FRAMEWORK OF ACTION FOR REVITALIZATION
OF HEALTHY ISLANDS IN THE PACIFIC

1. BACKGROUND

The First Meeting of Ministers of Health for the Pacific Island Countries was held in Fiji in 1995 and resulted in the Yanuca Declaration, with its vision of "Healthy Islands". That vision defined Healthy Islands as a "place where 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, and the oceans that sustains us is protected". Over the past 16 years, the Healthy Islands vision has been a unifying and overarching framework for achieving better health in the Pacific.

The expansion of activities in support of Healthy Islands was reinforced in subsequent biennial Meetings of Ministers of Health for the Pacific Island Countries. The 2005 meeting in Samoa emphasized theme of Achieving Healthy Islands. The Vanuatu Commitment in 2007 urged whole-of-government and whole-of-society approaches. In 2009 in Madang, Papua New Guinea, there was a call to renew the commitment to the vision of Healthy Islands and primary health care in line with principles contained in the Declaration of Alma-Ata that emerged from the 1978 International Conference on Primary Health Care.

The most recent round of consultations in the Western Pacific Region began with a Meeting on Revitalization of Healthy Islands and Building-Capacity on 20 September 2009 in Hong Kong (China) prior to the sixty-first session of the WHO Regional Committee for the Western Pacific. The meeting recognized the need to acknowledge and build on steps already taken on Healthy Islands in countries, thus avoiding the temptation to "reinvent the wheel". Hence, a Healthy Islands Recognition Programme was developed by WHO. In addition, regular networking meetings were recommended, and the first one was held prior to the Fifty-fourth World Health Assembly in May 2010. During that networking meeting, the Healthy Islands Recognition programme was considered and endorsed by Pacific Health Ministers and participants. The meeting also recommended that a steering group be established to draft a Framework for Revitalization, with the first steering group meeting held
2. CURRENT SITUATION

Over the last decade, the economic globalization and global environmental changes have created new challenges for Pacific island countries and areas. Climate change has created an unprecedented level of vulnerability to environmental disasters. Rapid and unplanned urbanization, the expansion of the man-made environment, and reliance on motorized transport also pose new challenges to health and safety. Tobacco use, the harmful use of alcohol and lifestyle-related diseases, as well as mental health problems, are also on the rise. All of these call for the revitalization of Healthy Islands for sustainable development in the Pacific.

Regarding the revitalization of Healthy Islands, the following issues have been under discussion:

2.1 Relevance of the vision and its definition

There was agreement that the vision expressed in 1995 in Yanuca remains relevant in current times, although in a changing context for health and its determinants. It has been agreed that primary health care is one of the means of achieving the vision of Healthy Islands.

2.2 Promoting the Healthy Islands approach as a multisectoral development agenda

There is a need to increase the profile of Healthy Islands and reposition it as an approach to sustainable development in island settings in health and other sectors. The approach needs to be advocated beyond the health sector in order to address the broad determinants of health, such as food security and climate change, through multisectoral action. It is crucial for the health sector to work closely with other sectors, such as agriculture, education, environment, finance, industry, transport, trade and urban planning to develop “win-win” strategies that will benefit both health and development. Promoting multisectoral action for poverty reduction, improved living conditions, personal empowerment and the provision of education and social services is also essential to reducing health inequities.
2.3 Enhancing technical support for Healthy Islands

Over the years, technical resources for Healthy Islands have been developed. However, there is a need to utilize these technical resources more effectively and develop such resources where they do not currently exist. The technical resources for Healthy Islands are still limited, and the capacity of universities and other technical institutions in the Pacific needs to be enhanced.

2.4 Strengthening national support and coordination for Healthy Islands

National government support to island communities often plays a key role in developing, implementing and mobilizing resources for Healthy Island activities. Such support can take the form of policies, seed funds, training, research, and monitoring and evaluation. Multisectoral actions in Healthy Islands require national government agencies to be coordinated in supporting local initiatives. Ministries of Health usually take a leading role in such national coordination mechanisms.

