WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

REPORT

WORKSHOP ON HEALTHY ISLANDS

Suva, Fiji
22-25 February 1999

Manila, Philippines
June 1999

(WP)EUD/EHE(O)/ICP/EUD/001-E
Report Series No.: RS/99/GE/06(FIJ)

English only

REPORT

WORKSHOP ON HEALTHY ISLANDS

Convened by:
WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

Suva, Fiji
22-25 February 1999

Not for sale

Printed and Distributed by:

World Health Organization
Regional Office for the Western Pacific
P.O. box 2932
1000 Manila
Philippines

June 1999

NOTE

The views expressed in this report are those of the participants in the Workshop on Healthy Islands and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants in the Workshop on Healthy Islands held in Suva, Fiji from 22-25 February 1999.

SUMMARY

Objectives of the workshop

The Workshop on Healthy Islands was conducted in Suva, Fiji, from 22 to 25 February 1999 by the World Health Organization Regional Office for the Western Pacific.

The objectives of the workshop were:

(1) to assess progress made in the preparation of national action plans for Healthy Islands and the establishment of national coordination mechanisms;

(2) to review and analyse the approaches taken in various Healthy Islands projects, share experiences and delineate the lessons learned;

(3) to identify areas where further technical support (e.g. in relation to guidelines and skill development; research; and/or information management) is needed to enhance the implementation of Healthy Islands projects; and

(4) to develop measures and mechanisms to strengthen intercountry cooperation in implementing Healthy Islands projects.

The workshop was attended by 16 participants from 15 countries and areas in the Pacific region; seven representatives from six international partner agencies; seven observers from various institutions in the region; two WHO consultants; and four WHO staff serving as the workshop secretariat. The proceedings comprised presentations of country reports on the implementation of the Rarotonga Agreement and case-study reports on specific Healthy Islands initiatives by participants and selected observers; presentations of working papers by the consultants, a representative and observers; a field trip to Healthy Islands project sites in Fiji; and group discussions on lessons learned from past Healthy Islands initiatives, areas of further development required for implementation of Healthy Islands activities, and intercountry cooperation for promoting Healthy Islands initiatives.

The workshop deliberations produced conclusions in the following four major areas:

Conclusions in relation to the review of implementation of the *Rarotonga Agreement*

(1) Most countries (73% of the countries and areas participating in the workshop) have established coordination mechanisms for Healthy Islands. Most countries (87%) have prepared national plans of action for Healthy Islands, or integrated the Healthy Islands approach in the existing national plans.

(2) Healthy Islands activities in 12 countries (80%) have involved government departments, other than the health department. Nongovernmental organizations have been collaborating in Healthy Islands initiatives in 10 countries (67%). Private sector participation is found in 3 countries (20%). Broader participation in Healthy Islands initiatives is growing.

(3) Clear trends and strategies emerging since the Rarotonga Agreement include the development of Healthy Islands initiatives around specific healthy settings (e.g. schools, villages, communities, families, etc.); and the focus on specific health issues as entry points (e.g. noncommunicable disease, vector-borne disease, infectious disease; etc.).

CONTENTS

Key words

Health promotion / Healthy islands / Pacific Islands / Fiji

Conclusions in relation to the lessons learned from past experiences

The lessons learned from five case studies reviewed were grouped in the major essential characteristics required for Healthy Islands (i.e commitment; collaboration; capacity-building; and continuity).

(1) In relation to commitment, the studies confirmed the need for high-level visible political support both in terms of policy and resources.

(2) In relation to collaboration, the studies identified the importance of establishing meaningful partnerships between the community and a wide a range of government and nongovernmental agencies.

(3) In relation to capacity-building, the studies demonstrated the importance of ensuring that countries equipped their people with the necessary skills and knowledge and developed infrastructure and systems to support the long-term implementation of the Healthy Islands approach.

(4) In relation to continuity, the studies recognized the need to institutionalize capacity beyond projects supported by regional partner agencies and for those regional partner agencies involved in Healthy Islands to be flexible and sensitive to Pacific island countries' needs and priorities.

Conclusions in relation to areas of further development required

(1) The workshop noted, with approval, the evidence of close collaboration between regional partner agencies in developing and facilitating Healthy Islands initiatives. Such collaboration should continue and grow.

(2) The workshop noted that the experiences gained with the Healthy Islands approach since the Rarotonga meeting had now accumulated to the stage where a series of case studies and technical guidelines for the planning and implementation of activities could be produced. Such guidelines and case studies should be developed in collaboration between regional partner agencies and the countries.

(3) The workshop, having reviewed the conclusion of the health promotion indicator workshop in Noumea, New Caledonia in December 1998, noted that a template, similar to the one used for the health-promoting schools guidelines, would be useful to assist in the development of country programme and country-level indicators for Healthy Islands. The action-oriented model for Healthy Islands, discussed during the workshop, may be applied to develop such a template.

(4) In the field of training and education, a broad-based approach to awareness-raising was considered necessary for making the Healthy Islands concepts and approach known to all sectors of Pacific island countries. All Pacific island countries should consider conducting a "blitz" of widespread awareness and training. Every opportunity should be taken to raise awareness of politicians about Healthy Islands.

(5) Relevant concepts and methods should be included in the curriculum for all formal levels of education. Mechanisms should be developed for short-term training of key persons involved in Healthy Islands activities. Training resources should be developed and disseminated across the Pacific. Training should be seen as only part of a process of capacity-building and continuity.

(6) In the field of information resources, ongoing efforts should be made to assess appropriate technology or methods for intervention in Healthy Islands activities and make the results available at country and regional levels.

(7) Where countries do not have a designated coordinating committee, they should designate a person as a focal point for Healthy Islands. The list of designated contact persons and committees should be disseminated for information and exchange.

(8) For effective research to be carried out, resources and capacity need to be created, identified, mobilized. The participating community and relevant partners, including those outside the health sector, should be involved in the design and execution of the research. Research for Healthy islands should be participatory, and an integral part of programme development.

(9) More research should be directed to the assessment of incremental change in the process of developing and implementing Healthy Islands activities. The term 'incremental process' is more appropriate to Healthy Islands than 'process, impact, and outcome'.

(10) Ethical considerations in research are paramount in many Pacific island countries. It is essential that governments, in consultation with regional partner agencies, create and enforce a regulatory and ethical clearance mechanism for research.

Conclusions in relation to strengthening intercountry cooperation

The workshop considered intercountry cooperation in three areas: information and resource; capacity-building; and problem-focus and settings-focus.

(1) Information and resource sharing between Healthy Islands initiatives should include:

- improvement in access to electronic communication media, such as e-mail, Internet, and telehealth/medicine;
- increased access to information production centres at the National Centre for Health Promotion, Fiji and the Secretariat of the Pacific Community;
- development of and participation in regional networks, such as the Health-promoting Schools Network coordinated by the University of the South Pacific;
- increased distribution of research protocols, instruments, and results; and
- the creation and distribution of a regional Healthy Islands Directory, including contact information and areas of technical expertise.

(2) Capacity-building activities that enhance intercountry sharing should include:

- study tours to observe Healthy Islands programmes in action;
- technical advisory services and/or secondments of local experts from one Pacific island country to another; and
- technical intercountry meetings and workshops.

(3) Problem-focus and/or settings-focus approaches can enhance intercountry sharing of expertise and strategies, including:

- development of Pacific regional networks on various healthy settings, similar to the Pacific Network of Health-promoting Schools;

- development of regional programmes with problem focuses, such as noncommunicable diseases, vectorborne diseases (i.e. dengue, malaria, filariasis), re-emerging infectious diseases, substance abuse, and other health priorities.

1. INTRODUCTION

1.1 Background information

Since the first Conference of the Ministers of Health of the Pacific Island Countries was held in Fiji in March 1995, producing *the Yanuca Island Declaration on Health in the Pacific in the 21st Century*, several initiatives on Healthy Islands have been developed. Some of them have focused on the control of specific diseases while others have concentrated on capacity-building for environmental health and health promotion, and on national planning. The concept of Healthy Islands was reviewed at the second Ministerial Conference in Cook Islands in August 1997 which adopted the *Rarotonga Agreement*. The *Agreement* proposed several future actions, including national and local meetings of relevant partners to improve their understanding of the Healthy Islands approach; formulation of national action plans and associated coordination mechanisms; and development of guidelines, protocols and skills needed to implement Healthy Islands projects.

Further progress has been made in developing and implementing Healthy Islands activities in 1998 and early 1999, prior to this workshop. These activities required a technical review and evaluation and for this purpose, a regional workshop was conducted. The outcomes of the workshop would serve as a major contribution to the next Ministerial Conference in March 1999 in Palau.

1.2 Objectives

At the end of the workshop, participants will have:

(1) assessed progress made in the preparation of national action plans for Healthy Islands and the establishment of national coordination mechanisms;

(2) reviewed and analysed the approaches taken in various Healthy Islands projects, shared experiences and delineated the lessons learned;

(3) identified areas where further technical support (e.g. in relation to guidelines and skill development; research; and/or information management) is needed to enhance the implementation of Healthy Islands projects; and

(4) developed measures and mechanisms to strengthen intercountry cooperation in implementing Healthy Islands projects.

1.3 Participants

The workshop was attended by 16 participants who were technical government officials involved in or concerned with the development and implementation of Healthy Islands activities. The participants were from American Samoa, Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. There were seven representatives of international partner agencies, including the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), European Union (EU), UNDP, UNICEF, Australian Agency for International Development (AusAID) and the Secretariat of the Pacific Community (SPC). Also present were seven observers from various institutions and government departments in Australia, Fiji, Niue, Samoa and the United States of America. WHO provided two consultants and four WHO staff members, serving as the secretariat, for the workshop. A list of participants, representatives, observers, consultants and secretariat members is given in Annex 1.

1.4 Organizations

The workshop programme is given in Annex 2, and a list of documents distributed during the workshop in Annex 3. The documents include country reports on the implementation of the *Rarotonga Agreement* prepared by the participants, and working papers and case-study reports by the consultants and selected representative and observers. Copies of these papers can be obtained upon request from the WHO Regional Office for the Western Pacific.

The officers for the workshop were selected as follows:

Chairperson	-	Dr Eti Enosa, Samoa
Vice- Chairperson–cum-Rapporteur	-	Dr Margaret Cornelius, Fiji
Vice-Chairperson-cum-Rapporteur	-	Dr Caleb Otto, Palau

The technical sessions of the workshop started with a review of working papers and country reports. The presentation of these papers and discussions that followed addressed the first objective of the workshop.

