



Pacific Island Health Officers Association (PIHOA)

Strategic Plan 2005-2009

Many Islands – One Voice

*Moving forward in unity toward a strong, effective
PIHOA and
well-served jurisdictions*

**Adopted Yap, FSM
September 2004**

PART ONE: PIHOA MISSION AND VISION

MISSION

The Pacific Islands Health Officers Association (PIHOA) is a non-profit organization, comprised of the chief executive health officers of the U.S.-affiliated Pacific Island countries and territories, dedicated to improving the health and well-being of its communities by providing, through consensus, a unified credible voice on health issues of regional significance.

VISION

A strong and effective PIHOA; well-served Jurisdictions.

PART TWO: THE PIHOA ORGANIZATION

PURPOSE

The Pacific Island Health Officers Association (PIHOA) was incorporated in 1986. Its purpose is to foster collaboration and communication among the chief health executives of the six far-flung U.S.-affiliated jurisdictions of the Western Pacific region. In addition, PIHOA promotes functional and cost-effective solutions to common health service problems and strives to collectively achieve improved health status for all island residents by rendering appropriate assistance within the constraints of its resources.

The PIHOA bylaws expand on these statements of general purpose by directing the organization to:

1. Promote improved health practices, including medical care, public health, environmental health, mental health and common substance abuse prevention and treatment within the Pacific region through increasing the knowledge about the cause, prevention, treatment, and cure of diseases, conditions, or states detrimental to the health of the people within the region;
2. Provide a forum for the exchange of information and for the accumulation and dissemination of knowledge by and among the local health officials in the region on appropriate health matters of importance and concern to the people;
3. Provide a vital communications network to maximize effective and efficient utilization of visiting medical and health specialists to the region;

4. Promote studies and other research including but not limited to such environmental, epidemiological, clinical, and administrative matters as may be necessary and important for the benefit of the public and for the public welfare within the region;
5. Increase the knowledge and practice of public health in the region by promoting high professional and medical education standards;
6. Foster and support other organizations which have similar purposes and objectives for the Pacific regions;
7. Provide the means for sharing information and experiences, and the means for maximizing the quality and quantity of health services provided for the funds available; and
8. Foster cooperative efforts in providing off-island medical care, purchases of supplies and equipment, arranging for medical and paraprofessional personnel; and other means for improving the availability, quality, and cost of health care to island residents.

MEMBERSHIP

The by-laws make provision for regular, associate, affiliate, honorary and advisory members. Over the life of the association, the composition of the membership has changed. Originally the membership was dominated by medical officers. Today, the membership is much more diverse. This reflects increased diversity among the senior health leaders in the region.

1. **Regular members**

Regular members are those who occupy the highest health office in each of the six jurisdictions (e.g. the minister or secretary of health). Four of the six charter members of PIHOA were medical officers. Currently only two regular members are medical officers.

2. **Associate members**

Associate members are those who occupy the second highest health office(s) in the six jurisdictions (e.g. the directors from the four states of the FSM; the administrator of Guam Memorial Hospital, LBJ Tropical Medical Center and Guam Department of Mental Health and Substance Abuse; the Deputy Secretary of Health for CNMI, the Secretary of Health for RMI, and the two Directors of Health for Palau). Although technically under the by-laws, voting rights are vested only in regular members, in practice, following the Pacific tradition of consensus, associate members are also granted voting rights in most situations. Five of the seven original associate members of PIHOA were medical officers. Today, three associate members are medical officers.

3. **Affiliate members**

Affiliate members are organizations that work with or otherwise enhance the mission of PIHOA. To become an affiliate member, an organization requests membership, usually in the form of a letter, and their petition is voted on during the next regular PIHOA meeting following the date of request. Affiliate members were not included in the original PIHOA by-laws but have been added by amendment.

At present, three organizations are affiliate members of PIHOA: the Pacific Basin Medical Association (PBMA); the American Pacific Nurse Leaders Council (APNLC) and the Pacific Basin Dental Association (PBDA). Several other organizations may join PIHOA as affiliates in the near future including: the North Pacific Environmental Health Association (NPEHI); the Pacific Islands Primary Care Association (PIPCA); the Pacific Association for Clinical Training (PACT); the Pacific Island Tuberculosis Control Association (PITCA); and the Pacific Substance Abuse and Mental Health Collaborating Council (PSAMHCC).

4. **Honorary members**

Only two persons have been awarded honorary membership status. Both are medical officers who have retired from positions in the jurisdictions that gave them regular or associate membership status in PIHOA. Although only two honorary members have actually been named thus far, the by-laws allow certain other persons to apply or be invited for honorary membership (e.g. the principal officers from the Hawaii Department of Health, the University of Hawaii, the University of Guam, and other academic institutions serving the region).

5. **Advisory members**

According to the by-laws, advisory members are “appointed representatives with special technical expertise in Pacific health programs, services and administration, from international, federal, state, local, and private organizations/agencies that provide direct financial support for PIHOA supported programs...” A number of advisory members have served PIHOA over the years.

PIHOA’s changing membership composition has resulted in evolution away from a medically oriented organization to one with a much broader health orientation. At the same time, PIHOA has also changed from an elite organization to one that is broader based. Despite these changes, however, ***PIHOA remains the only organization in the US-affiliated jurisdictions that brings together all the top health officials into one place to discuss and act upon health and related issues in the region.***

FUNDING

PIHOA's funding source has also changed since its inception. Initially, PIHOA was totally subsidized by the United States Department of Health and Human Services' Health Resources and Services Administration (HRSA) and the United States Department of the Interior. Today, U.S. federal funding is no longer as readily available as in the past. Changes in the political and economic landscapes of both the United States and the island jurisdictions have resulted in severe constraints on federal funding. PIHOA must now actively seek other funding sources to supplement the federal assistance it receives. Its current strategies toward greater self-reliance include seeking grants from diverse sources for regional projects (e.g. bioterrorism), increasing membership dues and forging partnerships with non-federal organizations (e.g. multilateral and bilateral partners and private entities).

ADMINISTRATION

Although chartered in the CNMI, PIHOA has always been physically located in Honolulu and closely affiliated with the University of Hawaii. Until 2003, PIHOA was 'housed' on the University campus. Until 2004, the University served as PIHOA's fiscal and grants management agent. Initially these functions were provided by the School of Public Health and subsequently, by the University's Research Corporation (RCUH). The University assumed these roles because: (a) it has accounting capacity acceptable to the Federal Government; and (b) PIHOA did not have independent non-profit status (501(C)(3) status, thus preventing it from receiving most grants directly. Since gaining independent 501(C)(3) status in July 2004, PIHOA has begun to serve as its own grants manager.

LEADERSHIP

From its inception in 1986 until 1998 PIHOA had one Executive Director. Since resignation of the founding director, PIHOA has had three executive directors, two of whom were appointed by the Board of Directors and one who was a *de facto* director in his capacity as professor at the University. This instability in leadership has resulted in PIHOA becoming less effective in providing a unified voice on Pacific Island health issues. Nevertheless, the Association, through its Board of Directors, has persevered in its efforts to guide and facilitate health policy throughout the region.

COLLABORATION

PIHOA collaborates with several external agencies including:

1. The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA)
2. The U.S. Centers for Disease Control (CDC)
3. The U.S. Department of the Interior's Office of Insular Affairs (DOI/OIA)
4. The World Health Organization (WHO)

5. The Secretariat of the Pacific Community (SPC)
6. A range of other U.S., international and regional organizations.

PROGRAM PRIORITIES

PIHOA's first strategic plan (1990-1994) identified five priorities for its action:

1. Maternal and child health improvement;
2. Health planning;
3. Health professions training;
4. Communicable disease prevention and control;
5. Mental health improvement and substance abuse prevention and control

These priorities were revalidated in the 1995-1999 plan and have resulted in implementation of a number of projects addressing maternal and child health, health planning, health professions training, and communicable disease control. Only mental health improvement and substance abuse issues have received little attention despite increasing behavioral health problems in the jurisdictions, including very high rates of suicide and substance abuse.

