Overview of the PHOA Strategic Operational Plan 2018-22
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This document presents an overview of PIHOA’s strategic direction 2018 to 2022 and details the annual initiatives to be undertaken to fulfill these strategic objectives for the period 2018/2019 and 2019/2022.

Over the past 15 months the Pacific Island Health Officers Association (PIHOA) Board, staff and a consultant (Jim Pearsol) have engaged in a structured process to establish the PIHOA 2018-2022 Strategic Framework – a guide to drive PIHOA business planning for the next five years.

The Board has participated in leadership development activities, strategic planning activities and collective decision-making on PIHOA’s direction and scope. The Strategic Operational Plan is a statement of expectations for what the Board intends to address in the next five years, and it defines how the association staff (PIHOA Secretariat) supports its members and their Health Missions as a regional asset and resource. It is also a means for the Board to focus its efforts on priority initiatives.

The Strategic Operational Plan is a means for the PIHOA Board and Secretariat to assure that PIHOA operational activities align directly with the PIHOA 2018-2022 Strategic Framework. Each activity in the Framework represents an important line of business for PIHOA and this should allow PIHOA staff to list and describe specific projects associated with each line of business for the next five years.
The idea of forming an association of Pacific Island health officers first emerged in the mid-1980s as the region's principal health officials gathered at conferences sponsored by the US Department of Health and Human Services (HHS), the World Health Organization (WHO), United Nations (UN), the then Secretariat of the Pacific Community (SPC), and others. The Pacific US Territories of Guam, the Commonwealth of the Northern Marian Islands (CNMI), and American Samoa, along with the US Freely Associated States (FAS) of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), and the Republic of Palau, recognized that while they shared common health interests, history and challenges, they had no formal mechanism to discuss issues of common interest and concern. They further recognized the opportunity, strength and value of collective action and regional solutions.

In 1986, under the auspices of the University of Hawaii's then School of Public Health, the US Pacific's health Directors, Ministers and Secretaries formerly constituted the Pacific Island Health Officers' Association (PIHOA). In 1987, the group elected its first officers, drafted its bylaws, and secured its incorporation as a public entity in the CNMI. The body selected its executive director and further sought a special relationship with the University of Hawaii's School of Public Health to house its Secretariat. In its initial formation, this arrangement would highlight PIHOA's visibility, while providing easier access to concerned educational and philanthropic organizations that could help with needed resources and concerned policy makers in Washington, DC.

Today, PIHOA is an independent, 501(c)3 non-profit organization chartered in the CNMI and Hawaii, with 3 offices in Honolulu, Hawaii (HQ), Guam and Palau, with continued strong commitment to improving the health and well-being of the People of the Pacific. Recognized for its commitment and dedication to representing the collective interests of the US Pacific health leadership, and its Secretariat technical expertise, PIHOA has been appointed as the Secretariat of the Regional Health Committee of the Micronesian Islands Forum and Advisory Committee Member to the US Centers for Disease Control's
In 2015, at the wider Pacific Heads of Health Meeting and Pacific Ministers of Health Meeting, PIHOA was endorsed as a Pacific regional technical partner, working alongside the WHO and SPC. PIHOA’s Secretariat technical staff are technical working group members of the WHO’s Pacific Monitoring Alliance for NCD Action (MANA) and Pacific Health Security Working Group (PaHSec), SPC’s Pacific Public Health Surveillance Network (PPHSN), and the United Nations Population Fund’s (UNFPA) Pacific Reproductive, Maternal, Newborn, Child, and Adolescent Health Workforce Working Group (RMNCAH).

PIHOA’s Executive Board membership is comprised of the six ministers/directors/secretaries of health of the six US-Affiliated Pacific Islands (USAPIs); thirteen Associate Board members comprised of the deputy directors/assistant secretaries of health, CEOs of local public hospitals, and directors of public health departments and clinical services; and eleven Affiliate Board members comprised of Pacific basin professional associations.

The PIHOA Secretariat currently has ten full-time (FTE) technical, executive, finance and administrative staff and, on average in any given year, five to ten Subject Matter Expert (SME) consultants on a continuous retainer basis located at the PIHOA offices in Guam and Honolulu, or embedded at local health departments and ministries. PIHOA currently hosts 4 CDC FTE SMEs - two Regional CDC Immunization Project Officer and Public Health Associate, one Regional Chronic Disease Epidemiologist, and one CDC Office of Public Health Preparedness and Response Regional Career Epidemiology Field Officer (CEFO).
PIHOA’s mission is to improve the health and wellbeing of the USAPI communities it serves, by providing through consensus, a unified credible voice on health issues of regional significance.