Case-study reports were then presented, analysing the approaches and experiences of selected Healthy Islands initiatives and delineating lessons learned (i.e. the second objective). A field trip was undertaken to learn the Healthy Islands experiences in Fiji.

Two group discussions followed. The first group-work session was designed to identify areas which would require further development to support the implementation of Healthy Islands projects (i.e. the third objective). The topics for the group discussion were technical guidelines for Healthy Islands, training and research in Healthy Islands, and information management for further promoting Healthy Islands initiatives. The second group-work session focused on ways to strengthen intercountry cooperation in implementing Healthy Islands activities (i.e. the fourth objective).

After these deliberations, the workshop officers, consultants and secretariat members prepared draft conclusions which were then presented, discussed and amended by all participants at a plenary session.

1.5 Opening remarks

Dr Asinate Boladuadua, Director, Primary and Preventive Health Services, Ministry of Health, Fiji, welcomed the participants to her country. She stated that since the Pacific Health Ministers' meeting at Yanuca Island, Fiji, in 1995, Fiji had been developing Healthy Islands initiatives. Initially, Healthy Islands activities were developed in villages, focusing on improvements in environmental health. More recently, a national coordination mechanism, through the National Health Promotion Council, had been established and a national plan of action prepared. She mentioned that Pacific island nations shared many common features and could learn from each other. The workshop would provide a forum for sharing experiences in different Pacific countries. She thanked WHO for choosing Fiji as a venue for this workshop, and wished the participants fruitful discussions.

On behalf of Dr Shigeru Omi, WHO Regional Director for the Western Pacific, Dr M. O'Leary, Acting WHO Representative in South Pacific, delivered an opening speech. He briefly reviewed some Healthy Islands initiatives implemented after the *Yanuca Island Declaration* and further progress made in this field since the *Rarotonga Agreement*. He stressed that Pacific island countries had been gaining

experiences in developing and implementing Healthy Islands activities and international agencies working in the Region were developing partnership relationships among themselves and with Pacific island nations. The workshop was to serve as a forum to exchange these experiences and to discuss areas which would require further development in the implementation of the Healthy Islands approach. Thanking the Fiji Government for hosting the workshop, Dr O'Leary concluded his opening remarks. The full text of the opening speech is given in Annex 4.

2. PROCEEDINGS

2.1 Country reports

Prior to the workshop, each participating country was asked to prepare a country report, explaining the implementation of the *Rarotonga Agreement*. At the workshop, each participant presented the country report, describing his/her country's national coordination mechanism for Healthy Islands, the national plan of action, and a summary of all Healthy-Islands-related activity.

A summary of the status of the national coordination mechanisms and national plans of action is given in Annex 5. Briefly, at least 53% of the 15 countries that participated in the workshop reported that they had established a National Healthy Islands Committee. Another 20% (3 countries) stated that the concepts and goals of Healthy Islands had been integrated into existing national committees. Together, a total of 11 countries or 73%, have national coordinating mechanisms. Fully 80% of the countries involve multiple government departments in their Healthy Islands activities. Ten countries (67%) include both government and nongovernment organizations. In Samoa, Niue and Cook Islands, government also works with the private sector on Healthy Islands initiatives.

Forty per cent, or six of the 15 countries, reported having developed a National Healthy Islands Plan of Action. Another seven countries (47%) stated that their Healthy Islands Plan of Action had been integrated into existing plans, such as the National Health Plan or the National Development Plan.

Some countries (27%) use a healthy-settings approach to initiate and carry out Healthy Islands activities. Others (at least 40/%) use a health-problem focus or entry-point approach. Fiji and Papua New Guinea reported the use of both approaches in the implementation of their Healthy Islands projects. Local themes, songs, titles and logos have been created to symbolize the vision of Healthy Islands in many countries.

2.2 Summary of working papers, case-study reports and discussions

2.2.1 Historical overview: Healthy Islands, *Yanuca Island Declaration* and *Rarotonga Agreement*

The paper briefly described the development of the Healthy Islands concept and its implementation . The importance of writers, such as McKeown, who contributed to paradigm shifts (e.g. primary health care and the emergence of the "New Public Health"), was discussed. The importance of the adoption of Agenda 21 was emphasized as laying the platform for the emergence of the Healthy Islands concept.

The paper went on to describe the development of the Healthy Islandsconcept in the Western Pacific Region. The agreements embodied in the *Yanuca Declaration* were described, as was the vision

for Healthy Islands. The paper also described the outcomes articulated in the *Rarotonga Agreement*, in particular the development of a working definition and framework. The paper emphasized the need to connect the visions of Yanuca and the principles developed at Rarotonga to the unique places of the Pacific by the development of new approaches to problem-solving.

2.2.2 Health-promoting settings in Healthy Islands, national coordination and action plans

The uniqueness of the Pacific island nations is evident in the region's rich culture, strong social values, and fragile ecosystems. Healthy Islands reflect the diversity of "the Pacific way". This diversity has resulted in a variety of approaches for initiating projects, carrying out national coordination and generating action plans to operationalize the Healthy Islands vision.

Many countries in the Pacific region have followed the settings approach to pursue the Healthy Islands vision. This approach finds its origins in the concepts, principles and strategic actions of "Health for All" and the Ottawa Charter for health promotion. It is widely recognized that achieving health, well-being, and quality of life requires intersectoral collaboration, community participation, and open systems. Furthermore, strong social and environmental support must be present to sustain individual behavioural change. A 'setting' is a well-defined social and physical environment where patterns of interaction take place, where members know each other, and share common social, cultural and economic characteristics. Healthy Islands has been called a contextual setting within which a number of smaller, elemental settings can be found, such as health-promoting schools, healthy villages, and healthy workplaces.

Other countries have taken a more problem-focus or entry-point approach where there are different opportunities for intervention, for example, malaria or alcohol-related problems. Healthy Islands projects include interventions at every level of the continuum. National legislation at the upstream policy level has been put in place. Midstream or community-based interventions are pursued, for example, to eliminate mosquito-breeding areas. The more traditional downstream approaches continue to be applied, such as tertiary care or treatment.

National coordination and plans of action for Healthy Islands, as conceived at the Raratonga meeting, require top-level leadership, multisectoral involvement, consensus-building, agreement on health priorities, and implementation by multidisciplinary teams. While one country's mechanisms and plan may differ from another's, the coordination and planning features are often similar. In some cases, there may be a newly designated Healthy Islands committee. In other cases an existing committee or plan may incorporate the concepts and principles of Healthy Islands. In most cases, multisectoral representation and decision-making as well as budgetary authority are implicit. For some countries, the coordination and planning of Healthy Islands activities are carried out more informally.

Clearly, much progress has been made since the vision and unifying theme of Healthy Islands were conceived. Lessons have been learned at the country level and can be shared between countries. Model projects can be replicated in other countries and technical expertise can be seconded to neighbouring projects. The Pacific island countries have the opportunity to unite in their diversity and to demonstrate they are the places of friendly faces and beautiful surroundings, the "Tiko Bulabula" and the "Mo'ui" Islands, the alive and living islands.

2.2.3 Overview: Australia-South Pacific Healthy Islands Health Promotion Project

Ms Barbara Spalding, VicHealth and Dr Jan Ritchie, School of Medical Education, University of New South Wales presented this paper.

The Project arose out of *Yanuca Declaration* and ran from 1995 to December 1998. It was funded by AusAID. The design was described and the similarities to the approach proposed in the *Rarotonga Agreement* noted. This applied particularly to the development of national action plans and cross-sectoral coordinating mechanisms.

In reflecting on the project the speakers commented on issues of relevance to partner agencies:

- The distinction between health promotion and environmental health is artificial in practice in that communities contribute to the setting of priorities whether environmental or others.
- The context in which the projects are implemented is dynamic and evolving - partners must recognize that project design requires both an overall framework and a high degree of flexibility.
- The situation of countries in regional projects is likely to vary significantly: therefore the starting point, priority issues and outcomes are likely to vary considerably.
- Evaluation methodology and timelines need to take account of this context and the flexibility required;
- There is a pool of expertise within Pacific island countries which is not sufficiently utilized in many partner-financed projects.

2.2.4 Report from the Workshop on Health Promotion Indicators for Healthy Islands

Ms Josephine Gagliardi of the Secretariat of the Pacific Community (SPC) reported on the outcomes of the SPC regional workshop on health promotion indicators for Healthy Islands, held in Noumea, New Caledonia, in December 1998. The workshop discussed, among other things, the main themes/issues that can be presented at the WHO Healthy Islands Workshop in February 1999, and ultimately the Ministers of Health Meeting in March 1999.

The workshop developed a clear process for defining regional "Healthy Islands" indicators over the years to come, at an appropriate pace for each country, using a procedure which has already proven effective regionally in the health-promoting schools context. She mentioned that this process would be a realistic one that steers clear of the unrealistic "magic list of indicators".

With respect to the development of indicators at the project level, the following conclusions were reached:

- Emphasis on evaluation skills should be included as a major aspect of current basic training initiatives (e.g. FSM, USP, Pacific Islands School of Health Promotion); and
- There is a need for dissemination of information, provision of training opportunities, and development of appropriate materials such as a manual.

With regard to the development of regional indicators to monitor progress on the Healthy Islands concepts, the following conclusions were drawn:

- A process of developing regional guidelines/check list should be determined.
- The resources required to implement the process should be identified.

A hope was expressed that the guidelines to be developed would allow countries to incorporate what they were doing regarding health promotion, even if it did not directly relate to the Health Islands initiative. Support can be provided by way of a set of guidelines, but indicators have to come from the national level. Definition of Healthy Islands should allow local interpretation that encompasses existing initiatives and context. Other main observations from the workshop include:

- Coordinators and implementors of Healthy Islands activities should be equally represented in all forums for implementation and sustainability.
- The development of Healthy Islands indicators should be a priority and they should be developed at the local level.
- Pacific-wide guidelines should be used for the preparation of guidelines at the national level.
- The preparation of appropriate indicators must be left to the Pacific island countries and territories themselves; the regional guidelines would be of some assistance, but should not be imposed.
- Simplicity is important in development and use of indicators in the Pacific region.

2.2.5 Case-study report on Fiji

The Healthy Islands approach was applied to Makoi, a peri-urban settlement some 18 kilometres outside Suva, the capital. The project started early in 1997 and was spearheaded by Environmental Health Officers. The project area, Makoi, was selected after consultation with members of the community, who themselves elected to participate. The approach was made after consideration that this multiracial, multireligious population of 5531 people was a challenging yet representative community to develop models of Healthy Islands work in Fiji.