EXAMPLES OF PIHOA INITIATIVES

While PIHOA has initiated, facilitated, and implemented a number of projects and activities, several are particularly noteworthy because of their long-term and cross-cutting contributions to health improvement in the islands:

1. Health workforce development
 - a. Pacific Basin Medical Officer's Training Program (in cooperation with the University of Hawaii)
 - b. Pacific Islands' Continuing Education Project (in cooperation with the University of Washington)
2. Development of a health data matrix initiative by the early secretariat
3. Tele-health activities by secretariat and members, particularly the PBMA

As PIHOA looks toward the 2005-2009 planning period, the priorities identified in the first strategic plan are not only still valid but increasing in urgency, particularly, in the areas of mental health and substance abuse. Economic challenges in the region have become increasingly formidable in the past ten years. This, coupled with the cultural, political and social dichotomy facing many Pacific islanders, only exacerbates the need for local human, financial, and organizational capacity to address mental health and substance abuse problems. During the past ten years, incidence of suicide, use of betel nut (with and without tobacco), smoking, and drug use (cannabis and other illicit drugs) have increased. These factors that contribute to rise in mental health

and substance abuse problems also contribute to each of the other priority areas of ill-health.

During the last plan period (2000-2004), PIHOA introduced two new program areas in addition to the five original program areas.

1. **Program Evaluation:** PIHOA seeks to link evaluation with health planning in order to achieve a comprehensive, continuous planning cycle. Evaluation is considered integral to the planning process in order to achieve meaningful outcomes contributing toward future effort by demonstrating whether programs result in maximum benefit for resources expended. This is especially important in the face of increasingly scarce financial and human resources.

2. **Communication Expansion:** Through 1995, PIHOA worked with the Pan Pacific Education and Communication Experiments by Satellite (PEACESAT) by developing, implementing and providing training for a remote dial-in system. The system provides access to e-mail and internet services, but more importantly, it is a stepping stone toward the harnessing of telecommunications technologies for health in the region. PIHOA has actively researched technologies that will facilitate interactive medical conferencing and distance learning for health professions training. The affiliate member, PBMA , in particular, has capitalized and benefited from this communication expansion.

Despite these wide-ranging and important activities, there was, in 2004, as planning began for the 2005-2009 period, a feeling among many of the members that PIHOA had lost its effectiveness in providing the leadership needed to move the jurisdictions towards more productive health efforts. There was a prevailing sense that the organization had reached a critical crossroad requiring hard decisions and specific actions with respect to its future.

PART THREE: CRITICAL ISSUES

PIHOA members, during its 2004 strategic planning meeting in Honolulu, identified four operational issues which were critical at this juncture of the organization's history and should be addressed during the 2005-2009 plan period in order to revitalize the organization and increase its effectiveness: These operational issues are:

1. The need to revisit and restate the mission and refocus the vision of the organization;
2. The need to strengthen the leadership of both the board and the secretariat;
3. The need to strengthen secretariat-board and board-jurisdiction connectivity;
4. The need to garner adequate resources to carryout PIHOA's mission and functions.

ISSUE ONE: MISSION AND VISION

At PIHOA's strategic planning meeting in Honolulu, April 5-9, 2004, the members of the organization conducted a 'soul-searching' exercise with respect to the organization's mission and vision. This was in response to the prevailing feeling among the members that PIHOA was no longer effective in carrying out its mission. But what is PIHOA's mission? No one seemed to really know. Thus, there was general agreement among the members that the time had come to take another look at the organization in order to clarify its purpose as a basis for evaluating its effectiveness.

This was the second time that a need for 'soul-searching' had arisen. Minutes of the January 31-February 4, 1994 meeting in Palikier, Pohnpei (FSM) say this, about the first soul-searching. "The directors approved the formation of a 'soul-searching' subcommittee for the purpose of gauging PIHOA's progress in achieving its objectives thus far, identifying the Association's future aspirations and plans, and developing recommendations for Board consideration." The Board members from FSM, Guam, RMI and Palau were appointed to the subcommittee.

The minutes of the last session of that 1994 meeting state: "The subcommittee delivered its report on the status, commitment and future of PIHOA. In summary, the committee made the finding that:

- Individual members are committed to PIHOA;
- PIHOA's mission, goals, and objectives are appropriate;
- PIHOA's strategic plan is appropriate."

The 1994 subcommittee report continued by noting that *almost total reliance on federal funding was not healthy for the organization and recommended*

that PIHOA form a committee for the exclusive purpose of addressing the need to develop strategies towards financial self-sufficiency, including, but not limited to increasing membership dues. Subsequently, dues were increased. However, the irregular pattern of dues payment by the members as well as disappointing results of other fund-raising efforts have not significantly improved the organization's financial position. As a result, in the 2004 strategic planning meeting, financial self-sufficiency and the need to secure new funding streams were identified by the participants as among the critical issues facing the organization.

It appears that ten years after the first 'soul-searching', the organization had not progressed far enough since the current members identify the same critical issues and ask the same questions as the members did in 1994. Why has the organization seemingly failed to progress despite a decade of work? This question frames the need to revisit the mission and vision for the organization once more in 2004.

The 2004 'soul-searching' exercise revealed that the essence of PIHOA's mission, as stated in 1986, 1994 and 2004 remains unchanged. This is, ***'to provide a unified voice' that speaks with authority for the six U.S. affiliated jurisdictions.*** The question therefore arises, how will the 2005-2009 strategic plan differ from those of preceding years? From review of meeting minutes, interviews, and membership discussions, it can be concluded that:

1. The plans are similar in that they continue to be based on the main thrust of the mission statement which remains a 'unified voice' in health on behalf of the jurisdictions;
2. The plans differ in the focus of that unified voice. Current members feel that, in addition to advocating for greater self-sufficiency and less dependency on U.S. federal assistance, the organization must focus on greater effectiveness in serving the jurisdictions.

From PIHOA's inception and into the 2004 planning process, a large part of the organization's function has been for leveraging more resources for health programs and services in the jurisdictions. Consequently, the unified voice has been directed towards external entities, mainly the US federal government, because of the jurisdictions' dependency on federal assistance.

During the 2004 planning effort, while still valuing advocacy with the U.S. Federal government, the members expressed the desire to evolve further by redirecting PIHOA's focus inward, towards the island jurisdictions.

Through collective 'soul-searching', the membership came to realize that by neglecting in the past to focus attention on policy development for health issues of regional concern and by failing to advocate meaningful change and reform within the jurisdictions, PIHOA has failed to establish credible connection to the governments of the jurisdictions and,

consequently, lacks a substantive basis for sustainable commitment for support, financially or politically, from any jurisdiction.

Since the organization was built on the foundation of federal assistance, much of the organization's past efforts has been exerted to ensure federal assistance to run the organization. Efforts to assist each jurisdiction or all jurisdictions with health policy development and implementation received less attention. Now, given the fluidity of the political and economic conditions, it is understandable that the twin issues of self-sufficiency and sustainability continue to be critical. This environment, again, puts effective service to the jurisdictions at continued risk of undervaluation.

Based on the above observations and analysis, it is imperative that changes be made from the way things had been done *in the past* in order to move forward.

<p>"If you continue to do the things you usually did, you will continue to get the results you usually got"</p> <p>Unknown</p>
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It appears that, as the organization evolved, misalignment of the stated mission and the activities has occurred. On paper PIHOA exists to provide a unified voice on health issues of significance to the region. Functionally, PIHOA's focused on strategies to garner U.S. federal funds to keep the secretariat operational and to conduct regular meetings of the board of directors. In other words, organizational survival has taken precedence over organizational mission.

