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Foreword

The biennial Meeting of Ministers of Health for the Pacific Island Countries organized jointly by the WHO Regional Office for the Western Pacific and the Secretariat of the Pacific Community is the major venue to review progress in public health, identify emerging challenges and map new directions in the Pacific. These meetings are eagerly anticipated not only by Ministers of Health and senior officials, but also by a wide range of health partners. The meetings build upon the vision of “healthy islands” developed in 1995 at our inaugural meeting in Yanuca, Fiji, and are characterized by the generous hospitality of the host country.

The most recent meeting of Ministers of Health, held in Port Vila, Vanuatu, on 12–15 March 2007, continued this rich tradition. The meeting opened with a review of the progress towards the goals outlined in the *Samoa Commitment*, which emerged from our March 2005 meeting in Apia, Samoa. The Ministers noted significant progress on many fronts.

Our discussions in Vanuatu focused on the persistent and emerging health challenges in the Pacific, including pandemic preparedness and the capacity to respond to disease outbreaks. The health workforce continued to be a major concern, with much attention given to efforts to train and retain health professionals. Ministers agreed that funding must be increased if we are to bolster fragile health systems. They also noted the need for better coordination and harmonization among the growing number of health programmes and interventions.

We all agreed that the unique situation of Pacific island countries and areas presents opportunities for cross-border and regional approaches to common health system challenges, including early warning and notification systems for disease outbreaks, the management of medicine supplies, and the need to provide specialist medical services. Common approaches should lead to greater efficiency and effectiveness, and make it easier to interest external partners and donors.

The Ministers took note of the key regional and global health initiatives and strategies that the Pacific island countries have become party to since our previous meeting in Samoa, including the revised International Health Regulations (2005), the *Asia Pacific Strategy for Emerging Diseases* and the *WHO Regional Strategy on Human Resources for Health*.

The extensive discussions among the Ministers of Health in Vanuatu lead to a consensus on the way forward and on key actions to be taken by all countries to meet the challenges we face. These plans are enshrined in the *Vanuatu Commitment*, which you'll find summarized on the following pages. The *Vanuatu Commitment* reaffirms that the vision of healthy islands remains relevant in promoting, improving and achieving better health for all people of the Pacific.

In addition, the meeting achieved important milestones, including the endorsement of the *Pacific Code of Practice for the Recruitment of Health Workers* and a commitment by the Ministers to implement Pacific and regional strategies on HIV/AIDS, emerging diseases and noncommunicable disease prevention and control, with innovative "whole-of-society" and "whole-of-government" approaches. The Ministers also agreed to further explore the concepts of a framework for health priorities in the Pacific and a Pacific health fund.

I applaud the strong commitment and visionary leadership of the Ministers in advancing the health of their people. WHO is committed to working with our friends at the Secretariat of the Pacific Community, the Pacific island countries and areas, partner agencies, donors, nongovernmental organizations and other stakeholders in pursuing the goals of the *Vanuatu Commitment* as we all work towards the vision of healthy islands.



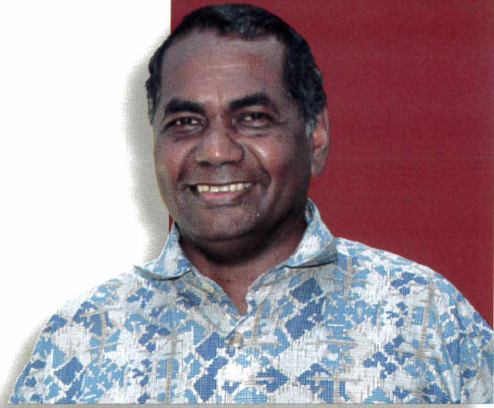
A handwritten signature in black ink, reading "Shigeru Omi".

Shigeru Omi, M.D., Ph.D

WHO Regional Director
for the Western Pacific

Foreword

The vision of “healthy islands” agreed to by Ministers of Health for the Pacific Island Countries at their inaugural meeting 12 years ago continues to be the foundation for subsequent ministerial declarations and commitments aimed at achieving better health for the people of the Pacific islands. The vision is enshrined in the “Yanuca Island Declaration” of 1995.



