Regional Health Meetings in the Pacific and their Impact on Health Governance

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As a result of the increased number of regional health meetings in the Pacific region, senior health professionals in the Pacific have expressed concern about the costs, effectiveness and legitimacy of these gatherings. Our review of health meetings in the Pacific identified 52 meetings that take place as regular gatherings of regional governance mechanisms and 14 one-off meetings in a 12 month period. Stakeholder interviews revealed that while some are effective forums for information sharing, the proliferation of health meetings has added to workloads and some have unhelpfully mixed mandates, little continuity of staff attendance, and duplicate areas of focus with other governance mechanisms. Consolidation of some meetings is encouraged and greater efforts are needed at ensuring Pacific participation and ownership. Governance mechanisms that provide direct in-country support may be preferable to regional approaches.

INTRODUCTION

The increased complexity of health governance around the world, both at the global and at the regional level, has been noted by a number of commentators.[1] [2] [3] A 2007 DFID report states that global health policy development and implementation comprised 40 bilateral donors, 26 UN agencies, 20 global and regional funds, and 90 global health initiatives.[4] This situation led Dodd and Hill to state that globally, "health aid is increasingly characterised by diversity, complexity and innovation" causing "growing uneasiness, a sense that things are getting out of control" as well as duplication and high transaction costs.[5] The conventional characterisation of health governance as an "architecture" of global and regional health institutions has been called inadequate; "architecture" implies solidity and inflexibility whereas the real situation is one of fluidity and change.[6] [7]

In order to better govern and coordinate this proliferation, the Paris Declaration and Accra Agenda for Action led efforts for greater harmonization and alignment among those involved in international development.[8] Despite these efforts, Hill recently noted that the "comprehensive and dynamic emergence and continuing transformation of global health have not been matched by a complementary development of global governance" suggesting that the global health community has not yet figured out how to coordinate and govern the various funding streams, organisations and mechanisms.[9]

There have been a number of documents and articles on health governance at the global level and some on impacts at country level.[10] [11] In the Pacific, there has been relatively little scrutiny of regional governance in health, although Duncan (2005) and others have noted that health is a sectoral priority for regional approaches.[12] Regionalism is a key issue for the Pacific because there has been a proliferation of development actors who prefer to engage with this collection of small island states through regional groupings, and because regional approaches can offer countries the chance to tap the efficiencies of acting at scale.[13]

The 22 sovereign Pacific Island countries and territories (PICTs) that comprise the membership of the Pacific Islands Forum (PIF) are spread across an

area of approximately 165 million square kilometres, or about one-third of the Earth's surface. They have a combined population of just 10 million people, ranging in size and population from Papua New Guinea (land area 462,840 km^2, population 6.9 million) to small atolls like Tokelau and rock islands like Niue with populations of less than 2,000 people.[14]

PICTs receive some of the largest per capita Official Development Assistance (ODA) allocations in the world: in recent years, more than USD 1 billion annually from Organisation for Economic Co-operation and Development (OECD) donor countries.[15] [16] In addition, although their aid flows are not openly recorded, the People's Republic of China and Taiwan are both emerging as significant donors in the region. However, ODA to the Pacific is often fragmented, volatile and unpredictable.[17] [18] [19] Development partners have tended to be reluctant to use relatively weak government systems to manage aid flows preferring to fund discrete projects often managed by developed country contractors thus potentially undermining development coordination mechanisms.

Among the 22 PICTs, only Samoa and Solomon Islands[20] have instituted a health sector wide approach (SWAp) for development coordination and financing, while Vanuatu and Kiribati have evolving sector coordination mechanisms along the lines of a SWAp (but with parallel funds management mechanisms for donor funded health projects). Where relevant, a conventional country coordinating mechanism (CCM) generally exists to manage disease control projects funded through the Global Fund to fight AIDS, Tuberculosis and Malaria. In the smallest PICTs (e.g. those with less than 20,000 population), just one or two Ministry of Health (MOH) officials may have responsibility for multiple aspects of the sector (including management of service delivery, health financing, disease control or human resources), and may be the sole focal point for activities that require regular regional, inter-country or donor coordination.

This paper aims to examine and highlight the challenges in relation to coordination and governance mechanisms for development assistance in the health sector in the Pacific by mapping the number and variety of regional health meetings and assessing their effectiveness and their impact on health governance.

