A RESOLUTION OF THE 21st MICRONESIAN CHIEF EXECUTIVES’ SUMMIT

Acknowledging the 20th Micronesian Chief Executives’ Summit (MCES) Joint Communiqué Regional Health Committee (RHC) and prior US-affiliated Pacific Island (USAPI) health leadership commitments to prioritize and strengthen regional and jurisdictional health surveillance systems, and to support investments in developing the capacity of associated Human Resources for Health (HRH) as a matter of utmost urgency.

WHEREAS, it is acknowledged that there continues to be a prevailing and serious epidemic of non-communicable diseases (NCDs), a high burden from communicable diseases, and multiple outbreaks of vector-borne and other outbreak-prone infections throughout the USAPIs and wider Pacific region; and

WHEREAS, it is acknowledged that the USAPIs are no longer disconnected from the rest of the world and, with improvements in air and sea travel, most of the USAPIs experience a significant influx of travelers, seafarers, businessmen, and other immigrants from Asian and Asian Pacific Rim countries, with histories and vulnerabilities to outbreak-prone infections of pandemic potential; and

WHEREAS, local EpiNet and LabNet teams have been established in each of the USAPI health agencies as part of the joint Secretariat of the Pacific Community (SPC) and World Health Organization (WHO) Pacific Public Health Surveillance Network (PPHSN), a wider Pacific network of health workers and regional technical agencies working together to collect, report, and disseminate data on notifiable and other outbreak-prone infections in the Pacific; and

WHEREAS, in 2013, the USAPI health leadership endorsed the establishment of the Regional NCD Core Surveillance Framework and Data Dictionary, an agreed minimum set of NCD health indicators that would be collected, analyzed, and reported on a consistent basis across all the USAPIs to enable improved monitoring, at both jurisdictional and regional levels, of changes in key NCD-related behavioral and mortality data; that they tasked the Pacific Island Health Officers’ Association (PIHOA) Secretariat, in partnership with the WHO, SPC, the U.S. Centers for Disease Control (CDC), University of Guam, University of Hawaii, the Fiji National University (FNU), and other relevant regional professional associations, to provide the necessary technical support to local health agency NCD and surveillance staff; and

WHEREAS, in 2015, at the Pacific Heads of Health and Pacific Ministers of Health meetings, the PIHOA Secretariat was endorsed as a member of the Pacific Monitoring Alliance for NCD Action (MANA), a special committee of the Pacific Heads of Health Sub-Committee, and in acknowledgement of the MCES Resolution 20-2: “Acknowledging Past Efforts in the North and South Pacific to Respond to the Impact of NCDs, Recognizing the Continued Worsening Trends of Most NCD Risk Factors and Associated Diseases and Conditions, and calling for Expanded and Strengthened Coordination Between the North and South Pacific Nations and Relevant Partners to Progress Prevention and Control of NCDs as a Matter of Utmost Urgency”; and

WHEREAS, at the 2015 57th PIHOA Meeting in Koror, Palau, the USAPI health officials endorsed the establishment of the Regional Epidemiology Unit (REU), compromising qualified regional Medical Epidemiologists and other Epidemiologists, to provide training and technical assistance to local health agencies, and to be hosted by the PIHOA Secretariat; and which is currently comprised of PIHOA Secretariat and CDC Epidemiologists operating out of the PIHOA Secretariat field office in Guam; and whom are currently tasked by the USAPI health officials to implement national/state-level Data for Decision Making training programs to train post-graduate, certificate-level Epidemiology Technicians in each of the health agencies, and which is accredited by the FNU; and

WHEREAS, local EpiNet, LabNet, and other health surveillance/statistics units in each of the USAPIs are at varying degrees of capacity and functionality, impeding consistent, timely, and quality collection, analysis, and reporting of health surveillance information; that many local health agencies continue to face challenges with chronic shortages of qualified staff and insufficient resources to fully develop and maintain, and effectively utilize and coordinate, local
health surveillance and epidemiological efforts, impacting quality and timely national/state and regional-level health performance monitoring and impact evaluation, and public health planning and response; that recent, multiple, and sometimes concurrent outbreaks across neighboring USAPIs of measles, TB, dengue, and chikungunya evidence continued gaps in effective hospital and public health surveillance for timely detection and initiation of early warning responses and interventions, compounded by the adverse impacts of climate change, harming human life and community well-being; and