The meeting, hosted by the Government of Vanuatu in March 2007, was jointly organized by the WHO Regional Office for the Western Pacific and the Secretariat of the Pacific Community (SPC).

The meeting was the first opportunity for Pacific Ministers of Health to gather since the endorsement of the Pacific Plan for Strengthening Regional Cooperation and Integration by Pacific Islands Forum Leaders. It is worth noting that the conclusions and recommendations of previous meetings of the Ministers of Health for the Pacific Island Countries, which led to the 2003 *Tonga Commitment* and the 2005 *Samoa Commitment*, helped shape the health component of the Pacific Plan. It was therefore fitting that the collective wisdom of the region’s Ministers of Health was again sought to establish the future direction of health in our region.

The Ministers reaffirmed the importance of continued vigilance in three thematic areas that have commanded attention at the six preceding meetings: the increasing burden of noncommunicable disease; the persistent burden of infectious diseases; and the challenge of strengthening health systems. In addition, the Ministers agreed on a number of key decisions to enhance the capacity of countries and territories to better manage their health services.

As joint organizers of this important biennial meeting, SPC is pleased and privileged to have been accorded the opportunity for greater partnership in health in the Pacific region by the WHO Regional Office for the Western Pacific and by Pacific Ministers of Health. Helping countries and territories of the Pacific island region achieve better health was one of the key mandates given to SPC in its founding document, the Canberra Agreement, at its establishment on 6 February 1947.

We are committed to working closely with the WHO Regional Office for the Western Pacific and its respective subregional and country offices, ministries and departments of health in our member countries and territories, and other partners to achieve the vision of healthy islands.

I wish to pay tribute to all Ministers of Health and delegations to the seventh Meeting of the Ministers of Health for the Pacific Island Countries for your vision and guidance in moving the health sector in the Pacific islands region closer to our common goal of healthy islands.

The eighth ministerial meeting will take place in Papua New Guinea in two years time. The collective responsibility for shaping the health structures of our region remains in our hands. The challenge before us is clear: "How do we ensure that our decisions of today best safeguard the lives of future generations of Pacific island people?" The *Vanuatu Commitment* has provided a basis for answering the question.



Dr Jimmie Rodgers
Director-General, SPC

Introduction



The inaugural meeting of the Ministers of Health for the Pacific Island Countries in Yanuca, Fiji, in 1995 laid out a vision of “healthy islands” that has guided public health in the Pacific for the past dozen years. Subsequent meetings led to the *Tonga Commitment* of 2003 and the *Samoa Commitment* of 2005, in which Pacific Ministers of Health further refined that vision and identified new challenges and opportunities.

When the Ministers meet in Port Vila, Vanuatu, on 12–15 March 2007 for their seventh biennial meeting, they noted the significant progress made in implementing the recommendations of the *Tonga* and *Samoa Commitments* and further committed to the pressing health issues that confront the people of the Pacific island countries and areas.

Once again, noncommunicable disease prevention and control were a major concern for the Health Ministers, who recognize that “lifestyle diseases” such as diabetes, hypertension and obesity are no longer a problem for only the wealthiest of nations. The Health Ministers favourably reviewed the resolution on noncommunicable disease prevention and control adopted in September 2006 at the fifty-seventh session of the WHO Regional Committee for the Western Pacific.

Infectious diseases also remain a real burden for Pacific island countries, and the Ministers committed to using the *WHO Asia Pacific Strategy for Emerging Diseases* as a tool to implement pandemic preparedness measures, including the recently revised International Health Regulations (2005), which took effect in June 2007.



The Ministers further committed to strengthen HIV AIDS prevention measures and to work towards universal access to treatment, care and support for those affected.

Health systems strengthening is always a key concern in the Pacific, and the Ministers agreed on a number of important decisions intended to enhance the capacity of countries and areas to better manage their health services.

The Ministers endorsed both the Pacific Code of *Practice for Recruitment of Health Workers* and the *WHO Regional Strategy on Human Resources for Health (2006–2015)*. In addition, they agreed to further explore the concepts of a “framework for health priorities in the Pacific region” and a “Pacific Health Fund”. They also agreed on the need to fast-track food fortification measures in the region.