2.5 Facilitating the sharing of best practices in Healthy Islands

A diversity of Healthy Islands initiatives have been developed and advanced. This pioneering work needs appropriate documentation and recognition to encourage innovation and the demonstration of effective and efficient health promotion and health protection actions. National and regional mechanisms are needed to facilitate the sharing and recognition of best practices in Healthy Islands that could be adopted in other countries. The WHO Healthy Islands Recognition programme is one means of highlighting best practices and best proposals.

3. ACTIONS PROPOSED

In order to facilitate the revitalization process, a framework has been proposed and developed by the steering committee consisting of PICs, the Secretariat of the Pacific Community and WHO. The proposed framework first defines the Healthy Islands vision and then outlines five strategies to achieve revitalization of that vision.

3.1 Strengthen Advocacy, Healthy Policy and Leadership

Key actions include advocacy for the WHO Healthy Islands Recognition programme at the highest levels of government and the incorporation of the Healthy Islands agenda in national
development plans. Good governance and leadership at all levels and alignment of healthy policies also are important.

3.2 Prioritize Country Actions following community and sector-wide consultations

There is a need to streamline and prioritize activities in many counties so they are more focused and to strengthen national coordination mechanisms to provide multisectoral support to the development and implementation of Healthy Islands activities.

3.3 Enhance multisectoral planning, partnerships and networking

Partnership with other sectors is crucial in revitalizing healthy islands. Country Coordinating Committees on Healthy Islands should be established and partnership plans developed in line with the principles of the Paris Declaration on Aid Effectiveness.

3.4 Strengthen Health Systems based on Primary Health Care

Primary health care constitutes the core framework of values that guides efforts to strengthen health systems and should be adopted as one of the implementation approaches for Healthy Islands. The review of existing health systems, identification of gaps, and the redirection of effort through an integrated approach with capacity-building based on WHO's six "building blocks" for health systems strengthening should be emphasized.

3.5 Improve Information for action

Identifying a user-friendly information systems to support the provision of evidence-based interventions and to guide policy decisions is critical for revitalization. There is a need to set appropriate Healthy Islands targets with time-bound monitoring and evaluation reviews.

4. PROPOSED DISCUSSION POINTS

The following actions by Member States are proposed for discussion:

1. Consideration of endorsement of the Framework of Action for Revitalization of Healthy Islands in the Pacific. How would Member States and partners be further empowered by its implementation?
2. What are the key indicators to monitor the progress of implementation of the framework? Based on the framework, an inventory of appropriate indicators specific to countries and with relevance to the region is to be established.

3. What is needed for further development and progress of the Healthy Island vision at the country level, including resources?

4. Strengthen networking among Healthy Islands through:

   (a) a regular Healthy Island Forum where multiple sectors from various countries come together to share experiences and recognize best practices in developing and implementing Healthy Islands activities, and

   (b) participation in the WHO Healthy Island Recognition Programme as part of regular networking within and among countries.
DRAFT

Framework of Action for Revitalisation of Healthy Islands in the Pacific

Prepared by the Pacific Steering Group for Revitalization of Healthy Islands\(^1\)
with secretariat support from WHO

\(^1\) Pacific Steering Group for revitalization of Healthy Islands consists of public health experts from 14 PICs, SPC and WHO
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Preface
Executive Summary

From March 1995, the Pacific began a journey towards the attainment of 'Healthy Islands' through a ministerial conference on Health for the pacific islands at Yanuca Island, Fiji resulting in the 'Yanuca island declaration on Health in the pacific in the 21st century'. The ideals, expressed then and reinforced in subsequent biennial meetings of the Ministers of Health has remained the unifying and overarching vision for better health in the Pacific.

Since then, initiatives have been carried out in the different pacific islands. Whilst the vision remains relevant in the minds of the leaders, the corresponding implementation in country and at the regional level has been sketchy and not well documented and recognised. There is observed lack of sustained improvement overall in Pacific health. This is related in part to the lack of political commitment on health protection to create policies and legislations where healthy choices are made easy. This has called for re-examination of approaches hence the call to revitalisation of the vision and the means to achieve it during the last Ministers meeting in July 2009 in Madang.

Subsequent to the Madang meeting, consultations were carried out with leaders of health in the region and a steering group was established and their meetings convened to develop the draft framework for further consultations. The leaders expressed that in order to revitalise there is a need to reposition healthy islands as the overall strategy for development in the pacific, enhance multi-sectoral coordination, and increase networking and to recognise progress and good practise. As a result WHO has developed and is implementing a recognition programme for PICs to apply for and the first recipients will be recognised at the 9th Ministers of Health meeting.

