



Pacific Senior Health Officials Network Newsletter

ISSUE 5: AUGUST 2010

THEME: CHRONIC DISEASE AND PREVENTATIVE HEALTH CARE

Greetings from the PSHON Secretariat

Welcome to the fifth issue of the Pacific Senior Health Officials Network (PSHON) Newsletter. The focus of this issue is on chronic disease and preventative health care.

The incidence of non-communicable diseases (NCDs) is rising globally at an alarming rate. In the Pacific region, NCDs are now the leading cause of death, and a large proportion of the total health care expenditure is devoted to costs associated with disability and NCD-related burden of disease. In addition, NCDs contribute to the burden of poverty on households and impede workforce productivity.

In this way, Pacific Island countries are confronting the double burden of fighting communicable diseases such as malaria, dengue, and waterborne diseases, with the additional burden caused by the epidemic of chronic conditions such as heart disease, diabetes, obesity, and cancers.

Preventative approaches to communicable and non-communicable diseases—notably social marketing, regulatory, and fiscal measures—have proven to be effective instruments in improving health outcomes and reducing the costs to national health budgets associated with the burden of these diseases.

This issue of the Newsletter provides a snapshot of preventative health care initiatives underway in PSHON member countries.

This issue also provides updates on PSHON activities including the Policy Partnership Initiative.

The 'Chronic Disease and Preventative Health Care Resources Supplement' enclosed in this issue provides links to free to access journals,

articles, websites and reports including resources with a Pacific focus. Information on the Working Papers and other research products now available from the AusAID-funded Knowledge Hubs Websites is also provided in the Resources Supplement.

We hope you find the information provided in this Newsletter to be useful, and we welcome your feedback and contributions to future issues.



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Message from PSHON Chair

Colleagues

The second half of 2010 is shaping up to be a busy one for the PSHON. The 2010 Annual PSHON Meeting is only a few weeks away and as you will read in this



Newsletter there are a number of activities happening later in the year as part of the Policy Partnership Initiative.

As the focus of this Newsletter is on chronic disease and preventative health, we have included in this issue an article highlighting work currently underway in Australia as part of Australia's Indigenous Chronic Disease Package. This Package is part of a broader body of work that is aiming to close the gap in life expectancy between Indigenous and non-Indigenous Australians. The Package aims to reduce the burden of chronic disease by addressing three key areas: chronic

disease risk factors; management of chronic diseases; and the capacity of the primary care workforce. Information on the Package can be found on page 12 of this issue.

I am pleased that the 2010 Annual PSHON Meeting will also provide us with an opportunity to discuss in more detail the challenges associated with implementing preventive health care strategies and public health interventions. I look forward to hearing about innovative and successful approaches being implemented in the Pacific Islands and to sharing with you some of Australia's experiences in this area.

The 2010 Meeting will also provide opportunities to discuss a number of other topical policy and governance issues that are pertinent to senior health officials in both the Pacific and Australia. I look forward to fruitful discussions and another productive meeting of the Network.

Rosemary Huxtable

Regional Events

Pacific Food Summit 2010

The Pacific Food Summit was held in Port Vila, Vanuatu from 21 to 23 April 2010. The 170 participants in the Summit comprised ministers and senior policy makers from trade, health, agriculture and other government agencies, as well as representatives from regional and national organisations, the food industry, academics, community, faith-based organisations and consumer groups from 22 Pacific Island countries.

The meeting was convened by the Government of Vanuatu in partnership with the Food Agriculture Organization of the United Nations (FAO), the Global Health Institute (Sydney West Area Health Service), Pacific Islands Forum Secretariat (PIFS), the Secretariat of the Pacific Community (SPC), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO).

During the Summit, the delegates reviewed national and regional threats to food security and developed a multi-sectoral approach to address the issues. The meeting endorsed the proposed 'Framework for Action on Food Security in the Pacific' and agreed to request the PIF Leaders to consider endorsing the Framework at its 41st Forum meeting held in Vanuatu on 3 to 6 August, 2010.

The Framework focuses on seven themes, including:

- regulatory frameworks, enforcement and compliance and public private sector collaboration;
- processing and trading of safe and nutritious local food;
- protecting infants and vulnerable groups; and
- food security information systems.

The Summit outcomes and the Framework for Action document are available at:

<http://www.foodsecurepacific.org/>

Pacific NCD Forum 2010

The Pacific NCD Forum was held in Nadi, Fiji on 21 to 23 June, 2010. The Forum was organised by the SPC and the WHO under the Pacific NCD 2-1-22 Programme (2 organisations and 1 programme serving 22 countries) with financial support from the governments of Australia and New Zealand.

The meeting noted the increasing efforts at regional and national levels to promote greater consumption of nutritious local fruits and vegetables, of which consumption has declined in the face of the increased availability of cheap imported, highly processed food products. Countries were encouraged to establish legislation addressing NCD risk factors, especially tobacco control, and to follow up with effective regulation. Recognising that many of the causes of NCDs lie outside of the health sector, participants shared their experience of initiatives to involve other sectors in activities addressing these diseases.

Participants in the Forum agreed to:

- commit to implementing best-practice, multisectoral approaches to the prevention and control of non-communicable diseases;
- urge leaders to create healthy islands;
- implore governments, the private sector, neighbouring countries and the international community to give due recognition to the prevention and control of non-communicable diseases in the Pacific; and
- call on the United Nations to hold a global summit on non-communicable diseases, to include non-communicable diseases in the Millennium Development goals and to create a global fund for non-communicable disease prevention and control.

It is anticipated that the Forum report will be available by the end of August from the SPC website located at: <http://www.spc.int/hpl/>

PSHON Policy Partnership Initiative Update

The Policy Partnership Initiative (PPI) was launched by the PSHON in 2006 to establish enduring partnerships between health officials in Pacific Island countries and Australia. The initiative aims to develop capacity in health systems management in Pacific Ministries of Health (MoH) through the sharing of policy advice and technical assistance from within the Australian Government Department of Health and Ageing (DoHA), other Australian health portfolio agencies, and Pacific member countries.

At the 2010 PSHON Steering Committee, Committee members endorsed two new PPIs to be established in 2010:

- learning from the successes achieved in Tonga in addressing rheumatic heart disease; and
- exploring issues associated with aged care in Papua New Guinea.

It was noted that the 2010 PPI work program would now include these two new PPIs plus the continuation of the PPIs currently underway:

- the Health Information Systems PPI with the Nauru Ministry of Health;
- the Health Financing PPI with the Samoa Ministry of Health; and
- ongoing support to the Tonga and Samoa Ministries of Health libraries as a continuation of the Health Library Partnership established in 2008.

Health Information Systems Development PPI Nauru-Australia

As reported in previous issues of this newsletter, the Health Information Systems PPI project is currently being undertaken in Nauru. To date, the program of activities has included a mapping of the Nauru Health Information System (HIS) conducted in 2009, a strategic planning workshop in February 2010, and three subsequent visits to Nauru by HIS consultant Ms Maryann Wood which have focused on the implementation of activities identified in the strategic plan.

