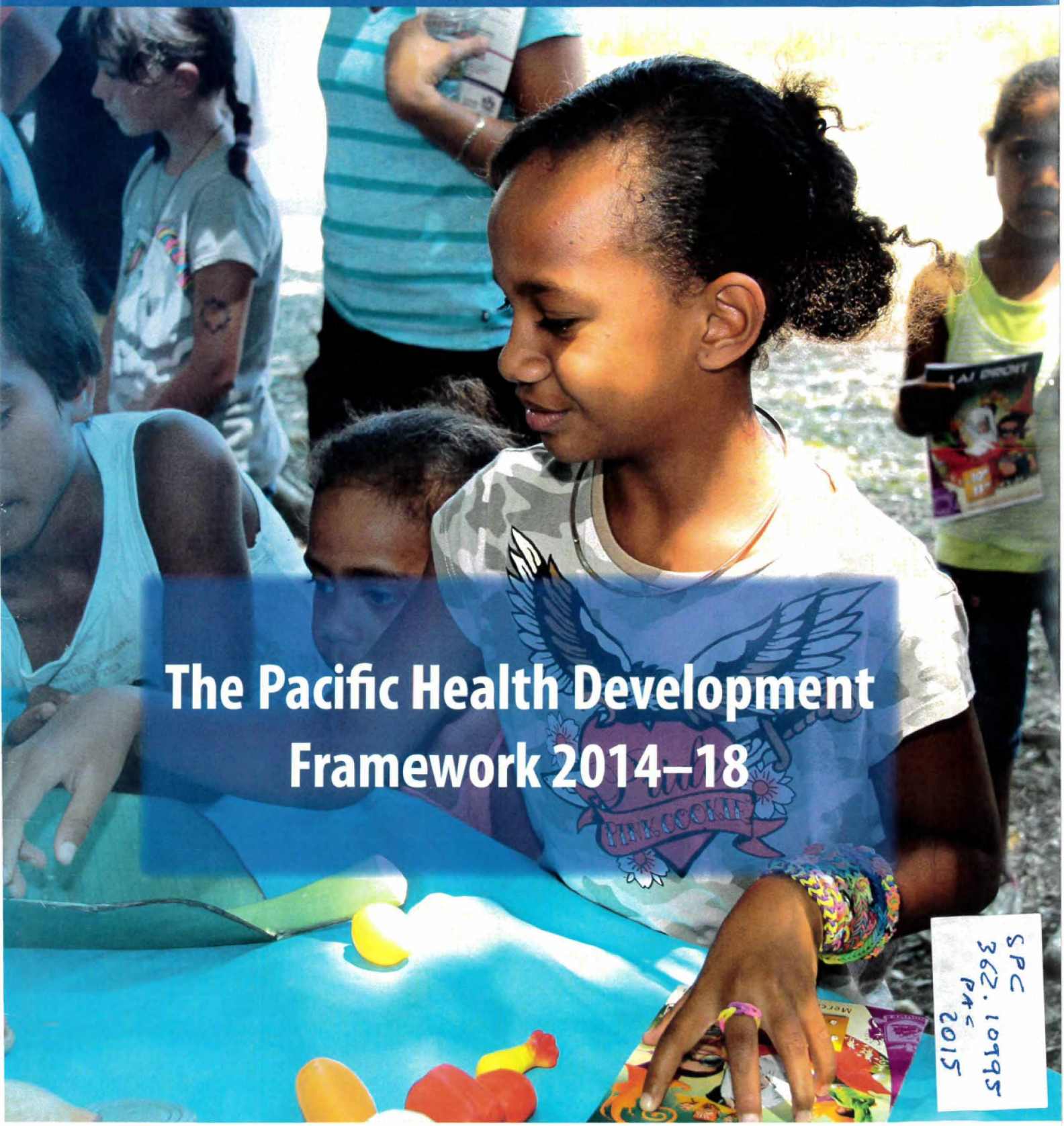
Towards Healthy Islands, Healthy People



The Pacific Health Development Framework 2014–18

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Australian Government
Department of Foreign Affairs and Trade

NEW ZEALAND
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Towards Healthy Islands, Healthy People

The Pacific Health Development Framework 2014–18

SUMMARY

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Introduction

Despite the significant progress that Pacific Island Countries and Territories (PICTs) have made in improving the health status of their populations, major challenges within the health sector and beyond threaten to derail this progress.

A rapid assessment of the health sector within PICTs against the sixth World Health Organization health systems building blocks [1] (leadership and governance, financing, service delivery, health workforce, health information systems and access to essential medicines) will indicate a range of challenges across each of the building blocks. This is further compounded by the fact the solutions for a majority of these challenges lie outside the health sector. The task is therefore to ensure that PICTs adopt a systems and multi-sectoral approach to addressing the health sector challenges they face.

Pacific Forum Leaders and health ministers recognise the need for a concerted and more coordinated approach to resolving these challenges. This resulted in a call for the development of a strategic document to guide planning, investment and health service delivery in PICTs, with the ultimate objective of improving the health status of people in the Pacific.

Regional response to date

Each of the 22 PICTs have a national health plan and a long-term commitment to the 'Healthy Islands' vision articulated in the 1995 *Yanuca Island Declaration*,[2] arising out of the inaugural Pacific Health Ministers Meeting.

The declaration that was announced at that meeting enshrined the belief that 'new challenges in health in the twenty first century [called] for clarity of purpose and broad-based participation to achieve healthy islands'.

The Healthy Islands approach is unique to the Pacific, and can contribute to a distinguishing identity in the region. The vision has served as a unifying theme for health protection and health promotion in the Pacific, while each PICT, development partner and technical agency has interpretated the operationalisation of the vision in its own way. The application of the Healthy Islands approach has given rise to a number of successful regional programmes, including the healthy settings (schools, village, workplace and church) programme.

Health ministers reaffirmed their collective commitment to the Healthy Islands vision as the overarching aspirational document for Pacific health, at the 11th Pacific Health Minsters Meeting at Yanuca Island, Fiji, in April 2015, with the *2015 Yanuca Island Declaration on health in Pacific island countries and territories*.

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[1] World Health Organization, *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*. 2007.

[2] *Yanuca Island Declaration*, 1995. The first four statements were agreed at the 1995 Health Ministers meeting at Yanuca Island, Fiji; the last statement concerning the ocean was added after the 1999 Health Ministers meeting in Palau.

Towards Healthy Islands, Healthy People

Since the 1995 articulation of the Healthy Islands vision various efforts have been made to operatlionalise it. However, despite the various policies developed under the Healthy Islands vision, there are no cohesive, overarching regional vision or strategic direction for health development in PICTs.

At the 43rd Pacific Islands Leaders Forum in Rarotonga in 2012, Pacific leaders called 'for an immediate analysis on what is required to be undertaken at the national and regional levels to ensure a comprehensive health sector response'. This was a clear signal that more needs to be done to better contextualise and clarify the strategic direction for the health sector in PICTs.

The leaders believed there was an important gap at the strategic level in relation to the direction of the health sector. Their assessment provides the rationale for producing the overarching framework: *Towards Healthy Islands, Healthy People – The Pacific Health Development Framework 2014–18*, which was approved and adopted at the Joint Forum Economic and Pacific Health Ministers Meeting in July 2014, in Honiara, Solomon Islands.

The framework's development recognises the leading role that PICTs' ministries of health must play in determining national development priorities, developing and coordinating national plans, assigning resources from national and development sources, and implementing, monitoring and reporting on these plans.

As well as this recognition of the need for an overarching framework, the leaders expressed a sense of urgency that a coordinated approach was required, particularly at the regional level, to facilitate a more cohesive approach to health in the Pacific. The framework adopts the Healthy Islands vision.

The Pacific Health Development Framework is a response to these calls. The framework will support PICTs in their efforts to pursue improved health outcomes for their populations. It is an opportunity for PICTs to identify the support they require to strengthen their national health systems and to determine how services should be delivered.

