

# Healthy Islands in the Western Pacific—international settings development\*

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## HISTORICAL DEVELOPMENT

The health-related global conferences of the 1990s have highlighted the close relationship between health promotion and protection, the environment, and sustainable development. The 1992 United Nations Conference on Environment and Development (Brazil); the 1994 International Conference on Population and Development (Egypt); the 1994 Global Conference on the Sustainable Development of Small Island Developing States (Barbados); the 1996 United Nations Conference on Human Settlements (Turkey); and the 1997 Conference on Health Promotion (Indonesia) all recognized the importance of improving people's health and protecting their living environment as an integral part of achieving sustainable economic growth.

### A regional framework for action in the Western Pacific

In 1995, WHO's Western Pacific Regional Office published its health policy framework, *New Horizons in Health* (WHO, 1995a), a life cycle-oriented model that centres on the concepts of health promotion and health protection, and particularly emphasizes wellness, positive health and participation (Han, 1996). Developed in response to the changing health needs and environmental

conditions in one of the most rapidly developing areas of the world, the policy seeks to provide a framework for helping '... ensure that health and the environment are not damaged by the economic progress for which people have worked so hard.' In response to this policy framework, the Ministers of Health of Pacific Island countries articulated the Yanuca Island Declaration, a vision of health for island nations (WHO, 1995b) that sought to encapsulate for their countries the ideals of *New Horizons in Health*. The Yanuca Island vision has been hailed as 'a truly ecological model of health promotion' (Nutbeam, 1996). Its inspiring words conjure an idyllic image:

healthy islands should be 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.

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

- malaria control (Solomon Islands);
- environmental health and health promotion initiatives (Fiji);
- improvement of water supply and sanitation through community development (Tonga);

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- participatively assessing health needs and developing a national Healthy Island plan (Nauru); and
- community-based health promotion projects, supported by the Australian Agency for International Development, in the Cook Islands, Kiribati, Niue, Tuvalu and Samoa.

The image of Healthy Islands has proved a powerful impetus for change in favour of health. The projects that have been implemented have ranged from a disease-specific focus through capacity building for health promotion to national planning exercises. All projects have sought to involve the community in development and implementation, ensuring local ownership and cultural sensibility.

In August 1997, the Ministers of Health revisited the concept of Healthy Islands at Rarotonga in the Cook Islands. In the Rarotonga Agreement (WHO, 1997b), they reaffirmed their commitment to the Healthy Islands approach; noted the progress that had been made in implementing it; and suggested an overall framework for action. They also noted that 'the Healthy Islands concept suffers from some ambiguity and should be clarified in relation to the specifics of its content and the processes involved'.

### **Healthy Islands and health-promoting settings**

From one perspective, 'Healthy Islands' has joined the list of settings for health promotion (WHO, 1997a; WHO, 1997b; WHO, 1997c). Since the Ottawa Charter for Health Promotion (WHO, 1986), the settings approach has expanded rapidly. The list has grown to include, among others, Healthy Cities, Healthy Markets, and Health-Promoting Schools, Workplaces and Hospitals. The range of settings has grown to the extent that the concept itself, like that of Healthy Islands, requires further clarification. It is clear that cities are not to be compared to marketplaces, or schools to islands. There is no common frame of reference between many of the settings that are being used as the basis of health promotion.

A frame of reference for analysing settings must recognize that they exist in a hierarchy of different levels, with settings, e.g. cities containing others, e.g. schools. In such a frame of reference, it is useful to consider an elemental setting as one which is indivisible for the purpose of organizing meaningful health promotion and health protection programmes. This elemental

setting can be described as having three characteristics:

- it is small enough for its members to self-identify as belonging to that setting and to engender a sense of one entity;
- it has distinguishing social, cultural, economic and psychological peculiarities; and
- it has a recognizable formal or informal administrative structure to which health promotion or health protection activities can link.

Elemental settings are contained within a broader contextual setting. Thus, a city may contain important elements, e.g. schools, hospitals and markets. Elemental settings directly affect the life of the people who live within them; they only affect others indirectly. An island is a contextual setting, itself enclosing other contexts (e.g. cities) and elements (e.g. schools). Public health benefits accrue when effective action is taken both at the level of the elemental and contextual settings.