As noted previously, the April 2010 visit by Ms Wood focused on a training needs assessments and documentation practices for clinicians (for both morbidity and mortality). Resulting from that visit was the development of a double-sided instruction sheet for clinicians on death certification practices.

This document provides the clinicians with instructions on how to complete the death certificate on one side, and the other side contains notes on common conditions that appear on certificates and in health records, where further information is required. For example, ensuring that the type of diabetes and any associated complications are recorded on the certificate or in the health record. This document is currently being circulated to clinicians for approval. Further training on certification practices will be provided during future visits.



Republic of Nauru Hospital Medical Record Department staff attending to Outpatient clinic patients.

The mentoring and implementation role continued during the June 2010 visit with a focus on strategic plan activities such as forms design and control, birth registration processes, key indicators, data dictionaries and standardised reporting.

Activities included:

- development of a plan to review the forms in use within the health department. A forms template was also developed to aid the review process;
- development of a plan for identifying and determining a key set of indicators. During the visit copies of all of the reports that are

currently compiled by health staff for external agencies were gathered; and

- development of an instruction sheet for parents on the importance of registering the birth of their child. These sheets will be provided along with the birth registration form to staff in the Maternity ward to distribute.



Asnath Bam, Assistant Medical Record Officer, Republic of Nauru Hospital, tallying data for 2009 Outpatient attendances for reporting purposes.

The gathering of information and improvement of these particular functions will ultimately assist in an overall improvement of collection and dissemination of health information. It will also assist in development of a computerised patient information system.

The final visit by Ms Wood has been undertaken in which she continued to progress the implementation of the strategic planning activities. The visit focused on progressing the key indicators activity, standardised reporting and the computerised patient information system. An update of Ms Wood's final visit will be provided in the next issue of the Newsletter.

Health Financing PPI Samoa–Australia

In 2009, the Samoa MoH requested assistance from DoHA to strengthen the capacity of the MoH in its new role as funder of the Health sector.

As reported in the previous issue of this Newsletter, the Samoa MoH has been liaising with the Secretariat to plan the way forward for this PPI. It is proposed that staff from the MoH will visit Canberra, Australia, to meet with DoHA staff and other key stakeholders engaged in health

financing in the Australian health system. The focus of the visit will be to share experience and for the Samoa MoH staff to learn about systems and processes used in Australia to evaluate potential health care service providers, processes for contract management, and systems in place to monitor, review and evaluate performance of providers. Due to factors affecting both partners, this PPI has encountered some further delays. However, the Secretariat and MoH are engaged in discussions on arrangements for the visit which is proposed to occur later in the year.

Health Library PPI Tonga–Samoa–Australia

In 2008, a Health Library PPI was established between DoHA and the Tonga and Samoa Ministries of Health to develop health library capacity and to improve the provision of health information within the Ministries. The PPI involved a technical component to develop effective establishment and use of intranet resources within the health ministries. DoHA's HealthInsite Technical Team provided the training required for Tongan and Samoan MoH staff to develop intranet sites for their own Ministries.

Following from the work undertaken in 2008, Tonga and Samoa have requested some follow-up assistance with technical aspects of installing and configuring their selected web content management system. The Secretariat is in the process of organising for the technical officers who previously worked with the Pacific teams to visit Tonga later this year to provide this assistance.

Rheumatic Heart Disease PPI led by Tonga MoH

At the 2009 Annual PSHON Meeting, Dr Toakase Fakakovikaetau provided a presentation on some highly successful work that the Tonga MoH has been engaged in around the detection and early intervention of rheumatic heart disease (RHD). In response to the interest that members expressed in this work, the Steering Committee has endorsed for a PPI to be undertaken in 2010 to provide the opportunity

for other PSHON member countries to learn from Tonga's experience.

This is the first of the PSHON's PPIs to be led by a Pacific member. The MoH is currently liaising with the Secretariat to progress this PPI. The program for the visit, which will involve senior health officials, RHD co-ordinators and echocardiograph technicians, will include workshops around RHD policy development and other professional skills development. The countries participating in the PPI are yet to be finalised.

Aged Care PPI PNG–Australia

Following endorsement by the Steering Committee for a PPI to be undertaken on issues associated with aged care in Papua New Guinea, the Secretariat is working with the PNG National Department of Health to refine the plan for this PPI.



Pacific Senior Health Official Profile

Dr Siale 'Akau'ola Director of Health, Tonga Ministry of Health



As the Director of Health for the Ministry of Health for Tonga, I believe that having a sound and wide range of experiences in health matters is essential for one to be able to perform well in such a job. Managing health is a rather complex business since there are so many factors involved. There are the people who are afflicted by a whole battery of medical conditions. There are also the equally large numbers of health determinants which could either be environmental, inborn, multi-factorial or largely unknown. There are the six pillars of a complete health system—leadership and governance, human resources, finance, medical technology, health information/research, and service delivery—which, according to WHO guidelines, need to be strengthened in a balanced way to ensure that quality/safe levels at each pillar are universally available to everyone in the community. Eventually, in the age of accountability, achieving the desired goals must meet the expectations

of both government and taxpayers. The leader of the health team must be able to have oversight over all these matters and motivate his team to be innovative and think outside the box in order to achieve outcomes that are sustainable not only for the Ministry of Health, but for Tonga and the Pacific Region as a whole.

Useful background experiences

I did my basic medical training at the University of PNG from 1979-1985 which included two years of supervised practical training as a resident medical officer. I had the privilege of working with great health leaders in the Pacific, such as Dr John Biddulph (FRACPaed), Mr Ken Clezy (FRACS) and Mr Frank Smyth (FRACS), amongst others. These Australian clinicians had spent many years of their lives in PNG helping to build up the principles of Primary Health Care, even before this system was finally formalised at the Alma Ata agreement of 1978. Their passion and visions, in my view, were the signs of true health leaders.

After I graduated with an MBBS from the UPNG, I returned to Tonga in 1986 where I met up with another great leader in health - Mr Viliami Tangi (FRACS), the current Hon Minister of Health and Deputy Prime Minister. At the time, Mr Tangi had returned to Tonga to work as a surgeon at a pay rate far below what he would normally be paid if he had stayed and worked in a western country, yet as I recall, Mr Tangi really enjoyed his time as a surgeon in Tonga. He was a role model for me as the young medical officer that I was at the time assisting him in surgery. 24 years later, our paths crossed again when I became the Director of Health in 2009 and I am now assisting him in this leadership and management role in health.

