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STRENGTHENING LEADERSHIP, GOVERNANCE AND ACCOUNTABILITY

Effective leadership, governance and accountability, particularly at country level, is more critical now than ever in the Pacific due to increasing population health needs and demands, emerging challenges and rising health-care costs against a backdrop of limited resources.

Progress and achievements include: sustained political commitment to health; an enduring vision of Healthy Islands; development of regulations, policies and action plans; and enhanced service organization and delivery. However, more efforts are needed for equitable access to quality care and better health outcomes.

Other issues include: improving the quality and use of data and evidence for policy- and decision-making; country leadership in coordinating stakeholders and initiatives; balancing curative and preventive services; mobilizing community and individual participation; national capacity-building; and overcoming implementation bottlenecks.

Business as usual is not an option: bold action, driven by Pacific countries is needed to address health challenges. The need for strong leadership and governance is a common thread running through the achievements and challenges in the 20 years since the Yanuca Island Declaration. Strategic decisions and actions are proposed that include strengthening: Pacific health leadership and governance mechanisms; national capacity and multisectoral work; and partnerships and coordination.

1. BACKGROUND

The first Pacific Health Ministers Meeting (PHMM) in 1995 and subsequent biennial meetings included a focus on health systems, including leadership and governance. Leadership and governance involves ensuring strategic policy frameworks are combined with effective oversight, coalition building, appropriate regulations and incentives, attention to system design and accountability.[1] Each country's context and history shape the way leadership and governance is exercised.

A well-functioning health system responds in a balanced way to population needs and expectations by improving the health status of all people; empowering individuals and communities to attain better health outcomes; ensuring policy choices in other sectors promote health outcomes; protecting people against the financial consequences of ill-health; providing equitable access to people-centred care; and making it possible for people to participate in decisions affecting their health and health system.[2] This, in turn, requires good governance,[3] and a national plan with priorities, targets and indicators for monitoring and mutual accountability among stakeholders.[4]

While some Pacific island countries and areas (PICs) have a small private health sector, funding for most health care comes from the public sector. Many PICs receive significant donor support for the health sector. This makes a strong ministry of health essential, to maximize resource use. This includes investments in health promotion such as the NCD prevention and control "best buys".[5]

Collection and use of quality data is also critical for decision-making and to make information accessible to communities, civil society, health workers and policy-makers.[6] Factors influencing health often exist outside the health sector. As such, strong intersectoral relationships and data sharing agreements are needed among sectors.

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1 World Health Organization (WHO). *Everybody's business - strengthening health systems to improve health outcomes: WHO'S Framework for Action.* Geneva: WHO, 2007.

2 World Health Organization (WHO). Key Components of a well functioning health system. Geneva: WHO; 2010 (http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf, accessed on 4 March 2015).

3 Good governance mechanism and process brings in stakeholders, reviews evidence, considers tradeoffs between policy choices but ensures policy coherence across sectors, prioritizes the investment of financial and human resources, and set feasible targets for implementation.

4 Mutual accountability consists of three layers: being held to account (compliance); giving an account (transparency); taking account (responsiveness to stakeholders).

5 These are interventions for NCD risk factors and disease such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, cardiovascular disease and diabetes, and cancer: WHO, Ministry of Public Health and Social Development of Russian Federation. Discussion Paper: Prevention and control of NCDs: priorities for investment. Moscow: WHO; Ministry of Public Health and Social Development of Russian Federation; 2011 (http://www.who.int/nmh/publications/who_bestbuys_to_prevent_ncds.pdf, accessed on 4 March 2015).

6 WHO. Key Components of a well functioning health system. Geneva: WHO; May 2010. (http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf, accessed on 4 March 2015).

Opportunities to focus on leadership, governance and accountability include: the Healthy Islands review; the need to achieve the unmet health Millennium Development Goals (MDGs); and the post-2015 development agenda. The proposed post-2015 Sustainable Development Goals (SDGs) include a goal of ensuring healthy lives and well-being for all at all ages.[7] This goal should include a focus on universal health coverage – meaning that all people receive the services they need of sufficient quality without suffering financial hardship.

Other opportunities include reviews of the Pacific plan and framework for regionalism and the SIDS Accelerated Modalities of Action [SAMOA] pathway[8] where the Small Islands Developing States (SIDS) leaders reaffirmed their commitments:

- to develop and implement comprehensive whole-of-government and multisectoral policies and strategies for the prevention and management of diseases; and
- to strengthen health systems for the achievement of universal coverage of health services and the distribution of medical and drug supplies.

