The first 20 years of the journey towards the vision of Healthy Islands in the Pacific
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Abbreviations

EPI Expanded Programme on Immunization
GCF Green Climate Fund
GDP gross domestic product
HOH Heads of Health of Pacific countries
NCD noncommunicable disease
MCH maternal and child health
MDGs Millennium Development Goals
PIHOA Pacific Island Health Officers’ Association
PHMM Pacific Health Ministers Meeting
PHC primary health care
PICs Pacific island countries and areas
SDGs Sustainable Development Goals
SIDS Small Island Developing States
SPC Secretariat of the Pacific Community
STEPS STEPwise Approach to Surveillance
UHC universal health coverage
UNICEF United Nations Children’s Fund
USAPI United States Affiliated Pacific Islands
WHO World Health Organization
Executive summary

Twenty years ago in Fiji, the Pacific health ministers declared their vision of Healthy Islands in the Yanuca Island Declaration. They envisioned Healthy Islands 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.

This report reviews progress towards that vision and the effort to craft a way forward.

The role of Healthy Islands

Healthy Islands has remained an inspirational vision for health ministers and senior officials across the Pacific. Some countries have applied the Healthy Islands vision to their health policies and have reported great success in settings such as villages and schools. However, there have been difficulties in bringing the approach to scale across the Pacific. Healthy Islands has played a significant role in energizing the approach to noncommunicable diseases (NCDs) by supporting a focus on the environments in which people are nurtured, work and play. The vision has framed the approach health leaders have taken to engage with other sectors, and it has supported the largely successful efforts to bring global attention to the rising NCD epidemic.

There is consensus in the Pacific that the vision is relevant and helpful and that it should be maintained and supported. The breadth of the vision is only now being realized, with its weave of health, environmental and Pacific cultural concepts. As one official noted: “Healthy Islands was ahead of its time, and its time has now come.”

At the same time, most people believe implementation has fallen short of expectations and see the need for greater focus by all stakeholders. As another official noted: “We are in the waka (canoe), but forgetting to look up.”

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a. This last statement concerning the ocean was added after the 1999 meeting in Palau.
Health outcomes in the last 20 years

The health of Pacific peoples has improved over the last 20 years, with child survival and life expectancy increasing. The region has reduced the burden of lymphatic filariasis and reduced chronic hepatitis B infection rates among the younger generation, while remaining polio-free despite continuous threats of its importation. Most Pacific island countries and areas (PICs) have eliminated neonatal tetanus. However, the rate of improvement has been slower than in the rest of the world. Many countries are unlikely to meet the Millennium Development Goals (MDGs) for children.

The rise of NCDs has further complicated the health situation. Adult populations in many PICs face an unprecedented NCD crisis, resulting in early deaths from preventable diseases.

The wider context for these changes

PICs are confronting development challenges on a number of fronts. Economic growth is sluggish, with the exception of Nauru and Papua New Guinea during certain periods. Poverty and inequality are increasing, indicating an uneven distribution of wealth. The nutritional needs of many children in the region are not being met, limiting their potential to lead full lives. The ocean, which sits at the core of Healthy Islands and the Pacific identity, is rapidly absorbing carbon dioxide, and sea levels are rising remarkably as the result of human activities elsewhere on the globe – threatening the very existence of some Pacific island states.

The response to challenges

Pacific health ministers have played a significant role in placing NCDs on the regional and global agenda. With the support of development partners, innovative approaches to NCDs are being applied across the region, and there is a concerted effort to enlist wider government and intersectoral support to meet these challenges. Considerable progress has been made in areas such as tobacco control. The magnitude and long-term nature of the NCD epidemic is such that these efforts may take decades before they have an impact on health outcomes.

Over the last 20 years, Pacific health systems have made some progress. An increase in the medical workforce is anticipated due to the efforts of both regional and global training institutions. Governments are gradually increasing their investments in health services. However, the rate of increase in total health expenditure per capita over the past 20 years is lower than the world average. Considering the increasing NCD burden, the persisting communicable diseases burden and the impact of climate change – coupled with slow economic growth – sustainable health financing in the Pacific is not assured. Pacific health systems vary considerably in terms of effective use of available resources. Some are showing greater improvement for each dollar invested than other countries in the world at the same level of gross domestic product (GDP); others are less efficient. All have been able to demonstrate improved health outcomes for children as a result of increased investment.
Prevention efforts have strong donor support – but often on a time-limited project basis – while governments have focused their resources more on clinical health service delivery. This has led to strong but unsustained growth of some preventive programmes, and a longer-term imbalance between preventive and curative care.

Funding difficulties, coupled with a lack of skilled health workers in the right places, has meant that health system development has been patchy, with significant success in some programmes but a weakening of while rural health services in many countries.

**Recommendations going forward**

The *Yanuca Island Declaration* created a unifying concept for health for PICs, and through the biennial Pacific Health Ministers Meeting (PHMM) has articulated a response to the specific needs of the region. The recommendations offered in this review, *The first 20 years of the journey towards the vision of Healthy Islands in the Pacific*, take this a step further, based on the understanding that the problems are complex and the context of each PIC is unique. The concept of “one size fits all” does not work in the Pacific. Addressing this complexity and contextual diversity is the central challenge of the future.

The first recommendation relates to the opportunity provided by this review. The Pacific’s leaders, development partners and health officials are encouraged to contribute to the 2015 Yanuca meeting of Pacific health ministers by assessing their contributions, both individually and collectively, and considering how everyone’s actions can help meet the challenges ahead. Each PIC must review its own progress, experiences and lessons learnt within the context of its social and economic development. This review finds that “business as usual” will not be sufficient to achieve the aspirations of the *Yanuca Island Declaration* and calls for a paradigm shift in Pacific health development. There are many successful programmes and approaches throughout the region upon which this effort can be built. At the same time, there are a number of fundamental gaps – that unless closed – will further limit the health potential of the people in the Pacific. This review also poses a number of unanswered questions that all parties must consider in their efforts going forward.

The Healthy Islands vision should remain as the unifying vision for health development in the Pacific. The vision can be enhanced, and far greater use of the vision could be made of it by all parties. Currently the vision resonates mainly with health ministers and senior officials, and only at the policy level in some countries. In the future, the vision should be supported as a unifying brand, across various stakeholders and through all levels of health systems. The century-wide time horizon and aspirational nature of the vision still resonates with the current health leadership and also is likely to appeal to the coming generation.

However, the Healthy Islands vision would lose some of its power if its scope were to be reduced to a few key indicators. “Children nurtured in body and mind” lays out a challenge for the nurturing of children beyond just the physical realm, beyond the act of schooling. This goal implies the need to continue the discussion concerning the exact nature of children well nurtured in body and mind in rapidly changing local contexts, with issues ranging from nutritional deficiencies to marketing to children of foods and drinks high in fat, salt and sugar. Each of the five descriptions
of Healthy Islands shares this mix of the concrete and aspirational. Setting targets is necessary, and this function can be fulfilled by the proposed Sustainable Development Goals (SDGs). Healthy Islands, however, has the potential to serve as a leadership tool to offer much more.

The SDGs are a vehicle to improve the implementation focus, as they are fully consistent with the Healthy Islands vision, though less aspirational and shorter term. Universal health coverage (UHC) is an ideal construct that can focus on resource gaps for health development, which are identified as major impediments to progress of Healthy Islands in the Pacific.

The relationship between the biennial PHMM and the annual sessions of the WHO Regional Committee for the Western Pacific and the Pacific Islands Forum Leaders should be more formalized. The meetings of the WHO Regional Committee for the Western Pacific and the Pacific Islands Forum Leaders will remain important contributors to health governance for the region. The Regional Committee for the entrée it provides to regional and global health policy and technical support, the Pacific Islands Forum for its influence on the wider determinants of health in areas such as the economy, trade, the environment, education, transport and more.

The main challenges identified in this review relate not to the Healthy Islands vision but to the implementation barriers. The review recommends that countries and development partners should take greater account of the contextual differences among PICS in their health response. The contextual differences include the issues of population size, population growth, the needs of rural populations, resource availability for health, the NCD epidemic, the double and triple burdens of disease, and local capacity.

At the heart of the health response is the capacity of local institutions to prevent, treat, rehabilitate and palliate diseases and their consequences. Interviewees who took part in this review raised alarm bells about deteriorating levels of the local health response on many islands. Building robust and adequately staffed health districts, including hospital and preventive services, should be a core focus of all stakeholders, and integral to the design of all disease-specific interventions.

More detailed recommendations on strengthening leadership, governance and accountability are provided for consideration by ministers, heads of health (directors and chief executive officers) and development partners.

**Conclusions**

Looking back on the first 20 years of Healthy Islands, the vision remains strong but the challenges are formidable. There has been considerable success, but implementation has fallen short of expectations. Pacific health ministers are continuing to increase their ownership of the process, with the continued backing of development partners. This review calls on all stakeholders to support this development, with countries at the centre of development. The focus going forward must be ensuring that the aspirations of the Healthy Islands vision can be fulfilled.
1. Background

The Pacific health ministers first met in 1995 and adopted the Yanuca Island Declaration, with its vision of Healthy Islands. Since then, the Healthy Islands concept has been used in biennial meetings1 of the health ministers and as a vision for health in many Pacific island countries and areas (PICs).

The 11th Pacific Health Ministers’ Meeting (PHMM) in Fiji, in April 2015, marked the 20th anniversary of the Healthy Islands vision. In preparation for this meeting, the joint Secretariat (Government of Fiji, World Health Organization Regional Office for the Western Pacific and Secretariat of the Pacific Community) has commissioned this review, The first 20 years of the journey towards the vision of Healthy Islands in the Pacific. It tracks progress towards Healthy Islands and makes recommendations about moving the vision forward.

The objectives of the review are:
- to assess the overall achievement of the Healthy Islands vision and the Yanuca Island Declaration, including identifying success stories and lessons learnt;
- to identify both remaining challenges and opportunities in realizing the Healthy Islands vision in the Pacific; and
- to propose a renewed Healthy Islands vision for consideration at the PHMM in April 2015, including scaling up action and introducing new areas, while also deliberating on the post-2015 development agenda and universal health coverage (UHC).

The Yanuca Island Declaration described Healthy Islands as places where:
- children are nurtured in body and mind,
- environments invite learning and leisure,
- people work and age with dignity,

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— ecological balance is a source of pride, and
— the ocean which sustains us is protected.2

The declaration also led to adoption of the concept of Healthy Islands as “the unifying theme for
health promotion and health protection of the island nations of the Pacific”.

In addition, the description of Healthy Islands brought together human health and environmental
health, placing significant emphasis on ecological balance and sustainable oceans, well before the
issues became timely due to global climate change. The vision also strongly emphasized intersectoral
responsibility for health. Healthy Islands is clearly not restricted to or solely focused on the health
sector. The Healthy Islands vision was developed as “the unifying theme for health for the 21st
century”. This was an aspirational vision rather than one focused on specific, short-term objectives.

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2. This last statement was added after the 1999 meeting in Palau.
This review uses qualitative and quantitative methods. The qualitative approach included document analysis and interviews with more than 80 key informants (Annex 1), including Pacific health ministers and chief representatives, WHO staff (past and present) with particular experience at previous sessions of the PHMM, staff members of other development partners, civil society, country informants in three countries (Fiji, Samoa and Vanuatu) and telephone interviews with Pacific Island Health Officers Association (PIHOA) officials. Key questions can be found in Annex 2.