The members and leaders of the local Methodist Church agreed to serve as the focus of the project and provided the effective structure on which the project was delivered. Workshops for community briefing and consultation established an interactive relationship with the project leaders and provided an assessment of health needs for the area. This included the setting up of a Health and Environment Promotion Centre (the first of its kind for Fiji), the formation of sector health committees modelled on the Methodist Church structure in the locality, the training of community health workers, and activities to control litter and infectious disease vectors.

The Health and Environment Promotion Centre has served to bring primary health care closer to Makoi, with increased uptake of maternal and child health services. Littering has been reduced and two anti-dengue clean-up campaigns organized. The community has developed a stronger sense of ownership of the factors which promote and damage health and a tradition of participation in health projects has developed. This has been achieved with little external financial support, but needed the strong, constant, and supportive local presence of the Environmental Health Officers. The use of the Methodist Church structure to deliver the service permitted the project's effective and efficient penetration of the community, but had the side-effect of initially excluding some sections of the population. Targeted approaches using face-to-face contacts, and awareness-raising activities are being used to extend participation in, and ownership of, the project.

2.2.6 Case-study report on Niue

In 1996, Niue established a committee to coordinate Healthy Islands activities and manage funds made available through the Australia South Pacific Healthy Islands Health Promotion project. The committee known as Moui Olaola was chaired by the Minister of Health. The committee draws on members from Government departments, village councils and church leaders. Moui Olaola developed a song as its promotional "trademark"

Moui Olaola developed its first action plan in 1996. The action plan focused on health promotion through a reduction in tobacco consumption. Moui Olaola's first strategy was to obtain clear political commitment to reducing tobacco consumption. Through advocacy strategies, Cabinet meetings were decreed as being smoke-free. Smoke-free zones were then identified in the Parliament buildings and Government Departments were designated smoke-free.

In addition to political advocacy, use was made of the mass media to take the smoke-free message to the community in general. Specific programmes were implemented to reached young people i.e. school essay competitions and sporting activities.

Mouli Olaola expanded its response to other health promotion activities including a veteran sport days, a Healthy Smile (oral health) programme and a school garden programme and improving water supplies in schools

The strength of Maui Olaola was strong political and programme leadership and secure funding. Moui Olaola will be funded by New Zealand Official Development Assistance (NZODA), in the future but faces the challenge of new leadership.

2.2.7 Case-study report on Papua New Guinea

Yalu Village in the province of Morobe was chosen as the site for a healthy village project as part of the Healthy Islands initiative in Papua New Guinea. The village has a population of 2000 and is situated in a difficult mountainous terrain about 46 minutes by road from the city of Lae.

The reasons for choosing this particular village were many, including the difficulty encountered by the people in accessing Government services such as the health clinic, clean and safe water supply; high prevalence of life threatening but preventable diseases such as malaria, tuberculosis, acute respiratory infections and diarrhoea; but more so because of the willingness of the village people to act locally to find solutions to existing problems and change their lifestyles.

Department of Health officials visited Yalu village and identified the existing institutions and leaders. These included village committees, youth and women leaders, traditional village healers, church leaders and village councilors. A week-long workshop was facilitated for these leaders to discus the concept of Healthy Islands and to stimulate interest in finding ways and means to solve the existing problems which the people faced.

In follow-up meetings the villagers established a Healthy Village Initiative Committee, set a Vision for Yalu Village as a "Healthy Village To Be" and identified activities, which would realize this vision. The identified activities included improvement of village water supply as a top priority. Other activities to be implemented included VIP latrines construction, proper rubbish disposal pits, bathroom and shower facilities, re-locating pig fences, environmental sanitation, proper drainage, planting trees, establishing a village court and a health sub-centre.

Local resources such as artisans, trained carpenters, bush materials, transportation and funds from local politicians were solicited for implementation of the identified activities. The village people provided voluntary labour.

A plan of action was drawn and most of the activities were implemented over a two-year period. As a result, the village now has a safe and clean water supply, individual households have VIP latrines, pig fences have been relocated outside the village boundary, there is routine cleaning of the village greens, proper drainage and shower for individual homes. Plans are already underway to establish a village court and construct a health sub-centre. The people have noticed a marked decrease in common skin infections, diarrhoeal diseases and the mosquito population.

2.2.8 Case-study report on Samoa

The Australia-South Pacific Healthy Islands Health Promotion Project facilitated the development of the Healthy Islands programme in Samoa. Health-promoting schools was the entry point for Health Islands activities and health promotion was the primary focus. A coordinating structure was in existence for the health-promoting schools project, and this existing structure became the coordinating body for Healthy Islands.

Healthy Islands in Samoa was a collaboration of a number of existing health promotion activities using a learning model which captures the essence of Samoan culture and encompassed both multisectoral involvement and community participation. Existing linkages with local partners were reinforced and strengthened.

The five action-based components of the Ottawa Charter guided activity implementation. Activities included the development of public health policies, including facilitating the passage of the Food and Nutrition Policy; advocating for tobacco legislation; advocacy for the inclusion of health promotion in the Health Sector Strategic Plan; capacity-building to enhance personal skills and youth to youth outreach activities in collaboration with village pastors and the Department of Health

The sub-contracting of health promotion activities with local partners was an important development in the Healthy Islands programme. New skills such as contract negotiation and monitoring had to be learnt.

The Healthy Islands project developed partnerships among a large number of Government organizations, nongovernmental organizations, church groups and the private sector.

2.2.9 Case-study report on Solomon Islands

In some months of 1993, malaria incidence in Honiara reached levels that exceeded 110 cases per 1000 population. This was deemed to be the major barrier to attaining a vision of "Healthy Islands" in Solomon Islands. A national and international partnership was mobilized in a control programme that incorporated: active case detection; drug-resistance studies; quality control of slide diagnosis; mass blood surveys and treatment; surveillance; environmental management to decrease vector-breeding (using a pipe to connect the Mataniko River with the sea, create tidal flows and mixing, and raise the salinity of the water); larviciding of the river; ultra-low-volume fogging; residual spraying of houses; and distribution and re-treatment of insecticide-treated mosquito bednets.

The project represented an effective partnership between the National Malaria Control Programme, Honiara Town Council, and the World Health Organization, as well as other partners. The bednet distribution and re-treatment activity taught the team valuable lessons about the need for

appropriate and sensitive delivery of services, following initial low compliance with a delivery system that at first overlooked the personal nature of these devices. The value of a sound community profile as a means of defining needs, monitoring progress, and evaluating results was also highlighted in this project; a Healthy Islands project is not necessarily "soft" epidemiologically.

The basic achievement was a 72% reduction in malaria incidence in Honiara over the five years which ended in 1997.

2.2.10 Plenary discussion on elements of success and lessons learned

The five case studies provided successful examples of the Healthy Islands concept in action. The activities undertaken in the case studies demonstrated many elements that could be incorporated into future activities. However the activities also encountered problems which countries need to consider and act on in the future. In total the case studies have significantly contributed to learning with a full outline of the lessons learnt provided in Annex 6.

2.2.11 Field trip

A field visit was organized to show the workshop participants some activities being implemented in Fiji as part of the Healthy Islands initiative. Visits were made to the Ministry of Health's National Centre for Health Promotion; the Healthy Makoi Peri-Urban Community Project; and Wailotua No. 2 Healthy Village Project.

The National Centre for Health Promotion was established in 1996 in partnership with the Ministry of Health and the Governments of Australia and Japan. The aim of the centre is to produce health education materials, training and other technical support for health-promotion programmes. The centre is managed by professional staff and guided by a multisectoral policy advisory committee.

During the visit, the participants were able to witness the state of the art technology available for health-material production such as video, audio and print materials. A number of materials produced by the centre were shown. The staff at the centre also explained the role of the centre in health-promotion policy formulation; social marketing; education and training; community and organizational development; and research.

The Healthy Mokoi Peri-Urban Community Project was started as part of the Healthy Islands initiative in 1997. This project is unique in approach since it is the first time the concept of Healthy islands has been applied to a peri-urban setting which has a mixed multiracial and multireligious community living together, unlike a rural village setting in Fiji. A several-sector health committee manages the project, which has members from various existing organizations such as churches and other institutions. The project is currently implementing activities in health promotion, environmental sanitation, community-health-worker training, facilitation of maternal child health clinics, litter prevention and vector control

The participants were able to see the health promotion centre which the committee constructed as a self-help project. The strong partnership between the community and the local business sector, enabled the committee to raise funds and construct the centre. The successful elements within this project were highlighted as being:

- use of existing social structure and network such as the church organization;
- partnership with private and business sector;

- leadership role of the Ministry of Health in mobilizing different partners; and
- building relationships between community leaders and Government workers.

The Wailotua No 2 Village, situated some 22 kilometres inland from Korovou Town and with a population of 184, was chosen as the site for a Healthy Village initiative. The village leaders were introduced to the concept of Healthy Islands and a village health committee was established with the support of Ministry of Health Officials. The committee identified needs and developed various activities for implementation using local resources such as labour, local materials for construction and fund-raising. Activities included an ongoing clean-up campaign; rubbish pits; proper drainage; resettling of pig pens; construction of water-seal latrines; and construction of a village dispensary.

The activities were successfully implemented within a short period with the support of the village people, the district and provincial administration and the Ministry of Health officials. This has motivated the villagers to plan other activities such as construction of a community hall, improved water supply, electrification and installation of radiotelephone. The participants were accorded the traditional welcome ceremony and given the opportunity to observe the improvements made.

2.2.12 Group discussion on areas which require further development to support the implementation of Healthy Islands projects

The workshop participants, having considered the achievements of country programmes and of specific projects carried out since the *Rarotonga Agreement*, discussed the way ahead for the Healthy Islands movement. This discussion included consideration of lessons learned from past successes and failures; presentation on the need to expand and develop an evidence-based, action-oriented model for Healthy Islands; group work on guidelines, research, information, and training needs; and two plenary discussions to draw out the main directions for further development.

Some key threads of thought emerged in these discussions. A strong sense of the need for action permeated the plenary sessions; appeals were made for the development of a definite programme consisting of a small number of future priority actions. The plenary sessions expressed the importance of a smooth transition from this workshop to the next Ministers of Health meeting in Palau in March 1999. In order to ensure effective transition, two things were felt necessary. First, the development of clear set of actions to be pursued in the short to medium term, that would build on current experience and avoid simple reiteration of the messages from previous meetings. Second, participants at this workshop, on their return, should brief their Ministers of Health on the proposed programme to ensure maximal continuing support for Healthy Islands.

2.2.13 Group discussion on intercountry cooperation in implementing Healthy Islands projects

- The workshop participants were divided into three working groups to discuss the question of how they could help each other. The rapporteur from each group presented the results of each discussion. The inter-island interests in coordination and sharing seemed to fall into at least three distinct areas: information and resources; capacity-building; and problem-focus and settings focus.