An additional concern is that the PIHOA leadership and secretariat have often been unable to withstand pressures brought by coordinators and advocates of specific programs. Consequently, the crafting of PIHOA's agenda has been heavily influenced by these outside pressures rather than by the board of directors. Even though most of the health programs advocated by PIHOA were needed, at one time or another, and in one or another areas within the region, the organization has often been unable to prioritize *its own needs* and *set its own agenda* in order to represent regional needs with a *unified* voice either to the funding partners or to the jurisdictions. Had the organization continued in strength it would have prioritized its agenda to address the many public health issues that continue to plague the region. For instance, in most areas in the jurisdictions there is still need for:

- adequate, safe and clean water;
- safe and effective systems for human waste disposal;
- safe and effective systems for disposal of solid waste;
- adequate immunization coverage for many children;
- adequate nutrition for children, including universal breastfeeding;
- stronger controls on the use of tobacco and alcohol;
- adequate and appropriate human resources in health;

- development of health systems appropriate for the islands and the health conditions most common in each; and
- adequate systems of disease surveillance, health data collection, analysis, dissemination and usage.

As an organization, PIHOA should focus on issues such as these that are held in common across the region. And while health issues specific to individual jurisdictions should be left to be addressed by that jurisdiction, the organization needs to redirect its attention to providing policy guidance to the jurisdictions. During its initial years, PIHOA addressed some of these common issues, but did not follow through with appropriate monitoring, evaluation, and persistence to ensure appropriate and continuous actions leading to their successful resolution.

PIHOA should provide a unified voice to advocate for health ***reforms, policies, and initiatives*** that will have substantial and wide-spread impact on health across the jurisdiction, such as ***unified policies*** on:

- ***Safe, clean water and safe waste disposal;***
PIHOA should continue to provide a unified voice to advocate for adequate supply of safe clean water and adequate waste disposal system to be available to all residents. When these important public health issues are left to the Ministries of Resources and Development in the jurisdictions without further and constant advocacy or policy development by health authorities the results are, as we see today, continued lack of safe water. Today, in all jurisdictions, without exception, safe and clean water is still not available 100% of the time to 100% of the population. The same is also true for sewage and solid waste disposal systems.
- ***Food and nutrition, including breastfeeding and physical activity;***
Design and implementation of a comprehensive food and nutrition policy, would go a long way toward preventing ***under-nutrition*** - still a major problem in many areas of the region, and ***over-nutrition and obesity*** which are at epidemic levels in all jurisdictions. Over-nutrition and obesity contribute to the epidemic-level prevalence of non-communicable diseases that stress the human and financial resources of health systems in all jurisdictions without exception. While globally, the promotion of sound nutrition and increased physical activity has moved to the front-line of efforts to promote health and prevent chronic illness, including heart diseases, diabetes and hypertensive diseases, PIHOA's efforts in these areas are sporadic and not 'unified'.
- ***Mental health and substance abuse, including tobacco use;***
From the inception of PIHOA, these health issues have been identified among the apriority health issues. Eighteen years later, and while these jurisdictions continue to have some of the highest rates of suicide in the world, the only policies in place are those emanating from specific federal grant-based programs in mental health and substance abuse.

While the direct relationship between mental ill-health, the use and abuse of drugs, especially alcohol and suicide as well as other behavioral disabilities is known, PIHOA has not provided a unified strategy to address these and other risk factors for mental illness and behavioral disabilities. Further, *the Pacific Substance Abuse and Mental Health Collaborating Council is still not a member of PIHOA*¹

Tobacco use is rampant in the islands. The terrible toll exacted by tobacco, world-wide, has caused the World Health Organization to use its constitutional right to develop an international treaty to control tobacco, *the Framework Convention on Tobacco Control (FCTC)*. To date, of the six jurisdictions, only Palau and the Marshall Islands have *signed and ratified* the Convention. FSM has *signed but has not ratified* it. The United States (for Guam, CNMI and American Samoa) signed the treaty in May, 2004, but has not ratified it. PIHOA would do well to make a concerted effort to advocate that all governments ratify *and implement* the Convention². This is an example of a unified policy that PIHOA could advocate but yet, tobacco control has been absent from PIHOA's deliberations over the past three years during which time, it has been the most important public health initiative in the global health arena.

- **Human resource development.**
PIHOA needs to assume a leadership role in assisting the jurisdictions to assess their health workforce requirements. The workforce development programs PIHOA advocates should be based on health needs substantiated by data on health status and selection of health programs/services that have the greatest potential to make positive impact on the health status of the population. For example, improvement of health status in the jurisdictions requires more primary health care providers, health assistants, health educators/promoters *yet; most of PIHOA's focus has been on workforce issues relating to secondary and tertiary care and services*

In summary, strategies identified by the membership to address the twin issues of organizational mission and vision are:

- **Vision/mission;**
Retain the mission of speaking with one unified voice for health across all six jurisdictions.

¹*The Pacific Substance Abuse and Mental Health Collaborating Council has applied for affiliate membership. This application will be acted upon at the March, 2005 meeting, in Honolulu.*

²*On November 30, 2004, the 40 country ratifications required for the FCTC to enter into force was achieved when Peru ratified the treaty. Palau was the 9th to ratify on Feb. 12, 2004. Marshall Islands ratified it December 8, 2004. The FCTC went into force on February 27, 2005 (90 days after the 40th ratification).*

- **Redefine and clarify core functions of the organization**
Refocus the unified voice around health issues common across all six jurisdictions and provide policy advice and advocacy internally – toward the government of the jurisdictions, as a matter of priority, then toward the U.S. Federal government and other funding agencies.

- **Strengthen performance of core functions**
Strengthen performance by focusing on strengthening leadership in addressing the priority health problems held in common across the region and persevere until desired results are obtained.

ISSUE TWO:

LEADERSHIP BY THE BOARD OF DIRECTORS AND THE SECRETARIAT

Few of the regular members remain on the PIHOA board for any significant length of time. This reflects the nature of appointment to the highest health office in each jurisdiction, i.e. political appointment, subject to the duration of the political party in power. Despite this, over the eighteen years of PIHOA's existence, there has always remained a core of 'old hands' (both regular and associate members) who possess the institutional memory to educate newcomers about the organization and its operations. In actuality, this transfer of information seldom occurs. New members are left to learn for themselves how the organization works by sitting in the meetings, observing, and participating in deliberations.

As previously noted, regular members are political appointees to each jurisdiction's highest health office. This means that on any given day they deal with many complex issues at home that involve health, non-health, and political issues. As a consequence, very few regular members actually have much time to attend to the work of PIHOA or PIHOA-recommended activities, *especially when these priorities are unclear*. This is not to suggest that the highest health officials must personally carry out the PIHOA-recommended activities. They must, however, do at least three things:

1. Ensure that information from PIHOA meetings is shared with and/or disseminated to everyone concerned both within and outside of the health sector;

2. Provide mechanisms to ensure sustainability of activities, i.e. monitoring capacities; and

3. Advocate for required health and health-related policies within their jurisdiction's government structure, based on PIHOA's discussions and recommendations.

One strategy to assist board members enhance their effectiveness in fulfilling PIHOA's mission is training on effective "boardsmanship". Such training would address skill building on such critical areas of board leadership as: integrity, accountability, transparency, coordination, visibility, communication, and advocacy. In short, "boardsmanship" training will assist board members to understand their roles and will empower members to perform their functions with competence, authority and confidence.