The vision remains relevant and the five strategies in the framework to revitalise it are:

- Strengthen Advocacy, Healthy Policy and Leadership
- Prioritise Country Actions following community and sector wide consultations
- Enhance multi-sectoral planning, partnerships and networking
- Strengthen Health System based on Primary Health Care
- Improve information for action

To operationalise the framework across the PICs, a combination of health promotion and health protection effort is needed and using the platform of sub-settings, implement health and development programmes in an integrated fashion with multisectoral involvement and good community engagement. Monitoring and evaluation of progress should be carried out building on existing indicators and measurements tools in a timely fashion.

The PICs will draw from each other's experiences through networking with support from the regional partners and stakeholders.
Section 1: Introduction

1. Rationale

1.1 What is Healthy Island?

WHO has exerted a strong influence on health (education) promotion since the Alma Ata declaration in 1978, urging member states to have a balanced approach to health care with more emphasis on primary health care and public health and less on tertiary hospital clinical care. In 1994, the WHO Western Pacific Regional Office produced a policy document ‘New Horizons in Health’, encouraging all member states, including those in the Pacific, to take a comprehensive lifespan approach to the promotion of health. In response to this policy direction, the Pacific Health Ministers in the ministerial conference in 1995 created the vision of Healthy Islands as a ‘unifying theme for health promotion and protection in the island nations of the Pacific for the twenty-first century’. They envisioned a time when the Pacific islands would be a place where 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 and the ocean which sustains us is protected.

The Healthy Islands initiative is an innovative approach to promoting the health of island people and communities. It is the Pacific version of a settings approach to promoting public health at an international level, been consistently advocated since the mid 1980s. Building on the Ottawa Charter statement that ‘health is created and lived by people within the settings of their everyday life; where they learn, work, play and love’ a settings approach calls for the creation of supportive environments with a focus on settings for health, and the Jakarta Declaration (WHO, 1997) emphasized the value of settings for implementing comprehensive strategies and providing an infrastructure for health promotion.

1.2 What prompted the revitalisation of Healthy Islands?

Since 1995 to date initiatives have been carried out in the different pacific islands and whilst the vision remains relevant in the minds of the leaders contained within their biennial conferences, its corresponding implementation in country and at the regional level has been sketchy and not well documented and recognised. The lack of initiatives in the pacific is related in part to the lack of political commitment on health protection to create policies and legislations where healthy choices are made easy. In terms of outcome, although some improvement has been observed in certain areas, there is lack of sustained improvement overall in the Pacific which has called for re-examination of approaches hence the call to revitalisation of the vision and the means to achieve it.

The renewed call for the revitalisation of Primary Health Care and Healthy Islands also follows the global conference on Alma Ata in 2008, after 30 years of the original Alma Ata conference of 1978.

Hence, the Eighth Meeting of Ministers of Health for Pacific Island Countries in Madang, Papua New Guinea, 7–9 July 2009, called for renewal of the commitment to the vision of Healthy Islands and to apply this vision as again the overarching theme to all health programmes and services.

1.3 Why produce a Framework?
During the first meeting in September 2009 in support of revitalisation, the Pacific Health leaders discussed amongst other things the need for a framework which can encompass a true bottom-up approach to addressing health issues, with strategies which can be tailored to individual countries’ needs shifting from what has been a predominantly biomedical approach to an environmental model of public health. A steering group consisting of Pacific public health experts from 15 countries and areas was therefore established and its first meeting convened to develop the framework, assisted by regional and international partners. The framework seeks to provide countries with mechanisms to expand Healthy Island strategies whilst documenting good practices from Pacific Island Countries and areas in the past 10 years. The framework outlines the strategies, settings and key actions for achieving the vision of Healthy Islands including specific recommendations for Pacific Island Countries, supporting partners and stakeholders.

