

REGIONAL INITIATIVE TEMPLATE

Please complete each section below.

1. Contact Details

Please provide the following contact details:

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2. Name of Initiative

Strengthening Specialized Clinical Services in the Pacific (SSCSIP)

3. Background and Rationale

You may consider: What is the issue being addressed by this initiative? What are the causes of this issue? Are there relevant studies that have been carried out to support the issue? Are there links to national, regional or international goals/policies?

Please limit your response to no more than 750 words.

Background:

A core element of a functional health system is the ability to provide curative health services. While community level primary care is the mainstay of these services (and is acknowledged as such in national health strategic plans in the Pacific), there is a parallel need for secondary and tertiary services to address more complex established or non-preventable conditions, support health care workers in the community, and meet community expectations of effective health care. The isolation and relatively small populations of many Pacific Island countries and the capacity of their health workforce often restrict the range of specialised clinical services that they are able to provide. For more than two decades, gaps in these services have been filled by visiting individual specialists and teams (funded through government, donors and charitable organisations), and by off-shore referral for treatment in countries able to provide a higher level of care. There is an ongoing need for these services.

A new program to support and strengthen health systems and services:

While service delivery and quality are highly appreciated, Pacific Island countries have requested a greater focus on enhancing their own capacity to deliver more of these specialised services, and a greater level of coordination of assistance for specialised clinical care. This new program called Strengthening Specialised Clinical Services in the Pacific (SSCSIP), with an emphasis on the first two years – this will be the initial phase of a longer-term, coordinated commitment to strengthening the health workforce and clinical service delivery in the Pacific. This program is needed now more than any time in our history due to the NCD epidemic. Whilst SPC and WHO provide public health services this is the only program of its kind that is provided by an institution in the region to provide support for Specialist Clinical Services

The program has two broad objectives:

- a) To support Pacific Island countries to plan for, access, host and evaluate specialised clinical services; and
- b) To strengthen health worker skills, capacity and capability to meet clinical service needs.

Together, these objectives will result in better planning and improved local capacity to meet secondary and tertiary health needs in a way that is appropriately balanced against each country's primary and preventive care priorities.

4. Description

Please provide a brief overview of this initiative. Try to address the following: Does this initiative contribute to a positive change to the region? What makes this initiative of importance to the Pacific region as a whole? Who would implement this initiative? Who are the main beneficiaries? Are regulatory or legislative changes required at the national level to implement this initiative? How would the initiative be funded? Has this initiative been carried out previously? What are the key risks in implementing this initiative? Are there any complementary projects and programmes currently active? What is the proposed timeframe for this initiative? How would the initiative be sustained over the proposed timeframe?

Please limit your response to no more than 750 words.

Background:

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Program objectives:

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- c) To support Pacific Island countries to plan for, access, host and evaluate specialised clinical services; and
- d) To strengthen health worker skills, capacity and capability to meet clinical service needs.

Together, these objectives will result in better planning and improved local capacity to meet secondary and tertiary health needs in a way that is appropriately balanced against each country's primary and preventive care priorities.

Strengthening national health systems and planning:

Pacific Island countries will be encouraged and supported to maintain or set up national Specialised Clinical Services Committees to assess referrals and determine the appropriateness and level of priority for visiting speciality services. These committees will work closely with SSCSiP and service providers to ensure that specialised clinical services are appropriate, coordinated and, wherever possible, take a longer term view of development of local capacity to deliver those services. This broader aspiration will move at a varying pace between different countries, and is set on a time frame beyond the duration of the initial phase of SSCSIP.

Specialised clinical services support:

- e) **Visiting specialised clinical service teams:** Visiting teams and individual specialists will address the service needs of Pacific Island countries in a planned and coordinated manner and within budget. Teams will enter into a simple service agreement between requesting country and service provider for each visit; the DaCT will help to develop these agreements. Team inputs will not only focus on service provision but will also be tied to clear developmental activities and outcomes.
- f) **Off-shore referral:** Where a higher level of care is required and, if that care is only available outside the country, a referral service (e.g. a hospital in another country) will be accessed; that hospital may be within the Pacific, in Australia or New Zealand, or elsewhere.

Service providers for the visiting teams and for referral services will be contracted by the donor agencies through a direct funding channel that is separate from the DaCT.