The secretariat provides technical and functional advice to the board. It should advise and provide technical assistance to the board as appropriate³ This means that it should be proactive rather than reactive with respect to meeting the board's needs. The secretariat should recognize and respond to each board member's individual needs in addition to responding to their collective needs. (Of course, it goes without saying that this requires resources in order to do an effective job. The issue of resources will be addressed subsequently in this plan.) The point here is that the secretariat must understand that technical assistance to health leaders within the jurisdictions is a core function of PIHOA. The secretariat must have the capacity to facilitate and/or otherwise accomplish this function. This means that the secretariat must not only understand health issues of regional significance but be knowledgeable about jurisdiction-specific health issues since the board members look at PIHOA through their jurisdictional "looking glass".

The secretariat must also be knowledgeable about health programs and initiatives that affect the jurisdictions other than those sponsored/funded/advocated by the United States. All six jurisdictions make commitments in conjunction with regional and international memberships, meetings, and conferences (e.g. WHO, UNICEF, UNAIDS, UNFPA, Secretariat of Pacific Community, and others). A particularly relevant and important meeting is the biennial meeting of Pacific Islands Ministers, Secretaries and Directors of Health under the auspices of WHO and the Secretariat of the Pacific Community (SPC). The chief health officers of the Freely Associated jurisdictions attend these meetings and make commitments in their own right as representatives of independent nations. The three US-flag jurisdictions either make commitments on their own as special invitees to these meetings or as members of the United States delegation. PIHOA is in a position to ***advocate with and to provide technical assistance that will assist its member jurisdictions*** to honor and act upon their global and regional commitments at the jurisdictional level. It is in the PIHOA forum that these commitments should be further discussed, emphasized, adapted to jurisdictional level, if necessary, supported and advocated.

³When this document was adopted in Yap, the secretariat consisted of the Executive Director and one secretary/administrative officer.

In summary, strategies selected to address issues of organizational leadership are:

- **Enhance the leadership capability and capacity of board members;**
In partial fulfillment of this strategy, a workshop on “boardmanship” was conducted during the September 2005 PIHOA meeting held in Yap. Such training must be continuous and regular to ensure the board members are able to discharge their responsibilities with skills.

- **Provide continuing assistance to board members in the discharge of their responsibilities to the organization;**
Two priority strategies are to provide formal orientation to new board members and to develop/implement a plan for continuing education of board members.

- **Reevaluate the leadership capability/capacity of the secretariat, especially that of the Executive Director, and take action as appropriate.**
Appropriate actions may include recruitment or training of staff and/or allocation of resources for strengthening leadership. Alternately, replacement of staff may be a considered option.

Note:

At the second strategic planning meeting in Yap, the members decided on 10 important issues to address during the planning period. These issues were **assigned to groups to be primarily responsible for** with regards to research, discussions and development of options/strategies for the PIHOA members to consider in addressing the issues: The issues and the Action Groups are:

1. Surveillance.....Yap State
2. Human Resource Development.....CNMI & Palau
3. Professional Licensing.....PBMA, APNLC, PBDA
4. Disaster Management..... American Samoa & Palau
5. Tobacco Control.....FSM, RMI and Palau
6. Pharmaceuticals.....RMI
7. Primary Health Care.....CNMI & Palau
8. Laboratory and Health Information Technology.....FSM
9. Safe Drinking Water.....Guam
10. Connectivity.....PIHOA Secretariat

ISSUE THREE:
SECRETARIAT-BOARD AND BOARD-JURISDICTION CONNECTIVITY

The secretariat tries hard to stay connected to the board through e-mail, facsimile, and telephone calls/conferences in addition to the biannual meetings. Over the years, however, two closely related factors have served to limit board-secretariat connectivity:

1. Lack of organizational capacity to comply with grant accounting requirements, and
2. Distance of the secretariat from the jurisdictions served.

PIHOA was chartered in the Commonwealth of the Northern Mariana Islands in 1986. However, it did not receive its full non-profit organization status for internal revenue tax reporting purposes until July, 2004. A major hurdle in achieving this status was, reportedly, the lack of an acceptable grant accounting system. The Research Corporation of the University of Hawaii was considered the most appropriate conduit for federal funding assistance to the organization because it had a well established, acceptable accounting system. This, together with the fact that PIHOA's first Executive Director was an assistant professor at the University of Hawaii, made it convenient for the organization to be housed on campus. Over the years, the twin needs for PIHOA to be autonomous from the University of Hawaii's accounting system and for the organization to be physically located closer to the jurisdictions have been discussed in many meetings.

In the beginning the board made a conscious decision to tie PIHOA's administration to the University of Hawaii, for reasons stated above. Over time, PIHOA's tie to the University of Hawaii became, more or less, expected. Indicative of this view was the appointment of a UH professor as interim director following resignation of the founding Executive Director. Eventually, the board came to question the wisdom of retaining such close ties to the University of Hawaii. In 2002, PIHOA moved its office outside the UH campus. The secretariat, however, continues to manage the affairs of the board and its jurisdictions from Honolulu, a situation that has also been questioned repeatedly in board meetings. One argument in support of this arrangement is the central location of Honolulu, especially with respect to American Samoa. An opposing argument is that the secretariat can better serve the jurisdictions from an alternate location, such as Guam or the Federated States of Micronesia, central to five of the six member jurisdictions.

At this writing, the board is not yet prepared to make a final decision about the physical location of the secretariat. It remains a fact, however, that distance management has limitations irrespective of advances in modern electronic communication technologies. It should further be noted that all the jurisdictions have established accounting systems that have adequately reported use of federal funds for many years. With the recent award of 501(C)(3) status, PIHOA is now in a position to make the transition to complete

independence from RCUH.⁴ Relocation of the secretariat would increase the secretariat's visibility to and identification with the jurisdictions. It would also facilitate more rapid response to their needs. While the board continues to deliberate on the issue of physical location, irrespective of location, there remains a need to strengthen connectivity between the secretariat and the jurisdictions served.

Besides increased **secretariat-board** connectivity, there is also a need for greater **board-jurisdiction** connectivity. In recent years, it seems that the only time a jurisdiction becomes aware of PIHOA is when that jurisdiction hosts a meeting. At the time of the meeting, there will typically be news releases in the local media, invitations to high officials to participate in the opening session, and receptions hosted by local officials for meeting participants and/or by PIHOA for local officials. After the meeting, the organization goes 'off the radar screen' of the jurisdiction officials. To a certain extent, this is to be expected since jurisdiction officials usually deal with jurisdiction-specific political issues. It is the responsibility, however, of each board member to ensure that PIHOA's priority issues remain on the 'local radar screen'. ***PIHOA needs to regain its stature in the jurisdictions in order that its recommendations form the basis for health policy reform in the same manner that recommendations made by WHO, UNICEF, UNDP, SPC or the US federal health programs frame jurisdictional health policies.*** It should be noted that these external agencies stimulate policy changes through the health ministry/department of the individual jurisdictions while ***by-passing PIHOA***. In other words, PIHOA misses opportunities to present itself to outside agencies, besides those of the US Federal government, as the 'authoritative unified voice' on health matters of significance to the region and individual jurisdictions.

Even when PIHOA has assumed a leadership role in relation to relevant initiatives, it has failed to follow through to ensure completion or implementation. For example, the September, 1998 meeting in Tamuning, Guam, was attended by the Heads of State of the jurisdictions. The meeting was of special importance because discussion revolved around the recommendations for Pacific health development by the Institute of Medicine and the Pacific Island health ministers. A resolution on the "Future of Pacific Health", based on the IOM Report and Healthy Islands vision, was passed and signed by the Heads of State in attendance at that meeting. The resolution was routed through the jurisdictions for signature by those Heads of State who were not present at the meeting. This important resolution got lost on the way. The copy, signed by those Heads of State present at the meeting, never made it into the official records of PIHOA and no copies were sent back to the jurisdictions. This represents a lost opportunity and the type of core function that the organization should perform more efficiently and effectively.