A quantitative review was conducted of secondary data reporting on progress over the past 20 years. The Yanuca Island Declaration did not include indicators or timelines for Healthy Islands. This review has retrospectively identified indicators that relate to the original descriptions of Healthy Islands. Criteria for the choice of indicators include:

- data available to assess trends over a 20-year time frame;
- data that cover both the subregion and individual countries;
- the indicator already has been developed and secondary data sources will be used; and
- the indicators accurately reflect progress on one of the original Healthy Island descriptors.

The indicators, which can be found in Annex 3, do not fully capture the progress since the meeting in Yanuca. Particular indicators have been used to illuminate progress for one aspect of the Healthy Islands description, and should be seen in that light. In a sense, the indicators create a two-dimensional map, which should not be mistaken for the complex multidimensional terrain that the Yanuca Island Declaration describes.
3. Findings

3.1 What “Healthy Islands” means

Forty interviewees gave a description of Healthy Islands. From these descriptions, six broad and overlapping themes emerged.

- **Healthy Islands: the “heart” of Pacific health development**

  Twenty interviewees reported a heartfelt message arising from Healthy Islands, using words such as utopia, unifying, spiritual, freedom, wisdom and heart to describe its meaning, while at the same time seeing Healthy Islands as protective of current day scourges. For six former and current Pacific health ministers, Healthy Islands remains valid as the overall vision for health development. Central to their understanding of Healthy Islands was the sense of its ownership by the Pacific and that it is unique to the Pacific:

  The vision is still valid... It highlighted the need for Pacific island countries to work together and was an example of the PICs working together, something Pacific specific.

  Healthy Islands is a target for the Pacific to achieve. This was the vision, the general view for the Pacific to live free, people and the environment together. For children’s freedom. Freedom from disease and harm. The dream lives on; it is a living mission.

  Their response to Healthy Islands was often an emotional one:

  It speaks to my Pacific heart.

  There was also a strong sense of the Healthy Islands vision being the response to islands under threat from external forces:

  To be safe from man-made natural upheavals and climate change.
Healthy Islands: the settings approach to health development

Many interviewees viewed Healthy Islands as synonymous with the settings approach to health promotion, and its practical expression in healthy villages, healthy schools and healthy markets.

Healthy Islands is nothing more than health promotion and its operationalization using the settings approach.

We take the concept as part of health promotion. Healthy Islands overall leads to healthy schools, villages, markets and workplaces.

Healthy Islands: the Pacific's approach to tackling the NCD epidemic

When Healthy Islands was first being formulated, the noncommunicable disease (NCD) epidemic was gathering force. For many interviewees, the Healthy Islands approach had particular relevance to NCDs.

Healthy Islands was used as an entry point for NCDs.

When the concept came, we were aware of NCDs, and we saw Healthy Islands as important for approaching the NCD epidemic.

When we look at NCDs, we see the issue is to look to the broader determinants, to walk outside the health sector.

Healthy Islands: the intersectoral approach to health development

Closely associated with the NCD focus was the message Healthy Islands conveyed to work across sectors, rather than confine activities to the health sector.

NCDs were seen as cross-cutting, not just for heroes and heroines of public health. It was no longer just our job. It led to strengthening of partnerships.

Healthy Islands consistent with Pacific values, included in plans. A powerful tool to work with other sectors. Agriculture, education, women, youth.

Healthy Islands: the Pacific interpretation of primary health care and health promotion

There was a smaller group of interviewees who felt that Healthy Islands did not offer anything particularly new to their country's existing approach to primary health care (PHC) and health promotion.

The leaders at the time acknowledged the Healthy Islands and the *Yanuca Island Declaration*, but felt the issues were already covered by the PHC approach.

Some saw it as addressing particular implementation issues that had been encountered in the PHC approach.
When the Healthy Islands approach was developed, Healthy Islands was a way of relating Alma Ata to the Pacific context, to deliver Health for All to the Pacific situation. These approaches were acceptable for countries with the resources to do it, but most islands did not have the resources, so the Healthy Islands approach was developed.

Healthy Islands grew out of the concept of PHC, addressing its weakness; lack of political will, didactic health education and driven by practitioners. Community participation was being lost. Then recognized in the Ottawa Charter, New Horizons and Healthy Islands championed health promotion and protection.

Healthy Islands: local adaptation

In one instance, Healthy Islands had been given an entirely local definition.

We have developed our local definition. It is about access to basic health care, sustaining healthy living. We have strongly linked it to a family approach.

Healthy Islands – the brand

The review explored how well Healthy Islands had performed as a brand. A brand in the social sector is much more than a marketing tool, and is now seen as a strategic tool for driving an organization’s performance as well as expressing an organization’s purposes, mission and values. It should be noted from the outset that the term “brand” was not used in the early discussions of Healthy Islands.

Despite this, Healthy Islands has persisted as a strong brand, particularly among health ministers and senior health officials. As noted in the interviews, it binds the different islands together. There was good alignment of the brand with the mission and vision, particularly in its use in high-level policy documents at the country level. While strong at this level, the brand was not consistently used across Pacific countries or by development partners, nor did it have strong use more peripherally in the health sector, as it tended to merge in meaning with other brands such as health promotion and primary health care. The barriers to implementation that are noted in detail by interviewees later in this review have meant that the brand has tended to stay isolated as a high-level vision.

The brand has enabled a wide range of interpretations as noted earlier, and appears to support these different interpretations. In this sense, the brand has not been an imposition, but is something that different countries have picked up and used as their own. The review found that there was very strong support for the brand as a reflection of Pacific values. However, due to the loose implementation arrangements, this was not always reinforced by the actions being taken.
Healthy Islands as a catalyst for change

As part of the focus on the brand, the review explored how the Healthy Islands vision is operating to bring about change. The theory of change for Healthy Islands is depicted in the "brand cycle". The cycle, when operating ideally, would see the Healthy Islands identity grow, and this would help to build trust both within health services and across different stakeholders and partners. This in turn would leverage resources to build capacity and improve performance and the impact of activities, which in turn would build the reputation of the Healthy Islands.

The review found that Healthy Islands has a strong identity, and had been only partially successful in building cohesion and trust within countries and with other stakeholders. This meant that the leveraging of resources was limited, and the potential to build the brand was not fully tapped.

While there was strong support for the Healthy Islands brand, a number of interviewees felt that it should not remain static. While keen to retain Healthy Islands, in particular settings there was a need to adapt the brand. "Islands of Wellness", "Healthy Lifestyles", "Healthy Samoa" and the "Healthy Blue Continent" are some of the adaptations that support the Healthy Islands brand.

3.2 Progress towards the goals in the Yanuca Island Declaration

- Population and socioeconomic changes in past 20 years

The progress towards Healthy Islands is strongly influenced by the changes occurring outside of the health sector. This section covers the significant changes that have occurred in demography, society and economy in PICs over the past 20 years.

Population growth

The population of the Pacific increased by over 3 million people over the past two decades from 7.1 million to 10.3 million. However, this growth was not even across all PICs. The population in three countries, Papua New Guinea, Solomon Islands and Vanuatu, grew by 50% or more and contributed 2.9 million people to the increase. Some countries experienced negative growth.

Population transition

The demographic transition from a young population has been slow in many countries due to persistently high fertility rates. Overall the population structure in the Pacific remains relatively young, but with a slowly declining fertility trend, a decreasing proportion of the population under 14 years of age (although it increased in absolute terms), and a very slowly increasing proportion of older people.

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3. As mentioned in the Methodology section of this report, as there were no monitoring framework and tracing indicators developed specifically for the Healthy Islands vision, limited indicators that show a 20-year trend in the Pacific are reviewed in this chapter following the five elements of the Healthy Islands vision.

4. The data for this section has come from the following sources: World Development Indicators, 2014 (World Bank); Asian Development Bank Statistical Database; and WHO Global Health Observatory.
Urbanization
Urbanization is also occurring, but at a slower rate. The majority of the population (70%) in the Pacific still lives in rural areas. There is a shift, however, to urban areas, with a 4% decline in rural and a 4% increase in urban populations.

Economic growth
The economic growth of PICs has been slow with few exceptions. The growth rates have averaged 1.5% annually between 2008 and 2012, which is barely above the average population growth rate. Not only was the economic growth low, it was highly volatile with highly variable growth rates from year to year. Economic volatility especially affects vulnerable populations, mostly because they do not have adequate coping mechanisms.

Poverty
There is worsening hardship and increasing levels of poverty. Over the last decade, the level of hardship and poverty worsened in many PICs with few exceptions. It is estimated that one quarter of Pacific children live in poverty.

Income inequality
Income inequalities are high for many PICs and have increased. The Gini coefficient in household income and expenditure surveys is high (>0.39) in Fiji, Kiribati, Nauru, Samoa and Solomon Islands, and low (<0.3) in the Federated States of Micronesia, Palau and Tonga.

Children are nurtured in body and mind
The health of Pacific children has improved, but progress is slower than the world average and the Millennium Development Goal (MDG) 4 target is not going to be reached.

Figure 1 shows the mortality of children under 5 years of age. Overall this mortality is decreasing for the region, but compared with the world average we see that under-5 mortality in the Pacific was lower than the world average in 1995, and is now higher. The difference between the Pacific countries and the world average is increasing, and if current trends continue, this situation will get worse.

When the three major groupings in the Pacific are examined, there are very marked differences between the groups. The major challenge for under-5 mortality is in Melanesia. However, even in Micronesia and Polynesia, the Pacific is in danger of not meeting the MDG goals for a large number of the countries (Fig. 2).

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5. National poverty reports and Household Income and Expenditure Surveys, as extracted from the Secretariat of the Pacific Community (SPC) National Minimal Development Indicator Database (http://www.spc.int/nmdi/) on 22 December 2014
6. Gini coefficient ranges from 0 to 1. Higher the level the higher the implied economic inequality. A value greater than 0.4 indicates a high level of inequality.
**Figure 1.** Under-5 mortality rate (per 1000 live births) in the Pacific with world comparison


Note: “Pacific” in this figure includes data from 16 countries and areas. Data was not available for American Samoa, Guam, the Northern Mariana Islands, Pitcairn, Tokelau, Wallis and Futuna. The review team aggregated the data.

**Figure 2.** Under-5 mortality rate (per 1000 live births) across different Pacific groups


Note: Melanesia includes Fiji, New Caledonia, Papua New Guinea, Solomon Islands and Vanuatu. Micronesia includes the Federated States of Micronesia, Kiribati, the Marshall Islands, Nauru and Palau. Polynesia includes Cook Islands, French Polynesia, Niue, Samoa, Tonga and Tuvalu. The review team aggregated the data.

**Communicable diseases**

This region has reduced the burden of lymphatic filariasis and chronic hepatitis B infection rates in the younger generation, while staying polio-free despite continuous threats of importation. Most Pacific countries have eliminated neonatal tetanus. Despite this progress, communicable diseases remain and are a significant contributor to the disease burden in many countries.
Nutrition

Nutrition presents a mixed picture in the PICs. The overall state of population nutrition seems slightly improved over the last two decades. The prevalence of underweight among under-5 children is low to moderate in the region and does not show much improvement over time, according to Food Security Indicators developed by the Food and Agriculture Organization (FAO) of the United Nations.

Inadequate nutrition is still limiting the potential of large numbers of Pacific children. One third of Pacific children under 5 are stunted, deficiencies in micronutrients are common, and many children are experiencing under-nutrition in the womb, increasing the risk of death in their first year of life, as well as compromising their educational and development potential.

- Environments invite learning and leisure

Most Pacific island countries are on track to achieve the MDG target of universal primary education for both girls and boys. However, there are challenges in the quality of education, and gender and poverty issues limit secondary and tertiary education.

- People work and age with dignity

The past 20 years have seen improvement in life expectancy in the Pacific (Fig. 3). However, life expectancy in the Pacific is lower than the world average, and the gap in this case is not closing. Life expectancy is influenced by deaths throughout the life course. The Pacific has the most advanced diabetes epidemic in the world, and the problem appears to be intensifying.

