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ELEVENTH PACIFIC HEALTH MINISTERS MEETING

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THE HEALTHY ISLANDS JOURNEY (1995–2015): ACHIEVEMENTS, CHALLENGES AND WAY FORWARD

The Yanuca Island Declaration (1995) created a unifying Healthy Islands vision for Pacific island countries and areas. The Pacific health ministers meetings have articulated a response to the specific needs of the region. Health has improved in the Pacific in the last 20 years, but progress has been slower than in other parts of the world, and there is a risk of the Pacific falling behind.

Challenges include: the implementation gap at country level; social, economic and environmental issues; sustainable resources for the health sector; and collaboration with partners.

Proposed future directions include reinforcing the Healthy Islands vision and operationalizing at the national level. Developing a monitoring and reporting mechanism will improve accountability and tracking of achievements. Finally, investing in Pacific leadership with increased coordination among development partners and other sectors will ensure greater accountability and commitment among countries.

1. BACKGROUND

Twenty years ago on Yanuca Island, Fiji, at the first Pacific Health Ministers Meeting (PHMM), the health ministers declared their vision of Healthy Islands as places where:

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride; and
- the ocean which sustains us is protected.¹

Healthy Islands has been cited in the biennial meetings of the Pacific health ministers as an aspirational vision. In 1997, ministers adopted the working definition of Healthy Islands: “the Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels”, and urged Pacific governments to develop national Healthy Islands plans of action and a coordination mechanism by the end of 1998.²

In 1999, the ministers agreed on the importance of selecting specific entry points relevant to national priorities.³ The ministers also tasked WHO to produce case studies and technical guidelines to plan and implement activities.⁴

In 2001, the ministers reviewed a draft regional action plan on Healthy Islands for 2001–2003. This plan included actions for countries and partner agencies: (1) strengthening capacity in implementation of Healthy Islands activities; (2) developing mechanisms for advocacy, communication and networking; and (3) setting up systems to ensure sustainability of projects and programmes.

Healthy lifestyles and supportive environments were emphasized during the Pacific health ministers meetings in 2003, 2005 and 2007. Then in 2009, ministers called for revitalization of the vision and primary health care. Following consultations with health leaders and appointment of a steering group, the *Framework of Action for Revitalization of Healthy Islands* was endorsed in Honiara in 2011. The framework has six strategies: (1) strengthening advocacy, healthy policy and

¹ This last statement was added after the 1999 meeting in Palau.

² The Rarotonga Agreement: Towards Healthy Islands (Cook Islands, 1997).

³ The Palau Action Statement on Healthy Islands (Palau, 1999).

⁴ The report of the case study was produced in 2000: WPRO, Implementing a healthy islands approach in the Pacific: five case studies, August 2000.

leadership; (2) prioritizing country actions following community- and sector-wide consultations; (3) enhancing multisectoral planning; (4) partnerships and networking; (5) strengthening health systems based on primary health care; and (6) improving information for action. In addition, WHO introduced a Healthy Islands recognition programme.

The Healthy Islands vision was developed as the unifying theme for health for the twenty-first century.⁵ This paper summarizes progress towards that vision. Separate working papers review achievements, issues and future directions across four technical areas: (1) strengthening leadership, governance and accountability; (2) reducing avoidable disease burden and premature death; (3) nurturing children in body and mind; and (4) promoting ecological balance.

2. PROGRESS AND ACHIEVEMENTS

2.1 Healthy Islands: the vision is still strong

The recent external review of Healthy Islands⁶ through key informant interviews found:

- Healthy Islands has remained an inspirational vision for health ministers and senior officials across the Pacific.
- Healthy Islands has persisted as a strong brand that binds islands together.
- Healthy Islands is a unifying vision for health development in the Pacific. Many believed its relevance has increased, especially in relation to threats of noncommunicable diseases (NCDs) and climate change.
- Healthy Islands has energized the approach to NCDs, by supporting a focus on environments in which people are nurtured, work and play. Healthy Islands has framed the approach health leaders have taken in engaging with other sectors. This was instrumental in bringing global attention to the unfolding NCD epidemic.

2.2 Children are nurtured in body and mind⁷

Child survival has improved, with the under-5 mortality rate reducing from 32.8 deaths per 1000 live births in 1995 to 26.0 deaths per 1000 live births in 2012. This is an improvement of 21%,

⁵ Yanuca Island Declaration (Fiji, 1995).