As a former President of the Tonga Medical Association, and former Medical Superintendent of Vaiola Hospital, I have had the opportunity to be challenged by the best minds in the medical profession - the clinicians, scientists and nurses. It has always been a pleasure to be critiqued by these innovative people. It tends to mold one into a smarter, more flexible, people-oriented person who can deal effectively with conflicts. With the flow of ideas, one has a tendency to welcome people who constructively challenge the status quo. These are people who take calculated risks and are proactive in looking for better ways of doing things all the time. It is a very good thing to have people like this in the workplace since their strengths are

shown when they are most needed, especially in emergency situations. They have learned their skills by being aware of their changing environments, and adapting appropriately to the changes.

Leadership, management and priority challenges facing health systems in the region

I must commend PSHON for its decision to focus its discussions on leadership, management and priority challenges as part of the major issues facing health systems in the Pacific region. After all, these are the key elements that link together the six pillars of a complete health system noted above. There is also an understanding that delivery of the six pillars will be based on the principles of Primary Health Care in order for a health system to achieve its expected goals, such as: improving health status (level and equity); responsiveness to health needs; provision of financial risk protection and improving efficiency of health service delivery. It is common knowledge that those countries that consistently comply with the principles of Primary Health Care have been the most successful in achieving their health care delivery goals. At a time of competing priorities, it is crucial that people at the leadership and management levels are conscious of these principles at all times, in order to guide the efforts of their health teams in the right direction.

Benefits of being a PSHON member

The discussions and dialogue within the PSHON around key issues pertaining to priority health matters in the region have guided us on how to address certain challenging areas and to learn from experiences of others. I refer here to Human Resources Management matters, especially in the recruitment and retention of a balanced workforce. The focus on non-communicable diseases, emergency response and health care finance issues are of particular significance to Tonga. Through Dr Toakase Fakakovikaetau's efforts on rheumatic fever, we are working together with PSHON to strengthen this initiative, both in Tonga and the region.

Conclusions

In the long run, it is important that leaders in health are able to accurately analyse information and interpret the future trends of how things might end up in the health sector. Good leadership will ensure that the organisation does not take its eyes off this ultimate goal, in spite of the constant turbulences and challenges associated with trying to get there. The challenges and turbulences of the journey should be cherished as exciting opportunities to review how the organisation is trying to get to its goals. The PSHON, in my opinion, should encourage Pacific Island countries to adopt a similar attitude to these adverse situations.

Dr Siale 'Akau'ola

Director of Health

Feature Articles

This segment presents articles provided by PSHON member countries including initiatives related to NCD and preventative health care currently underway in their respective countries.

2-1-22 Pacific NCD Programme

Pacific Island countries and territories have worked together with the SPC and WHO to develop the Pacific Framework for the Prevention and Control of NCDs. This framework has provided the basis for the 2-1-22 Pacific NCD Programme—so-called because it combines 2 organisations in 1 team to serve the 22 countries of the region.

The information in this item is sourced from the SPC website. Further information on the 2-1-22 Pacific NCD Programme, and the Pacific Framework for the Prevention and Control of NCDs are available from the website located at: <http://www.spc.int/hpl/>

Established in 2008, the 2-1-22 Pacific NCD Programme is supported by funds from AusAID and NZAID. The main purpose of the programme is to establish a comprehensive approach to planning, implementation, surveillance and monitoring and evaluation to combat NCDs and their risk factors. It aims to improve coordination and harmonization of efforts and to minimise duplication of resources.

The main objectives of the programme are to:

- strengthen development of multi-sectoral national NCD strategies;
- support countries to implement their NCD strategies;
- develop sustainable funding mechanisms to deliver the strategies;
- strengthen national health systems and capacity to address and prevent NCDs; and
- strengthen regional and country monitoring and evaluation and surveillance systems.

The key elements of intervention include environmental changes focusing on policy, legislation, health systems, financing, cross-sectoral partnerships, clinical services (chronic care management and rehabilitation,

risk factor detection and control), surveillance and advocacy.¹

Making healthy choices easy choices

The 2-1-22 programme supports action to combat NCDs through a combination of individual or clinical and population approaches.

Individual approaches include quit-smoking programmes and obesity clinics, while population approaches involve reducing risk factors at a population level by combining lifestyle changes with policy and environmental approaches.

Examples of action include:

- reducing tobacco smoking through continuing to exclude tobacco from the Pacific Island Countries Trade Agreement and complying with the Framework Convention on Tobacco Control;
- increasing fruit and vegetable consumption by supporting production of local produce; and
- promoting physical activity through improving the built environment, such as providing safe walkways and cycling paths.

The 2-1-22 programme provides grants to countries to help them reduce NCD risk factors through education, health promotion, and environmental and clinical interventions.

To help build a comprehensive system of data collection and analysis for monitoring and evaluation, Pacific island countries have been conducting surveillance surveys (STEPS) that provide national indicators on the prevalence of NCD risk factors. This information is used to developing statistical information on the trends and burden of NCD in the Pacific region. Several PSHON member countries have developed NCD action plans and have implemented initiatives with support from the 2-1-22 programme.

¹ SPC and WHO, (2009) Pacific NCD Forum Meeting Report 2009, p.32

Tackling NCDs in Fiji

The Fiji MoH is committed to maintaining a healthier Fiji population by addressing the priority NCD risk factors of unhealthy diets, overweight and obesity, physical inactivity and smoking. The MoH aims to do this by aggressively addressing diabetes in its entirety in the next five years via risk factor modification or behaviour change modification and better monitoring and management of the disease.

Material for this item has been sourced from the Fiji MoH website at: <http://www.health.gov.fj/>

The Fiji MoH has reported that NCDs have replaced infectious disease as the principal causes of mortality and morbidity². On opening the Fiji Food Summit held in Nadi in October 2009, the Minister for Health observed that as NCDs have reached epidemic proportions in the Pacific, Fiji has the fourth highest rate of obesity in the region, and as the high rates of premature death and disability related to NCDs take their toll, only 16% of the population currently live beyond 50 years.

To address the challenges posed by NCDs, Fiji has implemented a wide array of interventions in the primary, preventative and curative sectors. These include strategies to promote lifestyle changes such as the 'Bula 5:30' campaign which aims to raise awareness of diet and physical activity through promoting five servings of fruits and vegetables a day and 30 minutes of physical activity such as walking, gardening or swimming. The 'Walk for Life' and 'Quit to Win' campaigns also aim to increase exercise and reduce smoking, alcohol and kava consumption.

Collaborative strategies have been developed between the MoH and the Ministry of Education to develop healthier eating habits and provide micronutrient supplements to Fiji's school children. These include:

- school garden initiatives promoting the importance of growing vegetables, roots and fruit, home science classes, and canteen guidelines for greater participation by PTA in the running of school canteens; and

- provision of free school lunches, and iron and vitamin supplements to all primary school pupils.

