


**REVIEW OF SPC
PUBLIC HEALTH PROGRAMME**

2006

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**EXECUTIVE SUMMARY
AND
RECOMMENDATIONS**

**Tony Lower
Debbie Sorensen
Colin Tukuitonga**

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1. REVIEW PURPOSE AND OBJECTIVES

The Review of Public Health Programme (PHP) is part of the regular SPC programme of reviews and reflects the organisation's corporate commitment to an "emphasis on results and accountability", to provide, "excellence of service", and a "commitment to transparency of operations" to improve the well-being of Pacific Island people.

The purpose of the Review is to assist PHP develop:

- a more effective public health programme that reflects the needs and expectations of Pacific Island Countries and Territories (PICTs); and
- an operational framework to guide the management of PHP for the next 5 years in accordance with its strategic programme plan in order to further improve the delivery of services to the countries and the communities according to best practice criteria.

The main objectives of the Review are to:

- (a) gauge the effectiveness of the PHP over the past 4 years in relation to performance and service delivery;
- (b) review and critique the current priorities, objectives and outputs as reflected in the PHP Strategic Programme Plan (SPP) 2006 – 2009 according to SPC member country and territory public health needs and expectations, and development partner requirements;
- (c) as a result of (b) above, recommend changes to the current PHP SPP 2006 – 2009 as appropriate; and
- (d) assess and recommend changes to the PHP management and administrative structure in relation to its capacity to achieve (revised) SPP outputs.

2. EXECUTIVE SUMMARY

The Review of the SPC PHP performance during 2003-2005 showed variable results. Feedback from key informants in Member States showed very good relationships between SPC and country staff where there were SPC-supported technical programmes being implemented in the country. However, feedback from the health leadership in some Pacific Island Countries and Territories (PICTs) was variable. A common theme was the lack of visibility of SPC staff in country, the ad hoc nature of its support for public health policy, programmes and training, and the need for greater SPC leadership and advocacy roles in public health for the region. Furthermore, objective assessment of PHP performance was problematic because of the lack of a monitoring system and reliable indicators. It was apparent that the PHP had no reliable way of assessing the impact of its own programme and the improvements made in public health in PICTs across the PHP.

During the period under review, some PHP programmes received good development partner support (e.g. HIV/AIDS and STI and Pacific Regional Influenza Pandemic Preparedness Project) while other stated SPC priority programmes failed to attract the necessary resources and little effective actions were implemented. The most critical gaps were the inability of the PHP to provide resources and technical support to PICTs in Environmental Health, prevention and control of chronic noncommunicable diseases (NCD) and the identification of core national and SPC public health capacities in the light of the 2003 – 2005 objectives. Failure to make progress on building public health capacity was particularly important in view of the increasing need and

complexity of public health challenges in the region and the limited capacity in most PICTs. Health systems in the region are weak and public health capacity is under strain due in part to the shortage of skilled health care workers (HCWs) in many PICTs.

It appeared that SPC programmes that were funded were consistent with international community concerns and donor priorities rather than public health threats actually causing a high burden of death, disease and disability in the region. Moreover, well-funded programmes distort public health priorities in PICTs, especially in small island states where the public health capacity is limited. Better risk assessment, detection, management and prevention methodologies should be more consistently applied by the PHP and development partners in order to establish a more balanced and shared approach to funding decisions on public health priorities in the region. SPC and PICT Governments should also elevate the priority ranking of high burden conditions e.g. NCDs and major risk factors when making resource allocation decisions, either from development funds or from recurrent national budgets.

The Review also found that better integration between the PHP and other Social Resources Division activities (Women, Youth and Culture) is needed and also between the PHP and other SPC programmes such as agriculture and animal health. The Adolescent Health Development section is not well integrated with other PHP activities. Of even greater importance is the need to improve working relationships with and provide support to Member States. SPC also needs to better clarify its primary role in public health in relation to its core functions of capacity building, capacity supplementation and coordinating transboundary issues. The role played by SPC in the development of the Regional Strategy on HIV/AIDS and STI was highlighted by various respondents as a model for SPC in coordinating public health activities in the region, developing consensus and harmonising the contributions from various stakeholders for the purposes of improving public health.