2. Background

2.1 The Origin of Healthy Settings

The Ottawa Charter on Health Promotion was adopted at the first International Conference on Health Promotion, meeting in Ottawa in November 1986. The Ottawa Charter declared that ‘Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love’. The charter is widely acknowledged to have been the catalyst to the health promoting settings movement – resulting in the settings approach becoming the starting point for WHO’s health promotion programmes, with a commitment to ‘shifting the focus from the deficit model of disease to the health potentials inherent in the social and institutional settings of everyday life’.

The Charter was presented as additional means for action to achieve Health for All by the year 2000 and beyond and building on the progress made through the Declaration on Primary Health Care at Alma-Ata in 1978.

Health promotion is also not the responsibility of just the health sector. It goes beyond healthy lifestyles to well being.

The Ottawa Charter also identified and listed Health Promotion Action as;

- Build Healthy Public Policy
- Create Supportive Environments
- Strengthen Community Actions
- Develop Personal Skills
- Reorient Health Services
- Moving into the Future

Amongst its strategies, the Charter identified Healthy Settings as an approach to further enhance health promotion.

The settings approach has been firmly embedded in international health promotion policy. For example, the Jakarta Declaration strongly endorsed the approach within the context of Investment for Health (WHO, 1997); WHO included the term ‘settings for health’ within its Health Promotion Glossary, defining it as ‘the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing’ (WHO, 1998); the new European Health for All Policy Framework, Health 21 included a target focused on

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settings and most recently, the Bangkok Charter (WHO, 2005) highlights the role of settings in developing strategies for health promotion and the need for an integrated policy approach and commitment to working across settings.

2.2 Defining Healthy Settings

The theory and practice of the settings approach have been described and debated over a number of years and whilst debates are ongoing, commonalities can be identified—suggesting that, at a conceptual level at least, the approach has a number of key characteristics.

First, it reflects an ecological model of health promotion, which understands health to be determined by a complex interplay of environmental, organizational and personal factors, largely determined outside of ‘health’ services. It represents a shift of focus from illness towards salutogenesis, from individuals to populations, and from a mechanistic and reductionist focus on single health problems, risk factors and linear causality—towards a more holistic view, concerned to develop supportive contexts within the places that people live their lives.

Secondly, reflecting this ecological model, it views settings as dynamic complex systems with inputs, throughputs, outputs and impacts—characterized by integration, interconnectedness, interrelationships and interdependencies between different elements.

Thirdly, the approach places its primary focus on introducing and managing change within the whole organization—applying ‘whole system thinking’. Reviewers, like Mark Dooris, have proposed a model for conceptualizing the approach, highlighting the need to combine organization development with high visibility projects, to balance top-down commitment with bottom-up stakeholder engagement, and to ensure that initiatives are driven by both public health and ‘core business’ agendas.

It is important to note these prevailing thoughts and issues so that effective national action plans can be formulated and implemented and with a wider system outcomes.

3. Overview of Healthy Islands

Based on the concepts of the healthy settings promoted in the Ottawa Charter, and in supporting the WHO policy document on New Horizons for Health, the Healthy Island as a setting was declared by Pacific Island Countries Ministers of Health at their meeting at Yanuca Island, Fiji in 1995. The Yanuca Island vision has been hailed as ‘a truly ecological model of health promotion’ (Nutbeam, 1996). Its inspiring words describe healthy islands as places where:

- 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;

Antonovsky, A The salutogenic model as a theory to guide health promotion; HPI 11.

How can Healthy Islands be revitalised?

1 Repositioning healthy islands as the overall strategy for development in the Pacific;
2. Enhancing of multi-sectoral coordination
3. Increase networking through the organisation of a Healthy Islands Forum. 
4. Recognise progress and good practise

- Pacific Health Leaders -2009
response to the health needs of their populations, especially the poor and other vulnerable and socially excluded groups, based on the values and principles of primary health care as their guiding framework.

As mentioned earlier, during the 8th meeting of Ministers of Health for Pacific Island Countries in Madang, Papua New Guinea, 7–9 July 2009, health systems strengthening and primary health care discussions focused on applying the healthy islands approach as a vision for implementation.

Subsequent to the Madang meeting, consultations were carried out with leaders of health in the region and a steering group was established and their meetings convened to develop the draft framework for further consultations. The leaders expressed that in order to revitalise there is a need to reposition healthy islands as the overall strategy for development in the pacific, enhance multi-sectoral coordination, and increase networking and to recognise progress and good practise. As a result WHO has developed and is implementing a Healthy Island recognition programme for PICs which was endorsed at the first networking meeting held in Geneva before the World Health Assembly in May 2010 using the opportunity of all PICs Ministers and senior officials being present. The first recipients will be recognised at the 9th Ministers of Health meeting.