⁶ Donald Matheson, Healthy Islands Review: The first 20 years of the journey towards the vision of Healthy Islands in the Pacific (draft), WHO consultant report, 2015.

⁷ Since there is no monitoring framework and tracing indicators developed in advance, limited indicators which have 20-year trends in the Pacific are reviewed.

although progress has been uneven across countries.⁸ PICs have a reduced burden of lymphatic filariasis, and reduced chronic hepatitis B infection rates in the younger generation, while staying polio free despite continuous threats of importation. Most PICs have eliminated neonatal tetanus. However, many PICs are unlikely to meet Millennium Development Goal (MDG) 4.

There is a mixed picture for PICs in terms of nutrition. Population nutrition seems to have improved slightly overall. However, prevalence of overweight and obesity is increasing among children and adolescents in some PICs, and issues such as anaemia among children and women persist.⁹

2.3 Environments invite learning and leisure

Most PICs are on track to achieve the MDG target of universal primary education for girls and boys.

2.4 People work and age with dignity

Although life expectancy has improved in the Pacific from 65.3 years in 1995 to 69.7 years in 2012,¹⁰ progress varies across the region. Life expectancy in the Pacific is lower than the global average, and the gap is not closing. While much progress has been made in controlling communicable diseases (e.g. tuberculosis and malaria), the morbidity and disability burden from NCDs (including mental illness) is increasing. Efforts to control NCDs are being stepped up but still need to be intensified.¹¹

Across the Pacific, the human rights agenda is strong and has increased with the ratification of international human rights instruments and adoption in national legislation and policy. However, gaps remain. For example, older people, people with disabilities and people with mental health conditions often lack access to appropriate services that facilitate respect, dignity and inclusion.

2.5 Ecological balance is a source of pride

The proportion of the population using improved water sources has increased since 1995. However, the figure is lower for the Pacific than the rest of the world, and the gap is not closing.

⁸ Source: World Development Indicators (2014). Pacific islands include Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

⁹ More detailed progress will be discussed in the working document, 'Nurturing children in body and mind'.

¹⁰ Source: World Development Indicators (2014). Pacific islands include Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

¹¹ More detailed progress will be discussed in the working document, 'Reducing avoidable disease burden and premature deaths'.

A similar pattern is seen for the percentage of the population with improved sanitation facilities, and the gap is increasing.

In 2009, health ministers recognized that PICs are among the most vulnerable countries in the world to the impacts of climate change. The ministers committed to action on climate change and health. They recommended that each PIC conduct studies and develop action plans for health sector adaptation.

2.6 The ocean which sustains us is protected

The fishing stock in the Pacific for some species is under threat from overfishing. Since 1995, the catch of tuna has increased from 1.6 million metric tonnes per year to 2.6 million metric tonnes per year.¹² Populations of tuna species are dropping to dangerously low levels in some areas.

The significance of sustaining oceans has taken on new meaning with rising sea levels as a consequence of global warming. Overall, 22% of Pacific people live less than five metres above sea level. There has been minimal change in the percentage of those most at risk from rising sea levels over the past 20 years.¹³

3. ISSUES

3.1 Implementation gap at country level

Discussions to develop national plans of action, country-specific entry points and Healthy Islands indicators and targets have not been fully realized. A lack of reliable information is compounded by weak monitoring and accountability mechanisms at regional and national levels.

Implementation difficulties at country level include uncoordinated vertical programmes, loss of integrated community-based approaches, loss of technically skilled health workers in rural areas, difficulty in sustaining momentum in programmes, weak health management at the community level and a lack of adequate information systems and reporting.¹⁴

¹² Western and Central Pacific Fisheries Commission, Summary report of the 9th Regular Session of the Scientific Committee, Federated States of Micronesia, 2013. Retrieved on 1/12/14 from <http://www.wcpfc.int/meetings/9th-regular-session-scientific-committee>

¹³ Source: World Development Indicators (2014).

¹⁴ Donald Matheson, Healthy Islands Review: The first 20 years of the journey towards the vision of Healthy Islands in the Pacific (draft), WHO consultant report, 2015.

3.2 Social, economic and environmental challenges

The PICs face a number of development challenges. Economic growth is sluggish, with the exception of Papua New Guinea and Nauru during certain periods. Poverty and inequality are increasing. The nutritional needs of many children in the region are not being met, which limits their potential to flourish in later life.