The framework will send an explicit message to development partners that have signed the *Forum Compact on Aid Effectiveness* about the primacy of country leadership, the need to work in ways that help countries identify what support is needed to create sustainable health systems, and the importance of mutual approaches to improve the effectiveness of both technical and financing support.

The development of the framework coincides with recent initiatives to strengthen the Pacific health architecture. There has also been a shift in the delivery of regional services, away from 'programmes' funded by development partners, towards a focus on services that countries need, which are in turn provided by partners, regional agencies and institutions.

The framework adopts the concept of regionalism that featured in the *Pacific Plan* – which was endorsed by the 2005 Pacific Islands Leaders Forum – in which PICTs work together for their joint and individual benefit. This does not imply any limitation on national sovereignty. It is not intended to replace any national programmes, but rather to support and complement them. A regional approach should be taken only if it adds value to national efforts.

The *Pacific Plan* has been replaced by the *Framework for Pacific Regionalism*, which was formally endorsed at the 45th Pacific Islands Forum in Palau, in July 2014, and builds on the concepts of regionalism articulated in the *Pacific Plan*. The *Framework for Pacific Regionalism* articulates four principal objectives around *sustainable development*, *economic growth*, *strengthening governance* and *security*.

It is crucial that PICTs drive the process of identifying and managing regional services, which will be delivered within the agreed architecture. It is further recognised that PICTs vary considerably in size and capacities, and in some jurisdictions capacity supplementation or substitution will be a long-term undertaking.

In line with encouraging greater country leadership, PICT governments must determine the details of cost sharing, governance and monitoring, either as a regional group or as sub-groups.

The framework is a high-level strategic document, from which it is intended that PICTs incorporate relevant elements to their national health plans, including implementation resource requirements. Some PICTs may require support to align their national health plans with the agreed goals of the framework, and in determining the kinds of services that should be considered regional services and how these should be managed.

While the framework is not directly linked to the *Pacific Plan* or the *Framework for Pacific Regionalism*, it is envisaged that it will serve as the document which provides strategic guidance to ensure and support a coordinated regional approach to health issues.

The framework is intended to be a living document, and it will be adapted over time to respond to the changing needs of PICTs.

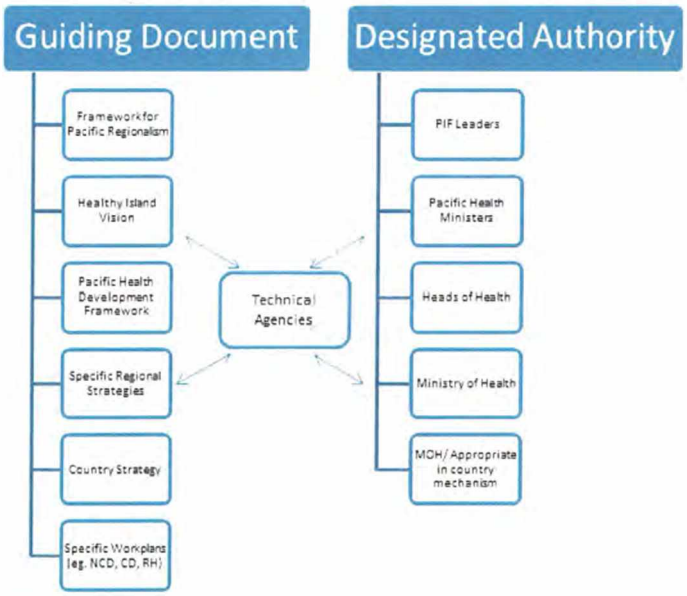

Figure 1: The framework's guiding documents and designated oversight authorities

The framework

The framework represents a comprehensive approach to addressing the health needs of PICTs through multi-sectoral approaches to achieve better health outcomes for Pacific people, with an emphasis on social determinants, universal health coverage and efficient and effective utilisation of available resources.

The Healthy Islands vision adopted by the framework will be achieved when health systems prioritise the delivery of essential public health and clinical interventions to all. This will only occur if scarce resources are used as efficiently as possible.

Governance and management

The framework will be an integral part of PICTs' approaches to improving health in the Pacific. It will be led by Pacific health ministers, and will guide the agenda for biennial ministerial meetings. It will be operationalised by the Pacific Heads of Health forum, in partnership with regional technical agencies.

Vision

The framework adopts the Healthy Islands vision, in which Healthy Islands are: 'places where 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'.[3]

Mission

To enable all people in Pacific communities to have access to high quality health services (preventive, primary health care, advanced care) that is responsive to their needs and enables them to make a meaningful contribution to the social, cultural and economic development of the Pacific, achieved through a multi-sectoral approach.

Strategic goals

The framework's strategic goals are:

1. to guide action on the social determinants of health, addressing health promotion, protection and prevention;
2. to strengthen health services to achieve universal health coverage (UHC), including primary health care (PHC) and improved health outcomes in PICTs; and
3. to provide a system for ensuring clinical (including training and support) services are efficient and effective in serving the needs of PICTs.

Principles

Healthy Islands

The Healthy Islands vision, as articulated in the *Yanuca Island Declaration*, is unique to the Pacific, and provides an important point of difference that can be used as an identity for the region. If one vision, principle, declaration or programme were to be seen as a unique identifier of what is considered Pacific health by PICTs, Healthy Islands would be it. The Healthy Islands vision is adopted by the framework as the main guiding principle for the development of Pacific health.

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[3] *Yanuca Island Declaration*, 1995 and 1995.

Health in all policies (HIAP)

It is accepted that the health outcomes of a country are, by-and-large, determined outside the health sector. For PICTs, this is evident through the effects of government policies for trade, tax, finance and the environment. It is therefore important to develop multi-sectoral partnerships with these partners outside of health, so that their policies and actions are conducive to good health.

Health as a resource for development

The concept of health as a resource was expressed by the 1986 *Ottawa Charter on Health Promotion*, where 'health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'.

Aid effectiveness

Countries and development partners have a shared commitment to align development activities with partner countries' national priorities. The national leadership role is to be prioritised in coordinating development assistance, with a focus on managing for results. Development partners and countries commit to implementing the other four aid effectiveness principles concurrently.

Unified Pacific regional voice and cooperation

While the diversity of PICTs makes them different in many ways, they are also very similar in many aspects, and face many of the same challenges. These include isolation, a lack of human resources and similar disease burdens. Each of these challenges present opportunities for PICTs to come together, learn from one another and presents a unified voice to development partners and technical agencies. The framework provides a platform for this unified Pacific regional voice, and for cooperation and ownership in development, implementation and accountability.

Life course approach

A 'life course approach' emphasises a progressive and social perspective, looking back across an individual's or a cohort's life experiences, or across generations, for clues to current patterns of health and disease, while recognising that both past and present experiences are shaped by the wider social, economic and cultural context.

In the Pacific the phrase 'womb to tomb' originated in the maternal child health discipline and reflects the life course approach. The womb to tomb concept can be readily applied to the planning and delivery of health services. In addition to the three dimensions of the life course approach (social, economic and cultural), the 'family unit' and 'religion' must be central considerations in any efforts to adopt the life course approach in PICTs.

Measuring and reviewing progress and stimulating results

There is growing recognition that harmonised monitoring, evaluation and review is required to demonstrate results, secure future funding and enhance the evidence base for interventions. Strategic planning and programme implementation should be based on strong monitoring and evaluation and review of progress and performance, as the basis for information, results and accountability.

The adoption of the framework requires that governments, development partners and technical agencies agree on a suite of indicators (national and regional) that will be monitored and reported through the agreed architecture. It is proposed that consideration be given to monitoring the efficiency of the health dollar spent, measured against health outcomes. Once the suite of indicators are agreed this could be presented annually at the Heads of Health meeting.