3. CONCLUSIONS

3.1 Review of implementation of the *Rarotonga Agreement*

(1) With respect to the national Healthy Islands coordination mechanism, a national Healthy Islands committee has been established in 8 countries (53% of the countries participating in the workshop), and Healthy Islands concepts and goals integrated into existing committees in 3 countries and areas (20%). Therefore, most countries (73%) have established coordination mechanisms. There was general agreement that coordination mechanisms, whether new or modifications of existing ones, where important in developing Healthy Islands initiatives.

(2) In terms of partners, different Government departments, other than the Health Department, are participating in Healthy Islands activities in 12 countries (80%). Nongovernmental organizations are collaborating in Healthy Islands initiatives in 10 countries (67%). Private sector participation is found in 3 countries (20%). Broader participation in Healthy Islands initiatives is growing.

(3) A national Healthy Islands plan of action has been prepared in 6 countries (40% of the countries participating in the workshop), and the Healthy Islands concepts and approach integrated into existing plans in 7 countries (47%). Most of the countries (87%) have responded to this agreement. It was a general consensus of the participants that there was not always a need to prepare a new national plan of action.

(4) Trends and strategies emerging include the development of Healthy Islands initiatives around specific healthy settings (e.g. schools, villages, communities, families, etc.); and the focus on specific health issues as entry points (e.g. noncommunicable disease, vector-borne disease, infectious disease; etc.).

3.2 Review and analysis of approaches and experiences of selected Healthy Islands Projects and delineation of lessons learned

The five case studies provided successful examples of the Healthy Islands concept in action. The activities undertaken in the case studies demonstrated many elements that could be incorporated into future activities. However the activities also encountered problems which countries need to consider and act on in the future. In total the case studies have significantly contributed to learning with a full outline of the lessons learnt provided in Annex 6. In overview these lessons have been grouped along the lines of the major essential characteristics required for Healthy Islands; collaboration, commitment, capacity building, continuity and conceptual development.

(1) In relation to capacity building, the studies demonstrated the importance of ensuring that countries equipped their people with the necessary skills and knowledge and developed infrastructure and systems to support the long-term implementation of the Healthy Islands concept.

(2) In relation to commitment, the studies confirmed the need for high-level visible political support both in terms of policy and resources.

(3) In relation to collaboration, the studies identified the importance of establishing meaningful partnerships between the community, and a wide a range of Government and nongovernment agencies.

(4) In relation to continuity, the studies emphasized that the test of good innovation is the ability to sustain it. The studies recognized the need to institutionalize capacity beyond partner projects and for those partners involved in Healthy Islands to be flexible and sensitive to Pacific island countries' needs and priorities.

The workshop emphasized the importance of sharing the knowledge gained from all experiences gained to date from implementing the Healthy Islands concept.

3.3 Identification of areas which require further development to support the implementation of Healthy Islands activities

(1) The workshop noted with approval the evidence of close collaboration between regional partners in the development of Healthy Islands. Such collaboration should continue and grow to include more partners where relevant. Such a regional partnership would have a major role in facilitating many of the actions described below.

(2) The issue of partnerships has not been systematically studied since being highlighted in the Rarotonga meeting. A renewed effort to do this needs to ensue. Countries should identify the lead partners in each sector of activity. The content of the partnerships and the styles of exchange should be studied and policies and guidelines developed on the form and content of these relationships.

(3) The workshop noted that the experience gained with Healthy Islands programmes since the Rarotonga meeting has now accumulated to the stage where credible guidelines for programme planning and implementation may be published. Such guidelines should be developed in collaboration between regional partners and the countries to include a series of illustrative case studies. The guidelines should build on pre-existing documents, and declarations in the Pacific, and avoid duplication. They should be regional in nature, building on common elements in the situation of Pacific island countries. The guidelines should be the first in a regional series of publications that will also cover detailed case studies and technical guidelines on content.

(4) In the field of training, a number of practical actions were identified for progress. A broad-based approach to awareness-raising and education should make 'Healthy Islands' known to all Pacific islanders. All Pacific island countries should conduct a "blitz" of widespread awareness and training, similar to programmes that spread knowledge of the whole process that started with primary health care.

(5) Every opportunity should be taken to inform politicians on Healthy Islands. Relevant concepts and methods should be included in the curriculum for all formal levels of education. Mechanisms should be developed for short-term training of key persons in Government and in civil society. Training resources should be developed and disseminated across the Pacific. Training should be seen as only part of a process of capacity-building and continuity.

(6) The action-oriented model for Healthy Islands should be used to develop a template for national action using as a base existing programmes and resources (e.g. the health-promoting schools guidelines). The template would take the form of a series of illustrative checkpoints under the four action areas of the model. The result would be a tool for developing country programmes and indicators, without being an imposed prescription.

(7) There should be an ongoing process to assess appropriate 'technology' and methods for intervention in Healthy Islands programmes at country and regional levels.

(8) By the Palau meeting, an important practical step forward would be made if each country identified three to five areas for short- to medium-term action under the Healthy Islands banner.

(9) Where countries do not have a designated coordinating committee, they should designate a person as a focal point for Healthy Islands. The list of designated contact persons and committees should be disseminated for information and exchange.

(10) For effective research to be carried out, resources and capacity need to be created, identified and mobilized. As with other parts of the Healthy Islands process, the participating community and relevant partners (even outside the health sector) should be mobilized and should be protagonists in the design and execution of the research. Research for Healthy Islands should be participatory and an integral part of programme development.

(11) Research needs to be directed to the assessment of incremental change the term 'incremental process' is more appropriate to Healthy Islands than 'process, impact, and outcome'.

(12) Ethical considerations in research are paramount. Many Pacific island populations resent the amount of research they have been subjected to. It is essential that governments, and development partners, create and enforce a regulatory and ethical clearance mechanism for research.

3.4 Development of ways to strengthen intercountry cooperation in implementing Healthy Islands projects

The workshop participants expressed their interest in the coordination of interisland sharing for at least three distinct areas: information and resources; capacity building; and problem-focus and settings-focus.

(1) Information and resource sharing between Health Islands programmes should include:

- improvements in access to electronic communication media such as faxes, e-mail, Internet, and Telemedicine (in particular, participants agreed to recommend that the telemedicine technology be renamed 'telehealth', that all information be inclusive of the broadest health issues, and that all island countries be enabled to access this technology);
- increased access to production centres at the Fiji Health Promotion Centre (FHPC) and the Secretariat for the Pacific Community (SPC) for materials acquisition, production, and distribution and increased access to bibliographic resources such as those collated by the Health-Promoting Schools Network at the University of the South Pacific (USP);
- increased distribution of research protocols, instruments, and results;
- the creation and distribution of a regional Healthy Islands Directory, a 'Who's Who in Healthy Pacific Islands', inclusive of names, contact information and areas of technical expertise; and
- the development of a regional Healthy Islands newsletter featuring contributions from all Healthy Islands programmes.

(2) Capacity building activities that enhance interisland sharing should include:

- study tours to observe Healthy Islands programmes in action;

- technical assistance and/or secondments from local experts, for example from Fiji to another country to assist in the development of a Healthy Islands coordinating mechanism or from the Pacific Health-Promoting Schools Network to work with counterparts at the Ministry of Education to help initiate a school settings approach;

- technical meetings and workshops;

- access for all Pacific Island youth to the Pacific-based tertiary institutions; and

- the identification and support of a Regional or Interisland Healthy Islands Focal Team.

(3) Expertise and strategies should be shared in the various approaches such as problem-focus and settings-focus approaches, for example:

- continuation and strengthening of the Pacific Network of Health-Promoting Schools;

- initiation of other 'networks' with either a problem-focus, i.e. noncommunicable diseases, or with a settings-focus, i.e. healthy villages;

- technical expertise and lessons learned in the areas of noncommunicable diseases, vector-borne diseases (i.e. dengue, malaria, filariasis), re-emerging infectious diseases, substance abuse and other health priorities;

- creation of a regional mechanism for reviewing and approving regional and potentially country research proposals to ensure adherence to Pacific Island ethics and priorities;

- support one another to overcome the residual 'power hang-ups' remaining from colonialization in the region; and

- individual commitment from every Healthy Islands workshop participant to return to his/her respective island country and to carry out the actions and recommendations proceeding from this workshop and all similar workshops.

ANNEX 1

LIST OF PARTICIPANTS, REPRESENTATIVES, OBSERVERS, CONSULTANTS AND SECRETARIAT MEMBERS

1. PARTICIPANTS

AMERICAN SAMOA	Mr Charles McCuddin Assistant for Health Policy, Planning and Development Department of Health Pago-Pago Tutuila 96799 Tel: (684) 633 4559 Fax: (684) 633 5379
COOK ISLANDS	Mrs Edwina Tangaroa Healthy Educator Ministry of Health Rarotonga Tel: (682) 29100 Fax: (682) 29100 Email: aremaki@oyster.net.ck
FIJI	Dr M. Cornelius Director National Centre for Health Promotion Assistant Director Primary and Preventive Health Services (responsible for Non-Communicable Diseases) Ministry of Health P.O. Box 2223 Government Buildings Suva Tel.: (679) 320 844 Fax: (679) 320 740 Email: mchmoh@is.com.fj Dr Simone Bikai Environmental Health Officer c/o Permanent Secretary for Health Ministry of Health P.O. Box 17016 Suva Tel.: 301522 Fax: 315568

Anenx 1

KIRIBATI	Dr Airam Metai Director of Public Health Services Ministry of Health Bikenibeu 237 Tarawa Tel.: 686 28107/28501/28100 Fax: 686 28107
MARSHALL ISLANDS, REPUBLIC OF THE	Mr Jonathan Santos Health Management Information System Specialist Ministry of Health and Environment PO Box 16 Majuro Tel.: 011-692-625-3360/3361 Fax: 011-692-625-3432 Email: acme_14@hotmail.com
MICRONESIA, FEDERATED STATES OF	Mr William Eperiam Health Promoting Schools WHO and Youth Development Program Coordinator Division of Health Services Department of Health, Education and Social Affairs P.O. Box PS70 Palikir Pohnpei 96941 Tel.: (691) 320 2619/-2643/-2872 Fax: (691) 320 5263
NAURU	Dr Godfrey Waidubu Director, Medical Services Department of Health Nauru General Hospital Republic of Nauru Tel: (674) 44 3882 or 555 4301 Fax: (674) 444 3881/3106
NIUE	Mrs Jieni Mitimeti Niue High School Paliati Alofi Tel.: (683) 4100 Fax: (683) 4265