These commitments and decisions make up the *Vanuatu Commitment*, another step forward in our collaborative efforts to deliver on the ideal of healthy islands first envisioned a dozen years ago.

The following pages present a review of progress towards the *Tonga and Samoa Commitments*, and present the key findings and recommendations contained in the *Vanuatu Commitment*.

Review of Progress towards the *Tonga and Samoa Commitments*

Significant progress has been made on implementing the recommendations of the *Tonga and Samoa Commitments*.

The Pacific remains polio free, and nearly all countries have embarked on measles elimination. Coverage rates for the first rounds of measles immunization have been approaching 95%. But there are still problems in the remote areas of Papua New Guinea and in some remote island groups elsewhere in the Pacific. Even with these obstacles, measles elimination is feasible by 2012.

In Fiji, high measles immunization coverage and the efficient dissemination of information by the Pacific Public Health Surveillance Network were credited with quickly containing a major epidemic in 2006 and preventing its spread to neighbouring countries.

Thirteen countries and areas are in the process of deciding whether to include hepatitis B vaccinations as part of their regular immunization programme.

Pacific island countries and areas are making some progress in implementing mental health activities. Samoa has a national mental health policy and supporting legislation. Cook Islands has established a new mental health division, and the Marshall Islands has established a mental health programme targeting suicide prevention. French Polynesia is particularly concerned about mental health problems among children and teenagers. Other countries and areas expressed the need to further develop capacity for mental health.

The Pacific Open Learning Health Net (POLHN) is recognized as a valuable contributor to capacity-building in the region. A number of countries already have set up POLHN centres and look forward to an expanded selection of courses.

All countries expressed the need to prioritize environmental health issues. These include safe water supply, sanitation, climate change, and clinical and solid-waste disposal. A number of countries reported having implemented activities for medical waste disposal. Samoa provided an example of a safe water strengthening programme, and Tuvalu has started a programme of regular water testing.



Dengue was identified as a major communicable disease problem in the region resulting in significant morbidity and severe economic losses, particularly for tourism. But since the last meeting of the Ministers of Health for the Pacific Island Countries in 2005 in Samoa, the proposed regional dengue initiative has not materialized. The need for effective surveillance systems was recognized as a key issue related to dengue, as well as other new and emerging diseases.

There has been some success in implementing vector control for dengue. French Polynesia reported a successful programme of vector surveillance and control that had significantly reduced the impact of a recent outbreak. Australia pointed to its successes in controlling dengue in Northern Queensland, which could have implications for similar settings in the Pacific. Australia encouraged the development of a regional dengue initiative and offered to share its dengue management plan.

Despite recognition of significant progress, it is important that countries evaluate the success of the various regional programmes and strategies. A trigger mechanism was suggested as a way to alert countries to the need to measure the performance and progress of their health programmes.

Prevention and Control of Noncommunicable Diseases

Key Findings

The *Vanuatu Commitment* reaffirms the priority given to the prevention and control of noncommunicable diseases (NCD) in the *Samoa* and *Tonga Commitments* and at other previous meetings. It also recognizes the resolution adopted on noncommunicable disease prevention and control at the fifty-seventh session of the WHO Regional Committee for the Western Pacific in September 2006.

Recently published results of STEP surveys conducted in 15 countries provided clear evidence of the problem. The increasing noncommunicable disease burden will not only lead to premature death and disability for thousands of people, but could also threaten to overwhelm health resources and services already stretched thin. The Ministers expressed their commitment to address the problem, while recognizing that most countries do not have the capacity to deal with the NCD epidemic.

- STEPS data has provided an evidence base for planning interventions. This is the first time that countries have had such a comprehensive data set on NCD risk factors, which can be used to formulate policy and initiate activities. Plans should not remain on the shelf. Resources continue to be a problem, but capacity for implementation and the lack of innovative approaches are real constraints.
- There is clear need to communicate more effectively the risk of unhealthy lifestyles. Even though a large information base exists, it is not getting to where it is needed. Social marketing may be one way to improve communications. Messages such as “Eat Local” need to be linked to local situations. Part of the problem is food of little nutritional value marketed by multinational companies.
- Health staff should set the example for healthy lifestyles.
- Some countries, recognizing the importance of improving health promotion, have established health promotion foundations funded by alcohol and tobacco taxes, direct government contributions or other sources.
- Human resources are key in the battle to control NCD.

