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HEALTH PROMOTION FOR HEALTHY ISLANDS

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PACIFIC COMMUNITY

A document based on the outcomes
of a regional meeting held in
Nadi, Fiji 11-12 February 1998

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'Pacific Community' is the new name of the South Pacific Commission (SPC). The new name became official on 6 February 1998, in commemoration of the 51st anniversary of the 1947 Canberra Agreement which originally established the SPC.

The change of name does not alter all the established SPC acronyms, but their meanings are modified.

'Pacific Community' applies to the total organisation, i.e. the member governments, the Conference, the CRGA and the Secretariat. **'Secretariat of the Pacific Community (SPC)'** refers to those who provide the service to members of the Community.

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Compiled by Josephine Gagliardi,
Health Promotion Programme, Secretariat of the Pacific Community
BP D5, 98848 Noumea Cedex, New Caledonia
telephone: +687 26 20 00; facsimile: +687 26 38 18
e-mail: JosephineG@spc.org.nc
web site: <http://www.spc.org.nc/>

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THEME SONG

'Moui Olaolo'

THIS is my island NIUE Fekai
WHERE our people HAVE TOILED SINCE TIME BEGUN
THOUGH I MAY sail THROUGH MANY A SEAS
NIUE will always be HOME TO ME.

WARNING people WE MUST unfurl
DANGERS of the CHANGING world
PROTECT the CHILDREN of OUR future's PEARL
CHALLENGES of the CHANGING world.

HEALTHY Island is OUR GOAL
PEOPLE happy, YOUNG and old
GIVE YOURSELF ANOTHER CHANCE in life
NOW is the TIME for YOU to do WHAT'S RIGHT.

IF you should think YOU'RE OVER THE HILL
AND all your HABITS ARE HARD TO KILL
COURAGE YOURSELF TO CONQUER THE ILL
OF COURSE YOU CAN DO IT
IF THERE is the WILL.

WHEN MORNING BREAKS the HEAVENS ON HIGH
I lift this HEAVY load TO THE SKY
ASKING GOD to help ME win the FIGHT
My FUTURE in NIUE HAS GOT to be BRIGHT.

HONOURABLE O'LOVE T. JACOBSEN
NIUE'S MINISTER of HEALTH for the LAUNCHING of the HEALTHY ISLANDS PROJECT



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Executive Summary

A strong sense of commitment and enthusiasm is currently driving health education and promotion in the Pacific Island countries and territories. This exciting movement has been fuelled by a process of genuine participation and consultation with the people that work in the field. We now know the issues, we know the frameworks available to us, we know the obstacles and the opportunities and we know our partners and allies. It is now time to take action.

The *Health Promotion for Healthy Islands* document is based on the outcomes of a regional meeting held in Nadi, Fiji 11–12 February 98, convened by the Secretariat of the Pacific Community (SPC), the Fiji Trilateral Health Promotion Project and the Australia-South Pacific: Healthy Islands Health Promotion Project. The issues and the suggested actions in the document were developed and presented by those responsible for implementing health education and promotion programmes in the region.

Some important issues still need to be addressed before we can fully accelerate into action mode; for instance it is important to note that most Pacific Island countries and territories are in a state of transition from Health Education to Health Promotion. It is important that this transition is not undertaken in name only but that the practitioners fully integrate the Ottawa Charter into their work practice. It is also imperative before we take the journey into action that we determine our Health Promotion indicators at all levels. The indicators will enable us to better evaluate our work and determine our own future direction.

The areas of action which were determined all come into the field of human resource capacity building. Health Educators and Promoters in the Pacific Islands need a boost to their knowledge and skills. The old Health Education paradigm does not apply any more and the governments' commitment, expressed through the Rarotonga Agreement Towards Healthy Islands, endorses Health Promotion as the new model to help improve the health status of Pacific Island peoples. Sustainable training opportunities for people in the Pacific Islands need to be developed and implemented. Partnerships between organisations need to be established and strengthened to ensure a co-ordinated approach. The specific areas of training include: research; policy development and implementation, budgeting; proposal writing; and negotiation skills. However it is evident that the more immediate need is to bring together Pacific Island representatives and partners to develop and identify indicators for Health Promotion.

The SPC is committed to undertaking the specified activities which will assist the forward movement of health promotion in the region, working in collaboration with the Pacific Island countries and territories and relevant regional organisations.

This document is a tribute to the people who took the time to participate and contribute to the better understanding of our situation. The open dialogue and the exchange of information and skills has empowered us to move forward in a direction which is self-determined.

Josephine Gagliardi
Health Promotion Specialist
Secretariat of the Pacific Community (SPC)

Introduction

This document has been written with the aim of recording the voice of Pacific Island health-education and promotion workers at the Health Promotion for Healthy Islands meeting, held 11–12 February 1998, at the Tanoa International Hotel, Nadi, Fiji. The powerful language of health promotion in the Pacific through the stories, poems and songs that featured in the meeting is purposefully included. It reflects the issues which were raised and explores the possible strategies and actions for promoting the Healthy Islands concepts. The information is therefore not presented in chronological order. The meeting helped create new linkages and strengthen those existing between regional partners (organisations); and called for action from these organisations. It guides SPC's Health Promotion programme into the future with specific tasks to be undertaken.

Background

In February 1997, the Secretariat of the Pacific Community (SPC) sponsored a gathering to discuss and develop a regional health-promotion strategy. Participants were chosen on the basis of individual experience and expertise, ranging from health educators working at 'grass-roots' level, through managers of health-promotion units to directors of health. Participants represented a mix of large and smaller countries and territories and the meeting was conducted in both French and English.

Nine participants drawn from Papua New Guinea, Palau, Samoa, Vanuatu, Marshall Islands, Tonga, Fiji, New Caledonia and French Polynesia convened in Noumea, New Caledonia to discuss the concept, the benefits and disadvantages of a regional strategy, to develop an overall framework, and agree on the basic features of the document. Subsequently, the draft Noumea Declaration and Background Document were circulated for comment.

The SPC Health Promotion Programme funded and facilitated the process and development of the Noumea Declaration and Background Document. The Declaration commits the SPC and Pacific Island countries and territories, in collaboration with a range of organisations and agencies, to the further development of a detailed Regional Action and Implementation Plan for Health Promotion in the Pacific.

The *Rarotonga Agreement Towards Healthy Islands* has advanced this process through the provision of a clear indication of political commitment from the Ministers of Health. It is timely that the capacity of health education and promotion personnel be enhanced to enable realisation of the Action Plans agreed in the Rarotonga Agreement. The Agreement changed the focus for the next step following the Noumea Declaration and therefore highlighted the need to address the six focus areas identified by the PICTs. It was planned that the meeting in February 98 would provide a forum to strengthen the foundations on which local actions plans can be developed. The new focus is now on building the capacity of health education and promotion staff to enable them to move forward confidently in this process.

In line with the philosophy of the Rarotonga Agreement to establish partnerships for health, the February 98 meeting was planned with two projects within the Pacific Region: the Fiji Trilateral Health Promotion Project and the Australia-South Pacific: Healthy Islands Health Promotion Project.

Representatives from American Samoa, Samoa, French Polynesia, Fiji, Marshall Islands, New Caledonia, Northern Mariana Islands, Palau, Papua New Guinea, Tonga, Solomon Islands, Vanuatu, Kiribati, Niue, and Cook Islands attended the meeting. The following organisations were also represented: World Health Organisation, University of NSW, WHO Regional Training Centre for Health Development, Fiji School of Medicine, WAINIMATE, Forum Secretariat, UNICEF, University of Malta, Fiji School of Nursing, AusAID and the Australian High Commission (Fiji). Apologies were received from Nauru, Tuvalu, Wallis and Futuna, Federated States of Micronesia, Pacific Island Health Officers Association, Office of the FAO sub-regional representative for the Pacific, and UNDP. For a full list of participants, refer Appendix 1.

The blend of Pacific Island and organisation representatives provided a unique Pacific Island Health Promotion forum.

As preparation for this meeting, SPC used the regular Pacific Islands Health Promotion PEACE-SAT meeting to invite countries to express their expectations of the meeting. Their views helped formulate SPC's view of the goals and objectives.

Goals

- to clarify understanding of linkages between Healthy Islands concepts (*Yanuca Declaration and Rarotonga Agreement*) with the 'existing situation' (*Noumea Declaration*).
- to facilitate the linking of existing regional health-promotion activities and projects with the range of organisations that support them (WHO, SPC, SPF, SPOCC, AusAID, UNICEF, UNFPA, UNDP, FAO and other regional organisations)
- to build the capacity of health-education and promotion staff to enable them to move forward confidently in the process of action-plan development

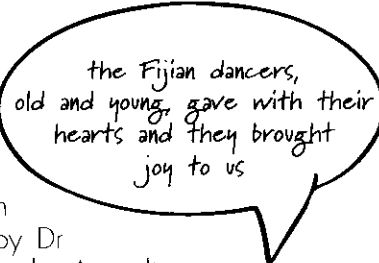
Objectives

By the end of the meeting participants will have:

- attained a common understanding concerning the language, concepts and frameworks of health promotion in the Pacific
- shared information about existing country situations regarding the six focus areas identified in the Noumea Declaration: public policy, research, training, communication and networking, co-ordination, and finance
- considered a range of opportunities available to address and improve their own country situation in these focus areas
- reviewed the current framing of health-promotion activities within the Pacific and reframed them in a Healthy Island framework.

Official opening

The official welcome was given by Dr Asinate Boladua, Director of Primary and Preventive Health Services, Ministry of Health, Fiji, followed by a prayer by Dr Caleb Otto and the presentation of garlands of *salu salu* to the Australian High Commissioner, Mr Greg Urwin and Dr Jimmie Rodgers, Deputy Director, SPC.



the Fijian dancers,
old and young, gave with their
hearts and they brought
joy to us

Mr Greg Urwin, in his opening speech, referred to the Rarotonga Meeting in August 1997 as containing ambiguities. He stressed the need for this meeting to achieve clear outcomes. He used the Kandavu Rural Health Project as a model which demonstrates how sustainability is achieved when the people of the community itself are motivated and involved.

Dr Jimmie Rodgers in his welcome speech described the meeting as a critical and thought-provoking one for health promotion, 'with an agenda of excitement'. He hoped that the objectives of the meeting would result in making a difference in the countries and territories in the region.

Nominations of Dr Caleb Otto (Palau) as Chairperson for the first day, and Ms Chailang Palacios (Commonwealth of the Northern Marianas Islands) for the second day, were unanimously accepted.