2. PROGRESS AND ACHIEVEMENTS

2.1 Enduring vision for health in the Pacific and political commitments

Healthy Islands has endured as a vision underpinning health-related work in the Pacific, with a focus on primary health care-based systems. Health is a national priority in most PICs as reflected in national development plans and annual health budget allocations, often exceeding 10% of total government budget. In 2012, the Pacific Forum leaders[9] acknowledged the urgent need for investment in health systems strengthening and in cross-sectoral, whole-of-country initiatives to achieve better health outcomes for all, supported by appropriate regional initiatives.

2.2 Response to the Pacific NCD crisis

Several PHMMs have focused on the evolving NCD crisis. In 1999 the health ministers called for long-term, integrated and multisectoral NCD programmes.[10] In 2003 the health ministers prioritized NCD surveillance. In 2007 the Pacific Framework for the Prevention and Control of Noncommunicable Diseases emphasized policy-based interventions. In 2011, the health ministers

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[7] Open Working Group proposal for Sustainable Development Goals [webpage]. New York: Sustainable Development Knowledge Platform; 2015 (https://sustainabledevelopment.un.org/owg.html, accessed on 4 March 2015).

[8] UNGA Adopts Resolution on Samoa Pathway [webpage]. SIDS Policy and Practice: a knowledgebase (http://sids-l.iisd.org/news/unga-adopts-resolution-on-samoa-pathway/, accessed on 4 March 2015).

[9] The 43rd Pacific Islands Forum in Rarotonga (August 2012) (Paragraph 43 of Forum Communiqué).

[10] The Palau Action Statement On Healthy Islands (Palau, 1999).

expressed grave concern about the NCD crisis facing PICs.[11] This led to a formal declaration by the Pacific leaders later that year.[12] The Pacific also provided inputs in advocating for the UN declaration of NCDs as a global crisis.

Pacific island countries and areas developed national crisis response packages to tackle NCDs. As implementation started, the need to engage the financial sector became apparent. The first joint meeting of ministers of health and finance in Honiara in 2014, led to development of a roadmap detailing the economic impact of the NCD crisis, and agreement on four very cost-effective strategies. This is an example of leadership from the health sector leading to multisectoral action.

2.3 Frameworks and targets

Meetings such as the PHMM have been useful in agreeing on Pacific-specific adaptations of global targets and regional frameworks to focus on how to achieve shared priorities. Examples are the adoption of the Tobacco Free Pacific goal by 2025 in Samoa in 2013 and the Pacific Health Development Framework 2014–2018 in Honiara in 2014. Frameworks for action on specific agendas include the Pacific NCD roadmap and Pacific Sexual Health & Well-Being Shared Agenda 2015–2019. Improving NCD monitoring and mutual accountability is being supported through a new alliance – the Pacific Monitoring Alliance for NCD Action (MANA).

2.4 Health planning, partnership and coordination

The importance of national health policies, strategies and plans (NHPSPs), driven by countries is widely recognized[13] and was discussed by health ministers in 2009 and in 2011.[14] At least 14 countries have a national health plan, and six PICs developed new plans in 2010 and 2011. Most of the NHPSPs are medium to long term (five to ten years or longer) and set out a national vision for health, goals and targets, strategic priorities and key programmes and activities. Some countries have annual operational plans to support NHPSP implementation.

The need for quality data for NHPSP development, decision-making and implementation tracking has been a recurrent theme for Pacific health ministers. Data are needed on morbidity and mortality, health services coverage including health financing, human resources and essential medicines and technologies. Efforts are being made to include stakeholders, partners, civil society and communities in NHPSP development, implementation and reporting, and in linking health sector data

[11] Honiara Communique on the Pacific Noncommunicable Disease Crisis (Solomon Islands, 2011).
[12] Forum Communique. Forty-second Pacific Islands Forum. Auckland, New Zealand. September 2011.
[13] WHO. Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care. Philippines: WHO, 2010 (http://www.wpro.who.int/topics/health_systems/wpro_strategy_health_systems_primary_health_care.pdf?ua=1, accessed 22 January 2015).
[14] Madang Commitment Towards Healthy Islands (Papua New Guinea, 2009) and Honiara Outcome (Solomon Islands, 2012).

to national statistics strategies for development. Capacity-building through training and mentoring in data analysis and use is ongoing in the Pacific.[15]

Leadership is also seen in national mechanisms for coordination and partnership, supporting aid effectiveness principles. About half of PICs have some kind of donor coordination group in the country. This ranges from ad hoc approaches where there are few partners on the ground, to regular coordination meetings chaired by the ministry of health. Two countries had embarked on a formal sector-wide approach for health.

Work on role delineation and defining service packages and delivery models is ongoing in several countries. This can help identify health resource needs and gaps, improve service delivery and define a referral system and continuum of care, including at the community level.