It is underpinned by the **Pacific Healthy Islands Vision** endorsed by the wider Pacific region, which supports the following key principles for a healthy Pacific:

- Children are nurtured in body and mind
- Environments invite learning and leisure
- People work and age with dignity
- Ecological balance is a source of pride
- The ocean that protects us is sustained

Under the direction and guidance of PIHOA members, the PIHOA Secretariat's mandate is to support members' vision for a healthy Pacific, focusing its efforts on health systems strengthening priorities, including, but not limited to regional health policy development and advocacy, leadership strengthening, strategic partner engagement and coordination, workforce development, enhancing health services delivery through capacity development and continuous quality improvement/assurance, information dissemination, and research.
PIHOA’s recently endorsed Strategic Framework for Action 2018-2022 will continue to guide the association and secretariat’s strategic direction and engagement/advocacy with partners for the next five years. While PIHOA’s mandates and regional priorities continue to align with and affirm the core principles of the 1995 Yanuca Healthy Islands Declaration as reaffirmed in 2015, they also align with and support stated health development priorities of the six USAPIs.

Recognizing that the planning process is an iterative process influenced by external strategies, policies, new research, legislation, and information on best practices, as well as internal measures of success and lessons learned, PIHOA will use the Strategic Framework for Action 2018-2022 to guide the development and implementation of PIHOA’s 5-Year Strategic Operation Plan, including annual Implementation Plans and Program/Project Plans.

A Strategic Operational Plan is a systematic approach to clarifying the 5-year strategic objectives. It identifies long-term measurable, organizational goals that guide regional initiatives and activities undertaken. Each year of its life 5-year cycle, the Strategic Operational Plan should be reviewed, refined (as needed), and reaffirmed by the PIHOA Board. In addition, the progress of the strategic objectives are to be regularly measured and reported to track and validate PIHOA’s overall continued alignment to the Strategic Framework for Action 2018-22.

Annual Implementation (Operations) Plans (IPs) are developed annually that set out priority initiatives and activities in any given year to progress with PIHOA’s strategic objectives aligned to the 5-Year Strategic Operation Plan. These annual IPs layout in more detail the approaches/interventions, activities, and measures of success within a 12-month timeframe, and where feasible, details of additional resource inputs in support of the activities to be completed by the end of the year (i.e. funding, technical resources, partner support, etc.).

Program and Project Plans provide a means of planning and tracking the implementation of the annual initiatives. One initiative could be executed through one or more programs or projects. Often, Program and Project Plans are developed in response to funding applications that may support one or more discreet interventions and/or activities identified in the 5-Year Strategic Operational Plan.

In summary, PIHOA’s Vision, Mission, Values, Major Focus Areas and Foundational Elements are listed Figure 1; and, described in further detail in subsequent pages.
Figure 1: Summary Outline of PIHOA’s Vision, Mission, Values, Major Focus Areas, and Foundational Elements

**Vision**
To improve health equity in the Pacific region through creative and dynamic leadership.

**Mission**
PIHOA’s mission is to improve the health and wellbeing of the U.S. Affiliated Pacific Island communities by providing through consensus, a unified credible voice on health issues of regional significance.

**Values**

**Customer Focus**: Being genuinely concerned that our customers receive quality health care, well-being, social security and human development for all citizens.

**Equity**: Striving for an equitable health system, social security and human development and being fair in all our dealings irrespective of ethnicity, religion, political affiliation, disability, gender and age.

**Quality**: Pursuing high quality outcomes in all facets of our activities in a way which guides, mentors and develops Pacific people.

**Commitment**: Committing ourselves to the highest ethical standards in all that we do to ensure excellence in management.

**Responsiveness**: Responsive to the health needs, social security and human development of the population noting the need for speedy delivery of urgent services.

**Integrity**: Take responsibility by being accountable and transparent with optimum use of resources.

**Collaboration**: Facilitate cooperation and partnerships, nurturing internal and external relationships.

**Major Focus Areas**
Serve as the collective voice and “go to” resource for health in the region

- Strengthen capacity of health agencies.
- Support Board members as health leaders
- Promote a culture of health and safety across the region

**Foundational Elements**

- Strengthen partnerships across the Pacific health enterprise
- Maintain and improve communications across all sectors
- Cultivate continuous quality improvement (within PIHOA and within the jurisdictions)
Focus Area 1 supports a strong emphasis on effective communication and cross-sectoral collaboration, and integrated program/policy development as critical components of a robust health system. It further recognizes that health systems do not function in isolation, and addresses key cross-cutting, foundational elements in the Strategic Framework for Action 2018-2022 to “maintain and improve communications across all sectors.”