The economic cost of noncommunicable diseases for most countries is huge, and leads to a reduced quality of life for the workforce. Noncommunicable diseases are diseases of poverty that have great influence in determining the wealth of a nation.

Recommendations

1. Apply “whole-of-society” and “whole-of-government” approaches to NCD prevention and control.
2. Convene a Food Summit at the Pacific regional level or at the subregional level with representatives from concerned ministries such as Health, Agriculture, Trade and Finance. The potential scope and desired outcome of such a meeting should be determined in consultation with the Pacific island countries.
3. NCD programmes should adopt comprehensive approaches that include both regulatory (pull) and health promotion (push) activities to achieve success.
4. Find more effective ways to communicate the risk of unhealthy lifestyles through:
 - a. social marketing in all settings, including schools;
 - b. the “Eat Local” theme;
 - c. more effective sharing between countries of material on advocacy, such as healthy lifestyles and tobacco control, for use on radio and television in small island countries without the capacity to develop such material; and
 - d. continue primary prevention “best practices”.
5. National leaders, Ministers, health workers and public servants should serve as role models and examples of healthy lifestyles.
6. To help overcome the lack of capacity in a Ministry of Health for NCD prevention and control, there should be greater use of joint teams from different departments in the Ministry of Health and from other ministries.

The Asia Pacific Strategy for Emerging Diseases, including International Health Regulations (2005) and Pandemic Influenza Preparedness

Key Findings

The Asia Pacific Strategy for Emerging Diseases (APSED) can serve as a tool for implementing newly revised International Health Regulations (2005).

The International Health Regulations (2005) are a global legal framework for preventing and responding to the international spread of diseases. The IHR (2005) entered into force in June 2007. All Pacific island countries already have designated their National IHR Focal Points.

Countries expressed a need for strengthening their capacity for detection and response to outbreaks.

- A country should be able to detect a public health event and report it in a timely manner. Timeliness is essential for a successful response.
- Effective and practical means of communications in the Pacific are necessary to comply with IHR (2005).
- Currently, response capacity in many countries is not sufficient. However, there are existing systems available such as the Global Outbreak and Alert Network (GOARN) and the Pacific Public Health Surveillance Network (PPHSN).
- Sharing information early is important, as is collaboration for laboratory confirmation. There are existing mechanisms, such as PacNet and LabNet, which can be used to support these activities.

A STEPwise approach for development of core capacities is practical.



Strengthening influenza pandemic preparedness

An influenza pandemic is a global epidemic caused by a new subtype of the influenza virus. Pacific island countries and areas are not free from the threat of pandemic influenza. Countries expressed the need to further strengthen their preparedness.

- Most countries now have a national pandemic preparedness plan, but some indicated the need to harmonize plans across different sectors. These include the animal and human health sectors but also other essential sectors such as food supply, energy and communications.
- Although some countries already have carried out exercises to test their plan, most countries have not.
- Training of core staff is needed.
- Early detection and reporting are keys for a successful response.
- Non-pharmaceutical (“classic”) public health interventions, such as social distancing and institutional closures, are the most important part of any response to a pandemic. While antiviral drugs may be important, they are not the mainstay of an intervention.

Pandemic preparedness should be utilized as an opportunity to strengthen core capacities required under IHR (2005).

Recommendations

1. National and local core capacities for surveillance and response required under IHR (2005) should be strengthened through implementation of APSED:
 - a. Awareness about IHR (2005) and APSED should be increased.
 - b. Existing capacities, using APSED-based checklists adapted to the Pacific islands situation, should be assessed.
 - c. Plans of action (APSED workplan or equivalent) should be developed.
 - d. PPHSN and other existing mechanisms to supplement country capacity-building should be utilized.