At this stage, the concept of Healthy Islands is best viewed as 'a work in progress'. Given that some choose to think of it as simply another health-promoting setting; and that the Rarotonga Ministerial Meeting concluded that the concept 'suffers from some ambiguity', a pertinent question is, 'What do we think we mean at this stage?' Fortunately, the Ministers themselves shed some light on this question. The 1997 Rarotonga Agreement indicates, 'The Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels.' The agreement goes on to state that implementation of the concept includes consideration of the following:

- adequate water supply and sanitation facilities;
- nutrition, food safety and food security;
- waste management;
- housing;
- human resources development;
- communicable and non-communicable disease prevention and control;
- lifestyle and quality of life issues;
- reproductive and family health;
- promotion of primary health care;
- social and emotional well-being;

- population issues;
- ecological sustainability;
- information management;
- tobacco or health;
- alcohol and substance abuse;
- environmental and occupational health.

The Ministers further agreed to develop national ‘Healthy Island Plans of Action’ by the end of 1998. While not all Pacific Island countries will have completed this task by the end of 1998, some very good, real world beginnings have been made, helping create an instructive body of knowledge. A Healthy Islands framework that surrounds the concept is emerging from this body of knowledge. At Rarotonga, the Ministers depicted this ‘emerging Healthy Islands framework’ (Fig. 1).

### POLICIES, STRATEGIES AND LESSONS LEARNED

While the concept of Healthy Islands is still evolving, much has been learned over the last 3 years during this initial implementation phase. The projects commenced to date have reinforced processes for health protection and health promotion with outcomes, which focus on prevention and well-being. These projects have used the New Horizons in Health framework and the principles articulated in the Ottawa Charter, Agenda 21 (the 1992 UNCED plan of action), and other relevant global agreements affecting island nations.

#### Policy development

Many projects have used specific entry points around which to develop a Healthy Islands process. Issues, e.g. malaria control or waste management offer tangible and important focuses from

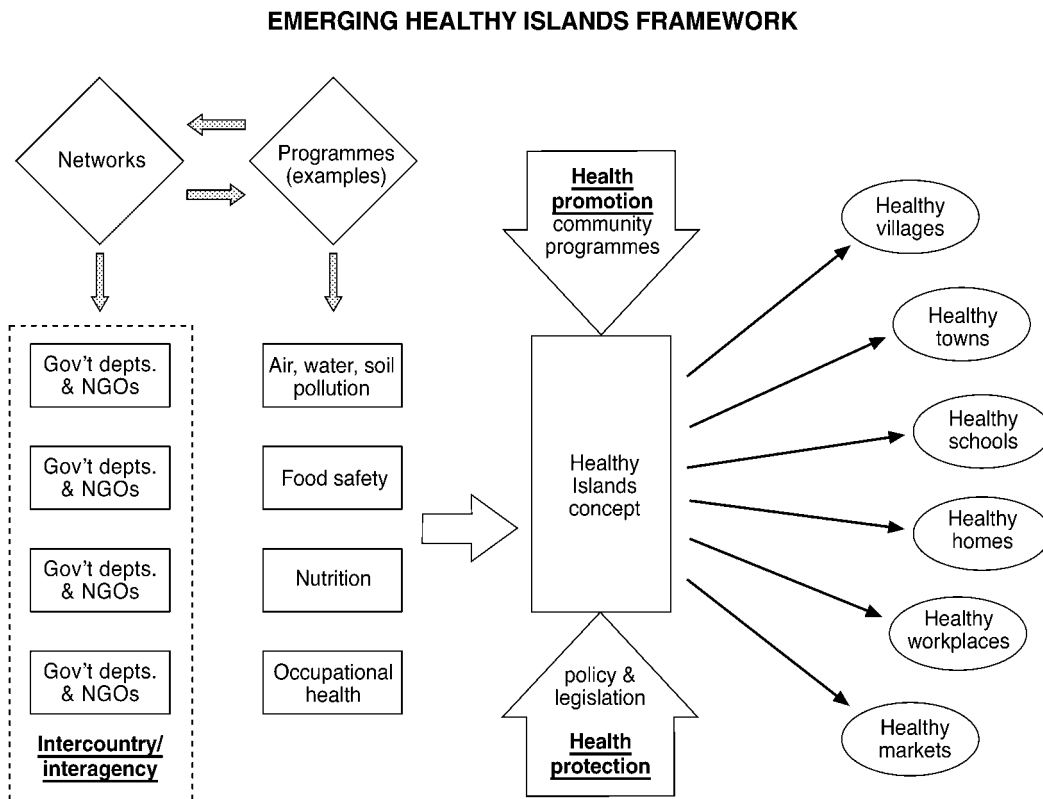


Fig. 1: Emerging Healthy Islands framework.

