

60TH ANNIVERSARY CONFERENCE 37th CRGA CONFERENCE DU 60e ANNIVERSAIRE 37e CONFERENCE

SPREP – SOPAC – SPC Consultations

May 2008, Suva

Public Health Programme (PHP)
Social Resources Division, (SRD)
SPC

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Aim

Aim: to improve the overall standard of health of Pacific Island peoples. It works across numerous public health fields, particularly communicable and non-communicable diseases and public health policy.

The Public Health Programme (PHP) has **SEVEN** sections

- o Adolescent Health and Development
- o Global Fund (HIV/AIDS, Malaria and Tuberculosis)
- o Healthy Pacific Lifestyles (non-communicable diseases)
- o HIV and STI
- o Public Health Surveillance and Communicable Diseases Control
- o Tuberculosis Control Section
- o Health Management Team (supporting the above)

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PHP Key Facts

- 63 staff (Headquarters, Suva Regional Office, Pohnpei Office and individual officers in other countries)
- 2008 budget: > USD 15 million
- Primary clients...Ministries of Health/officials, Health Networks, Community Health Centres, Ministries of Education, Health Training providers, NGOs working in the sector
- Implementing Pacific Plan 6.1, MDG 4, 5, 6

SECTION HIGHLIGHTS

PUBLIC HEALTH PROGRAMME

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Adolescent Health & Development (AHD)

- o Office in SPC Suva
- o Development of Family Life Education
- o School-based clinics and youth friendly clinics;
- o Regular in-country visits and workshops;
- o An operational network of in-country coordinators supported through liaison staff in health ministries,
- o Work with NGOs,
- o High level advocacy provided through Pacific parliamentarians
- o Sexual and Reproductive health is a priority (MDG)
- o An independent review of the project has been completed
- o Development of a new strategic plan and joint UNFPA-UNICEF-SPC AHD project 2008 – 2012;
- o Programme alignment with HIV and HDP activities
- o Secured funding commitment

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Global Fund

- o By 2006, the section had managed a total of four grants for a combined value of some **USD 15.7 million dollars over five years.**
- o Four grants managed by the section have consistently shown excellent performance outputs & impact over the years despite many constraints

Speedy response: the earthquake and subsequent tsunami in Solomon Islands

To prevent a malaria outbreak the PR Section was able to undertake:

- o significant reprogramming to cater for emergency needs and accelerate planned workplan activities
- o Establishing a M & E / surveillance system
- o Heavy involvement in the urgent procurement and logistics of supplying additional insecticides and equipment
- o Establishing formal links and communication with the Disaster Management Committee and UNISAT.

The section received strong commendation from the SI Government

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Pacific Lifestyles

A Renewed commitment in a neglected area

- o from MOH (Vanuatu Commitment), Forum leaders and development partners (Australia, France and NZ) in 2007 based on SPC HPL strategy
- o Pacific Framework for NCD prevention and control..4 year joint Pacific Framework proposal for NCDs with WHO joint team approaches (concept 2-1-22)
- o Development of NCD Plans and Nutrition policies and plans in countries,

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HIV & STI

A Challenging year for the "flying doctors"

- o Managing the section expansion;
- o Planning and discussing with AusAID and Burnet/IDSS the integration of the PRHP (transition phase);
- o Beginning development of the phase II of the PRSIP.
- o More focus on countries : expanding in country and field activities

Next steps :

- Decentralisation , in country coordinators,
- Move beyond coordination of separately developed implementation plans to joint planning within a common programme framework
- Joint team approaches with partners,
- Networks of health professionals
- Universal access to treatment
- Increased emphasis on assessment and strengthening of systems, programme implementation and monitoring

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PHS - CDC

Public Health Surveillance and Communicable Disease Control

Pandemic Preparedness Planning:

- PPHSN Operational axes – growing no. of services over the last 10 years

Priorities:

- o Capacity development in countries
- o Increased institutional support and collaboration with WHO
- o Communication and advocacy strategy with UNICEF

PACNET (1996)– early warning & communication for epidemic threats

LABNET (2000)– identification and confirmation: 3 tier network of lab services (1 – national/territorial labs; 2-selected 4 labs providing diagnostic services to other countries; 3 – reference labs

EPINET (2001) – response, incl. preparedness. established 2001, response arm via country based Epinet teams

PICNET (1998)– for infection control

Note: training ongoing in all these areas: 1999 diploma in public health practice starts at the Fiji School of Medicine (FSM) & Uni of PNG. 2000 - Masters degree in Public Health Practice starts at FSM.

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Tuberculosis

A transition year - Next steps:

- TB is a social disease
- Preparing the Pacific to the emerging threats
- Specific and country tailored strategies for different country profiles
- More presence in countries for training and capacity building , enhancing partnerships.

The section may increase in size and scope in 2008

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Potential Synergies among SOPAC Programmes and SPC Public Health Programmes

- o Community Lifelines: Water, Sanitation and Hygiene; ICT
- o Community Risk (e.g. disaster management, climate change mitigation/adaptationepidemics/pandemics)
- o Oceans and Islands (e.g. environmental health)