Based on its analytical, planning and coordination work, the DaCT will be able to advise donors, Pacific Island countries and other stakeholders on the likely level of external funding needed to support clinical services in each participating country.

Capacity building focus:

- g) Visiting services will have a dual focus on providing specialised clinical care and development of local capacity. Projection of the health worker, institutional and system needs for specialised clinical care will be undertaken as an early activity.
- h) The focus on capacity development will be achieved through a range of approaches. In the first two years, this will include (at a minimum) agreements on the capacity development outcomes of visiting services, with the active involvement of local personnel.
- i) The SSCIP will be expected to advise stakeholders on longer-term approaches to institutional capacity building beyond the mandate of the current initiative such as:
 - i) the provision of opportunities to train, mentor and develop the specialised clinical services human resources of selected countries – this will be supported through continuity of visiting specialists and through harmonisation with the post-graduate training programs of the Fiji School of Medicine (so that relationships with individuals and staff can be sustained to nurture skills and capacity and provide guidance on career development);
 - ii) institutional strengthening, with a focus on the role of professional associations, societies and peer networks and the medical and nursing councils;
 - iii) institutional linkages within the Pacific and with Pacific Rim partners to ensure good coordination of technical assistance; and
 - iv) development of support systems and services, including infrastructure, biomedical equipment, pharmaceutical supplies and diagnostic services, consistent with the size of the country's health system.

5. Alignment to Regional Vision, Values and Objectives

Briefly describe how your initiative supports the vision, values and objectives set out in the Framework for Pacific Regionalism. These can be found in the Framework for Pacific Regionalism document or in the submissions guideline document.

Please limit your response to no more than 500 words

To guide development assistance in the Pacific, the Pacific Islands Forum Secretariat has drafted the *Pacific Aid Effectiveness Principles* (2007), which adapt the *Paris Declaration* (2005) to the Pacific context and to which most Pacific Islands and development partners are signatory; the *Pacific Principles* are summarised in the Box below. The *Accra Agenda for Action* (2008) and the *Cairns Compact on Strengthening Development Coordination in the Pacific* (2009) reaffirm this approach, with additional emphasis on *conditionality* (i.e. donors switch from a reliance on prescriptive conditions about how and when aid money is spent to criteria based on the developing country's own development objectives), *alignment* (ensuring support is in line with government planning for the sector), *harmonisation* (coordinating donor support), *use of partner systems* (including financial, procurement, monitoring and evaluation) and *untying* (donors relax restrictions that may prevent developing countries from buying the goods and services they need from whomever and wherever they can get the best quality at the lowest price).

Furthermore, the *Framework for Pacific Regionalism* proposes new and innovative approaches for PICs to address the unique challenges that they face through a framework of greater regional cooperation and integration.

Donors have similarly committed to ensure development with Pacific partners is framed in a policy context based on the above principles. For example, the Pacific Partnerships for Development commit Australia and Pacific nations to work together to meet common challenges through shared development objectives, raise the standard of living for people throughout the region and, in particular, make more rapid progress towards achieving the Millennium Development Goals (MDGs).

The strategies underpinning the present design are based on a clear commitment to the *Pacific Principles*, *Cairns Compact* and *Pacific Plan*, while remaining cognisant that historical practices and relationships and current government systems may all influence how quickly these regional and global agreements can be fully adopted.

However, in spite of the long history of support through development partners, the scope and appropriateness of many specialised services remains wanting. There is a need for better planning and coordination to ensure that support builds local capacity; and is delivered in a way that is both efficient and of high quality. There is a parallel need for strengthening of workforce planning and approaches to continuous professional development (CPD) within the MoHs. *Pacific countries have requested that a program of externally provided specialist clinical services continue, but with a greater focus on developing the capacity of health services within the Pacific Islands to deliver those services* (noting also that this is a longer term vision).

To maximise the benefit of this development assistance:

- a) the level, scope and coordination of specialised clinical services should be progressively determined and planned by the Pacific MoHs, while maintaining appropriate balance in relation to primary and preventive health care services (as determined by each country's national health strategic plan);
- b) Pacific Island health workforce and capacity should be developed to reflect the needs of each country and the region (in accordance with the principles of the 2005 *Samoa Commitment*), and should also build on existing

- national and regional approaches to professional development (including individual mentoring, peer support, postgraduate training opportunities and institutional linkages);
- c) adjunct services and supplies (e.g. medical equipment and maintenance services, pharmaceutical supply) should be available when needed;

6. Additional Information

Please provide or attach additional information in support of this initiative.