which policy initiatives have grown. Proposed policy initiatives vary widely, ranging from national fiscal measures to help to reduce tobacco and alcohol consumption to the development of village policies to manage animals. Some initiatives have made connections outside the health sector.

Policy development that involves active community participation has been featured in activities to date. Positioning authority and responsibility at the community level to enable people to determine their futures has been an important element. Projects in Tonga and Fiji have done this at the village level. There is now scope to extend this principle of localism to the district, regional and national levels.

While activities have tended to focus on problems of ill health, poor sanitation and safety, links are also needed to focus on well-being and quality of life to attain the Yanuca Island Declaration vision of Healthy Islands. However, there remains a risk that Healthy Islands processes will be dominated by single-issue approaches. Broadly based policy frameworks need to emerge at the national level to reflect the lessons learned from the initial entry points.

### **Community participation and collaboration**

Some countries have made significant progress in supporting local community participation in policy development and implementation. This has required that project co-ordinators learn along with the community, using learning-by-doing approaches. This involves linking indigenous and external knowledge so that communities can learn about themselves and act accordingly.

Providing new knowledge about environment and health; imparting strategic planning skills; and enabling communities to integrate indigenous knowledge with external concepts in innovative ways has enriched the policy-making process. Pacific experiences have highlighted the importance of community participation in developing joint visions which relate people to their place. Joint ownership of decisions and shared responsibility for the management of solutions can then follow naturally.

The challenge lies in adapting these approaches to larger urban and peri-urban areas where the nature of community is more difficult to define. Processes for collaboration and participation need further refining to ensure that those with least power are partners in the process.

### **Information and communication strategy**

While there is general agreement on the importance of sharing Healthy Islands experiences and learning from each other, a comprehensive information and communication strategy has yet to be developed. However, a number of initiatives are underway that are contributing to its development.

The concept of 'Healthy Islands' was adopted as the unifying theme for health promotion and health protection in the island nations of the Pacific for the 21st Century in the context of a 'Conference of the Ministers of Health', and subsequently endorsed by their governments. The South Pacific Forum, the regional inter-governmental co-ordination body, through its Secretariat, is currently assessing the impact of the Rarotonga Agreement on interorganizational working relationships and the co-ordination of activities in relation to Healthy Islands. This assessment will help delineate the high-level government component of the Healthy Islands information and communication strategy.

As previously noted, 'the processes involved in Healthy Islands coordination should lean heavily towards activities to bring agencies and sectors closer together'. Thus, opportunities for exchanging information and communicating regarding Healthy Islands initiatives are not limited to Healthy Islands-specific forums. Rather, the challenge is to take advantage of existing, ongoing forums to promote Healthy Islands conceptual thinking and action. At the same time, there is a clear need for a periodic 'bringing together' of people and organizations under the Healthy Islands banner to transfer knowledge; to collectively learn from their successes and failures; and to develop consensus visions. International organizations, e.g. WHO have a unique opportunity to influence the focus of all of these forums in relation to the Healthy Islands concept. Depending on the choices they make, the processes of national and regional Healthy Islands co-ordination may be either enabled or disabled.

The methods for documenting and communicating Healthy Islands experience vary. At this stage, traditional mission reports, conference papers and case studies comprise the main body of information. Some networks, built around specific elemental settings or Healthy Islands-related activity areas, have been established. For example, a 'Pacific Network of Health-Promoting Schools' was established in 1995. This network is maintained through satellite meetings

and regular correspondence, with the Institute of Education of the University of the South Pacific (Suva, Fiji) serving as the Secretariat. This type of example raises the possibility of a network of Healthy Island co-ordinators, possibly operating over electronic communications channels, e.g. the Internet.