Figure 3. Life expectancy at birth in the Pacific

Note: "Pacific" in the figure includes data from Fiji, the Federated States of Micronesia, French Polynesia, Guam, Kiribati, the Marshall Islands, New Caledonia, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. The review team aggregated the data.

7. Stunting means they are too short for their age as a result of chronic under-nutrition during the most critical periods of growth and development early in life.

8. This refers to type II diabetes, and the main underlying cause is obesity.
Regional comparisons\(^9\) show the dramatic increase in diabetes in the Oceania\(^{10}\) when compared with the rest of the world, even when compared with similar small island regions such as the Caribbean. This translates into early deaths for the adult population, often at the prime of their lives. Figure 4 shows the rates of death for people aged less than 60 are higher than the world average for all Pacific Islands.

**Figure 4. Rates of premature (under age 60) NCD-related deaths: selected PICs and world average**

![Figure 4. Rates of premature (under age 60) NCD-related deaths: selected PICs and world average](image)


In some countries the WHO STEPwise Approach to Surveillance (STEPS) survey has been conducted twice, and the results are alarming. Fuelled by rising obesity and ageing populations, there have been dramatic rises in elevated fasting blood glucose and diabetes treatment levels – heralding the emergence of the full impact of the NCD epidemic, even for those countries that have been battling high rates for a number of years (Fig. 5).

**Figure 5. Adults (25–64 years) with raised fasting blood glucose or on medication for diabetes**

![Figure 5. Adults (25–64 years) with raised fasting blood glucose or on medication for diabetes](image)


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10. “Oceania” in this figure refers to 13 Pacific Islands: Cook Islands, the Federated States of Micronesia, Fiji, French Polynesia, Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu.
Across the Pacific, the human rights agenda is strong. International human rights instruments have been ratified, with the parallel adoption of national legislation and policies. However, gaps remain. For example, older people, people with disabilities and people with mental health issues often lack appropriate services that facilitate the respect, dignity and inclusion to which they are entitled. The burden of mental illnesses, such as depression, alcohol dependence and schizophrenia, has been seriously underestimated in the past. While communicable diseases and NCDs, which includes mental health disorders, are often referred to as a double burden of disease, when combined with the health impacts of climate change, they create a triple disease burden.

Ecological balance is a source of pride

The past 20 years have seen improvement in the proportion of the population using improved water sources. However, this is lower for 20 PICs for which data were available than for the rest of the world, and the gap is not closing (Fig. 6). A similar pattern is seen for the percentage of the population with improved sanitation facilities, with the world at 64% and the Pacific at 36% and the gap increasing.

As in other analyses, there are considerable differences among various groups, and among various countries within these groups. It appears that Melanesia was making progress in the late 1990s, but this has now plateaued (Fig. 7). The consequences for health of this lack of development are significant. Water and sanitation have a direct relationship to disease. The risks of major life-threatening disease outbreaks remain real. For example, the cholera outbreak in Papua New Guinea that began in 2010 resulted in 15 000 cases and the loss of 500 lives.

Figure 6. Proportion of the population using improved drinking water sources


Note: “Pacific” in this figure includes data from 20 countries and areas. Data were not available for the Pitcairn Islands and Wallis and Futuna. The review team aggregated the data.
The ocean that sustains us is protected

This dimension of Healthy Islands was added after the PHMM meeting in Palau in 1999. Informants who were at the meeting described the different ways that “sustaining” and “protecting” oceans were being interpreted. These descriptions related not only to the ocean as a source of food, but also the ocean as a connection or pathway between different islands.

Unfortunately, the fishing stock in the Pacific for some species is under threat from overfishing. The catch of Albacore, Bigeye, Skipjack and Yellowfin tunas has increased from 1.6 million metric tonnes in 1995 to 2.6 million metric tonnes in 2012. The numbers of some tuna species are dwindling, dropping to dangerously low levels in some cases.

The significance of “sustaining oceans” has taken on a new meaning with the increase in sea levels as a consequence of global warming. Overall, 22% of Pacific people live below five metres elevation, and there has been minimal change in the percentage of people at most risk from rising sea levels over the last 20 years, according to the 2014 World Development Indicators.

Summary

The indicators above provide some insight into progress relating to the five elements of Healthy Islands that were articulated by health ministers in the 1995 Yanuca Island Declaration. The indicators show progress in some areas but also increasing challenges relating to food and the environment, as well as a worrying trend – the rate of improvement for Pacific peoples is falling behind that of the rest of the world. The increasing threat to the oceans from overfishing and climate change is clearly increasingly, impacting health and human survival.
3.3 Highlighted achievements arising from the Healthy Islands

Healthy Islands and NCDs

The NCD epidemic has evolved earlier and faster in many PICs than in the rest of the world. Responding to this challenge has been a major focus and achievement of the Pacific health ministers and an expression of the Healthy Islands vision.

During March 2007, PHMM ministers were briefed on the high rates of chronic disease and undernutrition in the Pacific and the strong links between these diseases and the consumption of foods of low nutritional quality. The ministers directed WHO and the Secretariat of the Pacific Community (SPC) to hold a Pacific Regional Food Summit and, together with the Pacific Islands Forum Secretariat, considered the health implications of decisions made on regional economic development and trade. The ministers concluded that the Pacific food supply situation was unique, as compared with the rest of the world, but that many PICs shared common concerns. Cross-border and regional approaches were perhaps the only way to defend against health and food system challenges.

The food summit was held in Port Vila, Vanuatu, in April 2010. A summit outcomes document was produced outlining the delegates’ commitments and next steps. The findings were tabled with the Pacific Islands Forum, and regional agencies have taken some steps to implement the Framework for Action for Food Security in the Pacific. No evaluation of overall progress has been conducted.

The Pacific health ministers’ approach to NCDs was further crystallized at their Honiara meeting in 2011. PHMM concerns were reflected later that year by the Pacific Islands Forum, which declared that “Pacific island countries and areas are in an NCD crisis requiring urgent attention”.

Also United Nations deliberations later that year took note “with appreciation” of the Honiara Communiqué on NCD challenges in the Pacific region.

This activity has been important in prompting Pacific ministers for economics, finance and trade to undertake deliberations on actions on NCDs. Most significantly, in July 2014, the joint Pacific Health Ministers and Economic Ministers Meeting was held, which agreed on a joint approach to NCDs, including an agreement to increase excise duties on tobacco products and to consider an increase in taxation of alcohol products, as well as policies that reduce consumption of local and imported food and drink products that are high in sugar, salt and fat.

Pacific health ministers also played a key role in establishing NCDs as a focus for the recent Small Island Developing States (SIDS) meeting, advocating for it to be on the agenda and in the outcome document.

It is clear that PHMM as a forum has and continues to play a significant role in drawing both local and global attention to the specific issues being faced by PICs. The actions taken by PHMM have played a key role in bringing the NCD issue to regional and global attention. The ministers have been innovative in developing intersectoral approaches to food security and, at the same time, there have been intense activities at the country level, with various policy instruments being trial-tested to bring the epidemic under control.
The innovation occurring in the Pacific creates opportunities for the region and the world to learn new ways to tackle the NCD crisis. As one technical adviser noted:

Evaluating impacts is critical to creating an evidence pool to guide other countries regionally and globally. The interventions pursued and their impacts can place this region on the global map for obesity control.

As a previous review has noted, this crisis has not occurred because of a lack of wisdom among Pacific people or because their medical care and health education are less effective, but rather because the environments in which people are developing have deteriorated – for example the relative availability and accessibility of foods, tobacco, alcohol and cars. Looked at in this perspective, the prevalence of obesity and related diseases is a measurable indicator of the quality of island environments with respect to health. As it directs our attention to the critical contribution of environmental influences, the Healthy Islands framework remains very relevant.

“Health in All Policies”

The strength of Healthy Islands has been its intersectoral focus on the wider determinants of health. This orientation has served ministers well in the fight against the NCD epidemic, with a strong focus on policy initiatives outside of the health sector such as the judicious use of tax and tariff policies to ensure there is “Health in All Policies”. Observations from the Pacific include:

Following Yanuca, we established a Health Promotion Council, chaired by the minister. It looked at areas such as trade. The tobacco movement that developed was a major strength.

In our Parliament we have a parliamentary advisory group for healthy living. Members are from health, education, women and the Speaker.

The health ministers managed to break into the agenda of the finance ministers and held a joint meeting last year. This is the first time this happened. It caught the economic ministers’ attention through the economic consequences of NCDs.

The consideration of the health impact of wider policy decisions, in relation to the economy, trade, climate change, the environment, education, food, transport and communication, as well as other sectors, will need increased focus if the Healthy Islands vision is to be attained.

The evolution of Pacific Health Ministers Meetings

The Healthy Islands and the Yanuca Island Declaration were the product of the inaugural PHMM in 1995. At the time, the WHO Regional Office for the Western Pacific had developed a paper, “New Horizons in Health”, and it was used as a basis to guide the ministers’ discussion. The Regional Office took responsibility for funding, organization and coordinating the agenda in the early years. By the turn of the century, SPC began to participate in PHMM as a member of the Secretariat. However, WHO remained the main supporter.

At the 2009 meeting in Madang, Papua New Guinea, and the 2011 meeting in Honiara, Solomon Islands, Ministers expressed growing interest, particularly host countries, in playing a greater role in agenda setting. The meeting in Samoa in 2013 instituted a “ministers-only forum”. For the 2015
The first 20 years of the journey towards the vision of Healthy Islands in the Pacific

meeting in Yanuca, host country Fiji has taken full oversight in developing the agenda, in consultation with WHO, SPC and other partners. It was significant that at 2014 meeting of the WHO Regional Committee for the Western Pacific, the Fiji government hosted separate consultation meetings with other Pacific countries and with development partners.

In reviewing the deliberations of successive PHMMs, it is evident that changes have occurred not only in the leadership but also in the agendas (Annex 4). In 1995, Healthy Islands was a unifying theme with three focused areas: development of the health workforce; environmental health; and the supply and management of pharmaceuticals, medical equipment and essential drugs in the Pacific. From 1997 to 2001 the number of agenda items expanded. The 1997 meeting developed a framework for the Healthy Islands vision and identified 16 elements to be considered in its implementation. There were several attempts to identify indicators and targets, but these were not realized. From 2003, the agenda focused more on various technical discussions reflecting global, regional and Pacific health priorities.

The meetings have had consistent attendance from most countries. Eleven countries have attended all 10 meetings, and a further six have attended eight or more. Seven countries were represented by their minister for eight out of the 10 meetings (Annex 4). PHMM and its continued evolution are a major achievement arising from Healthy Islands. As ministers noted, the Healthy Island vision includes the concept of Pacific unity – the ties that bind the Pacific together.

Practical successes at the country level

The extent to which Healthy Islands has been operationalized within countries varies across the Pacific. There were very active attempts to translate the vision into action in some countries. Other countries developed their own interpretation, under different branding, and believed their programmes were in the spirit of Healthy Islands.

For example, Healthy Islands was used as the entry point by health leaders to approach the environmental causes of NCDs:

> It directs our attention to the critical contribution of environmental influences. Healthy Islands leads us to consideration of the most useful mechanisms we have available for affecting environments; putting the emphasis on community and multisectoral engagement, and much more emphasis on policy, and less tendency to look to medical and health promotion activities as being the primary means of addressing the crisis.