⁴*At the time of this writing, PIHOA's financial reports continue to be generated through RCUH, mainly due to financial constraints and lack of staff within PIHOA secretariat to develop a completely independent accounting system.*

THE INSTITUTE OF MEDICINE REPORT RECOMMENDATIONS

The Institute of Medicine (IOM) was commissioned by HRSA in 1996 to assess health status, services, and needs in the Pacific Island jurisdictions. The IOM report, "Pacific Partnerships for Health: Charting a New Course," was released in 1998 and made four major recommendations:

1. Adopt and support a viable system of community-based primary care and preventive services;
2. Improve coordination within and between the jurisdictions and the United States;
3. Increase community involvement and investment in health;
4. Promote the education and training of the health care workforce.

These recommendations were very much in line with the Healthy Islands concept advanced by the Pacific Island Ministers/Secretaries and Directors of Health, in their vision for health in the Pacific Islands for the 21st century, better known as the "*Yanuca Declaration of 1995*."

The *Yanuca Declaration* on Healthy Islands (1995)

Healthy islands are places where....

1. Children are nourished in body, mind (*and soul*)¹
2. Environments invite learning and leisure
3. People work and age with dignity
4. Ecological balance is a source of pride
5. The ocean which sustains us is protected

¹(*and soul*), not in the original declaration has been added for the northern Pacific islands of Palau, Federated States of Micronesia and the Marshall Islands.

Similarly, PIHOA has missed opportunities to provide an 'authoritative unified voice' on health issues because it has neglected important health policy issues originating outside of the U.S. federal government. Health issues of regional significance are usually addressed in detail by the World Organization at the annual World Health Assembly (May) or at the WHO's Western Pacific Region's members meeting called Regional Committee Meeting, each September.. All PIHOA board members (or their representatives) attend these meetings either as heads of their individual jurisdiction's delegation (RMI, FSM, ROP), or as members of the US delegation (Am. Samoa, CNMI, Guam). The board members or their representatives also attend the biennial meetings of the Pacific Health Ministers/Secretaries and Directors. Finally, board members also attend meetings convened by UNICEF, UNFPA, UNAIDS, and SPC in which health issues of significance to the region are discussed. Recommendations made in these international and regional health meetings are important to the PIHOA region and jurisdictions. Yet, they are usually neglected or omitted from the PIHOA meeting agenda, thus representing more missed connections between the organization and its jurisdictions as well as the other agencies and organizations that also serve the region in the health area. As a part of this

planning process, an external assessment questionnaire was sent to WHO, SPC and Fiji School of Medicine. The responses from all of these organizations indicate a desire for greater collaboration and connectivity with PIHOA.

In summary, strategies selected to deal with this issue of connectivity include:

- **Enhance the environment for increasing secretariat-board connectivity;**

This will be achieved through:

- Better understanding of the respective roles of board and secretariat;
- Development of more effective mutual support mechanisms;
- Alignment of expectations with resources;
- Careful consideration of the many advantages to relocation of the secretariat to a location that will facilitate timely and appropriate response to jurisdiction-specific needs;
- Increase capability/capacity of board members to discharge responsibilities more effectively at jurisdictional level including substantive knowledge of health issues of concern in the region, more effective advocacy and negotiation skills, and more timely access to technical assistance by the secretariat:

- **Increase collaboration between PIHOA and health organizations or groups, besides the agencies of the US government, that serve the jurisdictions.**

- Strengthen the working mechanisms between PIHOA and WHO, SPC, regional institutions of higher learning, and other regional and international organizations, including civil society;
- Increase collaboration between PIHOA and the biennial meeting of Pacific Islands Ministers/Secretaries and Directors of Health.

ISSUE FOUR:

RESOURCES TO IMPLEMENT PIHOA'S FUNCTIONS AND ACHIEVE ITS GOALS

In almost every meeting, PIHOA has identified the critical need to obtain adequate resources to implement activities that will fulfill its mission and realize the goals of its strategic plan. During the 2004 Honolulu strategic planning workshop, the availability of financial resources was once more a major concern. Leveraging financial resources is important for the support of PIHOA's operations. It is also a major function of PIHOA, that is, to leverage funds for programs that address health priorities identified by the jurisdictions.

“...health services serve everybody but need resources; the main constraint (in delivery of health services) is fighting with other departments for resources; (we) need to find funding/invite political leaders to meetings”.

PIHOA Member
Honolulu, April, 2004

Financial constraints limit PIHOA's activities such as delivery of timely and appropriate technical assistance in support of board functions. Financial constraints restrict staffing within the secretariat to the current level of two - the Executive Director and Administrative Officer. Additional financial resources will allow increased staff capacity to assist the board members in such priority areas as:

- **Analysis of organization's financial position;**
How much money PIHOA has, how much it needs for which purposes, identification of potential funding sources, and development of a planned program of fundraising to obtain resources.
- **Analysis of health issues;**
Identification of international, regional and jurisdiction-specific health issues of relevance to PIHOA; identification of strategic responses to those issues, and support requirements for addressing the identified and priority issues *especially at jurisdictional level.*
- **Support for board development.**
Analysis of the effectiveness and impact of current and past initiatives; identification and implementation of strategies for strengthening PIHOA such as needs identified in this plan for enhanced advocacy, policy development, and management. (The secretariat feels that "there needs to be more involvement from the board" because currently there is "problem with manpower" and "there is no time" to meet the need for "finding adequate sources of the right grants, etc".)

Given that PIHOA's mission statement commits the organization to "improving the health and well-being of Pacific Island people by providing, through consensus, a unified credible voice in health...", it follows that capacity in human resources rather than cash resources is the organization's greatest need. It is imperative that secretariat staff possess the skills and capacity to promote, support, and facilitate the work of the organization on behalf of the Board of Directors. The staff must be able to clarify, facilitate, promote and support for and on behalf of PIHOA (its Board of Directors) those factors (elements) that will have the greatest impact on improving health and well-being of people. This staff should be able to promote, facilitate and support consensus, unity and credibility of PIHOA. ***Credibility is achieved when the organization understands what it should and must do and does it well as evidenced by specific output and impact linked to its efforts.*** To achieve this, the staff and the Board of Directors must work together to plan and implement a high quality workprogram that leads to measurable impact on health. In this manner, it will be easier to find/obtain funds to sustain and continue the organization. At present, it is difficult to obtain funds to run an organization that lacks credibility because the impact of its work is difficult to measure and articulate.

Resource limitations have also played a role in the issue of physical location. The argument is made that it is cheaper to manage an office in Honolulu than in the jurisdictions due to the high cost of communications, utilities, and supplies in the jurisdictions. The Board should decide what it wants and sets about to find/obtain resources to make it happen.

To achieve financial self-sufficiency, it will be necessary that the Board become more involved in fund sourcing. During an interview of one of the original board members, he stressed that financial sustainability is a critical element for survival of the organization. He indicated that the funding base needs to be broadened beyond US federal assistance, to include more jurisdictional responsibility (e.g. dues). Funding base should be diversified to include other contributions from the jurisdictions, federal sources, non-U.S. bilateral sources (e.g. Japan, Australian, and other Pacific Rim countries), and multi-lateral sources (e.g. European Union).

In summary, strategies identified to address funding issues are:

- Strengthen partnership between the board and the secretariat for financial planning;
- Clarify core functions and identify funds needed to carryout these functions;
- Explore the feasibility of a range of alternative funding sources (e.g. private corporate and foundation funding, bilateral assistance such as Japan and Australia, and multilateral assistance such as the European Union);
- Develop and implement a fundraising plan.