In these subsequent meetings there was building consensus of the understanding that Healthy Island is the vision for better health in the pacific and primary health care as one of the key means of to achieving it.
Section 2 Framework of Action

5. Framework of Action

5.1 Vision
The Pacific Islands be a place where:

- 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 sustains us is protected

5.2 Mission Statement:
Pacific Island Countries and areas will continue to motivate and empower their citizens to adopt and achieve good health whilst creating a supportive and enabling environment that makes healthy lifestyle choices accessible, affordable and sustainable.

5.3 Guiding Principles

5.3.1 Health promotion and protection
As in the Alma Ata Declaration 1978, Ottawa Charter and WHO New Horizons in Health, Healthy Island vision will be realized through implementation of both health promotion and health protection programmes.

5.3.2 Multi Sectoral Partnership
Beginning with the Rarotonga Agreement 1997, revitalisation should continuously identify and resolve priority issues with multi-sectoral partnership amongst communities, organisation and agencies.

5.3.3 Prioritising Implementation
The recent Nairobi Call to Action 2010 on Health Promotion identifies key strategies and commitments urgently required for closing the implementation gap in health and development through health promotion.

5.3.4 Respecting and valuing indigenous systems and cultures
Achievement of healthy island depends on a robust system and programmes whilst respecting the unique culture and traditions of a diverse pacific population.
5.4 Strategies

The strategies to revitalize the vision are the summation of discussion over the years and in particular in the recent times as the need for revitalization were raised.

a) **Strengthen Advocacy, Healthy Policy and Leadership**

High-level mandate with sustained professional and political leadership is required at national and regional level in order to revitalise the vision and sustained advocacy needs to be strengthened to ensure such. Supportive factors include having national policies and plans to address priority health issues, legislative and regulatory frameworks in place that protect and promote health and are being implemented and monitored and evaluated.

The following are some of the actions that could be undertaken:

- Advocate for Healthy Islands recognition at the highest level of Government with Cabinet approval
- Incorporate the Healthy Island agenda and strategy into the constitutional framework and/or National Development Plan
- Encourage good governance and leadership at all level (national health governance)
- Align Policy and Leadership Strategies with existing Best Practices at all levels
- Conduct Public Consultations with Stakeholders
- Develop Plans of Actions (POA) and sustainable resourcing for Policy implementation

b) **Prioritise Country Actions following community and sector wide consultations**

The need for prioritisation of country actions becomes apparent in the revitalization process. Effective interventions alone are not sufficient. Effective programmes on the ground depend on having evidence-based interventions which are appropriately applied to context, adequate delivery infrastructure, and appropriate implementation plans and skills.

The following are some of the actions that could be undertaken:

- Translate Healthy Island concepts to manageable healthy setting units
- Build on existing best practices and initiate community and healthy settings
- Conduct public consultation on settings approach that is people centered
- Provide technical and financial support to other sectors
- Strengthen public private partnership

c) **Enhance multi-sectoral planning, partnerships and networking**

Implementing many of the interventions listed in this document requires working with sectors outside the control of Ministry of Health. Developing robust mechanisms for working with non-health sectors is critical to the revitalization of healthy islands. This must begin with planning as well as partnership building.

The following are some of the key actions that could be undertaken:

- Set up Regional and Country Coordinating Committee on Healthy Islands
- Establish national and community level committees
- Develop partnership plan in line with the principles of the Paris Declaration
- Align Healthy Islands to Millennium Development Goals (MDG)
d) **Strengthen Health System based on Primary Health Care**

Strong health systems are fundamental if we are to improve health outcomes and achieve Healthy Islands. Using the Primary Health Care approach as the basis and improving capacity in the six building blocks of the health system is therefore critical. Stronger and integrated health systems are needed to deliver, across the full spectrum of activities (prevention, and primary, secondary and tertiary care), interventions for common diseases irrespective of aetiology. As a first step, the primary health care system needs to support the existing workforce to expand their responsibilities to include simple and effective health promotion and disease interventions.