Annex 1

PALAU	Dr Caleb O. Otto Director Bureau of Public Health P.O. Box 6027 Ministry of Health Koror 96940 Tel.: (680) 488 1757/2450 3116 Fax.: (680) 488 3115 email: phpal@palaunet.com
PAPUA NEW GUINEA	Mr Kaoga Galowa Coordinator Community Action and Participation Department of Health P.O. Box 807 Waigani Tel.: 301 3761/301 3746 Fax.: (675)301 3604
SAMOA	Dr Eti Enosa Director General of Health Health Department Apia Fax.: (685) 21440/26550
SOLOMON ISLANDS	Dr Dennie Iniakwala Under Secretary, Health Improvement Ministry of Health and Medical Services P.O. Box 349 Honiara Tel.: (677) 23404/23402 Fax.: (677) 20085
TONGA	Mr Satcki Telefoni Acting Supervising Public Health Inspector Ministry of Health P.O. Box 59 Nuku`alofa Tel: (676) 23200 Ext. 38 Fax.: (676) 24 291
TUVALU	Dr Tiliga Pulusi Director of Health Ministry of Health, Women and Community Affairs Funafuti Tel.: 688 20 765 Fax.: 688 20 481

Anenx 1

VANUATU

Ms Marina Laklotal
National Primary Health Care Coordinator
Department of Health
PMB 009
Port Vila
Tel.: (678) 22512
Fax.: (678) 26204

2. REPRESENTATIVES

Ms Virisila Raitamata
National Programme Officer
United Nations Development Programme
in the South Pacific
Private Mail Bag
Suva
Fiji
Tel: (679) 312500
Fax: (679) 301718
Email: vraitamata@undp.org.fj

Ms Philayrath Phongsavan
Nutrition Officer
UNICEF
Private Mail Bag
Suva
Fiji
Tel: (679) 300439
Fax: (679) 301667
Email: phongsavanp@unicef.org.fj

Mr Charles Kick
Regional Adviser on Social Development and Planning
Economic and Social Commission for Asia and the Pacific
PMB 004
Port Vila
Tel.: (678) 23458
Fax: (685) 23921
Email: escap@vanuatu.com.vu

Annex 1

Ms Josephine Gagliardi
Pacific Community
BPD5
98848 Noumea Cedex
Nouvelle-Caledonia
Tel.: +687 26 2000
Fax.: +687 36 3818
Email: JosephineG@spc.org.nc

Mr Robert Hughes
Nutritionist/Epidemiologist (NCD)
Pacific Community
BPD5
98848 Noumea Cedex
Nouvelle-Caledonia
Tel.: +687 26 2000
Fax.: +687 36 3818
email: roberth.@spc.org.nc

Ms Healther Macdonald
Health Adviser
Sectoral Advisory Services Groups
Australian Agency for International Development (AuusAID)
GPO Box 887
Canberra, ACT
Australia
Tel: (612) 62064947
Fax: (612) 62064870
Email: heather_macdonald@ausaid.gov.au

Ms Susana Roson
Economic Adviser
European Union
Delegation of the European
Commission for the Pacific
4th Floor, Fiji Development Bank Building
Thomson Street
Suva
Fiji
Tel.: 679 31 3633
Fax: 679 30 0370

Anenx 1

3. OBSERVERS

Mrs Taumalua Jackson
Coordinator of the Moui Olaola Project
Department of Health
PO Box 33
Alofi
Nuie
Tel: (683) 4100
Fax: (683) 4265

Ms Sereana Tagivakatini
Institute of Education
University of the South Pacific
PO Box 1168
Suva
Fiji
el.: (679) 313900
Fax.: (679) 302409
Email: tagivakatini@usp.ac.fj

Ms Palanitina Toelupe
Country Coordinator of the Australia-South Pacific
Healthy Islands
Health Promotion Project
Ministry of Women Affairs
PO Box 872
Apia
Samoa
Tel: (685) 26 057
Fax: (685) 22 539

Dr Jan E. Ritchie
School of Medical Education
WHO Regional Training Centre for Health Development
University of New South Wales
Sydney, NSW 2052
Australia
Tel: (612) 9385 2445
Fax: (612) 9385 1526

Annex 1

Dr Arie Rotem
Head
School of Medical Education
WHO Regional Training Centre for Health Development
University of New South Wales
Sydney, NSW 2052
Australia
Tel.: (612) 9385 2495
Fax: (612) 9385 1526

Ms Odylia Teaero
Health Program Manager
Peace Corps, Inter-America and Pacific
Kiribati
Tel.: (686) 28903
Fax.: (686) 28900

Ms Barbara Spalding
Team Leader
Australia-South Pacific: Healthy Islands
Health Promotion Project
Victorian Health Promotion Foundation
Carlton, Victoria 3052
Australia
Fax.: +61 3 9345 3222

4. CONSULTANTS

Dr Karen Heckert
Senior Lecturer
University of Otago
Department of Public Health and General Practice
The Christchurch School of Medicine
Christchurch
New Zealand
Tel.: 64 (03) 364 0450
Fax: 64 (03) 364 0425
Email: karen.heckert@chmeds.ac.nz

Mr Brent Powis
Director, WHO Collaborating Centre on Environmental Health
University of Western Sydney, Hawkesbury
Locked Bag 1
Richmond
NSW 2154
Australia
Tel/Fax: 61457101479
email: b.powis@uws.edu.au

Anenx 1

5. SECRETARIAT

Dr H. Ogawa
(Responsible Officer)
Regional Adviser in Environmental Health
WHO Regional Office for the Western Pacific
Manila
Philippines
Tel.: (632) 528-8001 Ext. 9908
Fax.: 521 1036
e-mail: ogawah@who.org.ph

Dr Gauden Galea
Medical Officer
Non-Communicable Diseases
World Health Organization
3rd Floor YWCA Building
Sukuna Park
Suva
Fiji
Tel: (679)300 727
Fax: (679)300 462
Email: galeag@who.org.fj

Dr S.R. Govind
Acting Programme Management Officer
Office of the WHO Representative in Papua New Guinea
PO Box 5896
Boroko, NCD
Papua New Guinea
Tel.: (675)325-7827/301-3698
Fax: (675)325-0568
Email: govinds@who.org.pg

Ms Pamela Messervy
Programme Management Officer
Office of the WHO Representative in Samoa
Ioane Viliamu Building
Beach Road
Apia
Western Pacific
Tel.: (685) 24-976 (direct line)/23-756/23-757
Fax.: (685)23-765
Email: messervyp@who.org.ws

ANNEX 2

PROGRAMME OF ACTIVITIES

22 February 1999, Monday

0800 - 0830 Registration

0830 - 0930 Opening ceremony

- Welcome address by Director, Primary and Preventive Health Services, Ministry of Health, Fiji
- Opening address by Acting WHO Representative in South Pacific on behalf of Regional Director, WHO Regional Office for the Western Pacific
- Self-introduction of participants, representatives, observers
- Designation of officers of the meeting (chairperson, vice chairperson, rapporteur)
- Administrative briefing

0930 - 1000 Group photograph and coffee break

1000 - 1015 Introduction to the workshop (objectives, programme of activities)

- Dr H. Ogawa, Regional Adviser in Environmental Health, WPRO

Objective 1: Review of implementation of the Rarotonga Agreement

1015 - 1045 Historical overview: Healthy Islands, Yanuca Declaration and Rarotonga Agreement (How and where we started and how we have developed)

- Mr B. Powis, WHO Consultant

1045 - 1115 Health-promoting settings in Healthy Islands, national coordination and action plans (What they are and why/if we need them)

- Dr K. Heckert, WHO Consultant

1115 - 1140 Overview: Healthy Islands Health Promotion Project

- Ms Barbara Spalding, Victorian Health Promotion Foundation,
  Dr Jan Ritchie, University of New South Wales

1140 - 1200 Reports from the Workshop on Health Promotion Indicators for Healthy Islands

Annex 2

- Ms Josephine Gagliardi, Secretariat of the Pacific Community

1200 - 1300 Lunch

1300 - 1500 Country reports on progress of implementation of the Rarotonga Agreement

- American Samoa
  Cook Islands
  Fiji
  Kiribati
  Marshall Islands
  Micronesia, Federated States of
  Nauru
  Niue
  Palau

1500 - 1520 Coffee/break

1520 - 1630 Country reports (continued)

- Papua New Guinea
  Samoa
  Solomon Islands
  Tonga
  Tuvalu
  Vanuatu

23 February 1999, Tuesday

0830 - 0930 Summary of country reports on implementation of the Rarotonga Agreement (Summary table presented and discussed)

- K. Heckert

Objective 2: Review and analysis of approaches and experiences of selected Healthy Islands activities, and delineation of lessons learned

0930 - 1000 Presentation of case study reports

- Fiji
  Niue

1000 - 1020 Coffee break

1020 - 1130 Presentation of case study reports (continued)

- Papua New Guinea
  Samoa
  Solomon Islands

1130 - 1200 Group discussion: Elements of success and lessons learned

Annex 2

1200 - 1300 Lunch

1300 - 1800 Field trip to Fiji Healthy Islands project sites (National Centre for Health Promotion, Makoi Health and Environment Promotion Centre, Korovou Healthy Town project and Wailotua Healthy Village project)

- Organized by the Ministry of Health, Fiji

24 February 1999, Wednesday

0830 - 0900 Summary of elements of success and lessons learned

- B. Powis

Objective 3: Identification of areas which require further development to support the implementation of Healthy Islands activities

0900 - 0930 Briefing on group work 1

- Dr G. Galea, Medical Officer, WHO Representative Office in South Pacific

0930 - 1000 Group work 1 (Four groups: each will discuss one topic from the following)

- Guidelines for Healthy Island activities

  (Criteria for a Healthy Island project; procedure to develop a Healthy Island project; ways to recognize/certify a Healthy Island project, etc.)

- Training in Healthy Islands

  (Types of training required; people requiring training; ways to organize and implement training activities, etc.)

- Research in Healthy Islands

  (Types of research required; ways to organize and implement research activities, etc.)

- Information management for Healthy Islands

  (Types of information useful for practitioners and decision-makers; ways to generate such information; ways to collect, store and disseminate it, etc.)

1000 - 1020 Coffee break

1020 - 1200 Group work 1 (continued)

1200 - 1300 Lunch

1300 - 1430 Presentation and discussion of group work 1

Annex 2

1430 - 1500 Summary of group work 1

- G. Galea

1500 - 1520 Coffee break

Objective 4: Development of ways to strengthen intercountry cooperation in implementing Healthy Island activities

1520 - 1530 Briefing on group work 2

- K. Heckert

1530 - 1600 Group work 2 (Three groups: all will discuss the same topic): Intercountry cooperation in implementing Healthy Island activities

(Types of intercountry cooperation required; ways to develop and implement such cooperative activities, etc.)

