

Pacific Heads of Health

Terms of Reference

April 2018

Terms of Reference Pacific Heads of Health

1. Introduction

Pacific Heads¹ of Health (PHOH) operates under the auspices of the Pacific Health Ministers (PHM). The function of the PHOH is to improve the coordination² of the work of Ministries of Health and their respective partners, and to advise and oversee the implementation of decisions made by PHM as well as relevant health-related decisions made by the Pacific Islands Forum (PIF)³ and Micronesian Islands Forum (MIF)⁴. The overall aim is to strengthen the linkages between national and regional level mechanisms and improve the delivery of regional health policies and services in order to protect and improve the health of the people of the Pacific region.

2. Role

The role of PHOH is to ensure that PHM are provided with clear guidance, advice and support from their senior officials to enable PHM to make informed decisions on policy options that address regional health issues of strategic importance. It includes oversight of the implementation of the Pacific Healthy Islands Vision and regional priorities including those identified in the Framework for Pacific Regionalism (FPR).⁵

3. PHOH membership

Membership of the PHOH consists of HOH⁶ from Pacific Island countries and territories (PICTs) and includes Australia and New Zealand.

4. Operating principles

PHOH operates as a 'policy advisory' and technical group, providing executive-level oversight for regional functions in the Pacific, including Regional Public Goods in health. Policy decisions are made at the country level through the usual government processes, with regional policy decisions made at the PHOH meeting (PHOHM), PHM meeting (PHMM), PIF and/or MIF. PHOH

¹ 'Heads' of sector is the terminology used in other sectors under the PIF architecture to describe the Secretaries and Director Generals. Standard terminology in other sectors is to use the term "Forum" to describe ministerial-level groupings, and "Heads" of sector to describe official level groupings, e.g. Forum Economic Ministers, Heads of Statistics.

² The coordination functions of the PHOH involve technical discussions and debriefings, and policy decisions on regional work, which consider the country and context-specific work at the national level. this is repetitive of the preceding sentence

³ PIF includes Australia, Cook Islands, Federated States of Micronesia (FSM), Fiji, French Polynesia, Kiribati, Nauru, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea, Republic of Marshall Islands (RMI), Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

⁴ MIF includes Commonwealth of the Northern Mariana Islands (CNMI), FSM, Guam, Palau and RMI and is included because CNMI and Guam are not members of PIF.

⁵ The FPR was endorsed by PIF Leaders in July 2014 and replaces the Pacific Plan for Strengthening Regional Cooperation and Integration. It is intended to support "focused political conversations and settlements that address key strategic issues, including shared sovereignty, pooling resources and delegating decision-making".

⁶ Includes CEOs, Directors, Director Generals, Permanent Secretaries and Secretaries.

may, in consultation with their respective ministers, also advise other ministerial groupings when a health issue falls within their jurisdiction.

- Accountability – members are accountable individually to their respective Ministers of Health, and collectively to the PHMM.
- Pacific Healthy Islands Vision – to ensure a clear focus, the Pacific Healthy Islands Vision, its objectives, and the Healthy Islands Monitoring Framework (HIMF) should continue to shape the PHOHM.
- Aid effectiveness – PHOH will adhere to agreed aid effectiveness principles.

5. Responsibilities of PHoH

- Advise PHMM, PIF and MIF on health issues of strategic importance to the region and the development of a collective view on global health developments relevant to the Pacific region and opportunities for regional collaboration in health.
- Oversee the development, implementation and monitoring of activities related to the Pacific Healthy Islands Vision and identify priority areas for approval by PHMM (and PIF and MIF as appropriate), and ensure PHOH complements and adds value to national development and health strategies and plans.
- Advise PIF on the implementation of the Pacific Healthy Islands Vision and the Framework for Pacific Regionalism as it relates to health, within and outside the health sector.
 - Provide advice and commission analysis to inform policy development by PHMM in relation to regional services and the delivery of Regional Public Goods.
 - Direct the PHOH secretariat to commission analysis to inform decisions or evaluate performance of agreed functions or activities (working with other bodies as appropriate).
 - Oversee implementation and ensure efficient mechanisms for cooperation on policy and technical health issues, which may include establishment of time-limited working groups.
 - Provide Pacific health regional bodies, for example the Pacific Public Health Surveillance Network (PPHSN), with a mechanism to link with the regional architecture of PHM and PIF and MIF Leaders.
 - Report to PIF and MIF, through the PHMM, on matters as requested by Leaders, including relevant regional agreements.