Setting the scene

The *Health Promotion for Healthy Islands Regional Meeting* immediately followed a two-day Fiji Trilateral Health Promotion Project and Australia-South Pacific Healthy Islands Project meeting. Almost half of the participants had attended this preceding workshop. A summary of questions raised as a result of this previous meeting was presented by Dr Gauden Galea:

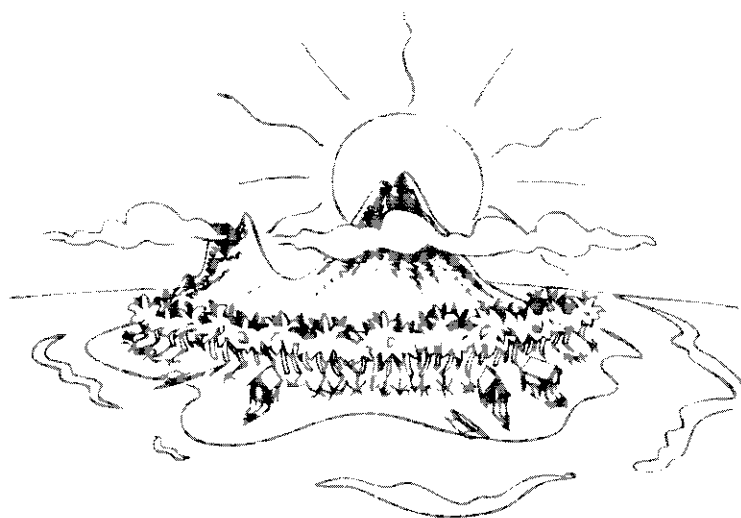
- Are we neglecting policy as a tool for health promotion?
- Can we be more proactive in our appliance of the Healthy Islands concept?
- What demands or use can we make of regional training institutions?
- Are we getting to grips with measuring the way our programmes are working, and documenting their results?
- Can we claim to have an effective, appropriate Health Promotion authority with a secure funding base?

These questions were presented as seeds for thought during the meeting.

To provide further fuel for discussion and a basis for the development of strategies, participants had been asked to prepare presentations about their country situations focusing on the six issues ensuing from the Noumea Declaration: **Policy; Training; Research; Co-ordination; Networking and Communication;** and **Finance**. Three groups were formed: **Polynesia, Melanesia and Micronesia**. Most of the Island participants had prepared detailed reports of their country situations.

Pacific Islanders
are very emotional,
we speak from our heart

The discussions were very intense. It is a difficult exercise to extract and summarise the wealth of information which arose. In summary, the need for training emerged as a high priority with an emphasis on training **within the region**. Training entered all six areas of discussion. The need to assist health workers to move from Health Education to Health Promotion was considered urgent. Radio emerged as the most important medium for communicating health messages and information to the community. A strong support for using PEACESAT for regional networking was apparent.



Healthy Islands : the concept and the practice

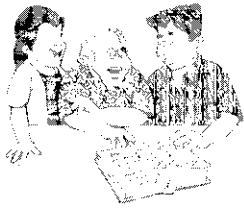
The following collection of papers and comments are derived from presentations made at the meeting. This section is intended to document the current understanding and mood, the concept and the practice of Healthy Islands in the Pacific. Such a collection of thoughts and ideas from people at all levels offers an opportunity for decision makers to determine the best step forward and offers the workers at 'grass-roots' level a better understanding of the framework that has been proposed.

Healthy Islands: the concept

HEALTHY ISLANDS: An overview of Health Promotion frameworks

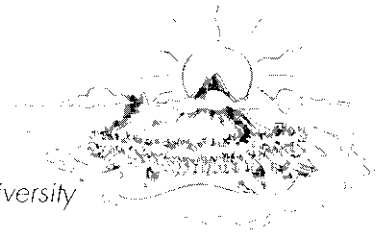
Dr David Scrimgeour, Suva WHO

In his overview of the health education and promotion frameworks Dr David Scrimgeour from the WHO Suva Office, challenged the participants to ask: does the Healthy Islands approach really offer anything new, or is it merely a rehash of the other conceptual frameworks already developed? There is perhaps a danger of too many declarations and too many conceptual frameworks that overlap with each other so that visions become more confused rather than clearer. An important issue for the Healthy Islands framework is that it recognises that all people live in environments which have physical, social, cultural, spiritual, political and economic aspects, and that there are particular characteristics of the environment in Pacific countries which impact upon health. For example, the modern understanding of obesity recognises that it is more than just a matter of individual choice—there is such a thing as an obesogenic environment. Many Pacific Islanders live in obesogenic and in diabetogenic environments and we must look at ways of modifying these environments if we wish to promote and protect health.



K'sira

Dr Gauden Galea, consultant, Malta University



It is the year 2020. A book has been discovered by a group of historians. It is written in an old script. The conclusions are a bit open. The book presents evidence that an island called K'sira once existed and might be emulated.

The land of K'sira

The land of K'sira is a small land in a vast ocean. Few live there on many islands distant from all other lands. The clans have a strong social network but there are signs that these are weakening. They are beginning to all gather on the central island. Trade is difficult because the population is small, there is a lack of natural treasures, and distances are great. Their closest outside neighbours live in Kholonya X. The K'sirans' relationship with these people is paradoxical. It is positive in that they gain aid from overseas, but negative in the sense that they learn unhealthy lifestyles.

Some unscrupulous people had started importing substandard food and other products with unhappy consequences for the islanders' health. Now two waves of illnesses swept the island; the old and the new.

cow's milk is killing us,
we need to balance our
food, get back to
coconut milk

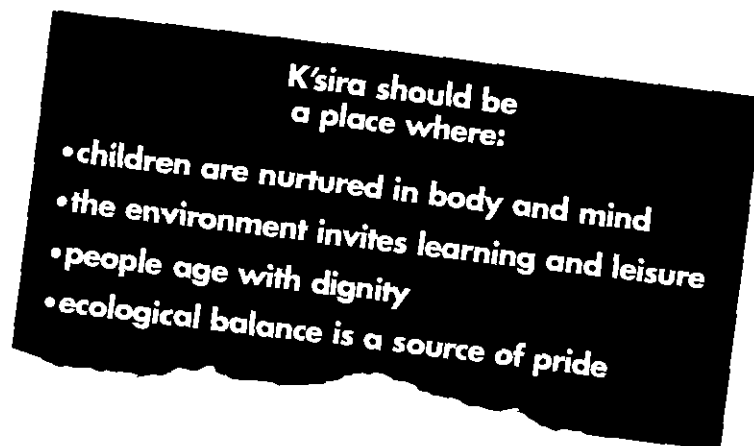
There was a gathering of chiefs and councils of all the tribes to try to describe what was happening. Representatives of the Wise 'Healers' Order (WFO), and the Sovereign People's Council (SPC) were charged with developing a vision for the health of K'sira and choosing a way to attain this.

{Note: the style of writing of K'Sira, although it may be undervalued by some, is yet a style rich in meaning and texture and inspires the image of a golden age.}

The vision

They came together at Yanuca and agreed that the land of K'sira differs from all big lands.

They decreed that:



The method

They came together at Noumea and made the following declaration:
We, the people of K'sira, shall:

- lay down national decrees (policy and planning)
- seek the deeper truths (research)
- raise up our people to wisdom (training)
- attend, listen and speak in our turn (communication & networking)
- act with mind and body in harmony (co-ordination)
- support our decrees with our shells (finance)

Dissent

There was a cyclone when the season of the strong winds came.

They began to argue how best to deal with it.

The first chief said



The second chief said



The third chief said



(Let us pause from the story and consider these approaches in the light of our present situation.)

Reactive approach (we are doing it already)

If we follow Chief One's approach, actions are only taken when the need arises. This approach has the following characteristics:

- there is a standard introduction for policy—documents are introduced in a standard way
- we ensure that primary health-care workers are placed in remote areas by obliging inexperienced people to take up their first posts in such places
- we impose contractual obligations on people studying overseas to ensure that they return
- we limit movements between islands during an epidemic
- we declare that there is already a National Health Plan

Marketing approach (let's sell it)

If we follow Chief Two's approach we use the Healthy Islands theme as a focus for traditional information, education and communication (IEC).

The characteristics of this approach are:

- organising a Healthy Islands Day
- using the Healthy Islands corporate image for health promotion and protection
- using the Healthy Islands theme to promote sustainable tourism
- basing grant applications on the Healthy Islands programme

Proactive approach (let's do something about it)

If we take Chief Three's approach we incorporate the explicit characteristics of the island into our national health planning.

The characteristics of this approach are:

- designing information systems to show up intra- and inter-island disparities
- assessing the technology before we introduce a new programme
- structuring training of our health professionals to reflect needs of rural and remote populations
- assessing our health-promoting setting activities to make sure we are covering all areas
- making sure there is participation in regional actions for economy of scale.

Challenged



To justify his words the Third Chief spoke thus:
'in attaining our vision of healthy island we must

- strengthen that which is weak
- preserve that which is rare
- share that which we own
- embrace those who live beside us
- adorn those places wherein we live'

(Yanuca)

In other words:

A Healthy Island is a phenomenon that emerges out of national, regional and global initiatives that aim to:

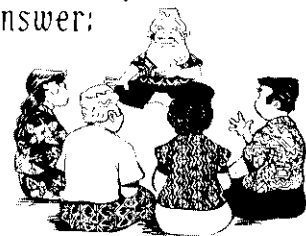
- **reduce the modifiable causes of vulnerability and protect the scarce resources of islands**
- **develop innovations that overcome logistical barriers to the equitable provision of effective and efficient health services**
- **develop organisational systems that motivate and reward collaborative behaviour in the achievement of public health objectives**
- **invest in public health through ensuring universal access to health-promoting settings for everyday life**

Their interest

Aroused, the other chiefs asked: 'How can this be done?'
The old chief, riddled with the wisdom of the ancients,
and with an old proverb of K'sira did he give his cryptic answer:

'If a stranger, embrace with caution;
if a friend, take into your house;
if a relative, respect and honour forever.'

Health promotion
is really the vehicle to
take us to the promised
land, K'Sira



There are three processes that need to be looked at:

•Introduction

Anything new introduced into the island needs to be cautiously embraced, e.g. infectious diseases, food, drugs, new strategies. To help make a decision about whether to introduce or not, evaluation, and monitoring are essential (which use both qualitative and quantitative indicators for the whole country over time)

•Distribution

The accessibility of primary health care across the whole island needs to be considered. Indicators should be analysed by geographic region for intra- and inter-island comparison. A lot of data exists but skills to analyse this data are not available yet.

•Sustainability

Sustainability is an important issue when considering new ideas and approaches. There must be security of funding for health-promotion activities and organisations.

Dependence on overseas treatment, and its cost can throw the balance of a health-promotion project.

Promotion of self-sufficiency for household food security is a priority. Health professionals must have continuous post-basic training and development.

Time-based reporting of indicators by the whole country and the region is essential.

Epilogue

After much deliberation the other chiefs expressed their final doubts:

'we find much wisdom in what you say,

but is it different from what we are already doing?'

The third chief did not dispel their doubts-'if we are already doing it, then we are already doing it.'

In the Pacific oral culture is very important, story-telling is vital

Reply to K'sira by the Talking Chieftess

Palanitina Toelupe

My version of K'sira

I come from K'sira!
I make no excuses
for having hailed from K'sira
I acknowledge that I suffer from many reactive 'viruses'
that are perpetuated in their effects
by my quest to protect
and to hold on to my K'siran origins.

I am however comforted
by the wisdom of the K'siran wise old men
who advocate the need
to maintain our traditional and cultural values,
the K'siran ways of doing things
as it is the community way
Our Way!

