Framework of Action for Revitalization of Healthy Islands in the Pacific
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Prepared by the Pacific Steering Group for Revitalization of Healthy Islands and endorsed by Ninth Meeting of Ministers of Health for the Pacific Island Countries on 29 June 2011, Honiara, Solomon Islands

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Foreword

The first meeting of the Pacific health ministers in 1995 established the Yanuca Island Declaration on Health in the Pacific in the 21st Century, with its vision of Healthy Islands. The Eighth Meeting of Ministers of Health for the Pacific Islands and Countries in Madang, Papua New Guinea in 2009 called for revitalization of Healthy Islands to fit the evolving context of public health amongst other reasons. This was followed by the establishment of a steering group with country representatives who conducted consultations on how to revitalize Healthy Islands. It was agreed that there was a need for a framework that encompasses a bottom-up approach that moves from a biomedical to an environmental model of public health and places greater emphasis on health promotion and protection.

As a result, the steering group drafted Framework of Action for Revitalization of Healthy Islands in the Pacific, which includes the following strategies: (1) strengthening advocacy, healthy policy and leadership, (2) prioritizing country actions following community- and sector-wide consultations, (3) enhancing multisectoral planning, (4) partnerships and networking, (5) strengthening health systems based on primary health care, and (6) improving information for action.

Specific discussion around Healthy Islands at the Ninth Meeting of Ministers of Health for the Pacific Islands and Countries in Honiara, Solomon Islands in 2011 included: relevance of the Healthy Islands vision and its definition; promoting the Healthy Islands approach as a multisectoral development agenda; enhancing technical support for Healthy Islands; strengthening national support and coordination for Healthy Islands; and facilitating the sharing of best practices in Healthy Islands.

At the Ninth Meeting of Ministers of Health for the Pacific Islands and Countries in Honiara, Solomon Islands in 2011, delegates agreed that the Healthy Islands vision remained relevant and appropriate and the Framework of Action for Revitalization of Healthy Islands in the Pacific was officially endorsed.

Pacific Steering Group for Revitalization of Healthy Island
Executive Summary

In March 1995, the Pacific began a journey towards the attainment of “Healthy Islands” through a ministerial conference on health on Yanuca Island, Fiji. The meeting yielded the Yanuca Island Declaration on Health in the Pacific in the Twenty-first Century. Healthy Islands continued to be reinforced in subsequent biennial meetings of the ministers of health and remained the unifying vision for better health in the Pacific.

Since then, various health initiatives have been carried out in the different Pacific island countries and areas (PICs). While the vision remains relevant in the minds of the leaders, the corresponding implementation in countries and at the regional level has not been well documented or recognized. There is a lack of sustained improvement in health overall in the Pacific. This is due in part to the lack of political commitment to health protection to create policies and legislation to enable healthy choices. A meeting of ministers of health was held in July 2009 in Madang, Papua New Guinea, to examine approaches and revitalize the vision and means to achieve Healthy Islands.

Subsequent to the 2009 meeting in Madang, consultations were carried out with leaders of health in PICs and a steering group was established to develop the draft framework for further consultations. Leaders recognized that revitalization requires re-positioning Healthy Islands as the overall strategy for development in the Pacific, enhancing multisectoral coordination, increasing networking and recognizing progress and good practice. As a result, WHO developed a recognition programme for PICs to take place at the Ninth Meeting of Ministers of Health in Solomon Islands.

The Healthy Islands vision remains relevant and the five strategies in the framework to revitalize it are:

a. strengthen advocacy, healthy policy and leadership;
b. prioritize country actions following community and sector-wide consultations;
c. enhance multisectoral planning, partnerships and networking;
d. strengthen health systems based on primary health care; and
e. improve information for action.

