



Healthy Islands: Best Practices in Health Promotion in the Pacific



World Health
Organization

Western Pacific Region





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**Best Practices in Health
Promotion in the Pacific**



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Introduction to Healthy Islands

The concept of Healthy Islands was envisioned at the first Pacific Health Ministers Meeting in Yanuca Island, Fiji, in 1995 in response to emerging health challenges faced by Pacific island countries. The Yanuca Declaration (1) asserted that 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
- The ocean which sustains us is protected.#

From concept to practice

From the beginning, Healthy Islands sought to promote the health of people who live, work and play on the islands in the Pacific Ocean (2). As such, the approach is aligned with the Ottawa Charter (3) and efforts to recognize the importance of social influences and physical surroundings on health that have led to health promotion in settings such as schools, workplaces, churches, villages and cities (4,5). Island settings, however, have several characteristics that set them apart from settings in other parts of the World Health Organization (WHO) Western Pacific Region. Many of these characteristics are tied to geography and to unique and varied cultural and political factors, both historic and current (2). These and other differences have required that health promotion follow its own path in the Pacific.

Early examples of Healthy Islands projects include a malaria control action plan in Solomon Islands, the development of an environmental health village workforce in Fiji, and a Healthy Islands project, funded by the Australian Aid programme, that supported health promotion in the Cook Islands, Kiribati, Niue, Samoa and Tuvalu. Since these foundational activities and projects, the Healthy Islands vision has spread and is frequently invoked nationally and regionally across the Pacific. The aspirations of the vision are now also embedded in the planning and reporting processes of key international development agencies. For example, the most recent report of the WHO Division of Pacific Technical Support reported its activities for 2014–2015 as they related to the Healthy Islands vision (6).

The most prominent examples of Healthy Islands projects in recent years are health-promoting schools (7), and those awarded through the WHO Healthy Islands Recognition Programme. Furthermore, the Pacific Steering Group for Revitalization of Healthy Islands prepared a framework that was endorsed by Pacific health ministers in 2011 to guide the ongoing work of health promotion in the Pacific (8).

Healthy Islands Recognition Programme: examples of best practice

In 2009, WHO developed the biennial Healthy Islands Recognition Programme to revitalize the Healthy Islands vision and to encourage communities and countries to continue to innovate and demonstrate effective and efficient ways of promoting and protecting the health of their populations. Awarded projects go beyond health education and focus on sustainable community-driven actions. Using examples of best practices, this guide has been written for health promotion practitioners in the Pacific with the aim of acknowledging their contribution, strengthening their resolve, and supplying them with strategies and tips on how to get the most out of the limited resources and support available to promote health.

About this guide

This guide is intended to be a resource in the Pacific islands to implement low-cost, sustainable, and effective health promotion programmes and projects.

In 2015, WHO invited researchers from the WHO Collaborating Centre at Deakin University, Australia, to review Healthy Islands Recognition Programme best proposal and best practice winners from the most recent rounds of awards (2013 and 2015). A qualitative case-study design was used to conduct the review and information was collected from project documentation and in-depth, semi-structured interviews with key informants in 2015 and 2016. Key informants were those responsible for coordinating and/or supporting Healthy Islands projects. (Many of the observations of these key informants are highlighted in blue boxes throughout this report). A theme analysis was undertaken to describe factors critical to the success

The fifth attribute was added at the third Pacific Health Ministers meeting in 1999 in Palau.



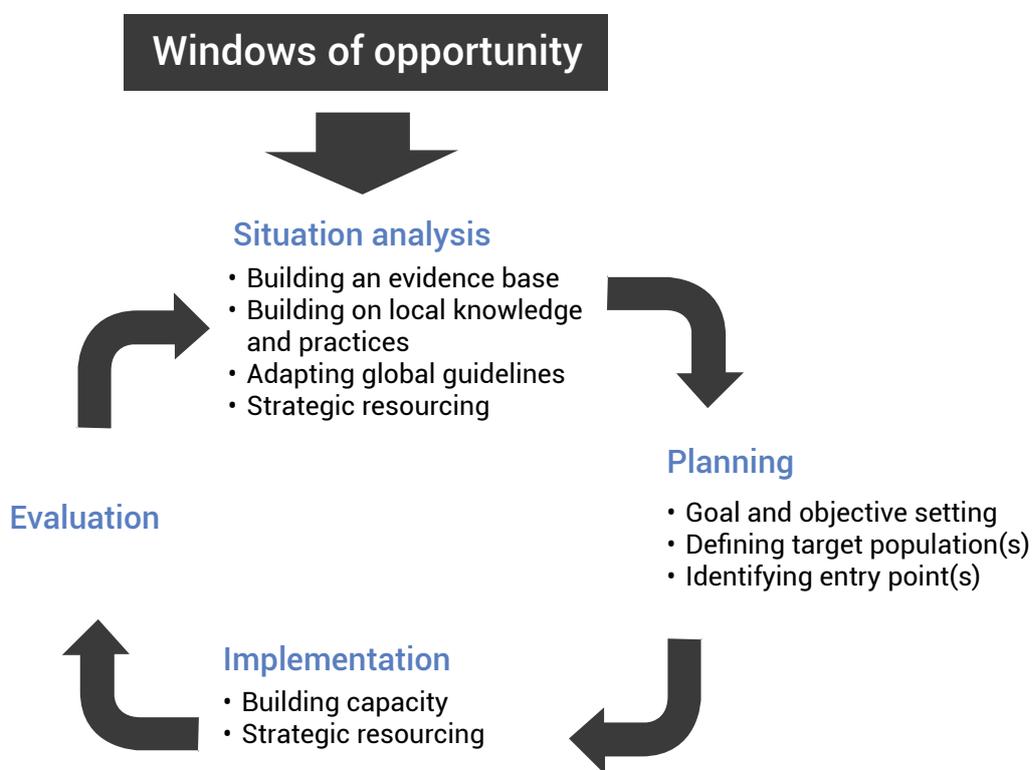
and sustainability of the projects. In addition, a workshop was held with representatives from several Healthy Islands projects in June 2016 to discuss and agree on the information to be included in this guide.

An existing health promotion planning and evaluation cycle (Fig. 1) guided the review of the Healthy Islands Recognition Programme winners (9). Each of the components in Fig. 1 is introduced in this guide and illustrated with examples of best practices from

the Pacific, while the evaluation section draws on examples from several projects.

The word "project" is used here to describe discrete, planned activities to promote health in various Pacific island countries and areas. However, this is not intended to perpetuate the myth that health promotion projects end when funding runs out. The endpoint for health promotion is when the changes sought have become embedded into the systems and structures of society to the extent that the health issue is resolved.

Fig. 1. Simplified health promotion planning and evaluation cycle



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