WHEREAS, despite the commitments made and critical gains achieved in establishing and strengthening health surveillance and epidemiology capacity and systems in the USAPIs, and despite strengthened cross-sectoral and joint partnership efforts at the state and national levels, there remain critical gaps and deficiencies in health surveillance systems' functionality and locally available skilled human resources; that an underpinning and chronic challenge to training locally qualified health surveillance staff is the K-12 under-preparation in math, English, science, and technology, which must improve to enable local healthcare workers to be accepted into and survive the academic rigors of an undergraduate and post-graduate education in epidemiology, or related health science fields; and

WHEREAS, the 20th MCES acknowledged the importance of building epidemiology/surveillance capacity, and committed to investing resources to strengthen epidemiology/surveillance capacity and supporting efforts for joint planning and implementation of training opportunities amongst technical agencies including PIHOA, SPC, WHO, regional institutions of higher learning and the U.S. federal programs; and pledged to support efforts spearheaded by PIHOA to build regional epidemiology and surveillance technical assistance capacity; and

NOW THEREFORE, BE IT RESOLVED, in keeping with the 20th MCES Joint Communiqué, the Chief Executives commit to investing and supporting the strengthening of local epidemiology and surveillance systems and capacities; affirm that this is of critical importance to better assess and evaluate the performance of health systems and program interventions; affirm that this is of critical importance to generate accurate and timely data, information, and analysis that informs evidence-based health policy, health systems strengthening, and program delivery efforts; and further affirm that a skilled and prepared health surveillance workforce of adequate size and systems support is critical to achieving robust health surveillance systems; and

BE IT FURTHER RESOLVED, the Chief Executives, in keeping with prior commitments to support and invest in HRH/health workforce development, shall focus state/national efforts to strengthen the K-12 curriculum for math, science, English, and technology, and associated foundational courses at local community colleges and universities, with the aim of establishing a well-prepared cohort able to enter and survive rigorous health career tracks, including formal and non-formal epidemiology/surveillance training programs; and

BE IT FURTHER RESOLVED, in follow up to the 20th MCES RHC presentation and Joint Communiqué, the Chief Executives shall invest jurisdictional resources in the form of scholarships, tuition, and other financial support to sustain the on-going implementation of
state/national DDM and related formal epidemiology/surveillance training programs as jointly implemented by the PIHOA Secretariat, CDC, SPC, WHO, FNU, and University of Guam; and shall further invest jurisdictional resources, in the form of scholarships, tuition, and other financial support, to enable successful local DDM cohorts to continue their training in the regional Applied Field Epidemiology Training program jointly implemented by the SPC and FNU, in partnership with the PIHOA Secretariat, CDC, and WHO; and

BE IT FURTHER RESOLVED, that copies of this Resolution shall be transmitted to local and regional academic institutions of higher learning and teaching hospitals, including but not limited to the University of Guam, Fiji National University, University of Hawaii (including associated community college systems), College of the Marshall Islands, Northern Marianas College, American Samoa Community College, Guam Community College, Palau Community College, College of Micronesia-FSM; and regional health professional associations, including but not limited to the Pacific Basin Medical Association, Pacific Basin Dental Association, Association of USAPI Laboratories, Northern Pacific Environmental Health Association, Pacific Basin Public Health Association, Pacific Islands Primary Care Association, Cancer Coalition of the Pacific Islands, and Pacific Behavioral Health Collaborating Council; and regional technical agencies, including but not limited to WHO, SPC, PIHOA, U.S. Department of Interior, and all the relevant agencies of the U.S. Department of Health and Human Services.
Signed this 24th Day of February, 2016 at the 21st Micronesian Chief Executives’ Summit in Koror, Republic of Palau.

TOMMY E. REMENGESAU, JR.
President
Republic of Palau

PETER M. CHRISTIAN
President
Federated States of Micronesia

HILDA C. HEINE, Ed. D
Président
Republic of the Marshall Islands

EDDIE BAZA CALVO
Governor
U.S. Territory of Guam

JOHNSON ELIMO
Governor
Chuuk State, FSM

TONY GANDIONGAN
Governor
Yap State, FSM

MARCELO K. PETERSON
Governor
Pohnpei State, FSM

CARSON SIGRAH
Lt. Governor
Kosrae State, FSM

VICTOR BORJA HOCOG
Lt. Governor
Commonwealth of the Northern Mariana Islands