Operationalizing the framework across the PICs requires a combination of health promotion and health protection efforts, and, using the platform of subsettings, implementation of integrated health and development programmes with multisectoral involvement and good community engagement. Monitoring and evaluation of progress should be carried out building on existing indicators and measurement tools in a timely fashion. The PICs can draw from each other’s experiences through networking with support from regional partners and stakeholders.
1.1 Rationale

1.1.1 What is Healthy Islands?

WHO has exerted a strong influence on health (education) promotion since the Alma-Ata declaration in 1978, urging member states to have a balanced approach to health care with more emphasis on primary health care and public health and less on tertiary hospital clinical care. In 1994, the WHO Regional Office for the Western Pacific produced a policy document, New Horizons in Health, which encouraged all Member States, including those in the Pacific, to take a comprehensive lifespan approach to the promotion of health. In response to this policy direction, ministers of health of the Pacific island countries and areas in 1995 created the vision of Healthy Islands as a "unifying theme for health promotion and protection in the island nations of the Pacific for the twenty-first century". This vision depicts the Pacific islands as a place where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride and the ocean, which sustains us, is protected.

Healthy Islands vision
The Pacific Islands would be a place where:
- children are nurtured in body and mind
- environments invite learning and leisure
- people work and age with dignity
- ecological balance is a source of pride
- the ocean, which sustains us, is protected
The Healthy Islands initiative is an innovative approach to promoting the health of island people and communities. It is the Pacific version of a settings approach, which has been advocated since the mid-1980s to promote public health internationally. Building on the Ottawa Charter statement, “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”, a settings approach calls for the creation of supportive environments with a focus on settings for health. Furthermore, the Jakarta Declaration (WHO, 1997) emphasized the value of settings for implementing comprehensive strategies and providing an infrastructure for health promotion.

1.1.2 What prompted the revitalization of Healthy Islands?

Since 1995, health initiatives have been carried out in the Pacific island countries and areas. While the vision remains relevant in the minds of the leaders and continues to be a focus of biennial conferences among ministers of health, implementation in countries and at the regional level has not been well documented or recognized. This is due in part to the lack of political commitment to health protection to create policies and legislation that enable healthy choices. In terms of outcomes, although some improvement has been observed in certain areas, there is lack of sustained improvement overall. A re-examination of approaches and revitalization of the vision and the means to achieve Healthy Islands was deemed necessary.

This revitalization of primary health care and Healthy Islands is in line with the principles contained in the Declaration of Alma-Ata that emerged from the 1978 International Conference on Primary Health Care.²

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

1.1.3 Why produce a framework?

During the First Steering Group Meeting on Revitalizing Primary Health Care in the Pacific in September 2009, the health leaders from PICs discussed the need for a framework which can encompass a true bottom-up approach to addressing health issues.³ The framework should include strategies which can be tailored to individual countries’ needs, and help shift from what has been a predominantly biomedical approach to an environmental model of public health. A steering group consisting of public health experts from 12 PICs met to develop the framework, with assistance from regional and international partners. The framework aims to provide countries with mechanisms to expand Healthy Island strategies while documenting good practices from PICs from the past 10 years. The framework outlines the strategies, settings and key actions for achieving the vision of Healthy Islands including specific recommendations for PICs, supporting partners and stakeholders.

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1.2 Background

1.2.1 The Origin of Healthy Settings

The Ottawa Charter for Health Promotion was adopted at the first International Conference on Health Promotion in Ottawa in November 1986. The Ottawa Charter declared that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”. The charter is widely acknowledged to have been the catalyst for the health promoting settings movement, where the settings approach became the starting point for WHO’s health promotion programmes, encouraging “shifting the focus from the deficit model of disease to the health potentials inherent in the social and institutional settings of everyday life”4.

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

Health promotion is not just the responsibility of the health sector. People must adopt healthy lifestyles and well-being.

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

❖ building healthy public policy;
❖ creating supportive environments;
❖ strengthening community actions;
❖ developing personal skills;
❖ re-orienting health services; and
❖ moving into the future.

The Ottawa Charter identified Healthy Settings as an approach to further enhance health promotion.