25 February 1998, Thursday

0830 - 0930 Presentation and discussion of group work 2

0930 - 1000 Summary of group work 2

- K. Heckert

1000 - 1020 Coffee break

1020 - 1140 Preparation of workshop conclusions by a small group of workshop officers, consultants and the secretariat

1140 - 1230 Presentation and adoption of the workshop conclusions

- Workshop chairperson

1230 - 1250

ANNEX 3

LIST OF DOCUMENTS DISTRIBUTED DURING THE WORKSHOP

WPR/EUD/EHE(O)(1)99.1.B	-	Tentative Programme of Activities
WPR/EUD/EHE(O)99/IB1	-	Information Bulletin 1
WPR/EUD/EHE(O)99/IB2	-	Information Bulletin 2 (List of Participants, Representatives, Observers, Consultants and Secretariat)
WPR/EUD/EHE(O)(1)99.2	-	Historical Overview: Healthy Islands, Yanuca Declaration and Rarotonga Agreement
WPR/EUD/EHE(O)(1)99.3	-	Health-Promoting School Settings in Health Islands, National Coordination and Action Plans
WPR/EUD/EHE(O)(1)99.4	-	Overview: Healthy Islands Health Promotion Project
WPR/EUD/EHE(O)(1)99.5	-	Reports from the Workshop on Health Promotion Indicators for Healthy Islands
WPR/EUD/EHE(O)(1)99.6	-	Case Study Report : Fiji
WPR/EUD/EHE(O)(1)99.7	-	Case Study Report: Health Village Initiative Yalu Village - Morobe Province, Papua New Guinea
WPR/EUD/EHE(O)(1)99.8	-	Samoa Case Study Report: Australia: South-Pacific Islands Healthy Islands Health Promotion Project 1995-1998
WPR/EUD/EHE(O)(1)99.9	-	Case Study Report: Malaria Control Programme in Honiara
WPR/EUD/EHE(O)(1)99/INF.1	-	Country Report: American Samoa
WPR/EUD/EHE(O)(1)99/INF.2	-	Country Report: Cook Islands
WPR/EUD/EHE(O)(1)99/INF.3	-	Country Report: Fiji
WPR/EUD/EHE(O)(1)99/INF.5	-	Country Report: Kiribati
WPR/EUD/EHE(O)(1)99/INF.6	-	Country Report: Republic of Marshall Islands
WPR/EUD/EHE(O)(1)99/INF.7	-	Country Report: Federated States of Micronesia
WPR/EUD/EHE(O)(1)99/INF.8	-	Country Report: Nauru

Annex 3

WPR/EUD/EHE(O)(1)99/INF.10	-	Country Report: Niue
WPR/EUD/EHE(O)(1)99/INF.11	-	Country Report: Palau
WPR/EUD/EHE(O)(1)99/INF.12	-	Country Report: Papua New Guinea
WPR/EUD/EHE(O)(1)99/INF.13	-	Country Report: Samoa
WPR/EUD/EHE(O)(1)99/INF.14	-	Country Report: Solomon Islands
WPR/EUD/EHE(O)(1)99/INF.15	-	Country Report: Tonga
WPR/EUD/EHE(O)(1)99/INF.16	-	Country Report: Tuvalu
WPR/EUD/EHE(O)(1)99/INF.17	-	Country Report: Vanuatu
WPR/EUD/EHE(O)(1)99/INF.18	-	Health Promotion Evaluation: Recommendations to Policymakers WHO Working Group on Health Promotion Evaluation/Centres for Disease Control and Prevention

ANNEX 4

OPENING SPEECH BY ACTING WHO REPRESENTATIVE IN SOUTH PACIFIC ON BEHALF OF DR S. OMI, REGIONAL DIRECTOR OF THE WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC AT THE WORKSHOP ON HEALTHY ISLANDS

SUVA, FIJI
22-25 FEBRUARY 1999

HONOURABLE MR LEO SMITH,

MINISTER OF HEALTH AND SOCIAL WELFARE, FIJI

DISTINGUISHED GUESTS, PARTICIPANTS,

LADIES AND GENTLEMEN,

On behalf of Dr S. Omi, the Regional Director for the WHO Western Pacific Region, I am pleased to welcome you to this workshop on Healthy Islands.

The Ministers of Health of the Pacific island countries met at a conference in Fiji in March 1995. They discussed, among other things, ways to implement the regional policy framework, *New horizons in health*, in the Pacific, and produced the "Yanuca Island Declaration on Health in the Pacific in the 21st Century". The Yanuca Island Declaration adopted the concept of "Healthy Islands" as a unifying theme for health promotion and health protection in island countries. The Ministers endorsed the vision that Healthy Islands should be places where (1) children are nurtured in body and mind; (2) environments invite learning and leisure; (3) people work and age with dignity; and (4) ecological balance is a source of pride.

Since the Declaration, we have seen new initiatives in several Member States to apply the concept and attain the vision of Healthy Islands. Some of them focused on the control of specific diseases, such as the control of habitats of malaria-causing mosquitos in Honiara, Solomon Islands. Training of villagers in the management of health and the environment was carried out in Kadavu Island in Fiji as a model for a Healthy Island project. Health promotion was the main focus of the

AusAID-supported Healthy Island projects in Cook Islands, Kiribati, Niue, Samoa and Tuvalu. All these initiatives sought to involve the community in project development and implementation, ensuring sustainability, local ownership and cultural appropriateness.

In August 1997, the Ministers of Health of the Pacific island countries met again in Rarotonga, Cook Islands, and adopted the Rarotonga Agreement: Towards Healthy Islands. At the meeting, they reiterated their commitment to the Healthy Islands approach and noted that good progress had been made in implementing the approach. The Rarotonga Agreement spells out future directions for action. These include national and local meetings of relevant partners to improve their understanding of the Healthy Islands approach; formulation of national action plans and associated coordination mechanisms

Annex 4

by the end of 1998; and development of guidelines, protocols and skills needed to implement Healthy Islands projects.

Regional agencies have seen the Rarotonga Agreement as an important milestone for health protection and health promotion. For example, the Secretariat of the Pacific Community, in cooperation with the AusAID-funded Healthy Islands Health Promotion Project and the AusAID and JICA-supported Health Promotion Project in Fiji convened two regional meetings on health promotion for Healthy Islands in February 1998. The South Pacific Organization Coordination Committee undertook a study on a regional health initiative to establish a coordination mechanism among relevant regional agencies for the implementation of the Rarotonga Agreement. The Secretariat of the Pacific Community, with the support of New Zealand Government, convened a regional workshop on health promotion indicators for Healthy Islands in December 1998. These regional activities have helped Member States to exchange experiences in implementing Healthy Islands activities and regional partner agencies to define their roles and improve coordination. Some of these regional activities will be presented at this workshop.

In order to fulfil the recommendations of the Rarotonga Agreement, many Member States have reviewed existing plans, activities and intersectoral coordination mechanisms relevant to the development of Healthy Islands programmes. Some countries, such as Fiji and Papua New Guinea, have developed comprehensive national Healthy Islands plans of action, incorporating various health issues, while the Healthy Island plan of action for Cook Islands, for instance, focuses on a specific health issue, alcohol-related problems. Many smaller island countries considered either that their existing health plans could be adopted as the national Healthy Island plan of action, or that they would not require a special plan of action for Healthy Island activities.

The workshop will review reports on different approaches taken by countries to implement the Rarotonga Agreement. We will also review selected country case studies to learn elements of success and failure in developing Healthy Islands projects.

The workshop will identify areas where further technical support is required to help Member States to develop and implement Healthy Islands projects and will also develop measures and mechanisms to strengthen intercountry cooperation. You should note that your deliberations and the outcomes of this workshop will be a major contribution to the forthcoming Meeting of Health Ministers in Palau in March 1999. I urge you to participate actively in the workshop and wish you a fruitful week of discussions.

Finally, I would like to express my gratitude to our host for this workshop, the Ministry of Health and Social Welfare, the Government of Fiji. For those of you visiting Fiji, please enjoy your stay here. With these remarks, I now declare the workshop open.

Thank you.

ANNEX 5

SUMMARY OF COUNTRY REPORTS

Country	Coordination Mechanism	Plan of Action	Remarks
American Samoa	Department of Health to take lead coordination role & incorporate Healthy Islands into Territorial Health Plan	Healthy Islands concepts and goals incorporated into "Healthy People, Healthy Communities" & into policy framework for 3 national health action plans, "Health 2003 - Meeting the Challenge of the 21st Century"	New private funding through Territorial Health Plan that requires community involvement in community health centre for the first time.
Cook Islands	Healthy Islands Steering Committee with 19 members	1995-1998 Healthy Cook Islands Action Plan with Alcohol-related problem focus 1999-2003 Action Plan focused on NCDs	Expanding to other lifestyle diseases, i.e. NCDs, cancer, other substance abuse and to adolescent health In 1998 began Health Promoting Schools
Fiji	National Health Promotion Council Council & Action Plan identified as "Fiji Health" with top level commitment from Ministry of Health and other ministries	In Nov 1998, the National Health Promotion Council agreed to modify the Council's 3 year Action Plan into the Healthy Islands Action Plan,	Modification of Council's Action Plan viewed as developmental process in which different agencies take the lead in an incremental fashion. The Council is considering the design & implementation of a Healthy Islands Evaluation Framework and incorporating the concept & practice of equity.
Kiribati	National Coordinating Committee and full-time Healthy Islands Coordinator	1 year Plan of Action - 1999 collaboration of Ministries of Health, Education and Social Welfare	Health Promoting Schools as first 'healthy setting'. Expanding settings to include; workplaces, villages, market places, homes. Annual 'Healthy Islands' competition since 1983.