To achieve this Focus Area PIHOA will:

- Maintain effective communications among members
- Develop a focused policy/program agenda for US and key regional and international partners’ engagement
- Align PIHOA Board and Affiliate Associations’ position statements and practices
- Address PIHOA issues through an appropriate lens at each Board meeting
- Advocate for flexible, responsive health policies, including the impact of climate change

Major Focus Area 1
Serve as the collective voice and “go to” resource for health in the region.
Focus Area 2 reflects the PIHOA Board’s affirmation of the benefits of PIHOA membership and the work of its Secretariat, and is founded on the World Health Organization’s Framework for Action for Strengthening Health Systems (2007) which defines a well-functioning health system as having “trained and motivated health workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans, and evidence-based policies” that work in harmony. In particular, Focus Area 2 supports training in program management and leadership for USAPI health staff, technical assistance to bridge gaps in resources and funding, health care services training and systems development, and enhancing health sector engagement in legislative advocacy.

To achieve this Focus Area, PIHOA will:

- Support member agencies’ workforce development (WFD) needs in building staff knowledge and skills
- Address employment needs - succession, pay, career path, and health care capacity building
- Support members’ needs regarding successful grants and contracts implementation and accountability
- Support region-wide development of informatics capacity [IT, data literacy]
- Support region-wide development of laboratory processes. Strengthen and sustain public health laboratory preparedness across the USAPIs
- Develop a regional procurement capability for supplies and cost containment
Focus Area 3 recognizes the critical importance of collective leadership, especially in small-island population settings where a “collective voice” ensures priority needs are adequately heard. The PIHOA Board remains committed and enthusiastic about the opportunities and benefits of collective leadership; and continue to support opportunities for executive leadership development and regional policy-making.

To achieve this Focus Area
PIHOA will:

- Provide on-boarding services for new Board Members
- Provide on-going support for Board Members, including affiliates
- Support Board peer engagement and mentoring and provide expert consultation and technical assistance as needed
- Engage Board members with other leaders across all sectors at key decisions
Focus Area 4 recognizes that the Pacific region is vulnerable to a wide range of health security risks, including adverse impacts of climate change. It acknowledges that Pacific health systems continue to be challenged to effectively prevent and respond to new and emerging infectious, communicable and other lifestyle diseases. It affirms the need to build resilient health systems that take a holistic and comprehensive approach to health systems strengthening founded on sound, evidence-based policies and interventions.

To achieve this Focus Area PIHOA will:

- Strengthen statutes, regulations and practices addressing NCDs and other health issues
- Address the impact of social determinants of health. (environment, geography, poverty, etc.) on health policies and options
- Support members’ efforts to model healthy behaviors
- Promote health safety and security for the region.
Focus Area 5 focuses on enhancing the competencies and effectiveness of the Board membership and the PIHOA Secretariat. Having an organized, efficient and well-staffed Secretariat is essential to PIHOA Board effectiveness. As the PIHOA governing body, the PIHOA Board will perform at its best when it creates the conditions for success of the Secretariat. Assuring Secretariat success includes the Board membership providing timely and insightful operational oversight and guidance.

To achieve this Focus Area
PIHOA will:

- Maintain a sustainable financial and organizational model
- Continue Board development activities, including leadership development
- Strengthen Board members’ skills in health finance, management, governance and accounting
- Expand Secretariat staffing support of member planning, budgeting, and health assessments
- Provide optional financial management support services for members
Measuring Performance

To ensure accountability and transparency on delivering PIHOA’s vision to improve health equity in the USAP Is through creative, dynamic collective leadership and context-appropriate, evidence-based interventions and activities, selected indicators and performance measures will be tracked and reported against on a semi-annual basis to assess overall organizational and programmatic performance, continued aligned to PIHOA’s Strategic Framework for Action 2018-2022, and impact on population health outcomes. In addition, the PIHOA Secretariat will initiate periodic external evaluations of PIHOA and its work for continuous quality improvement.
Appendix 1: PIHOA Members, July 2019

A1.1  Board of Directors

The PIHOA Board of Directors consists of the Ministers, Directors and Secretaries of Health for the six U.S. Affiliated Pacific Islands (USAPI).