METHODS

The study comprised informant interviews, literature review and document searches. Ethics approval was received through the Human Research Ethics Committee at the University of Sydney.

Thirty key informant interviews were carried out in mid-2010 through both telephone and in-person interviews with representatives of multilateral organisations (11), donor agencies (6), academic institutions (2), experienced health consultants (3) and senior Pacific health officials (8). Interviewees were identified through purposive sampling using a list developed by the authors in consultation with experienced health professionals active in the Pacific and officials with multilateral agencies. A semi-structured questionnaire was developed on the basis of the literature review and early discussions. This covered interviewee's opinions on: the state of regional health governance; appropriateness and number of meetings; meeting processes; comparison of regional, multi-country or national level approaches; possible improvements to regional governance; and the management of the Pacific Ministers of Health meeting. Interviews lasted an hour on average.

A list of regional health meetings was developed through literature searches as well as through interviews. Internet search terms included location terms such as

Pacific/Oceania/Melanesia as well as health/medical and meeting/association/ mechanism. Documents were collected from various regional organisations, development partners and coordination bodies including meeting minutes, attendance lists and terms of reference. Not all of these were available for many governance mechanisms. The World Health Organization (WHO) Western Pacific Regional Office (WPRO) website includes many meeting reports for various mechanisms. These documents were also reviewed as part of the study. Academic literature on global health governance was reviewed through PubMed searches.
Themes were extracted from interview notes and document review in consultation across the authors, based on the following definitions and theoretical framework.

Governance is a much used but unclear term. We followed Siddiqi et al, who described it as the "institutions, the formal and informal rules that shape behaviour and the organisations that operate within these rules."[21] In this context we define governance mechanisms as the institutions, formal arrangements, interactions and groups that contribute to the management, coordination or discussion around the health response in the region by giving organisations and individuals specific roles and responsibilities. The functioning of governance mechanisms often includes setting up manners of interaction between various parties. This includes one or several formal meetings per year as well as smaller ad-hoc gatherings, teleconferences, email correspondence as well as reports and publications. In this paper, we focus on meetings as the unit of analysis for health governance and its mechanisms.

Multiple frameworks are available for understanding and assessing *health governance*.[22] [23] [24] [25] The one best suited to PICT needs is from Bartsch et al who offer "overarching standards of governance which encompass a range of governance criteria… and argue that it should be an aim of all actors within the global health policy field to achieve effective, legitimate and accountable global health governance, with an even balance of power among the actors."[26] Bartsch et al continue to note that effectiveness of governance mechanisms, while critical, is difficult to assess because definitive solutions rarely exist and because various actors work concurrently on the same issue, making attribution challenging. We sought, in our understanding of what makes governance effective, to follow their position that health governance is not just about *instruments* for solving specific problems, but should also emphasise *legitimacy*, which is needed in order to develop long-term sustainable and acceptable processes. *Accountability* – some assessment of demands and costs – is also needed and they state that good health governance achieves a greater balance of power between various actors.

FINDINGS

Number and Type of Meetings

Sixty-six regional health meetings that included PICTs were identified as having taken place in 2009. An indicative selection can be found in Table 1. The meetings range from high-level policy making bodies to professional networking mechanisms to 14 one-off technical meetings. Not all meetings can be classified as having governance functions though interviewees did note that even technical meetings include discussions and seek decisions that have real policy implications. They therefore form part of the wider arena relevant to understanding governance and the impact of the proliferation of health mechanisms in the region.

Table 1. Selected Regional Health Meetings in the Pacific, 2009

Meeting Name	**Geographic Focus**	**Disease or Issue**
Pacific Senior Health Officers Network Annual Meeting	Pacific	General Health, Health Policy
Pacific Public Health Surveillance Network Coordinating Body Meeting	Pacific	Health Information
Northern Pacific Environmental Health Association Food Safety Meeting	North Pacific	Environmental Health
Food Secure Pacific Working Group Food Summit	Pacific	Food Security
Pacific Islands Jurisdictions AIDS Action Group Summit	North Pacific	HIV
Oceania Society for Sexual Health and HIV Medicine Annual General Meeting	Pacific	HIV
Pacific Human Resources for Health Alliance Steering Committee Meeting	Pacific	Human Resources
Pacific Avian and Pandemic Influenza Taskforce Meeting	Pacific	Influenza
Malaria Reference Group Meeting	Melanesia	Malaria
Pacific Basin Medical Association Conference	North Pacific	Medical
South Pacific Chief Nursing and Midwifery Association Meeting	South Pacific	Nursing
Pacific Substance Abuse and Mental Health Collaborating Council Annual Meeting	North Pacific	Mental Health
Pacific Islands Mental Health Network Meeting	Pacific	Mental Health