PART FOUR: STRATEGIC DIRECTIONS

The ultimate goal of PIHOA is assist the jurisdictions with their activities to improve the health of island communities and peoples by facilitating and supporting appropriate efforts, such as, creating healthy physical and social environments, encouraging health-promoting behaviors, eliminating underlying causes of ill-health, and improving health care systems. As a coalition of the highest level health executives in the jurisdictions, PIHOA will impact on health and health systems through consultation and deliberation, research, advocacy, policy advice, and technical assistance around health issues of regional concern. The goals, objectives, and actions that comprise this strategic plan of 2005-2009 are divided into two categories: (a) those that address organizational issues; and (b) those that address management issues.

4.1. ACTIONS TO ADDRESS FUNDAMENTAL ORGANIZATIONAL ISSUES

ORGANIZATIONAL ISSUES – CORE FUNCTIONS

Goal: PIHOA will speak with one unified voice on health issues of regional significance.

Objective: PIHOA will restate its official mission statement to reflect the dual roles of:

- a. Influencing health and health-related policies internally - at the jurisdictional level;
- b. influencing health and health related policies of external governments and organizations as these impact on health issues of regional concern.

Actions:

- To re-craft and broaden PIHOA's mission statement by reflecting a focus in-ward toward island jurisdictions as well as outward toward external governments and agencies.
- To amend PIHOA's by-laws to reflect this broader mission statement.
- To clarify those health and health related issues that are of regional significance without compromising jurisdictional-specific health priorities.
- To re-evaluate PIHOA's priority issues for action in order that the **annual workprogram** will become more closely aligned with those issues that have the greatest impact on health in island communities (e.g. **include in the workprogram action on environmental health, food and nutrition, and mental health and substance abuse issues, and other priority issues, as decided by the Board**).

ORGANIZATIONAL ISSUES – LEADERSHIP

Goal: PIHOA will strengthen its organizational capacity to effectively advocate for a common health agenda and to deliver supporting policy advice and technical assistance at the jurisdictional level.

Objective: The leadership skills and performance of the Board of Directors will be enhanced through continuing education and training.

Actions:

- To develop a **five-year continuing education plan and annual training program for the board** that will enhance the knowledge and skills of members with respect to:
 - “Boardmanship” (e.g. board roles and responsibilities, accountability, transparency, coordination, visibility, and communications);
 - Advocacy and negotiation;
 - Fundraising;
 - Monitoring and evaluation of the performance of the secretariat (through an **annual report and based on the annual workprogram**)
 - Health issues of regional importance.
- To develop a formal orientation program for new members.
- On the basis of training provided, to clarify the roles and responsibilities of board members individually and collectively and to ensure that these are reflected in the by-laws.

Objective: The leadership skills and performance of the secretariat will be enhanced through continuing education and improved oversight on the part of the Board of Directors.

Actions:

- To clearly define the roles of the secretariat vis-à-vis the board of directors and to clearly state that delivery of technical assistance to board members within their jurisdictions is an important function of the secretariat;
- To enhance the secretariat’s skills in responding to the needs of board members collectively and individually within their jurisdictions;
- To identify resources to support increased delivery of high-quality technical assistance to board members;

- To strengthen the oversight function of the board through the use of clear workprograms and objective measures of evaluation.

ORGANIZATIONAL ISSUES – CONNECTIVITY

Goal: PIHOA's internal and external organizational relationships will be strengthened in fulfillment of its mission.

Objective: Secretariat-board connectivity will be strengthened.

Actions:

- To clearly state the roles and responsibilities of the board and the secretariat;
- To build a mutually supportive relationship between board and secretariat;
- To strengthen the capacity of the secretariat to deliver high quality and timely technical assistance to board members within their jurisdictions through provision of training and resources;
- To re-visit the question of physical location of the PIHOA office and to carefully weigh the many benefits of a location within the jurisdictions against increased costs associated with relocation.

Objective: Connectivity of board members to the jurisdictions will be strengthened and by so doing, the credibility of the organization to speak for health in the region will be enhanced.

Actions:

- Board members will ensure that information from and about PIHOA is shared with stakeholders within the jurisdictions both within and outside of the health sector;
- Board members will advocate for PIHOA positions on health issues within their jurisdictions;
- Board members and the secretariat will work together to publicize information about PIHOA's activities, issues, and recommendations within the jurisdictions using a variety of communication modes (e.g. web page, newsletter, press releases, and news stories).

Objective: Connectivity between PIHOA and external stakeholders will be strengthened. (External stakeholders include agencies of the U.S. government, agencies of the United Nations, Pacific Rim governments, multi-lateral organizations, and civil society organizations).

Actions:

- To enhance the knowledge of PIHOA's secretariat and board about key stakeholders and their issues of concern through research and continuing education;
- To increase PIHOA's visibility and credibility through sustained use of communications modalities;
- To include global and regional health initiatives important to the jurisdictions within PIHOA's agenda and workprogram.

ORGANIZATIONAL ISSUES – RESOURCES

Goal: Budgetary resources necessary to sustain the organization and enable it to achieve its mission will be available on a sustained basis.

Objective: A realistic objective-based budget will be developed together with a fundraising plan.

Actions:

- To enhance PIHOA's credibility through improved performance (per goals, objectives, and actions stated herein), communications, and advocacy;
- To develop a case statement to be used in marketing the organization;
- To develop and implement a fundraising plan that provides for:
 - Advocacy with board members and jurisdictions to remain current with their dues to the organization;
 - Feasibility assessment for seeking grant funds from non-traditional (e.g. non-U.S. federal) funding sources;
 - Proactively preparing proposals and responding to grant opportunities;
 - Proactively marketing PIHOA and its **program of work** to prospective funders.

4.2. ACTIONS TO ADDRESS MANAGEMENT ISSUES

MANAGEMENT ISSUES - LOCATION

Goal: The efficiency and effectiveness of PIHOA in fulfilling its mission and supporting program of work will be enhanced.

Objective: The Board will revisit the issue of physical location.

Actions:

- **Evaluate the options of locations (Honolulu vs. outside of Honolulu):** To assess the benefits to be derived from relocation outside of Hawaii (e.g. enhanced connectivity between PIHOA and the jurisdictions and delivery of more timely technical assistance in a cost effective manner);
- To evaluate the costs and benefits of alternative location;
- To evaluate the impact of relocation on service to American Samoa.

MANAGEMENT ISSUES - STAFFING

Objective: The capacity of the secretariat to serve the board will be enhanced by attracting and retaining qualified staff.

Actions:

- The Board, in cooperation with the secretariat, will **develop a medium-term staffing plan** for integration within the fundraising plan; the outline of a “visionary” staffing plan is included as Annex C and includes the following positions;
 - Executive Director (existing);
 - Administrative Officer (existing);
 - Finance Officer (proposed);
 - Health Policy Analyst (proposed);
 - Health Data and Information Technologist (desired);
- The secretariat will take action to augment paid staff with use of volunteers and student interns;
- The board will conduct an annual review of the secretariat, based on developed personnel policies, with a focus on the Executive Director:
 - To evaluate performance;
 - To establish a workprogram and realistic, measurable performance indicators;
- The secretariat will conduct an annual review of staff and report on his/her findings to the Board;

- Together the board and secretariat will annually review salary and benefits offered to staff to facilitate competitiveness and retention of staff.

MANAGEMENT ISSUES - GOVERNANCE

Objective: The board will discharge its governance responsibilities efficiently and effectively.

Actions:

- The board will undertake periodic reviews of its by-laws to ensure their appropriateness to the evolving needs of the organization as it fulfills its mission;
- The board, with secretariat support, will develop an **orientation program** for new members;
- The secretariat will develop for the board **annual workplans** which become the basis for annual evaluation reviews of implementation and impact through an **annual report**.
- The board, in cooperation with the secretariat, will integrate evaluation into all aspects of PIHOA's work;
- The capacity of the board and secretariat will be enhanced through an **ongoing program of training and continuing education**:
 - The board will develop a **five year continuing education plan** as the basis for annual training programs to be integrated within the workprogram and budget.