Annex 5

Country	Coordination Mechanism	Plan of Action	Remarks
Republic of Marshall Islands	National Population Council & National Coordinating Committee	5 Year National Population and Development Strategy Each ministry has an Action Plan (challenge is to coordinate and integrate)	Committed to recommendations of ICPD to prioritise reproductive health & improve women's status. New Office of Women's Affairs
Federated States of Micronesia	No coordinating mechanism	No plan of action	Health Promoting Schools began in 1995. Recent change in government slowed things down. National coordinator met with new officials in Jan. 1999 to renew HPS.
Nauru	Newly established Health Promotion Centre, 3 health promotion officers and new Healthy Islands Council	A three-year Healthy Islands plan to be prepared by the new centre and council	Health promotion needs assessment conducted in 1996-97 determined key settings; families and communities with problem focus on lifestyle diseases; NCDs, maternal and child health, injury & accidents
Niue	The Moui Olaola Committee ("healthy living") previously chaired by Minister of Health & currently chaired by Director of Community Affairs	Moui Olaola Project subsumes Department of Health's Strategic Plan 1999-2008	Happy and healthy themes Built on previous Nutrition Committee, AIDS Committee and others
Republic of Palau	Individual meetings held with all 16 governors to establish "Beautiful Islands" coordination	An Action Plan for Healthy Islands is being developed. First in series of state visits to begin in March 1999	Added 3 new elements to Yanuca: Free from substance abuse Respect & dignity for the disabled Equal rights for women in all aspects of life Theme song, "Where Children are Nurtured in Body, Mind & Soul"

Annex 5

Country	Coordination Mechanism	Plan of Action	Remarks
Papua New Guinea	Healthy Islands Working Group; Prep. & Protect. for Life Working Groups Committee for Health Promoting Schools	One comprehensive 5 year Healthy Islands Action Plans with all 10 sectors having a vision and separate Action Plan Annual Action Plan for Health Promoting Schools in all provinces	1998 - " Year of Healthy Islands". March1998 – National Health Exposition "Towards Healthy PNG Islands" Oct 1998 – national workshop 10 healthy settings, i.e. towns, villages, workplaces, markets, schools, restaurants, health centres, homes. Healthy Islands leadership training at district level.
Samoa	Selected Core Group of Healthy Islands Health Promotion Technical Advisers National Health Promotion Council to be established	The Healthy Islands and Health Promotion National Plan of Action part of health Sector Strategic Plan 1998-2003 National Plans for Health Promoting Schools, Villages, Homes	Settings approach: homes, schools, villages with different Ministries being focal points Partnerships between government and NGOs and between government and private for-profit sector
Solomon Islands	Ministry of Health has 4 coordinating bodies, each with a Healthy Islands representative: Health Education & Health Promotion, Human Resources, National Drug, Health Promoting Schools	Healthy Islands Plan of Action is embedded in the National Health Plan	Healthy Islands projects with focus on malaria control, rural water and sanitation and Health Promoting Schools. Youth involvement

Annex 5

Country	Coordination Mechanism	Plan of Action	Remarks
Tonga	No national Healthy Islands coordination mechanism to date	No formal plan of action to date The Ministry of Health Strategic Plan for 1998-2001 incorporates the concepts of the Agreement.	Healthy Islands response to typhoid outbreak Progress in developing the Healthy Island Vava'u project. His Majesty support for Healthy Islands project and introduction of a healthy life-style programme
Tuvalu	No coordinating mechanism	No plan of action	Access to rain water for all as priority and workforce development
Vanuatu	No coordinating mechanism Use existing networks	5 year National Development Plan for 1997-2001 includes 9 health priorities, including strengthen health promotion.	Healthy Island Campaign in two islands (Nguna and Tongoa) Healthy Village Award introduced by provincial Governments Beautification of Port Vila City Partnerships with NGOs Workshop for key health officers on concepts of New Horizons in Health Translation of New Horizons in Health into local language

ANNEX 6

CASE STUDIES - LESSONS LEARNT

The five case studies reviewed at the workshop all demonstrated the value in using the "healthy island" approach. The activities undertaken in the case studies demonstrated many elements that could be incorporated in to future activities. However the activities also encountered problems which countries need to consider and act on in the future. In total the case studies have significantly contributed to our learning and summarized below are the major lessons that can be drawn from the experiences. These lessons need to be considered and read in context and should be read in concert with the full case study reports. They are grouped together around the themes of "Conceptual Development","Capacity Building" "Collaboration" "Continuity" and Commitment" all of which have emerged as key focal areas for attention. The case studies provide valuable "tips" for those of us who continue the journey towards fulfilling the healthy islands vision.

1. Conceptual Development

- . Paradigm shifts need to be supported to avoid frustration and conflict in the field.
- There is a tension between the need to develop clear concepts and the frustration sometimes expressed by the imposition of models and project outcomes.

2. Capacity Building

- There is a need to encourage communities to mobilize their own resources and for government staff to not impose ideas and actions.
- The community should actively participate in the prioritization, planning, implementation, monitoring and revision of projects
- The community should seek technical and other support for projects at local, district and national levels.
- Community leaders often need training in project planning and management.
- Some government officers will need support to orient them away from control to facilitation.
- Donors need to be flexible in reprogramming project funds in order to obtain the broad objective.
- Provision of support services (financial, technical and advisory) as well as incentives to communities is important.
- In many cases it is better to use existing community organizations rather than develop new ones.
- Equitable access to facilities and different levels of services by communities is important.
- Support needs to be drawn from inside and outside Depts. and Ministries of Health.
- The provision of technical assistance provides the opportunity to learn and then practically apply that learning.

Annex 6

- Traditional learning methods are enhanced in their effect by modern social marketing strategies and vice versa.

2.Collaboration and Partnership

- Community leaders need to establish a strong bond with their government workers and work with them as full partners.
- Ensure there is effective communication and understanding within and between Ministries and Depts. and private sector stakeholders.
- Project facilitators need to elicit the support and collaboration of many community and government organizations.
- All stakeholders should be included in the project from its very inception and participate in an ongoing manner.
- Incentives may be required to achieve participation from some groups.
- Depts and Ministries of Health need to be flexible and assist others to contribute.
- There needs to be effective delegation of decision making and support to community level staff. The arrangements for sharing control between agencies may need to change.
- Good sincere partnership involves sharing ideas; resources and most importantly power.
- There is a need for information sharing and alliance building and improved coordination between donors.
- Project facilitators need to possess the highest degree of tolerance, commitment, selflessness and have a heart for the community.
- Project facilitators need to mobilize the support of a wide range of government departments, NGOs, and most importantly the full involvement of the community.
- Methods used to gain community participation may vary depending on a variety of factors including whether the activities are located in urban, rural and peri-urban settings.
- Acknowledgement (credit due) should be facilitated by, with or for the community for whatever role it plays in implementing healthy islands.

Commitment

- Communities need to own the projects.
- Good projects do not always require extra money but commitment, and occasionally extra funds and other resources are helpful.
- Political will and bipartisan support at all levels is needed.

- Governments need to "put their money where their mouth is" in the realization of the Healthy Islands vision.

- There is a need for leaders in all sectors to champion the healthy island concept.

Continuity

- It is essential to develop rigorous methods for the monitoring and surveillance of projects.

- Governments need to be assertive in expressing clearly their needs to donors.

- The resource cycle of donor projects need to be carefully harmonized with countries implementation requirements and include a transition phase when projects near completion.

- Evaluation may prove difficult given the complex and dynamic nature of island communities, national governments, donors and the evolving definition of "healthy islands"

- There is a need for more guidance on the development of national indicators.

- There is a need to be sensitive to the traditional values and local context of PICs in project design and implementation.

- There needs to be access to a sustainable source of resources for continues success.

ANNEX 7

THE FUTURE DEVELOPMENT OF HEALTHY ISLANDS

PROCEEDINGS OF GROUP WORK AND PLENARY MEETINGS

LOOKING AHEAD

The Technical Review of Healthy Islands, having considered the achievements of country programmes and of specific projects carried out since the Rarotonga Agreement, discussed the way ahead for the Healthy Islands movement.

This discussion included a consideration of lessons learned from past successes and failures, a presentation on the need to expand and develop an action-oriented model for Healthy Islands, groupwork on guidelines, research, information, and training needs, and two plenary discussions to draw out the main directions for further development.

Some key threads of thought emerged in these discussions. A strong sense of the need for action permeated the plenaries; appeals were made for the development of a definite programme consisting of a small number of future priority actions. The plenaries expressed the importance of a smooth transition from this Review Workshop to the next Ministers of Health meeting in Palau in March 1999. In order to ensure effective transition, two things were felt necessary. First, the development of clear set of actions to be pursued in the short to medium term, that build on current experience, and that avoid simple reiteration of the messages from previous meetings. Second, that participants at this workshop return to brief their Ministers of Health on the proposed programme to ensure maximal continuing support for Healthy Islands.

A MODEL OF HEALTHY ISLANDS

The Rarotonga Agreement described a framework for Healthy Islands. The framework saw the ultimate expression of Healthy Islands in the development of health-promoting settings. The Healthy Islands concept was depicted as the unifying principle for the contributions of health promotion, health protection, and the more specific vertical programmes such as nutrition, food safety and occupational health. The applicability of this framework was well demonstrated in the country presentations and case-studies considered in this technical review workshop.

A series of changes have occurred that have led to the development of an action-oriented model to advance the Rarotonga framework. An awareness has grown of the need to progress from conceptual discussions to direct, pragmatic approaches. International trends towards evidence-based initerventions are becoming a mainstream tendency in public health activities. Country experiences have identified the major activities that are encompassed in Healthy Islands programmes.

Modelling the Healthy Islands approach on a series of action-oriented categories meets the requirements of planners, researchers, and practitioners. Planners can better understand the breadth of interventions relevant to Healthy Islands. Researchers can better design the studies that establish the effectiveness of interventions, and that will set the standards and norms for

Annex 7

Healthy Islands activities. Practitioners can better understand the relation of their particular responsibility to the holistic movement of Healthy Islands. Finally, an action-oriented model can better describe societal efforts to improve health without the constraints of interpreting them through narrow discipline- or programme-specific perspectives.

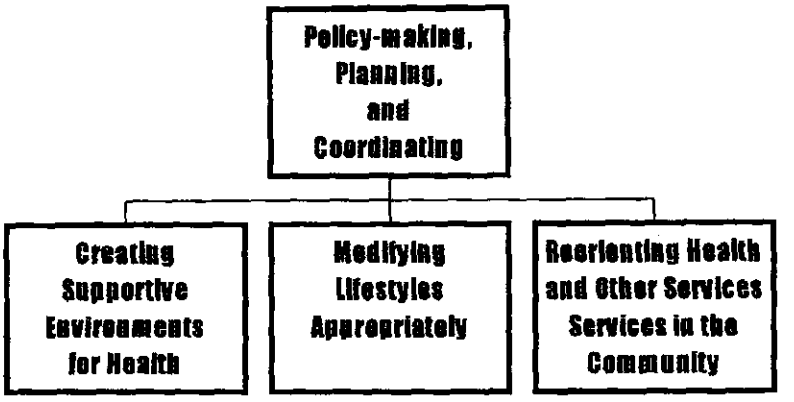

Figure 1. Action-oriented Model of the Health Islands Approach

Such a model was proposed to the workshop in plenary (Figure 1), scrutinised in groups, modified from feedback. This model consists of four categories of related activities:

1) POLICY-MAKING, PLANNING, AND COORDINATING. The Rarotonga Agreement recommended the establishment in each country of a specific co-ordinating mechanism; ones that formulates policy, plans, and coordinates action towards Healthy Islands. It relates the Healthy Islands programmes and partners within and outside the health sector, within and outside government, and within and outside the country.