Meetings were analyzed for the disease or health system issue on which the activities focused. Table 2 reveals that 13 of the meetings concern or address HIV or sexually transmitted infections (STIs). This includes meetings organised by governance mechanisms that manage different funding streams in the region, specific WHO Asia-Pacific technical meetings as well as US government annual meetings for the US-affiliated countries in the North Pacific.

Table 2. Most frequent diseases or issues addressed by regional health meetings

Diseases		Issues			
HIV/STIs	NCDs	MCH	HIS	Financing	PHC
13	10	6	3	3	3

Note: NCD is non-communicable disease; MCH is maternal & child health; HIS is health information systems; PHC is primary health care.

The majority of included health meetings cover the Pacific region as a whole but a significant number (18) cover the US-affiliated jurisdictions only. Some of the meetings, especially those organized by WHO-WPRO, cover the wider Asia-Pacific

region. A number of meetings were organized by the Secretariat of the Pacific Community (SPC), a regional organisation that provides technical and policy assistance to the 22 PICTs.

The purpose and mandate of the various governance mechanisms that organised the meetings also differed widely. Four mechanisms had an explicit grant management role for example for Global Fund disbursements. A large number had a solely technical focus and a number emphasised coordination between relevant groups to share work plans and challenges. A small number of meetings arranged by governance mechanisms with explicit policymaking roles were also identified – the Pacific Health Ministers Meeting being the most prominent.

Generally, all interviewees acknowledged that the proliferation and (positive and negative) impact of regional governance mechanisms was an important issue for the region and required greater analysis and action. One interviewee, when asked if regional meetings were an issue for the Pacific, responded that "the numbers speak for themselves" and a Pacific senior health official called this an "issue close to my heart."

During interviews, two topics were repeatedly highlighted: the large number of HIV-related meetings and mechanisms; and the Pacific Health Ministers Meeting which brings together high level stakeholders from the region every two years. Descriptions of both are presented here.

Regional HIV-Focused Mechanisms

The HIV-focused regional mechanisms received a great deal of attention from interviewees largely because of the fact that there are a number of them currently in existence with different memberships and mandates addressing grant management, technical exchange and/or strategic coordination.

The four main governance mechanisms – all of which organise multiple meetings - include:

- The Pacific Island Regional Multi-Country Coordinating Mechanism (PIRMCCM) is the oversight and governance instrument for HIV, tuberculosis and malaria multi-country grants in the Pacific coming from the Global Fund. Membership includes representatives of country-specific CCMs, one each from government and civil society, development partners, and a member representing affected communities. PIRMCCM's explicit mandate covers grant oversight and holds the Secretariat of the Pacific Community (SPC) – the principal recipient of the Global Fund money – accountable to the Global Fund.
- The Pacific HIV and STI Response Fund Committee's role is oversight and supervision of the multi-donor grant funding that is also administered by SPC. The Response Fund Committee is mandated by AusAID and NZAID as part of their funding of the Response Fund. A number of the members of the Response Fund Committee also sit on the PIRMCCM.
- The Pacific Regional Strategy on HIV Implementation Plan (PRSIP) meetings have a technical mandate and cover all 22 Pacific Island countries and territories.
- The Pacific Islands Jurisdictions AIDS Action Group (PIJAAG) is a technical advisory and advocacy group that covers countries and territories affiliated with the United States of America (USA). PIJAAG participants are often the same as those who attend other regional HIV focused bodies.

The membership of these four organisations is varied with PIRMCCM covering 11 countries, the Response Fund 14, PIJAAG 6 and PRSIP covering all 22 Pacific Island countries and territories.

In addition to the meetings arranged by these four governance mechanisms, there are other meetings that call on the attention and time of Pacific HIV officers. For example, the United Statess Centers for Disease Control HIV Prevention Conference is held annually in the U.S. and includes the Pacific jurisdictions. The conference is a combination of technical and policy discussions, many of which do not have direct relevance to the work of Pacific Island officials.

