pledged to increase funds to STI and HIV programmes after reviewing the Ministry of Health and Medical Services work in collaboration with WHO and UNAIDS.

WHO in collaboration with UNAIDS, UNICEF and SPC also supported Fiji’s Ministry of Health and Medical Services in drafting the STI and HIV National Strategic and Action Plan 2016–2020. Fiji is the first country in the Pacific to align their strategic plan with WHO’s draft global health sector strategies on HIV and STIs (2016–2020) as well as UNAIDS Fast Track initiatives and the SDGs.
Strategies to improve access to hepatitis B treatment have been identified for implementation in Fiji and Kiribati. National meetings in both countries updated stakeholders on recent global and regional developments, including new action plans. Viral hepatitis and liver cancer data and needs were also reviewed.

While tuberculosis (TB) is decreasing globally, the pace at which it is decreasing in the Pacific is slower than in the rest of the Western Pacific Region. Treatment of a normal form of TB takes a minimum six months; however, for patients with multidrug-resistant TB (MDR-TB), it can take up to two years. While procurement of second-line drugs to treat MDR-TB could be complex, expensive and time-consuming for Pacific island countries due to the dispersed and small number of cases, with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO has created a stockpile of second-line drugs that countries can access within two weeks of the diagnosis of a MDR-TB case. In 2014–2015, the stockpile was accessed by Fiji, Kiribati, Marshall Islands, the Federated States of Micronesia, Palau, Solomon Islands and Tuvalu.

After a concerted effort to combat malaria from the early 2000s, Solomon Islands and Vanuatu, the only two malaria-endemic countries within the DPS network, have reduced the burden of malaria by more than 85% and 90%, respectively. Both countries have continued intensifying efforts towards the elimination goal in line with the regional and global malaria elimination agenda. The main challenge now is to ensure adequate and accessible resources to support each national malaria programme in moving towards the regional goal of malaria elimination by 2030.

### 3.7 Preparing for and responding to outbreaks

#### Surveillance and response

The Pacific Syndromic Surveillance System (PSSS) maintains vigilance to rapidly identify disease outbreaks while minimizing the burden of information. In PSSS, case definitions are based on clinical signs and symptoms. Through this system, 615 alerts were detected in 2014–2015, of these 188 were classified as outbreaks. Since 2011, there have been a wave of arbovirus outbreaks. Arboviral outbreaks occur when new viruses (chikungunya and Zika) or new dengue serotypes are introduced into previously unaffected populations that have no immunity to these viruses, especially when vector-control programmes are suboptimal.

Governments requested WHO’s support to respond to 61 outbreaks. This support included technical assistance (83%), such as providing guidance on case definitions, sample collections, laboratory protocols and clinical management. Laboratory support was also provided in 52% of response activities, including supplies of laboratory tests, filter paper, and shipping and testing costs to referral laboratories.
**Heightened preparedness**

In response to the 2014–2015 Ebola virus disease outbreak in West Africa, WHO worked with Pacific island countries to prepare for and respond to emerging disease outbreaks, by providing technical guidelines and tools. Together with the SPC and PIHOA, WHO conducted a three-day workshop on infection control and prevention for 34 participants from 16 Pacific island countries and areas. The training included practice using personal protective equipment, setting-up an isolation room and safe burials. In February 2015, ministries of health, WHO and PIHOA conducted the same Ebola preparedness training in Marshall Islands, the Federated States of Micronesia and Palau. Also in February 2015, the Infectious Substances Shipping Training resulted in laboratory staff from 12 Pacific island countries and areas being certified for two years in line with international transport regulations. This training has ensured that all Pacific island countries and areas have at least one certified shipper of Category A infectious substances (dangerous pathogens), with 80% having two or more. IHR Points of Entry training was also conducted in November 2015, bringing together 51 Pacific air and seaport and health authorities in 19 Pacific island countries and areas to develop contingency plans for public health events.

During training on infection control in 2014, Pacific health workers practiced appropriate use of personal protective equipment.
4 Promoting ecological balance

4.1 Addressing climate and environmental health risks

In 2015, the global project, Piloting Climate Change Adaptation to Protect Human Health funded by the Global Environment Facility (GEF), was completed. Fiji was one of seven pilot countries. Outcomes from the project include improved reporting of notifiable diseases, improved skills and knowledge of health professionals and institutions for climate change preparedness and response, and improved community awareness with development of community emergency response plans and information, communication and education materials. In an end-of-project evaluation, the overall vulnerability reduction assessment score for Fiji improved from 2.83 to 3.28, and about 80% of health workers answered that climate change and health messages and interventions had reached target audiences. Seven out of 10 district health managers said the project helped them to respond to climate-sensitive health risks.