6. Pacific Heads of Health Meeting (PHOHM)

To ensure the PHOHM conducts its business in an efficient and effective manner, the following arrangements will be adopted with regards to chairing the meeting.

6.1 Chair

The country hosting the PHMM chairs the PHOHM. The chair's term starts at the beginning of the year of the PHMM.

6.2 Deputy chair

The deputy chair will assist the chair in facilitating meetings.

To ensure that a strong link with the PHMM is maintained, and institutional knowledge is shared from outgoing to incumbent chairpersons, the schedule for the chair and deputy chair is as follows:

	Chair for PHOHM	Deputy Chair for PHOHM
Year before PHMM	Host of last PHMM	Host of next PHMM
Year of PHMM	Host of PHMM	Host of last PHMM
Year after PHMM	Host of last PHMM	Host of next PHMM

7. PHOHM attendance

PICTs are encouraged to send their HOH to the annual PHOHM.

8. PHOHM conduct

PHOH will ensure meetings, out-of-session processes, subcommittee arrangements and secretariat arrangements are efficient, present a well-structured agenda, provide good and fair chairing, and ensure timely circulation of meeting papers and reports (at least 2 weeks prior to the PH)HM).

9. PHOHM subcommittees

PHOH may establish standing committees or working groups to progress its work as subcommittees. Standing committees operate under similar Terms of Reference, subordinate to PHOH. Consistent with the principles above, the number of committees and working groups will be kept to a minimum, and in most cases will be strictly time-limited.

To assist in facilitating the work of PHOH (especially out of session), a PHOH subcommittee will be made up of the following members:

- Chair
- Deputy Chair
- Representative from Melanesia
- Representative from Polynesia
- Representative from Micronesia
- Representative from Francophone countries
- Representative from Australia and New Zealand

10. PHOHM schedule

The PHOH will meet annually, outside the May–August period when ministries are preparing their annual plans and budgets. In those years when the biennial PHMM is being held (noting

that PHMs also meet annually at both the margins of the World Health Assembly (WHA) and WHO Western Pacific Regional Committee Meeting (RCM)), the PHOHM will be held no less than four months before the PHMM. This is to enable PHOH to help shape the agenda for the PHMM and assist in the preparation for the meeting.

A template for the meeting agenda is attached as Annex 1.

11. Secretariat arrangements

The country chairing the PHOH will lead the preparation for the PHOH meeting, with secretariat support provided by the Pacific Community (SPC), WHO and the Pacific Islands Health Officers Association (PIHOA) with linkage to the PIF Secretariat (PIFS) and MIF Secretariat (MIFS), as appropriate. PHOH retains the right to review and modify those arrangements.

12. Linkages to the broader Pacific Islands Forum and regional health architecture

The relationship between PHOH, PHM, PIF and the MIF architecture and country level arrangements for development cooperation in health is set out in Annex 2.

13. Review of Terms of Reference

The PHOH shall retain the right to review and amend the Terms of Reference every two years.