The main critique from interviewees was around the overlap in mandates and topics, the travel demands imposed on a small pool of senior disease control staff responsible for HIV responses and the sense that they were sometimes joining larger meetings whose policy or technical interests were not directly relevant to PICTs. The various meetings and mechanisms above add another layer to necessary national HIV meetings and country-specific HIV strategic plans, although many national HIV plans have been established within guidance from these regional governance mechanisms. There have been several actions undertaken in acknowledgement of the large number of HIV-focused regional mechanisms; for example, PIRMCCM and the Response Fund Committee now hold their meetings back to back in the same location.

Pacific Health Ministers Meeting

The Pacific Health Ministers Meeting is held every two years. It brings together the Ministers of Health and senior health officials from all 22 Pacific Island countries and territories in order to "review progress in public health, identify emerging challenges and map new directions in the Pacific."[27] A large number of development partners, academic institutions and other interested parties also attend. The meeting is jointly hosted and funded by the WHO-WPRO and SPC. Given the nature of participants, this meeting has strong potential for both local ownership and influence on national health systems. Most PICT officials acknowledged the importance of such a mechanism for engaging the Pacific with global health policy debates.

The Health Ministers Meeting was raised by most interviewees in response to questions about the effectiveness of Pacific governance mechanisms with the primary critique relating to the ownership of the meeting. Most interviewees stated that the agenda of issues to be discussed were largely set by WHO and SPC and that Pacific Ministers did not always have a chance to discuss their own challenges. One Pacific Ministry official described the flow of ideas and agenda items from the World Health Assembly to the Pacific Health Ministers Meeting as "a top-down process". The interviewee stated that there was not a sufficient process for bottom-up flow of priorities. This sentiment was echoed by an interviewee representing an international organization, who noted that "if it was [the Ministers'] meeting, it would look completely different." The Secretariat role of WHO and SPC was questioned with one interviewee stating that "he who holds the pen, holds the power." A number of other quotes from interviewees further illustrate this critique: "there's not enough discussion and priority setting;" "too many outside advocates;" "the papers that are written for the meeting are written by SPC and WHO… not by country participants;" and"the meeting has been hijacked by WHO and SPC."

The second critique noted that the structure and processes used in running the Health Ministers Meeting did not lend themselves to dialogue and participation.

The large number of advisers and observers and regimented agenda structure made open discussion difficult. One donor agency interviewee noted that the meeting was laid out in a manner that was not conducive to open consultation with "the WHO white people on one side, SPC on the other, with the Ministers in the middle." At the Pacific Health Ministers Meeting in Madang in 2009 for example, the secretariat itself outnumbered participants 39 to 30; after including all non-government observers (mostly from development agencies), the relative number increases to 65 non-participant attendees – more than double the number of Pacific government officials.

Benefits of Regional Meetings

Despite the critiques, in general, Pacific Island government officials interviewed were more positive about the state of regional health governance than development partner interviewees. While PICT representatives had many critiques, they vehemently defended the place of regional meetings, including the Pacific Health Ministers Meeting. They saw regional meetings as critical to ensure that a "Pacific voice is heard globally" as well as an opportunity to hear about shared challenges and learn from each other. One Pacific health official interviewed stated that "we need to get outside of our country to expand our vision and see the reality on the other side."

A number of PICT interviewees highlighted that the benefits of regional meetings come from interacting with fellow government officials rather than the outcomes of the meetings themselves. One interviewee noted that "meetings are more about relationships… and this is very important" noting that "we are isolated so need to support one another." Another Pacific official asserted that those regional meetings that were not tied to a donor's agenda were "a chance to interact, bare the pain and find joint solutions."

Time Impacts

Time impacts brought about by the proliferation of meetings were one of the most significant aspects mentioned by interviewees. One PICT interviewee stated that "I travel overseas half my time." Whereas larger MOHs generally have several officers to cover each technical area, smaller countries often have just one or two staff managing across sexual and reproductive health, HIV and communicable disease control. The smallest PICTs may have just a single public health officer. A representative quote from one PICT interviewee stated that the meetings "eat into his ability to carry on core business." As an example, one health official had twelve trips scheduled for 2010 which included a remarkable five visits to the continental USA, each consuming up to two weeks of the individual's time. Over the course of the first five months of 2010, another individual was out of the country for 41 days which equates to approximately 27% of the individual's time.