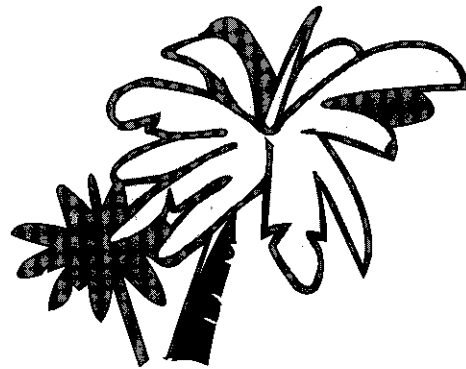
I am also aware
that
while the world is turning around
I recognise through
the evolution of changing times
some of the principles and values
of my K'siran origin
re-emerging under different conceptual packages.

Perhaps
I should not rely too much
on the incoming wise healers
from abroad.
Hence
my confusion at times.
But keep on
with my K'siran perspective of things.

There are also K'siran field practitioners
who through decades of work, learning and relearning
had risen above the 'victim blaming' failures
of health education in order to articulate
in the health promotion quest

Only to be threatened by a K'siran visiting expert
who alluded to Pacific Islanders
'living in obesogenic and in diabetogenic environments'
This 'collective victim blaming' is the last thing
we need
to discourage our drive
towards a healthy Island

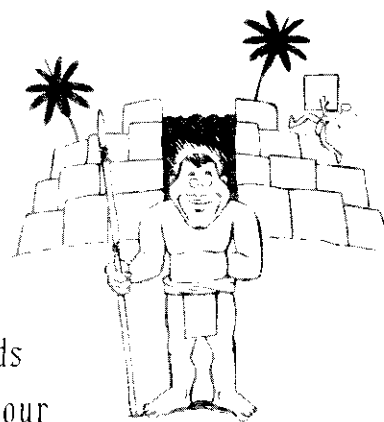
So what do the people of K'sira have to say?
Give us the benefit of the doubt!



The building stones of healthy islands:

background to the Noumea Declaration

Dr Caleb Otto, Chief of Public Health, Bureau of Public Health,
Palau



How did the Healthy Islands come to be? The islands are originally based on healthy foundation stones; our cultures, traditions, values, relationship with nature, languages, legends, stories, songs and dances. Traditional healing was facilitated by everyday living. True health promotion was practised for many centuries.

Then one day the people in the islands got sick. They needed to build a new healthy island.

The building stones are; the Alma-Ata Primary Health Care Declaration, the Ottawa Charter, New Horizons in Health, the Yanuca Island Declaration and the Rarotonga Agreement.

The corner stones are the people like Tina, Myriam, Mengyor—our health educators and health promoters.

The stepping stones were laid at the Noumea Declaration meeting, they are Policy, Research, Training, Community & Networking, Co-ordination, and Finance. These stepping stones will help lead to the new healthy island.

Finally, we come to the resting stones. How will we know when we have reached our goal and built our healthy island? The resting stones are our indicators. They will show us whether we have reached our goal.

The resting stones are yet to be determined and put in place.



Indicators: the resting stones yet to be determined

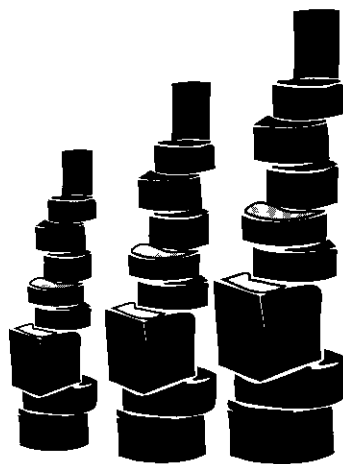
Dr Caleb Otto, Chief of Public Health, Bureau of Public Health, Palau

The concept of Healthy Islands seeks to go forward to a vision rather than to work from existing health problems. Consequently, the resting stones, or the indicators for Healthy Islands should show the extent to which the vision has been achieved. The Yanuca 'poem' lines can be used as examples of vision statements that might be worth appraising:

How are children nurtured in body and mind?

What contributes to people working and ageing with dignity?

Disease outcomes are less a focus in a Healthy Island approach. Instead, this approach lends itself to indicators of process regarding health-promoting actions and strategies. A list of process indicators may include such items as the kind of legislation in place for various health-related matters, the way governance is harnessed for better health, the extent to which finances can be directed towards health, and many more (ref. Appendix 2).



Healthy Islands : a practical approach

Dr Jan Ritchie, Senior Lecturer, School of Medical Education, WHO Regional Training Centre for Health Development, University of New South Wales, Australia

Healthy Islands.....

- **incorporates good IEC materials & methods**
- **involves community in identifying concerns and in recommending ways of addressing these concerns**
- **achieves through partnerships with**
 - **other government sectors**
 - **NGOs**
 - **community groups**
- **includes formulating appropriate public and organisational policies**
- **creates supportive environments, both physical and social**
- **integrates vertical programmes so that they complement each other**
- **overall, takes a holistic view of promoting the health and well-being of island people**

Healthy Islands : the practice

The Australia-South Pacific Healthy Islands Health Promotion Project

Presented by Ms Palanitina Toelupe, Chief Health Educator/Trainer, Department of Health, Samoa, on behalf of the Project Country Co-ordinators and Team Leader

Background

The Healthy Islands concept was introduced by the WHO in its New Horizons in Health policy. The translation of the concept in practical terms was facilitated by this AusAID project and supported by participating island countries. The original focus was non-communicable diseases with a health-promotion approach. The first steps involved the following procedures: time-frame negotiations, feasibility studies, consultations, negotiations towards developing a memorandum of understanding, identification of entry points by respective countries and nomination of country co-ordinators.

Strengths

Implementation of the project has triggered significant awareness of the Healthy Island concept and has made our thinking broader in a sense. The quest for a Healthy-Island adds further value to the health-promotion philosophy and its principles.

The Healthy Island approach has taken us away from the didactic approach that is typical in health care services.

We have gained skills in evaluation and policy development.

The Project has brought to attention other interrelated issues with significant social importance.

Through the project, we were able to build on existing work.

Weaknesses

The disease-centred notion of 'Lifestyle = Health Promotion' was not consistent with what we know about health promotion. A new label can be interpreted in different ways or misinterpreted. Timing was also a problem. 'The Healthy Island Concept' did not get integrated well enough into the basic planning by the donor agency.

Opportunities

The project has provided many opportunities: learning, forward-looking benefits, stronger determination in local integration and collaboration, continuing education to persuade medical people and politicians to change to a 'Healthy Island' approach, achieving health goals, community participation and a strong community approach, on-going capacity building, access to local, regional and internal networking, and a better understanding of our perspective by donor agencies. Cultural sensitivity issues are fundamental in health promotion.

Threats

Withdrawal of resources, technical support and personnel might result in the loss of the impetus of Healthy Islands and Health Promotion. Countries are frustrated by the capriciousness of donors; their 'stop-start', 'start-stop' approach and the conceptual shifts that come and go. Increasingly, small, poor countries will get tired of being switched on and off.

The fear is that there will be a loss of something that would prove valuable if only time is allowed for the initial efforts to bear fruit. Social and civic trust is being seriously threatened.

The countries involved in the project and their entry points

Country	Entry point
Cook Islands	Prevention of alcohol abuse
Niue	Physical environment
Kiribati	Poverty issues and domestic violence
Tuvalu	Smoking
Samoa	Health-promoting school

Pacific Network for Health Promoting Schools

Mr Cliff Benson, Chairperson, Pacific Network for Health Promoting Schools

The origins of the Pacific Network for Health Promoting Schools come from a meeting titled *Western Pacific Region School Health Promotion Workshop*, December 1994, and a workshop for national co-ordinators of Health-Promoting Schools in the Pacific held in October 1995, as well as various formal and informal visits, discussions and meetings.

Participants at the meeting included all Ministries or Departments of Education and Health and many donors and organisations, including WHO, UNICEF, SPC, USP, and ASP 2000 Programme.

Meetings of the Pacific Network for Health Promoting Schools were infrequent until a link was formed with SPC Health Promotion PEACESAT network meetings facilitated by Josephine Gagliardi, SPC Health Promotion Specialist.

The Pacific Health Promoting Schools Steering Committee is a Suva-based group, co-ordinated by the Institute of Education at the USP and comprising members from the following organisations: USP, Aussie Sports 2000 Programme, Fiji Trilateral Health Promotion project, Fiji Ministry of Education, Fiji Ministry of Health, National Food and Nutrition Committee, Secretariat of the Pacific Community (SPC), SPACHEE, UNICEF and WHO.

The University of the South Pacific was chosen as the co-ordinating organisation because it is a regional institution and because it has outreach to non-USP member countries. It would now like to include French Polynesia, New Caledonia and Vanuatu. USP has a strong stake in education and the Network can also benefit from the services of its publications section.

Activities have included meetings and the production of a manual for use by schools and national committees; the manual is to be translated into French.

The constraints have included:

- Most countries see the programme as a national rather than a regional initiative
- Personnel have changed and there has been lack of continuity
- There are competing priorities
- There is a common misconception of HPS concept—'we already teach health'
- Problems in co-ordination/communication exist
- There is a lack of funds!!

My final comments are that... we need to explain the concept of Health Promoting Schools better.

Successful education must be built on good health.

Fiji Trilateral Health Promotion Project

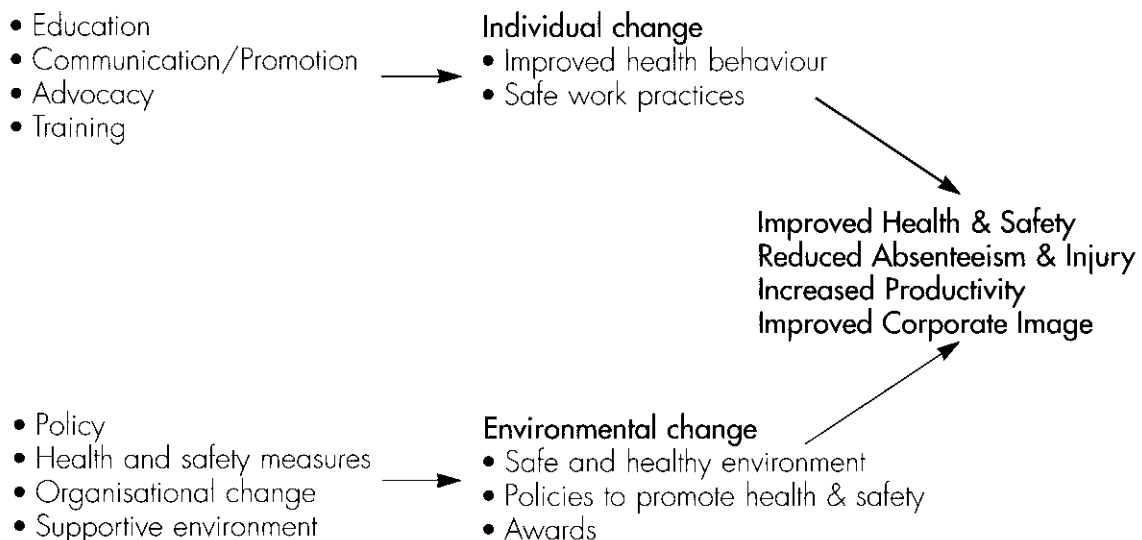
Ms Ilisapeci Movono and Ms Litea Meo, Fiji Trilateral Health Promotion Project

This project was presented comprehensively. The project takes a risk-factor approach rather than a disease-oriented approach. It prioritises its actions and strategies based on risk factors. The need for health to form a strong coalition is addressed by its National Council for Health Promotion. The members of the Council consist of permanent secretaries, the private sector, community and non-government groups and national bodies. An independent budget allows stability and sustainability.