2.5 Leadership capacity development and system performance

Efforts to strengthen leadership, management and accountability include individual training and institutional strengthening such as the Health Leadership Development Initiative; ProLead; Pacific nursing leadership training; and sharing experiences through networks and alliances.[16] Other PIC efforts to strengthen health system performance include:

- crafting and implementing new health policies and laws and setting standards and guidelines for health services;
- improving health workforce capacity in quantity (increased production of health professionals through new schools of medicine and nursing; and using overseas training institutions such as in Cuba) and quality including continuing professional competencies through education and training;
- establishing inventory, supply chain and quality management systems for pharmaceuticals and health technologies including laboratories;
- improving health morbidity, mortality and services coverage data and information systems including health financing and costings; and
- revitalizing primary health care and improving service delivery, supervision and referrals.

[15] One example is the accredited Pacific Public Health Surveillance Network Data for Decision-Making Programme, revitalized in 2012.

[16] Examples are the Pacific Senior Health Officials Network, Pacific Health Information Network and the Brisbane Accord Group.

3. ISSUES

3.1 Incorporating lessons learnt in the Pacific

Health systems issues are complex and difficult to address sustainably. Lessons learnt include: (1) implementation of political commitments, frameworks for action and plans has fallen short or been taken up in a piecemeal way; (2) most countries are struggling to sustain their health systems and scale-up improvements; (3) the potential benefits of civil society engagement and participation in health are not fully harnessed; (4) hospitals and clinical services use a large proportion of health resources with some wastage and inefficiency; and (5) business as usual is not an option – effective leadership, country-specific focus and actions, and civil society participation are needed now, more than ever.

Significant changes in the Pacific health-care sector include increasing burdens of disease and ill-health, and population demands. These changes are taking place in the context of limited resources and rapidly changing political economies, thus strong leadership by PICs is needed to make strategic decisions to strengthen health systems efficiently and effectively.

There are gaps in data collection, analysis and use. Generating reliable data on births and deaths (through a national civil registration and vital statistics (CRVS) system), and other health-related indicators requires cooperation across departments. The health sector has a lead role in advocating the importance of these issues at the national level.

3.2 Strengthening the Pacific health architecture to be more relevant for countries

The Pacific plan[17] and the *Framework for Pacific Regionalism*[18] are foundations for securing political commitment for health issues. The Healthy Islands vision clearly aligns with Pacific leaders' vision. Stronger links between the PHMM and the leaders would benefit the health sector and beyond, particularly as many drivers of health are beyond the health sector.

The PHMM agenda tended to be crowded with institutional and programmatic issues that were often externally influenced, with minimal Pacific leadership and insufficient tracking and reporting on health development and progress in the Pacific. Since 2011, PICs are taking charge of the PHMM agenda. This positive development together with the empowerment of ministers and

[17] Pacific Islands Forum Secretariat (PIFS). The Pacific Plan for Strengthening Regional Cooperation and Integration. Fiji: PIFS, 2007. http://www.forumsec.org/resources/uploads/attachments/documents/Pacific_Plan_Nov_2007_version1.pdf (accessed 22 January 2015).

[18] PIFS. Framework for Pacific regionalism. Fiji: PIFS; 2014. http://www.forumsec.org/resources/uploads/embeds/file/Framework%20for%20Pacific%20Regionalism_booklet.pdf (accessed 22 January 2015).

heads of health in the *Framework for Pacific Regionalism* are opportunities to leverage the revamped Pacific health architecture that supports country needs.

More concretely, the PHMM agenda could focus on setting key strategic health directions and decision-making while heads of health can focus on implementing ministerial decisions and facilitating implementation of Pacific frameworks for action on specific agendas. This would provide a platform to identify areas in which regional (or subregional) collaboration would most benefit countries.

3.3 Increasing leadership to more effectively work across sectors at the country level

National health leadership needs to be prepared to lead change. Actions beyond the health sector are required, including lifestyles, and social and economic determinants of health. This demands skills to negotiate across sectors and to advocate whole-of-government and health-in-all-policies solutions. The need to work across sectors for sustainable health outcomes is a cornerstone of the Healthy Islands vision. Tackling the NCD crisis, mitigating the health impacts of climate change and integrating disaster response and disaster risk reduction are emerging challenges that add urgency to this issue.

At the same time, leaders must stay up to date with new approaches to lead and manage more effectively. Examples include discussions on using health security as a framework to tackle health crises, and the emerging issue of effective hospital management. Significant funds are allocated to hospitals in most countries and there is an increasing demand for curative services for NCDs and ageing populations. Understanding clinical governance as part of an accountability framework can ensure the entire scope of the system is considered. A partnership approach between public health and clinical services can lead to a more coherent system.

As changes in political leadership and senior management occur, the onus is on the new leadership to ensure positive achievements are sustained, deficiencies are addressed and strategic directions to meet future health needs are set, implemented, monitored and evaluated. Investment in building the leadership capability of mid-level managers can ensure continuity as changes occur.