PICTs will not be required to collect data for a list of 'new' indicators specifically for the framework. Rather, data already being collected as part of the M&E frameworks for their national health plans or for specific programmes or projects will be used wherever possible.

Risks and opportunities

Some of the potential risks in achieving the framework's objectives are listed below.

- PICTs' health legislation remains outdated and, even when legislative regimes are current, enforcement challenges are encountered.
- Human resources for health imbalances and shortages continue to hamper service delivery.
- High turnover of PICTs' senior health officials contribute to limited ownership of the framework.
- High turnover of officials in development partner organisations and UN agencies.
- PICTs fail to take ownership of the framework and consider it another initiative that duplicates national actions, and exacerbates an already crowded Pacific health agenda.
- Competing demands within PICTs, coupled with limited staff numbers, capacity and structures to drive and manage the new approach to the delivery of regional services.
- PICTs fail to agree about what services are to be provided regionally.
- Development partners' (regional organisations, multilateral agencies and bilateral donors) priorities and agendas are not aligned with the framework.
- Reduction, deferment or delay of funding from national and development partner sources hampers implementation of the framework.
- Financial and geographical barriers restrict populations' access to health services.
- PICTs' health information systems are unable to provide regular reporting on the framework's monitoring obligations.
- Lack of or outdated essential drugs list (EDL), essential medical consumables list (EMCL) and national medicine policies in PICTs.
- PICTs are unable to procure, maintain or fund EDL and EMCL.
- PICTs have limited ability to fund routine maintenance and repair of medical equipment and infrastructure.

Each of these risks falls under at least one of the six health system building blocks, and PICTs are encouraged to review these, in addition to other risks identified at the national level, to prioritise these and to invest the appropriate resources to adequately resolve them.

Operationalising the framework

A key feature of the framework is its endeavour to complement and use existing national health planning and reporting platforms, rather than to recommend new structures or parallel systems. It is intended that PICTs will use the framework to guide the development, review and updating of national plans, strategies and specific programmes.

Towards Healthy Islands, Healthy People

The Pacific Health Development Framework 2014–18

Prepared by the Secretariat of the Pacific Community

SPC
Secretariat
of the Pacific
Community

Noumea, New Caledonia, 2015

Towards Healthy Islands, Healthy People

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Table of Contents

1. Executive summary

At the 43rd Pacific Islands Leaders Forum in Rarotonga in 2012, Pacific leaders called 'for an immediate analysis on what is required to be undertaken at the national and regional levels to ensure a comprehensive health sector response'. This was a clear signal that more needs to be done to better contextualise and clarify the strategic direction for the health sector in Pacific Island Countries and Territories (PICTs).

The leaders believed there was an important gap at the strategic level in relation to the direction of the health sector. Their assessment provides the rationale for producing the overarching framework: *Towards Healthy Islands, Healthy People – The Pacific Health Development Framework 2014–18*. In addition to the leaders' call, the Pacific Health Ministers and Heads of Health meetings in 2013 also supported the development of the framework, culminating in its approval and adoption at the Joint Forum Economic and Pacific Health Ministers Meeting in July 2014, in Honiara, Solomon Islands.

The framework's development recognises the leading role that PICTs' ministries of health must play in determining national development priorities, developing and coordinating national plans, assigning resources from national and development sources, and implementing, monitoring and reporting on these plans.

The framework adopts the Healthy Islands vision, which states that the Pacific Islands are 'places where 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'.

A fundamental principle in developing the framework is the collective involvement of PICTs in its development, and in determining regional priorities that can address issues in national health services. Ownership by PICTs of the framework process, and collaboration between PICTs and partners, will strengthen the chances of the framework's success. PICTs are the principal intended audience of the framework, which is intended to present a united Pacific voice in supporting regional health priorities and development partners.

For development partners the framework will guide investment based on identified national and regional priorities, encourage aid effectiveness and provide a basis for evaluation. For international and regional agencies it will assist to clarify roles and allow goals and targets to be linked to countries' individual priorities in the sector.

Six key principles underpin the framework:

- The Healthy Islands vision
- Health in all policies
- Health as a resource for development
- Aid effectiveness
- A unified Pacific regional voice and regional cooperation
- A life course approach

The strategic goals of the framework are:

1. to guide action on the social determinants of health, addressing health promotion, protection and prevention;
2. to strengthen health services to achieve universal health coverage (UHC), including primary health care (PHC) and improved health outcomes in PICTs; and
3. to provide a system for ensuring that clinical (including training and support) services are efficient and effective in serving the needs of PICTs.

The framework is intended to be a living document, and it will be adapted over time to respond to the changing needs of PICTs.

2. Background and rationale for the framework

Each of the 22 PICTs have a national health plan and a long-term commitment to the 'Healthy Islands' vision articulated in the 1995 *Yanuca Island Declaration*,[1] arising out of the inaugural Pacific Health Ministers Meeting.

The declaration that was announced at that meeting enshrined the belief that 'new challenges in health in the twenty first century [called] for clarity of purpose and broad-based participation to achieve healthy islands'.

The Healthy Islands approach is unique to the Pacific, and can contribute to a distinguishing identity in the region. The vision has served as a unifying theme for health protection and health promotion in the Pacific, while each PICT, development partner and technical agency has interpretated the operationalisation of the vision in its own way. The application of the Healthy Islands approach has given rise to a number of successful regional programmes, including the healthy settings (schools, village, workplace and church) programme.

Health ministers reaffirmed their collective commitment to the Healthy Islands vision as the overarching aspirational document for Pacific health, at the 11th Pacific Health Minsters Meeting at Yanuca Island, Fiji, in April 2015, with the *2015 Yanuca Island Declaration on health in Pacific island countries and territories*.

Since the 1995 articulation of the Healthy Islands vision various efforts have been made to operatlionalise it. However, despite the various policies developed under the vision, there had been no cohesive, overarching regional vision or strategic direction for health development in PICTs.

The delegates to the Pacific Islands Leaders Forum identified this gap, and accordingly called for an overarching framework for health development in the Pacific.

'Leaders acknowledged the urgent need for strategic investment in health system strengthening and in cross-sectoral, whole-of-country initiatives to achieve better health outcomes at the national level, supported by appropriate regional initiatives. Leaders called for an immediate analysis on what is required to be undertaken at the national and regional levels to ensure a comprehensive health sector response.'[2]

As well as this recognition of the need for an overarching framework, the leaders expressed a sense of urgency that a coordinated approach was required, particularly at the regional level, to facilitate a more cohesive approach to health in the Pacific.

The *Pacific Health Development Framework* is a response to these calls. The framework will support PICTs in their efforts to pursue improved health outcomes for their populations. It is an opportunity for PICTs to identify the support they require to strengthen their national health systems and to determine how services should be delivered.

The framework is a high-level strategic document, from which it is intended that PICTs incorporate relevant elements to their national health plans, including implementation resource requirements. Some PICTs may require support to align their national health plans with the agreed goals of the framework, and in determining the kinds of services that should be considered regional services and how these should be managed.

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[1] *Yanuca Island Declaration*, 1995. The first four statements were agreed at the 1995 Health Ministers meeting at Yanuca Island, Fiji; the last statement concerning the ocean was added after the 1999 Health Ministers meeting in Palau.

[2] Paragraph 43 of the Forum Communiqué, the 43rd Pacific Islands Forum in Rarotonga (August 2012).

At the national level the framework will facilitate the development and implementation of national plans that reflect country realities and priorities, and will be used to underpin national health budgets and to secure other investment.

The framework will send an explicit message to development partners that have signed the *Forum Compact on Aid Effectiveness* about the primacy of country leadership, the need to work in ways that help countries identify what support is needed to create sustainable health systems, and the importance of mutual approaches to improve the effectiveness of both technical and financing support.

The development of the framework coincides with recent initiatives to strengthen the Pacific health architecture. There has also been a shift in the delivery of regional services, away from 'programmes' funded by development partners, towards a focus on services that countries need, which are in turn provided by partners, regional agencies and institutions.