The duration of the meeting is often only one portion of the time out of the office for health officers given infrequent flight connections between scattered island states. One interviewee noted that for a three day meeting in Fiji, he is out of the office for ten days revealing the extended opportunity costs of regional travel.

Processes that Promote or Diminish Country Ownership

A large number of interviewees – both PICT and development partner – highlighted that greater attention was needed to concepts of participation,

ownership and agency in the structures, processes and functioning of regional health sector mechanisms and meetings. Most interviewees shared a consensus that Pacific ownership of the various meetings was lacking. This was reported as exhibited in how agendas were developed, lack of engagement of participants in discussion during meetings, the lack of integration of meeting outputs into policy documents, and a common failure to implement meeting outcomes at national level. Increasing participatory processes leading to greater country ownership was reported as a major contributing factor to the legitimacy, accountability and effectiveness of regional mechanisms. Such actions would also place the organisations involved in the governance of the mechanisms in line with the principles of the Paris Declaration and the Pacific-supported Pacific Aid Effectiveness Principles which highlight the importance of country ownership.[28]
A related issue highlighted by a number of interviewees was the large number of advisers, observers and development partners – relative to Pacific participants – who attend some of the regional mechanism meetings.

Pacific Island stakeholders lamented poor meeting facilitation. A number of Pacific interviewees noted that some meetings were "very formal and a bit intimidating" leading to limited engagement by PICT representatives. Another PICT interviewee stated that "the bigger the meeting, the less input and interaction we have." In contrast, the Pacific Senior Health Officials Network – a body established in order to facilitate communication between senior health officials in the South Pacific and Australia in order to support health systems and the development of effective health policies – was reported as a useful forum for sharing of experiences, in part because it was apolitical and not tied to a development partner's specific program, and one that encouraged PICT officials to take the lead in setting agendas and moderating discussions.

Tension between Regional and National Approaches

In a number of interviews, particularly among PICT representatives, informants raised the central question of the worth of regional approaches versus bilateral approaches in the Pacific. This is clearly part of a broader governance and aid effectiveness debate.

Interviewees highlighted the differences between regional challenges and challenges in the region. A number noted that important health challenges in the Pacific were issues such as non-communicable diseases or sexually-transmitted infections that need to largely be addressed at the country level and that it is also at this level that the majority of technical assistance is needed. On the other hand, regional challenges were more properly seen as those issues that are trans-boundary in nature or for which a regional solution is more appropriate than national responses. Examples of such challenges included: emerging infectious disease, regional training or service delivery standards, accreditation; or workforce mobility. These issues would be best addressed by bringing together stakeholders from across the region. But interviewees confirmed that, in the Pacific, the major health issues "are predominantly national."

PICT interviewees emphasised that development partners should support national plans and approaches. One interviewee stated that his country:

> "would prefer a more coordinated approach. Now we have our own national health plan and we will ask donors and multilaterals to articulate how they can contribute to our national health plan… Outside actors should all align with

national health plans [with] a greater priority for national health strategies over regional strategies."

It was asserted by one of the experienced regional consultants that the real need for technical and strategy development assistance was at the national level. A PICT interviewee stated that he prefers in-country workshops where there is "greater exposure for national staff" rather than the current situation where one representative gets exposed to technical discussions held outside the country. One PICT government stated that they would prefer their staff to use "precious travel time to see officials travelling out to their provinces" rather than internationally. Another PICT official lamented that "provinces are underfunded while we travel overseas."

Effectiveness of Regional Meetings

While overseas meetings might be good opportunities for learning, the impact on domestic health systems and indicators is perceived by many interviewees to be limited. Senior PICT interviewees made particular comments to the effect that often when MOH officials return from overseas, there is little positive concrete action as a result. One high-level official cited the "repeated pattern of people who go to meetings but then don't take action once back" and noted that part of the challenge was the lack of internal capacity to translate regional resolutions to country-level policy and action.

Almost all interviewees highlighted the fact that many of the meetings had mixed mandates and that meeting proceedings did not always adhere to the agreed mandates. Interviewees noted that during the course of meetings, additional issues were sometimes discussed or agreed that were beyond the scope of the stated meeting purpose or agenda. In particular, interviewees claimed that technical advisory or grant management meetings often made decisions that had substantial impact on policy or implications for program management or organization.