MANAGEMENT ISSUES - FUNDING

Objective: Adequate resources will be available on a sustained basis to support the mission and workprogram of PIHOA.

Actions:

- The board will develop an **objective-based budget**;
- The budget will form the basis for a fundraising plan;
- The development function will be explicitly integrated into the workprogram of the secretariat and staff charged with fulfilling the development role;
 - The secretariat to give consideration to integrating development within the job description of the Administrative Officer;
 - Board members individually and collectively will take a more proactive role in fundraising;

- By 2006, the board will have brought all membership fees up-to-date;
- The board will re-evaluate membership fees to explore the feasibility of an increase;
- The board will take action to raise funds from private sources within each jurisdiction; (target \$5,000 per jurisdiction per year);
- The secretariat will explore options for supplementing the organization's cash budget through in-kind contributions including donation of new or used equipment.
- The Board may consider forming a Finance Committee to lead the activities for financing the organization.

Objective: PIHOA will be properly recognized for its achievements and will be identified internally and externally as the premier health policy organization in the U.S. affiliated jurisdictions.

Actions:

- Use the media to build broad-based awareness of and support for PIHOA, its work, and its policy agenda;
- Produce and distribute a periodic newsletter;
- Update brochures regularly and ensure these are available and strategically positioned in the jurisdictions;
- Update and maintain the PIHOA website and listserve.

Objective: The operational efficiency of PIHOA will be enhanced.

Actions:

- The secretariat to take steps to ensure timely, accurate, and useful information is available to support decision-making throughout the organization (board and secretariat);
- The secretariat to maintain an electronic accounting system that produces accurate, timely and understandable **financial reports**; these reports to be shared with board members monthly and at each meeting;
- The secretariat to maintain a system of internal controls to safeguard PIHOA's resources;
- Within the constraints of resources, the secretariat will ensure that the work environment is conducive to productivity and retention of staff.

Objective: Coordination and collaboration with other regional health organizations will be enhanced.

Actions:

- Maintain close communications with global and regional health organizations that serve the jurisdictions;
- Ensure that information from other health organizations, both global and regional, are shared with directors through PIHOA's agenda;
- Develop specific agenda items that address priority global and regional health initiatives.

APPENDIX A: CORE VALUES, BELIEFS, AND PRACTICES

Current Practice	Ideal Beliefs
Government must provide health care	Everyone is responsible for own health
Focus on illness/disease	Focus on health
Western lifestyle is good	Need to make wise choice of lifestyle
OK to get sick as care is available	Better not to get sick
Healthy means - repaired, healed	Healthy means: lifestyle (spiritual, physical, mental) and environment
Government must find resources to deliver health care services	Individual empowerment and responsibility for community health
Emphasis on need for knowledge	Emphasis on change
Should plan resources for referral due to value of life	Should plan resources for prevention due to value of quality of life
Concept of health tied to systems and services	Value of health tied to wise choices
Individual's right to highest level of care affordable	Everyone's right to minimum set of affordable health protection and promotion services
Emphasis on expansion of services	Emphasis on impact of services
Inward-looking; immersed in problems	Outward-looking; solutions born out of vision
Involvement in jurisdictional issues	Concentrate on high-level policy change i.e., should be the high level policy voice to recommend policy changes related to tobacco, HIV, nutrition inclusive of breastfeeding, physical activities, youth issues, mental health, etc.

Annex B: **Summary Analysis of External Assessment**

I. Questions and Respondents:

1. Persons who were considered to be ‘stakeholders’ of PIHOA, i.e., had expressed interest or should have some knowledge/interest in PIHOA’s work, were asked questions about PIHOA, as part of the External Assessment of this organization.
2. Questions were asked either orally or, as in the majority of the case, through a questionnaire administered via email.
3. The three questions asked of the respondents were:
 - a. Do you know what PIHOA’s Mission/Purpose is?
 - b. Do you think PIHOA is effectively achieving its Mission?
 - c. Three things (that) you would change in PIHOA to make it more effective?
4. Those who responded were:
 - a. WHO (2 - 1 Manila, 1 Fiji)
 - b. Department of Health/Guam (1)
 - c. Secretariat of Pacific Community (SPC - 3)
 - d. Fiji School of Medicine (1)
 - e. Health Resource and Service Administration (HRSA-4)
 - f. Centers for Disease Control (CDC-2)
 - g. Private Health Consultant (1)
 - h. Department of the Interior (2)
 - i. Palau Government (2 - 1 Minister, 1 Senator)

II. The Responses:

1. **PIHOA’s Mission/Purpose:** Responses ranged from :”Yes” to “No” with the majority in the “no” category. A few expressed their understanding.
2. **Effectiveness of PIHOA:** Since most respondents indicated they did not know the PIHOA’s mission/purpose, only those who had some ideas responded to this question. The responses ranged from, “It has been an effective mechanism for getting professionals together” to “I don’t think PIHOA has been a very effective organization. They are reasonably good at bringing people together and creating a forum for discussion. It is less

effective at following through with the agenda”, to “PIHIOA has become more of a ‘pass through’ organization, taking money from one source, giving it to another at the behest of an outside agency –rather than initiating priority projects and programs from within. It has become reactive instead of proactive. It networks but to an indefinite and ill-defined end”, to “..there has been no leadership in the executive office to assist the jurisdictions’ leadership in carrying out their decisions and to seek opportunities in advancing the Board’s agenda” and “ The Association’s effectiveness must be based on the assessment of value and/or accomplishments by its membership in terms of particular needs in each state and territory. I do not believe that this has been demonstrated”.

3. Three Things to Change to Achieve more Effectiveness:

Practically all respondents responded to this question. Even those who did not know the mission or had only a vague idea what the organization’s mission might be had suggestions to make about things that could be done to make the organization more effective as a premier health officers’ organization of the region. The recommended actions have been grouped into issue categories that PIHOA might focus on, as follows:

- a. Vision/Mission/Purpose:
 - i. Define the mission more clearly
 - ii. PIHOA should have a clear vision of what it is as an organization and where it wants to go.
 - iii. PIHOA should find its true niche. It tries but cannot be all things to all people, all the time.
- b. Leadership:
 - i. Empower the Board to govern
 - ii. The Executive Director should have strong leadership
 - iii. There should be more dynamic staff leadership, preferably by Pacific Islanders
 - iv. PIHOA’s main problem is lack of authority, (funding) and technical competence, and these are the same weaknesses of its members.
- c. Organization’s Functions/Work Program:
 - i. PIHOA should have a stronger stance in policy development
 - ii. Create a plan of work that is assessed, approved and supported by each state and territory.