Please limit your response to no more than 5 pages.

Background:

A core element of a functional health system is the ability to provide curative health services. While community level primary care is the mainstay of these services (and is acknowledged as such in national health strategic plans in the Pacific), there is a parallel need for secondary and tertiary services to address more complex established or non-preventable conditions, support health care workers in the community, and meet community expectations of effective health care. The isolation and relatively small populations of many Pacific Island countries and the capacity of their health workforce often restrict the range of specialised clinical services that they are able to provide. For more than two decades, gaps in these services have been filled by visiting individual specialists and teams (funded through government, donors and charitable organisations), and by off-shore referral for treatment in countries able to provide a higher level of care. There is an ongoing need for these services.

A new program to support and strengthen health systems and services:

While service delivery and quality are highly appreciated, Pacific Island countries have requested a greater focus on enhancing their own capacity to deliver more of these specialised services, and a greater level of coordination of assistance for specialised clinical care. This new program called Strengthening Specialised Clinical Services in the Pacific (SSCSiP), with an emphasis on the first two years – this will be the initial phase of a longer-term, coordinated commitment to strengthening the health workforce and clinical service delivery in the Pacific.

Donor involvement in the new program:

NZAID and AusAID (and potentially other development partners) will continue to support visiting clinical service providers and some off-shore referral. SSCSiP will enhance the organisation and effectiveness of specialised clinical care and build local capacity. This approach is consistent with AusAID, NZAID and national priorities in making Pacific health systems more effective. The SSCSiP will ensure that donor support is well coordinated, harmonised and consistent with the *Pacific Aid Effectiveness Principles*.

Program objectives:

The program has two broad objectives:

- j) To support Pacific Island countries to plan for, access, host and evaluate specialised clinical services; and
- k) To strengthen health worker skills, capacity and capability to meet clinical service needs.

Together, these objectives will result in better planning and improved local capacity to meet secondary and tertiary health needs in a way that is appropriately balanced against each country's primary and preventive care priorities.

Role of the SSCSiP Team:

SSCSiP resources and assistance will be accessible by all participating countries – including MTS-supported countries – where countries believe the SSCSiP can add value to other assistance already being provided. It will assist countries to strengthen their specialised clinical services by:

- l) supporting their capacity to plan, prioritise and manage clinical services;
- m) helping to coordinate specialised clinical service provision in each country and across the region through consolidated biennial planning (with detailed annual activity plans), and linking those plans with appropriate support services (e.g. biomedical engineering, radiology, blood transfusion services);
- n) ensuring that specialist services maintain a focus on skills transfer and capacity development;
- o) informing development partner support for the long-term enhancement of health worker, institutional and systems capacity to meet specialised clinical service needs within each country (including referral networks) and across the Pacific region; and
- p) Supporting measurement of program effectiveness at country and regional level.

The ultimate, longer-term vision is for the roles of the SSCSiP to be gradually absorbed into national health system functions.

Strengthening national health systems and planning:

Pacific Island countries will be encouraged and supported to maintain or set up national Specialised Clinical Services Committees to assess referrals and determine the appropriateness and level of priority for visiting speciality services. These committees will work closely with the SSCSiP and service providers to ensure that specialised clinical services are appropriate, coordinated and, wherever possible, take a longer term view of development of local capacity to deliver those services. This broader aspiration will move at a varying pace between different countries, and is set on a time frame beyond the duration of the initial phase of SSCSiP.

Specialised clinical services support:

q) **Visiting specialised clinical service teams:** Visiting teams and individual specialists will address the service needs of Pacific Island countries in a planned and coordinated manner and within budget. Teams will enter into a simple service agreement between requesting country and service provider for each visit; SSCSiP will help to develop these agreements. Team inputs will not only focus on service provision but will also be tied to clear developmental activities and outcomes.

r) **Off-shore referral:** Where a higher level of care is required and, if that care is only available outside the country, a referral service (e.g. a hospital in another country) will be accessed; that hospital may be within the Pacific, in Australia or New Zealand, or elsewhere.