Of particular interest is the settings framework for health-promoting work sites.

Framework for Health Promoting worksites

METHODS



Adapted from Labonte

Community participation and Healthy Islands in practice

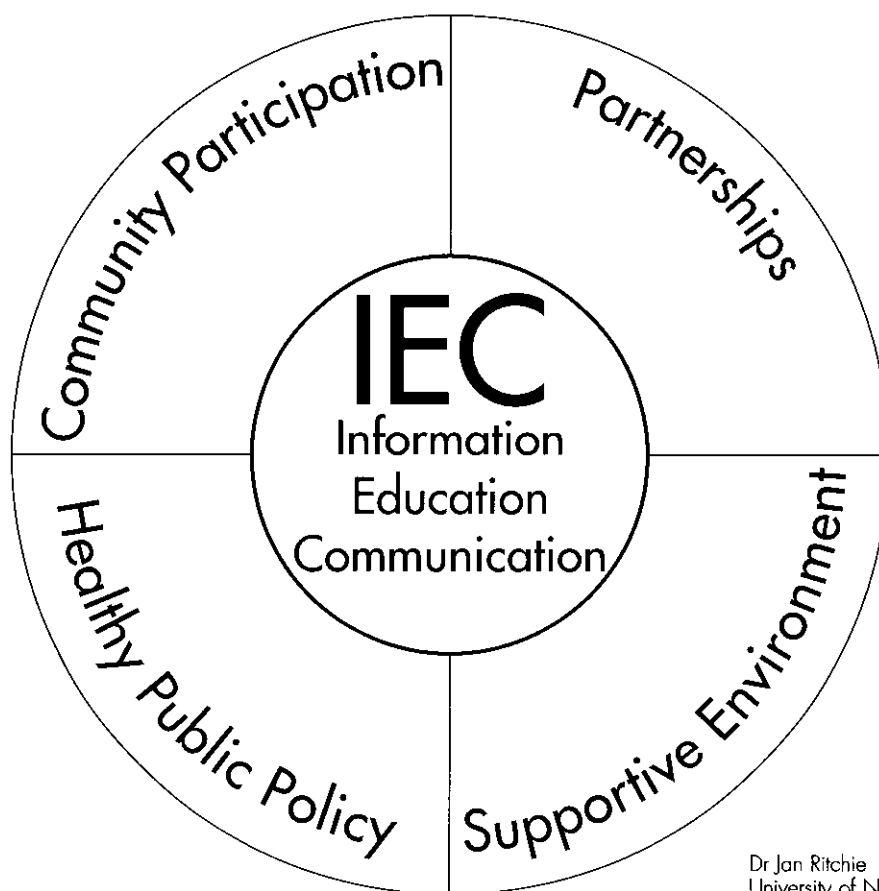
Dr Jan Ritchie

The reality for Health Education workers in the Pacific is that they are basing their activities around the WHO Health Days in the calendar. The focus is mainly on IEC.

Dr Jan Ritchie challenged participants to put healthy islands into practice by participating in an exercise with the aim of converting the April 7 1998 World Health Day 'Healthy Mothers: Healthy Families' activities into co-ordinated, integrated health promotion. The challenge was for participants to 'bring the community into planning the Day's activities.' The results of the exercise showed that, despite Dr Ritchie's encouragement, participants had concentrated on informing the community and 'doing' for the community. Community participation had not been integrated into the process of planning activities.



The figure below shows how most health education activities fit into the inner circle. In order to put them into the Healthy Islands framework we need a bigger circle. We want to involve the community and enhance partnerships in more than just an information way. We also want to modify the environment.

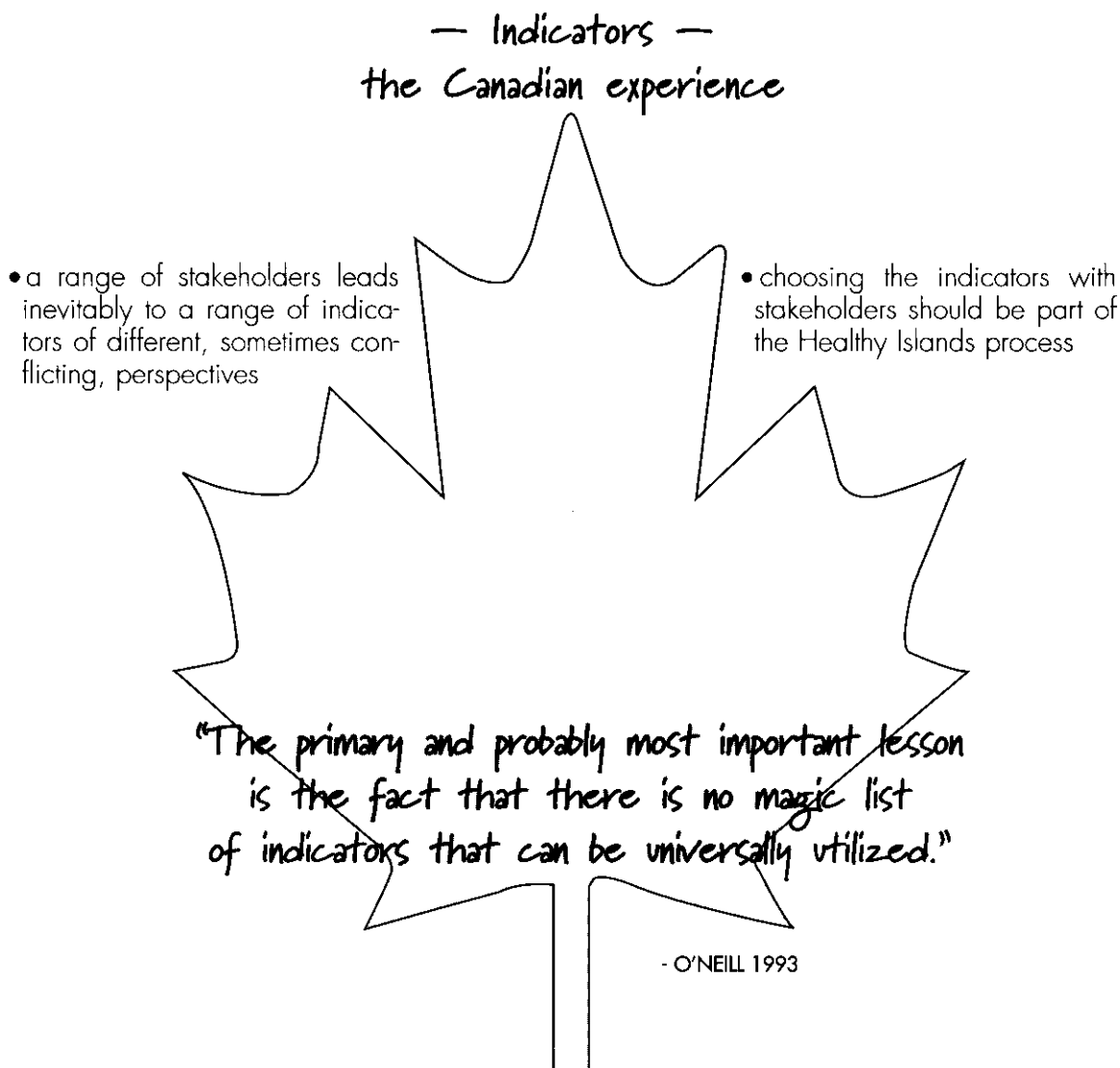


Dr Jan Ritchie
University of NSW

Indicators: involving the community

Dr Jan Ritchie

The search for indicators for Healthy Islands is complicated when compared with those of disease prevention. These complications arise, because of the fundamental belief that, for health promotion to be successful, the community view must be elicited and taken into consideration in both the development of health-promoting strategies and in the way these strategies can be evaluated. The potential for conflict between authorities, experts and community when trying to do something for the people is humorously portrayed in Appendix 3. A series of workshops was held recently in Canada to derive a set of indicators for Canadian Healthy Communities. The outcome of the workshops was that they could not compile a magic list of universal indicators since priorities varied markedly from community to community, due primarily to variations in each community's unique combination of social and cultural values (see the following figure).



O'Neill Michel (1993) Building bridges between knowledge and action, in Davies, J.K. & Kelly, M.P. "Healthy Cities: Research and Practice". Routledge, London.

Additionally, returning to Dr Otto's suggestion of using vision statements around which to develop indicators, it is worth noting that many of the vision statements are qualitative in nature and therefore are less able to be evaluated against more conventional, objective criteria. It may be possible to develop guidelines for indicators as long as those seeking to follow the guidelines recognise the importance of modifying them according to the local context and situation.

Discussions points on Health Promotion indicators

- In the Pacific Islands we are in an important state of transition. We are moving from Health Education to Health Promotion. How do we make this move? Health-Promotion indicators need to be developed and identified before we are able to make this move. It is timely!
- how can we measure the success?
- we need to evaluate in each country how far we have gone. We need indicators to help us measure what has been done already and our progress over time
- we need to clearly define these measurement indicators, and to state what are the expected outcomes as these are important to donors
- a good example of government endorsement of Healthy Islands is that of the Government of PNG

Participants' comments on the practice of Healthy Islands

"We are in a state of transition. Some of us are still in the Health Education mode, others have moved into the Health Promotion model in name only. We are at different levels and stages and we need to help each other move. Healthy Islands can help us with this move."

"There is a need to translate the Healthy Island concept into action for donors"

"People clearly realise that environment plays an important part"

"Sometimes there is push from the community e.g. in the case of diabetes, what is the government doing about it? "

"The concept of Healthy Islands has not quite gone through at a government level; we should go on and translate it into action"

"The goal is still Healthy Islands, let's not confuse the goal and the strategy to get there"

"Healthy Islands is an outcome; what we've been discussing is a process. It will take much effort and time to get there, we may never reach it, maybe other generations will get there. It is like a dream, a paradigm"

"Public health is the way to go. Many people are showing lifestyle diseases; for example, the costs of dialysis are tremendous; these costs are unfair to the healthy population"

"Yanuca and Rarotonga were declarations representing the political will as they were written by the directors and ministers of health. The Noumea Declaration and this report are the documents written by the 'doers' and translate into action. This is a positive movement."

"The 'doers' have the role of ensuring that the politicians follow through after the signatories to the Yanuca Island Declaration and Rarotonga Agreement."