- e. The active participation by Pacific island countries and an enhanced role for the Pacific Regional Influenza Pandemic Preparedness Project in helping Pacific island countries better prepare for pandemic influenza and other emerging diseases should be encouraged.
2. Effective communication channels and operational links should be established and practical arrangements should be made to comply with IHR (2005) in the Pacific:
 - a. Operationalize National IHR Focal Points and practical arrangements with relevant countries.
 - b. Enable notification to WHO within 24 hours of assessment.
 - c. Verify events when WHO requests.
 - d. Share information, through PPHSN when practical.
 - e. Coordinate response with WHO, SPC and other partners.
 - f. Build core capacity through existing mechanisms, such as PPHSN.
 3. The importance of pandemic preparedness should be further recognized by Pacific island countries, as well as the role of the Pacific Regional Influenza Pandemic Preparedness Project, in helping Pacific island countries better prepare for pandemic influenza.



Human Resources for Health, the *Pacific Code of Practice for Recruitment of Health Workers* and the *Regional Strategy on Human Resources for Health 2006–2015*

Key Findings

The shortage of health workers is a chronic problem for Pacific island countries mainly due to the inadequate numbers of health workers being trained. The shortage is compounded by the migration of health workers. The average health worker density for all Pacific island countries is about 3 per 1000 population, compared to much higher densities of more than 10 per 1000 population in developed countries such as Australia and New Zealand.

The education system in some Pacific island countries does not equip students with basic sciences, math and English levels needed for entry into health professional education and training courses. Other common human resources for health (HRH) issues in Pacific island countries include imbalances in the skill-mix and distribution of workers; lack of effective HRH planning and management compounded by unreliable and inadequate workforce information management systems; low salaries and wages; poor working environments; limited monetary and non-monetary incentives; and the lack of professional development, especially for workers in rural remote areas. In most countries, national health workforce strategies and plans are not sufficiently implemented or effectively coordinated among partners and stakeholders. There are certain aspects of HRH, including a regional code of practice for recruitment of health workers, in which a regional approach may be beneficial in view of the unique circumstances of Pacific island countries.

There is an urgent need to address the skill mix imbalances within and between occupational groups in the Pacific region. Although the majority of the health workforce in the region are nurses (more than 50% in most countries and areas), the numbers are not sufficient to meet the primary health care needs of the majority of people, who live in rural areas. Due to a small populations, limited health technology, scarcity of equipment and supplies, and the lack of support services for delivery of clinical specialized care in many areas, nurses and mid-level practitioners have been trained to provide basic diagnostic and curative services that would normally be handled by doctors. This reliance on nurses and mid-level practitioners as frontline workers appears to be suitable and appropriate for most Pacific island countries.



Recommendations

1. Submit the endorsed *Pacific Code of Practice for the Recruitment of Health Workers* to the Pacific Islands Forum to give it more significance and wider recognition within and outside the Pacific region.
2. Governments should support the *Pacific Code of Practice for the Recruitment of Health Workers*, and its application and use in their countries. They also should provide support for the monitoring and evaluation at a regional level of the implementation of the Code in Pacific island countries.
3. Take necessary actions to implement the *WHO Regional Strategy on Human Resources for Health 2006–2007*, in particular:
 - a. Establish or strengthen national governance and management mechanisms to develop reliable workforce data and evidence for policy-making, planning, monitoring and evaluation purposes.
 - b. Ensure that health workforce planning and development are integral parts of national development and health sector planning.
 - c. Use the Strategy as a framework for developing and strengthening country-specific human resources for health policies, approaches and strategic actions, where appropriate.
 - d. Use the national plans to inform and review the Regional Strategy.

4. To increase the number of well-trained health professionals to meet population health needs, it is recommended that attention be given to the following aspects:
- a. Political leaders, governments and partners must view the workforce as an investment to be nurtured, and not as a cost to be minimized.
 - b. Along with strong leadership, there must be a commitment to devote the necessary funds and resources to support the training of health professionals.
 - c. Develop and implement country-specific strategies with short-, medium- and long-term goals.
 - d. Development partners and donors should consider continued investment in the education and training of health workers, as well as salary support for establishing key posts and incentives for the retention of health professionals.
 - e. Explore the establishment of regional mechanisms for addressing common health workforce challenges in Pacific island countries, such as a system for collecting, collating and sharing information about HRH and a regional inventory of skilled health workers.