The framework adopts the concept of regionalism that featured in the *Pacific Plan* – which was endorsed by the 2005 Pacific Islands Leaders Forum – in which PICTs work together for their joint and individual benefit. This does not imply any limitation on national sovereignty. It is not intended to replace any national programmes, but rather to support and complement them. A regional approach should be taken only if it adds value to national efforts.

The *Pacific Plan* has been replaced by the *Framework for Pacific Regionalism*, which was formally endorsed at the 45th Pacific Islands Forum in Palau, in July 2014, and builds on the concepts of regionalism articulated in the *Pacific Plan*. The *Framework for Pacific Regionalism* articulates four principal objectives around *sustainable development*, *economic growth*, *strengthening governance* and *security*. In pursuing these objectives, PICTs are required to adopt regional collective actions of coordination, cooperation, collaboration, harmonisation, economic integration, and administrative, legal and institutional integration. The *Framework for Pacific Regionalism* sets out a process for PICTs to prioritise major regional initiatives.

In the broadest sense, minimum standards for universal health coverage will require scale up and relative investment across the six health system building blocks articulated in the World Health Organization (WHO) report, *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action* (2007), to ensure:

- strong leadership and governance;
- the delivery of safe, effective and high-quality health care services;
- adequate financing that is accessible to all;
- an appropriately trained, well performing and appropriately distributed health workforce;
- production, analysis, dissemination and use of reliable and timely health information; and
- equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost effectiveness, and their scientifically sound and cost-effective use.

In light of resource constraints, PICTs are encouraged to undertake assessments of their respective health sectors against the health system building blocks to identify and determine priority areas for national budgets and other investment.

While the framework is not directly linked to the *Pacific Plan* or the *Framework for Pacific Regionalism*, it is envisaged that it will serve as the document which provides strategic guidance to ensure and support a coordinated regional approach to health issues.

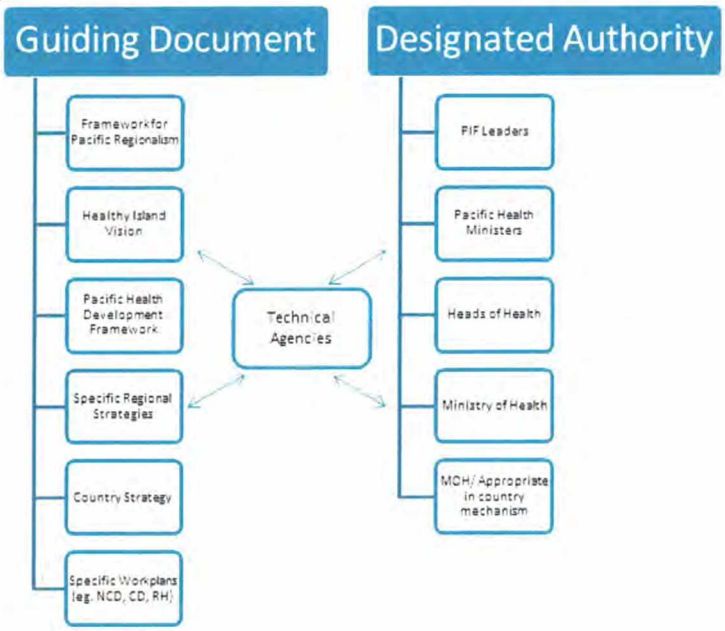

Figure 1: The framework's guiding documents and designated oversight authorities

At the global level the WHO World Health Assembly sets the direction for heath development, as mandated by its 193 member states, which include all PICTs. Health development in the Pacific region is further directed through the Regional Committee Meeting of the Western Pacific Region, together with Asian countries. The framework for health development should be seen as a further sub-regional focus that incorporates the global and regional mandates, and specifically addressing health in the context of the diversity of the Pacific and applicable to all 22 PICTs.

There is a drive for a global framework for health. One of these efforts is spearheaded by the Joint Action and Learning Initiative (JALI) on National and Global Responsibilities for Health. JALI is seeking to achieve a global health treaty – a Framework convention on global health (FCGH) – that would be based on the human right to health, and would be designed to meet the needs of the world's least healthy people, and to close the unconscionable health gap between the global rich and poor.

JALI demands that such a global convention establishes global norms for ensuring access to a full range of services – clinical and public health services, and essential medicines – as well as addresses the socio-economic determinants of well-being.

The framework is therefore consistent not only with national and regional desires within the Pacific, but also with what is occurring at both the regional and global levels.

3. The framework

The framework represents a comprehensive approach to addressing the health needs of PICTs through multi-sectoral approaches to achieve better health outcomes for Pacific people, with an emphasis on social determinants, universal health coverage and efficient and effective utilisation of available resources.

The Healthy Islands vision adopted by the framework will be achieved when health systems prioritise the delivery of essential public health and clinical interventions to all. This will only occur if scarce resources are used as efficiently as possible.

3.1 Governance and management

The framework will be an integral part of PICTs' approaches to improving health in the Pacific. It will be led by Pacific health ministers, and will guide the agenda for biennial ministerial meetings. It will be operationalised by the Pacific Heads of Health forum, in partnership with regional technical agencies.

3.2 Target audiences

The main audiences for the framework are:

1) PICTs, for which it will provide a means of supporting regional health priorities.

PICTs will use the framework as a united Pacific voice to help guide their own actions as well as those of their partners. At the national level PICTs will use the framework as a strategic document to support and guide the development of national health plans and mechanisms to support regional health priorities.

2) Development partners, to whom the framework will present a united Pacific voice.

In line with the *Cairns Compact on Strengthening Development Coordination in the Pacific* (2009, 40th Pacific Islands Forum), development partners will use the framework to guide investment in support of regional and national health priorities, as identified by PICTs. It is anticipated that this will reduce aid fragmentation, ease the burden of development assistance administration and improve aid effectiveness through measures such as the increased use of robust country partner systems, multi-year funding commitments, pooled funding, the delegation of aid delivery to lead partners and collaborative analytical work.

3) International and regional partners and agencies that provide services to PICTs.

International and regional partners and agencies will use the framework to establish clear divisions of labour and determine agreed goals and targets which are aligned to country needs and priorities. It will also provide guidance to agencies in their dialogue with development partners over how best to invest and serve PICTs.

3.3 Vision

The framework adopts the Healthy Islands vision, in which Healthy Islands are: 'places where 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'.[3]

[3] *Yanuca Island Declaration*, 1995 and 1999.

3.4 Mission

To enable all people in Pacific communities to have access to high quality health services (preventive, primary health care, advanced care) that is responsive to their needs and enables them to make a meaningful contribution to the social, cultural and economic development of the Pacific, achieved through a multi-sectoral approach.

3.5 Strategic goals

The framework's strategic goals are:

1. to guide action on the social determinants of health, addressing health promotion, protection and prevention;
2. to strengthen health services to achieve universal health coverage (UHC), including primary health care (PHC) and improved health outcomes in PICTs; and
3. to provide a system for ensuring clinical (including training and support) services are efficient and effective in serving the needs of PICTs.

3.6 Principles

3.6.1 Healthy Islands

The Healthy Islands vision, as articulated in the *Yanuca Island Declaration*, is unique to the Pacific, and provides an important point of difference that can be used as an identity for the region. If one vision, principle, declaration or programme were to be seen as a unique identifier of what is considered Pacific health by PICTs, Healthy Islands would be it. The Healthy Islands vision is adopted by the framework as the main guiding principle for the development of Pacific health.

3.6.2 Health in all policies (HIAP)

It is accepted that the health outcomes of a country are, by-and-large, determined outside the health sector. For PICTs, this is evident through the effects of government policies for trade, tax, finance and the environment. It is therefore important to develop multi-sectoral partnerships with these partners outside of health, so that their policies and actions are conducive to good health.