The settings approach has been firmly embedded in international health promotion policy. For example:

❖ the Jakarta Declaration on Leading Health Promotion into the 21st Century strongly endorsed the approach within the context of investment for Health (WHO, 1997);

Health is therefore, seen as a resource for everyday life, not as the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well being4. The Ottawa Charter, 1986 World Health Organization

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WHO included the term “settings for health” in its Health Promotion Glossary, defining it as “the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and well-being” (WHO, 1998);

the new European Health for All policy framework, HEALTH21, included a target focused on settings; and

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

1.2.2 Defining Healthy Settings

The theory and practice of the settings approach have been described and debated over a number of years and while debates continue, there are key conceptual points that may benefit countries.¹

First, a settings approach reflects an ecological model of health promotion, which recognizes the complex interplay of environmental, organizational and personal factors, largely determined outside of health services. It represents a shift of focus from illness to salutogenesis,⁵ from individuals to populations, and from a mechanistic and reductionist focus on single health problems, risk factors and linear causality to a more holistic view, concerned with the development of supportive environments for people.

Secondly, reflecting its ecological nature, settings are dynamic complex systems with input, throughput, output and impact that involve integration, interconnectedness, interrelationships and interdependencies between different elements.

Thirdly, the approach primarily focuses on introducing and managing change across the whole organization and applying “whole system thinking”. Proponents of Healthy Settings, such as Dr Mark Dooris of the School of Public Health and Clinical Sciences at the University of Central Lancashire, have proposed a model which highlights the need to combine organization development with high-visibility projects, to balance top-down commitment with bottom-up stakeholder engagement, and to ensure that initiatives are driven by both public health and “core business” agendas.⁶

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

A Setting refers to:

- A socially and culturally defined geographical and physical area of factual social interactions; and
- A socially and culturally defined set of patterns of interactions to be performed while in the setting (Wenzel 1997).

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1.3 Overview of Healthy Islands

Based on the concepts of the healthy settings promoted in the Ottawa Charter, and in support of the WHO policy document on *New Horizons for Health*, Healthy Islands as a setting was declared by ministers of health of Pacific island countries and areas at their meeting on Yanuca Island, Fiji, in 1995. The resulting Yanuca Island Declaration on Health in the Pacific in the Twenty-first Century was hailed as "a truly ecological model of health promotion" (Nutbeam, 1996). It describes Healthy Islands as places where:

❖ children are nurtured in body and mind;
❖ environments invite learning and leisure;
❖ people work and age with dignity;
❖ ecological balance is a source of pride; and
❖ the ocean, which sustains us, is protected.

Islands include other contexts and settings such as cities and towns, and communities such as schools, hospitals and workplaces. Indeed, public health benefits accrue when effective action is taken at all levels.

After the meeting on Yanuca Island in 1995, follow-up meetings of ministers of health for PICs were held in Rarotonga, Cook Islands, in 1997 where ministers adopted the Rarotonga Agreement: Towards Healthy Islands. This stated, "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".

The Rarotonga Agreement goes on to state that 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; environmental and occupational health.

The subsequent biennial ministerial meetings focused on implementation with the Palau Action Statement on Healthy Islands, 1999, and Madang Commitment Towards Healthy Islands, 2001. The focus on environment and healthy lifestyle for NCD prevention and control were integral to the Tonga Commitment to Promote Healthy Lifestyles and Supportive Environment, 2003, and the Samoa Commitment Towards Achieving Healthy Islands, 2005. The “whole of society approach” was emphasized in the Vanuatu Commitment, 2007, and the revitalization of the vision and primary health care was called for at the Eighth Ministers of Health Meeting in Madang, Papua New Guinea, in 2009.
1.4 Healthy Islands, primary health care and health system strengthening

Recent meetings on primary health care around the world helped define the primary health care renewal process. These culminated in a gathering in Alma-Ata, renamed Almaty, in October 2008, 30 years after the original primary health care declaration.