Current planning and funding arrangements for the PHP are not conducive to supporting effective public health interventions. The PHP activities are funded mainly on a short term basis and this situation does not enable the PHP to adopt a longer term view that is essential for public health investments. Sustainability of the PHP activities is a major challenge and the way the PHP plans and funds its activities needs to be modified. Similarly, the current location of the PHP within the Social Resources Division does not provide the PHP with the focus, authority and visibility needed to provide greater public health leadership in the region. In addition, funding for management support for the PHP declined between 2005 and 2006 and the current administrative support is not evenly allocated within the programme. The current management structure needs to be revised to better support the (revised) PHP priorities proposed by this Review. Many of the recommendations made in the SPC Corporate Review regarding management and administration of its programmes are relevant to the PHP.

In preparing for the future, a number of regional and international agreements will continue to shape the nature and role of SPC, and public health priorities in the region. Recommendations of the SPC Corporate Review, achievement of the health-related MDGs, the Pacific Plan and the development of the Health Strategy for the Pacific are particularly important. Aligning SPC activities with the priorities of PICTs and influencing the implementation of the Rome Declaration on Aid Harmonisation and the Paris Declaration on Aid Effectiveness are important activities for the region in future. Good health is essential for personal wellbeing and national development. It is important for SPC to ensure that improved public health contribute to and benefit from wider development activities in the region. These expectations are incorporated into the recommendations of this Review.

3. RECOMMENDATIONS

The Review Team recommends that SPC should:

1. strengthen its leadership, stewardship and advocacy roles in public health in the Pacific region by:
 - facilitating the identification of regional public health priority needs
 - developing and implementing regional public health policies and strategies in partnership with other development partners, regional and international organisations
 - revising the organisational structure to strengthen the PHP within SPC (Recommendation 7)
2. adopt a longer term planning horizon, and develop a Policy Statement for its Public Health Programmes clearly identifying the strategic direction, priorities, expected outcomes, funding arrangements, roles and responsibilities and relationships with other stakeholders. The Policy Statement would span 10 -12 years and be implemented through a series of 2-3 year planning and budget cycles as per current practice.
3. adopt the following priorities and ensure the availability of additional resources and political support during 2006 - 2009;
 - building public health capacity
 - preventing and controlling NCDs and major risk factors
 - strengthening Environmental Health
4. facilitate a process for building the public health capacity and capability in PICTs in association with relevant training institutions, development partners and Member States. Facilitate closer collaboration with WHO and development partners working in Human Resources for Health to ensure that public health capacity and skills are enhanced.
5. strengthen SPC's country presence and consider enhancing representation in (selected) countries or groups of countries to assist with planning, implementation and monitoring of all SPC activities, including the PHP.
6. enhance the PHP communication links with PICTs at senior MOH and implementation levels (inclusive of NGOs) in addition to official communication channels.
7. strengthen the PHP's status, focus, authority and visibility to provide regional leadership in public health by:
 - establishing a Division of Public Health in line with other SPC work programmes such as Land and Marine Resources
 - creating a post of Director of Public Health to replace the current post of Manager, PHP.
 - establishing a post of Section Head for Healthy Pacific Lifestyles and ensure that there is an integrated approach by the inclusion of all activities related to tobacco, alcohol and other drugs misuse, nutrition and physical activity and better alignment with the Human Development Programme. It is essential that this section receives adequate specialist support to address the wider systemic determinants of chronic

diseases. Particular attention should be given to reducing modifiable gender differences in the origins of these conditions, access to preventive and treatment services and outcomes achieved.

8. re-establish an Environmental Health Section and create the post of Section Head for Environmental Health in the medium term
9. ensure that SPC has the necessary skills and competencies to provide credible technical advice for the prevention of priority public health problems, including environmental health, public health law, chronic disease epidemiology, data and knowledge management, health economics and trade policy. Ensure that gender, youth and cultural perspectives are well integrated into all PHP activities.
10. systematically strengthen the adoption of evidence-based health promotion approaches in all PHP activities
11. develop a systematic monitoring and evaluation system to document the effectiveness of all SPC public health activities.
12. investigate the feasibility of providing a coordinated and integrated surveillance system for communicable, NCDs and common risk factors for PICTs. Surveillance of NCD risk factors should build upon the STEPS Framework developed by WHO.
13. actively support the development of regional health research capacity and support research activities in priority areas in collaboration with the Pacific Health Research Council, New Zealand Health Research Council, the Australian National Health and Medical Research Council, WHO, the French Institute for Research and Development, public health training institutions, as well as international aid and development agencies.