The Healthy Islands experience within countries shows sustained success with an approach by settings (villages in Samoa), by geographical areas (North Efate, Vanuatu, and Kadavu, Fiji), with an NCD policy approach (the Federated States of Micronesia and the United States Affiliated Pacific Islands). This success has been built around core policy ideas (Healthy Islands and primary health care), with institutional support (government policies and donor funding) and an emphasis on the interests of key stakeholders, including the community. It is also clear that leading ministry of health individuals have played a significant part in promoting the ideas over the last two decades:

> *Nomo gut bikpela* diseases (we no longer have the big diseases). All the houses in the village have water and sanitation. Good supply of drugs. Main illness of these days is flu. We have a corner of the clinic devoted to NCDs, with measurement of blood pressure and diabetes.
3.4 Challenges to realization of the Healthy Islands vision

Implementation barriers

Forty interviewees identified areas where Healthy Islands had not been successful. Unlike the overall vision, which had widespread support, and a considerable amount of success as documented in the previous section, the majority of interviewees felt that effective implementation of the Healthy Islands vision fell short of expectations.

Implementation barriers due to the approach taken by development partners

There was wide acknowledgment of the critical role that donors and development partners had played in the health development in the region. The biennial PHMM sessions were supported mainly by WHO and the Government of Japan. The NCD response had been given substantial financial impetus through the Australian and New Zealand governments. The statistical information in this report is largely due to the efforts of the World Bank, WHO and the United Nations Children’s Fund (UNICEF).

While strongly acknowledging the support and efforts of individual donors and development partners, the most common criticism related to the plans, strategies, frameworks and approaches emanating from development partner activity. This was not a criticism of individual frameworks, but of their collective impact and the lack of follow-through for completing implementation across all parts of the local health system. Health workers were overwhelmed, and seldom was the relationship between new frameworks and existing approaches made clear. Many felt that the continual development of new frameworks better served the interests of the development partners than the countries themselves. New issues kept coming long before they had completed implementation of the previous agenda. One Pacific official said:

It confuses people, so many frameworks. There is a need to set clear guidelines for the concept of Healthy Islands. Concerned about sustainability.

There was also the perception that the global and regional frameworks were often not sufficiently explained in terms of what was required on the ground. The focus of donors on vertical programmes was a frequently observed finding, and interviewees associated it with the deterioration of services they observed in the periphery.

The old system was we would go to the village, do immunization, MCH [maternal and child health], sick children, then the elderly. We would then do an environmental check, have lunch with the community, and do home visits in the afternoon for those who cannot move out. Now this had broken down, everybody does it separately, malaria, EPI [Expanded Programme on Immunization], MCH. The system has broken down, as the funds are for specific programmes, from the donors. Now the provincial team sits in the office due to the limited funds. We have the expertise, but they only see us in the field once a year instead of once a month.
Federated States of Micronesia

In the Federated States of Micronesia, the *Yanuca Island Declaration* was seen in the context of the NCD epidemic. Health officials were well aware prior to Yanuca of the growing importance of NCDs. A report in 1989 had alerted authorities to the increasing risks of obesity and diabetes. Initiatives to control the epidemic also preceded Yanuca, such as the MODFAT (Micronesia One Diet Fits All Today) diet. “This was ahead of its time, and not even the government institutions or hospitals and schools were able to follow it,” said Dr Vita Skilling. With the *Yanuca Island Declaration*, Healthy Islands was seen as important for approaching the NCD epidemic. The late Dr Hirosi Ismael, who attended the Yanuca meeting, was reported to have declared on his return, “Let’s make a public health paradise.”

However, by 2001 the follow-up obesity rates were not showing much change, and interest in Healthy Islands waned. The revitalization of Healthy Islands followed the meeting in Hong Kong SAR (China) and this led to the PIHOA declaration on NCDs in 2010. The NCDs are now seen as cross-cutting, and strong links now have been developed with education, women, finance, HIV, climate change and agriculture.

Fiji

In Fiji, the Healthy Islands approach built on the existing primary health care focus. Its strongest expression was in two projects on outer islands, Kadavu and Taveuni. “The project made a major contribution to improving the rural health care delivery system in the Kadavu Medical Subdivision of Fiji,” concluded a report issued after the project’s completion. “It refocused health service activities to a greater emphasis on health promotion through increased community participation. The project still has high recognition in the Ministry of Health and amongst Kadavuans. This sort of rural health service enhancement in very isolated communities is and should continue to be a priority in Fiji.”

A review team member revisited the community in 2014, 16 years after the initial project was completed, and noted the continued development of both the health sector and intersectoral dimension of health.
Federated States of Micronesia – Fiji – Samoa – Vanuatu

- **Samoa**
  In Samoa, the focus on Healthy Islands has gained momentum over the past 20 years and remains a central policy focus of senior health leadership. The current Health Sector Plan envisions “A Healthy Samoa”. The most complete expression is in the Healthy Villages programme, led outside the health sector by the Ministry of Women, Community and Social Development.

  The intersectoral focus is also evident from the highest level of government in its approach to NCDs. High-level advocacy groups have been established, such as the Samoan Parliamentary Advocacy Group on Healthy Living, an intersectoral parliamentary committee consisting of the Speaker of the House, Cabinet ministers, and parliamentarian Members from the opposition party and chief executive officers from selected Government ministries.

- **Vanuatu**
  Healthy Islands has been central to health policy development since the *Yanuca Island Declaration*, and it has been interpreted as being consistent with primary health care. In Vanuatu there was a major policy initiative to revitalize Healthy Islands and primary health care following the PHMM in Madang in 2009.

  Unfortunately, the last five years have been marked by frequent changes of health leadership at the ministerial and senior-executive level. Despite this, there is still strong support for Healthy Islands at the senior level. The Vanuatu Government is taking steps to ensure a more stable environment for the sector, and Healthy Schools is in the process of being revitalized. Healthy Villages also has strong support from the villagers themselves. Healthy Village approaches had built on this core way of operating, and added other dimensions. “All the houses have water, sanitation,” said one village leader. “We are also taking the tobacco control seriously, and the council has taken action against underage smokers.”
Implementation difficulties at the country level, especially at primary health care level

Thirty respondents identified implementation difficulties at country level. Issues included uncoordinated vertical programmes, loss of an integrated community-based approach, loss of technically skilled health workers in rural areas, difficulty in sustaining momentum in programmes, weak health management at the peripheral level, and lack of adequate information systems and reporting. Various respondents said:

- Great concept, high level-leadership, then it cooled down. The name remains, but no real structure.
- We trained health promoters in the 1990s, but there was little structure for them to fit into when they went back to the community.
- Some islands never see a trained health worker now.
- They are [60 health institutions], all putting in data monthly, but there are no reports [going back]. It handicaps the discussion with ministers as there is nothing to measure.

Eighteen interviewees pointed to the difficulties at the political level, where the policy implications of Healthy Islands did not get wider support outside of the health portfolio. The negative impact of political instability per se was also a common observation. Two respondents said:

- It was addressed at the health sector, did not get up political agenda, and if it did too much instability politically.
- Health is in fragile state. There is a need for continuity, especially in public health. Each government comes in and changes the people and the structures. The government came in and dismantled public health.

The interviewees noted a very wide range of issues that were creating barriers to implementation. Some of these were specific to a given country; others had wider resonance across interviewees in different countries. It was clear that the majority of interviewees felt that more could have been achieved had greater attention been paid to the implementation barriers. All of which was rather well summed up by one official:

- We are in the waka (canoe), but forgetting to look up.

Governance and accountability of the Pacific Health Ministers Meeting

In all, the PHMM has adopted 379 recommendations. Eighty-seven per cent had no time frame or targets. Ministers did regularly review recommendations made at the previous meeting, but there was no mechanism by which longer-term strategic issues could be dealt with systematically.

An important context for PHMM is the brief history of Pacific regional political and administrative structures, such as the Pacific Islands Forum, and their systems and processes, including their approach to regionalism, which are being reformed at this time.
The structural positioning of PHMM was not fully aligned with the main subregional institution, the Pacific Islands Forum. The influence that PHMM has had on both the Pacific Islands Forum agenda and the agenda of the WHO Regional Committee for the Western Pacific has occurred on an ad hoc basis, rather than as part of any routine reporting or accountability arrangements. The relationship between PHMM and the Heads of Health (HOH) of Pacific island countries and areas was also raised as an issue, as was the need for continuity. The formal organizational structure of PHMM needs further attention to equip it to meet the financial, organizational and accountability requirements that will accompany a shift in leadership.

- Sustainable resources for the health sector

Was there enough money available for Pacific countries for health over the past 20 years?

**Figure 8.** Total health expenditures per capita (purchase power parity)

![Graph showing total health expenditures per capita](image)

- **Source:** WHO Global Health Expenditure Database [http://apps.who.int/nha/database/ViewData/Indicators/en].
- **Note:** "Pacific" in this figure includes data from Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, New Caledonia, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

The required health expenditure to achieve the MDGs has been estimated at least US$ 66 per head, according to a 2014 report by United Nations Economic Commission for Europe.\(^{11}\) This amount is a global average and seriously underestimates the likely costs in the Pacific, due to the dispersed and small populations. To meet the broader goals of Healthy Islands would require considerably more.

As can be seen in figure 8, PICs as a group did not experience the growth in health expenditures between 2000 and 2012 that matched the rest of the world. There are considerable differences in expenditures among various groups in the Pacific. Although well below world levels, higher expenditures are seen in Micronesia, with the lowest levels being seen in Melanesia. Considering the increasing NCD burden, the persisting communicable diseases burden and the impact of climate change coupled with slow economic growth, sustainable health financing in the Pacific is not assured. This will require increased focus on using government and external donor funds more efficiently, and consideration of novel financing options.

\(^{11}\) In 2005 it was calculated as US$ 54, which relates to US$ 66 in 2014. These are global estimates, and not based on the actual cost of delivering care for isolated populations, or for those with extremely high NCD burdens.
Was health given sufficient priority by Pacific governments?

The governments of the region are the main source of health funding for health. The percentage of government expenditures on health has risen slowly over the last two decades, with wide variations from country to country. Figure 9, with data through 2012, shows low levels of government health spending in Kiribati and Vanuatu. Of considerable significance is the increase in Papua New Guinea’s government contribution, going from the lowest in the region to approaching 15%, which is a goal many African countries have set.

**Figure 9.** Government health expenditures as a percentage of total government expenditures

![Graph showing government health expenditures as a percentage of total government expenditures from 1995 to 2012 for various Pacific countries.](source)


How efficiently have Pacific countries spent their health money?

Figure 10 plots total health expenditures against under-5 mortality. The blue circles represent all the countries in the world, and the orange ones represent the Pacific. On the left axis is under-5 mortality in 2012. From this analysis we see that Cook Islands, Fiji, Samoa, Tonga and Vanuatu have low under-5 mortality for the given amount of health expenditures, when compared with the rest of the world. The remaining countries spent more, which is probably a function of their small size (the Federated States of Micronesia, the Marshall Islands, Nauru, Niue, Palau and Tuvalu) and the geographical challenges of service delivery (Kiribati and Papua New Guinea). Overall, the level of efficiency of Pacific health systems does not differ greatly from the rest of the world. A similar analysis looking at life expectancy, which is more relevant for populations with more adults, is presented in figure 11.

Figure 12 shows the under-5 mortality and health expenditures per person in 1995 and the arrow points to the under-5 mortality and health expenditures per person in 2012. For most countries, increased expenditures were associated with decreased under-5 mortality. The investments resulted in improved outcomes, and the gains made as a result of the investments are more or less similar to those seen in other parts of the world.