The following are some of the key actions that could be undertaken:
- Adopt primary health care concept as the implementation strategy for healthy islands
- Review existing health system, identify gaps and redirect focus through integrated approach
- Capacity Building on 6 building blocks of health systems (Governance, Financing, Service delivery, Medical products, Information, Health Workforce).

**e) Improve Information for Action**

Improving the information or evidence base for action is critical to Healthy islands revitalisation and systems needs to be established to ensure information generation, and utility is maximised. Key policy decisions should be absolutely informed by the evidence and information gathered, interpreted and disseminated.

The following are some of the key actions that could be undertaken:
- Identify for use a user friendly information system with data collection and input mechanisms to be simplified (international standard) and understood
- Analyse information to provide evidence based interventions and guide policy and decisions.
- Improve information sharing and dissemination
- Set Healthy Islands target with monitoring and evaluation time bound reviews

**5.5 Working in Sub-settings**

Noting island as a contextual setting with many elements, the smaller settings within the island are termed sub-settings in this framework document. It must be appreciated that a sub setting is where interventions take place and health protection including health legislation ensures a supportive environments for that to take place. Implementing actions within these sub-settings forms the major part of progress towards achieving healthy islands.

Healthy Settings has become well established in the Western Pacific Region as an integrated approach to health protection and health promotion. Pilot projects in settings (Healthy Cities, Healthy Islands, Health-Promoting Schools, Healthy Marketplaces, Healthy Tourism, Healthy Workplaces and Health-Promoting Hospitals) have been linked and are mutually reinforcing.

Key strategies and core principles for implementing projects have been encapsulated in Regional guidelines for Healthy Cities, Healthy Islands, Health-Promoting Schools and Healthy Workplaces\(^5\). Social mobilization and community action have characterized the implementation of Healthy Settings throughout the Region.

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\(^5\) WHO Regional Framework for Health Promotion 2002-2005
Annex

The Healthy Island Framework supports the Regional Action Plan on Healthy Settings which was adopted in 1999 and encouraged Member States to develop national plans of action with emphasis on three areas:

- to strengthen capacity for health promotion and health protection through settings approaches;
- to develop mechanisms for advocacy, communication and networking in support of Healthy Settings; and
- to set up systems that ensures the sustainability of projects and programmes for Healthy Cities and Healthy Islands.

In defining sub-settings the terminology Healthy or Health Promoting are interchangeably used. In the pacific the variety of settings being initiated includes:

- Healthy (or Health Promoting) Cities / Towns
- Healthy (or Health Promoting) Communities (Urban / Rural)
- Healthy (or Health Promoting) Villages
- Healthy (or Health Promoting) Market Places
- Healthy (or Health Promoting) Schools
- Healthy (or Health Promoting) Workplace
- Healthy (or Health Promoting) Hospitals

The schematic diagram illustrates the implementation approach for healthy islands in country. Evidence based proven programmes of health and development are implemented using a combination of health promotion and health protection strategies in the sub-settings where people live, work and play ensuring multisectoral involvement and effective community engagement.
6. Monitoring and Evaluations

The consolidated elements articulated in the vision of the Healthy Islands for the 21st Century document remain relevant and should be pursued for evaluation purposes. The elements of Healthy Islands have been consolidated under 3 core elements namely:

a. Policy and infrastructure development
b. Environmental management for health
c. Community action

The formulation of a single evaluation framework is difficult based on the diversity of programme activities and actions proposed by countries. Indeed, criteria and methodologies for the evaluation of healthy settings including healthy islands achievements have been ongoing challenges and debate amongst professionals and institutions. Current recommendations to countries include the following:

- The use of evaluation designs that would adopt ecological, qualitative and quasi-experimental methods
- The advise to use and reflect quality of life indicators
- The need to use evaluation through a continuous feedback mechanism for designing and implementing local projects

It is recommended that national coordinating committees across the Pacific agree and use an evaluation mechanism that is relevant to their settings approach and projects.

Each country need to establish an inventory of appropriate indicators specific to their respective countries and the New Horizons in Health indicators and data bank 1995 (Annex) would be a valuable reference as well as recent work both globally and regionally. Also many countries have baseline data for certain issues which they are encouraged to use and build on. For example NCD risk factors through the WHO NCD STEPwise surveillance etc.