To address the high incidence of anaemia and deficiencies in other micronutrients, particularly in children and women, the National Micronutrient Supplementation Program was rolled out in February 2010. The program targets all school children aged 6-15yrs, and provides iron tablets, Vitamin A and additional medication to reduce parasitic worm infections. All pregnant women are provided iron/folic acid into the six month period after delivery to reduce maternal and child anaemia.

NCD prevention initiatives implemented through the Healthy Cities programs underway in Suva, Lautoka, Nadi and Labasa include:

- Health Outreach Clinics where the MoH conducts screenings for NCDs are now a regular feature at large public gatherings such as the Hibiscus and Sugar Festivals;
- mobilisation of Health Sanitation staff to compliment the City Health Department to oversee food safety and security in the Market place, supermarkets, butcheries and restaurants;
- the establishment of malls in the central business district to encourage citizens' ability to walk, exercise and relax without the fear of traffic, pollution, and traffic accidents; and
- 'Monthly Walks' to promote healthy workplaces and communities: In January 2010, the Fiji MoH initiated the Head Office health walk led by the Health Minister, Dr Neil Sharma, and the Permanent Secretary, Dr Sala Saketa. The MoH has planned weekly lunch time walks to encourage staff to stay healthy and be involved in physical activities during the week. Dr Saketa has noted that "a healthy workforce means a productive workforce. That will be a plus to the Ministry and to the people of Fiji as a whole"³. At the national level, the Ministry of Health is also planning monthly walks which will be open to members of the public.

² Pacific NCD 2-1-22 Programme www.spc.int/hpl/

³ <http://www.health.gov.fj/news/2010/01/21/healths-top-2-lead-walk.html>

Building partnerships to tackle NCDs

The MoH has established partnership programs with NGOs, civil society groups, and faith based organisations in NCD prevention and control activities in their communities to achieve wider reach and allow access for people who may not readily access health programs and services where they live. The national NCD committee, chaired by the Minister for Health, includes eight sub-committees, each focusing on different areas of NCDs in Fiji. The committee is working closely with the Obesity Prevention in Communities (OPIC) project sponsored by the Fiji School of Medicine and the SPC⁴.

National Centre for Health Promotion

A key agency in Fiji's fight against NCDs is the MoH's National Centre for Health Promotion (NCHP). Through the National Health Promotion Council, the NCHP facilitates a grant scheme for NGOs and community groups to implement health promotion activities. In addition, in conjunction with other government and non-government organisations, the NCHP offers a range of services based on their five key action areas of policy development, research and evaluation, community and organisational development, training and education focusing on Monitoring and Evaluation as well as the Healthy Workplace concept, and social marketing.

Marketing NCD prevention and health promotion messages

To market health promotion messages, the MoH's Media, Production and Social Marketing Unit intensively uses multi-media campaigns and all media outlets available in Fiji, including providing daily media releases and weekly briefings on MoH events to media outlets. The Unit also uses strategies such as the composition by local groups of songs with health themes which are aired over the main radio stations in the country. For example, two songs `Na Tiko Bulabula` and `Na Mate Rerevaki` deliver health promotion messages on healthy living and HIV/AIDS, respectively.

⁴ The OPIC Project includes whole-of-community intervention programs in Fiji, Tonga, New Zealand, and Australia aimed at reducing the prevalence of overweight and obesity in youth.

Other marketing tools used by the Ministry of Health include:

- the use of billboards at strategic positions around the country;
- use of radio and TV talkback shows and production of TV programs by the Unit;
- utilisation of print media to carry paid health messages as advertisements, and the provision of health articles by the Unit to the health pages of print media;
- upgrading of the MoH website to include health messages, articles and information for the local and worldwide audience.

The Unit also works with government and non government organisations, youth groups, religious organisations and different communities in raising health issues of concerns and ways that issues can be best tackled.

Chronic Disease and Preventative Health Care in Samoa

Article provided by Ms Brooke Conway and Ms Sarah Faletoesu Su'a, Samoa Ministry of Health.

Chronic disease is a significant public health issue currently facing Samoa. Chronic diseases and conditions such as obesity, diabetes, heart diseases, hypertension, cerebrovascular accidents, and cancer are top health priorities in the country. The prevalence of these diseases is quite significant and continues to rise. For example, it is estimated that prevalence of obesity is currently 52.7%; diabetes 23.3%; and hypertension 21.4%⁵. Non communicable diseases are now appearing in younger age groups and complications from these diseases are more common. The public health implications are even further impacted by the re-emergence of communicable diseases, such as typhoid and tuberculosis, the H1N1 pandemic, and recent natural disaster (tsunami) in 2009.

Risk factors contributing to this increasing burden of chronic disease are heavily related to behavioural patterns: for example, poor diet/nutrition and lack of exercise/physical activity. These conditions affect general wellbeing

⁵ Ministry of Health, Samoa. Non-Communicable Disease Policy 201: Preventing Chronic Conditions

and quality of life of the population. Additionally, chronic diseases account for most of the healthcare resources utilised and present a significant economic burden for Samoa. In fact, the health sector faces a large financial burden in meeting the clinical needs of chronic care patients. For example, large health care expenditures are spent on managing complications secondary to diabetes, particularly renal failure/dialysis, as well as amputations and cataracts.

While such has been done in Samoa to prevent chronic disease, there are opportunities to decrease the incidence of these diseases, particularly from the perspective of public health and preventative health care. As mentioned above, many of the main risk factors associated with the increase in chronic disease in Samoa are behavioural. Culture also plays a significant factor in the health picture, as food plays an important role in Samoan and other Pacific Island traditions. The increased availability and use of processed foods in the region has contributed to poor nutrition, obesity and other conditions.

Considering the risk factors, a public health approach is paramount to alleviating the burden of these diseases and is the most affordable and cost effective solutions to the growing problem. Currently, the area of health promotions is the main preventative measure within the public health system to addressing prevention of chronic disease. Further strengthening of the surveillance system is essential to informing health policy, planning, and promotion activities.

In terms of preventative health care, focus of preventative services is focused within the primary care setting. With the appropriate level of support, unnecessary hospital admissions can be avoided and quality of life improved for patients with chronic conditions. Also at the health system level, the ultimate standard for chronic disease prevention is for health care to be fair, affordable, and accessible for the entire population.

Australia's Indigenous Chronic Disease Package: Policy Initiatives to Address Closing the Gap in Indigenous Health Outcomes

Article prepared by the PSHON Secretariat and DoHA's Office for Aboriginal and Torres Strait Islander Health.



Background

In Australia, Aboriginal and Torres Strait Islander people experience a burden of disease two and a half times that of non-Indigenous Australians. Chronic diseases and associated risk factors are responsible for about two-thirds of the life expectancy gap between Indigenous and non-Indigenous Australians. Aboriginal and Torres Strait Islander people are more likely to die from these conditions than non-Indigenous Australians with the same condition. For example, they are one and a half times more likely to die from cancer, and 12 times more likely to die from diabetes.