The WHO World Health Report 2008, Primary health care – now more than ever, was launched at this meeting and the primary health care renewal process was reaffirmed. Many countries, including many within the Pacific, did not lose their primary health care focus. For these countries, primary health care was still an organizing principle for their health systems, even though implementation may not be perfect. Strengthening of health systems and ensuring primary health care are complementary and intertwined. Primary health care constitutes the core framework of values that guides efforts to strengthen health systems. Primary health care renewal does not mean that primary health care is unchanged.

At the Fifty-ninth Session of the WHO Regional Committee for the Western Pacific in September 2008, a resolution was adopted on health systems strengthening and primary health care (WPR/RC59.R4), which urged Member States to take urgent action to further strengthen their health systems in response to the health needs of their populations, especially the poor, vulnerable and socially excluded groups, based on the values and principles of primary health care as their guiding framework.

As mentioned earlier, during the Eighth Meeting of Ministers of Health for Pacific Island Countries in Madang, Papua New Guinea, in July 2009, health systems strengthening and primary health-care discussions focused on applying the Healthy Islands approach as a vision for implementation.

Subsequent to the meeting in Madang, consultations were carried out with health leaders in the PICs and a steering group was established to develop the draft framework for further consultations. In order to revitalize, leaders acknowledged the need to reposition Healthy Islands as the overall strategy for development in the Pacific, enhance multisectoral coordination, increase networking and recognize progress and good practice. As a result, WHO developed a Healthy Island recognition programme for PICs. This programme was endorsed at the first networking meeting held in Geneva before the Sixty-third Session of the World Health Assembly in May 2010. The first recipients were recognized at the Ninth Meeting of the Ministers of Health for the Pacific Island Countries.

These subsequent meetings further facilitated the consensus and understanding that Healthy Islands indeed represents better health in the Pacific and primary health care is one of the key means of achieving that vision.

How can Healthy Islands be revitalized?

1. repositioning Healthy Islands as the overall strategy for development in the Pacific;
2. enhancing multisectoral coordination;
3. increasing networking through the organisation of a Healthy Islands Forum; and
4. recognizing progress and good practice.

- Pacific Health Leaders -2009
Section 2
Framework of Action

2.1 Vision
The Pacific Islands would be a place where:
❖ children are nurtured in body and mind;
❖ environments invite learning and leisure;
❖ people work and age with dignity;
❖ ecological balance is a source of pride; and
❖ the ocean that sustains us is protected.

2.2 Mission Statement:
Pacific island countries and areas will continue to motivate and empower their citizens to adopt and achieve good health while creating a supportive and enabling environment that makes healthy lifestyle choices accessible, affordable and sustainable.
2.3 Guiding Principles

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

2.3.2 Multisectoral partnership
Based on the Rarotonga Agreement, 1997, revitalization should continuously identify and resolve priority issues with multisectoral partnership among communities, organizations and agencies.

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

2.3.4 Respecting and valuing indigenous systems and cultures
Achievement of Healthy Islands depends on a robust system and programmes while respecting the unique culture and traditions of a diverse population in Pacific island countries and areas.

2.4 Strategies
The strategies to revitalize the vision resulted from discussions over the years, particularly recent meetings which covered the need for revitalization.

2.4.1 Strengthen advocacy, healthy policy and leadership
High-level mandates with sustained professional and political leadership and strong advocacy are required at national and regional levels to revitalize the vision. National policies and plans to address priority health issues, legislative and regulatory frameworks to protect and promote health, as well as monitoring and evaluation of these policies, plans and frameworks, will support a revitalized vision.
The following are some of the actions that could be undertaken:

❖ advocate for Healthy Islands recognition at the highest level of government with cabinet approval;
❖ incorporate the Healthy Islands agenda and strategy into the constitutional framework and/or national development plan;
❖ encourage good governance and leadership at all levels (national health governance);
❖ align policy and leadership strategies with existing best practices at all levels;
❖ conduct public consultations with stakeholders; and
❖ develop plans of actions (POA) and ensure sustainable resourcing for policy implementation.