3.6.3 Health as a resource for development

The concept of health as a resource was expressed by the 1986 *Ottawa Charter on Health Promotion*, where 'health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'.

3.6.4 Aid effectiveness

Countries and development partners have a shared commitment to align development activities with partner countries' national priorities. The national leadership role is to be prioritised in coordinating development assistance, with a focus on managing for results. Development partners and countries commit to implementing the other four aid effectiveness principles concurrently.

In order for development assistance to be both effective and sustainable, a combined whole-of-government and whole-of-society approach is required. The literature identifies some key lessons learned:

- Developing countries must take the lead.
- Development partners are often compelled to make their investment spending visible to their constituencies.
- Stand-alone projects do not tackle the root causes of poor service delivery or the structural changes necessary for development.
- A donor-driven aid programme diminishes the accountability of governments/elected representatives of developing countries towards their citizens.
- The only way that donors can ensure that their funding is well used is if governments and donors work together to monitor the implementation of a country's development strategy and national budget, making decisions based on the entire picture, rather than a small part of the picture.
- Aid is a scarce resource, and it is important to ensure that it goes to the countries that need it most.

Within the Pacific health sector, in order for development assistance to be more effective it will require that PICTs, governments and development partners make informed investment decisions across the six health system building blocks.

Particular attention should be paid to ensuring technical assistance provided to PICTs is made more effective, through the development of stricter terms of reference, more thorough monitoring of assignments, and outputs that provide practical, cost-effective recommendations. Efforts should be made to engage nationals of PICTs who possess appropriate qualifications and expertise.

3.6.5 Unified Pacific regional voice and cooperation

'Strength lies in numbers': despite the relatively small sizes of PICTs, they have been able to demonstrate, as they did in global negotiations such as the WHO *Framework Convention on Tobacco Control*, that in working together it is possible to bring about change.

While the diversity of PICTs makes them different in many ways, they are also very similar in many aspects, and face many of the same challenges. These include isolation, a lack of human resources and similar disease burdens. Each of these challenges presents opportunities for PICTs to come together, learn from one another and present a unified voice to development partners and technical agencies. The framework provides a platform for this unified Pacific regional voice, and for cooperation and ownership in development, implementation and accountability.

3.6.6 Life course approach

A 'life course approach' emphasises a progressive and social perspective, looking back across an individual's or a cohort's life experiences, or across generations, for clues to current patterns of health and disease, while recognising that both past and present experiences are shaped by the wider social, economic and cultural context.

In the Pacific the phrase 'womb to tomb' originated in the maternal child health discipline and reflects the life course approach. The womb to tomb concept can be readily applied to the planning and delivery of health services. In addition to the three dimensions of the life course approach (social, economic and cultural), the 'family unit' and 'religion' must be central considerations in any efforts to adopt the life course approach in PICTs.

3.7 Challenges and opportunities

Under each of the framework's three strategic goals, some of the challenges faced by PICTs are identified and elaborated here. The rationale is to provide PICTs with a guide to support their national efforts in determining development priorities, developing and coordinating national plans, and assigning appropriate resources to implement and monitor national plans, and to report on progress. In some instances PICTs may require support to develop strategies to address the challenges identified through this process.

Challenges for the framework's strategic goals:

SG 1: To guide action on the social determinants of health, addressing health promotion, protection and prevention.

The Commission on Social Determinants of Health (CSDH) described that the major determinants of health outcomes are outside the health sector and that, therefore, efforts to address them must incorporate a multi-sectoral approach. These determinants can be classified as either structural (governance, policy, and cultural and societal norms and values) or social stratification and intermediate (education, occupation, income, gender, ethnicity, material circumstances, social cohesion, psychological factors, behaviours and biological factors). The interplay between these determinants affects the health status in a country. Leadership by the health sector is still a necessary component, but without effective engagement of other sectors in society overall health outcomes will be unfavourable.

Health promotion, protection and prevention are important components to be included in any action. The focus is on enabling people to increase their control over their health and its determinants, and to thereby improve their health. The emphasis is on keeping people healthy and preventing disease, and encourages healthy behaviour, risk factor reduction and providing an enabling environment.

Challenges

Addressing social determinants:

- Limited appreciation of the role of non-health factors in health outcomes.
- Suboptimal multi-sectoral collaboration between health and non-health sectors.
- Monitoring and evaluating progress is limited.

Alcohol as an example:

- Lack of governance and policy directions in some PICTs.
- Cultural and societal norms are changing, in respect of the way alcohol is viewed (both positively and negatively).
- Relative improvement in economic wellbeing has increased access to alcohol.
- Education levels have generally increased and have resulted in generally more liberal views towards alcohol.
- Social cohesion and communal support systems are not as strong as they used to be.
- Suboptimal involvement of community and NGOs in advocacy.
- Lack of holistic community-based programmes for prevention, treatment and care.
- Where legislation is in place, enforcement is a common difficulty in PICTs.
- Lack of public awareness of the problems caused by the harmful use of alcohol.
- Lack of data and surveillance systems for monitoring progress.
- Potential impact of trade agreements on alcohol consumption and related harm.
- Measures which affect supply and demand for alcoholic beverages, such as special import duties, are affected by multilateral or bilateral trade agreements.

Health promotion, protection and prevention:

- Ongoing funding allocation issues for public health versus clinical health, with the former receiving less funding.
- Development partner assistance focus is not always reflective of the disease burden in PICTs. Suboptimal legislative frameworks and enforcement capacity.
- Limited skill sets in key areas in some PICTs.

Tobacco-free Pacific 2025 as an example:

- Limited enforcement capacity in most PICTs for current legislation.
- Strong tobacco lobby in some PICTs.
- Suboptimal legislative framework in key areas, such as taxation levels.
- Perception that there is a lack of coordination between external partners involved in tobacco control.

SG 2: To strengthen health services to achieve universal health coverage (UHC), including primary health care (PHC) and improved health outcomes in PICTs.

Universal health care (UHC) is about the right to health, and its goal is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. It has a direct impact on a population's health, as access to health services enables people to be more productive and active contributors in society. WHO Director General, Dr Margaret Chan, regards UHC as the 'single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care'.

A fundamental prerequisite for the success of UHC is to ensure that the six health system building blocks are simultaneously and adequately resourced to facilitate a strong, efficient, well-run health system, a sustainable financing system, access to essential medicines and technologies, sufficient supply of well-trained health workers and a reliable and efficient health information system.

PHC originated with the *Declaration of Alma-Ata*,[4] and this declaration was clear about the values pursued: social justice and the right to better health for all, participation and solidarity. The *World Health Report 2008* advocates four sets of PHC reforms: reducing exclusion and social disparities in health (universal coverage); organising health services around people's needs and expectations (service delivery); integrating health into all sectors (public policy); and pursuing collaborative models of policy dialogue (leadership).

There has been a renewed interest in PHC, with the belief that it can enable health systems to respond faster to the challenges of a changing world with a more people-centred approach.

PICTs have taken on the importance of UHC and PHC, and have invested particularly in taking services closer to the people.

Challenges

Financing:

- Health costs continue to escalate as more countries undertake more specialised care.
- Sustainability of funding is at risk, relying solely on recurrent budget.
- Limited use of targeted/ hypothecated funding allocation mechanisms.
- Efficiency and effectiveness of the use of financial resources.

Access to medicines and technology:

- Funding for vaccines and essential drugs list (EDL) can be challenging to provide consistently.
- Lack of systems or processes to prioritise demand for medical supplies, consumables and equipment against available resources.
- Donated pharmaceuticals and equipment are often problematic, and has given rise to evidence of a 'dumping ground' approach to PICTs.

[4] International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.

Human resources:

- Strategic human resource planning requires strengthening.
- Funding for capacity building is limited, and in some areas opportunity for training is limited.
- Labour mobility is placing pressure on some PICTs to provide basic health care services.
- Inadequate focus on mid-level practitioners.