A review of the *Pacific Regional HIV Strategy* and progress towards universal access to prevention, treatment, care and support

Key Findings

- HIV/AIDS has had a devastating impact on individuals, families, communities and nations across the world.
- Almost 30 million have died and an estimated 40 million are currently living with HIV, mostly in resource-constrained countries.
- HIV/AIDS is not only a health crisis but also fundamentally threatens the development aspirations of those nations most affected.
- Economies have been devastated, and basic social service sectors such as health and education are under-resourced in some countries.
- Pacific island countries and areas, with the exception of Papua New Guinea, are still considered to have low HIV prevalence rates and as such have not experienced great social impact.
- The conditions which have led to rapid HIV transmission elsewhere also exist in the Pacific, including:
 - the high proportion of young people and other vulnerable populations;
 - significant movement of people into, through and out of the region; and
 - high rates of other sexually transmitted infections (STI) and teenage pregnancy.
- Limited economic opportunities and weak economies compound the vulnerability of Pacific island countries and areas to HIV transmission.

Recommendations

1. The support of leaders is essential to move forward and implement the *Regional HIV Strategy*.
2. Further scale up and consolidation of achievements are recommended in the following priority areas:

- a. In compliance with human rights principles and equity values, review and update legislation and policies in relation to HIV/AIDS.
- b. Continue ensuring gender balance and equity in the provision of HIV/AIDS and STI services, as well as the involvement of people living with HIV/AIDS.
- c. Strengthen primary prevention, aiming at adolescent and youth population groups at higher risk of transmission through targeted and sustained behaviour change interventions and condom promotion.
- d. Expand availability and access to HIV/AIDS testing and counselling services.
- e. Building on the progress achieved in implementing second-generation surveillance activities, strengthen capacities for strategic information on HIV/AIDS.
- f. Improve effectiveness in planning, monitoring and resource mobilization for programme interventions that are evidence-based and guided by strategic information.
- g. Enhance existing coordination mechanisms and collaboration to:
 - o facilitate operational links between reproductive health, adolescent health, TB control, blood safety, and HIV/AIDS and STI services; and
 - o promote long-term, sustainable capacity development, with the aid of other sectors development programmes.
- h. Renew efforts for STI prevention and control with a focus on updated strategies for effective interventions.
- i. Support and expand comprehensive services for care, care financing, treatment and support for people living with HIV/AIDS.
- j. Continue strengthening health systems, in particular human resources development, laboratory support, health infrastructure, procurement and supply management, and health information systems.



Food Fortification in the Pacific

Key Findings

Two recent reviews of the information available on micronutrient deficiencies in the Western Pacific Region, conducted by WHO and UNICEF, concluded that vitamin and mineral deficiencies (VMD) are a public health problem in many Pacific island countries. VMD can co-exist in populations that are overweight or undernourished. In particular:

- Nutritional anaemia is the most prevalent VMD disorder found in most Pacific countries. Anaemia affects the cognitive development of children, reduces adult productivity, increases the risk of pregnancy complications and maternal mortality, and impairs immune response. Although specific information on the causes of anaemia in the Pacific are limited, the main causes are thought to be deficiencies of iron, folic acid and other B vitamins and, in some cases, vitamin A and other micronutrient deficiencies. In many countries, parasitic infections, such as hookworm and malaria, are another important cause.
- Iodine deficiency disorders have been documented in Fiji, Papua New Guinea and Vanuatu, while this deficiency is clinically suspected in Solomon Islands and Samoa. Iodine deficiency seriously constrains mental and physical development and productivity. Meta-analyses of IQ studies show losses of 10 to 15 IQ points in populations with moderate to severe iodine deficiency.
- Vitamin A deficiency has been reported as a public health problem in Kiribati, Papua New Guinea, the Federated States of Micronesia and the Marshall Islands.

A WHO review in 2002 of VMD and opportunities for food fortification in the Western Pacific Region and two WHO-supported studies in 2006 identified wheat flour and rice, as well as their byproducts, and possibly salt and oil, as good vehicles for food fortification in the Pacific. The studies also determined the regulatory and legislative requirements for fortification. A March 2006 workshop, sponsored by WHO, SPC, UNICEF and the United States Centers for Disease Control and Prevention, recognized that VMD is a public health problem in the Pacific and recommended various interventions, including fortification.