12. The Niue results are not meaningful, because of the very small population.
Figure 10. Under-5 mortality rate in relation to total health expenditures in 2012


Legend for both figures: CI = Cook Islands, FJ = Fiji, FSM = Federated States Micronesia, KB = Kiribati, MI = Marshall Islands, NC = New Caledonia, NR = Nauru, NU = Niue, PL = Palau, PNG = Papua New Guinea, SM = Samoa, SI = Solomon Islands, TA = Tonga, TV = Tuvalu, VN = Vanuatu

Figure 11. Life expectancy at birth in relation to total health expenditures in 2012

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Figure 12. Health expenditures and under-5 mortality changes from 1995 to 2012


Other issues related to health finance

Interviewees raised a number of issues relevant to health sector funding and system efficiency. Decentralization was a concern in some countries:

We have had a period of failed decentralization. We need to build the capacity before we decentralize.

The way donor funds are directed, as well as the transitions from donor to government funding, was also commented on:

At one stage we had 50% Healthy Schools. But less now due to reforms and changes in funding as the donor money stops.

Public health is largely donor-funded, and due to political instability, the funds from donors have been reduced. So public health has paid the price of political instability.

Were there enough health workers?

From the time of the original Yanuca meeting, the health workforce has been central to the concerns of Pacific health ministers. The current situation shows that although many of countries have at least the minimum required workforce, the mix is often as important as the overall number (Fig. 13). Those that do not have the minimum required workforces – Papua New Guinea, Samoa, Solomon Islands and Vanuatu – have some of the biggest populations. Papua New Guinea alone requires 17 600 additional skilled health workers to meet the minimal requirements. The global minimal requirements do not take into account the workforce required to meet the overwhelming NCD

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13. Updated data from WHO Country Health Information Profiles (CHIPS), 2011, and WHO HRH Profiles 2012–2013 where available. Note: Incomplete data for Guam. Provincial direct wage employees and non-established staff may not have been included in the profile.
challenge; the requirements of that workforce in the Pacific are yet to be determined. The distribution of this existing workforce within countries also needs to be considered from an equity perspective. Dramatic changes in the physician workforce are looming with increased numbers being trained in local institutions, and the first cohorts trained in Cuba arriving back in their home countries. Eight hundred new medical graduates are currently in training to work in the region. The arrival of this new cohort of skilled health workers represents a great opportunity for governments to reshape their health system response. It will have profound impacts on health financing, health service quality, role delineation of the peripheral workforce, demand for supplies and pharmaceuticals, information requirements, and health governance at the local and national level. In other words, it will have an impact on all parts and all players of existing health systems. The effective management of this opportunity, from both regional and country perspectives, is a major challenge for the years to come.

Figure 13. Health workforce (doctors, nurses and midwives) per 1000 population in Pacific countries


Social, economic and environmental challenges

PICs are confronting development challenges on a number of fronts. Economic growth is sluggish, with the exception of Papua New Guinea and Nauru during certain periods. Poverty and inequality are increasing, indicating that the wealth is unevenly distributed. The nutritional needs of many children in the region are being met, limiting their potential to lead successful lives.

The “brain drain” is having a major impact on PICs. Many PICs have a high emigration rate of their young population with tertiary education, adding a challenge for skilled human resources for health. Over the past two decades the rate of emigration, among the tertiary-educated population, has slowed slightly for small island states from 67% to 61%. PICs are vulnerable to climate change, disasters and related ecosystems disruption. The ocean, which sits at the core of Healthy Islands and the Pacific identity, is rapidly absorbing carbon dioxide, and sea levels are rising remarkably from human activities elsewhere in the world, and this is threatening the very existence of some PICs.
Global agenda, including the post-2015 development agenda and UHC

The United Nations is in the process of defining a post-2015 development agenda. This agenda will be launched at a summit in September 2015. A process to develop a set of Sustainable Development Goals (SDGs) is one of the work streams. They will cover 2015–2030. The proposed health goal will be one of 17 overall goals. The proposed health goal is to “ensure healthy lives and promote well-being for all ages”.

A significant change is being made in the way indicators will be set for the SDGs. Previously with the MDGs, each country had targets based on its starting point. For example, a country with high maternal morality had a lower goal than one with lower mortality. Under the SDGs, all countries will be asked to reach a common threshold, regardless of their starting point. This will mean there will need to be greater focus and resources for those countries that are further from the target.

Many of the other proposed SDGs resonate strongly with the five elements of the Healthy Islands vision and could be aligned with it. The particular health challenges of PICs, especially regarding NCDs, are covered in the description accompanying SDG 3, but not with the intensity required to address the region’s challenges. In other words, many PICs will want to go much further that the current goal implies. The scope of the NCD epidemic in the region requires a higher level of response than the global response.

Healthy Islands and its five elements have a longer time frame than the SDGs and places particular emphasis on those issues that the Pacific most cherishes: people, the environment and the oceans. SDGs can be used as the “start-here list” for the 2015–2030 and help develop more effective implementation, including monitoring and evaluation, which would form a strong basis to further develop the unfinished Healthy Islands agenda. The important issue arising from this review is to assist countries translating these global policy initiatives into the local context, building on and not ignoring existing efforts, while not overcrowding the agenda.

One of the components of the SDG Goal 3 focuses on UHC: “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.”

This will have particular relevance to the Pacific given that resource inadequacies lie at the heart of health system problems as discussed earlier. The solutions to the resource gap need to be adapted to the specific contexts for PICs. For smaller countries and areas, their biggest challenge relates to payment for services and the costs to families for referred services outside their borders. The UHC focus is an ideal opportunity to look for novel financing mechanisms (Annex 5) that align with the Healthy Islands vision, are sustainable over longer periods, and would diversify the current funding arrangements, which are a limitation at present. It could also potentially provide resources for regional approaches.

15. A more detailed suggested response required for these countries can be found in the Keeping countries at the centre – assessment of WHO’s performance of its roles and functions in the Pacific, 2014. http://www.wpro.who.int/entity/country_focus/publications/pacific-externalassessment_2014_inside_v7a_web.pdf?ua=1)
4. Questions for further consideration

A number of questions have been raised during the conduct of this review that cannot be answered at this time. These questions are outlined below in the hope of stimulating further discussion and debate.

- There is a considerable variation in the health system performance of PICs, with many examples within the Pacific of high performance and innovation. How can the potential of PIC-to-PIC learning be optimized?

- Much of the donor-funded development effort has focused on single diseases, which sometimes has led to uncoordinated vertical programmes. What action, if any, should be taken to ensure global funding mechanisms are more responsive to local health needs?

- The NCD epidemic has not been successfully controlled in any country, and the evidence for effective interventions is still being built. How do we ensure that the evidence being generated from the region’s multiple NCD-related initiatives is adequately evaluated and, where successful, built upon?

- The attention of senior leadership within countries has been increasingly drawn to regional and global meetings, reducing the focus that key management have had on subnational systems development and support. How should this issue be addressed?

- The knowledge and experience of health system performance and improvement is largely accumulating outside of the Pacific countries – in development partners, academic institutions, contractors and consultants – and does not consistently get internalized into the country systems processes and institutions. How can this pattern be reversed?

- In some instances, development partners are reporting years of “successful” programmes, at the same time reporting country health systems as failing or slow to improve. This reinforces a sense of failure for country officials, while reinforcing the sense of effectiveness of development partners. Is there an opportunity for a greater sense of shared responsibility for system outcomes?

- The failure to establish information systems limits all evidence-based activities in the health systems. Why has this occurred and how can it be corrected?
Donor actions over the last two decades have mainly focused on public health interventions, while governments have focused on clinical, hospital-based services. This has strengthened the public health response in the short term, but has potential long-term adverse effects: a) governments have not had to learn how to prioritize public health in the face of competing demands within the health sector; b) peripheral services are often viewed as a public health responsibility, and are not being seen as an integral part of clinical pathways; c) donor funding is more fickle than government funding, leading to a stop-start system within the public health response; d) donor funding is withdrawn if there is concern about appropriate use of funds, penalizing public health programmes in particular; and e) public health and lead technical professionals are drawn to work with development partners and not employed by government, weakening the public health leadership in the country in the long run. Should donors progressively shift their funding support from their specific public health focus while assisting governments to build their own public health capacity?

Donor funding tends to supply the operational component of health service delivery, with the major expense being met by the government’s workforce. This has two difficulties: a) government becomes increasingly blind to the actual cost of service delivery, and tends to make allocative decisions considering only the cost of human resources; and b) programme success is self-reinforcing for donors, but not for the government, despite the fact the government has met the major cost, which is the workforce. Should donors change the way they operate in this regard?

There is little consideration of the power relationships within the health sector when additional funds become available. This means that additional funds will first go to unmet needs as seen by the most powerful actors and will not impact health service delivery or equity. This is a characteristic of all health systems but tends to be ignored in the developing country context. How should greater recognition and support be given to assist governments to deal with the real power and political pressures within their health systems?

There is unresolved and unmanaged tension, particularly in Melanesian societies, between the political imperative to decentralize and the health system imperative for efficient structural arrangements in districts and provinces.

This leads at times to politically led decentralization, in an effort to improve peripheral service delivery, which is resisted by the health system. When decentralization occurs, it fails to deliver services, as the necessary skills and systems have not been built. When it does not, it still can fail as it is not responding to the peripheral concerns, and there is disconnect between health and other government and political structures at the periphery. Are we paying sufficient attention to this issue, and learning new ways of managing it successfully for all parties?

Is sufficient attention being paid to the cultural, anthropological and political economy aspects of the way countries and donors behave? How do we create a stronger learning environment among the various actors in Pacific health systems?
5. Conclusions

Healthy Islands has proved to be an enduring and aspirational vision for the health of Pacific people. It is a vision that speaks to the hearts of people across this diverse ocean. The gift of the Healthy Islands vision is that it transcends current institutions and institutional arrangements, and lays out in simple terms a complex view of the meaning of health in the Pacific island context. In addition, there is increasing significance of Healthy Islands as a response to the current threats from NCDs and climate change.

Available indicators show that health in the Pacific region is improving, but the gains made are failing to keep up with average global gains. The causes lie both inside and outside the health sector. All sectors have an impact on health and overall development, such as agriculture, trade, employment and the environment. In many areas there have been considerable advances. However, the implementation of the approach across the whole population and all sectors remains a work in progress. Respondents cited the following reason for these continuing challenges: political instability, shifting global agendas for health with donor interests and funding changing (from primary health care to specific diseases and MDGs), weakening of the peripheral health infrastructure through vertical programmes, insufficient resources, and the inability to compete with the hospital sector for resources.

The potential of the Healthy Islands vision has not been realized below the higher levels of health governance. At the same time, serious concerns have been raised about the deterioration of health services in rural and remote island areas. The challenge for health ministers is to use the vision to reconnect with the periphery of their health systems in an effort to reverse this negative trend.

The challenges ahead are considerable and complex, but they must be met if the aspirations of the Healthy Islands vision are to be realized. The current trajectory suggests that unless things change, not only will the vision not be realized, but aspirations, including the right to health for the Pacific, will fall far short of what health leaders had envisioned for the 21st century. The health ministry by itself cannot achieve these aspirations in any country; it must be a multisectoral effort.

One response would be to follow the MDG formula: identify specific indicators and targets and then arrange the various institutional mechanisms to achieve them. This would add greater clarity to
the deliberations of health ministers, and in turn help shape national and local responses. Such a response would certainly speed part of the journey to achieve aspects of the Healthy Islands vision. However, the vision itself would lose some of its power if it were reduced to a few key indicators.

“Children nurtured in body and mind” lays out a challenge for the nurturing of children beyond just the physical, beyond the act of schooling. The goal implies the need to continue the discussion concerning the exact nature of children well nurtured in body and mind in rapidly changing local contexts, with issues ranging from nutritional deficiencies to the marketing to children of foods and drinks high in fat, salt and sugar. Each of the five descriptions of a Healthy Island shares this mix of concrete and aspirational aspects. Setting targets is necessary, and this function can be fulfilled by the proposed SDGs. But setting targets alone sells the Healthy Islands vision short.