Partly as a result of the mixed mandates, a number of interviewees commented on the wide variation in experience, expertise and seniority of participants at regional meetings. Some largely technical meetings were attended by senior health officers as well as much more junior technical or administrative representatives because some policy relevant issues were also being discussed. It was suggested that technical officers might not have the breadth of scope to understand these implications and that, as a result, senior officers tended to attend some technical meetings to avoid such confusion.

Assessing the effectiveness of regional meetings should also include the concepts of legitimacy and accountability. As discussed above, meetings will be seen as effective if they also value participation, networking, solidarity and transparency among partners. Interviewees highlighted these qualities as central to achieving legitimacy and ultimately effective outcomes. It was felt by many interviewees that notions of open consultation and ownership could be more strongly endorsed in many regional meetings. Words such as agency, trust and power arose in interviews with many interviewees emphatic in their desire for improvements in these areas. One interviewee called for a reframing of the issue to be about ownership and consultation rather than about decision-making and policy implementation. He noted that good decisions and policies come through consultation.

LIMITATIONS

The study does not claim to have included every health meeting that included PICT representation in 2009. WHO meetings are likely to be over-represented due to the easy availability of a list of WHO-organised technical meetings on the WHO website. There are certainly other meetings that did not arise during interviews and document searches. There is also potential bias due to the purposive sampling used to identify interviewees. Those who chose to speak with us are likely to have been those with an opinion on regional health governance and might not be fully representative of all stakeholders. But the wide range of actors interviewed – including those from government, multilateral organisations, bilateral agencies and others – did allow for a breadth of perspectives to be explored and expressed.

IMPLICATIONS

This study provides an overview of the state and impact of the proliferation of regional health meetings in the Pacific. The review identified 52 regional health meetings linked to governance mechanisms, and 14 one-off meetings in a 12 month period, with a wide variety of technical emphases, geographic focus, mandates and purposes. There was general agreement among interviewees that the proliferation of regional health meetings has added to workloads and raises questions regarding the quality of governance and the effectiveness of the mechanisms. That being said, PICT representatives were generally more positive about meetings than development partners noting that they gain a great deal out of the opportunity to learn from their counterparts in the Pacific *if* the meeting format promotes open information sharing, or *if* the meeting is on a specific technical or programmatic topic relevant to their work.

The proliferation of health meetings in the region reflects the agenda setting paradigm that dominates global health governance. The fact that so many of the meetings are organized, funded and driven by organisations or agencies that are not Pacific-owned highlights the potential for disconnect between local needs and external-driven priorities. That there are more HIV-related mechanisms than non-communicable disease (NCD)-related ones, despite the very small number of HIV cases in the region alongside epidemic rates of NCDs, suggests that global priorities have been imposed in an unbalanced manner.[29 30]

A number of specific possible ways forward to improve the effectiveness of health meetings in the Pacific emerged during the study. A clear and specific recommendation from interviewees was the development of a regional health meeting calendar to be managed by a regional organisation such as PIFS, WHO or SPC. The calendar would be developed every year so there could be advance planning and discussion about meeting timing and possible combining of meetings. This would encourage development partners to harmonise internally and between themselves to avoid perpetuating the burden of meetings. Such a calendar may also make provision for periods when travel is embargoed, to allow senior managers to concentrate on internal priorities such as planning and budget processes.

The most obvious and strongly supported suggestion by interviewees is to reduce the number of regional meetings. There was strong support for integrating the four main Pacific HIV-related governance mechanisms into one mechanism. The two grant oversight mechanisms – Pacific Island Regional Multi-Country Coordinating Mechanism and the Response Fund Committee – could be merged together along with the Pacific Regional Strategy on HIV Implementation Plan and the Pacific Islands Jurisdictions AIDS Action Group. It was noted that largely the same people attend Global Fund and Response Fund meetings and that travel funds

could be shared to achieve economies of scale in bringing people together. An important component on this would be for the Pacific countries and partners to advocate to the Global Fund and the Response Fund donors to streamline and harmonise reporting requirements in line with commitments made in the Accra Agenda and in International Health Partnerships Plus.

A number of interviewees pushed for a more country focused approach emphasizing more consultations and activities in-country with a wider range of stakeholders rather than larger regional meetings with only one or two representatives per country. There was also discussion of less disease specific funding and more focus on health systems and primary health care especially at the country level.