### Developing personal skills

The principles of problem-based learning and adult learning-by-doing are essential foundations for effective learning at the community-professional interface. These principles have been adopted in training health professionals at the Fiji School of Medicine, and the approach is now being extended to the community. Community learning in health and environmental matters has enabled people to advocate change in village environments in both Tonga and Fiji.

The settings approach, particularly in schools and workplaces, provides stable and enduring entry points to impart life skills and influence behaviour within and outside the setting. It is now recognized that skill development needs to range from sanitation practices to budgeting for the community and the public sector. Experience illustrates the importance of managing the interface and balancing the social, economic and natural environments to manage change.

The transfer of these skills and their application to real issues is a successful strategy. Supporting communities and professionals with appropriate transfer of technology and knowledge to answer the questions 'Where are we now?' and 'Where do we want to be?', is a key ingredient.

### Reorienting environmental health services and building health-promotion capacity

Projects to date are bringing changes to the level and nature of community participation, with governments supporting learning processes which

focus on prevention. The development of the concept of a village environmental health worker in Fiji, together with a changing role for environmental health officers is reframing the nature of service. This changing role is raising the professional status of the environmental health officer and is prompting a review of the structure of the Fiji environmental health service.

The training of environmental health officers is now well established at a professional level throughout the Pacific. Many environmental health officers are educated to degree level. The profession now plays a pivotal role in health protection and promotion activities. It needs to develop a local research capacity to complete professional development at postgraduate levels.

Development of more strategic national approaches to the management of environmental health services raises important issues. The intersectoral nature of environmental health and the need to develop more broadly based mechanisms is an emerging challenge.

The important focus on capacity building for health promotion in the five AusAID-project countries is also an invaluable platform for many government agencies to address issues by intersectoral and multi-disciplinary means.

### IMPORTANT CURRENT ACTORS AND SUPPORTERS

The Healthy Islands concept encompasses broad-based, participatory approaches involving multisectoral and intersectoral activities. These approaches reflect a wide variety of entry points, as well as differing local situations and collaborative arrangements. In the Western Pacific Region, many international organizations have responded to the Yanuca Island Declaration by developing Healthy Islands initiatives or supporting Healthy Islands-related activities (Table 1).

**Table 1:** Example international organizations responding to the Yanuca Island Declaration

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The Pacific Community (formerly the South Pacific Commission)
The Australian Agency for International Development (AusAID)
The South Pacific Regional Environment Programme (SPREP)
The Japan International Cooperation-operation Agency (JICA)
The Department for International Development/United Kingdom (DFID/UK)
Rotary International
The United Nations Development Programme (UNDP)

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In addition, the Secretariat of the South Pacific Forum (an association of Pacific Island Governments) is considering the need for an inter-country working group to:

- ‘assess areas of complementariness and overlap between the issues and needs identified in the [Rarotonga] Agreement (and the ... Yanuca Island Declaration) and the mandates of the regional UN agencies; [and]
- recommend implementation strategies to facilitate the achievement of ... health objectives ... while reducing duplication of effort.’

Such a working group could greatly facilitate intercountry co-operation and co-ordination in areas of common interest; and could enhance political commitment at the highest government level.

At the project level, various actors and supporters participate in Healthy Island initiatives. A look at some of these initiatives serves to illustrate the variety of approaches that is being taken to operationalizing the Healthy Islands concept.

#### **Plan of action for malaria control—Solomon Islands**

Honiara, the capital of the Solomon Islands, has a long-standing malaria problem. In 1992, the incidence of malaria was more than 100%. During 1993–1994, traditional approaches to control were strengthened, more comprehensive approaches were assessed, and the malaria service was reorganized. In 1995, an intensified control programme was launched with the goal of reducing malaria to a point where it was no longer considered a major health burden. This programme was also seen as the initial response of the Solomon Islands to the Yanuca Island Declaration’s Healthy Islands concept.

With input from international donor partners (AusAID, Canada Fund, DFID/UK, JICA, New Zealand Government and Rotary International) and leadership from WHO, a package of malaria control measures to protect the 65 000 inhabitants of Guadalcanal province, including Honiara, was put in place.