Primary health care is fundamental to the prevention, early detection and management of chronic diseases and their risk factors, and the primary health care provider plays a central role in the coordination of care. Participation by the patient and their families in self-management of their condition is also critical to achieving successful health outcomes.

Closing the Gap: Indigenous Chronic Disease Package

In November 2008, Australia's Commonwealth and State and Territory governments committed to a National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (the NPA) to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

The Indigenous Chronic Disease Package (ICDP), the Commonwealth's contribution under the NPA, aims to reduce the burden of chronic disease for Aboriginal and Torres Strait Islander people by addressing three priority areas:

- tackling chronic disease risk factors;
- improving chronic disease management and access to follow up services in primary care; and
- building the capacity of the primary care workforce.

Initiatives under the package

ICDP initiatives currently under way include:

- Establishing a network of healthy lifestyle workers to reduce the lifestyle risk factors that contribute to preventable chronic disease in Indigenous communities, including improving nutrition and physical activity for individuals, families and communities. The healthy lifestyle workers will also work closely in a team-based approach with a newly established tobacco action workforce to develop strategies to tackle smoking addictions in Indigenous communities.
- Funding to expand the number of Aboriginal and Torres Strait Islander Outreach Workers to help increase community engagement with health services, including the uptake of Indigenous health checks, identifying those who will benefit from improved access to health services, and helping Aboriginal and Torres Strait Islander people to access other health services, such as follow-up care, specialist services and community pharmacies.
- The Practice Incentives Program (PIP) Indigenous Health Incentive, which provides payments to participating organisations such as general practices and Indigenous health services so they can provide better health care for Aboriginal and Torres Strait Islander people. The incentive rewards practices that provide best practice chronic disease management for their Indigenous patients.
- Access to more affordable medications through the Pharmaceutical Benefits Scheme Co-payment measure.
- A Care Coordination and Supplementary Services Program has also been established providing funding for coordinated care and supplementary services and other health-related costs for Indigenous patients. Care coordination includes arranging any services that the patient needs, helping the patient

attend appointments, and ensuring regular reviews by the primary care provider.

- A monitoring and evaluation framework is being developed to ensure the package achieves its intended goals.

The NPA is to be implemented in the context of, and consistent with, other National Partnership Agreements under the broader National Indigenous Reform Agreement which includes reform areas such as education, housing and access to quality health services.

Further information on ICDP initiatives are available from:

<http://www.health.gov.au/tackling-chronic-disease>

The Commonwealth Government's report Closing the Gap on Indigenous Disadvantage: the challenge for Australia is available from: http://www.fahcsia.gov.au/sa/indigenous/pubs/general/documents/closing_the_gap/default.htm

Responding to Communicable Disease Outbreaks and Pandemics in Papua New Guinea

Article provided by Dr Paison Dakulala, Deputy Secretary – National Health Service Standards, Ms Stella Muriki and Mr Tony Kiessler, Papua New Guinea National Department of Health.

Papua New Guinea is exposed to the risk of emerging diseases and pandemic outbreaks due to its tropical environment, weak national health system, poor rural infrastructure, the convergence of an international labour force serving the resources sector and the country's proximity to the densely populated South East Asian Region.

Endemic Diseases and Emerging Disease Outbreaks

Malaria and Dengue Fever

Being a tropical nation, Papua New Guinea has been fighting for many years to combat mosquito-borne diseases such as malaria and dengue fever. These illnesses have become endemic in Papua New Guinea and present a major ongoing problem in the prevention of illness for the rural majority and urban poor. While it will continue to be a major challenge for

Papua New Guinea, the National Department of Health remains committed to combating malaria and dengue.

HIV/AIDS

At over one percent of the population, or some 60,000 people, HIV is classified as a generalised epidemic in PNG. Papua New Guinea enjoys strong international support in the fight against HIV and AIDS and has developed a strong program of support and services nationally including a focus on effective surveillance. Prevention work focuses on education and awareness and there are treatment and counselling options for those affected and their families. The ability to continue treatment options for HIV and AIDS is currently under threat due to Papua New Guinea's unsuccessful Global Fund bid to continue the Anti-Retroviral Treatment (ART) Program. Papua New Guinea is now working in partnership with the international community and across Government to ensure that this vital treatment program can continue.

TB

TB is a major health issue for Papua New Guinea. In fact, it is the fourth leading cause of morbidity and mortality. We have been strengthening our treatment efforts to control the spread of TB and improve the livelihoods of those people affected. While the TB Directly Observed Therapy (DOTS) program has offered relief to thousands of Papua New Guineans, there is also a need to increase our focus on prevention. A two-pronged approach of DOTS treatment and public awareness will strengthen efforts to control TB and stop its spread.

Waterborne Diseases

Waterborne disease in Papua New Guinea is characterised by widespread and endemic typhoid, dysentery and now a major outbreak of cholera in three provinces. The National Department of Health is investigating ways to improve water and sanitation, but is limited to policy and advocacy as it does not have mandated responsibility over these systems. The Secretary for Health, Dr Clement Malau, has led the development of the National Green Ribbon

Toilet Campaign to improve access to suitable and functioning latrines in village communities across Papua New Guinea. This approach supports rural and urban poor communities to improve their approach to the safe disposal of human waste in their community. It is hoped that this, combined with an improved health promotion and public health campaign by national, provincial and district level authorities can have an impact on the high rates of waterborne disease in PNG.

Pandemics

In 2003, Avian Influenza became a major concern for the region and prompted the development of a range of national surveillance activities and response planning in Papua New Guinea. Avian Influenza was never detected in Papua New Guinea, but the threat enabled more detailed planning to be undertaken, resulting in the development of the National Contingency Plan for Pandemic Influenza.

The National Contingency Plan for Pandemic Influenza, developed in 2007 and endorsed in 2009, outlines the arrangements for the management of avian influenza in humans and pandemic influenza. The Plan identifies the National Department of Health as a key agency in responding to pandemic influenza and provides the following objectives:

- ensure adequate surveillance is in place so that the country can rapidly detect, diagnose, characterise and respond to a pandemic influenza virus that may gain entry into the country;
- prevent the spread of avian influenza virus from its native host (wild birds) into and amongst domestic poultry or other non-native species, including humans;
- prevent the entry into the country of avian influenza virus by any preventable measures (i.e. other than via wild migratory birds);
- limit pandemic spread through early containment measures;
- limit morbidity and mortality from infection during a pandemic;
- ensure essential services during a pandemic, sustain infrastructure and mitigate the impact

to the economy and the function of the society; and

- provide the public, health care workers, the media and other service providers with up to date information.

Responding to Disease Outbreaks

In response to the emergence of Pandemic Influenza A H1N1 (swine Flu), the National Contingency Plan for Pandemic Influenza was implemented. In line with the Plan, a National Taskforce was established to oversight the response to the pandemic. A national focal point was nominated and relationships were established to ensure that the National Disaster Committee and National Executive Council remained informed and involved in the response. The National Department of Health partnered with the WHO and AusAID to establish a national surveillance and response unit called the Command and Control Centre.