Given the critical importance of meeting processes to their legitimacy and effectiveness in enabling networking or open sharing, a number of interviewees called for greater investment in independent facilitation for Pacific meetings. This could be conducted in a manner that resonates with Pacific cultural approaches to the sharing of information and experiences. A neutral organization or set of individuals that focused on process and facilitation rather than technical issues would assist with meeting planning, agenda setting and facilitation effective, legitimate, balanced consultative processes. Kaplan highlighted the central role of facilitation skills to improving ownership and to ensure more robust and meaningful participation: "Quite simply, development practitioners skilled in facilitating processes of change are of far more value to the development endeavour than technical experts, advisors or trainers."[31] To this could be added a more concerted attempt to find structures and systems that enable stronger input by PICT officials into the setting of meeting agendas and purposes.

Change is already underway. The HIV Response Fund has now brought in independent facilitation to try to improve meeting processes and legitimacy and the most recent Pacific Health Ministers Meeting held in the Solomon Islands in 2011 also included a greater PICT role in agenda setting and allowed for more ownership by Pacific Islanders. The progress being made suggests some recognition of the importance and impact of the challenges addressed here.

CONCLUSION

The proliferation of health meetings, funding streams, governance mechanisms and workshops is a global phenomenon. The importance and impact of this is felt keenly in regional groupings of small states, such as the Pacific. Kickbusch calls this situation the "new political ecosystem"[32] and Fidler "unstructured plurality" and "open-source anarchy."[33] Szlezak et al note that this proliferation "creates challenges for coordination but, more fundamentally, raises tightly linked questions about the roles various organizations should play, the rules by which they play, and who sets those rules."[34] Lessons from the Pacific can be drawn by other parts of the world – in particular in areas of regional collaboration such as the Carribbean and the burgeoning East African Community – to improve health governance and to ultimately focus attention back on strengthening service delivery.

As new global issues are put on the agenda – such as the current emphasis on non-communicable diseases – they are likely to be accompanied by a new round of regional meetings. We hope that the issues relating to the number, processes and effectiveness of such meetings, documented here, will be heard and addressed as new regional governance mechanisms evolve.

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CONFLICTS OF INTEREST
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Annex or Web Content. Regional Health Meetings in the Pacific, 2009, sorted by Disease/Issue

No	Mechanism or Organising Body Name	Host	Geography	Disease or Issue
1	Pacific Basin Dental Association		North Pacific	Dental
2	Northern Pacific Environmental Health Association		North Pacific	Environmental Health
3	Review of the Strategy on Health Care Financing in the Western Pacific Region (one-off technical meeting)	WHO	Asia-Pacific	Financing
4	Consultation on Support for the Development of National Health Accounts in the Pacific (one-off technical meeting)	WHO	Pacific	Financing
5	Consultation on the System of Health Accounts in the Pacific (one-off technical meeting)	WHO	Pacific	Financing
6	Food Secure Pacific Working Group	WHO-FAO-SPC	Pacific	Food security
7	Regional Committee Meeting (WPRO)	WHO	Asia-Pacific	Health General
8	World Health Assembly	WHO	Global	Health General
9	Pacific Island Health Official Association (PIHOA)	PIHOA	North Pacific	Health General
10	UN Health Group	UN agencies	Pacific	Health General
11	Pacific Ministers of Health Meeting	SPC WHO	Pacific	Health General
12	Pasifika Medical Association		Pacific	Health General
13	SPC WPRO CEO Consultation	SPC WHO	Pacific	Health General
14	SPC WPRO Expanded Executive Consultation	SPC WHO	Pacific	Health General
15	Tri-partite meeting PIFS - SPC – WPRO	SPC WHO	Pacific	Health General
16	Pacific Senior Health Officers Network (PSHON)	Australian Government	Pacific	Health General
17	PSHON Steering Committee	Australian Government	Pacific	Health General