2.4.2 Prioritize country actions following community- and sector-wide consultations

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

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

❖ translate Healthy Islands concepts to manageable healthy setting units;
❖ build on existing best practices and initiate community and healthy settings;
❖ conduct public consultation on settings approach that is people centred;
❖ provide technical and financial support to other sectors; and
❖ strengthen public private partnerships.

2.4.3 Enhance multisectoral planning, partnerships and networking

Many of the interventions listed in this document require working with sectors outside the control of a ministry of health. Developing robust mechanisms for working with non-health sectors is critical to the revitalization of healthy islands. This must begin with planning and partnership building.

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

❖ set up regional and country coordinating committees on Healthy Islands;
❖ establish national- and community-level committees;
❖ develop a partnership plan in line with the principles of the Paris Declaration; and
❖ align Healthy Islands to Millennium Development Goals (MDG).
2.4.4 Strengthen health system based on primary health care

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

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

❖ adopt the primary health care concept as the implementation strategy for Healthy Islands;
❖ review existing health system, identify gaps and redirect focus through integrated approach; and
❖ build capacity across the six building blocks of health systems (governance, financing, service delivery, medical products, information, health workforce).

2.4.5 Improve information for action

Improving the information or evidence base for action is critical in revitalizing Healthy Islands. Systems needs to be established to ensure information is generated and utility is maximized. Key policy decisions should be informed by the evidence and information gathered, interpreted and disseminated.

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

❖ identify and obtain a user-friendly information system with data collection and input mechanisms and simplify (to international standards) if necessary;
❖ analyse information to provide evidence-based interventions and guide policies and decisions;
❖ improve information sharing and dissemination; and
❖ set Healthy Islands targets, ensure regular monitoring and evaluation.
2.5 Working in subsettings

Smaller settings within an island are termed subsettings in this framework document. A subsetting is where interventions take place. Health protection, including health legislation, ensures supportive environments for interventions to take place. Implementing actions within these subsettings builds on the progress toward achieving Healthy Islands.

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

Key strategies and core principles for implementing projects are included in Regional guidelines for Healthy Cities, Healthy Islands, Health-Promoting Schools and Healthy Workplaces.7

Social mobilization and community action are characteristic of the implementation of Healthy Settings throughout the Region.

The Framework of Action on the Revitalization of Healthy Islands in the Pacific supports the regional action plan on Healthy Settings which was adopted in 1999 and encouraged Member States to develop national plans of action with emphasis on three areas:

- strengthening capacity for health promotion and health protection through settings approaches;
- developing mechanisms for advocacy, communication and networking in support of Healthy Settings; and
- setting up systems that ensure the sustainability of projects and programmes for Healthy Cities and Healthy Islands.

In defining subsettings, the terms “healthy” or “health promoting” are used interchangeably. In Pacific island countries and areas, subsettings include:

- Healthy (or Health Promoting) Cities / Towns;
- Healthy (or Health Promoting) Communities (Urban / Rural);
- Healthy (or Health Promoting) Villages;
- Healthy (or Health Promoting) Marketplaces;
- Healthy (or Health Promoting) Schools;
- Healthy (or Health Promoting) Workplaces; and
- Healthy (or Health Promoting) Hospitals.

7 WHO Regional Framework for Health Promotion, 2002-2005.
Figure 1. Implementation approach for Healthy Islands
Source: WHO

Figure 1 illustrates the implementation approach for Healthy Islands in country. Successful health programmes are implemented using a combination of health promotion and health protection strategies in the various subsettings and ensure multisectoral involvement and effective community engagement.
2.6 Monitoring and evaluation

The elements involved in the Yanuca Island Declaration on Health in the Pacific in the 21st Century document remain relevant and should be evaluated. The elements of Healthy Islands fall into three categories:

b. policy and infrastructure development;
c. environmental management for health; and
d. community action.