"There is a need for the ideas and concepts to originate in PICTs and not be adopted from somewhere else"

"the WHO days are an extra burden for Health-Promotion professionals"

"Does the extra focus reduce ill-health?"

The role of the regional organisation: the Forum Secretariat

Ms Fiu Willaima-Igara, Regional Coordination Adviser

Aim

The aim of this paper is to inform participants about the role of a Pacific regional organisation, the Forum Secretariat—how it is linked to other regional organisations, the various initiatives that are ongoing to facilitate increasing co-operation and collaboration among regional agencies, including its linkages with the healthy islands declaration in its endeavour to contribute to the sustainable development of this region.

Regional organisations (RO)

In the Pacific region, there are eight regional organisations. I have defined these regional organisations in the context that they are funded by the contributions of member governments of this region. These regional organisations are the Forum Secretariat (Forsec), Forum Fisheries Agency (FFA), the Pacific Islands Development Programme (PIDP), the Secretariat of the Pacific Community (SPC), the South Pacific Regional Environment Programme (SPREP), the South Pacific Applied Geoscience Commission (SOPAC), the Tourism Council of the South Pacific (TCSP) and the University of the South Pacific (USP).

Each of these organisations has a particular focus for its activities and its own governing body which reflects the varying membership. Pacific ROs have emerged out of recognition of the benefits from sharing or pooling the island nations, human, financial and other natural resources in order to address trans-boundary issues, common needs and problems.

It has been said that at one time regional organisations were equated with overpaid globe-trotting officials. The public was perplexed by the number of regional organisations, often confused about what they all do, viewing them as heavily donor-driven and wasteful in terms of overlapping responsibilities.

This image of regional organisations, is changing for the better.

There is increasing awareness that despite the enormous investments especially of donor funds in our region, the standard of living for the majority of our people has not changed dramatically, in fact in some cases it has further deteriorated.

ROs have come to acknowledge that they have a responsibility to make an impact at the regional level. To do this, they must co-operate, co-ordinate and collaborate closely in their programmes in order to contribute to improving the quality of life of peoples of this region, beyond today and into the future.

This is also the overriding objective of the Healthy Islands concept, however it is defined.

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Forum Secretariat

The Forum Secretariat was established over 26 years ago by the South Pacific Forum, the highest-ranking political body in the region, comprising the heads of the 16 independent and self-governing nations.

In 1995 at the annual meeting of the South Pacific Forum, the Forum Secretariat's functions and responsibilities were reviewed and restructured to reduce duplication with other regional organisations and in order to better respond to the needs of its members.

As a consequence the **vision** of the Forum Secretariat was redirected to 'provide our members with prompt access to the most effective policy advice, programme co-ordination and advocacy services on issues within our mandate'.

The Forum Secretariat's **mission** then is focused on 'supporting our members to enhance their economic and social well-being by fostering co-operation between governments and between international agencies, including representing the interests of our members'.

As a consequence of the realigning of the Forum Secretariat's functions, all of its technical programmes previously handled, such as energy and communications, were to be transferred to or absorbed within other regional organisations.

The restructured organisation of the Forum focuses its co-ordination and policy advisory responsibilities on issues pertaining to trade (TID), economic development (D&EPD) and international relations (PIA).

How does the Forum Secretariat contribute to the goal of sustainable development?

Of particular relevance to this meeting is the role of the Development & Economic Policy Division of the Forum Secretariat. One of its principal responsibilities is to 'facilitate the co-ordination of sustainable development issues across key sectors and among regional organisations.'

The Forum Secretariat discharges this responsibility through a number of mechanisms, including:

- a) the Pacific Regional Strategy discussed below,
- b) ongoing liaison with regional and multilateral agencies,
- c) policy advice in sectors such as infrastructure, natural resources and social issues of a regional character. This advice complements the activities of other specialised agencies.
- d) the provision of policy and institutional support to the South Pacific Organisations Co-ordination Committee (SPOCC).

What is the South Pacific Organisations Co-ordination Committee (SPOCC)?

The South Pacific Organisations Co-ordination Committee (SPOCC) which was established in 1988 at the Tonga South Pacific Forum was borne out of a desire to 'improve co-operation and co-ordination between the various regional organisations in the South Pacific'. SPOCC comprises the heads of all the eight regional organisations mentioned above, with the Forum Secretariat now providing the permanent secretariat and chair.

SPOCC was tasked with reducing duplication and harmonising its activities so as to optimise the benefits to its members and achieve the common objective of sustainable development.

Key SPOCC activities include the continuous review of regional & international issues to ensure that:

- member organisations can keep up with emerging issues,
- the operation of these organisations achieves the highest possible return,
- projects or programmes implemented are mutually supportive and achieve effective results in developing the region, and that
- information is shared in the interest of its members.

In recent years SPOCC has taken an expanded and pro-active role in providing a high level of mutual support and effective working arrangements between member organisations. These arrangements include periodic meetings to exchange information and to improve co-ordination of management; and administration and programming activity.

The Pacific Regional Strategy

A significant ongoing development and one which is supported by all SPOCC members is the development of a Pacific Regional Strategy (PRS).

The PRS is an attempt to establish a system or framework of planning and co-ordination in order to improve the allocation and utilisation of limited resources available under regional programmes. This strategy reflects the strong desire of the island countries for a more meaningful role in setting regional development priorities, and effectively changing the balance of influence vis-à-vis the donors.

The objectives of the PRS are to:

- reaffirm the primacy of PIC's interest and ownership over the process;
- strengthen consultation mechanisms at the national level, taking into account in-country capacity;
- improve consistency and complementarity between regional and national programmes;
- improve policy dialogue with donor partners;
- maintain clear links between national and regional activities; and
- maintain a framework for effective regional co-ordination involving SPOCC and other regional development agencies.

The draft PRS is a compilation of ten sectoral programme strategies, one of which is the Health and Population sector.

The SPOCC Health Initiative Study which has been commissioned and is currently underway, will be developed taking into account this umbrella framework.

Working groups and SPOCC health initiative

Through SPOCC's vetting role, initiatives such as working groups (WGs) have been established to address co-ordination issues relevant to various sectors where agencies have overlapping roles.

WGs on agriculture, marine and information sectors have been established and are expected to meet soon. The WGs comprise representatives of relevant agencies (including non-SPOCC members) and are serviced by the Forum Secretariat.

A SPOCC working group in Health is yet to be convened and may be established following the receipt of a paper currently being prepared (by a consultant to the Forum Secretariat).

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The SPOCC Health initiative is an outcome of a decision taken by SPOCC in Sept 1997. After considering the outcome of a WHO-sponsored meeting for Pacific ministers and directors of health, it was agreed that when ministerial statements are made potentially affecting work programmes of several agencies, a SPOCC WG would be established to work through the issues so that Governing Councils receive consistent advice from all agencies.

SPOCC proposed that the terms of reference for the WG assess areas of complementarity and overlap between issues and needs identified in the Rarotonga Agreement and the mandates of the regional UN agencies. It recommended implementation strategies to facilitate the achievement of health objectives of PICs while reducing duplication effort.

Whatever the outcome of the findings it would be inevitable that the follow-up consultations draw on both SPOCC and non-SPOCC members' views.

The consultant's draft report is expected on March 6.

What is the relevance of Forsec's assistance to PICTs in the health sector?

It must be emphasised that :

- **regional organisations can only be as effective as their members make them;**
- **these organisations belong to you. It is therefore in your interest to know about these organisations, especially those which are mandated in your sectors and to ensure that they respond to you appropriately;**
- **that regional organisations offer an additional level of support to complement the priorities set at the national levels;**
- **that we acknowledge the contributions of bilateral and multilateral agencies in the region and their endeavour to assist us, and we urge that this be done within existing institutions and frameworks;**
- **that all our efforts will be fruitless unless we have a common goal and that is 'improving the situations of our people beyond today and into the future'.**

Background to the Noumea Declaration

By Palanitina Toelupe

The process of developing the Noumea Declaration document was as follows:

- 1 At first there was informal dialogue and lots of dreams.
- 2 A formal meeting was held.
- 3 Consultations were facilitated by SPC.
- 4 Dreams were translated into practice.
- 5 Expert views were sought.
- 6 PEACESAT meetings were held, enabling the actual fieldworkers to be consulted; for example, it was during a PEACESAT meeting that the word 'Declaration' was firmly decided on to describe the document.
- 7 Following further consultations by SPC, the final document was produced and distributed by SPC.

The Noumea Declaration urged us to:

- value our own skills and experience, do not repeat bad mistakes
- assess our own capacities based on what we are doing and what new concepts are being promoted
- achieve our capacities by learning, listening, doing
- use opportunities
- internalise, and apply concepts in order to fully understand them
- work out ways in which different philosophies can be interpreted and applied.

Let's use the document — it is ours

Health Education and Promotion

in the Pacific Islands: the situation and strategies

One of the main conclusions from the Noumea Declaration is the identification of six issues which need to be addressed:

- Policy
- Training
- Research
- Communication & networking
- Co-ordination
- Finance

During the meeting participants had an opportunity to focus their attention on these issues on three occasions:

1. The participants broke into three small groups: Melanesia, Polynesia, and Micronesia, to share their country situations,
2. The panel discussion allowed input on these issues,
3. The round-robin discussions gave participants the opportunity to tease out some of the relevant issues.

The issues have been presented to include all of the ideas and discussions presented during the meeting. The areas of Communication, Networking and Co-ordination joined during the group discussion processes, resulting in five rather than the original six determined in the Noumea Declaration.

POLICY

Melanesia

- National Health Plans are including Health Education and Promotion as a high priority.
- There is still a strong focus on Primary Health Care, Health Education and Social Mobilisation.
- Policy is being initiated and implemented at all levels.

Polynesia

- All countries have basic public health provisions.
- There has been a growth of new policies this decade, especially in the areas of HIV/AIDS, Tobacco, Nutrition and Food, and Reproductive Health.
- French Polynesia, Samoa and Tonga have placed a high priority on Health Promotion policies in their respective National Health Plans.

Micronesia

- All countries have experienced policy development and implementation imposed from overseas and international organisations.
- There is a need for local government endorsement and commitment to health-promotion policy.

Policy can be formal as in legislation, or informal as in government policy to make changes in the public interest.

Healthy public policy is government policy to improve health.

The process of making a policy is as follows:

1. *define the problem*
2. *set the agenda*
3. *formulate the policy*
4. *adopt the policy*
5. *implement the policy*
6. *evaluate the policy*

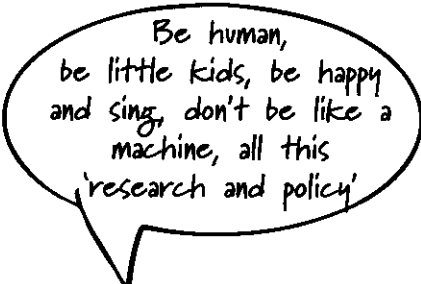
The main issue in the Pacific is the need to make greater use of policy as a health-promotion tool.