18	Pacific Public Health Surveillance Network (PPHSN)	SPC support from WHO	Pacific	Health information
19	PPHSN Coordinating Body	SPC	Pacific	Health information
20	Pacific Health Information Network	UQ Hub	Pacific	Health information
21	Workshop on Expanding Linkages between HIV/STI services with Reproductive, Adolescent, Maternal, Newborn and Child Health Services (one-off technical meeting)	WHO	Asia-Pacific	HIV/STI
22	Health Sector Response to HIV/AIDS Among Men Who Have Sex With Men (one-off technical meeting)	WHO	Asia-Pacific	HIV/STI
23	Pacific Islands Jurisdictions AIDS Action Group		North Pacific	HIV/STI
24	Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM)	SPC	Pacific	HIV/STI
25	PRSIP HIV Annual Joint Implementation Meeting	SPC	Pacific	HIV/STI
26	Pacific Islands HIV & STI Response Fund Committee	SPC	Pacific	HIV/STI
27	Oceania Society for Sexual Health and HIV Medicine		Pacific	HIV/STI
28	Meeting of Focal Persons for the Prevention and Control of STIs and HIV (one-off technical meeting)	WHO	Pacific	HIV/STI
29	CDC HIV Consultation Meeting	CDC	US	HIV/STI
30	Grantee Meeting for Ryan White funding recipients	US gov	US	HIV/STI
31	US Conference on AIDS	US gov	US	HIV/STI
32	HIV Prevention Leadership Summit	US gov	US	HIV/STI
33	CDC STD Prevention Conference	US gov	US	HIV/STI
34	Pacific Human Resources for Health Alliance (PHRHA) Steering Committee	WHO	Pacific	Human Resources
35	Pacific Avian and Pandemic Influenza Taskforce	SPC/PRIPPP	Pacific	Influenza

36	Association of USAPI Laboratories		North Pacific	Laboratory
37	Informal consultation for strengthening health laboratory services (one-off technical meeting)	WHO	Pacific	Laboratory
38	Pacific Programme to Eliminate Lymphatic Filariasis	WHO	Pacific	Lymphatic Filiriasis
39	Malaria Reference Group	AusAID	Melanesia	Malaria
40	Technical Advisory Group on Immunization and Vaccine Preventable Diseases in the Western Pacific Region (one-off technical meeting)	WHO	Asia-Pacific	Maternal child health
41	Pacific Immunization Programme Strengthening (PIPS)	WHO-UNICEF	Pacific	Maternal child health
42	Pacific Health Countdown to 2015 Partnership		Pacific	Maternal child health
43	Meeting on the Situation of Maternal and Newborn Health in the Pacific (one-off technical meeting)	WHO	Pacific	Maternal child health
44	Pacific Pediatric Society		Pacific	Maternal child health
45	Pacific Reproductive Health Society		Pacific	Maternal child health
46	Pacific Basin Medical Association		North Pacific	Medical
47	Pacific Islands Surgeons Association		Pacific	Medical
48	Pacific Islands Society of Anaesthetists		Pacific	Medical
49	Building Capacity for NCD Prevention and Control Meeting (one-off technical meeting)	WHO	Asia-Pacific	NCDs
50	Asia Pacific Physical Activities Network	WHO	Asia-Pacific	NCDs
51	Pacific Chronic Disease Coalition		North Pacific	NCDs
52	2-1-22 Joint Committee meeting (NCD JIM)	SPC-WHO	Pacific	NCDs
53	NCD Forum	SPC-WHO	Pacific	NCDs
54	Regional Technical Consultation on the Global Strategy to Reduce the Harmful Use of Alcohol,	WHO	Asia-Pacific	NCDs - Alcohol

	Auckland, New Zealand (one-off technical meeting)			
55	Cancer Council of the Pacific Islands		North Pacific	NCDs - Cancer
56	Pacific Substance Abuse and Mental Health Collaborating Council		North Pacific	NCDs - Mental Health
57	Pacific Islands Mental Health Network (PIMHNet)	WHO Geneva	Pacific	NCDs - Mental health
58	Pacific Partners for Tobacco Free Islands		North Pacific	NCDs - Tobacco
59	PACASO (NGOs)		Pacific	NGOs
60	American Pacific Nurse Leaders Council		North Pacific	Nursing
61	South Pacific Chief Nursing and Midwifery Association		South Pacific	Nursing
62	Meeting on WHO Action in Primary Health Care and Health Systems Strengthening (one-off technical meeting)	WHO	Asia-Pacific	Primary Health Care
63	Steering Group Meeting on Revitalising PHC in the Pacific (one-off technical meeting)	WHO	Pacific	Primary Health Care
64	Pacific Islands Primary Care Association		North Pacific	Primary Health Care
65	Advanced Course on MDR-TB Management for the Western Pacific (one-off technical meeting)	WHO	Asia-Pacific	Tuberculosis
66	Pacific Islands Tuberculosis Controllers Association		North Pacific	Tuberculosis

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