Service providers for the visiting teams and for referral services will be contracted by the donor agencies through a direct funding channel that is separate from the SSCSiP

Based on its analytical, planning and coordination work, SSCSiP will be able to advise donors, Pacific Island countries and other stakeholders on the likely level of external funding needed to support clinical services in each participating country.

Capacity building focus:

s) Visiting services will have a dual focus on providing specialised clinical care and development of local capacity. Projection of the health worker, institutional and system needs for specialised clinical care will be undertaken as an early activity – led by the Ministry of Health and supported by the SSCSiP – within each participating country.

- t) The focus on capacity development will be achieved through a range of approaches. In the first two years, this will include (at a minimum) agreements on the capacity development outcomes of visiting services, with the active involvement of local personnel.
- u) The SSCSiP will be expected to advise stakeholders on longer-term approaches to institutional capacity building beyond the mandate of the current initiative such as:
 - i) the provision of opportunities to train, mentor and develop the specialised clinical services human resources of selected countries – this will be supported through continuity of visiting specialists and through harmonisation with the post-graduate training programs of the Fiji School of Medicine (so that relationships with individuals and staff can be sustained to nurture skills and capacity and provide guidance on career development);
 - ii) institutional strengthening, with a focus on the role of professional associations, societies and peer networks and the medical and nursing councils;
 - iii) institutional linkages within the Pacific and with Pacific Rim partners to ensure good coordination of technical assistance; and
 - iv) development of support systems and services, including infrastructure, biomedical equipment, pharmaceutical supplies and diagnostic services, consistent with the size of the country’s health system.

Organisation of the Development and Coordination Team:

- v) The DaCT will be responsible for technical support and strategic development
- w) Through a Stakeholder Reference Group, country representatives and other stakeholders will provide high-level advice and oversight for the program, and review the progress and effectiveness of SSCSiP.
- x) The DaCT will operate as functionally independent from individual countries and from contractors engaged to provide visiting or off-shore clinical services.
- y) The preferred location for the DaCT is Suva, which is central to participating countries and has good transportation linkages.
- z) Fiji School of Medicine (FSMed) FSMed would also have operational responsibility for Team mobilisation and support, and for meeting program management needs.

Partnerships:

The SSCSiP will foster a close partnership with professional associations in the Pacific.

To ensure harmonised and efficient system and service strengthening, the SSCSiP will also interact closely with other regional development partners – in particular:

- i) entities assisting with capacity development for health systems (e.g. through the SWAp in Samoa or the Solomon Islands, or through bilateral donors in some other countries);
- ii) entities providing assistance with health workforce capacity development (e.g. the Pacific Human Resources for Health Alliance, FSMed and WHO’s Pacific Open Learning Health Network); and
- iii) government, inter-governmental and multilateral organisations providing assistance in the health sector that interfaces with clinical service delivery (e.g. SPC and WHO for the NCD Framework).

The SSCSiP will be guided by underlying principles of development effectiveness, including the *Pacific Partnerships for Development* where these have been negotiated with participating countries (paragraphs 15-18 in the main document refer).

Monitoring and Evaluation:

Program activity in each country will be monitored through regular, short reports of visiting teams to the Ministry of Health (copied to the SSCSiP for quality assurance and contract monitoring) and formal annual reports on progress against the rolling biennial work plan (which will also include an annual report).

Development effectiveness will be focusing on the higher level aspects of the program:

- i) benefit (patient and country level), including assessment of equity of access, clinical effectiveness, cost effectiveness and social impact; and
- ii) capacity development of the national health systems (in planning and resource allocation) and clinical service capacity.

Mobilisation and refinement of approaches:

Consistent with the longer-term vision and the principle of predictability of aid, periodic joint reviews will examine the program's ability to add value to specialised clinical services and workforce development. The first such external review will be undertaken soon after inception; it will examine early progress towards the program's objectives; provide recommendations on direction and balance of support for specialised clinical services in the ensuing period; and provide recommendations on frequency of subsequent periodic reviews.

These subsequent reviews would not only assess the progress and focus of the SSCSiP but also management of risks and the integrity of development assistance in its efforts towards alignment and eventual integration into country

7. Uploading initiatives to the Forum Secretariat website

In line with the process outlined in the Framework for Pacific Regionalism, please note that all initiatives will be uploaded to the Forum Secretariat website at the close of the call for initiatives, i.e. 12 June 2015.

8. Contact Details

For further information on completing this template, consult the submissions guideline or contact:

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