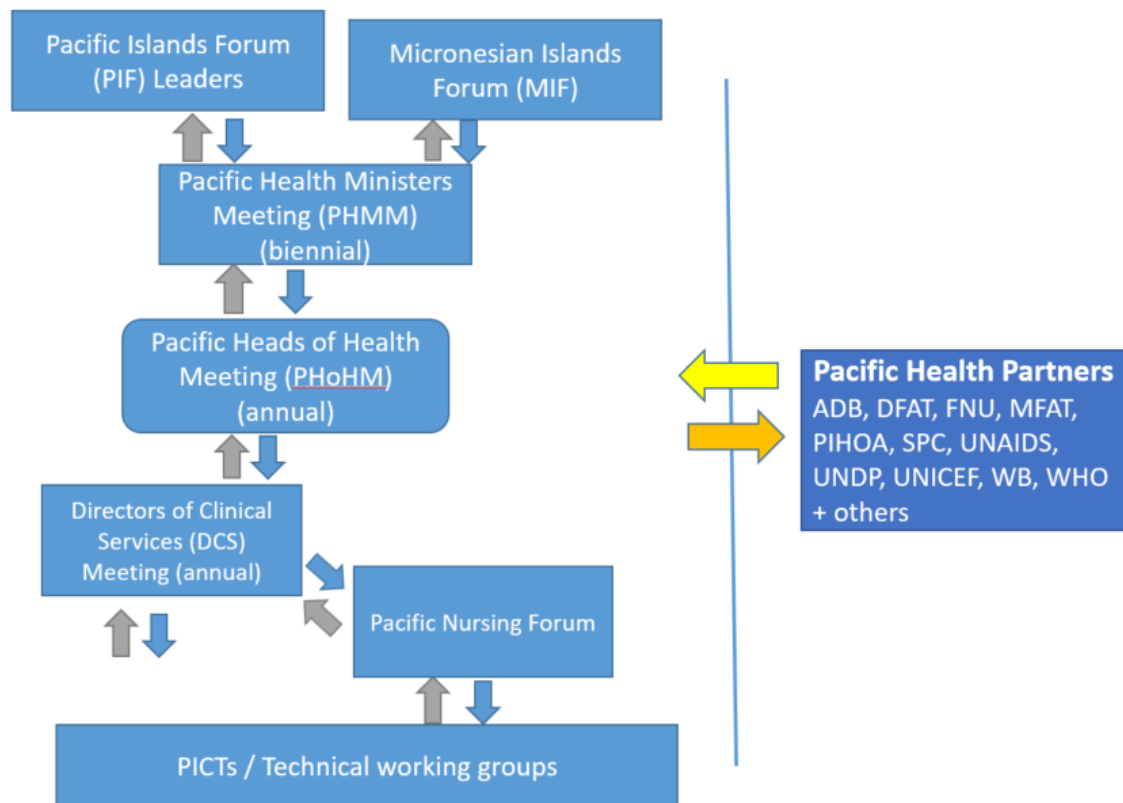
Annex 1

Proposed template for PHOHM agenda

1. Opening ceremony
2. Review of progress of PHoH and PHMM directives
3. Closed session for PHoH
4. Universal Health Coverage / Primary Health Care
5. Monitoring, evaluation and learning (HIMF)
6. Human resources for health
7. Climate change and health
8. Health security
9. Update from Directors of Clinical Services Meeting
10. Non-communicable diseases
11. Reproductive, maternal, newborn, child, adolescent health (RMNCAH)
12. Planning for PHMM, WHA, RCM
13. Other matters
14. Next meeting

Annex 2

Pacific regional health architecture



Annex 3 – Abbreviations

ADB	Asian Development Bank
CNMI	Commonwealth of the Northern Mariana Islands
DFAT	(Australia) Department of Foreign Affairs and Trade
FNU	Fiji National University
FSM	Federated States of Micronesia
FPR	Framework for Pacific Regionalism
HIMF	Healthy Islands Monitoring Framework
HoH	Heads of Health
MFAT	(New Zealand) Ministry of Foreign Affairs and Trade
MIF	Micronesian Islands Forum
PHC	Primary Health Care
PHoH	Pacific Heads of Health
PHoHM	Pacific Heads of Health Meeting
PHM	Pacific Health Ministers
PHMM	Pacific Health Ministers Meeting
PIFS	Pacific Islands Forum Secretariat
PIHOA	Pacific Islands Health Officers' Association
PPHSN	Pacific Public Health Surveillance Network
RMI	Republic of the Marshall Islands
SPC	Pacific Community
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
WB	World Bank
WHO	World Health Organization