Facilities for diagnosis and treatment of malaria were upgraded and insecticide-treated mosquito nets were distributed to every household. The programme particularly targeted pregnant women and infants. Effective measures to control mosquitoes also included spraying houses

and using chemical and environmental controls to eliminate breeding sites. Accompanying these measures was an intensive community awareness and health promotion programme.

A unique environmental management strategy involved the installation of a large pipeline at the mouth of the Mataniko River that flows through the centre of Honiara. At times, the river mouth is blocked by a sandbar, causing stagnant water pools and creating an ideal environment for mosquito breeding. The pipeline allows for a constant exchange of water between the river and the sea. This tidal action, combined with regular cleaning of the riverbanks, resulted in the virtual elimination of mosquito breeding near the mouth of the river. The success of the river project led to increased community interest in cleaning up waterways. Sanitation methods along the river have changed from latrines overhanging the river to pour-flush toilets. In addition, a new solid waste management system is being put in place among the riverside settlement areas.

All of these efforts, which were characterized by community participation, succeeded in reducing malaria in Honiara by 56% over the period 1995–1997. Through their own concentrated effort, the local community has significantly improved their health status. This positive experience is being used to broaden the community’s vision and understanding of what a healthy island can be.

#### **Healthy Islands Fiji**

In Fiji, initiatives undertaken in response to the Yanuca Island Declaration include the development of an environmental health village workforce; the establishment of the Fiji Institute of Environmental Health and the National Centre for Health Promotion; and the development of a National Environmental Health Plan of Action.

##### *Village environmental health workers*

Environmental health officers from the Ministry of Health are training village environmental health workers. The training encourages local ownership of problems and equips village managers to plan for solving the problems. This is a move away from the command and control approach traditionally associated with the role of the health inspector. The idea of imposing solutions from the outside is giving way to the practice of developing shared solutions with village ownership. The process began on the island of Kadavu in 1996 as part of an AusAID-funded

rural health project. Subsequently, with the support of WHO, the Ministry of Health has adopted this approach on the island of Ovalau and in the inland villages of Viti Levu.

#### *Fiji Institute of Environmental Health*

The Institute, established in 1996, is now recognized by the Ministry of Health as the professional organization representing the Environmental Health Officers of Fiji. It was established to promote the further growth and development of the profession and has been very active in:

- developing continuing education programmes;
- disseminating information on environmental health throughout Fiji;
- assisting the Ministry in human resources planning in environmental health; and
- providing advice on matters relating to professional recognition.

#### *National Centre for Health Promotion*

This Centre has established itself in the last 2 years as a centre of excellence in the design and delivery of health promotion campaigns, and is strengthening its policy-making role through the establishment of a National Council for Health Promotion chaired by the Minister of Health. This has been accomplished in the context of a trilateral health promotion project involving the Governments of Fiji, Australia and Japan.

The Centre is comprised of a multidisciplinary group able to design, implement and evaluate communications campaigns, and to appraise and formulate policy. The Centre understands its own activities as carrying through health-promotion action areas (e.g. the determination of risk factors for non-communicable diseases, or the promotion of reproductive health) to an overall Healthy Islands framework, which includes specific settings, e.g. schools and worksites.

#### *National planning*

The Government of Fiji, in collaboration with UNDP, WHO, and others, is developing a national framework (Powis, 1997) to integrate health and environment considerations into planning for sustainable development. The project aims to enhance the country's capacity to integrate and harmonize the various activities related to health, environment and sustainable development. The framework will include:

- protocols for the management of urban and rural areas;

- strategic management models for the delivery of environmental health services; and
- policy directions for the major environmental health issues confronting Fiji.

In relation to local planning, the project began in February 1997 with one district office being selected to test new approaches to the management and delivery of environmental health services. This has involved changing staff roles and testing different planning approaches. Several urban areas have been established as 'Healthy Districts' where the environmental health officer works with the community and government departments in different sectors to develop integrated, multisectoral solutions to local problems. The outcome will be a set of protocols suitable for application across Fiji.