The more fundamental problem at this juncture is the imbalance between the clarity with which the external actors see the problems and solutions, and the ability and opportunity of Pacific peoples, from villages to districts to nations, to articulate their needs, have those needs heard and to be involved in shaping the solutions.

The movement by Pacific health ministers to take greater oversight of the PHMM agenda is a significant step in this process. This can be further strengthened if the opportunity is given to the Heads of Health to lead the operational aspects of the ministers’ decisions. Technical support agencies must continue to play a key supportive role. PHMM deliberations need to increasingly shape the programmes of development partners.

If real progress is to be made, greater attention needs to be paid to the diverse reality of people’s situations. The issues for small states, the issues for states with a double burden of disease, the issues for states with an advanced NCD epidemic – all these require focused attention as one-size solutions do not fit all situations. These differences need to be structured into the PHMM deliberations and decision-making.

This review has identified some of the reasons that have contributed to the health system’s muted performance. While acknowledging the goodwill of all parties, now is the time to reflect on some of the unanswered questions that have arisen over the past 20 years in the hope that, as we forge the way forward, lessons will be learnt and new directions will be set.
6. Recommendations

6.1 General recommendations

The first recommendation relates to the opportunity provided by this review. Pacific leaders, development partners and health officials are encouraged to contribute to the 2015 Yanuca meeting by assessing their contributions, both individually and collectively, and considering how everybody's actions will meet the challenges ahead. Each PIC must review its own progress, experiences and lessons learnt within the context of its social and economic development. The review finds that "business as usual" will be insufficient to achieve the aspirations of the Yanuca Island Declaration and calls for a paradigm shift in Pacific health development. There are many successful programmes and approaches throughout the region upon which this effort can be built. At the same time, there are a number of fundamental gaps – that unless closed – will further limit the health potential of the people in the Pacific. The review also poses a number of unanswered questions that all parties could consider in their efforts going forward.

The Healthy Islands vision should remain as the unifying vision for health development in the Pacific. The vision can be enhanced, and far greater use could be made of it by all parties. Currently the vision resonates mainly with health ministers and senior officials, and only at the policy level in some countries. In the future, the vision should be supported as a unifying brand, across various stakeholders and through all levels of health systems. The century-wide time horizon and aspirational nature of the vision still resonates with the current health leadership and also is likely to appeal to the coming generation. The proposed SDGs are a vehicle to improve implementation focus, as they are fully consistent with the Healthy Islands vision, though the SDGs are less aspirational and shorter term. Universal health coverage is a construct with which to focus on resource gaps for health development, which are identified as a major impediment to the progress of Healthy Islands in the Pacific. The relationship between the biennial PHMM and the annual meetings of the WHO Regional Committee for the Western Pacific and the Pacific Islands Forum should be more formalized. The meetings of the Regional Committee for the Western Pacific and Pacific Islands Forum will remain important aspects of health governance for the region – the Regional Committee for the entrée it provides to regional and global health policy and technical support, and the Pacific Islands Forum for its influence on the wider determinants of health in areas such as the economy, trade, the environment, education, transport and more.

16. These recommendations reflect the views of those who compiled the report and do not necessarily represent the policies or views of the World Health Organization. These recommendations were presented to participants of the Eleventh Pacific Health Ministers Meeting.
6.2 Addressing contextual differences

The main challenges identified in this review relate not to the Healthy Islands vision but to the implementation barriers. The review recommends that countries and development partners should take greater account of the contextual differences among Pacific countries in their health response. The contextual differences include the issues of population size, resources available for health, the NCD epidemic, the double and triple burdens of disease, and the development of local capacity.

- **Under-resourced islands**

  Not all PICs have under-resourced health systems. There is a small group of severely under-resourced PICs without adequate external assistance or economic capacity to deliver an adequate health response in the foreseeable future. For these PICs a separate funding facility should be established to supplement their government’s contribution and more fully fund the health response. Global, regional and national resources for climate change mitigation and adaptation are a potential funding source.

- **Small islands**

  There are 10 PICs with small populations – less than 100,000 people – that could be better supported by collaboration among Pacific countries. One of the ideas could be a “virtual” Ministry of Health that covers number of small island states. This would be staffed from nationals from those countries, and would provide a permanent health system support structure, independent of regional activities, but supported by regional technical agencies. This would include the potential to procure and case-manage referred services from small islands to other centres.

- **Islands with advanced and advancing NCD epidemics**

  The PICs remain the leading edge of the global NCD epidemic, both in terms of the progress of the diseases and the societal responses. Increased resources and focus are required to support country efforts and to evaluate the effectiveness of multiple interventions that are being trial tested in the region, including the responses from outside the health sector.

- **Islands with double and triple burdens of disease**

  The double disease burden, coupled with lack of resources, dominates the health picture for Kiribati, Papua New Guinea, Solomon Islands and Vanuatu. As the review notes, many communicable diseases remain inadequately controlled, such as measles and TB. The regional response in support of these countries needs to better balance both the communicable diseases and the NCD response. There are islands with a triple burden of disease (communicable diseases, NCDs and mental health disorders, and the health impacts of climate change and natural disasters). Additional financial and technical assistance should be provided to these islands to build resilience of health systems to climate and disaster risks.
Development of local capacity

At the heart of the health response is the local institutional capacity to prevent, treat, palliate, and rehabilitate diseases and their consequences. Interviewees who took part in this review raised alarm bells about deteriorating levels of the local health response in many Islands. Building robust and adequately staffed health districts, including hospital and preventive services, should be a core focus of all stakeholders, and integral to the design of all disease specific interventions.

6.3 Strengthening leadership, governance and accountability

A very significant shift in leadership of Pacific health is occurring. Pacific health ministers are increasingly exercising their governance role in respect to PHMM. All stakeholders have lent their support to this governance transition.

Recommendations for Pacific health authorities to consider

- Build on the Healthy Islands vision and encourage all stakeholders to make far greater use of it. Currently it resonates mainly with health ministers and senior officials, and at the policy level in some countries. In the future the vision should be supported as a unifying brand, across various stakeholders and through all levels of health systems.
- Use the proposed SDGs as a basis for indicators in support of the Healthy Islands vision. Develop, with the assistance of technical agencies, a monitoring framework and reporting mechanism to report to the biennial PHMM on progress towards Healthy Islands. This framework should be built on existing national monitoring and reporting mechanisms.
- Use the global and regional climate finance mechanisms to support sustainable funding mechanisms to realize the right to health for Pacific people.
- Support the continuation of the biennial PHMM, and commission a work programme that develops detailed proposals concerning: membership, formalizing the relationship with the Pacific Islands Forum, the WHO Regional Committee for the Western Pacific, and sustainable funding arrangements.
- Establish a new format for the PHMM sessions such that:
  - Ministers have an opportunity for group discussions among themselves before the more formal meeting deliberations. This would include a discussion of country and the regional priorities.
  - Ministers identify key indicators – for their country and for the region beginning with the SDGs – that they commit to monitor in gauging progress towards Healthy Islands, covering both the short term (two years) and long term (20 years).
  - Ministers engage with implementation evaluation and research findings relevant to their priorities that have become available in the previous two years. In particular, innovative approaches currently under way to control NCDs require evaluation to assess their impact.
• Responds to the various Pacific contexts in relation to small islands, health resourcing, the NCD epidemic, the double and triple burdens of disease, and the development of local capacity and capability.

– The Heads (directors and chief executive officers) of Health to consider:
  • Meet before each PHMM (including the Yanuca meeting in 2015) and prepare option papers for the PHMM to consider.
  • Establish draft criteria for inclusion of agenda items on the PHMM agenda. The agenda should reflect the priorities set by ministers, and focus on those issues requiring their collective deliberation and decision-making. The number of items and supporting documents should be of manageable size for small delegations.
  • Include multidisciplinary clinical leadership groups in deliberations on the agenda for PHMMs.
  • Incorporate “systems thinking” into the way the Heads of Health meeting operates.
  • Take advantage of existing regional and global meetings to hold regular Heads of Health meetings to gauge progress on the ministers’ agenda between their biennial meetings.

Recommendations for development partners to consider

Supporting a move to stronger leadership by Pacific health ministers will require a change in the way development partners operate collectively and individually in the region.

– The current informal grouping of development partners17 could report directly to PHMM on their deliberations and policy and funding intentions in order to provide ministers with a strategic overview of development assistance.

– The development partners collectively report to PHMM on progress they are making in moving towards an aid effectiveness approach.

– Information made available to Pacific ministers should include a report on current and predicted funding flows from the development partners, by donor, by recipient country and by topic.

– For small islands countries and areas – populations less than 100,000 – develop a single development cooperation plan that is part of the island government’s own implementation plan.

– Support governments to prioritize high-need communities, prevention and working across sectors.

– Develop technical response capacity to meet the various Pacific island contexts in relation to small islands, health resourcing, the NCD epidemic, the double and triple burdens of disease and the development of local capacity and capability.

– Key technical agencies (WHO, SPC, possibly PIHOA) to consider:
  • Develop an approach for the provision of technical support to PICs with populations less than 100,000 that recognize their ongoing need for national-level policy support.
  • Establish the actual cost of realizing the right to health for Pacific people, and develop funding options for consideration by ministers for 2015-2035 and to 2100.

17. Quintilateral group of development partners: the World Health Organization, the Secretariat of the Pacific Community, the World Bank, the New Zealand Aid Programme, and the Department of Foreign Affairs and Trade, Australia.
• Support the process of the Heads of Health meetings and PHMM. This is primarily a facilitation role, and should be distinct from the role of providing particular technical agendas.
• Produce a combined programme of work and present it to PHMM (via the Heads of Health meeting) for its approval.
• Provide technical assistance to Pacific countries and areas in dealing with newly emerging public health challenges related to sea-level rise and ecosystems disruptions due to climate change.
• Consider the role of PIHOA as one of key technical agencies to support the PHMM.