Moving forward, DPS, in collaboration with the United Nations Development Programme and the ministries of health and environment in Kiribati, Solomon Islands, Tuvalu and Vanuatu made a successful proposal to GEF’s Least Developed Country Fund. In 2016 work will begin to prepare a detailed work plan in line with GEF’s project development process. This five-year project will build climate-resilient health systems through strengthened governance and policies, comprehensive information systems and early warning systems, and preventive and curative service delivery.

To strengthen human capacity to address the health impacts of climate change, DPS has worked with FNU to review the environmental health curriculum and consider introducing a postgraduate programme. Climate change topics were advised to be incorporated in the Bachelor of Environmental Health programme, while developing a bachelor-level programme in climate change and health in the long run.

In-service training initiatives include regional training on health, environment and development (December 2015), convened by WHO and the WHO Collaborating Centre for Vulnerable Population and Environ-
mental Health in the Republic of Korea. Representatives of ministries of environment and health from nine Pacific island countries and areas participated. Collaboration with the Northern Pacific Environmental Health Association (NPEHA) also continued in 2014 with strategic planning and in 2015 with project development for climate-resilient health systems and training to collect data and develop environmental health country profiles in Guam, Kiribati, Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Nauru and Palau.

The Pacific evidence base and policy guidance was also enhanced with the 2015 publication of WHO’s *Human health and climate change in Pacific island countries* that presents contents of national climate change and health action plans in 13 countries. Environmental health situational analyses were carried out in Fiji, Kiribati, Solomon Islands, Tuvalu and Vanuatu. A first occupational health profile was also developed in Fiji with key inputs from relevant ministries and stakeholders. National environmental health action plans were also reviewed for updating in Fiji and Vanuatu.

### 4.2 Strengthening capacity for disaster risk management for health

In August 2014, WHO conducted a Pacific workshop on disaster risk management for health (DRM-H). Participants from 21 Pacific island countries and areas, partner agencies and donors, and the three levels of WHO, looked at health sector roles and responsibilities in the four DRM-H phases: preparation, prevention, response and recovery. The *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* was then endorsed by the Regional Committee for the Western Pacific in October 2014. In line with the regional framework, Solomon Islands, Tonga and Vanuatu have started to develop national DRM-H action plans.

WHO assisted Marshall Islands, the Federated States of Micronesia, Palau and Solomon Islands to assess the safety of hospital infrastructure, equipment and operations. Following up on WHO recommendations, the Solomon Islands Ministry of Health and Medical Services announced a relocation plan for the National Referral Hospital. Under WHO’s Safe Hospital Initiative new projects to improve hospital infrastructure in Fiji and Kiribati were also initiated.

Following the Inter-Agency Standing Committee arrangement of United Nations agencies in humanitarian action, DPS has led the health cluster at the Pacific level (in Fiji, Solomon Islands and Vanuatu) and co-led the health cluster with ministries of health at the national level. In 2014–2015 Pacific island countries and areas were affected by three key disasters.
**Flash flooding in Solomon Islands**

In April 2014, flash floods in Solomon Islands affected more than 52,000 people in Honiara and Guadalcanal province. The floods led to more than 19 deaths and more than 9,000 people were rushed to 31 evacuation centres. In support of the Ministry of Health and Medical Services, WHO co-led the health response. For the first time in the Pacific, the United Nations’ Central Emergency Response Fund was used for the humanitarian health response. In May 2014, the number of cases of dengue increased in the flooded areas. With the support of WHO, staff from the national Vector Borne Disease Control Programme conducted safe “mosquito fogging” operations.

**Cyclone Pam in Vanuatu and Tuvalu**

In March 2015, cyclone Pam hit Vanuatu and Tuvalu. WHO’s response to Vanuatu that was hit the hardest, consisted of financial support to the Ministry of Health and staff deployments to assess needs. WHO coordinated foreign medical teams for the ministry, co-chaired the health cluster, arranged an emergency shipment of medical kits, established a base for logistics and epidemiological surveillance on Tanna Island, expanded syndromic surveillance, mobilized resources, and arranged contracts with nongovernmental organizations to support the response.