Ms. Esther Muna  
*PIHOA President*  
Chief Executive Officer  
Commonwealth Healthcare Corporation  
Commonwealth of the Northern Mariana Islands  
P.O. Box 500409  
Saipan, MP 96950  

Dr. Emais Roberts  
*PIHOA Vice President*  
Minister of Health  
Palau Ministry of Health  
Republic of Palau  
P.O. Box 6027  
Koror, PW 96940

Mr. Kalani Kaneko  
*PIHOA Treasurer*  
Minister of Health and Human Services  
RMI Ministry of Health and Human Services  
Republic of the Marshall Islands  
P.O. Box 16  
Majuro, MH 96960

Mr. Marcus Samo  
Acting Secretary of Health and Social Affairs  
FSM Department of Health and Social Affairs  
Federated States of Micronesia  
Palikir Station, PS 70  
Pohnpei, FM 96941

Mrs. Linda DeNorcey  
*Member*  
Director of Health  
Guam Department of Public Health and Social Services  
123 Chalan, Karetá  
Mangilao, GU 96913

Mr. Motusa Tuileama Nua  
*Member*  
Director of Health  
American Samoa Department of Health  
P.O. Box 1716  
Pago Pago, AS 96799

A1.2  Affiliate Members

PIHOAs Affiliate Members are made up of fourteen pacific professional associations and technical agencies in the USAPI who provide health services and programs with similar purposes and objectives to PIHOA.

American Pacific Nursing Leaders Council (APNLC)  
Association of USAPI Lab Managers (AUL)  
Cancer Council of the Pacific Islands (CCPI)  
Northern Pacific Environmental Health Association (NPEHA)  
Pacific Basin Dental Association (PBDA)  
Pacific Basin Medical Association (PBMA)  
Pacific Behavioral Health Collaborating Council & Certification Board (PBHCC/CB)  
Pacific Chronic Disease Coalition (PCDC)  
Pacific Community-Secretariat of the Pacific Community (SPC)  
Pacific Islands Primary Care Association (PIPCA)  
Pacific Partnership for Tobacco Free Islands (PPTFI)  
Pacific Post-Secondary Education Council (PPEC)  
Pacific Resources for Education and Learning (PREL)  
USAPI Pharmacy Association (UPA)
A1.3 Associate Members

PIHOAs Associate Members include thirteen USAPI health deputies and senior subordinates.

Mr. Kapilly Capelle  
Director  
FSM – Pohnpeii State Department of Health Services  
P.O. Box 189  
Pohnpei, FSM 96941

Dr. Ngirachisau Mekoll  
Director  
Palau Ministry of Health – Bureau of Public Health  
P.O. Box 6027  
Koror, PW 96940

Dr. Livinson Taulung  
Director  
FSM – Kosrae State Department of Health Services  
P.O. Box 127  
Kosrae, FSM 96944

Ms. Sherilyn Madraisau  
Director  
Palau Ministry of Health – Bureau of Hospital and Clinical Services  
P.O. Box 6027  
Koror, PW 96940

Mr. Julio Marar  
Director  
FSM – Chuuk State Department of Health Services  
P.O. Box 400  
Chuuk, FSM 96942

Ms. Margarita Aldan  
Director  
CNMI CHCC – Public Health  
P.O. Box 500409  
Saipan, MP 96950

Dr. Aileen Tareg  
Director  
FSM – Yap State Department of Health Services  
P.O. Box 148  
Yap, FSM 96943

Mr. Jesse Tudela  
Administrator  
CNMI CHCC - Hospital  
P.O. Box 500409  
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Dr. Livinson Taulung  
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Mrs. Lilian Posadas-Perez  
Chief Executive Officer  
Guam Memorial Hospital  
850 Gov. Carlos G. Camacho Road  
Tamuning, Guam 96911

Mr. Jack Niedenthal  
Secretary  
RMI Ministry of Health and Human Services  
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Majuro, MH 96960

Mrs. Theresa Arriola  
Director  
Guam Behavioral Health and Wellness Center  
790 Gov. Carlos G. Camacho Road  
Tamuning, Guam 96913

Mr. John Faumuina  
Chief Executive Officer  
LBJ Tropical Medical Center  
Fagaalu, American Samoa 96799