The Command and Control Centre was staffed with 2 surveillance officers, an administrative officer and was equipped with a 24 hour emergency line. The Centre staff worked closely with Provincial Governments and Hospitals to quickly build an effective national infectious disease surveillance system. The Centre now investigates and provides regular reporting on all infectious disease outbreaks in Papua New Guinea. This improved surveillance and investigation function enabled the successful identification of the 2009 cholera outbreak and enabled a rapid national response. With the effective establishment and operation of the Command and Control Centre, the National Department of Health has been able to fully realise an improved national surveillance system for pandemics and infectious disease outbreaks in line with the 2001-2010 National Health Plan.



Other News

Pacific Health Journals

This item has been provided by Dr. Graham Roberts, Director of Research, Fiji School of Medicine, Fiji.



The Fiji School of Medicine (FSMed) has recently embarked on an effort to strengthen avenues for the publication of the academic work of Pacific health professionals and students. Two journals are now available:

- the pre-existing Pacific Health Dialog; and
- the new Pacific Health Voices.

The Pacific Health Dialog is the only Medline-listed health journal in the Pacific. It reports on the findings of community health and clinical medicine studies conducted in Pacific Island countries. In 1978, the idea of a regional health journal was discussed by the Samoan Medical Association and Tongan Medical Association. It was not until 1989 that the concept re-emerged at the Pacific Basin Medical Officer Training Program where the University of Hawaii at Pohnepei, in the Federated States of Micronesia, committed to deliver the first issue. A name was needed and through a participatory process, Dr Jan Pryor's suggestion of Pacific Health Dialog was accepted and, in March 1994, the inaugural issue was published. Now, 16 years on, Pacific Health Dialog (PHD) boasts 15 volumes and 30 issues in total. As of 8 September 2009, the PHD archive was transferred to FSMed and is now on-line, and its ownership transferred to the Pasifika Medical Association. It is now produced with the assistance of Massey University and FSMed which is currently preparing the second issue for 2010. The theme of this edition will be on the 125 years anniversary celebration of the FSMed's existence (now reportedly the oldest institution in Fiji).



The concept of the electronic health journal Pacific Health Voices (PHV) was inspired by the often unpublished and unnoticed hard work of many Pacific health workers. The



credit for its creation goes to Dr. Berlin Kafoa who took on the challenge and has coordinated its development. PHV is an alternative method of publishing valuable work that does not make it into peer reviewed journals. This includes the grey literature, reports, high quality student assignments and health related news from the Pacific region. The journal aims to be a repository of health documents that are of interest to health workers in the region and policy makers in Pacific Islander Countries.

Pacific Health Dialog is available at:
<http://www.pacifichealthdialog.org.fj/> .

Pacific Health Voices is available at:
<http://www.pacifichealthvoices.org/>

Update: World Bank Institute's Flagship Course on Health Systems Strengthening and Health Financing

The Flagship Course on Health Systems Strengthening and Health Financing was held for the first time in the Pacific region, in Suva, Fiji from 13th to 17th June, 2010. The course was a joint initiative of the FSMed, the World Bank Institute (WBI), the Asia Network for Health Systems Strengthening, and the Nossal Institute for Global Health (through the AusAID-funded Health Policy and Health Finance Knowledge Hub).

Adapted from the WBI's Flagship Course held annually in Washington D.C., this course was designed to provide policymakers and other stakeholders in the Pacific region with a basic introduction to the 'Control Knob' framework for health sector reform and financing. The course also provided opportunities for participants to discuss the framework's applicability to specific issues they face within their own country contexts.

There were 43 participants in the course from Vanuatu, Tuvalu, Tonga, Solomon Islands, Samoa, Papua New Guinea, New Caledonia, Nauru, Kiribati, Fiji, Federated States of Micronesia, and Australia. Government health departments, the WHO Regional Office, The United Nations Population Fund, SPC, AusAID and NZAID were all represented.

Dr Chen Ken, the WHO representative for the Pacific Region, delivered an opening address. Other guest presenters were Professor Philip Davies from the University of Queensland, Dr Mahendra Reddy from the University of the South Pacific and Dr Graham Roberts from FSMed. The course curriculum was taught by faculty of the Nossal Institute for Global Health, the World Bank Institute and the Asia Network for Health Systems Strengthening.

For this first presentation of the Flagship principles in the Pacific region, five expert reviewers from the Solomon Islands, Samoa and Fiji stayed for an extra day to provide critical reflection on the course content and presentation and its relevance to the Pacific context.

Feedback indicated that additional Pacific Flagship Courses would be of interest to address more of the 'Control Knob' concepts. The Nossal Institute for Global Health and the FSMed plan to gather a library of Pacific case studies to integrate into future course curriculum. It is anticipated that another Flagship course will be held in the region in mid-2011.

News from AusAID

AusAID, in close cooperation with NZAID, has contracted the new Strengthening Specialised Clinical Services in the Pacific (SSCSIP) initiative to the FSMed in Suva. This has followed a comprehensive consultation process involving Pacific Ministers of Health, Secretaries of Health and Directors of Clinical Services, as well as service providers and professional bodies.

FSMed will establish a team of people—the Development and Coordination Team, or DaCT—who will assist Pacific countries to plan out the specialised clinical services needed, the ideal timing of such visits, and the capacity building necessary to meet human resources for health development goals. This will position Pacific countries to better coordinate the range of service providers, develop the capacity of their health workforce, and monitor the effectiveness of visiting teams.

Improving the capacity of clinical staff and the health systems they work in is a key objective of

this initiative. The DaCT will include a Health Planner, a Clinician, a Project Manager, full-time administrative support, and inputs from capacity building and monitoring & evaluation advisers. The DaCT is currently being established and should be operational by September 2010.

In the interim, enquiries can be directed to Dr Berlin Kafoa, Project Manager, FSMed, via email: berlin.kafoa@fnu.ac.fj



Thank you to everyone who contributed material to this issue of the Newsletter.

The PSHON Secretariat welcomes any articles and/or information for inclusion in future issues. In particular, we would like to hear about activities happening in-country that would be of interest to the broader PSHON membership. All articles can be sent to the PSHON Secretariat via: pshon@health.gov.au .

If you wish to be added to the PSHON Newsletter email distribution list, or would like further information about the PSHON or PSHON activities, please contact the Secretariat via:
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Australian Government Department of Health and Ageing
Phone: +61 2 6289 5259
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Email: pshon@health.gov.au

Disclaimer: Views expressed in articles in this Newsletter are not necessarily the views of the Pacific Senior Health Officials Network or the Australian Government Department of Health and Ageing.