Other issues discussed:

- It is preferable to build on existing policies e.g. Ministry of Health policies, and amend these as appropriate.
- Health Policies can be developed by other sectors or across sectors, e.g. in Fiji, development of 'health and safety in the workplace' was conducted by the Ministry of Labour, Ministry of Health and the Centre for Health Promotion.
- A policy may not work if there is inadequate public education e.g. in Fiji, the anti-litter decree did not work because of lack of public awareness.
- There is a need for a clear implementation plan and defined resources. We need to consult the community widely so that the policy is sustainable.
- Legislation needs enforcement and monitoring e.g. the Fiji Health and Safety Policy is now implemented following wide community consultation but the Ministry of Labour's next step is to enforce the policy by appointing inspectors and forming committees.
- Policy must be sensitive to social context e.g. the introduction of condom-vending machines in Fiji was shelved because of opposition from church groups.

Strategies

1. There are some policies which need to be developed, implemented and monitored at a regional level. We need to share resources and expertise regionally, for example a policy on regional food standards would need close collaboration between regional organisations e.g. FAO, the Australian and NZ Food Authorities, and SPC.
2. Policy templates need to be drawn up as guides to assist individual countries to establish policies, e.g. the WHO Tobacco Control Bill. Regional organisations e.g. UNICEF, WHO, IPPF, FORSEC and SPC could work together to develop these templates.
3. Technical assistance and in-country training in health-promotion policy development needs to be provided. WHO and SPC could assist with this.
4. National governments could introduce SIN taxes e.g. for tobacco and alcohol, in order to support health promotion.
5. A policy could be developed to promote health in specific areas e.g. fitness, nutrition, tobacco control, reproductive health and general lifestyles.
6. Countries may wish to develop a National Health Promotion Policy e.g. Fiji, PNG



Be human,
be little kids, be happy
and sing, don't be like a
machine, all this
'research and policy'

RESEARCH

Melanesia	Polynesia	Micronesia
<ul style="list-style-type: none">• Only 2 out of 5 countries have large health research institutions (New Caledonia and PNG).• Fiji School of Medicine also undertakes research.• There have been several large research projects at a national level conducted by overseas experts.• Research training for health education and promotion workers in the field is needed in qualitative research evaluation.• Monitoring systems are increasingly being used to evaluate interventions addressing infectious diseases, e.g. TB, malaria and leprosy.	<ul style="list-style-type: none">• Mostly prevalence studies have been conducted, often overseas initiated and conducted.• There is a strong desire to have the capacity to undertake our own research.• Training to develop skills in research is required.• Research is often constrained by lack of financial resources.	<ul style="list-style-type: none">• Local assessments have been done in most countries except Kiribati.• Surveys are being done on specific health issues only and in an ad hoc way.

Strategies

We need to know how better to ask the community and engage them in research in ways that are empowering rather than threatening, researching **with** them rather than **on** them. We need to develop programmes that consider both obstacles and opportunities as perceived by the people. We want to learn how to mix this bottom-up type research with the more conventional top-down approach. How can we define 'quality of life'? Will a clarified definition allow measurement to be easier? We need to evaluate; what constitutes the best form of research at the programme level to ensure accountability? We need to conduct comparative studies across countries so that there can be gain at a regional level as well as nationally.

We need to separate the kind of research we can undertake ourselves in our practitioner role as opposed to that which would need an expert's input in order to be undertaken. Some form of education and training activity is essential if we are going to be able to gain confidence in undertaking this research. Practitioner research needs to be as simple as possible, mostly conducted at the community level and integrated into our daily work. We need assistance to establish ways of making use of our regularly documented daily activities so that trends, patterns and outcomes can be derived from this documentation. We wish to learn in the field while using qualitative methods, using the example of the PNG experience. We wish to explore Dr Otto's list of potential indicators (Appendix 2) and to gain skills in process evaluation. We want to learn to link our findings with epidemiological results and national surveys. Case study research can be used as an approach that allows for the understanding of the specific nature of each community 'case', due to its cultural context, but also permits a comparative perspective. Finally, we want to explore the

importance of disseminating our findings, both at a community level in appropriate form for the people and in a more scientific manner at a national, regional or even global level.

SPC could have a co-ordinating role in regional training for research and evaluation, linking expertise and learners with relevant institutions in the region. For on-going learning, PEACESAT communications could be linked with written supporting resource materials, and tasks be developed that we can undertake in our own countries to apply the learning materials. This approach would overcome the obstacles to study that arise when Islanders seek to study outside their own countries, such as financial demands, work priorities and family constraints. Another advantage would be in allowing the learning to develop in a way most relevant to each participant. The offers of local institutions (e.g. FSM) and those peripheral to the region (e.g. WHO Regional Training Centre for Health Development, Sydney) need to be explored as to the type of support they could offer.

as health workers
we don't need medicine,
we need healing hands
and healing ears

TRAINING

Melanesia	Polynesia	Micronesia
<ul style="list-style-type: none">• There is a strong trend towards strengthening training within the region e.g. Fiji School of Medicine and PNG.• Some countries still have no formal training available for Health Educators and Promoters.• Health Promotion training is needed for all allied health workers, not just doctors and nurses.• Community members and leaders e.g. church leaders, sports leaders and village leaders, show a high commitment and recognition of the importance of training.	<ul style="list-style-type: none">• Training is considered very important.• Health Education curriculum/courses are mainly prepared overseas.• There is a need for training the trainers at a community level in health promotion.• There is a need for cross-sectional training e.g. teachers in Health Promoting Schools projects.	<ul style="list-style-type: none">• Most training comes through the government sector, e.g. schools, nurses, health counsellors.• Example, 'New Horizons in Health' team-teach school children.• There is no training involving the private sector.

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Training: Health Promotion and Health Education in the Pacific

by Professor David Philips

'We must see Health Promotion as a core skill or value.....we are at an early stage and welcome dialogue with you all.'

Fiji School of Medicine (FSM) and health promotion training in the Pacific

The Fiji School of Medicine is an autonomous institution that has served the Pacific for 111 years. It is the principal English-speaking training institution for the South Pacific Health Workers (excluding nurses).

Student enrolment is 550 students from 14 countries. Courses offered include: Medicine (MB BS); Dentistry; Radiography; Physiotherapy; Medical laboratory technology; Pharmacy; Nutrition and Dietetics; and Environmental Health.

Programmes in all the above are available at certificate, diploma or bachelors degree level. We are now developing programmes at post-basic and postgraduate level.

Training in health promotion in the context of the Noumea Declaration

All students currently receive training in health education. We need a regional network for programme.

Basic training

Existing professional curricula and programmes are being revamped to ensure appropriate health-promotion skills in all courses with consistent approaches. To that end FSM has adopted a lecturer in health promotion effective Jan. 1998

Post-basic training

As a part of the Yanuca and Noumea Declarations, FSM has been actively working to develop and deliver post-basic and postgraduate programmes. In the first instance this effort has focused on clinical disciplines. A draft position paper for the development of post-basic and postgraduate programmes in public health has been developed. It is proposed that programmes at whatever level and in whatever discipline include modules on health promotion.

Masters programmes including a masters in health promotion are proposed, starting in 1999. Included in the proposal are short courses at certificate level and otherwise, to meet demand.

General considerations include distance capability, and problem-based learning using problems of day-to-day practice in the Pacific.

Formal qualifications will be offered from either FSM, USP or jointly with partner institutions.

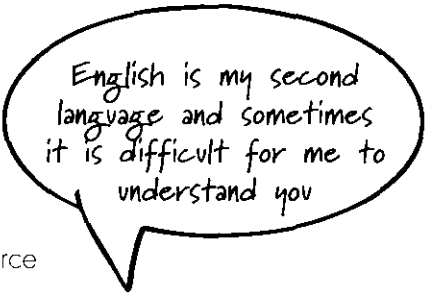
We need to support each other and give each other feedback

Strategies

1. At this point in time there is a need for a structured situational analysis of training activities within the region. We need a clearer understanding of what the different organisations are doing, so that we can mesh them together.
2. There are only a few mechanisms for linking. SPOCC should have a central co-ordination role.
3. There are a number of core areas and competencies that can be defined. It is important to develop regional ownership of training programmes for health educators.
4. We need a regional institutional support network to co-ordinate programmes and to create and develop common core modules which are transportable across boundaries.

COMMUNICATION, NETWORKING & COORDINATION

One of the main co-ordination issues in country is that health programmes are run parallel to each other instead of being fully integrated. This situation has led to projects becoming too 'specialised' and separate from each other. In turn, the people working in these specialised areas can tend to become territorial. Donors tend to fund specific projects in isolation and can therefore reinforce these trends of co-ordination.



English is my second language and sometimes it is difficult for me to understand you

There needs to be cross-sectoral and regional co-ordination for the successful application of some health promotion activities, for example, WHO's Health Promoting Schools Project.

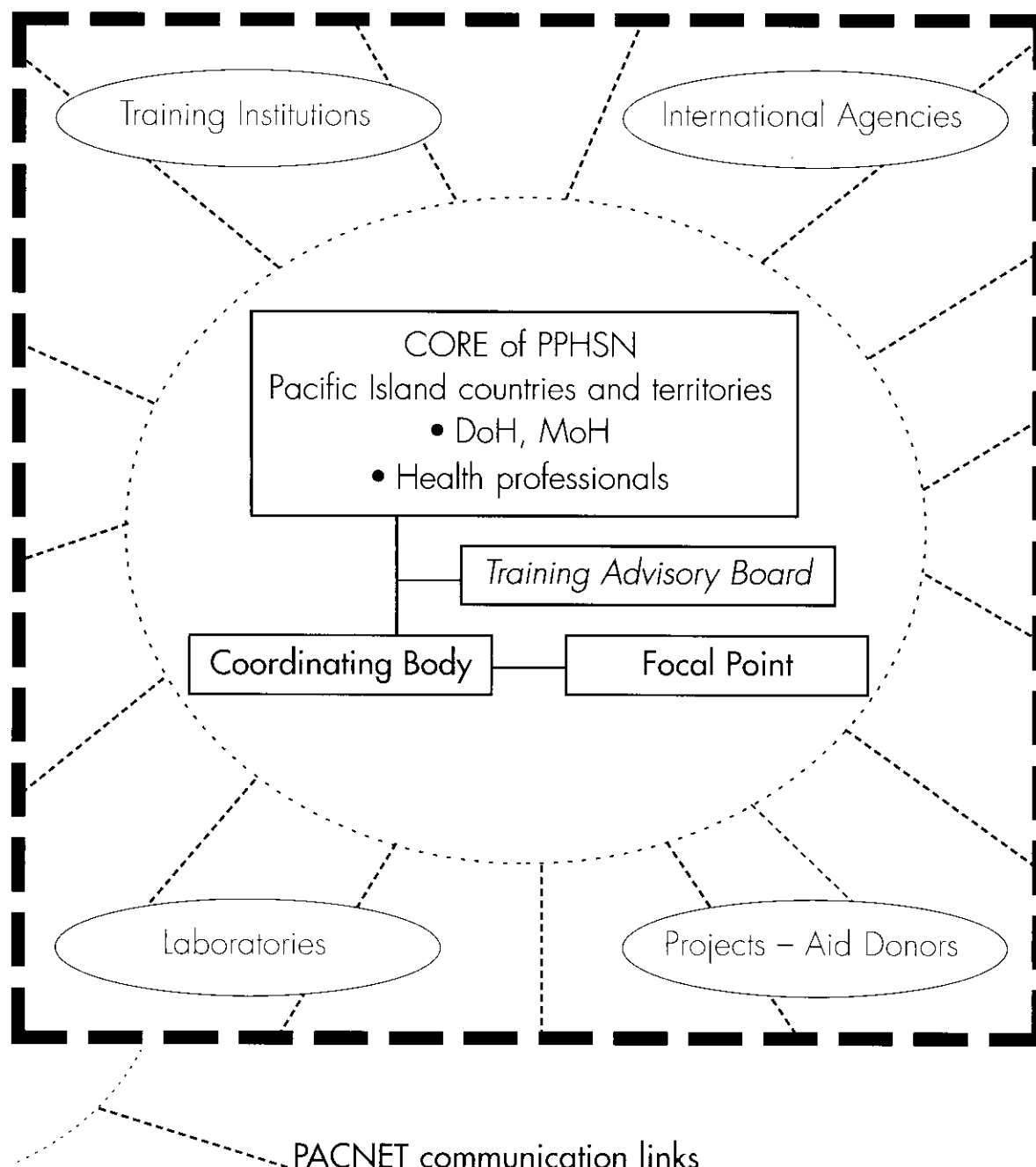
When there is a lack of co-ordination, resources can be wasted and the impact of a programme can be weakened. Competing messages can result in a lack of credibility when two programmes are running parallel. People working at the 'doer' level can become exhausted from trying to participate in too many fragmented activities and their goodwill can be exploited.