Service delivery:

- Infrastructure and services tend to be focussed in urban settings.
- Geographical spread of many PICTs makes service delivery to small populations over large areas challenging.

Leadership:

- Leadership is a complex area.
- National health plans, regulatory frameworks and accountability require strengthening.

Health information systems: (HIS)

- HIS to assist in clinical and managerial decision making requires strengthening.
- Investment in HIS human resources is limited and requires support.

SG 3: To provide a system for ensuring clinical (including training and support) services are efficient and effective in serving the needs of PICTs.

In addition to medicines and health technologies, this covers the aspects of caring for patients, from diagnosis to treatment, and for many PICTs this is where the majority of resources (infrastructure, finance and human) are currently being directed. PICTs will always face challenges due to their size, and the range of services and access each can deliver will very according to the financial situation of each PICT. Providing appropriate clinical services in PICTs will always be a challenge, with balancing the need for infrastructure, diagnostic and pharmaceutical services, and research and service delivery.

Development partners have assisted PICTs with many of these challenges through investment in infrastructure development. The diagnostic services provided vary between countries, and SPC and WHO provide support for laboratory services. Australia, New Zealand and some NGOs provide support for specialists to provide in-country specialist support in PICTs, thereby improving service delivery. To improve standards and quality of care, more attention is being placed on continuing medical education and professional development.

The challenges of providing more specialised care in country, and of overseas treatment, are ongoing issues for many PICTs, and the costs of these provisions account for a significant proportion of the health budgets of some PICTs. Training is another challenging area.

Challenges

- Increasing burden of diseases that are treatable but only at a relatively high cost.
- Provision of good secondary and tertiary care is expensive. Each country needs to determine what range of services it can provide.
- Limited capacity to provide specialist care in country, due to a lack of either human resources or infrastructure.
- Training (pre-service, post-graduate and in-service) needs to meet specific PICT needs, but is often delivered by regional providers.

3.8 Measuring and reviewing progress and stimulating results

3.8.1 Monitoring, evaluation and review

The International Health Partnership and WHO[5] have noted that the scale-up of resources and initiatives for better health is unprecedented, in terms of both the potential resources available and the number of initiatives involved. There is growing recognition that harmonised monitoring, evaluation and review is required to demonstrate results, secure future funding and enhance the evidence base for interventions. Strategic planning and programme implementation should be based on strong monitoring and evaluation and review of progress and performance, as the basis for information, results and accountability.

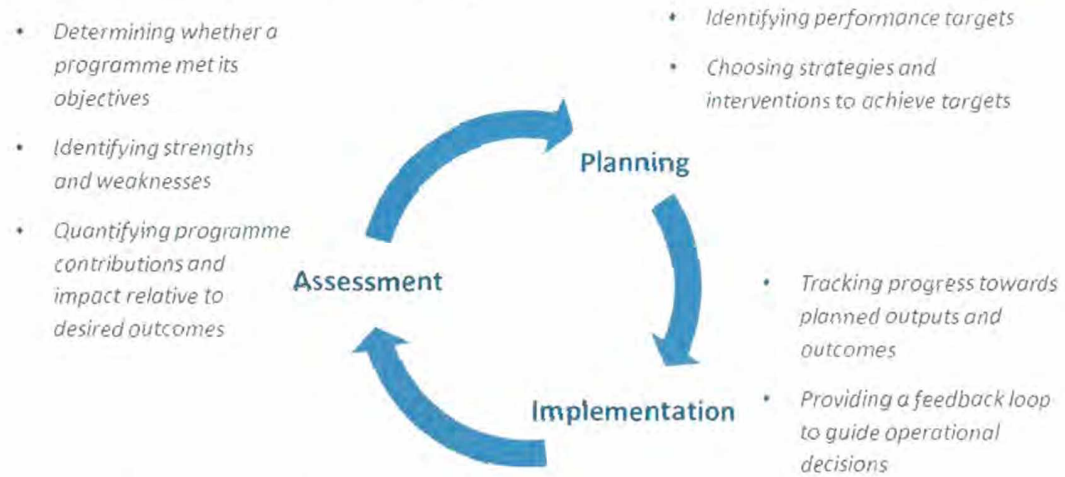

Figure 2: Role of monitoring and evaluation

The adoption of the framework requires that governments, development partners and technical agencies agree on a suite of indicators (national and regional) that will be monitored and reported through the agreed architecture. It is proposed that consideration be given to monitoring the efficiency of the health dollar spent, measured against health outcomes. Once the suite of indicators are agreed this could be presented annually at the Heads of Health meeting.

Once the framework is operationalised at the country level, SPC will provide support to PICTs, if they request it, to assist them to use existing in-country monitoring and evaluation (M&E) structures and systems in order to develop a results framework (indicators, baseline and targets) to measure progress. Introducing parallel structures, systems and separate indicators must not be entertained.

PICTs will not be required to collect data for a list of 'new' indicators specifically for the framework. Rather, data already being collected as part of the M&E frameworks for their national health plans or for specific programmes or projects will be used wherever possible.

In the absence of in-country M&E structures and processes, assistance will be provided to develop the results framework. A guiding principle in providing in-country support is that it must be country driven and owned, with tangible skill transfer outcomes for citizens.

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[5] IHP+, WHO. Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability. Geneva: WHO, 2011.

3.8.2 Outputs and impacts

Outputs are defined as the products or services that result from a development intervention. For example, the number of people trained or the number of training workshops conducted.

Impacts are the long-term consequences of the programme, which may be either positive or negative effects. For example, an improved standard of living.

Intended shorter-term outputs (1–3 years):

Improved processes and systems introduced to address priorities more effectively, and evidence of enhanced alignment of areas of work with priorities (for countries, development partners and regional agencies).

Intended medium-term outputs (4–7 years):

Improvement in the delivery and range of health services available and enhanced capacity of health care professionals in PICTs.

Intended long-term impact (8–15 years):

Improved health in PICTs – as reflected by improving indicators for disease burden (non-communicable diseases, communicable diseases, sexual and reproductive health and injuries) – as well as improved health systems.

Table 1: Common framework for monitoring, evaluating and reviewing national plans and strategies

	Inputs	Processes	Outputs	Outcomes	Impacts
Indicator domains	**Policies** Disease control Disease treatment & care Access fees **Plans** Coherent, prioritised and funded **Human Resources** **Financing** Domestic sources International sources **Infrastructure**	**Implementation of plans** Strengthening health systems Scale-up of priority interventions **Capacity building** Organisational relationships, infrastructure, staff competencies **Accountability** Performance monitoring **Harmonisation** Well-coordinated and harmonised support across partnerships	Access to services & interventions Intervention quality and safety	Effective coverage and utilisation of interventions Prevalence of risk behaviours and factors	Reduced morbidity and mortality Improved health outcomes and equity Social and financial risk protection Responsiveness
Data collection	**Administrative sources** Track resources & implementation		**Facility assessments** Quality, coverage	**Population-based sources:** Census, vital registrations, population & health surveys, effective coverage of services, health status, equity **Institution-based sources**: HIS (including surveillance)	
			Facility reporting systems Operational and implementation research		
Analysis & synthesis	Data quality assessment. Estimates and projections. In-depth studies. Use of research results. Assessment of progress and performance, and efficiency of health systems				
Communication and use	Targeted and comprehensive reporting. Regular review processes. Global reporting				

Notes:
Indicator data should be stratified by gender, socioeconomic status, ethnic group and geographical location to capture potential health inequities.
Contextual factors (health determinants): political, economic, social, technological, legal, environmental.

4. Risks and opportunities

Some of the potential risks in achieving the framework's objectives are listed below.