Chronic Disease and Preventative Health Care Supplement

provided by DoHA Library

This Supplement provides links to FREE TO ACCESS resources available via the internet

Journals

- ✧ BMC Public Health <http://www.biomedcentral.com/bmcpublichealth/>
Peer-reviewed articles on epidemiology of disease and understanding all aspects of public health. Focus on social determinants of health, environmental, behavioural, and occupational correlates of health and disease, and the impact of health policies, practices and interventions on the community.
- ✧ Globalization and Health <http://www.globalizationandhealth.com/>
Addresses key issues in global health.
- ✧ Pacific Health Dialog: The Journal of Community Health and Clinical Medicine for the Pacific Region <http://www.pacifichealthdialog.org.fj/> The only Medline-listed medical and public health journal published specifically for Pacific island countries.
- ✧ Pacific Health Review <http://www.pacifichealthreview.co.nz/>
Independent journal featuring the latest research in the Pacific Health area. Supported by the New Zealand Ministry of Health.
- ✧ Pacific Health Voices <http://www.pacifichealthvoices.org/>
Includes unpublished grey literature by Pacific health workers including articles, reports and reviews, case reports, as well as articles by Pacific health professionals published in other journals. PHV provides an avenue for showing the world what Pacific people have written and are currently studying, thinking and writing about.
- ✧ [Pacific Islands NCDs: Promoting a Healthier Pacific.](#)
Published by the SPC. Issue No. 69, January 2010, includes update on 2-1-22 Programme activities throughout the Pacific region including PSHON member countries.
- ✧ The Australian Government's 'Indigenous Chronic Disease e-Newsletter'
<http://www.health.gov.au/internet/ctg/publishing.nsf/Content/e-newsletter>

Journal Articles

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- ✧ Cornelius, M., (2006), Diabetes control in the new millennium, [Fiji General Practitioner, Vol 4, No 4, \(4-13\).](#)
- ✧ Englberger, L., Marks, G.C. & Fitzgerald, M.H., (2004), Factors to consider in Micronesian food-based interventions: a case study of preventing vitamin A deficiency, [Public Health Nutrition, Vol 7, No 3, \(423-431\).](#)
- ✧ Epping-Jordan, J.E., Galea, G., Tukuionga, C. & Beaglehole, R., (2005), [Preventing chronic diseases: taking stepwise action, Lancet, Vol 366, No 9497, \(1667-1671\).](#)
- ✧ Harris, P., et al., (2007), Some lessons in tackling social determinants of health in resource-poor settings: health promotion with young people in Vanuatu, [Pacific Health Dialog, Vol 14, No 2, \(77-83\).](#)
- ✧ Hone, P., (2004), Food choice and nutrition in Fiji, [48th Annual Conference of the Australian Agricultural and Resource Economics Society, Melbourne: 11-13 February.](#)

- ✦ Hosey, G., et al., (2009), The culture, community, and science of type 2 diabetes prevention in the US associated Pacific Islands, [Preventing Chronic Disease, Vol 6, No 3, \(A104\)](#).
- ✦ Lock, K., et al., (2005), Insights on food and nutrition in the Federated States of Micronesia: a review of the literature, [Public Health Nutrition, Vol 6, No 1:5-17](#).
- ✦ Lock, K., et al., (2005), The global burden of disease attributable to low consumption of fruit and vegetables: implications for the global strategy on diet, [Bulletin of the World Health Organization, Vol 83, No 2](#).
- ✦ Magnusson, R.S., (2007), Non-communicable diseases and global health governance: enhancing global processes to improve health development, [Globalization and Health, Vol 3, \(2\)](#).
- ✦ McLean, R.M., et al., (2009), “Healthy eating – healthy action”: evaluating New Zealand’s obesity prevention strategy, [BMC Public Health, Vol 9, \(452\)](#).
- ✦ Parry, J., (2010), Pacific Islanders pay heavy price for abandoning traditional diet, [WHO Bulletin, Vol 88 No. 7, \(484-485\)](#).
- ✦ Schultz, J., et al., (2007), The Pacific OPIC Project (Obesity Prevention in Communities); action plans and interventions, [Pacific Health Dialog, Vol 14, No 2, \(147-154\)](#).
- ✦ Smith, B.J., et al., (2007), Body mass index, physical activity and dietary behaviours among adolescents in the Kingdom of Tonga, [Public Health Nutrition, Vol 10, No 2, \(137-144\)](#).
- ✦ Snowdon, W., Potter, J.-L., Swinburn, B., Schultz, J., Lawrence, M., (2010), Prioritizing policy interventions to improve diets? Will it work, can it happen, will it do harm? [Health Promotion International 25: 123-133](#)
- ✦ Snowdon, W., Schultz, J. & Swinburn, B., (2008), Problem and solution trees: a practical approach for identifying potential interventions to improve population nutrition, [Health Promotion International, Vol 23, No 4, \(345-353\)](#).
- ✦ Swinburn, B., et al., (2007), The Pacific OPIC Project (Obesity Prevention in Communities) - objectives and designs, [Pacific Health Dialog, Vol 14, No 2, \(139-146\)](#).
- ✦ Thow, A.M., Jan, S., Leeder, S., and Swinburn, B., (2010) The effect of fiscal policy on diet, obesity and chronic disease: a systematic review, [Bulletin of the World Health Organization Vol 88, No. 8, \(609-614\)](#).

Reports

- ✦ Buckley, A., & Colagiuru, R., (2008), Building better diabetes care in Nauru. [Report on the World Diabetes Foundation Project National Stakeholder Forum in Nauru \(March 12th-13th 2008\)](#). The Diabetes Unit – Australian Health Policy Institute, The University of Sydney, and the Nauru Ministry of Health.
- ✦ Buckley, A., & Colagiuru, R., (2007), Building better diabetes care in Vanuatu. [Report on the World Diabetes Foundation Project National Stakeholder Forum \(June 5th-6th 2007, Port Vila Vanuatu\)](#). The Diabetes Unit – Australian Health Policy Institute, The University of Sydney, and the Vanuatu Ministry of Health.
- ✦ World Health Organization, Food and Agriculture Organization of the United Nations, (2003), Diet, nutrition and the prevention of chronic diseases. [Report of a joint WHO/FAO expert consultation, 28 January – 1 February 2002, Geneva, Switzerland \(WHO Technical Report Series 916\)](#).
- ✦ WHO Regional Office for the Western Pacific, (2003), [Diet, food supply and obesity in the Pacific](#).

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- ✦ WHO Regional Office for the Western Pacific, (2003), [Using domestic law in the fight against obesity: An introductory guide for the Pacific](#).
- ✦ Utter, J., Faeamani, G., Malakellis, M., Vanualailai, N., Kremer, P., Scragg, R., Swinburn, B., (2008), [Lifestyle And Obesity In South Pacific Youth: Baseline Results From The Pacific Obesity Prevention In Communities \(OPIC\) Project In New Zealand, Fiji, Tonga And Australia](#). Pacific Health Voices.