The “brain drain” is having a major impact on maintaining a skilled workforce. Emigration is common among young people with tertiary education in many PICs, although the rate of emigration among tertiary-educated populations has slowed slightly for PICs from 67% in 1990 to 61% in 2000.¹⁵

PICs are vulnerable to climate change, natural hazards and ecosystem disruptions. The ocean – at the core of Healthy Islands and Pacific identity – is rapidly absorbing carbon dioxide, and rising sea levels are threatening the existence of some PICs.

3.3 Challenges in sustaining resources for the health sector

Governments are gradually increasing their investment in health. As total health expenditure per capita increased, under-5 mortality dropped and life expectancy increased. Health expenditure per capita in most PICs is higher than the global average for lower-middle income countries.¹⁶ Most PICs spent more than 10% of government expenditure on health. However, the rate of increase in total health expenditure per capita is slower than the global average. Considering the increasing NCD burden, the persisting communicable disease burden, the impact of climate change and slow economic growth, sustainable health financing in the Pacific is not assured. Sustainability will require increased focus on the efficient use of government and external donor funds, and consideration of innovative financing options.

Since the inaugural Yanuca meeting, the health workforce has been central to the concerns of Pacific Health Ministers. The available health workforce has increased. While most countries have at least the minimum required workforce, the exceptions involve some of the countries with larger populations.¹⁷ A lack of skilled health workers in the right places, coupled with insufficient funding in some areas, has meant that health system development has been uneven, and rural health services appear to be weakening.

¹⁵ Source: World Development Indicators (2014). PICs include Fiji, Kiribati, Marshall Islands, FSM, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu.

¹⁶ Sources: World Development Indicators (2014) and WHO Global Health Expenditure Database.

¹⁷ Different contracting arrangements and funding sources make it difficult to ascertain more accurate estimates in many countries.

3.4 Challenges in translating global policy initiatives to the Pacific context

While strongly acknowledging the support of development partner efforts, some interviewees questioned the way global and regional policies are rolled out without sufficient regard for practical implications and national contexts.

The United Nations is in the process of defining a post-2015 development agenda. This agenda, including a set of Sustainable Development Goals (SDGs), will be launched at a summit in September 2015. The SDGs are expected to cover 2015–2030. Many of the proposed goals resonate strongly with the five elements of the Healthy Islands vision and could be aligned with the vision. The SDGs can be used to develop more effective implementation, including monitoring and evaluation. This would form a strong basis to further develop the unfinished Healthy Islands agenda. The important issue arising from the Healthy Islands review is to assist countries to translate global policy initiatives to local contexts, building on efforts, and not overcrowding the agenda. One proposed component of SDG 3 focuses on universal health coverage (UHC). This would have particular relevance to the Pacific as resource sustainability lies at the heart of system challenges.

4. FUTURE DIRECTIONS

4.1 Governments may consider:

- (1) Reinforcing the Healthy Islands vision and making it operational in the country context.
 - Retain the Healthy Islands vision as the unifying vision for health development in the Pacific.
 - Take the vision further, to be a unifying brand, across sectors, stakeholders and through all health-system levels.
 - Develop each country's own way of operationalizing the Healthy Islands vision. Challenges are complex and the context of each PIC is different. The process of dealing with this complexity and contextual diversity is important.
 - Respond to Pacific contexts by structuring differences into PHMMs. For example, different population sizes, health-resource levels and disease burdens require focused attention as one size does not fit all.

- (2) Measuring, monitoring, reporting and sharing success stories.
 - Identify specific concrete and aspirational indicators and targets for the five Healthy Islands elements. This may incorporate relevant SDG and UHC indicators.
 - Identify priority actions and institutional mechanisms to deliver on agreed targets.
 - Better utilize regional health governance mechanisms such as PHMM, the Heads of Health meeting, the WHO Regional Committee for the Western Pacific and the Pacific Islands Forum to regularly report progress and share success stories.
 - Build national monitoring and evaluation capacity.
- (3) Strengthening Pacific regional and country leadership with increased coordination with development partners.
 - Take greater oversight of the PHMM agenda and more accountability in achieving commitments.
 - Task the heads of health to operationalize ministerial decisions.

4.2 Development partners may consider:

- (1) Further aligning development partner contributions with ministerial decisions at regional level and national priorities at country level.