Strategies

- **hold meetings to share information**
- **form committees or groups to achieve joint planning**
- **if necessary, bring in an 'outsider' to mediate and lessen 'territorial' attitudes that may otherwise negatively affect successful co-ordination**
- **implement programmes using the settings approach, as this requires joint action and draws in other sectors in partnership. The challenge is to overcome difficulties caused by the range of issues e.g. in the school setting the promotion of nutrition will necessarily involve working with outside groups such as commercial food vendors**
- **put in place structures that clearly identify where responsibility lies**
- **create incentives to encourage co-ordination**
- **use culturally appropriate channels, e.g. church, or women's groups, to involve the community**

The Pacific Public Health Surveillance Network

Proposed design of the framework



Frame = interface with the "external world" the PPHSN links with, e.g. other networks and training programmes outside the Pacific Island region.

PEACESAT
PAN-PACIFIC EDUCATION AND COMMUNICATION
EXPERIMENTS BY SATELLITE

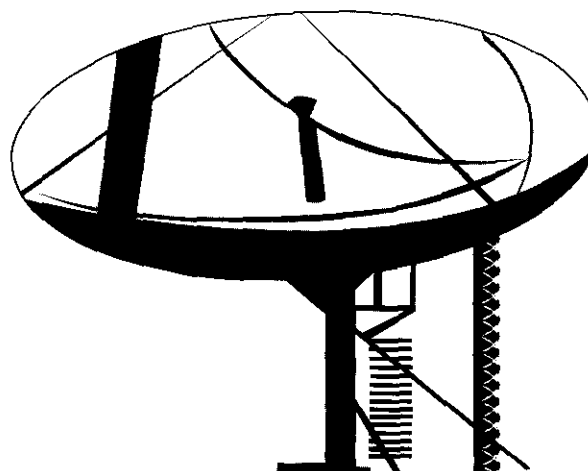
'after I hear
PEACESAT, I run,
instead of walk, to
spread the good news.'

The Pan-Pacific Education and Communication Experiments by Satellite (PEACESAT) programme is administered by the Social Science Research Institute (SSRI). PEACESAT is an official programme of the National Telecommunication and Information Administration (NTIA) of the US Department of Commerce.

The mission of PEACESAT is to support international distance education, research, tele-medicine, emergency management, and economic development experiments and applications and to provide an experimental laboratory for research in the development and application of low-cost, narrow-band communication technologies. PEACESAT achieves this through the use of satellite communications and provides many different non-commercial services.

PEACESAT was originally established in 1971 through the use of single simplex voice communication channel on the ATS-1 satellite. There are currently 36 PEACESAT stations in 21 countries throughout the Pacific basin.

JOIN OUR
PACIFIC ISLANDS
HEALTH PROMOTION
PEACESAT
MEETINGS AND
PACIFIC NETWORK
OF
HEALTH PROMOTING
SCHOOLS



For more information please contact:

Josephine Gagliardi
Health Promotion Specialist
Secretariat of the Pacific Community
Tel: +687 26 01 66
E-mail: JosephineG@spc.org.nc

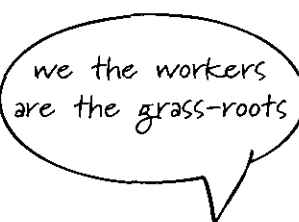
French Polynesia: *Leïla*

At local levels there are often difficulties of communication. For example, it can be difficult to establish Health Promotion in Schools because of communication blockages between departments.

There is no PEACESAT facility in the French territories in the Pacific. This can cause a sense of isolation. Regional meetings such as this gives us an opportunity to share with other countries in the region; thank you for providing interpreting facilities. We need more regional health-promotion meetings.

Although French Polynesia may be in a more privileged situation in terms of health care we still have common issues in the area of health promotion that we need to share.

Communication with our community must come first. As health educators we need to learn to listen to the community. It is a communication skill we need to better develop. In French Polynesia we still want to teach populations instead of listening, and realising that people can do it by themselves. When assessing ourselves as health educators we need to make ourselves understood and we need to improve our message.



Micronesia: *Shelley*

As Micronesians, we need to spend time to reflect on the goodness and values that our elders have bestowed on us; the spirit of working together for the good of our community. We also need the ability to listen to other people who have something to share which we can apply by mixing relevant elements of our culture in order to empower our people to make their own decisions when it comes to their own health.

As a health promoter, I came to appreciate others' ideas, whether they came from the Philippines, USA, or were our own indigenous people. Lots of times, the others have good theories, good planning and organising skills, well-written policies and good skills in data collection. As islanders, those are our weak points. What we need is discipline, then we will be able to see who among us is good for different tasks. We can then extend our help to those that are not islanders but are willing to adjust their plans or programmes for the empowerment of our islanders in order that we can do health promotion instead of blaming one another for our failures. We need each other. I realise that creating partnerships is the best thing for the new generation. We have been trained to do health education, to teach and to share in order to better our community. Now I have come to the realisation that as human beings we need each other whether we are in low or high positions; we no longer can be islands. We need each other to complement and bridge our differences, in order to work in harmony amongst ourselves and enhance the spiritual values which are the foundations of respect, unity and trust for each other without competing for power.

FINANCE

Melanesia

Polynesia

Micronesia

- Only a minute portion of the health budget is allocated to public health.
 - Health promotion is subsumed within public health.
 - Dependence on overseas results in insecurity of funding, and a lack of sustainability and long-term planning.
- Most of the funding comes from the USA and donor organisations

Finance for health-promotion activities is a resource, not a right. There is a lack of sound knowledge of local budgetary processes and how to resource finances. Finance should be seen in totality, i.e. locally, regionally and internationally.

Concerning the question of sustainability, we suggest that national governments should take their own responsibility for securing funding, making it part of their own annual budgets built into health-promotion programmes.

Policy, finance and training are all interrelated. In order to get all the resources needed, a policy supported by continuous funding is necessary, so that if the plug is pulled on a project, the funds still continue.

Questions:

- How can we evaluate the need for finance?
- How to identify which source e.g. private, tobacco tax?
- Who advocates for funding, is it the practitioner or the policy maker?
- How can we renegotiate funding?

Strategies

- Obtain training in proposal writing
- Prioritise funding to prevent a programme from being donor driven
- SPC to take on an advocacy role of mobilising resources
- SPC to provide feedback on proposals received
- SPC to give explicit support e.g. a directory of agencies, listing the criteria for each agency
- Find out about local money available

'A Donor's Perspective': Heather Macdonald, Health Adviser, AusAID

'There is ongoing reticence in marrying new health-promotion concepts such as Healthy Islands with donor agency requirements. An important point to keep in mind is that donor agencies such as AusAID fund bilateral and multilateral projects that follow concrete activities within an agreed design framework. There is a need to demonstrate clear outputs and outcomes within each project. The Healthy Islands concept provides a loose framework for new health-promotion approaches, and I recognise this often takes time and is difficult to present in concrete and sustainable terms.

I would like to reinforce that AusAID is committed to the reduction of poverty and is increasingly embracing primary health care approaches to address the public health priorities of Pacific Island countries.'

What can SPC do?

It was suggested that SPC should undertake the following activities:

Policy

- produce policy guidelines for a Health Promotion template: a booklet building on existing policies
- facilitate training in policy development

Research

- build the capacity of health educators in country, to work **with** communities rather **on** communities
- facilitate training **in country**, so that health workers can assess community needs
- facilitate training and create and/or strengthen linkages between research organisations

Training

- prepare a directory of courses, people and resources available in the region; a low budget production to allow for annual updating
- promote further usage of CETC as a possible venue for inservice training
- explore distance learning using a PACNET-like model
- facilitate training

Communication, Co-ordination and Networking

- expand and refine PEACESAT
- act as a clearing house for all sorts of information
- inform SPOCC of the outcome of this meeting and any future regional health-promotion issues on behalf of Pacific Island health educators/promoters

Finance

- facilitate training in the four areas identified: policy, planning, finance, and the preparation of budgets, submittals and proposals
- run regional training meetings
- produce a loose-leaf document and circulate it to national governments with key comments suggesting ways of accessing appropriate funding
- facilitate discussion of how to access funds and resources by using PEACESAT
- list examples of successful funding proposals

In conclusion...

What is our responsibility as health promoters?

Is a Healthy Island an achievable state?

How can we know when we have arrived?