Formulating a single evaluation framework is difficult given the diversity of programme activities and actions across countries. Indeed, determining criteria and methodologies to evaluate healthy settings achievements, including those for Healthy Islands, is challenging and has sparked debate among professionals and institutions. Current recommendations for countries pertaining to monitoring and evaluation include the following:

❖ evaluation designs that can adopt ecological, qualitative and quasi-experimental methods;
❖ quality of life indicators; and
❖ continuous feedback mechanism for designing and implementing local projects.

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

Each country needs to determine the set of indicators that meet their specific contexts. The New Horizons in Health indicators and data bank 1995 (Annex) and other recent global and regional work can provide guidance to countries on appropriate indicators. Countries may also build upon their existing baseline data for certain issues for this purpose. Examples of baseline data are NCD risk factors through the WHO Stepwise Approach to Surveillance of Risk Factors for NCDs (STEPS), vital statistics and other surveillance data sources.
3.1 Country Actions

The Healthy Islands vision has been revitalized to enable Pacific island countries and areas (PICs) to meet growing environmental and health challenges and commitments, such as the Millennium Development Goals. More recently, the Healthy Islands approach was cited by ministers of health in PICs as a vision for implementing health systems and primary health care strengthening.

The actions itemized in 2.4 are possible options to implement. As examples, strategies on strengthening health systems and primary health care may incorporate the following:

- policy development at various levels, including the village, city, district and nation;
- effective coordination and management processes;
- consideration and respect of indigenous knowledge, culture and traditions;
- ability for communities to access and implement knowledge and skills in health promotion and protection;
- support and encouragement to improve physical and social environments;
- education and training that promote learning and value development at all life stages; and
- professional development for those involved in health protection and health promotion.

Pacific island countries and areas are encouraged to establish or use an existing national coordinating mechanism (e.g. committee, task force, working group, etc.) to support the revitalization of the Healthy Island vision and primary health care.
Smaller Pacific island countries and areas may consider a national coordinating body to cover all key interrelated areas. It is also important that the various health subsettings report directly and are members of the national coordinating body.

While it may vary from country to country, an effective Healthy Islands national coordination mechanism should include the following.

❖ multisectoral coordination membership;
❖ dedicated funding allocation and provision;
❖ linkages to other related sector coordinating committees;
❖ aligned with a functional structure of the ministry of health; and
❖ reporting protocol to high-level bodies such as a cabinet.

The processes involved in Healthy Islands coordination should bring agencies and sectors closer together. This would mitigate vulnerability concerns by maximizing the use of scarce resources, reducing overlap between projects and increasing efficiency. It would also help reduce barriers to effective action that are raised by professional, organizational and individual efforts to achieve unproductive monopolies. It would facilitate the development of think tanks and best practice databases to promote innovative solutions to health problems.8

3.2 Regional partners and stakeholders action

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

Stakeholders and partners, particularly WHO, are invited to:

a. provide technical support to reposition Healthy Islands as a core strategy for health and development in PICs and as a social and political motivation for improving quality of life;
b. organize a Healthy Islands Forum in conjunction with the biennial meeting of the ministers of health;
c. provide technical support, tools and assistance for strengthening national coordinating mechanisms and implementing country-specific actions for Healthy Islands; and
d. integrate activities across relevant programmes (e.g. Reaching the unreached for immunization and Malaria Elimination in Solomon Islands and Vanuatu, Healthy Village Programme in Samoa, Diabetic Foot care programme in the Republic of the Marshall Islands).

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3.3 Country Experiences

The Secretariat for Pacific Community\(^9\) developed and implemented the concept of "healthy village" in the 1950s, and most of the funding and technical assistance was directed at disease prevention and control.\(^{10}\) This concept provided a valuable platform that facilitated quick global orientation towards creating healthy environments.

Following the 1995 meeting of ministers of health on Yanuca Island, Fiji, a series of diverse projects were launched under the general theme of Healthy Islands (WHO, 1997a; WHO, 1997b; WHO, 1997c) including:

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

Case studies were done by WHO to highlight actions in five countries (Fiji, Samoa, Niue, PNG, Solomon). Since then Pacific islands have continued to progress Healthy Islands programmes and activities.