3.4 Making aid effectiveness principles a reality

Slow uptake of aid effectiveness principles includes insufficient integration of regional programmes with government plans, coordination mechanisms and activities. In addition to NHPSPs, many PICs have a number of disease- or topic-specific strategies, each with its own set of indicators. This leads to fragmentation of work, and difficulties in monitoring and reporting. There is a need for a whole-of-system approach, as indicated in the SAMOA Pathway.

Across the spectrum of development efforts there is limited progress in the use of national financial management and procurement systems, and in the integration of duplicative performance reporting frameworks and information systems. This leads to continued high transaction costs for countries. At the same time, PICs are establishing national oversight committees for better accountability, and opening up processes such as budgeting for increased transparency, which can be implemented at the health sector level.[19] Governments need to take charge of the agenda to ensure development partners adhere to aid effectiveness principles.

4. FUTURE DIRECTIONS

4.1 Governments may consider:

(1) Strengthening Pacific leadership, governance and accountability.

- Focus the role of PHMM to setting evidence-based strategic directions, targets and indicators to monitor and report on health outcomes. The PHMM can also identify Pacific contributions to regional and global health agendas that meet PIC needs.
- Establish mechanisms for sharing country and individual experiences among health leaders and managers such as peer reviews of NHPSPs and learning from peer experiences (similar to the Forum Compact Peer Reviews[20]), joint policy dialogue, and mentoring and networking during PHMM and heads of health meetings (similar to the Pacific Senior Health Officials Network (PSHON)).[21]

(2) Improving the quality of data and evidence for policy- and decision-making, resource allocation and progress-tracking.

- Drive multisectoral collaboration to improve data for health through national committees, strategies for CRVS improvement and links to national statistics for development plans.
- Strengthen supportive regulatory, processes, roles and infrastructure for health information systems and explore opportunities to transition from paper-based to appropriate and sustainable digital systems.
- Define national core data sets that enable health leaders and managers to set directions, effectively plan, organize services, and rationally allocate and efficiently use resources.

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[19] PIFS. Effective leadership, institutions and mutually accountable partnerships. Fiji:PIFS, 2014

[20] (http://www.forumsec.org/pages.cfm/strategic-partnerships-coordination/pacific-principles-on-aid-effectiveness/forum-compact/peer-reviews.html?printerfriendly=true, accessed on 10 February 2015).

[21] Australian Government Department of Health. Pacific Senior Health Officials Network Activities Archive [webpage] (http://www.health.gov.au/internet/main/publishing.nsf/Content/pacific-archive, accessed on 10 February 2015).

- Build on initiatives[22] to improve the quality and timely use of health data and evidence for policy- and decision-making, resource allocation and tracking progress.
- Task the heads of health to develop sound technical policy briefs for ministers for effective dialogue and advocacy purposes.

(3) Improving and sustaining national leadership capacity, working across constituents and sectors, and ensuring coherence and integration of plans and interventions.

- Strengthen leadership capacity at national, subnational and community levels. Explore options to train new leaders and managers locally, including structured mentorships for new executives.
- Deploy and retain competent and skilled health managers to critical services such as clinical care and preventive programmes, with delegation of authority supported by adequate resources and incentives, including accountability and clinical governance.
- Develop and implement appropriate packages of services within integrated service delivery models – from community and primary care to hospitals – supported by referral and quality assurance systems, with community, patient and civil society participation.
- Ensure that health remains a top national development priority across sectors with allocation of sufficient resources by, for example:
    - linking NHPSPs with national development plans so that a health lens is applied to strategic priorities and targets, and to identify co-benefits between health and other sectors;
    - agreeing to shared priorities in preventive, curative, rehabilitative and palliative care across sectors with joint tasks identified, allocations made, and public reporting on progress towards targets; and
- Use public consultations, health advisory communities and hospital visitors' boards to involve other sectors, communities and patients in health policies and plans.

(4) Making aid effectiveness principles a reality.

- Use opportunities such as national health summits, conferences and NHPSP reviews to improve the quality and relevance of NHPSPs including high-level policy goals and approaches, targets and indicators and costings of interventions.

[22] Examples include the partnership for CRVS, Pacific public health surveillance network, Pacific syndromic surveillance system, Pacific data for decision-making programme, and the strengthening health interventions in the Pacific programme.

- Develop specific action plans at national and subnational levels (institutional and programmatic) to implement NHPSPs with wide stakeholder participation, including civil society.

4.2 Development partners may consider:

(1) Aligning their support with NHPSPs and using national systems for planning, budgeting, monitoring and reporting, in accordance with principles of aid effectiveness.