2) CREATING SUPPORTIVE ENVIRONMENTS FOR HEALTH. This refers to activities traditionally encompassed by 'environmental health' and 'health protection' activities. It includes actions directed at the physical environment, but also, increasingly, at the political, social, economic, cultural, and spiritual determinants of health. Within 'health promotion' it is thus congruent with the Ottawa Charter requirement to "Create Supportive Environments", and with the strong trend within Healthy Islands to develop health-promoting settings, such as schools and villages. At local level, a tradition has become established of using community development techniques to achieve this aim.

3) MODIFYING LIFESTYLES APPROPRIATELY. This incorporates traditional disciplines such as "health education" and "social marketing" and links to the Ottawa action areas to "develop personal skills", and to "support community action". The appropriate means and methods for the achievement of behavioural change will vary and the choice will depend on community characteristics and those of the behaviour itself.

4) REORIENTING HEALTH AND OTHER SERVICES WITHIN THE COMMUNITY. This refers to the processes to assess, select, and deliver technologies for the betterment of the public health to the community. This includes an essential link with one of the core elements of Healthy Islands in the Rarotonga Agreement: "promotion of primary health care". The new health challenges facing Pacific island countries include a major non-communicable disease burden which needs better integration into primary health care – and Healthy Islands provides an ideal linkage. Other services ranging from environmental health through to road

transport would benefit from scrutiny and inclusion in Healthy Islands programmes.

GUIDELINES FOR HEALTHY ISLANDS PLANNING

The Rarotonga Agreement stipulated the publication of a set of guidelines. The accumulated experience and lessons learned mean that this requirement may now effectively be met. A set of guidelines should be published for practitioners implementing Healthy Islands plans and programmes, at national and local level.

The guidelines would be the first in a series of such documents that, in practical terms, describe the concepts, methods, and content areas of Healthy Islands programmes. They would be produced in English, but provision would need to be made for translation into the major Pacific languages spoken. The guidelines would be produced on multiple media, including publication on the Web, but Internet publication alone would be as yet unsuitable for the reality of the Pacific island countries, and a print version woul dbe the basic distribution. They would be regionally applicable, and the translation process would also be a nationalisation process with adaptation to local needs. The design of the guidelines would follow the structure below, a table of contents for the document:

1) INTRODUCTION. This would identify the audience for the publication, as well as the intent to serve as a framework for the improvement of existing programmes as much as for the design of new ones. The use of the guide would be explained and shown to be potentially selective and non-linear, consistent with the style of implementation of most real programmes.

2) CHARACTERISTICS OF HEALTHY ISLAND PROGRAMMES. This section would identify the key common features of most programmes within the Healthy Island movement. These include: intersectoral cooperation and advocacy, community participation, partnership and a clear definition of roles of all partners or stakeholders, a concern with equity, and the concern with incremental processes[1] rather than artificial distinctions between process, impact, and outcome.

3) APPROACHES TO IMPLEMENTATION. National and local approaches would be compared and contrasted. An overall strategic development framework would be proposed for national level; a community development model would be proposed locally. Emphasis would be on methods for planning and development with illustrative case studies. More extensive case studies could also be annexed as illustrations of the whole proces in action; substantial cases studies could also become standalone publications.

4) ANNEXES. A glossary would serve as an introduction to newcomers in the field, as well as clarify ambiguities in the use by practitioners of terms such as entry points, settings, stakeholders, partners, health promotion, health protection, and health education. Suggested usage would also be included, for example, the use of 'programme' is thought preferable to 'project' in Healthy Islands, as the latter term is timebound and implies a beginning and end, unsuited to the continuous process of development. In further annexes, directories of resources and contact

1 "Incremental process" was understood to mean that interim steps along the way are seen as legitimate achievements in the attainment of the desired outcomes. This leads to a different approach to evaluation of developmental processes such as are typical to the Healthy Islands movement.

Annex 7

persons would be added. Case studies that are relevant to national and local planning would be contributed by practitioners in the field.

RESEARCH ON HEALTHY ISLANDS

Action research will be the type of study most frequently applicable to Healthy Islands programmes. It will usually aim to assess changes brought about by programmes, will be qualitative as often as quantitative, and will assist decision-making for resource allocation. Practical conclusions of discussions on research are listed:

Research guidelines for Healthy Islands need to be developed. These guidelines would include notes on methods, linkages between research and action, ethics, and documentation. They are distinct from the planning guidelines referred to in the previous section and represent a different set of documentation.

INFORMATION & OTHER RESOURCES FOR HEALTHY ISLANDS

INFORMATION

The generation of information must be linked to its application. It is useful for needs assessment, identifying gaps, problems, and weaknesses in health and health programmes. It is useful to assess changes Healthy Islands programmes are making in the community. It is needed as a basis for decision-making: decisions should be based on evidence of need, and of effectiveness of proposed solutions.

Information should be generated in a simple, timely, and relevant fashion. It should be colected to standard protocols to ensure comparability. Strong use should be made of routine and easily available information for such applications as initial community profiling. More wide-ranging methods will generate more detailed information: surveys, vital statistics, hospital utilisation, community focus groups. Information should also be sought and shared with other agencies, and consideration given (within ethical and legal bounds) to pooling data in a national database.

A number of issues arise with regard to information sharing. Information about needs, programmes, and results should be shared with the community. Members of participating communities should be encouraged to share information between themselves. Consideration should be given to altering terms that these communities may interpret negatively or be offended by. Sharing of information may utilise a range of channels including mass and local media.

APPROPRIATE "TECHNOLOGY"

"Technology" in the context of Healthy Islands is understood broadly to imply all the methods and means used for the betterment of health. As such technology includes the tools and the knowledge for activities ranging from community development to appropriate medical care. All technology, preventive or curative, must be assessed before introduction into a country for its effectiveness and likely impacts, for its affordability, and sustainability, as well as for issues of whether it will be accessible to all who need it, and whether it will reduce or worsen inequities.

The selection of technologies is a political process. The Healthy Islands practitioner should influence the process through providing factual advice to policy-maker and to community members. Community members need to be formally consulted at meetings in their setting. The community as constituency can have a strong influence on political decisions and should be given the tools to use that influence positively.

Annex 7

TRAINING FOR HEALTHY ISLANDS

> *Give a person fish to eat, and he'll eat fish today. Train a person to fish and he will eat fish for many days to come.*
>
> *Anon.*

Training will be needed at all levels of Healthy Islands programmes, but the two main thrusts must be capacity-building and sustainability. The emphasis on these two strategies is made to distinguish between simply creating learning opportunities, and setting systems in place to create, and institutionalise capacity beyond any project timeframe. With regard to training itself, some general conclusions were then reached:

1) Competencies needed by Healthy Island practitioners include: policy-making, planning, management, team skills (facilitating, coordinating), budgeting, evaluating, and skills in working with people of different social and cultural groups.

2) Existing systems and structures should be used for maximal efficiency and synergy. The Community Training Certificate at the University of the South Pacific would be a good example of a suitable candidate system for linking into.

3) Attention needs to be paid to the continuing professional development of existing practitioners. A needs assessment should be carried out and training provided.

4) Candidates for training in Healthy Islands concepts and methods include 'everyone' with varying degrees of emphasis and content. Specific groups include: youth, politicians, community and church leaders, educators, and health professionals.

ACTION

1) The workshop noted with approval the evidence of close collaboration between regional partners in the development of the Healthy Islands movement. Such collaboration should continue and grow to include more partners where relevant. Such a regional partnership would have a major role in facilitating many of the actions described below.

2) The issue of partnerships has not been systematically studied since being highlighted in the Rarotonga meeting. A renewed effort to do this needs to ensue. Countries should identify the lead partners in each sector of activity. The content of the partnerships and the styles of exchange should be studied and policies and guidelines developed on the form and content of these relationships.

3) The workshop noted that the experience gained with Healthy Island programmes since the Rarotonga meeting has now accumulated to the stage where credible guidelines for programme planning and implementation may be published. Such guidelines should be developed in collaboration between regional partners and the countries to include a series of illustrative case studies. The guidelines should build on pre-existing documents, and declarations in the Pacific, and avoid duplication. They should be regional in nature building on

Annex 7

common elements in the situation of PICs. The guidelines should be the first in a regional series of publications that will also cover detailed case studies, and technical guidelines on content.

4) In the field of training, a number of practical actions were identified for progress to be made. A broad-based approach to awareness-raising and education should make 'Healthy Islands' known to all Pacific islanders. All PICs should conduct a "blitz" of widespread awareness and training, similar to programmes that spread knowledge of the whole process that started with primary health care.

5) Every opportunity should be taken to inform politicians in Healthy Islands. Relevant concepts and methods should be included in the curriculum for all formal levels of education. Mechanisms should be developed for short-term training of key persons in government and in civil society. Training resources should be developed and disseminated across the Pacific. Training should be seen as only part of a process of capacity-building and continuity.

6) The action-oriented model for Healthy Islands should be used to develop a template for national action using as a base existing programmes and resources (e.g. the health-promoting schools guidelines). The template would take the form of a series of illustrative checkpoints under the four action areas of the model. The result would be a tool for developing country programmes and indicators, without being an imposed prescription.

7) There should be an on-going process to assess appropriate 'technology', means, and methods for intervention in Healthy Islands programmes at country and regional levels.

8) By the Palau meeting, an important practical step forward would be made if each country identified three to five areas for short to medium term action under the Healthy Islands banner.

9) Where countries do not have a designated coordinating committee, they should designate a person as a focal point for Healthy Islands. The list of designated contact persons and committees should be disseminated for information and exchange.

10) For effective research to be carried out, resources and capacity need to be created, identified, mobilised. As with other parts of the Healthy Islands process, the participating community and relevant partners (even outside the health sector) should be mobilised and should be a protagonist in the design and execution of the research. Research for Healthy islands should be participatory, and an integral part of programme development.

11) Research needs to be directed to the assessment of incremental change, the term 'incremental process' is more appropriate to Healthy Islands than 'process, impact, and outcome'.

12) Ethical considerations in research are paramount. Many PIC populations resent the amount of research they have been subjected to. It is essential that governments, and development partners, create and enforce a regulatory and ethical clearance mechanism for research.