- iii. There should be transparent planning and program evaluation, tying to reporting needs of various health organizations.
- iv. Focus on a few priorities (i.e., disaster preparedness and relief, environmental health issues, management and lab capacity building, etc) instead of spreading over the entire PH agenda
- v. Figure out what the priorities are and what types of 'services' and 'benefits' it can provide to customers (customers, might be jurisdictions and/or federal government)
- vi. Prioritize activities that go beyond policy development and address interventions in the field.
- vii. Stick with implementation of the strategic plan, its action items and its timeline, so that the strategic plan is not just an exercise
- viii. Integrate initiatives of the various regional and international programs in which the jurisdictions participate, i.e., WPRO, WHA, SPC, etc., into PIHOA Plan of action for the Pacific Basin region.
- ix. Strengthen link between licensing and continuing medical education requirements for physicians practicing within the Pacific Islands countries.
- d. Meetings:
 - i. Ensure right persons come to meetings (not only PIHOA representatives but also key staff who carry out activities locally)
 - ii. PIHOA should really have 'working meetings' with appropriate people.
 - iii. There should be less meetings and more use of ICTs
 - iv. The needs to be more information sharing by those who attend PIHOA to other organizational members
- e. Visibility and Communication
 - i. If PIHOA starts being seen as a real asset to by the members, its authority will increase.
 - ii. Ensure good public relations - present ongoing activities and key priorities to its constituents (to all of its partners)
 - iii. Facilitate more dialogue and broker a relationship with the federal government (agencies). Because the Pacific is so far from Washington, D.C., the PIHOA office in Honolulu can be

- instrumental in developing a partnership and provide useful information that might foster a better understanding of the Pacific and its needs.
- iv. There should be greater visibility and communication (via internet, webpage, etc).
 - v. Quicker response to emerging health issues of member countries.
- f. Collaboration:
- i. There should be more collaboration with the health organizations in the Pacific, i.e. WHO, SPC, etc.
 - ii. Include representatives from other Pacific Island countries, not just those associated with the U.S.A.
- g. Economics:
- i. The economic fluctuations in the Pacific also make it difficult to have long-range view and plan.
 - ii. There should be adequate resources to support activities and mission objectives - from different funding sources.
 - iii. It might be useful for PIHOA to become affiliated with ASTHO and thereby enhance its capacity, especially in the area of lobbying for resources for the Pacific.
- h. Jurisdictions-related:
- i. Leadership within each state and Territory needs to openly discuss the value of the Association, expectations for its work and resource commitment.
 - ii. Determine that sufficient agreement and commitment among the states and territories exist to sustain the Association.
 - iii. Should base PIHOA in the islands rather than in Honolulu

ANNEX C: MEDIUM-TERM “VISIONARY” STAFFING PLAN

A Visionary Staffing Structure (Developed by the Board in September 2004)		
Position	Nature of the Work	Action Steps
Executive Director <i>(Existing Position)</i>	Requires senior managerial and leadership capacities and an in-depth understanding of regional health issues, jurisdictional issues, and the global and regional health environment.	<ul style="list-style-type: none"> • The board to re-evaluate the job description including qualifications sought; • The board to undertake annual performance reviews; • The board to approve an annual program of work with objective performance benchmarks; • The board to ensure that there is a high level of connectivity between the workprograms of the Board and the Director/secretariat.
Administrative Officer <i>(Existing position)</i>	Provides essential administrative support to the director, board, and membership; to implement this plan, the incumbent will take a more active role in supporting internal and external communications.	<ul style="list-style-type: none"> • The director to re-evaluate the job description; • The director to undertake a performance review and report on his findings to the board; • The director to approve an annual program of work with objective performance benchmarks and to regularly evaluate performance.
Finance Officer <i>(Planned position)</i>	Position will become increasingly important as PIHOA moves into independent 501(c)(3) status, strengthens fundraising, and develops non-traditional sources of funding.	<ul style="list-style-type: none"> • Position could be initiated as part-time and expand to full-time as PIHOA’s budget grows as a result of implementation of this strategic plan
Policy Analyst	Position is needed to	<ul style="list-style-type: none"> • The Board to include this

<i>(Planned position)</i>	support PIHOA's core functions of policy development, advocacy, and technical assistance. Position will support the Board collectively and individually within their jurisdictions.	position within the fundraising plan.
Health Data and Information Technologist <i>(Position to be considered)</i>	The board requires current and relevant health data to support is policy development and advocacy roles. Data are also required to support impact evaluation and fundraising.	<ul style="list-style-type: none"> • Although maximum benefits will be derived from a separate Health Data and Information position, this position can be combined, at least initially, with that of the policy analyst.
Other		<ul style="list-style-type: none"> • The need for additional staff will be driven by PIHOA's workprogram and budget; specialized staff may be needed from time-to-time on a regular or contracted basis to carryout specific projects or activities; this need to be determined by the board in consultation with the Executive Director.
Volunteers and/or student interns		<ul style="list-style-type: none"> • The secretariat to expand the use of volunteers and student interns to carryout specific projects or activities.

ANNEX D:
BUDGET REQUIRED FOR PLAN ANNUAL IMPLEMENTATION
(FOR A GUIDELINE ONLY)

Salaries	\$257,520
Fringe Benefits	\$ 51,504
Controlled Property	\$ 3,782 ¹
Materials & Supplies	\$ 16,212 ²
Employee Domestic Travel	\$ 16,803 ³
Consultant /Fee for Service	\$ 10,000 ⁴
Printing and Publication	\$ 7,374 ⁵
Communications	\$ 36,532 ¹
Non-employee travel	\$ 73,275 ⁶
Equipment	\$ 5,000 ⁷
Utilities	\$ 152 ¹
Employee Foreign Travel	\$ 48,192 ⁵
Rentals – Equipment/Other	\$ 11,027 ¹
Repairs & Maintenance	\$ 1,605 ¹
Rental – Space	\$ 3,629 ¹
Other current expenditures	\$109,362¹
Total Direct Costs	\$661,969
Indirect Costs @6%	37,718
Grand Total	\$699,687

I. Notes on Development of Proposed Budget for Implementation of PIHOA Strategic Plan 2005-2009.

1. The proposed budget was developed by examining the latest financial report for budget item expenditures and grant awards for each budgeted item.
2. Currently PIHOA has 6 sources of funding for its operation, including the various functions that PIHOA is involved with. The accounts, their descriptions and their relationship to this budget development are as follows:
 - a) PIHOA Revolving Dues Account – Regular members @ \$20,000 and Associate members @ \$500 per year, respectively. This is the only source of funding that the organization may truly depend upon. However, payment of dues has been unreliable over the years. One of the

- strategies of this strategic plan, for strengthening the organization, is to strengthen payment of dues.
- b) CDC National Immunization – for support of the JP Chaine. The amount per year has fluctuated around \$112,000. This source of funding cannot be counted on for PIHOA operations.
 - c) DOI Strategic Planning Initiative – This grant was specific for the development of this Strategic Plan. It may or may not be available for the next cycle of planning.
 - d) HRSA grants – these grants in the amount of about \$150,000 are for operating expenses as well as certain specific projects. Continued availability of this source of funding is dependent of on performance of the organization, budget justification to HRSA.
 - e) CDC BT funding for regional functions – This source of funding may continue to be available for this specific and related needs.

II. Notes on line items

- a) The proposed salary for each of the secretariat staff is the mid-range for the position. The minimum and maximum of the range was emailed to each board member by the Executive Director.
- b) Fringe benefits at 20% rates
- c) ¹Based on current expenditures
- d) ²Current expenditures x 2, due to increased staffing
- e) ³Current expenditure x 1.5 due to increased staffing
- f) ⁴Greatly reduced from current expenditure since recruited staff should do what consultants were hired to do.
- g) ⁵Current expenditure x 3 due to increased staff
- h) ⁶Current expenditure x 1.5 due to increased in airfares and increased number of committees identified in the strategic plan.
- i) ⁷No current expenditure, but new staff will need some equipment

ANNEX E:
Possible/Probable Sources of Funding
(Based on Current Sources of Funding)

1. PIHOA Dues:		
Regular Members:	@ \$20,000 x 6...	\$120,000
Associate Members:	@ \$ 500 x 7...	\$ 3,500
Total PIHOA Dues		\$123,500
2. NIP & JP (006516).....		\$115,100
3. DOI(006531).....		\$210,487
4. HRSA RCPB (006532)		\$125,000
4. BT (006513).....		\$272,096
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Total Possible Funding:		\$846,183

Notes:

- a) Membership Dues must be paid on time
- b) Grants need to be applied for with acceptable justification