WHO staff deployed in response to Cyclone Pam in Vanuatu in March 2015 visited communities to assess needs.
Currently, WHO is supporting nutritional assessments and training on malnutrition, supporting cyclone-affected health facilities to restore water supplies, continuing to support outbreak detection and response, and continuing to support information management and health cluster coordination. WHO will continue these activities, with emphasis on helping to respond to an El Niño-caused drought. In Tuvalu, WHO has mobilized resources through DFAT to strengthen environmental health services and improve the stability of health-care facilities.

**Typhoon Maysak in the Federated States of Micronesia**

In March 2015, Typhoon Maysak made landfall in Chuuk State of the Federated States of Micronesia, causing widespread damage. WHO deployed a team to support the Department of Health Services to conduct post-disaster public health risk assessment, support rapid health assessments, develop state action plans for health, implement an early warning alert and response network, and strengthen rapid response capacity.

**El Niño preparations and response**

Responding to the forecast of international climate models suggesting that the 2015–2016 El Niño would become one of the strongest El Niño events in the past 20 years, DPS developed an information sheet, *El Niño and health in the Pacific*. Reduced rainfall led to droughts in the Cook Islands, Fiji, Solomon Islands, Tonga and Vanuatu. Enhanced rainfall was observed in Kiribati, Nauru, Tokelau and Tuvalu. WHO coordinated advocacy communications, risk assessments, guidance notes and response planning. Based on preliminary health risk assessments, Fiji and Vanuatu have identified actions to strengthen health preparedness and response. Measures identified include establishing El Niño response task forces or committees, drafting drought management plans, and mapping water points and vulnerable agricultural areas. In collaboration with national disaster management offices, emergency operating centres have been activated for situation monitoring. In Vanuatu, WHO worked with the Ministry of Health to carry out malnutrition screenings in affected communities. Public health risk assessments were prepared for Fiji, Samoa, Solomon Islands, Tonga and Vanuatu.

**4.3 Towards universal access to safe water and sanitation**

Water safety plan (WSP) projects are ongoing in Cook Islands, Fiji, French Polynesia, Samoa, Tonga and Vanuatu (Box 3). In 2014, on an outer island of the Cook Islands, WHO tested the water supply obtained from rainwater from homes and the hospital. The testing showed high levels of contamination, except for the
hospital’s water. These results prompted public health authorities to use this outer island as a pilot site for a household-level WSP, with the goal of expanding the WSP approach to other islands.

Fiji is building a new water plant for eastern Suva, which will service Nausori. To ensure water quality, DPS supported training with the Water Authority of Fiji in WSP, and sanitation safety. Training with Fiji’s Ministry of Health and Medical Services in sanitation safety planning was also conducted.

The Government of French Polynesia announced a policy to ensure drinking-water safety in all of its communes by the end of 2015. To support outer islands to meet the new requirements, WHO and SPC conducted a series of trainings on the management of safe drinking-water supplies. Seven Pacific island countries and areas participated in these events, strengthening capacity across the Pacific in planning and management of safe drinking water. Borabora and Papeete developed WSPs ensuring safe drinking-water supplies to their populations.

To track progress in access to safe water and sanitation, and as an update to a 2008 review, Sanitation, Drinking-Water and Health in Pacific Island Countries: Breaking the barriers to progress (2015) was jointly prepared by WHO, UNICEF, SPC and UN-Habitat. The publication calls for investment and coordination to achieve safe and sustainable water and sanitation solutions in Pacific island countries.

### BOX 3.

**BEFORE AND AFTER: COMMUNITY-BASED WATER SAFETY PLANNING IN PORT ORLY, VANUATU**

The Port Orly community in northern Vanuatu, home to 4000 people, relied on a piped water system developed in the 1970s. The community’s water pump was old, broke often, leaked oil and was difficult to repair. It was located in an area accessible by small animals. In 2012–2013, outpatient records indicated a range of water-related disease cases: diarrhoea (180 cases) including two deaths, skin sepsis (125), conjunctivitis (65), ringworm (45), worms (19) and scabies (13).