- PICTs' health legislation remains outdated and, even when legislative regimes are current, enforcement challenges are encountered.
- Human resources for health imbalances and shortages continue to hamper service delivery.
- High turnover of PICTs' senior health officials contribute to limited ownership of the framework.
- High turnover of officials in development partner organisations and UN agencies.
- PICTs fail to take ownership of the framework and consider it another initiative that duplicates national actions, and exacerbates an already crowded Pacific health agenda.
- Competing demands within PICTs, coupled with limited staff numbers, capacity and structures to drive and manage the new approach to the delivery of regional services.
- PICTs fail to agree about what services are to be provided regionally.
- Development partners' (regional organisations, multilateral agencies and bilateral donors) priorities and agendas are not aligned with the framework.
- Reduction, deferment or delay of funding from national and development partner sources hampers implementation of the framework.
- Financial and geographical barriers restrict populations' access to health services.
- PICTs' health information systems are unable to provide regular reporting on the framework's monitoring obligations.
- Lack of or outdated essential drugs list (EDL), essential medical consumables list (EMCL) and national medicine policies in PICTs.
- PICTs are unable to procure, maintain or fund EDL and EMCL.
- PICTs have limited ability to fund routine maintenance and repair of medical equipment and infrastructure.

Each of these risks falls under at least one of the six health system building blocks, and PICTs are encouraged to review these, in addition to other risks identified at the national level, to prioritise these and to invest the appropriate resources to adequately resolve them.

5. Operationalising the framework

A key feature of the framework is its endeavour to complement and use existing national health planning and reporting platforms, rather than to recommend new structures or parallel systems. It is intended that PICTs will use the framework to guide the development, review and updating of national plans, strategies and specific programmes.

Annex 1: Context of health challenges in PICTs

In the lead-up to the 20th anniversary of the Pacific Health Ministers Meeting, held on Yanuca Island, Fiji, in April 2015, WHO commissioned a review of Healthy Islands in the Yanuca Island Declaration. The review's findings were reported in *The First 20 years of the journey towards the vision of Healthy Islands in the Pacific.*[6]

The review found that Healthy Islands has remained an inspirational vision for health development in the Pacific, and has been championed by health ministers and senior health officials across the Pacific. Its application has varied across PICTs, according to national contexts and priorities. Healthy Islands also served as a platform to engage and forge partnerships across governments, non-governmental and civil society organisations and development partners.

The health of Pacific peoples has improved over the last 20 years, with child survival rates and life expectancy increasing. The region has reduced the burden of lymphatic filariasis and reduced chronic hepatitis B infection rates among the younger generation, while remaining polio free despite continuous threats of the disease's importation.

PICTs are confronting development challenges on a number of fronts. Economic growth has been sluggish, with the exception of Nauru and Papua New Guinea during certain periods. Poverty and inequality are increasing, indicating an uneven distribution of wealth. The ocean, which sits at the core of Healthy Islands and the Pacific identity, is rapidly absorbing carbon dioxide, and sea levels are rising markedly, as the result of human activities elsewhere, threatening the very existence of some Pacific island states.

With the support of development partners, innovative approaches to non-communicable diseases (NCDs) are being applied across the region, and there is a concerted effort to enlist wider government and intersectoral support to meet these challenges. Considerable progress has been made in a number of areas, notably tobacco control. The magnitude and long-term nature of the NCD epidemic is such that these efforts may take decades before they have an impact on health outcomes.

Over the last 20 years Pacific health systems have made some progress. An increase in the medical workforce is anticipated, due to the efforts of both regional and global training institutions. Governments are gradually increasing their investments in health services. However, the rate of increase in total health expenditure per capita over the past 20 years is lower than the world average.

Prevention efforts have strong donor support – but often on a time-limited project basis – while governments have focused their resources on clinical health service delivery. This has led to strong but unsustained growth of some preventive programmes, and a longer-term imbalance between preventive and curative care. Funding difficulties, coupled with a lack of skilled health workers in the right places, has meant that health system development has been patchy, with significant success in some programmes, but a weakening of rural health services in many countries.[7]

PICTs are spread across a region roughly four times the size of China (36 million square kilometres), 98.5% of which is covered by ocean and only 1.5% by land (551,483 square kilometres). Most PICTs have small populations, and the tyrannies of distance and geographical isolation, difficulties in transportation and communication, narrow economic bases, and high unit costs for most goods and services, epitomise the reality of life in PICTs. The effect of the global economic crisis has been to impose considerable additional burdens on the island economies. Moreover, the region remains highly vulnerable to natural disasters – a challenge that is being exacerbated by climate change. These contextual issues have a direct impact on the health and the health responses in the region.

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[6] Unpublished paper. Matheson, D. The First 20 Years of the journey towards the vision of Healthy Islands in the Pacific. 2015.

[7] As above.

PICTs also face many challenges within the health sector. These include: overcrowding of the health agenda by global and regional issues, a lack of focus on the implementation implications arising out of the diversity in the region, the implementation gap, donor dependency, suboptimal multi-sectoral cooperation, and issues related to health financing. These systemic challenges undermine the efforts to address medical challenges, such as the double burden of the non-communicable disease crisis and communicable diseases (CDs).

Figure A1, below, shows the populations and ethic groupings (Melanesia, Micronesia and Polynesia) in the region, with the exception of PNG. (PNG has been omitted as its population size (7 million) would result in a loss of detail for the other states.)

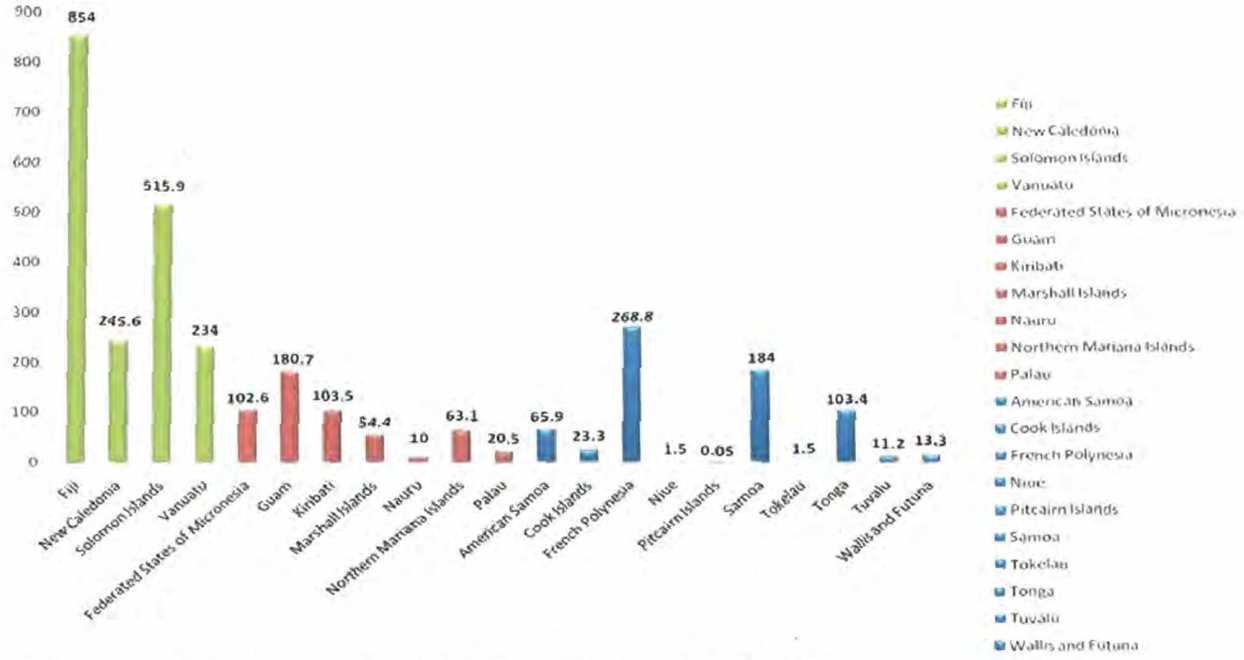

Figure A1: Pacific Island countries and territories 2011 population (in '000s)

Source: WHO Country Health Information Profiles (CHIPS) 2011

Eleven of the 22 PICTs have populations of less than 100,000 people, while six have populations of less than 15,000. These low numbers, associated with the challenges of distance, call for a very specific health service response.