Websites

- ✦ Asia-Pacific Academic Consortium for Public Health <http://www.apacph.org/>
- ✦ Australian Government Closing the Gap Clearinghouse <http://www.aihw.gov.au/closingthegap/>
The Clearinghouse provides access to a collection of evidence-based research on overcoming disadvantage for Indigenous Australians.
- ✦ Chronic diseases and health promotion <http://www.who.int/chp/en/>
World Health Organization
- ✦ Global Strategy on Diet, Physical Activity and Health <http://www.who.int/dietphysicalactivity/en/>
World Health Organization
- ✦ Republic of the Marshall Islands Healthy Stores Project <http://www.healthystores.org/RMI.html>
- ✦ SPC Healthy Pacific Lifestyle <http://www.spc.int/hpl/>

Health Knowledge Hubs' Research Products: Working Papers and Discussion Papers

In 2008, AusAID established four Knowledge Hubs based at universities around Australia: the Health Information Systems Knowledge Hub, the Human Resources for Health Knowledge Hub, the Health Policy and Finance Knowledge Hub, and the Women's and Children's Health Knowledge Hub. The Knowledge Hub initiative aims to link people within and outside of academia to work together to build a knowledge and expertise base, to strengthen and expand networks, and to identify opportunities for collaboration and promote multi-disciplinary engagement.

Previous issues of the PSHON Newsletter have provided information on each of the four Hubs. This segment provides information on the Working Papers and other research products that are currently available from each of the Hubs' websites. Hardcopies of the documents are available from the Hubs on request.

Health Information Systems (HIS) Knowledge Hub

Products available from: <http://www.uq.edu.au/hishub/>

or contact: Ms Audrey Aumua, Hub Manager, via: hishub@sph.uq.edu.au

2009 HIS Hub Working Papers series

- ✦ [Improving the quality of birth, death, cause-of-death information: Guidelines for a standards-based review of country practices](#)
- ✦ [Rapid assessment methods for vital statistics systems](#)

- ✘ [Assessing health systems performance using information on effective coverage of interventions](#)
- ✘ [Impact of interventions to improve cause-of-death certification](#)
- ✘ [Improving the quality and use of health information: Essential strategic issues](#)
- ✘ [Role of health surveys in national information systems: Best use scenarios](#)
- ✘ [Issues and challenges from HIS development in the Pacific: Findings from the Pacific Health Information Network Meeting 29 September-2 October 2009 and the Pacific Health Information Systems Development Forum 2-3 November 2009](#)
- ✘ [Case studies of the application of vital statistics assessment tool: Lessons learnt from Sri Lanka and the Philippines](#)
- ✘ [Critical issues in the development of health information systems to support environmental policies and programs: A case study of ciguatera](#)

2009 HIS Hub Documentation Note series

- ✘ [Assessing the production, quality and use of national vital statistics: A case study of Sri Lanka](#)
- ✘ [Assessing the production, quality and use of national vital statistics: A case study of the Philippines](#)
- ✘ [Health information systems in the Pacific: A case study of Vanuatu](#)
- ✘ [Health information systems in the Pacific: A case study of Wallis and Futuna \(pending country approval\)](#)

Human Resources for Health (HRH) Knowledge Hub

Products available from: <http://www.hrhub.unsw.edu.au/HRHweb.nsf/page/Publications>
 or contact: Ms Michelle de Souza, Communications Officer, via email: m.desouza@unsw.edu.au

Product 1. Health Worker Migration

- ✘ [Report](#): Mapping Human Resources for Health Profiles from 15 Pacific Island Countries: Report to the Pacific Human Resources for Health Alliance from the Human Resources for Health Knowledge Hub.

Product 2. Leadership and Management

- ✘ [Discussion Paper](#): Analysis of Health Leadership Management Capacity in Six Asia and Pacific Island Countries.
- ✘ [Policy Options Paper](#): Policy Options for Strengthening Health Leadership and Management Capacity in Asia and Pacific Island Countries.

Product 3. Maternal, Neonatal and Reproductive Health

- ✘ [Discussion Paper](#): Improving the Quality of Health Worker Information: Current Knowledge of Community Level Workers in Maternal, Neonatal and Reproductive Health in Resource Poor Settings in the Asia and Pacific Regions.
- ✘ [Discussion Paper](#): Towards a Comprehensive Approach to Enhancing the Performance of Health Workers in Maternal, Neonatal and Reproductive Health at Community Level: Learning from Experiences in the Asia and Pacific Regions.

- ✘ [Discussion Paper: Human Resources for Health in Maternal, Neonatal and Reproductive Health at Community Level: A Profile of Human Resources for Health in Ten Countries in the Asia and Pacific Regions.](#)
- ✘ [Discussion Paper: Human Resources for Health in Maternal, Neonatal and Reproductive Health at Community Level: A Synthesis on the Literature with a Focus on the Asia and Pacific Regions.](#)

Health Policy and Health Finance (HPHF) Knowledge Hub

Products available from: [Health Policy and Health Finance Knowledge Hub](#)
or contact Aparna Kanungo via email: akanungo@melbuni.edu.au

- ✘ [Funding for HIV and Non-Communicable diseases: Implications for Priority Setting in the Pacific Region](#)
- ✘ [Sector-wide approaches for health – an introduction to SWAPs and their implementation in the Pacific region](#)
- ✘ [Sector-wide approaches for health – a comparative study of experiences in Samoa and the Solomon Islands](#)
- ✘ [Sector-wide approaches for health – lessons from Samoa and the Solomon Islands](#)
- ✘ [Conceptual frameworks, health financing data and assessing performance: a stock- take of tools for health financing analysis in the Asia-Pacific region](#)
- ✘ [The Evolution of Primary Health Care in Fiji: Past, Present and Future](#)

Compass Women’s and Children’s Health Knowledge Hub

Products available from: <http://www.wchknowledgehub.com.au/our-resources>
or contact: Mary-Ann Nicholas, Program Coordinator, via email: [email: mary-ann@burnet.edu.au](mailto:mary-ann@burnet.edu.au)

Child Health

- ✘ [Briefing Paper: The Western Pacific Regional Child Survival Strategy: Progress and Challenges in Implementation](#)

Maternal, Newborn and Reproductive Health

- ✘ [Briefing Paper: Reaching emergency obstetric care: overcoming the ‘second delay](#)
- ✘ [Working Paper: Community-based care at birth – what role can it play in maternal and newborn survival in high mortality settings?](#)
- ✘ [Briefing Paper: Achieving MDG 5 for adolescents in Asia and the Pacific: lessons for the delivery of reproductive health services \(Part 1: a review of available data in nine countries\)](#)

Nutrition

- ✘ [Working Paper: Nutrition Critical Appraisal Tool to Support Governments to Prioritise and Manage the Scaling Up of Effective Interventions](#)