In November 2014, water safety planning was initiated by the Ministry of Health, WHO, the Port Orly Water Committee and the Catholic parish. The community was able to build a new generator house, install a new submersible pump, replace old pipes and protect the water source with a fence. Similar activities are ongoing across the Pacific in more than 30 communities benefiting more than 560 000 people.
Health workers delivered much needed supplies to communities after the flash floods in Solomon Islands in 2014.
Resources and ways of working

The Pacific team

DPS aims to bring technical support closer to the countries and areas served by WHO. In recent years, WHO has increased staffing in the Pacific, especially in WHO country offices. Table 5 shows the number of WHO staff and volunteers in the Pacific over the past two bienniums.

Table 5. WHO human resources* in the Pacific

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<td>WHO Representative, South Pacific and DPS (Suva)</td>
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<tr>
<td>Pacific total</td>
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<td>127</td>
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</tbody>
</table>

* WHO human resources counted here include internationally and nationally recruited staff, consultants, contractual staff (special services agreement), interns and volunteers.
Budget and finance

DPS total budget in 2014–2015 was US$ 39 345 153. Funding comes from WHO core funds with extra budgetary support provided mainly from the Australian Government Department of Foreign Affairs and Trade (DFAT); New Zealand’s Ministry of Foreign Affairs; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); the United States Centers for Disease Control and Prevention (US CDC); the Republic of Korea (Korea Centers for Disease Control and Prevention and the Ministry of Health and Welfare); the Government of Japan; and Gavi, the Vaccine Alliance. Figure 2 shows how funds were distributed in 2014–2015 across WHO’s six categories (areas) of work.

Figure 2. Funds distribution in the Pacific by WHO areas of work, 2014–2015*

* Health through the life-course includes climate change and environmental health and reproductive, maternal, newborn and adolescent health.

Roles and functions

In line with global and regional WHO reforms, WHO in the Western Pacific Region is striving to improve health outcomes in Member States through progress towards universal health coverage (UHC). Key areas for action include adopting a shared approach to advance UHC at country level, being more strategic at
country level, strengthening engagement with partners, increasing collaboration among WHO programmes and offices, and streamlining administrative processes.

DPS underwent an external review of its roles and functions in 2013. The assessment concluded that the Division has brought a Pacific islands focus to the work of WHO. Pacific leaders reported increased levels of service and responsiveness since the establishment of DPS. There has been a measurable increase in resources, activity and personnel at the country level. However, while officials appreciated WHO’s efforts to support countries to advance regional and global priorities, many countries expressed a desire for WHO to be more responsive to their needs, to take a broader approach and to pay greater attention to countries’ own processes and priorities.

WHO staff demonstrates the use of a “Tippy Tap”, a simple device for hand washing with running water. The water container hangs on a horizontal stick and is tipped by stepping on a rope attached through the container’s cap handle. The process is hygienic because only soap is touched during handwashing.
The Healthy Islands vision remains a unifying theme to guide health development in the Pacific. To help achieve this vision, Pacific island countries and areas need to enhance equity and financial protection in the delivery of primary health care services, towards the achievement of UHC. UHC means that all people have access to quality health services without suffering financial hardship associated with paying for care.

Working towards UHC in the Pacific, five priority areas need to be addressed:

1. the escalation of NCDs and associated disabilities;
2. the continuing challenges of communicable diseases and neglected tropical diseases;
3. the unfinished agenda of the Millennium Development Goals, focusing on maternal and child health and the expanded agenda of the Sustainable Development Goals;
4. high vulnerability to natural disasters and climate change; and
5. limited health infrastructure, and human, material and financial resources.

DPS will continue working in these areas in line with WHO Multi-Country Cooperation Strategy for the Pacific (2013–2017) and the Sustainable Development Goals. Ensuring our work aligns with these goals, as well as other global and regional commitments made by Pacific countries, as articulated in national health plans, will be a focus moving ahead.

WHO’s joint mission in the Pacific will continue, with Pacific island countries and areas taking the lead in defining priorities. Working with partners, WHO will continue to support countries and areas to improve health outcomes for Pacific Islanders.
Contact WHO

Pacific island country offices

In line with global and regional WHO reforms, WHO in the Western Pacific Region is striving to improve health outcomes in Member States through progress towards UHC. Key areas for action include adopting a shared approach to advance UHC at country level, being more strategic at country level, strengthening engagement with partners, increasing collaboration among WHO programmes and offices, and streamlining administrative processes.