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\(^9\) Formerly the South Pacific Commission

The vision of Healthy Islands was set by health leaders from Pacific island countries and areas during a ministerial meeting on Yanuca Island, Fiji, in 1995 and included in the resulting Yanuca Island Declaration on Health in the Pacific in the Twenty-first Century. It was amended with a fifth component during the meeting of the ministers of health in Madang, Papua New Guinea in 2001. The Healthy Islands vision states that the Pacific Islands should be a place where:

❖ children are nurtured in body and mind;
❖ environments invite learning and leisure;
❖ people work and age with dignity;
❖ ecological balance is a source of pride; and
❖ the ocean which sustains us is protected.

The concept of Healthy Islands was defined at the ministerial meeting on Yanuca Island, Fiji, in 1995 as “the unifying theme for health protection and health promotion for the Pacific in the 21st century”. The concept suggests enhancing existing health services by broadening the focus to include creating and maintaining health as well as restoring it. The concept was strengthened at the meeting of the ministers of health in Rarotonga, the Cook Islands. The resulting Rarotonga Agreement stated:

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

The Healthy Islands approach has evolved through country experience and is generally a countrywide settings approach, where the country is the setting for action and the approach is through three core elements: environmental management for health, community action, and policy and infrastructure development.

Healthy Islands projects programme and initiatives are defined activities on the ground which reflect the principles and characteristics of actions towards the vision of Healthy Islands. These activities comprise the larger approach. Most address a particular risk factor or health issue and many are concerned with the health of a subpopulation within a country or area. Small projects, programmes and initiatives were especially prominent early in the development of the vision of Healthy Islands as countries and areas attempted to attain the Vision.

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

Health education comprises consciously constructed opportunities for learning. It involves communications designed to improve health literacy, including improving knowledge and developing skills which are conducive to individual and community health.

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

Health promotion actions are identified as:
- health education;
- social mobilization; and
- advocacy.

Health promotion outcomes components include:
- health and social outcomes;
- intermediate health outcomes; and
- health promotion outcomes.

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

Primary health care refers to the approach to ensure access to essential public health services including clean water and good sanitation, preventable measures such as healthy lifestyle promotion, immunization and antenatal care, and appropriate clinical services.

Settings approach or healthy settings refers to a method(s) that promote the health of entire communities. The primary focus is creating and maintaining healthy living conditions and associated lifestyles across the whole setting, and directing attention to structural and organisational change and development rather than to the health-related behaviour of individuals.
5. References


6. Annexes

6.1 Members of the First Pacific Steering Group for Revitalization of Healthy Islands

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<th>Name</th>
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<td>Ministry of Health</td>
<td>TONGA</td>
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<td>Dr Paison Dakulala</td>
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<td>Dr Rangi Fariu</td>
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<td>COOK ISLANDS</td>
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<td>Honourable Taveve O’Love Jacobsen</td>
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<td>Honourable Dr Stevenson Kuartei</td>
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Secretariat support was provided by Secretariat of the Pacific Community and World Health Organization.
6.2 Alma Ata Declaration

International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

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

I

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

II

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

III

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

IV

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

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.
VI
Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

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

VIII
All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country’s resources and to use available external resources rationally.
All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

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

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

6.3 WHO Ottawa Charter for Health Promotion

Ottawa Charter for Health Promotion
First International Conference on Health Promotion
Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1

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

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

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

Prerequisites for Health

The fundamental conditions and resources for health are:

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

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

Advocate

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

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health. Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.
Health Promotion Action Means:

**Build Healthy Public Policy**

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

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

**Create Supportive Environments**

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

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

**Strengthen Community Actions**

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

**Develop Personal Skills**

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health. Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.
Reorient Health Services
The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

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

Commitment to Health Promotion
The participants in this Conference pledge:

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

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

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

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

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

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