PICTs face constant human resources challenges. The implication of the high cost of training often means that lower-than-desired numbers of people receive training opportunities. A survey carried out by the Strengthening Specialist Clinical Services in the Pacific (SSCSiP) programme in 2012, to look into clinical doctors, found that the number of local clinical doctors per 100,000 in selected PICTs ranged from 1.1 to 15.4. Once expatriate clinical doctors were added, this number increased to between 2.4 and 30.8, as reflected in Table A1. Anecdotal evidence indicates that staffing levels for public health doctors is even lower, which has implications for the implementation of primary prevention measures and primary health care.

Once health professionals are in country, the challenges of relatively low remuneration, limited post-graduate training opportunities, retention and labour mobility (brain 'drain', 'gain', 'sharing') come into play. With the advent of labour mobility, health professionals migrated to the traditional markets of New Zealand and Australia, but over the past few years regional organisations and, more recently other PICTs, have become viable destinations for staff (usually on development partner-funded posts).

Table A1: Clinicians in selected PICTs

Country	No. of local clinicians	No. of local clinicians/ 100,000	No. of local & expat clinicians	No. of local & expat clinicians/ 100,000
Fiji	355	4.2	393	4.7
Vanuatu	27	1.1	35	1.4
Samoa	55	3.0	65	3.5
Kiribati	18	1.7	25	2.4
Tonga	44	4.3	44	4.3
Cook Islands	15	10.6	25	17.6
Tuvalu	7	6.6	9	8.5
Nauru	2	2.1	9	9.7
Niue	2	15.4	4	30.8

Source: Strengthening specialist clinical services in the Pacific (SSCSiP) 2012

PICTs are the epicentre of the NCD epidemic, with some islands having the highest rates of obesity and its sequel, diabetes, in the world. The 2011 Forum Leaders Meeting issued a Statement on NCDs, expressing the leaders' deep concerns that the incidence of NCDs has reached epidemic proportions, and has become a 'human, social and economic crisis' requiring an urgent and comprehensive response. This echoes the 2011 Honiara Communiqué on the Pacific NCD Crisis, where Pacific health ministers expressed that they are gravely concerned about the rapid increase of NCDs in the Pacific countries, stating the need for urgent attention.

The burden of NCDs is reflected by the fact that almost all of the 10 countries with the highest prevalence of obesity and diabetes in the world are PICTs. The highest prevalence of overweight and obesity is 94%, and of diabetes, 47% (both occurring in American Samoa) (see Table A2).

Table A2 shows overweight, obesity and diabetes prevalence in selected PICTs, as reflected by the WHO STEPwise approach to surveillance ('STEPS') surveys. The surveys were carried out between 2002 and 2011, and indicate the high prevalence of NCDs in PICTs. In addition, mortality attributable to NCDs is also included, as reported by the WHO NCDs Country Profiles 2011.

Table A2: Selected indicators for burden of NCDs in selected PICTs

Country (year of STEPS survey)	Prevalence of overweight and obesity (%)	Prevalence of obesity (%)	Prevalence of diabetes (%)	Proportional mortality – attributable to NCDs (%)
Fiji (2002)	29	18	16	77
Marshall Is (2002)	63	32	30	73
Cook Islands (2003)	89	61	24	74
American Samoa (2004)	94	75	47	N/A
Kiribati (2004-06)	82	51	28	69
Nauru (2004)	82	58	23	70
Tokelau (2005)	86	63	34	N/A
FSM Chuuk (2006)	63	35	18	67
Solomon Islands (2006)	67	33	14	60
French Polynesia (2010)	70	40	7	N/A
Niue (2011)	86	61	39	72
Vanuatu (2011)	51	18	21	70
Tonga (2012)	91	68	34	74
Samoa (2013)	89	63	50	70

Source: Country-specific WHO STEPwise surveys (various years)

Many countries are also still grappling with a high burden of CDs, typified by the fact that tuberculosis continues to be a significant challenge in some PICTs, and some countries are unlikely to meet the maternal and child health-related Millennium Development Goals (MDGs). For many PICTs the double burden of disease (NCDs and CDs) remains a reality.

A majority of PICTs' national budgets have very narrow financing sources, which has resulted in intense competition among line ministries over budget share. This has caused some ministries of health to seeking and relying on development partner budgetary support for operational expenses which was not common two to three decades ago.

The onus is therefore on ministries of health to determine the scope of health services (based on disease burden) they can provide to the public with the limited resources at their disposal. The range of services that can be afforded in each PICT will vary. Once the degree of provision of health services is determined, it is anticipated that PICTs will use these as a basis for training the health workforce required to deliver the agreed services. The nursing profession are the backbone of any health service, and it would be prudent for PICTs to continue to increase investment in the nursing and midwifery workforce.

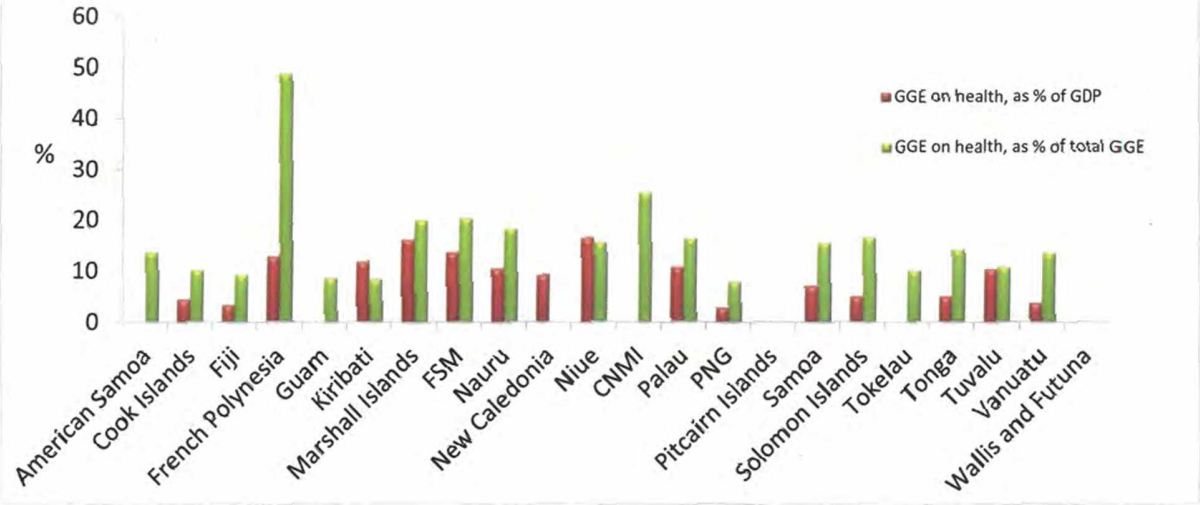

Figure A2: Government expenditure on health, as a percentage of GDP and GGE

Notes:
GGE = General government expenditure

Source: WHO 2011 Country Health Information Profile

Table A3: Government expenditure on health, as a percentage of GDP and GGE

Country	GGE on health, as % of GDP (%)	GGE on health, as % of total GGE (%)
American Samoa	0	14
Cook Islands	5	11
Fiji	4	9
French Polynesia	13	49
Guam	0	9
Kiribati	12	9
Marshall Islands	17	20
Federated States of Micronesia	14	21
Nauru	11	19
New Caledonia	10	0
Niue	17	16
Northern Mariana Islands	0	25
Palau	11	17
Papua New Guinea	3	8
Pitcairn Islands	0	0
Samoa	7	16
Solomon Islands	5	17
Tokelau	0	10
Tonga	5	15
Tuvalu	11	11
Vanuatu	4	14
Wallis and Futuna	0	0

Notes:
GGE = General government expenditure

Source: WHO 2011 Country Health Information Profile