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<tr>
<th>Country</th>
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<tr>
<td>Fiji (South Pacific)</td>
<td><strong>WHO Division of Pacific Technical Support</strong>, Level 4 Provident Plaza One Downtown Boulevard 33 Ellery Street, PO Box 113, Suva, Fiji, (679) 3234100, <a href="mailto:who.sp@who.int">who.sp@who.int</a>, <a href="http://www.wpro.who.int/southpacific">http://www.wpro.who.int/southpacific</a></td>
</tr>
<tr>
<td>Kiribati</td>
<td><strong>WHO Country Liaison Office in Kiribati</strong>, PO Box 210 Bikenibeu, Tarawa, Kiribati, (686) 28231, <a href="mailto:wpkirclo@who.int">wpkirclo@who.int</a></td>
</tr>
<tr>
<td>Northern Micronesia</td>
<td><strong>WHO Country Liaison Office in Northern Micronesia</strong>, Department of Health and Social Affairs 1/F Mogethin Building, National Capital Complex Palikir, PO Box PS70 Palikir, FM 96941, (691) 320 2619, <a href="mailto:who.fsm@who.int">who.fsm@who.int</a></td>
</tr>
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<td>Samoa</td>
<td><strong>WHO Representative Office in Samoa, American Samoa, the Cook Islands, Niue and Tokelau</strong>, Ioane Viliamiu Building Beach Road, PO Box 77 Apia, Samoa, (685) 24 976, <a href="mailto:who.sma@who.int">who.sma@who.int</a></td>
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<td><strong>WHO Representative Office in Solomon Islands</strong>, Ministry of Health and Medical Services Bldg. Chinatown, PO Box 22 Honiara, Solomon Islands, (677) 23406, <a href="mailto:who.sol@who.int">who.sol@who.int</a></td>
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<td><strong>WHO Country Liaison Office in Tonga</strong>, Ministry of Health Nuku'alofa Tonga, (676) 23 217, <a href="mailto:wptonclo@who.int">wptonclo@who.int</a></td>
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<td><strong>WHO Country Liaison Office in Vanuatu</strong>, Ministry of Health, Iatika Complex PO Box 177 Port Vila Vanuatu, (678) 27 683, <a href="mailto:who.van@who.int">who.van@who.int</a></td>
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<tr>
<td>WHO areas of work and programmes</td>
<td>Focal point and email</td>
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<tr>
<td><strong>Communicable diseases</strong> including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases</td>
<td>Angela Merianos <a href="mailto:merianosa@who.int">merianosa@who.int</a></td>
</tr>
<tr>
<td><strong>Noncommunicable diseases</strong> including mental health and substance abuse, violence and injuries, disabilities and rehabilitation, and nutrition</td>
<td>Wendy Snowdon <a href="mailto:snowdonw@who.int">snowdonw@who.int</a></td>
</tr>
<tr>
<td><strong>Promoting health through the life-course</strong> including reproductive, maternal, newborn, child and adolescent health; ageing and health; gender; equity and human rights mainstreaming; social determinants of health; and health and the environment</td>
<td>Wendy Snowdon <a href="mailto:snowdonw@who.int">snowdonw@who.int</a></td>
</tr>
<tr>
<td><strong>Health systems</strong> including national health policies, strategies and plans; integrated people-centred health services; access to medicines and health technologies; strengthening regulatory capacity; and health systems, information and evidence</td>
<td>Kunhee Park <a href="mailto:parkku@who.int">parkku@who.int</a></td>
</tr>
<tr>
<td><strong>Preparedness, surveillance and response</strong> including alert and response capacities, epidemic-prone and pandemic-prone diseases, emergency risk and crisis management, food safety, polio eradication, and outbreak and crisis response</td>
<td>Angela Merianos <a href="mailto:merianosa@who.int">merianosa@who.int</a></td>
</tr>
<tr>
<td><strong>Corporate services/enabling functions</strong> including leadership and governance, transparency, accountability and risk management, strategic planning, resource coordination and reporting, management and administration, and strategic communications</td>
<td>Yunguo Liu <a href="mailto:liuyun@who.int">liuyun@who.int</a></td>
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</tbody>
</table>