This review has primarily focused on the process of realizing the vision of Healthy Islands. Adequate general advice on how to reduce avoidable premature death, nourish children and sustain our environment is readily available. The challenge is to have a process that enables this knowledge to be optimally used where it will make the greatest difference.
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## Annex 1. List of informants interviewed

<table>
<thead>
<tr>
<th>INTERVIEWEE</th>
<th>POSITION AND ORGANIZATION</th>
<th>COUNTRY</th>
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<td>Director Planning and Funding, Ministry of Health</td>
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<td>Vita Skilling</td>
<td>Secretary of Department of Health and Social Affairs</td>
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<tr>
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<td>Isimeli Tukana</td>
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<tr>
<td>Seruwaia Hong Tiy</td>
<td>Former Minister of Health</td>
<td>Fiji</td>
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<tr>
<td>Asinate Bolandauadua</td>
<td>Former Director of Division of Primary Health Care and Prevention, Ministry of Health</td>
<td>Fiji</td>
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<tr>
<td>Lepani Waqatakirewa</td>
<td>Former Director of Public Health and Permanent Secretary for Health, Ministry of Health and Medical Services</td>
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<tr>
<td>Kautu Tenaua</td>
<td>Minister, Ministry of Health and Medical Services</td>
<td>Kiribati</td>
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<tr>
<td>Teatao Tira</td>
<td>Secretary, Ministry of Health and Medical Services</td>
<td>Kiribati</td>
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<tr>
<td>Rykers Solomon</td>
<td>Secretary for Health, Nauru</td>
<td>Nauru</td>
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<tr>
<td>Jean-Paul Grangeon</td>
<td>Médecin Inspecteur et Chef du Service de Santé publique</td>
<td>New Caledonia</td>
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<tr>
<td>Temmy Temenga</td>
<td>Ministry of International Affairs</td>
<td>Palau</td>
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<tr>
<td>Paison Dakulala</td>
<td>Deputy Secretary, National Department of Health</td>
<td>Papua New Guinea</td>
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<tr>
<td>Leao Talalelei Tuitama</td>
<td>Minister of Health</td>
<td>Samoa New Caledonia</td>
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<tr>
<td>Toleafoa Take Naseri</td>
<td>Chief Executive Officer/Director General, Ministry of Health</td>
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<tr>
<td>Mae'e Ualesi Silva</td>
<td>Assistant Chief Executive Officer Health Protection and Enforcement Division, Ministry of Health</td>
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<td>Fonoiva Sealiitu Sesaga</td>
<td>Chief Executive Officer, Ministry of Agriculture</td>
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<tr>
<td>Shelley Burish</td>
<td>Chief Executive, Samoan Cancer Society</td>
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<tr>
<td>Meaalofa Mataia-Leota</td>
<td>Senior Community Nurse for Patient Support, Samoan Cancer Society</td>
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<td>Delphina Kerslake</td>
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<td>Palanitina Toelupe</td>
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<td>Hon Min Gatoloaifaana</td>
<td>Associate Minister of Women and Social Development, former Minister of Health</td>
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<td>Amataga Alesana-Gidlow</td>
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<td>Matafeo Falanaipupu</td>
<td>Chief Executive Officer, Ministry of Education, Sports and Culture</td>
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<td>Tanielu Aiafi</td>
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<td>Louisa Apelu</td>
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<td>Alvin Margraff</td>
<td>Finance Officer, Samoa Kidney Foundation</td>
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<td>Tui Hicks</td>
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<td>Village Committee</td>
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<td>Siale Akauola</td>
<td>Chief Executive Officer, Ministry of Health</td>
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<td>Isaia Taape</td>
<td>Secretary for Health</td>
<td>Tuvalu</td>
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<tr>
<td>Viran Tovu</td>
<td>Acting Director General of Health</td>
<td>Vanuatu</td>
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<tr>
<td>George Taleo</td>
<td>Acting Director of Public Health, and Manager of Malaria Programme, Ministry of Health</td>
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<td>Matthew Mase</td>
<td>Registered Nurse, Nurse-in-Charge, Paunangisu Health Centre</td>
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<td>Hensley Garae</td>
<td>Medical Superintendent Vila Central Hospital</td>
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<tr>
<td>Miriam Abe</td>
<td>Former Director General of Health</td>
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<tr>
<td>Alex Heyete</td>
<td>Headmaster, Central School, Vanuatu</td>
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<tr>
<td>Pierre Gambetta</td>
<td>Director of Education, Primary Division, Ministry of Education</td>
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<td>Evelyne Emil</td>
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<td>Renata Buleban</td>
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<td>Richard Tatwin</td>
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<td>Morris Amos</td>
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**PARTNERS**

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<tr>
<td>INTERVIEWEE</td>
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**WHO**

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Annex 2. Key questions for informants interviews

**OBJECTIVE 1.**
Assess the overall achievement of the Healthy Islands vision including identifying success stories and lessons learnt.

- Are you familiar with the concept of Healthy Islands (HI)?
- What does HI mean to you?
- What was your experience of using the HI concept?
- How does HI relate to other health policy initiatives in your health sector? For example, health promotion, protection, and primary health care, the NCD focus. Were they complementary or disruptive?
- Is it a term used at the community level, and if so how?
- Does it reflect the values of the health sector in your country?
- Does the current balance between curative services and preventive services in your country reflect the HI vision?
- How is Healthy Islands reflected in your country's current approach to health?
- What is the current state of your health ministry/department in regard to health protection, environmental health, and health promotion?
- Do you work with other Pacific countries regarding pharmaceuticals and human resources for health?
- What is the current situation regarding the wider health determinates of health?
- Are you working across sectors, such as trade, finance, environment, and education?
- How are you working on issues such as water, food security?
- What has been your experience of donor activities in relation to HI?
- Have they been reinforcing of the HI concept or disruptive?
- What impact has HI had on regional activities?
- What issues are currently being dealt with in a regional approach?
- Is the emphasis for regional action effective?

**OBJECTIVE 2.**
Identify both remaining challenges and opportunities in realizing the Healthy Islands vision in the Pacific.

- What do you see as HI successes?
- What do you see as weaknesses or failures of the HI approach to date?
- Do you see it as relevant today?
- What should be done differently to learn from the past?
- Are the words Healthy Islands still relevant? Do they need to change?
- What is your view of Pacific Health Ministers Meetings?
- How could they be improved?

**OBJECTIVE 3.**
Propose a renewed Health Islands vision for consideration at PHMM April 2015, include scaling up action and introducing new areas while considering the deliberation on post-2015 development agenda and Universal Health Coverage.

- Do the core HI objectives need to be revised or do they still represent the vision?
- How should the UHC and post-2015 development agenda be dealt with in relation to the HI vision?
- How should climate change be dealt with in the HI vision?
## Annex 3. Indicators considered to track the progress