Health is a divine character. The church plays an important role in health promotion in the Pacific

Let's adapt Healthy islands concepts to our own needs

This meeting tells me that I have been doing health education not health promotion

Whatever health is, it can always be better. The strength of the Pacific is the differences

I witnessed respect for cultural and spiritual values. Invisible health affects visible health

Community is not just a little village but is something wider...it is everybody's business

We need strong friends in sustainability, friends who will stand beside us



Appendix 1

List of participants

HEALTH PROMOTION FOR HEALTHY ISLANDS REGIONAL MEETING

Tanoa International Hotel, Nadi, Fiji
11-12 February 98

American Samoa

Mr Joseph Tufa
Director of Health
Public Health Division
Pago Pago
Tel: +684 633 2243
+684 633 4606
Fax: +684 633 5379

Cook Islands

Dr H. Tamarua
Director of Public Health
Ministry of Health
P.O Box 109
Avarua
Tel: +682 29110
Fax: +682 23109

French Polynesia

Mme Céline Chiu
Infirmière-Cadre de santé publique au
service d'éducation pour la santé
Direction de la santé
BP 611, Papeete, Tahiti
Tel: +689 46 00 85
Fax: +689 46 00 80

Fiji

Dr Margaret Cornelius
Director of National Centre for
Health Promotion
National Centre for Health Promotion
Ministry of Health
Suva
Tel: +679 320 844
Fax: +679 320 746

Fiji

Mr Nemani Seru

Senior Health Promotion Officer
National Centre for Health Promotion
Ministry of Health
Suva
Tel: +679 320 844
Fax: +679 320 746

Ms Ilisapeci Movono

Health Promotion Officer
National Centre for Health Promotion
Ministry of Health, Suva
Tel: +679 320 844
Fax: +679 320 746

Ms Kiran Naidu

National Centre for Health Promotion
Ministry of Health
Suva
Tel: +679 320 844
Fax: +679 320 746

Kiribati

Ms Teiti Bwenana

P.O. Box 268
Bikenibeu
Tarawa
Tel: +686 281 00
Fax: +686 281 52

Marshall Islands

Ms Cathleen Zedkea

Health Education & Promotion Officer
Ministry of Health and Environment
P.O. Box 16, Majuro 96960
Tel: +692 625 3355
Fax: +692 625 3432

New Caledonia

Mr François Waia

Educateur Sanitaire de santé publique
Direction Territoriale des Affaires Sanitaires
et Sociales
BP 3278, Noumea
Fax: +687 45 44 40
Tel: +687 45 44 00

Palau

Dr Caleb Otto
Chief of Public Health
Bureau of Public Health
P.O. Box 100, Koror 96940
Tél: +680 488 1757
+680 488 2116
Fax: +680 488 3115
+680 488 1725

Papouasie-Nouvelle-Guinée

Mr Pepa Koka
Deputy Director
Health Promotion and Education Program
Department of Health
P.O. Box 807, Waigani
Tél: +675 301 3601
Fax: +675 301 3604
+675 301 3769

Polynésie française

Mme Céline Chiu
Infirmière-cadre de santé publique au
service d'éducation pour la santé
Direction de la santé
BP 611, Papeete, Tahiti
Tél: +689 46 00 85
Fax: +689 46 00 80

Îles Salomon

Mr Gad Barnabas
Health Education Officer
Ministry of Health
Honiara
Tél: +677 23 402
Fax: +677 20 085

Samoa

Ms Palanitina Mala Toelupe
Chief Health Educator/Trainer
Health Education and Promotion Services
Department of Health
Private Bag, Apia
Tél: +685 21 212
Fax: +685 21 440

Samoa américaines

Mr Joseph Tufa
Director of Health
Public Health Division
Pago Pago
Tél: +684 633 2243
+684 633 4606
Fax: +684 633 5379

Tonga

Mr Eva Mafi
Health Education Officer
Ministry of Health
Nukualofa
Tel: +676 23 200
Fax: +676 24 291

Tuvalu

Mr Moeava Alefio
Health Education Officer
Ministry of Health
P.O. Box 41, Funafuti
Fax: +688 20481
Tel: +688 20751

Vanuatu

Mr Jean-Jacques Rory
Health Educator
Department of Health
Port Vila
Tel: +678 26204
Fax: +678 26204

Organisations representatives

Dr Gauden Galea
Consultant Director, Institute of Health
University of Malta
Europe
Tel: +356 244 970

Dr. Ahn
Head, WHO
WHO Pacific Office
Ratu Sukuna Park
BP 113
Suva, Fiji
Tel: +679 304 600
Fax: +679 300 462

Dr David Scrimgeour
NCD Medical Officer
WHO
Ratu Sukuna Park
BP 113, Suva, Fiji
Tel: +679 304 600
Fax: +679 300 462

Sr. Saubhag Balgovind
Tutor, Fiji School of Nursing, Fidji
Tél: +679 321 499

Dr Asinate Boladua
DPPHS
Ministry of Health
Suva, Fidji
Tél: +679 306 177
Fax: +679 306 163

Dr Jan Ritchie
Senior Lecturer
School of Medical Education
World Health Organization
Regional Training Centre for
Health Development
University of N.S.W, Australie
Tél: +61 2 9385 2445
Fax: +61 2 9385 1526

Ms Heather MacDonald
Public Health Adviser
Pacific Regional Team
AusAID
P.O. Box 6, Mosman
NSW 2088, Australie
Tél: +61 2 9960 9536
Fax: +61 2 9960 9504

Ms Barbara Spalding
Team Leader
Australia-South Pacific Healthy Island
Health Promotion Project
P.O. Box 154
Carlton South 3053, Australie
Tél: +61 3 9345 3228
Fax: +61 3 9345 3222

Ms Litea Meo
Lecturer, Health Promotion
Fiji School of Medicine
Private Bag
Suva, Fidji
Tél: +679 311 700

Ms Barbara Smith

Australian Team Leader
Fiji Trilateral Health Promotion Project
Suva, Fidji
Tél: +679 320 844
Mobile: +679 923 844
Fax: +679 320 746

Sr Fila

Wainamate
Education Adviser
Private Mail Bag
Suva, Fidji

Ms Wendy Cook

Consultant
Forum Secretariat
Private Mail Bag
Suva, Fidji
Tél: +679 312600
Fax: +679 300192

Mrs Fiu Wiliame-Igara

Regional Coordination Adviser
Forum Secretariat
Private Mail Bag
Suva, Fidji
Tél: +679 312600
Fax: +679 300192

Ms Jane Paterson

Acting Representative
UNICEF, Pacific Office
Suva, Fidji
C/- UNDP
Private Mail Bag, Suva
Tél: +679 300439
Fax: +679 301667

Kathy Knight

Nutritionist
UNICEF, Pacific Office
Suva, Fidji
C/- UNDP
Private Mail Bag, Suva
Tél: +679 300439
Fax: +679 301667

SPC Representatives

Secretariat of the Pacific Community
Suva, Fiji
Tel: +679 370733

Dr Jimmie Rodgers
Deputy Director

Secretariat of the Pacific Community
BP D5 Nouméa Cedex 98848
New Caledonia
Tel: +687 26 20 00
Fax: +687 26 38 18

Dr Clement Malau
Manager, Community Health Programme

Ms Josephine Gagliardi
Health Promotion Specialist

Mr Robert Hughes
Nutritionist/NCD Epidemiologist

Mr Roy Benyon
Chief Interpreter

Ms Marie-Odile Bayle
Interpreter/Translator

Ms Elisabeth Auger-Benamar
Interpreter/Translator

Mr Gael Devillers
Computer/Services Technician

Ms Corinne Martin
Project Assistant

Ms Sarah Langi
Editor (English)

Appendix 2

THE INDICATORS Presented by Dr Caleb Otto

LEGISLATION

Is there legislation on:

Environment?

- environment protection board/agency
- recycling
- control of plastic
- oil spills
- disposal of batteries and tyres

Tobacco?

- sale to minors
- tax
- ban on advertisement/lotteries
- ban on sports sponsorship
- ban on airlines/airspace

Alcohol?

- sale to minors
- tax
- advertising
- labelling
- guidelines for standard drinks, including sale
- compulsory photo-ID proof of age for purchase of alcohol

Nutrition?

- breast-milk substitutes
- imported foodstuffs
- lead-free can containers
- labelling in understandable language
- school meals (where available), nutritional requirements

Safety?

- driving under influence
- seatbelts
- bicycle helmets
- occupational hazards
- life jackets on boats
- labels on toys
- ban on harmful toys, guns etc.

Health Services?

- immunisation
- fluoridation of public water system
- physical examination/screening (school, employment, retirement)

ACTIVITY

Are there sports and recreation facilities?

- tracks
- basketball courts
- tennis courts
- children's playgrounds
- parks
- youth activity centres
- senior citizens activity centres
- safe swimming areas

HUMAN RESOURCES

- are there people in the community trained in environmental issues/work (if so: how many?, levels of training, areas of training)?
- are there volunteer clean-up groups?
- how many individuals/families do recycling?
- are there recreation specialists; aerobic teachers, coaches for various sports?
- are there people trained in sustainable food production?
- are there people trained in child care?
- are there people trained in nutrition?
- what is the number of health-promoting groups and associations?

60

FINANCIAL RESOURCES

How much money is spent on health promoting activities?

- national budget
- state budget
- private sector/business
- family
- charitable donations (% of GDP)

FOOD AND NUTRITION

- is breast-feeding actively being promoted?
- is there a baby-friendly hospital initiative?
- what is the number of local food production activities?

GOVERNANCE

Percentage/number of public offices:

- democratically elected
- appointed
- inherited

The size of government relative to population size

Type and amount of official remuneration or compensation

Level of integration of traditional leadership into modern governance

Number of women in leadership

Amount/percentage of country businesses in private hands or owned by officials

Number of officials owning businesses

EDUCATION SYSTEM

Health Promoting Schools

- integration of schools and students into the community
- curriculum
- environment
- recreation
- use of leisure time

CULTURE AND TRADITION

Strength of social safety nets
Degree of integration of concepts;

- healing
- virtues
- values

EMERGENCY PREPAREDNESS

Plans

Communication

Relief networks

FAMILY

- TV: amount of time spent watching, types of shows
- religion
- recreation
- number of two-parent homes

OWNERSHIP/PARTNERSHIP

Degree to which health-promoting issues are addressed in national plans

Degree to which national legislatures are involved in health promotion outside of legislation

Number of NGOs involved in health-promoting activities

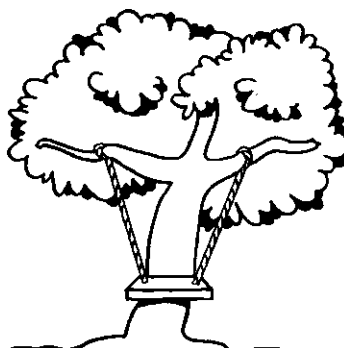
Number of government sectors involved in health-promotion activities

Appendix 3

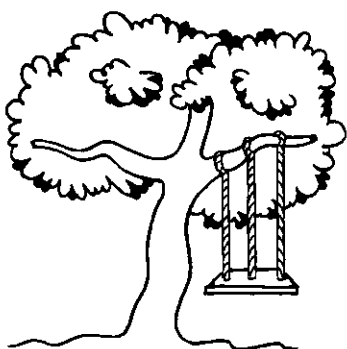
<<PARTICIPATORY>> DEVELOPMENT



What the experts proposed



The final compromise design agreed



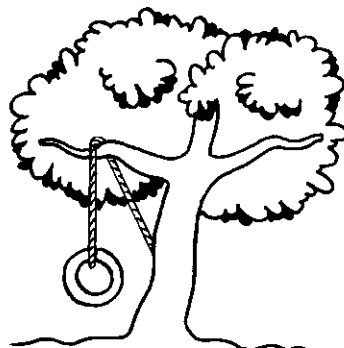
What the government department specified



The system actually installed



The design after review by an advisory committee



What the people really wanted

Samlowski Michael (1994) What comes first or what comes second - or the ability to tell the difference. Adult Education and Development, Vol 43: 266-285.