At the national level, the senior staff of various Ministries are examining the strategic management concerns associated with priority environmental health issues. These issues include food safety, water pollution, water supply, sanitation and vector control, as well as the provision of the infrastructure and human resources needed to manage them more effectively. A draft national environmental health action plan was completed in February 1998. This draft plan lays out the policy directions for environmental health in Fiji for the next 10 years.

#### *The challenge of bringing it all together*

There is a strong consensus in Fiji that local action is the key to improving community health. This is reflected in all of the activities that comprise the emerging concept of Healthy Islands Fiji. The professional groups working in various areas (e.g. health promotion, environmental health and nursing) have significant expertise in their own disciplines; are in the process of developing and strengthening their knowledge base; and have, for the most part, compatible models for describing their healthy islands activities. However, at present, there is no institutional integration among the groups. Creating an integrated mode of working in Fiji would bring together a highly impressive set of skills and resources (e.g. policy-making, enforcement of environmental standards, primary health care and communications) covering the whole of Fiji; experience in working with communities and devising local plans; and expertise in the evaluation of such interventions. This is a remaining major challenge to making the Healthy

Islands concept a reality in Fiji. It is a challenge that most island states will have to face.

### **Healthy Islands Health Promotion Project**

In 1995, AusAID initiated a Healthy Islands Health Promotion Project (AusAID Healthy Island Project, 1998) in partnership with five Pacific Island countries (Cook Islands, Kiribati, Niue, Tuvalu and Samoa) with the aim of collaborating in implementing the health-promotion aspects of the Yanuca Island Declaration. The project team included the Victoria Health Promotion Foundation (VicHealth) and the WHO Regional Training Centre for Health Development at the University of New South Wales.

The participating countries comprised two main groups: Kiribati and Tuvalu with a high incidence of non-communicable diseases, but still having some problematic communicable diseases; and the Cook Islands, Niue and Samoa, where communicable diseases have largely been eradicated, but morbidity patterns reflect hypertension, diabetes and respiratory problems.

Implementation relied on country co-ordinators who worked with local project committees to achieve the overall aims of the project which focused on developing sustainable health-promotion strategies for improving health status; and encouraging people to take responsibility for improving their own health (particularly in relation to non-communicable diseases and environmental hazards).

The project objectives included:

- ‘developing conceptual understanding of health promotion approaches;
- building capacity in planning, analysis and management ... [of] ... local ... initiatives;
- institutionalizing health promotion through ... Working Groups/Healthy Island Councils;
- implementing locally designed, practical, integrated programmes; and
- facilitating the transfer of the experience ... to full-scale Healthy Island programmes.’

Significant progress in project implementation was reflected in the timely appointment and active involvement of all country co-ordinators; the establishment of local project committees; and the development of action plans for specific health-promotion activities by all five countries. Also, local committees worked to create long-term, sustainable change through policy, legislative

and fiscal measures; the sharing of learning between countries took place through regional meetings of country co-ordinators; and in-country workshops were held to share insights and the principles and concepts of health promotion.

Project follow-up continues to promote collaborative, developmental approaches that contribute to overall Healthy Islands objectives; and to build on existing infrastructures in light of local health-promotion priorities.

### **ORGANIZATIONAL AND ADMINISTRATIVE STRUCTURES**

The Rarotonga Agreement commits each Pacific Island country to establishing a national co-ordinating mechanism (e.g. committee, task force, working group, etc.) to integrate their efforts to develop and implement a national Healthy Island Plan of Action; and to serve as a focal point for external support. While the form of the mechanism will vary from country to country, an effective Healthy Islands co-ordination mechanism should include the following.

- An organizational locus. It is unlikely that yet another multisectoral body will be the solution. Many island nations have already set up such bodies in response to global conferences on environment, food, gender issues and others. If so, then in most cases, it is prudent to appoint a co-ordinator who sits on the other multisectoral bodies as well as on sectoral boards to act as advocate and mediator for Healthy Islands interests.
- Specific resourcing. The Healthy Islands co-ordinator or co-ordinating body needs the authority and resources to fund projects in health as well as sectors. The aim would be to research and develop innovative solutions to island problems, to document the solutions and to advocate their widespread use in sectoral activities. Projects could include, e.g. an assessment of the most cost-effective means of supporting household food security in remote populations, or exploring the public health benefits and opportunity costs of medical treatment abroad. These projects would need to be specified by the Healthy Islands co-ordinator, carried out in collaboration with the appropriate specialists, and the recommendations implemented by the relevant sectors.