<table>
<thead>
<tr>
<th>Healthy Islands elements</th>
<th>Considered indicators (blue means indicators used in this report)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children are nurtured in body and mind</strong></td>
<td>- Infant mortality rate (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Under-5 mortality rate (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Prevalence of underweight children under 5 years of age (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Proportion of 1-year-old children immunized against measles (MDG indicator)</td>
</tr>
<tr>
<td><strong>Environments invite learning and leisure</strong></td>
<td>- Net enrolment ratio in primary education (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Childhood obesity measures</td>
</tr>
<tr>
<td><strong>People work and age with dignity</strong></td>
<td>- Life expectancy</td>
</tr>
<tr>
<td></td>
<td>- Employment rate</td>
</tr>
<tr>
<td></td>
<td>- Proportion of population below US$ 1.25 (purchasing power parity) per day (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Suicide rates</td>
</tr>
<tr>
<td></td>
<td>- NCDs indicators</td>
</tr>
<tr>
<td><strong>Ecological balance is a source of pride</strong></td>
<td>- Proportion of population using an improved drinking-water source (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Proportion of population using an improved sanitation facility (MDG indicator)</td>
</tr>
<tr>
<td></td>
<td>- Biodiversity measures</td>
</tr>
<tr>
<td></td>
<td>- Forestry/deforestation, land availability</td>
</tr>
<tr>
<td><strong>The ocean that sustains us is protected</strong></td>
<td>- Tuna and fish stocks</td>
</tr>
<tr>
<td></td>
<td>- Fish accessible to local communities</td>
</tr>
<tr>
<td></td>
<td>- Climate change indicators</td>
</tr>
<tr>
<td>Years</td>
<td>Outcomes</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| 1995  | Yanuca Island Declaration | Working group meeting: 3 days Ministers conference: 2 days | NA. | • Health promotion and the environment (9 recommendations)  
• Human resources in health: Pacific-based postgraduate training for physicians (5 recommendations)  
• Pharmaceuticals and essential drugs (11 recommendations) | Healthy Islands should be places where:  
• children are nurtured in body and mind,  
• environments invite learning and leisure,  
• people work with age and dignity, and  
• ecological balance is a source of pride.  
Adopted the concept of Healthy Islands as the unifying theme for health promotion and health protection in the island nations of the Pacific for the 21st century.  
Yanuca Island Declaration has action for the following areas:  
• Development of health workforce  
• Environmental health  
• Supply and management of pharmaceuticals, medical equipment and essential drugs in the Pacific |
| 1997  | Rarotonga Agreement: Towards Healthy Islands | Directors meeting: 2 days Ministers meeting: 2 days | Summarized positive experience of the previous two years in implementing the Yanuca Island Declaration | • Healthy Islands: definition, coordination mechanism, action plan, sharing experiences, political commitment (5 recommendations)  
• Human resources for health: reorientation, workforce planning, training institution, curriculum, mid-level practitioners, postgraduate education (19 recommendations)  
• Pharmaceuticals and essential drugs: desirability of a bulk purchasing scheme, quality assurance, exchange of information (8 recommendations)  
• The use of traditional medicine | Pacific island governments should adopt the following working definition of the Healthy Islands:  
• the Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels  
Agreed to develop national Healthy Islands Plans of Action and associated coordination mechanism by the end of 1998.  
Implementation of the concept considers the following 16 elements:  
• adequate water supply and sanitation facilities; nutrition; food safety and food security; waste management; housing; human resources development; communicable and noncommunicable disease (NCD) prevention and control; lifestyle and quality of life issues; reproductive and family health; promotion of primary health care; social and emotional well-being; population issues; ecological sustainability; information management; tobacco or health; alcohol and substance abuse; and environmental and occupational health |
<table>
<thead>
<tr>
<th>Years</th>
<th>Outcomes</th>
<th>Meeting structure</th>
<th>Follow up of previous recommendations</th>
<th>Areas of discussion and recommendations during the meeting</th>
<th>Key contents on Healthy Islands vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>Palau Action Statement on Healthy Islands</td>
<td>16 Mar.: SPC organised a meeting of Heads of Health. 17 Mar.: Directors meeting. 18–19 Mar.: Ministers meeting.</td>
<td>How to further operationalize Healthy Islands initiative and the need to seeking short-term targets to ensure progress. Need of WHO's support to further develop their workforce plans. As an alternative to bulk purchasing, strengthen drug information exchange and quality assurance.</td>
<td>Healthy Islands initiatives (2 country actions, 2 WHO actions and 1 both action). Human resources for health (5 country actions, 4 WHO actions). Traditional medicine (4 country actions, 2 WHO actions). Noncommunicable diseases (5 country actions, 1 WHO action). Health information (5 country actions, 2 WHO actions).</td>
<td>“Sustainable ocean” has been included in the vision. How to further operationalize its elements and the need to seeking short-term targets to ensure progress. Endorsed the importance of selecting specific entry points relevant to the priorities of each country. WHO should produce case studies and technical guidelines for the planning and implementation of programme activities (WHO Regional Office for the Western Pacific, Implementing a healthy islands approach in the Pacific: Five case studies, Aug. 2000).</td>
</tr>
<tr>
<td>2001</td>
<td>Madang Commitment Towards Healthy Islands</td>
<td>Co-organized by SPC Directors meeting: 2 days Ministers meeting: 2 days.</td>
<td>Progress in implementing the Palau Action Statement: Short-term targets were to be set and specific areas for action were proposed. Regional guidelines established were evaluated.</td>
<td>Communicable disease surveillance and response (3 country recommendations, 2 IP (international partners) recommendations). Traditional medicine (4 country recommendations, 2 IP recommendations) Diabetes (11 country recommendations, 7 IP recommendations). Stop TB (2 country recommendations, 1 IP recommendations). Filariasis (2 country recommendations). Mid-level and nurse practitioners (no specific recommendations). Migration of health workers (no specific recommendations). Open learning (2 country recommendations, 2 IP recommendations). Health leadership and management development (3 country recommendations, 2 IP recommendations). Regional action plan on healthy islands (12 country actions, 8 international community actions).</td>
<td>The meeting reviewed a draft regional action plan on Healthy Islands for 2001–2003 prepared at the Nadi workshop. This plan features actions to be implemented by countries as well as by WHO, the Secretariat for the Pacific Community (SPC) and other international partner agencies in three areas: 1) strengthening capacity in implementation of Healthy Islands activities; 2) developing mechanisms for advocacy, communication and networking; and 3) setting up systems to ensure sustainability of projects and programmes. Three core elements: 1) community action, 2) environmental management, 3) policy and infrastructure development. (Up to this meeting, Health Islands initiatives were handled separated from other programmes such as NCD, communicable diseases, human resources for health).</td>
</tr>
<tr>
<td>2003</td>
<td>Tonga Commitment to Promote Healthy Lifestyles and Supportive Environment</td>
<td>The combined meeting of Ministers and Directors with working group sessions: 4.5 days.</td>
<td>No specific follow ups of previous meetings.</td>
<td>Stewardship and the role of the Ministry of Health (6 recommendations, 5 indicators). Enabling Environment for Healthy Lifestyles (10 recommendations, 7 indicators). Surveillance and the management of diabetes and other noncommunicable diseases (12 recommendations, 5 indicators). Other major issues: mental health, environmental health, HIV/AIDS, surveillance.</td>
<td>Although the Healthy Islands concept has continued to expand, it remains difficult to assess progress in individual countries. In this context, it was decided that the meeting of Health Ministers in the Pacific held in Tonga in March 2003 should have one unifying theme of &quot;Healthy Lifestyles&quot;, which is a priority for the Pacific.</td>
</tr>
<tr>
<td>Years</td>
<td>Outcomes</td>
<td>Meeting structure</td>
<td>Follow up of previous recommendations</td>
<td>Areas of discussion and recommendations during the meeting</td>
<td>Key contents on Healthy Islands vision</td>
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</tr>
</tbody>
</table>
| 2005  | Samoa Commitment Towards Achieving Healthy Islands | Followed the format of 2003: 4.5 days | Reviewed these past achievements with selected case studies (not quantitative as per indicators but descriptive) | • Healthy lifestyles and supportive environments (5 recommendations)  
• HIV/AIDS (10 recommendations)  
• Surveillance and outbreak response (8 recommendations)  
• Dengue (2 recommendations)  
• EPI (5 recommendations)  
• Migration of skilled health personnel (4 recommendations)  
• Pacific open learning health net (5 recommendations) | (Healthy Islands looks like an overall vision of all health interventions in the Pacific) |
| 2007  | Vanuatu Commitment | Followed the format of 2003: 4 days | (No specific review of previous recommendations from PHMMs but overall progress of health situation in the Pacific) | • Noncommunicable diseases (6 recommendations)  
• Strengthening influenza pandemic preparedness (5 recommendations)  
• Human Resources for Health (4 recommendations)  
• HIV/AIDS (2 recommendations)  
• Food fortification (5 recommendations)  
• Pacific Health Fund (2 recommendations) | (Review of progress from Tonga and Samoa commitments. Structure is more or less the same with the Samoa Commitment.) |
| 2009  | Madang Commitment | 3 days | Reviewed progress towards the Tonga, Samoa and Vanuatu Commitments | • Food security (11 recommendations)  
• Climate change (7 recommendations)  
• Aid effectiveness in the Pacific (5 recommendations)  
• Pacific regional influenza pandemic preparedness (20 recommendations)  
• Maternal, child and adolescent health (9 recommendations)  
• Essential medicines (3 recommendations)  
• HSS and PHC (5 recommendations)  
• Human resources for health (7 recommendations)  
• NCDs (7 recommendations)  
• HIV/AIDS and sexually transmitted infections (12 recommendations) | The revitalization of the vision and primary health care was called.  
(This was followed by the establishment of a Pacific steering group; Meeting on Revitalization of Healthy Islands and Building Capacity, 20 Sept. 2009, Hong Kong; Networking meeting prior to World Health Assembly, the Healthy Islands Recognition programme was endorsed by Pacific Health Ministers, 2010; 1st steering group meeting on revitalizing primary health care in the Pacific, 2010, Nadi; 1st steering committee meeting on revitalizing Healthy Islands, Feb. 2011, Nadi) |
| 2011  | Honiara outcome (forwarded by Solomon Minister and comments from two Secretariat) Honiara communique on the Pacific NCD crisis | Ministerial open forum (no prepared agenda) | Recommendations under previous meeting’s 10 themes were discussed. Progress and remaining challenges were reported (mostly qualitatively not quantitatively) | • Plenary sessions  
1. Strengthening health leadership and multisectoral action  
2. Framework of action for revitalization of healthy islands in the Pacific  
Parallel technical sessions  
1. National health planning  
2. Food security  
3. MDGs 4 and 5  
4. Priority issues by the Ministers  
1. Mental health  
2. Social determinants of health  
3. Health information systems  
4. Human resources for health (For each topic, the outcome documents proposed “suggested actions”) | Presentation and discussion on the Framework of Action for Revitalization of Healthy Islands  
• Much progress has been made in the Pacific since then, but progress now seems to have stalled.  
• However, the vision remains relevant and appropriate.  
• There is a continuing need for a whole-of-society response and consideration of evolving issues such as climate change, globalization and a change of lifestyles.  
Endorsed Framework of Action has the following strategies:  
1. strengthening advocacy, healthy policy and leadership,  
2. prioritizing country actions following community- and sectorwide consultations,  
3. enhancing multisectoral planning,  
4. partnerships and networking,  
5. strengthening health systems based on primary health care,  
6. improving information for action. |
<table>
<thead>
<tr>
<th>Years</th>
<th>Outcomes</th>
<th>Meeting structure</th>
<th>Follow up of previous recommendations</th>
<th>Areas of discussion and recommendations during the meeting</th>
<th>Key contents on Healthy Islands vision</th>
</tr>
</thead>
</table>
| 2013  | Apia outcome (one preface with three signature, host MoH, SPC and WHO) Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda | First to incorporate a closed session for ministerial discussion | • Priority issues by the ministers  
  1. NCD crisis response: towards healthy islands (5 recommendations)  
  2. Strengthening health information and vital statistics (4 recommendations)  
  3. Mental health (7 recommendations)  
  4. Social determinants (2 recommendations)  
  5. Neglected tropical diseases (3 recommendations)  
  6. Outbreak surveillance and response (5 recommendations)  
  7. Health workforce development (7 recommendations)  
  8. Ministerial round table: endorsement of Apia Communiqué | (No specific mention about the Healthy Islands vision itself. Summaries and recommendations as per 8 programmes only) |
| 2014  | Joint Forum of Economic and Health Ministers Meeting Action Plan? | Joint forum of economic and health ministers meeting: 1 day | At the health minister meeting section they approved several documents/approaches such as:  
  • Pacific Health development framework – overarching framework for the Pacific  
  • Pacific Monitoring Alliance for NCD Action (MANA) – framework for monitoring NCD work  
  • Sexual Health and Well-Being Shared Agenda  
  • Surveillance and Outbreak Response, focusing on building core public health functions, and increasing capacity in the region for vector control.  
  For the joint meeting, the ministers agreed:  
  • that the road map document was a good step for multi-sectoral engagement, and  
  • that each country should develop its specific roadmap, including focus on tobacco control, reduction in consumption of food and drinks high in sugar, salt and fat, improving efficiency and strengthening the evidences. |
<table>
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<tr>
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<th>1997</th>
<th>1999</th>
<th>2001</th>
<th>2003</th>
<th>2005</th>
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<td>NonM</td>
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</tbody>
</table>

*Minister’s surname – **NonM: Alternate’s attendant

- Those who attended 2 times: 26 people
- Those who attended 3 times: 4 people
- Those who attended 4 times: 1 person
Annex 5. Novel financing options

In the *World Health Report 2010*, WHO produced the following table on domestic financing options:

<table>
<thead>
<tr>
<th>Options</th>
<th>Fund-raising potential</th>
<th>Assumptions / Examples</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special levy on large and profitable companies</td>
<td>$$–$$$</td>
<td>A tax/levy that is imposed on some of the big economic companies in the country Australia has recently imposed a levy on mining companies; Gabon has introduced a levy on mobile phone companies; Pakistan has a long-standing tax on pharmaceutical companies</td>
<td>Context specific</td>
</tr>
<tr>
<td>Levy on currency transactions</td>
<td>$$–$$$</td>
<td>A tax on foreign exchange transactions in the currency markets Some middle-income countries with important currency transaction markets could raise substantial new resources</td>
<td>Might need to be coordinated with other financial markets if undertaken on a large scale</td>
</tr>
<tr>
<td>Diaspora bonds</td>
<td>$$</td>
<td>Government bonds for sale to nationals living abroad Lowers the cost of borrowing for the country (patrotic discount); have been used in India, Israel and Sri Lanka, although not necessarily for health</td>
<td>For countries with a significant out-of-country population</td>
</tr>
<tr>
<td>Financial transaction tax</td>
<td>$$</td>
<td>A levy on all bank account transactions or on remittance transactions In Brazil there was a bank tax in the 1990s on bank transactions, although it was subsequently replaced by a tax on capital flows to/from the country; Gabon has implemented a levy on remittance transactions</td>
<td>There seems to have been stronger opposition from interest groups to this tax than others</td>
</tr>
<tr>
<td>Mobile phone voluntary solidarity contribution</td>
<td>$$</td>
<td>Solidarity contributions would allow individuals and corporations to make voluntary donations via their monthly mobile phone bill</td>
<td>Establishment and running costs could be about 1–3% of revenues</td>
</tr>
<tr>
<td>Tobacco excise tax</td>
<td>$$</td>
<td>An excise tax on tobacco products These excise taxes on tobacco and alcohol exist in most countries but there is ample scope to raise them in many without causing a fall in revenues</td>
<td>Reduces tobacco and alcohol consumption, which has a positive public health impact</td>
</tr>
<tr>
<td>Alcohol excise tax</td>
<td>$$</td>
<td>An excise tax on alcohol products</td>
<td></td>
</tr>
<tr>
<td>Excise tax on unhealthy food (sugar, salt)</td>
<td>$–$$</td>
<td>An excise tax on unhealthy foodstuffs and ingredients Romania is proposing to implement a 20% levy on foods high in fat, salt, additives and sugar</td>
<td>Reduces consumption of harmful foods and improves health</td>
</tr>
<tr>
<td>Selling franchised products or services</td>
<td>$</td>
<td>Similar to the Global Fund's ProductRED, whereby companies are licensed to sell products and a proportion of the profits goes to health</td>
<td>Such a scheme could operate in low- and middle-income countries in ways that did not compete with the Global Fund</td>
</tr>
<tr>
<td>Tourism tax</td>
<td>$</td>
<td>A tourism tax would be levied on activities linked largely to international visitors Airport departure taxes are already widely accepted; a component for health could be added, or levies found</td>
<td>The gain would vary greatly between countries depending on the strength of their tourism sector</td>
</tr>
</tbody>
</table>

b. $, low fund-raising potential – $$, medium fund-raising potential – $$$, high fund-raising potential
Ideas for further consideration for the Pacific include:

- Specific taxes on fish exports earmarked for health services.
- Taxes on airspace and shipping lanes – this could be examined under international law and conventions to see if could be enforced. If not could be a voluntary practice by participating countries – Australia, Canada, Chile, France, Japan, New Zealand and the United States of America, etc.
- Expansion of tourism taxes – if they are modest, they could be expanded.
- Distribution of a certain proportion of the Green Climate Fund (GCF) designated to the adaptation in developing countries (GCF is a fund within the framework of the United Nations Framework Convention on Climate Change founded as a mechanism to redistribute money from the developed to the developing world, in order to assist the developing countries in adaptation and mitigation practices to counter climate change).
- Tourists and non-residents charged the full cost of their treatment – with funds going back into the health service. This is particularly the case where they live well and pay no income tax.

The long-term horizons present an ideal opportunity to rethink health financing for Pacific countries and areas. For a discussion of the problems and possible solutions to the health financing dilemmas refer to: Moon, S., & Omole, O. (2013). Development assistance for health: critiques and proposals for change, centre on global health security working group papers development assistance for health; 44(April), pages 0–53.