7. Country Actions

The Healthy Islands vision has been revitalised to meet growing environmental and health challenges and to help countries in the Pacific meet global and regional commitments such as the Millennium Development Goals. More recently, the Healthy Island approach has been cited by the Pacific Ministers of Health as a vision for implementation of health systems strengthening and primary health care in the sub-region.

The actions itemised in 5.4 provide a broad listing of possible options of implementation. As examples, strategies on strengthening health systems and primary health care could incorporate the following issues and processes:

- Policy development at various levels, including the village, city, district and nation.
- A process for effective co-ordination and management.
- Consideration and respect of indigenous knowledge, culture and traditions
- Assist the community to access and implement knowledge and skills in health promotion and protection
- Support and encourage physical and social environment improvement.
Annex

- Education and training utilizing activities that produce learning at all life stages to improve understanding and shape values.
- Professional development to improve the professional status of those involved in health protection and health promotion at various levels.

Pacific Island countries are encouraged to establish or use an existing national coordinating mechanism (e.g. committee, task force, working group, etc.) to support the revitalisation of healthy island and primary health care.

In the era of renewed call for strengthening of primary health care and healthy islands, smaller Pacific Island States should consider combining the national coordinating body as a comprehensive one on all key inter-relating areas. It is also appropriate that the various health sub-settings report directly and are members of the national coordinating body.

While the form of the mechanism will vary from country to country, an effective Healthy Islands national co-ordination mechanism should include the following:

- Multi-sectoral coordination body and membership
- Dedicated funding allocation and provision
- Linkages to other related sector coordinating committee
- Aligned to a functional structure of the Ministry of Health
- Reports to high level bodies such as Cabinet

The processes involved in healthy island co-ordination should lean heavily towards activities that bring agencies and sectors closer together. This would mitigate vulnerability concerns by maximizing the use of scarce resources, reducing overlap between related projects and increasing efficiency. It would seek to reduce barriers to effective action that are raised by professional, organizational and individual efforts to achieve unproductive monopolies. It would foster think-tanks and best-practice databases that promote innovative solutions to health-related island problems.

8. Regional Partners and Stakeholders Action

Regional partners and stakeholders are important supporters of implementation at country level.

Stakeholders and partners, especially WHO are invited to:

a. Provide technical support for development of a repositioning strategy for Healthy Islands as a core strategy for health and development in the Pacific and as a rallying point for social and political mobilization for improving quality of life
b. Organize a Healthy Islands Forum in conjunction with Ministers of Health meeting biennially

c. Provide technical support, tools and assistance for strengthening national coordinating mechanisms and implementing country-specific actions for Healthy Islands
d. Integrate activities across relevant programmes e.g. Reaching the unreached for immunisation and Malaria Elimination in Solomon Is & Vanuatu, Healthy Village Program in Samoa, Diabetic Foot care programme in RMI

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6 Healthy Island in the Western Pacific; Galea Gauden et al; HP International Vol. 15 No.2
9. Country Experiences

In the Pacific, the Secretariat for Pacific Community had developed and implemented the broad concept of 'healthy village' in the 1950s with most of the funding and technical assistance directed at disease prevention and control. This provided a valuable platform that facilitated the quick introduction of a global orientation towards creating healthy environments.

In the two years following the Yanuca Island Meeting, this vision inspired a series of diverse projects under the general theme of Healthy Islands (WHO, 1997a; WHO, 1997b; WHO, 1997c). These early projects included:

- Malaria control (Solomon Islands); 1995-1999
- Environmental health and health promotion initiatives (Fiji);
- Improvement of water supply and sanitation through community development (Tonga);
- Participative assessing health needs and developing a national Healthy Island plan (Nauru);
- Community-based health promotion projects, supported by the Australian Agency for International Development, in the Cook Islands, Kiribati, Niue, Tuvalu and Samoa - 1997

Documentation of five case studies was done by WHO highlighting actions in five countries (Fiji, Samoa, Niue, PNG, Solomon). Since then countries have continued to progress healthy island programmes and activities and outlined in Annex 12.1 are some of the examples from countries to use where appropriate.