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

## **OVERALL ASSESSMENT AND FUTURE DEVELOPMENT**

Notwithstanding the endorsement of the Yanuca Island Declaration and the Rarotonga Agreement, Healthy Islands implementation processes have not yet been broadly put into practice at national levels. While specific project co-ordinators have gained valuable experience, national ownership of the concept, together with the associated implementation processes, still needs to be promoted. This requires consideration of a number of issues which impinge on the effective management and co-ordination of such an approach, including:

- limited country resources;
- the lack of national and local ownership of specific projects;
- over-reliance on a small number of leading people;
- reliance on part-time or voluntary country co-ordinators; and
- the lack of well-articulated overall national consensus approaches to Healthy Islands.

The various approaches to implementing the Healthy Islands concept need to emerge as a management model which draws from the successes to date. This includes the idea of working at the local level to identify the full spectrum of priority issues, and drawing core principles relating to these issues from the experiences. These core principles need to be applied at national and intercountry levels. An overall approach which plans down from the top and thinks up from the bottom provides an appropriate framework for achieving this.

The emergent nature of this approach requires that it include prospective evaluation of the

outcomes of policy initiatives. Many projects to date have not had continuous feedback designed into them to allow such reflection. Such a process is essential to derive positive principles upon which Healthy Islands can be built. The approach will also require the further development of suitable health and environment indicators for evaluating progress. These indicators need to be relevant to both the local and national levels, and need to comprise a set of core indicators which facilitate national planning and development, as well as a set of local indicators that are useful for community-based management.

### **A national framework for action**

The Healthy Islands vision has been adopted to meet growing environmental and health challenges and to steer the Pacific into the next millennium. The implementation of strategies aimed at this vision needs to be consolidated and integrated into a Healthy Island Plan of Action for each Pacific nation. Such a plan of action will enable each country to develop its own country-specific approach to Healthy Islands. This approach must incorporate all the initiatives relevant to Healthy Islands, and must include a process for effective co-ordination and management.

Each Pacific country has an environment and culture which is both unique and important. A Healthy Island Plan of Action needs to identify those features which contribute to the country's sense of well-being and ecological value. The methods used for this process need to respect the importance of indigenous knowledge, and to promote listening to and learning from the community to identify core characteristics from local experience.

Issues will exist at a number of levels: family, village, district and nation. These issues need to be delineated using collaborative, community-based approaches that connect the concept of health to the social, economic and environmental influences which shape it. Healthy Islands Plans of Action need to emphasize, among other things, the following.

- Settings approaches to assist the community to gain knowledge and skills in health promotion and protection; to improve the physical and social environment; and to mobilize groups and individuals to create supportive environments for health.

- Policy development at various levels, including the village, city, district and nation. Drawing policy from learning experiences, communities need to develop their own vision for the future, and share policy instruments that focus on prevention and achieving sustainability.
- Education and training utilizing activities that produce learning at all life stages to improve understanding and shape values. This needs to be extended throughout the community and to key stakeholders concerned with the development of Healthy Islands initiatives.
- Professional development to improve the professional status of those involved in health protection and health promotion (e.g. providing undergraduate and postgraduate training, reviewing traditional roles, and increasing responsibility and autonomy).

### Future development

The challenges faced by island countries reflect their vulnerability to environmental and socio-economic forces of change. The threats of external forces, e.g. global warming and AIDS, as well as those of the country (population growth, pollution, disease, water supply) pose enormous threats to the health and environment of island communities. The vision of 'Healthy Islands' is one which has been endorsed by all Pacific nations; the international agreements reached have not only endorsed the vision but a process for achieving that vision. The value of the process to date has been not only the improvements to health resulting from specific programmes to improve water supply or reduce malaria, but in the discourse that has and will continue to emerge about the concept itself. Participants from government sectors, donor organizations and the community

are actively engaged in reflecting on the concept in relation to their policies and practices as well as examining ways in which they can work together to achieve a common vision. This type of participatory approach to problem solving, while not unique in concept, is unique in practice on such a scale.

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