Programmes for the prevention and control of anaemia rely on four main strategies: dietary improvement; supplementation; fortification; and helminth and parasite control. Usually, no single programme component is sufficient to prevent and control anaemia. Fortification is an important component, which has the major advantage of improving nutritional status without requiring changes in diet. Instead, fortification puts back into staple foods, such as wheat and rice, these essential minerals and vitamins, 90% of which are usually removed by refining cereals and removing the outer layers of the grains.

For decades, fortified flour has put additional iron into diets in the United States of America and Canada, providing about a quarter of daily iron intake. At present 52 countries add iron and folic acid to flour, representing about 26% of output from the world's flour mills. A regional fortification programme has been established in Central America, and similar initiatives are developing in central, eastern and southern Africa and the Middle East. Fiji legislated mandatory fortification in 2004, and the flour exported from the Fiji mills to other Pacific nations also is fortified. Flour imported from Australia and New Zealand is generally not fortified while that from the United States is. Ministers of Health of Australian states and territories and of New Zealand have asked the Food Standards Authority of Australia and New Zealand to make flour fortification with folic acid mandatory.

Inexpensive technologies are now available to fortify rice with iron, zinc, vitamin A, folic acid and other B vitamins. Cooking oil is increasingly being fortified with vitamin A. In China and Viet Nam condiments such as soy and fish sauces are being fortified with iron on a large scale. Universal salt iodization has been legislated in over 120 countries and is the single most successful fortification programme globally. In the Pacific, universal salt iodization has been adopted in Fiji and Papua New Guinea and could easily be adopted by other Pacific countries.

Fortification is not the only solution to iron and other deficiencies, as adding iron and other micronutrients to widely consumed foods can only provide a proportion of daily requirements. Improving nutrition from locally available foods remains a major component of the strategy for Pacific island countries. However, fortification of staple foods like flour and rice for populations known to have VMD should become a matter of routine milling practice.

Recommendations

1. Recognize that nutritional anaemia and iron, iodine, vitamin A and folate deficiencies are public health problems in many Pacific island countries.
2. Support in principle the establishment of a regional fortification programme for the Pacific island countries to help alleviate VMD in the Pacific.
3. Agree to the creation of a formal Pacific Fortification Partners Group (membership to be confirmed) and call for nominations from Ministers to lead the group.
4. Favour the development of a workplan by the Pacific Fortification Partners Group, the first step of which is the establishment of regional fortification standards for selected foods, considering not only iron and folate but also iodine, vitamin A and fluorine deficiencies.
5. As an intermediate step towards a Pacific Food Summit, Ministry of Health staff from the Pacific Island countries should present the Pacific Food Fortification Programme at meetings of Ministers of Agriculture and Trade.



A Health Strategy for the Pacific and the Pacific Health Fund



The Ministers of Health noted with appreciation the work undertaken by the Secretariats of SPC and WHO on the request of the Pacific Islands Forum leaders to examine the possibility of a Pacific Health Fund and noted the subsequent work on a proposed Pacific health framework and strategy.

The Ministers, however, expressed concerns with the process to date, in particular the lack of consultation and the subsequent impression of a lack of ownership by the Pacific island countries, a feeling that the process had been rushed, that there already are too many strategies, and a concern that this work must not duplicate existing work.

The Ministers noted the principles of the Pacific Plan to strengthen regional cooperation and the Pacific Island Forum Leaders Communiqué regarding a Pacific Health Fund. The benefits of regional cooperation, as well as the need to develop regionally and nationally appropriate responses to Pacific health needs, also were noted.

The Ministers therefore request the Secretariat to:

1. restart the process with additional consultations with Ministers of Health of the Pacific island countries in order to develop possible mechanisms that will strengthen regional cooperation in health without duplicating work already undertaken and noting the many concerns raised; and
2. continue work on possible mechanisms that will facilitate additional funding of regional and national health priorities and gaps in the Pacific through a Pacific Health Fund that will not detract from existing relationships and prepare a report which the Ministers of Health from Pacific island countries can discuss in September 2007.