10. Glossary

The Vision of Healthy Islands refers to that set by Pacific health leaders during their meeting on Yanuca Island, Fiji in 1995 and stated in the opening words of the ensuring declaration. The Vision has been recently enhanced by the addition of a fifth component, as agreed when the Pacific health leaders met again in 2001.

- 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 which sustains us is protected

Concept of Healthy Islands was defined at the Yanuca Island Meeting as ‘the unifying theme for Health protection and health promotion for the Pacific in the 21st century. The concept suggests enhancing existing health services by broadening the focus to include creating and maintain health as well as restoring it. The concept was strengthened at the Pacific Health Leaders Meeting of 1997 in Rarotonga The Rarotonga Agreement stated;

‘The Healthy Island concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these to be addressed in partnership among communities, organisations and agencies at local, national and regional levels’.

The Healthy Islands Approach has evolved through country experience and has generally taken shape in the form of a country wide settings approach, where the island country is the setting for action and the approach is through three core elements; environmental management for health, community action, and policy and infrastructure development.

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7 Formerly the South Pacific Commission
8 Smith TR, South Pacific Commission: An Analysis after twenty five years. Price Milbum, Auckland; 1972
Healthy islands projects programme and initiatives are those defined activities on the ground which reflect the principles and characteristics of actions towards the Vision of Healthy Islands but are merely component of the larger approach. Most address particular risk factors or health issues and many are concerned with the health of sub-population within an island country. Small projects, programmes and initiatives were especially prominent early in the development of the Vision of Healthy Islands as countries wrestled with attempts to trial various means of attaining the Vision.

Primary health care refers to a particular approach to health care whereby essential services include public health component such as clean water and good sanitation, preventable measures such as healthy lifestyle promotion, immunisation and antenatal care and clinical services are offered in a way that is most appropriate to each country and its resources.

Health Promotion, as defined in the Ottawa Charter of 1986, is the process of enabling people to take control of and improve their health. The Charter suggested changing social and physical environments to ‘make the healthier choice the easiest choice’.

Health Promotion Actions are identified as:
- Health education
- Social mobilisation
- Advocacy

Health Promotion Outcomes components include:
- Health and social outcomes
- Intermediate health outcomes
- Health promotion outcomes

Health Education comprises consciously constructed opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge and developing like skills which are conducive to individual and community health.

Health Protection refers to strategies adopted by authorities to address the preservation of the health of the community through legislative and regulatory measures.

Environmental health encompasses the protection of people from environmental risks, the maintenance and sustainability of the physical conditions for healthy life and the management of environmental resources for the benefit of human health.

A settings approach or healthy settings refers to an approach to promoting the health of whole communities where the primary focus is on creating and maintaining healthy living conditions and associated lifestyles across the whole setting, directing attention to structural and organisational change and development rather than to the health related behaviour of individuals.
11. References


World Health Organisation: *Regional Framework for Health Promotion 2002-2005*
12.1 Country Examples of Healthy Islands Programme Activities

This is work in progress and will be completed soon
12.2 Alma Ata Declaration
International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:
I
The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II
The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III
Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV
The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V
Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI
Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII
Primary health care:
1. reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive,
Annex

curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;
7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII
All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX
All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X
An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries.
The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.
12.3 WHO Ottawa Charter for Health Promotion

**Ottawa Charter for Health Promotion**

*First International Conference on Health Promotion*

*Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1*

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

**Health Promotion**

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

**Prerequisites for Health**

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice and equity.

Improvement in health requires a secure foundation in these basic prerequisites.

**Advocate**

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

**Enable**

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.
Mediate
The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health. Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion Action Means:

**Build Healthy Public Policy**
Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

**Create Supportive Environments**
Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility. Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

**Strengthen Community Actions**
Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavors and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

**Develop Personal Skills**
Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health. Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school,
home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

**Reorient Health Services**
The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

**Moving into the Future**
Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

**Commitment to Health Promotion**
The participants in this Conference pledge:  
_ to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;  
_ to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;  
_ to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;  
_ to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;  
_ to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;  
_ to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

**Call for International Action**
The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.
Annex

CHARTER ADOPTED AT AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION*The move towards a new public health, November 17-21, 1986 Ottawa, Ontario, Canada

* Co-sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization